HEALTH OF THE URBAN POOR IN INDIA

Issues, Challenges and the Way Forward

March 29, 2007
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Tagore Chamber,
Scope Convention Centre,
Core 8, CGO Complex, Lodi Road,
New Delhi 110 003

Organized by
Urban Health Resource Center
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FOREWORD

I am very happy that a panel discussion and Poster Session on health of the urban poor in India was organized by Urban Health Resource Centre (UHRC). Poor in urban areas face daunting challenges in meeting basic needs and health care is foremost amongst the issues. The provision of health care in urban areas is distinctive and there is a need to understand the situation better. I found the discussions useful and the focus on urban areas’ health needs, very well thought through.

(AMARJEET SINHA)
About the report

In view of rapid urbanization and increase in urban poverty, the Urban Health Resource Center organized a Panel Discussion and Poster Session on 29th March, 2007 at the Scope Convention Center, New Delhi. The purpose was to highlight the health issues of the urban poor, learn from experiences in urban health program of government and non-government agencies and to discuss strategies which have proven effective in addressing the challenges to delivery of health care services to the urban poor. The report provides a comprehensive account of the deliberations during the day.

The report has been prepared by Ms. Ayushi Agnihotri and Dr. Siddharth Agarwal with inputs from Dr. Rajesh Noah, Dr. Mainak Chatterjee, Dr. Partha Haldar, and Mr. Alexander Paulson. Design and layout: Ms. Ayushi Agnihotri and Mr. Ajith Kumar.
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Foreword

Public health in India is at the cross roads, facing multiple challenges and competing priorities. The issue of the health status of urban poor in India is one such important issue. India, with its fast growing economy and rapid urbanization, faces the major problem of the increase in urban poverty. The urban population of India constitutes 328 million people. Over one fourth of this population lives in urban slums under poor environmental and sanitary conditions. This results in increased susceptibility to disease and ill health. Trends in urban poverty suggest that the number of urban poor in the country is expected to considerably increase in future. Poverty compounded with compromised environmental conditions results in poor health consequences for the urban poor.

Usually, large scale surveys do not categorically highlight the health indicators for this stratum of the population. However, re-analysis of the NFHS-2 data unearthed dismal health conditions of the urban poor people. It was found that indicators of health of the urban poor are similar to or even worse than their rural counterparts. The better off urban averages mask the true situation of the urban poor people. There is an information gap on the health of the urban poor. The true picture of the health of the urban poor has never been projected with the same vigor as the case for the health of the rural poor. This has contributed to inadequate response to the challenges faced by the people plagued with ill-health in the shadow of top-class medical facilities.

Though the urban poor have been living in oblivion for a long time now, the efforts towards improving their ailing condition is now gaining momentum. ‘Urban health’ has been acknowledged as one of the key thrust areas in the Tenth Five Year Plan, National Population Policy-2000, National Health Policy-2002, and the Reproductive and Child Health-II, which is now an intrinsic part of the National Rural Health Mission (NRHM). The Ministry of Health and Family Welfare (MOHFW), Government of India, has mandated guidelines to all the states for development of city level urban health project proposals, with the objective of improving access to health care services to the urban poor.

However, there are numerous challenges that need to be addressed while discussing the issue of the health status of the urban poor. Sufficient reach of quality health care services to this under-privileged section of the society needs ensuring delivery as well as uptake of the services. For this activity to be successful, it is also necessary to map out the poverty clusters in the city. This should be undertaken through participation of all stakeholders into confidence to reach a consensus statement for effective delivery of the services, and prevention of duplication. It would also ensure that the most needy and vulnerable slums get the required attention are not be left out.

To focus on the magnitude of this issue, a group of urban planners, health care experts, medical associations, non-governmental organizations, official agencies and committed journalists got together for a panel discussion, organized jointly by Urban Heath Resource Centre and USAID.

I firmly believe that the experiences shared in the panel discussion would be valuable in generating increased attention and scaling up urban health activities all the cities in India. This event would provide strategic directions for the urban health objectives of the country as a whole.
Acknowledgements

UHRC has been working towards improving the health of the urban poor in India. This has been possible through the efforts of a lot of people contributing to and making the environment more conducive to take the issue of urban health forward. At this juncture all their contribution needs to be acknowledged. The event organized by UHRC was attended by a large percentage of those members who have contributed by bringing about enhanced attention and focus to the health issues of the urban poor or by developing innovative urban health program approaches.

We extend our heartfelt thanks to Shri Amarjeet Sinha, Joint Secretary, MoHFW, GOI for inspiring and enlightening the participants by sharing the perspective of GOI on urban health issues, challenges and future steps. Dr. O Masse Bateman also needs to be thanked for his continued support and inspiration. He set the context for the afternoon by a presentation on the situation and challenges pertaining to health of the urban poor.

Shri Chaman Kumar, Joint Secretary, Ministry of WCD needs to be acknowledged for his contribution to the session despite his inability to attend it in person. He sent his address to be read out at the event.

Dr. HPS Sachdev, former President, Indian Academy of Pediatrics, Dr. Naveen Thakkar, President IAP and Dr. Panna Choudhary need a special mention for making the release of Indian Pediatrics-UHRC Special Article Series possible.

Thanks are due to the panelists for sharing their experiences, the lively discussion and responding to queries. The panelists comprised Dr. Karuna Singh, Dr. Sunil Mehra, Dr. Armida Fernandez, Ms. Sunita Kochle, Mr. Khurram Naayaab, and Dr. RK Bharati.

The participation of the organizations in the poster session also needs to be lauded. They put in a lot of effort to portray their work comprehensively through posters. The participating organizations were SNEHA (Mumbai), Apnalaya (Mumbai), Institute of Health Management (Pachod), ISSUE (Nagpur), Prayas (Delhi), Salaam Balak Trust (Delhi), Arpana (Delhi), St. Stephen’s Hospital (Delhi), MAMTA (Delhi), CASP-Plan (Delhi), IAP-CANCL (Delhi), BGMS (Indore), Bal Niketan Sangh (Indore), IDSSS (Indore), Family Planning Association of India (Agra), NIPPHAD (Agra) and SNBS (Agra).

We would also like to extend our gratitude to the other distinguished guests for their participation, CFAR and other media representatives for the coverage of the event and PIX-ELLENCE for the audio visual coverage of the event.

The management and staff of the SCOPE complex also deserve a special mention for the venue and the hospitality meted out by them.
List of acronyms

ANM  Auxiliary Nurse Midwife
ASHA  Accredited Social Health Activist
AWC  Anganwadi Centre
AWW  Anganwadi Worker
BCC  Behavior Change Communication
BGMS  Bhartiya Grameen Mahila Sangh
BNS  Bal Niketan Sangh
CBO  Community Based Organization
CECOEDECON  Center for Community Economics and Development Consultants Society
DHFW  Department of Health and Family Welfare
EAG  Empowered Action Group
EHP  Environmental Health Project
FPAI  Family Planning Association of India
IAP  Indian Association of Pediatrics
ICDS  Integrated Child Development Services
IDSSS  Indore Diocese Social Services Society
IHMP  Institute of Health Management, Pachod
IMC  Indore Municipal Corporation
IPP  India Population Project
ISSUE  Indian Social Service Unit of Education
JNNURM  Jawaharlal Nehru National Urban Renewal Mission
JS  Joint Secretary
MCD  Municipal Corporation of Delhi
MHO  Medical Health Officer
MOHFW  Ministry of Health and Family Welfare
NFHS  National Family Health Survey
NGO  Non Government Organization
NIRPHAD  Naujhil Integrated Rural Project for Health and Development
NNF  National Neonatology Forum
NRHM  National Rural Health Mission
PHC  Primary Health Center
RCH  Reproductive and Child Health
SLI  Standard of Living Index
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<th>Acronym</th>
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<tr>
<td>SNBS</td>
<td>Shri Nirotilal Buddhist Sansthan</td>
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<tr>
<td>SNEHA</td>
<td>Society for Nutrition Education and Health Action</td>
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<tr>
<td>UFWC</td>
<td>Urban Family Welfare Centre</td>
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<td>ULB</td>
<td>Urban Local Body</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>UHRC</td>
<td>Urban Health Resource Centre</td>
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<td>WCD</td>
<td>Women and Child Development</td>
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Executive Summary

In view of rapid urbanization and increase in urban poverty, the Urban Health Resource Center organized a Panel Discussion and Poster Session on 29th March, 2007 at the Scope Convention Center, New Delhi. The purpose was to highlight the health issues of the urban poor, learn from experiences in urban health program of government and non-government agencies and to discuss strategies which have proven effective in addressing the challenges to delivery of health care services to the urban poor.

Senior officers (Joint Secretaries) from three separate Ministries associated with urban health- Mr Amarjeet Sinha, JS, MOHFW, Mr Chaman Kumar, JS, Ministry of WCD and Dr P.K. Mohanty JS, JNNURM participated in the event. Though Mr. Chaman Kumar and Dr. Mohanty could not be physically present for the event due to urgent commitments, they sent in their addresses and good wishes.

Urbanization and urban poverty
Urbanization has been the defining character of Indian demography for the past few years. The 2-3-4-5 phenomenon has often been used to describe the character of Indian demography. This implies that the overall population of India has grown at an average rate of 2%, the urban areas at 3%, big cities at 4% and the slum population at 5%. This makes clear the fact that the slum population in India is growing at a phenomenal rate.

Urban migration and simultaneous natural growth of urban population have resulted in rapid proliferation of urban agglomerations. The current urban population of India is approximately 300 million. This is expected to double by 2025. Percentage decadal growth in urban areas was 31.2% compared to 17.9% in rural areas during 1991-2001. Over one-fourth of this urban population lives in urban slums under inhumane conditions with increased susceptibility to disease and ill health. Trends in urban poverty suggest that the urban poor will increase significantly in future in the absence of well-planned, long term intervention strategies.

Health of the urban poor
In India developmental efforts in the past have largely been rural focused. Data have shown that the urban poor, though living in proximity of good health facilities, are often unable to access them. The urban poor suffer from adverse outcomes that are not reflected in commonly available health statistics. Most of the sources of health information which provide for urban and rural desegregations mask the inequalities which exist within the various economic groups. The health statistics of the urban poor are worse than the urban averages. This may be a consequence of living in degraded environment, inaccessibility to health care, irregular employment, widespread illiteracy and lack of negotiating capacity to demand services.

Health of the Urban Poor: Situation and Challenges
The session had thematic addresses on different aspects of ‘Health of the Urban Poor’. Dr Massee Bateman started with a thematic address on: Health of the Urban Poor: Situation and Challenges. During the address the following were discussed:

Population story
This highlighted that growth rates in rural areas of India have largely declined while growth rates in urban areas have grown steeper. The urban proportion of total population
is increasing at an accelerating rate; half of this growth will be in small or medium-sized cities

**Health story**
The average health indicators of urban areas are always found to be better than the rural areas. The study of the dichotomies in rural and urban areas has largely resulted in neglect of the needs of the urban poor. The better off urban averages have veiled the ailing situation of the urban poor. To understand the true situation of the urban poor it is important to study the disaggregated urban poor data.

**Key opportunities**
Even though the health indicators of the urban poor are not very encouraging and are fraught with a lot of challenges, there are certain opportunities which are unique to urban areas. The proximity to resources and a broad range of potential partners should accelerate the development and implementation of outreach projects. The geographic concentration of these communities allows service to a larger group of individuals within a given window of time. Also, the most basic health issues of urban areas are likely to be more familiar to policymakers than concerns in more remote areas.

**Child Health among the Urban Poor: Issues and Options**
In his presentation, Dr H P S Sachdeva, Former President, IAP discussed the key issues pertaining to child health among the urban poor. He reiterated what Dr. Bateman had discussed. Elaborating further on the topic he said that lack of data was a major challenge to effective healthcare service provision to the urban poor. Further it was emphasized that major differences in health access and quality-of-life indicators exist between slums of the same city, recognizing and incorporating these differences is essential to a successful outreach plan. Input from the communities themselves, was also recognized as another hugely important element of a flexible and adaptive plan. Concluding his discussion he pointed that a truly national focus was needed to address the issues of health of the urban poor.

**Address by Shri Chaman Kumar**
Though Mr. Chaman Kumar could not be present physically for the presentation, he had sent his address in which he addressed the following issues

- Around 100 million people live urban poor habitations. The numbers are expected to increase in the coming years.
- Child malnutrition rates even in urban areas have shown no improvement between the NFHS 2 and NFHS 3 surveys.
- There were 523 ICDS projects in urban areas, covering one-third of the urban population. The budgetary allocation for the expansion of ICDS projects in urban areas has been increased.
- The absence of the urban poor from official lists is one of the major challenges to expansion of ICDS in the urban areas.
- Partnerships among the various stakeholders such as the government, NGOs, private sector such as the corporate sector can prove important strategies for the improved ICDS coverage in urban areas.
- Interdepartmental convergence is important to ensure effective healthcare delivery.
- Diversity in the urban areas should be kept in mind while formulating any strategies. The programs should be situation specific.
Service Delivery to the Urban Poor and JNNURM
Though Dr. Mohanty could not be present for the event, he sent his presentation, which was circulated during the session. In his presentation he highlighted the urbanization trends in India, both past and projected. His presentation emphasized the contribution of the rapidly increasing urban population to the GDP. To further elaborate on the discussion, the presentation pointed that the urban poor have poor access to housing, amenities, assets and health services.

Dr. Mohanty’s presentation described the two track strategy of JNNURM. Basic Services for the Urban Poor (BSUP) would cover 63 cities where support would be provided on CDP and appraisal of DRPs would be facilitated. Integrated Housing & Slum Development Programme (IHSDP) would cover the non-mission towns and cities.

Health of the Urban Poor in India: Key Issues and Models for Policy Action in the Future
In the key note address of the day, Mr. Amarjeet Sinha, JS, MoHFW, discussed that the stratospheric growth in the population of poor urban areas is less a function of the pull factor of these areas and more the push factor of crumbling rural economies. He pointed out that urban areas are a paradox of luxury and penury existing side by side with children dying in the shadows of top-class health facilities. Merely establishing more care centers will not solve the whole problem. It is therefore necessary that we revamp our health system to take care of the health needs of the urban poor. Local populations have a genuine role in crafting and improving healthcare provision in their neighborhoods, these programs are likely to have a far greater chance of success. Transparent partnerships with standard protocols, based on the rights and entitlements of all citizens would prove very effective in improving health of the urban poor.

Discussion on Thematic Presentations and Keynote address
The key issues addressed are presented below.

Improving access of services to the urban poor
The urban poor, despite presence of a variety of health care providers, are unable to access them. It is first necessary to identify the urban poor pockets. A targeted approach should then be utilized to address their needs based on their vulnerability. Developing innovative institutional arrangements with several public and private providers would help enhance access of services to the urban poor.

Enhancing the role of slum communities in improving their health conditions
It is important that the government and community should work together. This brings accountability, transparency, sense of participation and greater responsibility from both sides. The capacity of the community should be built so that they can negotiate for improved services.

Improving efficiency of the system through decentralization and convergence between different departments, NGOs and ULBs
The capacity of the urban local bodies should be built so that they can act as robust systems to help in more efficient implementation of the program. Dispersing decision making closer to the point of service makes the local organizations more responsible.
Addressing high levels of malnutrition in slum communities

Considering the precarious slum settings, the children are at constant threat of being inflicted by various infectious diseases. The provision of health services to these urban poor children is also dismal. Thus targeting these children and developing specific strategies to address their nutritional needs along with their health needs is critical to the development efforts of the nation.

Role of advocacy and media in improving health of urban slum communities

Dearth of urban poor specific data has been an important impediment to the development efforts targeted to the urban poor. It is important that urban poor specific data be generated and disseminated to bring the plight of the urban poor to the forefront.

Implementation of Policies and programs related to urban health

The need for an urban health policy was stressed. It was emphasized that since the challenges, vulnerability and opportunities in urban areas are unique, it is pertinent to design specific policies to address these.

Release of UHRC - Indian Pediatrics Series on Urban Child Health and Urban Health gateway: Mr Amarjeet Sinha released the special article series on Urban Child Health and also the Urban Health gateway which provides access to over 250 articles. It is available at http://uhrc.in/uhgateway/home/index.php

Panel Discussion

The panel comprised experts from different sectors such as government, NGOs, international organizations and community. Panelists shared their perspectives and experiences on key issues/challenges affecting the health of the urban poor and the various program strategies and policy options that may help address these challenges. Panelists comprised Dr Sunil Mehra (MAMTA), Dr Armida Fernandez, Dr Karuna Singh (Project Director, IPP VIII), Dr R.K. Bharti, (Additional MHO, MCD), Khurram Nayyab (Project Manager, Partners in Change), Mrs. Sunita Kochle (community representative from Indore). The discussion generated considerable interest and there was eager participation from the audience. The key issues discussed were:

Accessibility of Services and Referral

One of the major reasons for insufficient utilization of the public health care facilities were low level of satisfaction and trust on these services. It is imperative to build the capacity of the primary level services to take care of less complicated cases. A widely accepted referral system should be developed to refer patients needing specialized care to higher levels.

Community Participation

Active community participation is key to building an empowered community. Due to lack of an organized citizenship, the slum communities are at a loss. The community based organization’s capacity need to be built for planning, managing and implementing development activities and in establishing linkages with other development organizations and ULBs.

Program and Policies Improvement

The government has acknowledged the non-availability as well as substantial under-utilization of available primary healthcare facilities in urban areas. With increased focus
of the government on the health of the urban poor, the stage is set to address the health issues of the urban poor in a comprehensive manner. The differential vulnerability of slums should be considered while developing policies and programs for the urban poor.

**Multi-stakeholder coordination**
Health being multi-faceted, requires a coordinated effort by a multitude of stakeholders such as the ULBs, Department of Health, Department of Women and Child Development, civil society, external support agencies, private healthcare providers, non-government organizations and the community.

**Urban Local Bodies**
Devolution of responsibility to the ULB has been recognized as a viable option for improving service delivery, there is therefore more reason to utilize it for the improved healthcare delivery to the urban poor.

**Motivation of health care providers**
Proper placement and utilization of human resources would be critical to ensuring a decent level of work satisfaction and therefore improved output.

**Corporate Partnerships**
With a lot of current interest of the corporate world in social development along with making profit, the case of the urban poor needs to be pursued with greater vigor.

**Delhi’s approach to improving health of the urban poor**
Dr. Karuna Singh shared the tentative plan of the efforts the Government of Delhi for improving health of the urban poor. The plan envisages the following:
- With presence of the multiple authorities in Delhi, there is a need to sit together and think of a model that would help stream line the efforts all these bodies
- Geographical distribution of the areas has been done to improve functioning of the AWW and ASHA
- All types of primary health care delivering centers in Delhi will be renamed as Urban Family Welfare Centre (UFWC) that would cater to a population of about 50,000 each
- The existing un-served areas will be served by identified NGOs and no new government infrastructure would be set up
- Each UFWC will be linked to maternity homes (that would be serving around 2.5 to 3 lac population) having Essential Obstetric Care Services and also some identified Maternity homes with Emergency Obstetric Care
- These will be linked to hospitals having a nursery to deliver essential newborn care
- All these will be connected to a tertiary hospital
- Entry into slums will be done through the community based organizations of that area

**Poster Session**
The session witnessed 20 posters from 17 organizations. The posters presented their program experiences related to improving health of the urban poor. A panel comprising Dr Monika (State Health Program Officer, Delhi Government) and Dr Atanu Sarkar (Faculty, Tata Energy Research Institute) reviewed the posters, Based on this review, ten
organizations (5 non-UHRC partners and 5 UHRC partners) were given tokens of appreciation.

The key messages of the posters are summarized.

- Partnerships with the government for ANC and immunization outreach camps as well as for spreading awareness about TB and HIV/AIDS have been utilized effectively in various situations.
- Involvement of the community in the programs and developing good rapport with the community are essential elements of a successful program. Community based tracking of certain health indicators such as the immunization status etc. has proved useful.
- Addressing socio-economic development was depicted as an important strategy to address health issues in a comprehensive manner.
- Need based supply of services has been proved to ensure better utilization
- Community based BCC activities are important measures to empower the community. This helps improve demand as well as utilization.
- Understanding the probable causes of health problems among the urban poor helps to address them more effectively.

**Urban Health Literature Stall**
The display documents included sample proposals, state health reports, compendia on various urban health issues, conference and consultation reports and other reports advocating the cause of the urban poor and urban health programming. Several delegates from the Government departments, NGOs and educational institutes visited the stall and took keen interest in the documents.

Over 120 professionals representing Governments, Municipal Corporation of Delhi, donors, academia (IAP, NNF, St. Stephen’s Hospital, Public Health Foundation of India, Institute of Economic Growth, Jawaharlal Nehru University), NGOs, USAID Partners such as Immunization BASICS, BASICS, International Organizations like CARE, PSI, media and community representatives from Indore joined the discussions.

The press has also accorded a fair level of attention to the issue with coverage in about 10 National Newspapers (English as well as Hindi).
1. Introduction

1.1 Urbanization and urban poverty

Urbanization is fast becoming the defining process in shaping the course of social transformation and ensuing development concerns in India. Out of the total population of 1027 million (as on 1st March, 2001), 742 million lived in rural areas and 285 million in urban areas (USAID EHP 2003). The percentage decadal growth of population in rural and urban areas during the decade was 17.9 and 31.2 percent respectively (USAID, EHP). Population projections by the United Nations indicate that by 2030, India’s urban population will grow to 576 million and constitute 40 per cent of the total population. In 2001, there were 35 cities with million plus population and 393 cities above 100,000 population. It is estimated that the number of million plus cities in India will grow to 51 by 2011 and 75 by 2021. In addition there would be 500 large cities with population above 100,000 by 2021.

About one-fourth (24%) of the urban population of India is poor i.e. their expenditure on consumption goods is less than the poverty line of Rs.454 per month. The benefits of urbanization have eluded this burgeoning 67 million urban poor population, most of whom live in slums. An analysis of population growth trends between 1991 and 2001 shows that while India grew at an average annual growth rate of 2%, urban India grew at 3%, mega cities at 4% and slum populations rose by 5%. This rapid and unplanned urbanization and simultaneous growth of urban population in the limited living spaces has a visible impact on the quality of life of the slum dwellers of the city. Existing infrastructure and services are hard-pressed to cater to this growing urban population and the urban poor bear the brunt of this burden. When infrastructure and services are lacking, slums and other vulnerable settlements are amongst the world’s most life threatening environments.

1.2 Health of the Urban Poor

The urban poor suffer from adverse health outcomes which do not get reflected in commonly available health statistics. Most sources of health information which provide for urban and rural desegregation mask the inequalities which exist within the various economic groups. For instance, the under-five mortality rates among the urban poor (112.2) are nearly three times higher than that for the urban high income groups (39.4). As per the NFHS II data, among children 12-23 months of age, belonging to the urban poor, only 43% are fully immunized. The proportion of severely under-weight children among the urban poor (23%) is five times more than that of urban high income group (4.5 %).

The poor health conditions among slum dwellers, comprising a large section of our growing cities, need to be addressed on a priority basis. Owing to rapid growth, the already underserved urban poor are at risk of becoming even more underserved as the population growth outstrips the meager services that exist. The health and productivity of this section of the population are vital as they play an imperative role in the economic activities of cities which in turn contribute to the economic growth of the country.

The urban poor are known to be especially vulnerable to health risks due to the interplay of a number of factors such as poor socio-economic conditions, sub-optimal living
environment, poor access and use of public health facilities, illegal status, rapid mobility and poor negotiation capacity.

1.3 Government of India’s Focus on Health of the Urban Poor

The Government has acknowledged the non-availability as well as substantial underutilization of available primary health care facilities in urban areas along with an overcrowding at secondary and tertiary care centers.

MCH services to the urban poor have been recognized as important thrust area by the government under the National Population Policy-2000, National Health Policy-2002, RCH II and the Tenth Five Year Plan. The 2010 goals of the NPP 2000 (To ensure universal immunization, intensify neonatal care, facilitate 80% institutional deliveries, reduce IMR from 68 per 1000 births to 30 per 1000 births and MMR to 100/100,000), envisaged that a comprehensive urban health care strategy be finalised for achieving access to all in urban areas, especially slums. The National Health Policy-2002 envisages setting up of an organized two-tier Urban Primary Health Care structure. The National Urban Renewal Mission (NURM) launched by the Government of India in 2005 has a sub-mission on basic services for the urban poor covering sixty cities in India. The National Rural Health Mission (NRHM) (2005-2012) in recognition of the needs of the urban poor population has constituted a task force on urban health to recommend strategies for improving health of the urban poor.

The second phase of the Reproductive and Child Health program (RCH-II) now a component of the NRHM, envisages focusing on backward states such as Rajasthan, Madhya Pradesh and Uttar Pradesh (which are performing poorly on maternal and child health indicators) for the delivery of RCH services with a focus on urban poor. Pursuing the cause of health improvement among the urban poor, the MOHFW has encouraged state governments to identify priority districts and initiate the urban health project to augment infrastructure development and community provider linkages. The Ministry of Health and Family Welfare, Government of India has formulated guidelines for development of city level urban slum health projects which provides a mechanism for urban health delivery and its overall management. The guidelines suggest provision of a primary health care delivery center for every 50,000 urban populations, manned with 3-4 ANMs.

1.4 Health of the Urban Poor in India: Panel Discussion and Poster Session

To bring the ailing condition of health of the urban poor to the attention of health professionals, media, government and educational institutes, Urban Health Resource Center organized a Panel Discussion and Poster Session on 29th March, 2007 at the Scope Convention Center, New Delhi. The forum was also used to share experiences in urban health program by government and non-government sector agencies highlighting strategies which have proven effective in addressing this challenge.

Senior officers (Joint Secretaries) from three separate Ministries associated with urban health- Mr Amarjeet Sinha, JS, MOHFW, Mr Chaman Kumar, JS, Ministry of WCD and Dr P.K. Mohanty JS, JNNURM participated in the event. Though Mr. Chaman Kumar and Dr. Mohanty could not be physically present for the event due to urgent commitments, they sent in their addresses and good wishes.
During the day a press conference was organized at the Press Club of India. The press conference was attended by international, national as well as the vernacular media. This was followed by thematic addresses on pertinent urban health issues and the panel discussion. The day saw active participation from all the people present. A poster session was also organized where the participants portrayed their work through posters. The session witnessed active participation from all the organizations.

The discussions during the day helped people share their experiences as well suggestions to take the cause of urban health forward.
2. Health of the Urban Poor in India: Issues, Challenges and the Way Forward

Delivering healthcare to the urban poor is a challenge for a variety of reasons. Despite the apparent concentration and relative proximity of health facilities in cities, health conditions of the urban poor remain seriously compromised. The urban poor are especially vulnerable to adverse health outcomes. Their health indicators are similar to those of the rural areas and worse than those of urban middle and high income groups. This may result from various factors such as poor socio-economic condition, sub-optimal living environment, poor access and use of public health facilities, illegal status, rapid mobility and poor negotiation capacity. The ailing situation of the urban poor, needs to be acknowledged and addressed.

In the current session, the issues, challenges and the plausible next steps to improving the health of the urban poor were discussed. Dr Massee Bateman started with an address on: *Health of the Urban Poor: Situation and Challenges*. This was followed by an address by Dr H P S Sachdev, Former President, IAP on *Child Health among the Urban Poor: Issues and Options*. The session also witnessed a presentation by Shri Amarjeet Sinha and an address sent in by Mr. Chaman Kumar who could not be physically present for the event. A rich discussion followed the stimulating presentations.

2.1 Health of the Urban Poor: Situation and Challenges

*Dr. O. Massee Bateman, USAID India*

Dr. Bateman divided his remarks on the state of urban health into three principal themes, which he called the “population story,” the “health story,” and “key opportunities” for future progress.

Examining key trends in population growth, he noted that while growth rates in rural areas of India have largely declined, growth rates in urban areas have grown steeper. He pointed that this growth is not accounted for by higher birth rates alone, but significantly draws from migration and population mobility as well. It is estimated that in future, great majority of India’s population growth will be coming from its urban areas. He described the 2-3-4-5 phenomenon which implies that the population of India as a whole has grown at a rate of 2%, rural areas at 3%, urban areas at 4% and the urban slum population at 5% during the last decade. While 30% of India’s people live in urban areas today, most estimates tell us that India will be 50% urban within two decades. He said that an urban population growth rate of 25% is generally considered a tipping point, after which the urban proportion of total population increases at an accelerating rate.

He next drew the audience’s attention to several geographic subtleties in this pattern of growth. For example, he noted that while the stereotype of urban growth is that of explosion of slum population around mega cities, 32% of urban growth actually takes place around cities of 500,000 people or fewer. Also, important differences exist across regions—the EAG states, for example, exhibit much higher rates of urban poverty than
other parts of the country. Dr. Bateman’s two takeaway points concerning this data, as he stated in summation are

1) India’s future population growth will take place largely in urban areas
2) Half of this growth will be in small or medium-sized cities.

The second theme, the “health story,” was developed with several slides comparing health indicators in urban areas. Indicators such as institutional deliveries, nutrition, and immunization status were disaggregated by geographic location and level of household income. Though urban areas generally rate higher than rural areas on average, he acknowledged, in each case populations of poor urban areas scored not only starkly lower than their wealthier urban counterparts, but often lower than their poorer rural counterparts as well. For example, when rates of home deliveries were compared across economic strata, 3% of the higher income group had babies born at home, while this rate in the lowest group was almost twenty times higher, at 56%. The key message here was: “Don’t focus on urban averages if you want to learn anything about the urban poor.”

Having illustrated the unique challenges facing poor urban populations, it was concluded that unique opportunities exist to improve health in these communities as well. First, the proximity to resources and a broad range of potential partners should accelerate the development and implementation of outreach projects. Second, the geographic concentration of these communities allows service to a larger group of individuals within a given window of time. Also the most basic health issues of urban areas are likely to be more familiar to policymakers than concerns in more remote areas. Lastly, Dr. Bateman said, “we should harness the burgeoning interest in urban health in the wider community, and do what we can to sharpen that focus as we continue our work.”

2.2 Child Survival among the Urban Poor: Issues and Opportunities
Dr. H P S Sachdeva, Indian Academy of Pediatrics

Dr. Sachdeva stressed several themes highlighted in Dr. Bateman’s presentation, illustrating them with additional comparisons of key health indicators. He pointed that insufficient data had itself been a challenge to formulating better outreach strategies—for example, in the first comprehensive measurement of infant/child mortality in 1989, the rate was 2.5 times higher than researchers expected.

He posited that the children among the urban poor suffered from poor health outcomes. It was highlighted that 75% of the children who die, die during the first year of life. Of these 75% die form preventable causes which could be easily taken care of by enhancing skills of primary healthcare providers and home based regimens. To further elaborate the poor status of health among the urban poor he presented urban poor specific data against the urban averages and the rural averages. He presented indicators such as institutional deliveries, complete
immunization by 1 year, nutritional status, feeding practices and diarrheal burden and treatment seeking.

He expanded on Dr. Bateman’s analysis of the heterogeneity among urban poor communities, observing how this heterogeneity exists not only across regions of India but among slums within a single urban area. Given that major differences in health access and quality-of-life indicators exist between slums of the same city, recognizing and incorporating these differences is essential to a successful outreach plan, he argued. Input from the communities themselves, he continued, is another hugely important element of a flexible and adaptive plan. He also emphasized the need to train the primary level health care providers. “We need something similar to the National Rural Health Mission for urban areas,” he asserted in conclusion, “A truly national focus is needed to address these growing problems.”

2.3 Message from Shri Chaman Kumar
Joint Secretary, Ministry of Women & Child Development, Government of India

Though Mr. Chaman Kumar could not be present for the event, he had sent his address to be read out. The following is the address he had sent.

1. Estimates suggest that over 100 million (National Population Policy, Govt of India, 2000) poor people live in urban settlements, constituting around 30% of the total urban population. These numbers are expected to rise and if the predictions are correct, in the next 25 years the number of urban poor could end up in excess of 200 million.

2. Childhood malnutrition rates even in urban areas have not shown any significant reduction between NFHS 2 (198-99) and NFHS 3 (2005-06). Further, desegregation of NFHS 2 data by socio-economic indicators has revealed that childhood malnutrition (underweight prevalence) among the urban low socio-economic group is as high as 56 percent.

3. As of September 2006, there were 523 ICDS projects in urban areas which cover one third of the urban population. The budgetary allocation for the year 2006-07 has also been increased by almost 700 crores as compared to financial allocation for the last year.

4. A crucial factor which severely limits the expansion of the ICDS in urban areas is the fact that a large number of urban poor often live in unlisted slums/settlements and hard to reach areas. The urban local bodies as well as the NGOs can play an effective role in expanding the reach of ICDS to such un-served areas. Expansion of services can also be achieved through partnership with NGOs and Self-Help Groups. There are many examples of NGOs efficiently managing ICDS projects in a city. More partnership models with NGOs, Corporate and other private sectors are required so that these can be utilized for improving delivery of ICDS services to the urban poor.

5. Interdepartmental convergence at city/district or sub-city level coordination forums with representation from various departments such as Health, Education,
DUDA, Municipal Corporation/Council are important and would help achieve a synergistic impact as well as expansion of interventions.

6. Since urban areas present with a wide diversity such as mega cities, million plus cities and smaller urban areas, one approach may not fit all scenarios to yield desired results. Hence there is a need to develop situation specific models within the broad framework of ICDS so that lessons can be learned and replicated in other areas and cities.

7. I congratulate UHRC for taking up this very important cause and bringing together all stakeholders at one platform. I am confident that the panel discussion and subsequent deliberations would take up the issue of expanding the ICDS in urban areas especially urban poor and the deliberations would suggest innovative ways and means for quick and effective expansion of ICDS in urban areas. I wish best of luck to the program.

2.4 Service Delivery to the Urban Poor & JNNURM

Dr. P.K. Mohanty, Joint Secretary & Mission Director (JNNURM), Ministry of Housing & Urban Poverty Alleviation, Government of India, New Delhi

Though Dr. Mohanty could not be present for the event, he sent his presentation which was circulated during the session. In his presentation he highlighted the urbanization trends in India, both past and projected. His presentation emphasized the contribution of the rapidly increasing urban population to the GDP. To further elaborate on the discussion, the presentation pointed that the urban poor have poor access to housing, amenities, assets and health services.

Dr. Mohanty’s presentation described the two track strategy of JNNURM. Basic Services for the Urban Poor (BSUP) would cover 63 cities where support would be provided on CDP and appraisal of DPRs would be facilitated. Integrated Housing & Slum Development Programme (IHSDP) would cover the non-mission towns and cities and support would be provided on appraisal of DPRs. About Rs.20000 Crore Central support in 7 Years (Total JNNURM – Rs.50000 Crore) has been earmarked for this. The following is a brief summary of the provisions in JNNURM.

Addressing services to the urban poor

The scheme essentially envisages developing a city vision including visioning a slum-free city. This would entail development of planned urban perspective for 20-25 years (with 5 yearly updates) indicating policies, programmes and strategies to meet fund requirements. Preparation of City Development Plan (CDP) and Detailed Project Reports would be developed and refined. Development of reform agenda and determination of timelines for implementation of mandatory and optional reforms would also be undertaken.

3 key reforms

The 3 key reforms envisaged in the mission are earmarking of 20-25% of developed land in layouts for EWS/LIG housing, internal earmarking in Municipal Budget for urban poverty alleviation and provision of Basic Services to Urban Poor as per 7-point charter within the mission period (2005-2012)

Improving service delivery to the urban poor: Agenda for action
The following is a brief outline of the agenda for action.

- Building database on slums, poverty and livelihoods
- Integrating city level and slum infrastructure and housing with city-wide infrastructure systems
- Reforming Master Planning
- Housing the poor by segmenting the housing market in partnership with developers/industry, Interest Rate Subsidy Scheme and tapping the bottom of the pyramid
- Launching campaign for security of tenure for the urban poor households
- Preference for the poor in allocation of government/Municipal lands
- Incentive zoning - Slum Redevelopment Scheme using FSI as resource e.g. Mumbai
- Addressing Basic Services to the Poor with set timelines for 100% provision of key civic amenities to the urban poor – 7 Point Charter
- Basic Services to the Urban Poor Fund – Dedicated resources for sustained poverty alleviation
- Adopting users’ pay, beneficiaries’ pay and polluters’ pay as cornerstones of local public finance
- Convergence of physical and social amenities for the urban poor with focus on health, education and social security
- Preparation and implementation of Urban Poor Sub-Plan
- Earmarking of funds for the urban poor in Municipal Budget
- Employment, livelihood and skill development for the urban poor by launching skills initiative, linking micro-finance to skill, livelihood and shelter development, social security and community empowerment
- Strengthening institutional capacity to address urban poverty, slums, housing etc. by setting up UPA Cells at State and ULB levels, Network of Resource Centres, Advocacy Forums (Mayors’ Forum for Fight against Urban Poverty, City Managers’ Forum on Urban Poverty Alleviation and Livelihoods Development, Researchers’ Colloquium on Urban Poverty & Livelihoods) etc.
- Involving the urban poor at all stages through measures like participatory planning, peoples’ estimates and social audit;
- Promoting decentralization; Implementing 74th Amendment Act entailing devolution of functions, finances and functionaries on ULBs.
- Targeted approach to address poverty issues of most vulnerable sections
- Addressing displacement & rehabilitation issues as integral parts of urban infrastructure projects.
2.5 Release of UHRC - Indian Pediatrics Series on Urban Child Health and Urban Health Gateway

Mr. Sinha released the special article series on Urban Health and also the Urban Health Gateway.

The Urban Health Resource Centre (UHRC) in collaboration with Indian Academy of Pediatrics has published a series of articles on health of the urban poor in the journal ‘Indian Pediatrics’. It a volume of reprints of the 8 articles published so far in the journal as Special Article Series. This volume has been envisaged as a resource for researchers, policy makers and programmers.

Urban Health Gateway is an extensive resource portal on health of the urban poor and other related subjects with focus on India. With ample search functions, the Gateway is envisaged as a ready reference and easily accessible resource on urban health for researchers and other stakeholders with an interest in urban health. Some of the sections include Urbanization and Health, Child Nutrition and Growth, Health Care Delivery System, Public-Private Partnership etc. With a view of making these resources accessible in areas where the internet connectivity is poor, we have developed a CD-ROM version of this library. It is also available at http://uhrc.in/uhgateway/home/index.php.

2.6 Health of the Urban Poor in India: Key Issues and Models for Policy Action in the Future

Mr. Amarjeet Sinha, Joint Secretary, Ministry of Health and Family Welfare

The keynote address was delivered by Mr. Amarjeet Sinha, Joint Secretary of the Ministry of Health and Family Welfare. Mr. Sinha began by complimenting the richness of the data presented by the foregoing speakers, which he agreed had highlighted the most important emerging trends on the issue of urban health. Rather than repeating the same facts and figures, he touched upon a few of the most essential themes and suggested a corresponding model for policy action in the future.

In his address, Mr. Sinha discussed that the challenge of growth is in well-being and the challenge of well-being is in ensuring basic entitlements for those who need them most. Discussing the stratospheric growth in urban areas, he stressed that this was less a function of the pull factor of these areas and more the push factor of crumbling rural economies.

He recognized that the health indicators of the urban poor are not very encouraging. Even thought he Indian economy is growing at a rapid rate, the health concerns of the urban poor have not received much attention. He commented that a country with a high overall rate of economic growth has no reason to lag behind in serving the basic needs of its
least-fortunate citizens. Urban areas are a paradox of luxury and penury existing side by side with children dying in the shadows of top-class health facilities

He posited that efforts such as the JNNURM reflect the belief that those who can afford to make a larger contribution to social welfare should do so; however these efforts should not make the mistake of overemphasizing “brick and mortar” strategies as a panacea for urban problems. The mere establishment of more care centers will not solve the whole problem. Initiatives will not succeed unless we have a “re-crafted public system” to support them.

The best courses of action, he pointed, would incorporate ideas of flexibility, accountability, heterogeneity, and most importantly, the idea of communitization. The approach should be more participatory because when more workers within the system are recruited from stakeholder communities, the motivation and morale of the workforce as a whole improves. When local populations have a genuine role in crafting and improving healthcare provision in their neighborhoods, these programs will ultimately have a far greater chance of success. There’s no running away from the need for a strong public health system, but such a system should be refocused upon the basic right of all citizens to adequate health care

He also stressed the role of partnerships among the key stakeholders. Transparent partnerships with standard protocols, based on the rights and entitlements of all citizens would prove very effective in improving health of the urban poor

2.7 Discussion on Thematic Presentations and Keynote Address

After the presentations and the keynote address participants’ queries were answered by the presenters. The key issues addressed are presented below.

Improving access of services to the urban poor
The urban poor, despite presence of a variety of health care providers, are unable to access them. This results due to a multitude of reasons such as poor attention to their needs by the health care providers, illegal status, poor negotiation capacity, lack of knowledge etc. It is essential that to take care of the health concerns of this large underserved section of our population, public health delivery be improved and strengthened. For this it is first necessary to identify the urban poor pockets including urban poor living on roadsides, construction sites etc. A targeted approach should then be utilized to address their needs based on their vulnerability. It is important to recognize that the urban poor are a heterogeneous population. All the slums are not equal with regard to their vulnerability. Factors such as legality of the slums, their location, presence of active community groups, access to civil services etc. all have an impact on their vulnerability. It is therefore necessary to formulate needs based specific interventions to have maximum impact.

Access of services to the urban poor can also be improved by bringing together all the key stakeholders to work together in a coordinated manner. This would entail developing innovative institutional arrangements with several public and private providers. Efforts to ensure community participation and ownership will be critical for generating and sustaining demand for services. Concurrently, service oriented investments to improve the quality of care being provided by public sector facilities will need to be focused on.
Enhancing the role of slum communities in improving their health conditions
Importance of community partnership and ownership are important components of any successful program. It is important that the government and community should work together. This brings accountability and greater responsibility from both sides. Aware and organized citizenship are the key to the success of any program. The capacity of the community should be built so that they can negotiate for improved services. Building and nurturing local community leadership is an important step towards ensuring success of any program.

Improving efficiency of the system through decentralization and convergence between different departments, NGOs and ULBs
Sub-optimal implementation of various programs and policies has been an impediment to development efforts. This may result from either the flawed policies of the government or the poor capacity of the local bodies to implement them. The capacity of the urban local bodies should be built so that they can act as robust systems to help in more efficient implementation of the program. Dispersing decision making closer to the point of service makes the local organizations more responsible. Since these organizations are close to the community and better informed about the ground realities, their effective involvement would be beneficial for any developmental efforts. This also helps to garner local support for the program efforts.

Addressing high levels of malnutrition in slum communities
The NFHS 3 data has revealed that the state of malnutrition has worsened in India. With a sizeable portion of our population belonging to the urban poor category, their children contribute profoundly to the poor health standards of the country. Considering the precarious slum settings, they are at constant threat of being inflicted by various infectious diseases. The provision of health services to these urban poor children is also dismal. The level of immunization is low which leaves these children vulnerable to vaccine preventable diseases. The poor nutritional status of the urban poor children leads them to a further threat of disease and ill-health. This initiates the vicious cycle of malnutrition and infection. These malnourished children are a drain on the economy of the nation as they are going to be the bearers of India’s future. Besides, they are also a serious threat to India’s fight against vaccine preventable diseases. Thus targeting these children and developing specific strategies to address their nutritional needs along with their health needs is critical to the development efforts of the nation. The children of the urban poor need special attention and direction for ensuring their proper growth and development.

Role of advocacy and media in improving health of urban slum communities
Dearth of urban poor specific data has been an important impediment to the development efforts targeted to the urban poor. It is important that urban poor specific data be generated and disseminated to bring the plight of the urban poor to the forefront. Research targeted on the urban poor is needed to closely study the issues relating to the urban poor and their health and well being. The findings of such research should be disseminated and put forward at various forums to spread awareness on such issues and bring it to the notice of the public as well as the policy planners.

Implementation of Policies and programs related to urban health
The need for an urban health policy was stressed. It was emphasized that since the challenges, vulnerability and opportunities in urban areas are unique, it is pertinent to design specific policies to address these. The persistent rural health focus in India has largely led to the neglect of the health of the urban poor. Since the dearth of data has been the leading cause of this situation, the current research on the issue should guide us to develop policies which would be beneficial for the urban poor. This would bestow the right to good health on them and improve the overall health scenario of the country. It is, simultaneously, also important to ensure effective implementation of these policies. Schemes such as community health insurance scheme ensuring maximum value for money can become important tools for improving health outcomes among the urban poor.

Summary

Rapid urbanization
- Growth rates in rural areas of India have largely declined; growth rates in urban areas have grown steeper
- Urban proportion of total population is increasing at an accelerating rate; half of this growth will be in small or medium-sized cities

Health of the urban poor
- Health indicators of populations of poor urban areas scored not only starkly lower than their wealthier urban counterparts, but often lower than their poorer rural counterparts
- Childhood malnutrition rates, even in urban areas, have not shown any significant reduction between NFHS 2 (198-99) and NFHS 3 (2005-06).
- There is heterogeneity among urban poor communities and this should be kept in mind to develop more effective strategies.
- Urban areas are a paradox of luxury and penury existing side by side with children dying in the shadows of top-class health facilities.

Opportunities in urban areas
- The proximity to resources and availability of a broad range of potential partners in urban areas is an opportunity for developing more comprehensive plans of service delivery.
- Geographic concentration allows service to a larger group within a given window of time as there is no problem of remoteness.
- Most basic health issues of urban area are likely to be more familiar to policy makers.

Ways of addressing the challenges to healthcare delivery in urban areas
- Improving access of services to the urban poor: The urban poor, despite presence of a variety of health care providers, are unable to access them. It is first necessary to identify the urban poor pockets. A targeted approach should then be utilized to address their needs based on their vulnerability. Developing innovative institutional arrangements with several public and private providers would help enhance access of services to the urban poor.
- Enhancing the role of slum communities in improving their health conditions: It is important that the government and community should work together. This brings accountability and greater responsibility from both sides. The capacity of the community should be built so that they can negotiate for improved services.
- Improving efficiency of the system through decentralization and convergence between different departments, NGOs and ULBs: The capacity of the urban local
bodies should be built so that they can act as robust systems to help in more efficient implementation of the program. Dispersing decision making closer to the point of service makes the local organizations more responsible.

- **Addressing high levels of malnutrition in slum communities:** Considering the precarious slum settings, the children are at constant threat of being inflicted by various infectious diseases. The provision of health services to these urban poor children is also dismal. Thus targeting these children and developing specific strategies to address their nutritional needs along with their health needs is critical to the development efforts of the nation.

- **Role of advocacy and media in improving health of urban slum communities:** Dearth of urban poor specific data has been an important impediment to the development efforts targeted at the urban poor. It is important that urban poor specific data be generated and disseminated to bring the plight of the urban poor to the forefront.

- **Implementation of policies and programs related to urban health:** The need for an urban health policy was stressed. It was emphasized that since the challenges, vulnerability and opportunities in urban areas are unique, it is pertinent to design specific policies to address these.
3. Panel Discussion

Despite the presence of large number of healthcare providers, the urban poor do not have access to health care services. Reasons such as poor social and physical accessibility have been cited for this phenomenon. Social inaccessibility results from lack of knowledge and awareness as well as poor community cohesion and negotiation capacity. The reasons for physical inaccessibility are lower number of facilities in urban areas and their distance from the neediest pockets. The policy environment has also not been conducive to the urban poor as poverty and ill-health have been largely considered a rural phenomenon in India. Lack of coordinated effort by the multiple stakeholders in urban areas also surfaced as an important reason for the urban poor being marginalized.

In the recent past, health concerns of the urban poor are receiving a lot of attention. The marginalization of the health needs of the urban poor is now being recognized as a public health threat. In light of these facts a panel discussion was organized by the Urban Health Resource Center. The discussion focused on following:

- Approaches to improve access to health services in urban areas
- Approaches to mobilize the slum communities to practice healthy behaviors and demand for RCH-II services thus improving the utilization of these services
- Approaches for better implementation of the services thus improving the utilization of these services
- Approaches through which municipal bodies can better manage and finance urban health care

The panel comprised experts from different sectors such as government, NGOs, international organizations, and community. Panelists shared their perspectives and experiences on key issues/ challenges affecting the health of the urban poor and the various program strategies and policy options that could help address these challenges. Panelists included: Dr Sunil Mehra (MAMTA), Dr Armida Fernandez (SNEHA), Dr Karuna Singh (Project Director, IPP VIII) , Dr R.K. Bharti, (Additional MHO, MCD), Khurram Nayyab (Project Manager, Partners in Change), Sunita Kochle (Community representative from Indore). The discussion was moderated by Dr. Siddharth Agarwal. The discussion generated considerable interest and there was eager participation from the audience.

3.1 Key issues which emerged during the discussion

Accessibility of Services and Referral

Despite the presence of a large number of health care service providers the urban poor are unable to access them. One of the major reasons for insufficient utilization of the public
health care facilities were low level of satisfaction and trust on these services. The panelists suggested that this could be improved by relieving the patient overload at the secondary and tertiary care centers. This could possibly be achieved by building the capacity of the primary level health care centers to deal with less complicated cases at the primary facility itself. Better functioning of these centers and proper referral services from the primary care centers to the secondary and subsequently to the tertiary care centers would allow the health centers at all levels to function better and provide quality services. The health personnel at the centers should be sensitized to the need to attend to the patients in a compassionate manner.

It was recognized that the availability of transport facility for the health workers as well as the patients is an impediment to efficient health care delivery, especially in large cities. The difficulty in commutation lowers the motivation of a health care provider to give services in remote areas. On the other hand, the patients may be discouraged from going to a health provider due to the same inconvenience. Ensuring good connectivity to all areas emerged as an important pre-requisite for improving health care services in urban poor dwellings.

**Community Participation**

Active community participation is key to building an empowered community. Participating communities achieve greater citizen satisfaction with their community. Communities seeking to empower themselves can build active citizen participation by welcoming it, creating valuable roles for each person to play, actively reaching out to build inclusive participation, and creating supporting meaningful volunteer opportunities. Of all the empowerment principles, active citizen participation is perhaps the most important. Not only does it lead to developing true democratic processes, but studies show that it also leads to higher rates of resource acquisition and use, better results, higher levels of volunteerism, and a brighter community spirit. In short, participation is the soul of an empowered community.

Due to lack of an organized citizenship, the slum communities are at a loss. The constant threat of eviction and the feeling of being marginalized make them complacent to their own needs. There is lack of collective effort and poor negotiation capacity. The community due to low educational standards and awareness is not conscious of their rights and entitlements as citizens of the country. It is therefore imperative to address these issues.

The slum communities need to be better informed about the various health related provisions and programs for the urban poor people to ensure better utilization. A community representative from Indore, Mrs. Sunita Kochle narrated the rich experience of community participation. She informed that the community based group functional in the slum helps the community in various ways. Besides educating people about health, they help them with a lot of other things too. They help people in matters of acquiring
ration cards, water and electrical supply etc. They have helped improve the negotiating capacity of the community. They have also helped streamline a referral mechanism for the slum women visiting the hospitals for delivery by issuing an identity card. Further elaborating the role of these community based groups, Ms. Sunita narrated that through formation of community groups in 8 wards, they marked the vulnerable populations and tried to improve their behavior pertaining to health service utilization. The community groups talk about health issues and analyze the possible factors influencing them. In this manner the community generates their own solutions.

Community participation and ownership can be enabled by maintaining transparency in the key processes involved in slum improvement such as the design of infrastructure, quality control and the use of financial contribution made by the communities. The community based organization’s capacity need to be built for planning, managing and implementing development activities and in establishing linkages with other development organizations and ULBs.

Program and Policies Improvement
As discussed earlier, the rural focus of the health policies and programs in India till now, have largely led to the neglect of the urban poor. Poverty and ill-health have been considered essentially rural phenomena. The panelists emphasized that in light of urban poor specific data, it is now clear, that the urban poor are in a state which requires immediate attention. Their health indicators are similar to those of the rural areas and at times even worse. It was also recognized that ignoring the health needs of the urban poor would fuel the public health threat for the population as a whole.

The government has acknowledged the non-availability as well as substantial under-utilization of available primary healthcare facilities in urban areas. As discussed earlier in the report, the health needs of the urban poor have received improved attention. The NPP (2000), the NHP (2002), the NRHM/RCH II, the 10th Five Year Plan and the JNNURM all have urban poor specific policies and programs to help improve the situation of the urban poor. With all the above in place the stage is set to address the health issues of the urban poor in a comprehensive manner.

There is also an increasing recognition that all slums are not equal with respect to their vulnerability. The government recognizing this has envisaged a specific focus on the EAG states as the urban poor in these states are likely to be in a direr situation. Targeting the most needy slum clusters and urban poor pockets has emerged as an important strategy to reach the most vulnerable.

It was recognized that the legal status of slums, an important factor influencing health care delivery to the urban poor, should not deter delivery of the services to the people living in the urban poor clusters. The issue of legitimacy of the urban poverty clusters surfaced as one of the impediments in effective program planning and delivery of the health care services for these people. To this all the participants voiced their stand on health care delivery as a prime concern and pledged their commitment for providing the services, irrespective of the legal status of the clusters.

Multi-stakeholder coordination
Health is multi-faceted and therefore cannot be taken care of by anyone singly. It requires a coordinated effort by a multitude of stakeholders such as the ULBs, Department of
Health, Department of Women and Child Development, civil society, external support agencies, private healthcare providers, non-government organizations and the community. This will entail developing innovative institutional arrangements with several public and private providers. This would help build an environment conducive to address the issue of urban health in a comprehensive manner. The process would also enhance the utilization of government resources. It is therefore important that all the departments work together in a coherent and coordinated manner to take the agenda of health of the urban poor forward.

**Urban Local Bodies**

Local governance has a key role to play in ensuring overall coordination and implementation of the programs directed towards the urban poor. The 74th amendment of the Indian constitution vested the responsibility of local governance to the Urban Local Bodies, based on the premise that these are bodies which are directly providing services to the people and therefore need to be given greater decision making power. Different possible ways were discussed through which municipal bodies can better manage and finance urban health care. It was emphasized that it is a democratic body and thus the maximum utilization of the available resources could be ensured by vesting the responsibility of governance and decision making to them. Devolution of responsibility to the ULB has been recognized as a viable option for improving service delivery, there is therefore more reason to utilize it for the improved healthcare delivery to the urban poor.

**Motivation of health care providers**

It is important to ensure that the health care providers remain motivated to offer better services. Proper placement and utilization of human resources would be critical to ensuring a decent level of work satisfaction and therefore improved output. Accountability of the elected representatives is important to ensure better output and a higher level of dedication. Undue interference by the administration in the functioning of the personnel lowers the morale of the workers. It should therefore be ensured that the workers are given freedom to function but with constant supportive supervision. The welfare of the workers should also be ensured. Appreciation and recognition of hard work of the functionaries is important to encourage them to perform better.

**Motivating the Health Providers: Experience of SNEHA** - Dr Armida Fernandez, Executive Director, SNEHA shared her team’s experience on the issue of motivation of health care providers. She posited that there is no appreciation or accountability in the public system. To counter this problem, they have developed a process of “Appreciative Inquiry” (AI), where all cadres of the staff in a facility sit together and share success stories among themselves. They sit and dream about what they can do for their institution. Then they decide upon how to put it into action.
Corporate Partnerships
With globalization becoming a trend the world over, India is being viewed as an international market. This is evident from the fact that the economy of the nation has been growing at a good rate. The MNCs have registered an immense presence in India over the past few years and the trend is expected to continue. Thus, India forms a large profitable market for the MNCs. Contribution of urban India to the economy is immense. The industry body, Assocham stated that the contribution of the urban population to the GDP is going to rise to 70% by 2011. Since urban poor are roughly one-fourth of the total urban population, their contribution to the economy cannot be ignored. The urban poor form a large percentage of the informal work force in urban areas as well as the major consumers of the products of the MNCs.

With a lot of current interest of the corporate world in social development along with making profit, the case of the urban poor needs to be pursued with greater vigor. The urban poor form a large section of the population working in these MNCs, and living around areas where magnificent corporate infrastructures are established. It is therefore, important that the MNCs recognize the presence as well as the dire condition of this section and take steps to remedy the situation.

Mr. Khurram Nayab, highlighted the roles partnerships play in fostering meaningful changes. He noted his experience of how health emerged as a priority issue when a company named Taj President contacted them to undertake a community needs assessment of a slum area. Health emerged as one of the top two needs. He suggested that synergy between the corporate sector, the government and NGOs is the need of the hour.

Delhi’s approach to improving health of the urban poor
Dr. Karuna Singh shared the tentative plan of the efforts the Government of Delhi for improving health of the urban poor. She elaborated that a document, ‘Road to Better Health’ is being prepared by the Government of Delhi. She posited that with presence of the multiple authorities in Delhi, there is a need to sit together and think of a model that would help streamline the efforts all these bodies. Providing a brief outline of the key strategies, she pointed out that a geographical distribution of the areas has been done to improve functioning of the AWW and ASHA. Under this initiative, all types of primary health care delivering centers in Delhi will be renamed as Urban Family Welfare Centre (UFWC) that would cater to a population of about 50,000 each. The existing un-served areas will be served by identified NGOs and no new government infrastructure would be set up. Each UFWC will be linked to maternity homes (that would be serving around 2.5 to 3 lac population) having Essential Obstetric Care Services and also some identified Maternity homes with Emergency Obstetric Care. These will be linked to hospitals having a nursery to deliver essential newborn care. All these will be connected to a tertiary hospital. Entry into slums will be done through the community based organizations of that area. The comprehensive plan aims to make health care delivery in Delhi more effective.

Summary
- One of the major reasons for insufficient utilization of the public health care facilities were low level of satisfaction and trust on these services. It is imperative to build the capacity of the primary level services to take care of less complicated cases. A widely accepted referral system should be developed to refer patients needing specialized care to higher levels.
• Active community participation is key to building an empowered community. Due to lack of an organized citizenship, the slum communities are at a loss. The community based organization’s capacity need to be built for planning, managing and implementing development activities and in establishing linkages with other development organizations and ULBs.

• The government has acknowledged the non-availability as well as substantial under-utilization of available primary healthcare facilities in urban areas. With increased focus of the government on the health of the urban poor, the stage is set to address the health issues of the urban poor in a comprehensive manner. The differential vulnerability of slums should be considered while developing policies and programs for the urban poor.

• Health being multi-faceted, requires a coordinated effort by a multitude of stakeholders such as the ULBs, Department of Health, Department of Women and Child Development, civil society, external support agencies, private healthcare providers, non-government organizations and the community.

• Devolution of responsibility to the ULB has been recognized as a viable option for improving service delivery, there is therefore more reason to utilize it for the improved healthcare delivery to the urban poor.

• Proper placement and utilization of human resources would be critical to ensuring a decent level of work satisfaction and therefore improved output.

• With a lot of current interest of the corporate world in social development along with making profit, the case of the urban poor needs to be pursued with greater vigor.
4. Poster Session

A poster session was organized where organizations from Delhi and Maharrastra (including UHRC Program Partners from Indore and Agra) presented their program experiences related to improving health of the urban poor. The Poster Session witnessed 20 posters from 17 organizations. Key points in the poster have been presented below.

4.1 Non-UHRC Partners

IAP Cancel
- Understanding socio-cultural psychological aspects of street children
- Need and requirement of street children such as food, shelter, health facilities, education (both formal and informal).

ARPANA TRUST
- Working in partnership with government for the health of poor women especially on cancer, HIV and hepatitis.
- Visible changes in the health and hygiene status of the people living in resettlement colonies.

APNALAYA
- Campaign & networking on education, awareness generation, family health surveillance
- Assessment of government programs such as DOTS etc.
- Community need based programs on social issues along with health.
- Service delivery through networking and partnership.

Indian Social Service Unit of Education
- Addressing health issues of children from 0-5 years of age in vulnerable urban slums.
- Household level tracking of pregnant women for ANC, delivery, immunization, new born care, etc.
- The outcome depicted was reduction in NMR, IMR and CMR.

Institute of Health Management Pachod (IHMP)
- Reduction of anemia, neonatal mortality through BCC activities at community level.
- Outreach services by the health service provider along with BCC and IEC will lead to the improvement in the health condition.

PRAYAS
- Health camps and free OPD services in slum cluster along with linkage for DOTS.
- Awareness generation on hazards of tobacco
• Awareness generation on HIV/AIDS and other medical and social issues with partners.
• Organizing Stree Shakti Camps to improve the health seeking behavior of slum dwellers.

4.2 UHRC Partners

Indore Diocese Social Service Society (IDSSS)
• Tracking of pregnant women for ANC
• Institutional delivery and child care
• Importance of good rapport with community
• Linkage with Govt. for service provision
• Awareness generation for hygiene promotion.

Community Health Department of St. Stephen’s hospital
• Addressing socio-economic development along with health issues such as adolescent health care, etc.
• Improvement in the health status of women and children resulting through their efforts.
• Improvement in effective couple protection rate and immunization coverage.

CECOEDECON
• Mobilization of women for ANC, immunization and pulse polio, through BCC activities.
• Need based supply of services depicted in the form of parts of bicycle

Naujhil Integrated Rural Project for Health and Development (NIRPHAD)
• Services on OPD, ORC,
• Organizing BCC activities for mother and child health. Community based BCC activities.
• Special stress on acceptability of CLV's by the community.

Shri Niroti Lal Buddhist Sansthan (SNBS)
• Community meetings
• Awareness camp on RCH issues, services provided at a health facility etc.
• BCC activities
• Out reach camps etc.
• Improvement in immunization and ANC

Bal Niketan Sangh (BNS)
• Probable causes of health problems such as unhealthy environment, unsafe drinking water, open defecation
• Awareness generation for the use of safe drinking water and clean toilets

Bhartiya Grameen Mahila Sangh (BGMS)
• Outreach camp for pregnant women and lactating mother for immunization,
• Linkage with Govt. on health related issues.
• Improvement in the status of immunization, safe delivery.
- Co-ordination and linkage with health service provider.

A panel of Dr Monika (State Health Program Officer, Delhi Government) and Dr Atanu Sarkar (Faculty, Tata Energy Research Institute) reviewed the posters. The effort of all the organizations was highly appreciated. Based on this review five organizations who were not UHRC partners were given token of appreciation while five UHRC partners were given similar appreciation awards.

The posters which received a token of appreciation were:

1. **External partners:**
   i. Salam Balak Trust.
   ii. St. Stephen’s Hospital.
   iii. SNEHA.
   iv. IHM, Pachod, Pune.
   v. MAMTA.

2. **UHRC partners:**
   i. CEOCODECON, Indore.
   ii. IDSS, Indore.
   iii. SNBS, Agra.
   iv. NIRPHAD, Agra.
   v. FPAI, Agra.
5. Urban Health Literature Stall

A display stall was set up in front of the conference hall showcasing important documents produced till date by the organization on a variety of issues, activities and themes. The display documents included sample proposals, state health reports, compendia of various issues, conference and consultation reports and other reports advocating the cause of the urban poor and urban health programming. Several delegates from the Government departments, NGOs and educational institutes visited the stall and took keen interest in the documents.

Visitors from different institutes/organizations (PFI, IAP CANCL Group, IEG, NHRM PMU Delhi, St. Stephens Hospital, Dept. of Social Work, Jamia Milia Islamia, Mamta and Indian Institute of Dalit Studies) filled-in request forms for copies of specific documents which they found relevant to their personal or professional interest. The report of the national consultation Improving Health of the Urban Poor: Lessons Learnt and the Way Forward held in Bangalore, Report on Technical Assistance Efforts to USAID for Urban Health Programming in India and the Urban Health Symposium Report held in IPHA, Lucknow were among the documents which received maximum requests. It was ensured that copies are sent to the concerned persons as soon as possible.
6. Press Release and Press Conference

Urban Health Resource Centre organized a press briefing on March 29, 2007 from 1.00 p.m. to 2.30 p.m. at the Press Club of India, New Delhi. Seventeen journalists from both Hindi and English newspapers and news agencies participated in the briefing. The journalists who attended the press briefing represented:

- Times of India
- Reuters
- Asian Age
- Pioneer
- Prevention-India Today
- Univarta
- Dainik Hindustan
- Amar Ujala
- Dainik Jagran
- Rashtriya Sahara
- Sakal

6.1 Key Points Discussed at the Conference

- Around 30 percent of the total urban population in India or about 100 million people are poor. The number of urban poor is estimated to increase to 200 million by 2020.
- Congestion of living space, unhealthy environment and lack of services make the urban poor especially vulnerable to health risks.
- Health conditions among the urban poor are as bad as the rural population and significantly worse than the urban middle income and high income groups.
- Over half of urban poor mothers deliver at home putting their lives and that of the new born to great risk. Over half the children in urban slum communities do not receive all recommended vaccinations.
- Strategies and programs which have shown encouraging results in improving health of the urban poor.
- Challenges in replication and up-scaling these approaches across the country.
- Program experiences of UHRC and SNEHA were shared
- Community participation including that of men in the initiatives to improve the health conditions
- Condition of the urban poor in bigger cities such as Delhi and Mumbai

Speakers at the Press Conference
- Dr. Siddharth Agarwal, UHRC, New Delhi
- Dr. Armida Fernandez, SNEHA, Mumbai
- Mrs. Sunita Kochle, Grassroots Worker, Indore

6.2 Reporting in Media

English

1. **Deccan Chronicle**, 31 March, Hyderabad: “Urban slums Heading towards Health disaster”. 

3. **Times of India**, 30 March, 2007: “India to have 200 m urban poor by 2020”, Himanshi Dhawan.

4. Urban poor on higher health risk, says UN Habitat, **Pioneer News Service**, New Delhi

**Vernacular/Hindi**


7. **Jansatta 30 March 2007**: Aarthik Vikas Ke Bavjood Gareebo Ki Musibaat Badhi”.


7. Conclusion

During the course of the day various pertinent issues pertaining to urban health were discussed. The various participants shared their views and ideas. The rich experience sharing during the day helped further broad base the understanding of urban health. The participants showed a lot of concern for the health of the urban poor.

Over 120 professionals representing Governments, Municipal Corporation of Delhi, donors, academia (IAP, NNF, St. Stephen’s Hospital, Public Health Foundation of India, Institute of Economic Growth, Jawaharlal Nehru University), NGOs, USAID Partners such as Immunization BASICS, BASICS, International Organizations like CARE, PSI, media and community representative from Indore joined the discussions.

The key issues, challenges and the way forward were discussed. The following is a brief summary of the discussion.

Rapid urbanization
It was posited that the growth rates in rural areas of India have largely declined whereas growth rates in urban areas have grown steeper. Half of this growth is in small or medium-sized cities.

Health of the urban poor
Health indicators of urban poor scored not only starkly lower than their wealthier urban counterparts, but often lower than their poorer rural counterparts. The childhood malnutrition rates even in urban areas have not shown any significant reduction between NFHS 2 (198-99) and NFHS 3 (2005-06). Urban areas are a paradox of luxury and penury existing side by side with children dying in the shadows of top-class health facilities.

Opportunities in urban areas
The proximity to resources and availability of a broad range of potential partners in urban areas is an opportunity for developing more comprehensive plans of service delivery. Geographic concentration allows service to a larger group within a given window of time as there is no problem of remoteness.

Ways of addressing the challenges to healthcare delivery in urban areas

• Improving access of services to the urban poor: The urban poor, despite presence of a variety of health care providers, are unable to access them. A targeted approach should be utilized to address their needs based on their vulnerability. Developing innovative institutional arrangements with several public and private providers would help enhance access of services to the urban poor. One of the major reasons for insufficient utilization of the public health care facilities were low level of satisfaction and trust on these services. It is imperative to build the capacity of the primary level services to take care of less complicated cases. A widely accepted referral system should be developed to refer patients needing specialized care to higher levels.

• Enhancing the role of slum communities in improving their health conditions: It is important that the government and community should work together. This
brings accountability and greater responsibility from both sides. The capacity of the community should be built so that they can negotiate for improved services.

- **Improving efficiency of the system through convergence between different departments, NGOs, corporate sector and devolution of responsibility to ULBs:** Health being multi-faceted, requires a coordinated effort by a multitude of stakeholders such as the ULBs, Department of Health, Department of Women and Child Development, civil society, external support agencies, private healthcare providers, non-government organizations, corporate sector and the community. Devolution of responsibility to the ULB has been recognized as a viable option for improving service delivery, there is therefore more reason to utilize it for the improved healthcare delivery to the urban poor.

- **Addressing high levels of malnutrition in slum communities:** Considering the precarious slum settings, the children are at constant threat of being inflicted by various infectious diseases. The provision of health services to these urban poor children is also dismal. Thus targeting these children and developing specific strategies to address their nutritional needs along with their health needs is critical to the development efforts of the nation.

- **Role of advocacy and media in improving health of urban slum communities:** Dearth of urban poor specific data has been an important impediment to the development efforts targeted to the urban poor. It is important that urban poor specific data be generated and disseminated to bring the plight of the urban poor to the forefront.

- **Implementation of Policies and programs related to urban health:** The need for an urban health policy was stressed. It was emphasized that since the challenges, vulnerability and opportunities in urban areas are unique, it is pertinent to design specific policies to address these.

Though a lot of challenges were discussed during the sessions, modalities and relevant ways of addressing these challenges were also shared by the organizations. The experiences of making headway with urban health, shared by some of the participants, surely point in the direction of a positive move for the improvement of health of the urban poor.
Annexure 1

Agenda

Health of the Urban Poor in India:
A Panel Discussion and Poster Session

March 29, 2007 - 03.00 pm to 06.00 pm

Venue: Tagore Chamber, Scope Convention Centre, Core 8, CGO Complex, Lodi Road, New Delhi – 110 003

Registration: 03:00 pm – 03:15 pm

Welcome

Thematic Addresses

Health of the Urban Poor: Situation and Challenges – Dr. O. Massee Bateman, USAID India

Child Survival among the Urban Poor: Issues and Opportunities – Dr. H P S Sachdeva, India Academy of Pediatrics

Improving Basic Services for the Urban Poor - Dr P.K. Mohanty, Joint Secretary (JNNURM), MoHUPA

Universalizing ICDS to Reach all Urban Poor Settlement - Mr Chaman Kumar, Joint Secretary, Ministry of WCD

Keynote Address and Release of UHRC – ‘Indian Pediatrics Compendium’ and ‘Urban Health Library’ CD-Rom

Mr. Amarjeet Sinha, Joint Secretary, Ministry of Health and Family Welfare

Health of Urban Poor in India: Identifying Ways of Responding to Issues and Challenges:
A Panel Discussion

Panelists

• Dr. Karuna Singh, Project Director, IPP-VIII, MCD, Delhi
• Dr. Sunil Mehra, Executive Director, MAMTA
• Dr. Armida Fernandez, Executive Director, SNEHA
• Khurram Nayab, Partners in Change
• Sunita Kochar, Community Representative, Indore
• Dr. RK Bharti (MCD, Delhi)

Moderator: Siddharth Agarwal, Executive Director, UHRC

Poster Session on Urban Health Program Experiences

Organizations working in urban slum communities display their activities and program experiences through posters. Participating organizations include SNEHA, Institute of Health Management, Pachod; ISSUE, Nagpur; Prayas, Deepalaya, Salam Balak Trust, Arpana, Apnalaya, Muskaan, St. Stephens Hospital, MAMTA, CASP-Plan and Mobile Crèches; CECOEDECON, BGMS, Pushpkunj Family Helper Project, Bal Niketan Sangh, IDSSS, (all Indore); Family Planning Association of India, NIRPHAD, SNBS (All Agra), Muskaan, Bhopal.

Vote of Thanks

Tea and Snacks: 6.15 pm to 6.45 pm

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Health of the Urban Poor: Situation and Challenges

Massee Bateman, M.D.
Chief, Maternal Child Health And Urban Division
USAID-India

Health of the Urban Poor in India:
A Panel discussion and Poster Session, March 29, 2007
Tagore Chamber, Scope Convention Center, Core 8, CGO Complex, Lodi Road, New Delhi-110003
Presentation Outline

• The Population Story

• The Health Story

• Key Messages and Issues
Urban Growth and Poverty in India

- 2-3-4-5 phenomenon of population growth
- Urban population - 328 million\(^1\)
- Urban poor estimated at 85-100 million\(^2,3\)
- India is expected to be 50% urban by 2021-25\(^4\)
- Estimated annual births among urban poor – 2.5 million\(^5\)

\(^1\)2007, Census Technical Group on Population Projections, based on 2001 Census of India.
\(^2\)2004-2005 NSSO (61st round) using 30 day recall of consumption expenditure.
\(^3\)National population Policy, 2000
\(^4\)Planning Commission, Ninth Five Year Plan, Volume 2, New Delhi: Government of India, 2002
\(^5\)Calculated based on Total Fertility Rate of 3.0 for urban poorest quintile from Laveesh Bhandari and Shruti Shresth, Health of the poor and their subgroups in Urban areas, June 2003.
Urban scenario in EAG states*

Urban Population in EAG States

- EAG states, 32%
- Rest of India, 68%

Urban Poverty in EAG States

- EAG states, 43%
- Rest of India, 57%

* Data from Census 2001 and NSSO 55th round, 1999-2000
Urban Averages Mask the Health Conditions of the Urban Poor
Water Supply Situation

More than half of urban poor households do not receive piped water.
Access to Health Care
India-NFHS-II

Deliveries at Home

Urban Low-SLI  Urban Medium-SLI  Urban High-SLI

Percentage

56.1  37.5  3.1
Key Messages

- Poor environmental conditions are defining characteristics of slum areas and the living conditions of the urban poor
- Public primary health care services are vastly under-represented in urban areas
- Health indicators show sharp disparities among income levels in urban areas
- Health measures among the urban poor are similar or worse than in rural areas
Many Opportunities for Quick Progress

- Many resources/potential partners (public and private)
- Populations are concentrated geographically
- More easily reached for communication activities
- May be early adopters/more likely to embrace change
- Physical proximity to hospitals
- Basic health issues are those with which we are familiar
- Burgeoning interest, sharper focus on the problem
Improving Child Health Among the Urban Poor: Issues and Options

Prof. H.P.S. Sachdev

E-mail: hpssachdev@gmail.com

Health of the Urban Poor in India: A Panel discussion and Poster Session, March 29, 2007, Tagore Chamber, Scope Convention Center, Core 8, CGO Complex, Lodi Road, New Delhi.
Delhi Slums Mortality Trends

1991-92 MAMC: 22181 Households, 150 Clusters
Pathways to Infant Mortality

- 75% die at home, esp. 1st week of life
- ~ 75% preventable causes
- Health care providers: Poor skills and Inappropriate practices
- Home based regimens

Institutional Deliveries (%)
Feeding and Nutrition Profile

![Graphs showing Feeding Practices and Nutritional Status](image)

- **Feeding Practices**
  - Urban Poor: 53.4
  - Urban Average: 73
  - Rural Average: 61.5

- **Nutritional Status**
  - Urban Poor: 54
  - Urban Average: 39.5
  - Rural Average: 40.6

Timely introduction of complementary feeds

Percentage of children under 3 years underweight for age (<-2 SD)
Presentation Format

• Focus on Urban Poor
  ▪ Mortality
  ▪ Health Determinants
• Heterogeneity
• Issues and Possibilities
All Slums are NOT EQUAL!

- Water Supply
- Use of Spacing Methods
- Institutional Deliveries
- Complete Immunization
- Normal weight

Legend:
- Most Vulnerable
- Moderately Vulnerable
- Less Vulnerable

EHP, 2004: Indore Slum Child Health Survey. Indian Pediatrics
Recognize special need
Act immediately
Future Action

- Focused operational research
- Mapping of urban poor
  - Unlisted
  - Heterogeneity
- Community need responsive
- Train health care providers
Stakeholders

• Involvement and Convergence
  ▪ Health and Family Welfare Department
  ▪ Municipal Corporations
  ▪ Urban Development Authority
  ▪ ICDS & CBOs
  ▪ NGOs
  ▪ Donor agencies
  ▪ Professional bodies like IAP
  ▪ Others
Service Delivery to the Urban Poor 
& JNNURM

Dr. P.K. Mohanty  
Joint Secretary & Mission Director (JNNURM)  
Ministry of Housing & Urban Poverty Alleviation, 
Government of India, New Delhi  
pkmohanty_ed@yahoo.com
<table>
<thead>
<tr>
<th>Urban Population</th>
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<tr>
<td>Urban Population %</td>
<td>28%</td>
</tr>
<tr>
<td>No of Urban Agglomerations/Towns</td>
<td>5,161</td>
</tr>
<tr>
<td>No of Metropolitan Cities</td>
<td>35</td>
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<tr>
<td>Metropolitan Population</td>
<td>38%</td>
</tr>
<tr>
<td>Share of Cities with Population &gt; 50000</td>
<td>74%</td>
</tr>
<tr>
<td>Contribution of Urban Areas to GDP</td>
<td>60%</td>
</tr>
<tr>
<td>City</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>Mumbai</td>
<td>54%</td>
</tr>
<tr>
<td>Faridabad</td>
<td>46%</td>
</tr>
<tr>
<td>Aligarh</td>
<td>45%</td>
</tr>
<tr>
<td>Meerut</td>
<td>44%</td>
</tr>
<tr>
<td>Warangal</td>
<td>43%</td>
</tr>
<tr>
<td>Amaravati</td>
<td>43%</td>
</tr>
<tr>
<td>Raipur</td>
<td>37%</td>
</tr>
<tr>
<td>Nagpur</td>
<td>36%</td>
</tr>
<tr>
<td>Guntur</td>
<td>33%</td>
</tr>
<tr>
<td>Kolkata</td>
<td>32%</td>
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</tbody>
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Urban India: Access to Housing 2001

<table>
<thead>
<tr>
<th>Households having:</th>
<th>% of Households</th>
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<tbody>
<tr>
<td>No Exclusive Room</td>
<td>2.3%</td>
</tr>
<tr>
<td>One Room</td>
<td>35.1%</td>
</tr>
<tr>
<td>Two Rooms</td>
<td>29.5%</td>
</tr>
<tr>
<td>Three Rooms</td>
<td>17.1%</td>
</tr>
<tr>
<td>Four Rooms</td>
<td>8.7%</td>
</tr>
<tr>
<td>Five Rooms</td>
<td>3.3%</td>
</tr>
<tr>
<td>Six Rooms &amp; Above</td>
<td>4.0%</td>
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</table>
Urban Poor: Access to Amenities & Assets 2001

% of Households

- No Access to LPG for Cooking: 82.5%
- With No Television: 68.4%
- With No Scooter, Motor Cycle, Moped: 88.5%
- With No Car, Jeep or Van: 97.5%
### Urbanization of Poverty?

<table>
<thead>
<tr>
<th>State</th>
<th>% of Rural Population below Poverty Line</th>
<th>% of Urban Population below Poverty Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>11.05</td>
<td>26.63</td>
</tr>
<tr>
<td>Karnataka</td>
<td>17.38</td>
<td>25.25</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>20.55</td>
<td>22.21</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>23.72</td>
<td>26.81</td>
</tr>
<tr>
<td>Gujarat</td>
<td>13.17</td>
<td>15.59</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>13.74</td>
<td>19.85</td>
</tr>
</tbody>
</table>
JNNURM: Addressing Service to Urban Poor

- Basic Services for the Urban Poor (BSUP):
  - 63 Cities identified under JNNURM
  - Support based on CDP & Appraisal of DPRs

- Integrated Housing & Slum Development Programme (IHSDP):
  - Non-Mission Cities & Towns
  - Support based on Appraisal of DPRs

About Rs.20000 Crore Central Support in 7 Years (Total JNNURM – Rs.50000 Crore)
JNNURM:
Addressing Services to Urban Poor - 3 Key Reforms

• Earmarking of 20-25% of Developed Land in Layouts for EWS/LIG Housing

• Internal Earmarking in Municipal Budget for Urban Poverty Alleviation [Andhra Pradesh – 40% of Municipal Budget earmarked]

• Provision of Basic Services to Urban Poor as per 7-Point Charter within the Mission Period (2005-2012)
  • Security of Land Tenure
  • Affordable Shelter
  • Water, Sanitation
  • Education, Health & Social Security
Improving Service Delivery to Urban Poor: Agenda for Action

- Housing the Poor – Segmenting the Housing Market – Partnerships with Developers/Industry, Interest Rate Subsidy Scheme & Tapping the Bottom of the Pyramid

- Launching Campaign for Security of Tenure for the Urban Poor Households

- Preference for the Poor in Allocation of Government/ Municipal Lands

- Incentive Zoning - Slum Redevelopment Scheme using FSI as Resource e.g. Mumbai
Improving Service Delivery to Urban Poor: Agenda for Action

• Convergence of Physical and Social Amenities for the Urban Poor – Focus on Health, Education and Social Security

• Preparation & Implementation of Urban Poor Sub-Plan

• Earmarking of Funds for the Urban Poor in Municipal Budget: P – Budget

Improving Service Delivery to Urban Poor: Agenda for Action

- Targeted Approach to address Poverty Issues of Most Vulnerable Sections
- Addressing Displacement & Rehabilitation Issues as integral parts of Urban Infrastructure Projects
- Learning from Best Practices: Some Examples
  - Kudumbashree, Kerala
  - Gruhakalpa, Andhra Pradesh
  - Land Acquisition Model, Jaipur, Rajasthan
  - TDR, Accommodation Reservation Models, Mumbai
  - Premium FSI/Incentive Zoning, Andhra Pradesh
  - Fund for Urban Poverty Alleviation, Andhra Pradesh
  - Micro-finance – Bangladesh, Andhra Pradesh, Karnataka, Tamil Nadu
Section 1: Policies and Programs: National and State Governments

1.1. Policy Provisions for Urban Health
   i. National Population Policy 2000, Government of India
   iii. 10th Five Year Plan, Government of India
   iv. Supreme Court Orders on Universalizing ICDS
   v. Recommendations of Krishnan Committee

1.2. Policies of Urban Development

1.3. Urban Development Programmes
   i. Swarna Jayanti Shahri Rozgar Yojana (SJSRY) ; All India Institute of Local Self Government, Mumbai
   iii. Guidelines For The Projects On Basic Services To The Urban Poor (Bsup), To Be Taken Up Under Jawahar Lal Nehru National Urban Renewal Mission (JNNURM) http://dm.nuhru.in/files/bsup.pdf

1.4. Health Programs
   i. Health Programmes of Government of India
      • PIP for Urban Slum Health under Reproductive Child Health –II (Dec 2004)
      • Guidelines for City Level Urban Slum Health Projects (2004)
      • Overview of National Disease Control Program
      • Universal Immunization Program http://delhigovt.nic.in/dept/health/dfw/universal_program.htm
      India Population Project-An Overview

Section 2: Research and Relevant Statistical Information

2.1 Health and demographic information
   • Recent Urban Poverty Estimates by NSSO, 61st Round.
   • Health Indicators among Urban Poor: Fact Sheets (NFHS-II)
   • Recent Health Indicators among Urban Poor (DLHS)

Urban Population
   • Rural Urban Distribution of Population, Census of India 2001 (Provisional) http://www.censusindia.net/results/towndata.php
• Census of India 2001 Metadata and Brief Highlights on Slum Population
  http://nuhru.in/files/Slum%20Data%20Census%202001%20Highlights.pdf?download
• Slum Population – Census 2001
  http://www.censusindia.net/results/slum/Intro_slum.pdf

**Urban Poverty**

• State-wise Below Poverty Line Population
• Urban Poverty and Vulnerability in India (August 2001, DFID)
  http://www.dfidindia.org/pub/pdfs/urban.pdf

### 2.2 Articles/Reports/Commentaries on Urban Health

#### i. Articles

• Agarwal S, Anuj, Karishma Srivastava, K Sangar, Ayushi. Nutrition and Health Services to the Urban Poor: Need to Expand and Strengthen Urban ICDS to respond to growing urban poor population. Published on One-World South Asia Website on 03.Oct. 2006: www.southasia.oneworld.net/article/view/104265/1/

#### ii. Reports

• National Consultation Improving the Health of the Urban Poor-Lessons Learned and Way Forward (Bangalore Workshop Report, Environment Health Project)
• Evaluation of Urban Family Welfare Centers (Chandrashekhar, IIPS)
Section 3: Innovative Programs and Best Practices

3.1 Urban Health Situation Analysis for Select Cities (Urban Health Resource Center)
   i. Agra (UP)
   ii. Indore (MP)

3.2 Sample Urban Health Proposals (Summary, Urban Health Resource Center)
   i. Haldwani
   ii. Haridwar
   iii. Dehradun
   iv. Agra
   v. Bally
   vi. Narela-Delhi

3.3 Maps of Selected Cities Marked with Slums ad Health Facilities
   i. Agra,
   ii. Indore
   iii. Meerut
   iv. Haldwani
   v. Shahdra- North
   vi. Map of India Showing Towns Having Slum Population One Lakh and above

3.4 Experiences from Different Approaches of Urban Health Programs
   - Indore Urban Health Programme, UHRC
   - Agra Urban Health Programme, UHRC
   - City Initiative for Newborn Care, Mumbai
   - Ankur Home Based New born Care, Nagpur
   - Married Adolescent Health Project, Pune
   - India Population Project –VIII,
     http://dm.nuhru.in/files/Lessons%20learnt%20from%20IPP-VIII.pdf
   - Kolkata Urban Services for the Poor

3.5 Urban Environmental Health Projects: Lessons Learnt form EHP Congo

http://www.ehproject.org/phe/jgi-drcfinal.html

Section 4: Important Websites for Information on Urban Health in India

http://www.uhrc.in
http://www.uhrc.in/uhgateway
http://www.nuhru.in
http://www.urbanhealthnet.org
http://www.arpana.org
http://www.niua.org/
http://www.snehamumbai.org/
http://topics.developmentgateway.org/urban
http://www.urbanindia.nic.in/
http://jnnurm.nic.in/
Annexure 5

List of Documents Displayed at the Urban Health Literature Stall

1. Activity Report-127 Participatory Community Health Enquiry and Planning (PCHEP) in Selected Urban Slums of Indore
2. Activity Report-133 Indore Situational Analysis
3. Activity Report-135: Technical Assistance to Govt of India for Urban Health Planning and National Guidelines
7. CBO Assessment Report of Agra
9. Differential Health Conditions across Slums- Findings from Slum Assessment and Maternal Child Health Survey in Indore
10. EHP India-Indian Pediatrics Special Article Series
11. Five Year Urban Health Proposal under RCH II for Agra
12. Five Year Urban Health Proposal under RCH II for Bally
13. Five Year Urban Health Proposal under RCH II for Dehradun
14. Five Year Urban Health Proposal under RCH II for Haldwani
15. Five Year Urban Health Proposal under RCH II for Haridwar
16. Guidelines for Development of City-Level Urban Slum Health Projects
17. Hygiene Behavior among in Indore - Reasons for Current Procedure and Program Options
18. Improving the Health of the Urban Poor – Lessons from Urban Health Programs in India – October 2005
20. Investigating Age Appropriate DPT-I and DPT-III Immunization Status of 2-6 Months Old Infants in Selected Slums of Indore (Draft)
21. Maternal and Child Health Survey in Slums of Indore (Draft)
24. Program Development in Indore – A Compilation of Reports of the Meetings with Stake Holders
26. Report of Urban Health Symposium at 32nd Annual Conference of Indian Association of Preventive and Social Medicine, 2005
27. Report of Urban Health Symposium at 49th All India Annual Conference of Indian Public Health Association, 2005
31. Report of Urban Child Health Advocacy Activities at 42nd National Conference of Indian Academy of Pediatricians, 2005
32. Report of urban health Symposium on working Together to Reach the Un-reached Urban Poor with Health Services – Joint National Conference of IPHA and IAPSM – 22nd Jan 2006 –Tirupati
34. Report on Urban Child Health Advocacy Activities with Indian Academy of Pediatricians
35. Situational Analysis Report of Agra City for Guiding Urban Health Program
37. Study Tour cum - Capacity Building of Agencies Govt. and Private Partners on PPP for Urban RCH Services – Report on a Study Tour to Arpana Swasthya Kendra, 27th April, 2005
38. Study Tour cum Capacity Building Workshop for Agra and Kolkata Program Partners on Strengthening Community – Provider Linkage for Urban RCH Services – Report on Study Tour to Indore Urban Health Program 11th – 14th July 2005
39. Technical Assistance to Govt of Uttaranchal- Process Documentation
42. USAID – EHP India collaboration with National Institute of Health and Family Welfare New Delhi for the establishment of a National Urban Health Resource Unit – Oct 2005
43. Workshop on studies connected with RCH II – 29 – 30th Jan 2004. Department of Family Welfare. Progress to Date on Urban Health Component
44. National Consultation on Improving the Health of the Urban Poor: Lessons Learned and the Way Forward – 30th June – 1st July 2003 – Bangalore – Handouts of Presentations
45. Partnerships for Urban Health
46. Poverty and Vulnerability Assessments in Urban Areas
47. Qualitative Research
48. Selected Annotated Bibliographies on Urban Health, Nov 2005
49. State Level Urban Health Workshop – UP- Selected Ref. Material 17th May 2004
51. Work shop on urban health planning – selected ref. Material - Nov 2003

Compendia
1. Addressing Child Malnutrition in Urban Slums
2. Addressing Water, Sanitation and Hygiene Issues in Urban Slums
3. Childhood Death & Disease Burden among the Urban Poor
4. Childhood Immunization among the Urban Poor (Part A & B)
5. Communicable Diseases among the Urban Slums
6. Database of urban Health Expert – July 2005
7. Diarrhoea prevention in slums through hygiene behavior promotion and increasing access to hardware
8. Health Delivery Systems for the Urban Poor
9. Infant Feeding Practices among the Urban Poor
10. Issues & Strategies for Family Planning Services in Urban Slums
11. Methodology for Estimating Urban Poverty in India
12. Micronutrient Deficiency in Urban Slums
### Fact Sheet - India
#### Demographic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total Population (in million)</td>
<td>1027</td>
</tr>
<tr>
<td>Urban Population (in million)</td>
<td>285.4</td>
</tr>
<tr>
<td>% Population in Urban Areas</td>
<td>27.81</td>
</tr>
<tr>
<td>No. of Million Plus Cities</td>
<td>35</td>
</tr>
<tr>
<td>No. of Towns with Over 1 Lakh Population</td>
<td>423</td>
</tr>
<tr>
<td>Population Below poverty line in Urban Areas (in million)</td>
<td>80.79</td>
</tr>
<tr>
<td>% Population Below poverty line in Urban Areas</td>
<td>25.7</td>
</tr>
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#### Health Indicators among Urban Poor

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
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<tbody>
<tr>
<td>Neonatal Mortality Rate</td>
<td>39.1</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>66</td>
</tr>
<tr>
<td>Child Mortality Rate</td>
<td>101.3</td>
</tr>
<tr>
<td>% Children Receiving All Immunization</td>
<td>42.9</td>
</tr>
<tr>
<td>% Children Receiving ORS or Recommended Home fluid during Diarrhea</td>
<td>31.2</td>
</tr>
<tr>
<td>% Children Underweight</td>
<td>56.8</td>
</tr>
<tr>
<td>% Pregnant Women Receiving the Recommended 3 ANC Visits</td>
<td>47.7</td>
</tr>
<tr>
<td>% Deliveries Attended by Health Personnel</td>
<td>50.7</td>
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<tr>
<td>% Using any Modern Method of family Planning</td>
<td>42.3</td>
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<tr>
<td>% Women Anemic</td>
<td>57.5</td>
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#### Environmental Health Indicators

<table>
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</tr>
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<tr>
<td>% Having Access to Piped Water Supply</td>
<td>61.7</td>
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<tr>
<td>% Having Access to Toilets</td>
<td>34</td>
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