Addressing Challenges of Equitable Health, Nutrition and Well-being in a rapidly Urbanizing India: An Imperative for Government, NGOs and Citizens

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Urban Health Resource Centre, India
Part - I

• Urbanization, economic growth, juxtaposed affluence and deprivation
• Health, Nutrition and Well-being disparities in Urban India:
  - MDG-1: Reducing poverty and undernutrition
  - MDG-3: Gender equality and empower women
  - MDG-4 & 5: Reduce child mortality, reduce maternal mortality
  - MDG-6: Combat HIV/AIDS, malaria and other diseases
  - MDG-7: Ensure environmental sustainability - living conditions-toilets, water, congestion
  - Unlisted slums/poverty clusters more deprived
  - Smaller cities have weaker systems, poorer indicators

• Multidimensional issues that affect urban health and well-being
India’s Urbanizing economy: Affluence and Deprivation Juxtaposed

• In India’s glittering cities opulence grows along with deprivation and poverty
  – 60% of Mumbai’s population lives on 8% of land [Parsuraman, S. 2007] and contribute to economy in diverse ways, living in severe congestion
  – In Delhi, water-supply for planned colonies is 225 lpcd (liter per capita daily) and 50 lpcd for listed slums

• Urban poor contribute substantially to India’s economic growth:
  – Between 60- 90% of urban poor are involved in urban informal sector.
  – Urban sector contributes 60% -70% of GDP

This indicates high density of living space for 60% living in slums, chawls, informal settlements.
Population density of Greater Mumbai (area under Municipal Corporation of Greater Mumbai) estimated at 24,812 (Mumbai Suburban district & Mumbai City district) persons per sq. km. as per Census 2011.
Density of Mumbai City – 43,447 per sq. km.
During the 20th century, urban population multiplied more than 10 times.
Urban population projected to reach 535 million by 2026 (first quarter of 21st century).
**MDG-1: Urban Poor - the fastest growing segment of India’s Population**

<table>
<thead>
<tr>
<th>MDG-1: Urban Poor- the fastest growing</th>
<th>All India</th>
<th>Urban areas</th>
<th>Large cities</th>
<th>Slums</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - 3 - 4 - 5</td>
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- **Urban population**: 377 million<sup>1</sup>.
- **India is expected to be about 40% (550 million) urban by 2026**<sup>2</sup>.
- **97 mil urban poor @ official poverty line**<sup>4</sup>; 200 mil eligible for food security.
- **Estimated annual births among urban poor**: 2.7 million<sup>6</sup>.
- **12 million children under-5 among lowest two urban quartiles (53.8% and 42.8%) are stunted (chronic under-nutrition)**.

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1. Census of India, 2011, Provisional Tables
2. Census, 2001 population, Projections, 2001-26
5. Calculated based on UNICEF-Demography-2007 data
6. Based on CBR 27.5 for urban poor population and 100 million urban poor population
MDG-1: Nutrition Health Disparities:

Nutrition Inequities among <5 yrs

Chronic <5 under-nutrition (<= 2SD Height for Age in urban areas (%))

- Poor: 53.8%
- Non-Poor: 33.1%
- Richest: 20.7%
- Aggregate: 39.6%

Source: Re-analysis of NFHS-3(2005-06) by Wealth Index; UHRC, 08

Household food insecurity is also as high as 50% among slum/informal settlements
MDG-2: 40% urban poor children (6-17 years) not attending school

50% boy and 54% girl children among urban poor in Delhi attended school.
Women’s autonomy

• In Urban India, among poorest quartile, 42% women had money for their own use, while among the rest of the urban population 53% had money for use.

• Urban NFHS-3 analysis shows mothers’ education attainment (secondary/higher education), financial autonomy, and employment were associated with increased probability of children's immunization
Evidence about Health Disparities:
**MDG- 4: Low Child Survival among the Urban Poor**

1.3 lakh children die each year before reaching the age of five

Source: Re-analysis of NFHS-3(2005-06) by Wealth Index; UHRC, 08
<5 Mortality Across Different States: Poorest urban quartile vs urban overall

Source: UHRC’s analysis of National Family Health Survey, 2005-06
MDG-5

**Inequitable Access to Maternity Services**

At least one postnatal check-up from a skilled provider within 42 days of delivery

Women 15-49 years areas receiving at least one postnatal check-up within 42 days of delivery from a skilled provider. RCH II recommends a minimum of three post-natal visits from a skilled provider i.e. within 48 hours, between 7th-10th day and 42nd day.
MDG- 6 and 7
Disparity in Living Space Density in Urban Areas

• Congested Housing:
  - In urban India, among poorest quartile, 45.6% households have a situation of >5 persons per sleeping room, as against 7.8% among the richest quartile, while the urban aggregate data suggests 27.1%

• Separate Cooking Space:
  - Among poorest quartile, in urban India, 31% households had a separate cooking space (SCS),
  - Among the remaining population, 78.5% had a SCS
In Urban India, among the poorest quartile, 52.8% households did not use a sanitary or pit toilet, while among the rest of the urban population 96% used a sanitary toilet.

Source: IIPS 8 cities study; 2009
Slum/Non-slum denotes Census slum/non-slum.
Poor Access to Piped Water Supply

More than three-fourth (82.5%) of urban poor households do not have access to piped water supply

Source: Re-analysis of NFHS-3 (2005-06) by Wealth Index; UHRC, 2008
Housing and Physical Infrastructure affects Health, Disease

- Tuberculosis prevalence among people living in houses with >5 persons/sleeping-room is twice as high as those living in houses with <4 persons/sleeping-room (423 vs 268 per 100,000).

- Tuberculosis prevalence among people living in houses without separate cooking space was 2.2 times higher than those living in houses with separate cooking space (494 vs 223 per 100,000).

- Water collection in slums, homes leading to increased incidence of dengue, chikungunya
Housing and Physical Infrastructure affects Nutrition Status

- Chronic child (0-59 mths) under-nutrition (height for age <-2SD), in households with >5 persons per sleeping-room is 1.4 times higher than households with <4 persons/sleeping-room in Urban India.

- Chronic child (0-59 mths) under-nutrition (height for age <-2SD), in households without separate cooking space is twice as high than households with a separate cooking space.

- Child (0-59 mths) chronic under-nutrition (height for age <-2SD), in households without improved toilet is 1.5 times higher than households having improved toilet.

Please do not cite- Data on this slide is part of ongoing research.
A significant proportion of slums are unlisted

- **554 listed slums** (population 12,76,062)
- **413 unlisted slums** (population 7,27,332)

According to Govt. of India - NSSO 65th Round (2008-09) 49 % slums are non-notified in India
MDG-7: Non-notified Slums Far Worse

- Poor environmental sanitation in slums results in high infant malnutrition in slums\(^1\)
- In 64% notified slums, majority of the dwellings are made of solid/permanent material while in non-notified slums this is 50%.


Source: Ministry of Statistics, Govt. of India: Conditions in Urban Slums. NSSO. 2008-09
Smaller Cities and Towns more vulnerable
U5 MR among Urban Poor Across Different City Sizes

Under-five Mortality Rate Among the Urban Poor Across Different Size Class of Cities, India, 2005-06.

Source: UHRC’s analysis of National Family Health Survey, 2005-06

Large city - more than 1 million; Small City – 100,000 to 1 million; Town - less than 100,000

The category of large city/capital city includes all capital cities of Indian States
Smaller Cities and Towns more vulnerable
IMR among Urban Poor Across Different City Sizes

Infant Mortality Rate Across Different Size Class of Cities

Source: UHRC’s analysis of National Family Health Survey, 2005-06
Smaller Cities and Towns more vulnerable

MDG-7: Differential Access of Urban Poor to Water and Sanitation Across Different City Sizes

% Households having no toilet facility

% Households having piped water supply

Large city - more than 1 million; Small City – 100,000 to 1 million; Town - less than 100,000

The category of large city / capital city includes all capital cities of Indian States

Source: UHRC’s analysis of National Family Health Survey, 2005-06
Multidimensional issues that affect sustainable urban development
## Multi-factorial Vulnerability in Slums

<table>
<thead>
<tr>
<th>Factors</th>
<th>Situation Affecting Vulnerability in Slums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Permanent, less permanent, not permanent material, separate cooking space, ventilation, overcrowding</td>
</tr>
<tr>
<td>Services</td>
<td>Water supply, Toilet, drainage, Electricity</td>
</tr>
<tr>
<td>Land status, location</td>
<td>Secure or insecure land tenure, location on Municipal/Govt. land, or private land, hazardous location, low-lying areas</td>
</tr>
<tr>
<td>Access and use of public health services</td>
<td>Lack of access to primary health and Hospital services, poor quality of health services, nutrition, food security services</td>
</tr>
<tr>
<td>Hidden / Unlisted Slums</td>
<td>Many slums are not notified in official records and remain outside the purview of civic and health services</td>
</tr>
<tr>
<td>Past Infrastructure intervention in the slums</td>
<td>If an infrastructure project has been implemented reasonably well, some slums have better roads, community halls, other infrastructure</td>
</tr>
<tr>
<td>Alcohol, gambling joints, gender inequity</td>
<td>These affect the extent of depletion from alcohol, domestic violence, gender inequity, uncomfortable social environment</td>
</tr>
<tr>
<td>Negotiating Capacity</td>
<td>Lack of organized community collective efforts in slums and absence of active, aware individuals who can be the voice of the community.</td>
</tr>
</tbody>
</table>

1Taneja S and Agarwal S. 2005, All Slums are Not Equal, Indian Pediatrics
<table>
<thead>
<tr>
<th>Domain 1: Housing &amp; Physical Environment</th>
<th>Domain 2: Social and Human Development</th>
<th>Domain 3: Poverty &amp; Economics</th>
<th>Domain 4: Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sanitation facility (At home/community toilet)</td>
<td>1. Coverage of outreach health services</td>
<td>1. Regularity in getting livelihood</td>
<td>1. Active community group in slum</td>
</tr>
<tr>
<td>2. Water facility (At home/community)</td>
<td>2. Number of hospital deliveries</td>
<td>2. Access to fair credit</td>
<td>2. Slum map available with Community group</td>
</tr>
<tr>
<td>3. Road Condition</td>
<td>3. Coverage by AWC</td>
<td>3. Working women (at home/outside) to support family income</td>
<td>3. Community group supports government machinery in improving access to schemes/services</td>
</tr>
<tr>
<td>4. Drain Condition</td>
<td>4. No. of Families with food subsidy cards (Ration Cards)</td>
<td>4. Secure Tenure</td>
<td>4. Community group have submitted collective application to civic authorities in past year</td>
</tr>
<tr>
<td>7. Use of coal/wood as cooking fuel</td>
<td>7. Alcohol consumption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. HH Electricity Connection</td>
<td>8. Gambling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Tuberculosis</td>
<td>10. Domestic Violence</td>
<td></td>
<td></td>
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<tr>
<td>11. Domestic Violence</td>
<td>11. Pregnancy &lt; 18 years</td>
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<td>12. Pregnancy &lt; 18 years</td>
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</table>

Indian adaptation of WHO’s Urban Health Equity and Response Tool by UHRC
Inter-play of Different Sectors and Actors

Municipal Corporation
Water, Sanitation, roads

Ward level Politicians

Health Dept.

Labour Dept

Dept. Women & Child Welfare Ministry

Urban Planners

NGOs working for Slum well-being

Slum Women’s Grps/CBOs
Differential Housing Situation
Environmental Scenes of an Urbanizing World
Part II

- What Approaches have worked and Helped learn practical lessons and the ‘How to do’:
  - # 1: Spatial mapping as an effective approach
  - # 2: Demand side focus: Slum-Community/Women’s Groups [Mahila Arogya Samiti in NUHM]
  - # 3: Collective Social Needs Savings & Loans [Community Risk Pooling in NUHM]
  - # 4: Gentle Negotiation: Under-served communities address determinants of urban health across sectors, through community applications for services
  - # 5 Community’s Own Efforts when authorities do not respond
  - # 6 Facilitating Access to Picture ID, Proof of Address and social benefits
  - # 7 Facilitating Access to Food subsidy cards
  - # 8 Multi-dimensional Efforts to Improve Health, Nutrition, Environment, Related Services:
    - Through Coordination & Linkage Building - towards addressing social determinants of health
  - # 9: Public-Private/NGO Partnership approaches
  - # 10: Using Telecommunication, available services, options

- Policy Frameworks developed, resources allocated: Need to translate words into action
Approach 1 (a): Spatial City Mapping
Mapping helps inclusion of unlisted slums/ clusters

### LOCATION OF SLUMS

<table>
<thead>
<tr>
<th>Slum Number</th>
<th>Population</th>
</tr>
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<tbody>
<tr>
<td>Listed</td>
<td>215</td>
</tr>
<tr>
<td>Unlisted</td>
<td>178</td>
</tr>
<tr>
<td>Total</td>
<td>393</td>
</tr>
</tbody>
</table>

Agra City
Mapping Helps Inclusion of Unlisted Slums/Clusters

Contd....

<table>
<thead>
<tr>
<th>SLUM NUMBER</th>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>LISTED</td>
<td>102</td>
</tr>
<tr>
<td>UNLISTED</td>
<td>85</td>
</tr>
<tr>
<td>TOTAL</td>
<td>187</td>
</tr>
</tbody>
</table>

Spatial city mapping of vulnerable clusters integral strategy of NUHM
Spatial Mapping helps in Locating Hidden Slums

Why some slum pockets are hidden in city?

- **Problem related to nomenclature**
  - Do not have any name e.g. Slum behind the Milap Hall, Rangoli Mandap etc.
  - Known by occupations e.g. Halwai ki gali, Panwali gali, Mazdooro ka ahata etc.
  - Known by many local names, similar names e.g. Ambedkar Nagar, Valmiki colony

- **Outgrown slum pocket near a big slum** e.g. Dantal, Dahar etc.

- **Dwellers hide their identity**: e.g. those who have suffered; Bangladeshi migrants

- **Settlements in brick kilns; lime-kilns**
Approach: 1 (b)
Demonstrate uses of Neighborhood Mapping

Community groups in slums prepare maps to
a) Ensure that no family is left out from lists used for housing, food subsidy, other entitlements;
b) Track access to health services e.g. Immunization and ANC, HIV testing,
c) Help identifying and providing services/linkage to recent migrants
Map showing community & household Infrastructure

Nandanbag
Total House Hold - 160
Total Population - 1050

Distance of major service points
Primary Health Centre- 03 km
Zonal office (Mulkharganj Lal Hospital) - 06 Km
M.Y. Hospital- 08 Km
Collectorate - 06 Km
Private Hospital Arvindo - 03 Km
Approach 2: Demand side strategies:
Slum-Community/Women’s Groups as agents of change

Federations of Women’s Groups

Federation or Congress of slum women’s groups gives stronger voice and greater negotiation power

Women’s groups are Mahila Arogya Samitis mandated in NUHM
Network of slum-based community groups in Indore and Agra

1 Project coordinator
2 Field coordinators

UHRC Indore/Agra

Training, Monitoring, Supervision & problem solving

Linkage with Civic Authorities

Grant to Federation
Programme Monitoring

UHRC Delhi

5 Federation 7-37 members (1 per group)
(has office bearers, bank account, registered NGO)

- 8 to 23 women groups in a large slum cluster
- 10-14 members per group
- 30 to 70,000 slum population per federation
Approach 3: Building skills, self-reliance, confidence: Collective Social Needs Savings and Loans

(for Health and related Emergency, Child Education, Starting a small business, purchasing food grains, Marriage, getting assets back from money lenders)

This approach is a mandated in NUHM as ‘Collective Risk Pooling’
Utilization of loans from Women’s Groups

Out of 996 loans borrowed from 12 women’s groups in a federation cluster in Agra:
- 205 (20%) for maternal and child health needs - MDG-3&4
- 196 (19%) for other health needs
- 127 (12%) for children’s education (leading to preventing school drop-out - MDG-2
- 265 loans (26%) for livelihoods - MDG-1 and 7
- 65 (6%) loans for house improvement - MDG-7
- 87 loans (8%) for weddings/family events
- 35 loans (3%) for repaying money lender loan - MDG-7
- 16 loans for other miscellaneous purposes
Approach 4: Gentle Negotiation through Collective Petitions
Written requests to officers of Health Dept, Nutrition Dept, Environmental

Petition

Response of Civic Authority
Letter in support of petition/request by politician
Empowered Assertive Women Take Action
During 2012-2013: 120,000 slum population benefited (Agra + Indore) from cleaning of drains
During 2012-2013: 4000 slum population benefited (Agra + Indore) from electricity connections
Improvement of Slum Pathways, Lanes

During 2012-2013: 33,800 slum population benefited (Agra + Indore) from roads paved
During 2012-2013: 6832 slum population benefited (Agra) from water supply

Water tank erected in one of the slums.

Children bathing and women filling water
Person using Public Hand Pump to get Water

Pipe carrying water from pump to water tank

Submersible Pump
Approach # 5 Community’s Own Efforts
Community Contributes to build, re-build vital bridge in Banganga Area, Indore

Before Oct’11
New Jagdish Nagar residents had to cross nullah (large drain) filled with waste water. It reduced their access to health, education, other resources and exposed them to health risks.

Oct’11
In October 2011, the women group members submitted application to government authorities but received no response. Committed women and men volunteers then built temporary bridge from pipe, mud and waste bricks.

Aug’11
Temporary bridge was washed off in August 2011 due to heavy rains. Women’s groups continued follow up with civic authorities.

Oct’12
In October 2012, Bridge was again constructed by the efforts of the women’s groups.
Elevating House Plinth to prevent rainwater entering house

Rain water enters house

Rain water does not enter elevated house
Approach # 6
Perseverant Efforts to enable Picture ID, Proof of Address, Certificate of Birth Date
Women showing their UID-Aadhaar Cards
Picture ID and Proof of Address

During Apr 12 - Mar 13: 2000 persons applied for UID Adhaar cards, 1200 received UID cards.
7 yr old child
Aarti

जन्म वर्ष / Year of Birth : 1982

महिला / Female

2811 1645 0149

आधार — आम आदमी का अधिकार
Voter ID Card
Another Picture ID and Proof of Address

During Apr 12 - Mar 13: 700 persons applied for Voter ID Cards, 452 received
Birth Certificate
[Required to applying for child education related benefits]
Approach # 7
Efforts towards Translating Mandate into Reality: Food Subsidy Cards and Social Benefit Schemes
Below Poverty Line Food Subsidy Card
Above Poverty Line Food Subsidy Card

During 2012-2013: applications of 88 families were facilitated. 51 received APL cards
Kanya Vidhaya Dhan Yojna, Uttar Pradesh
(Incentive for Girl Child Education)
Ladili Laxmi Yojna, Indore, M.P
(Incentive for Girl Child Education)
# 8: Multi-dimensional Efforts to Improve Health and Related Services: Through Coordination & Linkage Building

- Health Dept: ANC, Immunization, JSY, Other services
- Politicians: Voice, support for applications
- Labour Dept: Domestic worker registration
- Dept. WCD: ICDS, Girl Child Benefit, Others
- Municipal Corpn/ JNNUR: Roads, drains, water, toilet, tenure, housing
- Dist. Magistrate’s Office: Social Assistance Programs
- Food Subsidy: BPL, APL Cards
- Others: Voter ID, Adhar, Domicile Certificate, caste Certificate

Federation of Women’s Groups

UHRC: Indore/Agra
Approach 9: Public-Private Partnership Approach (a)
NGOs Providing Primary and Second tier Health Services

Govt. contracts hospital to provide outreach, OPD and Referral services

- Outreach 8-10,000 urban poor
- Outreach 8-10,000
- Outreach 8-10,000
- Outreach 8-10,000

Government
1. Equipment costs
2. Vaccine
3. Other supplies
4. Coordination

e.g., Govt. of Assam’s partnership with Marwari Maternity Hospital (Guwahati), Govt. of Tamil Nadu’s & Chennai Corporation’s partnership with Voluntary Health Services
Public-Private Partnership Approach (b)
NGOs rent Private Building & provide Urban Health Centre Services

Six NGOs run 21 UHCs in 4 cities in Uttrakhand, India

Periodic Coordination
Supplies Monitoring
Monthly Reports

Management of UHC (rented)
MO, ANM and all services

Outreach
8-10,000

Outreach
8-10,000

Outreach
8-10,000

Outreach
8-10,000

Outreach
8-10,000

Outreach
8-10,000

Demand Generation

Referral to Identified FRUs/Charitable Trust

Technical support for capacity building, coordination and system strengthening
# 10: Using Telecommunication, available services, options

- Trained slum volunteers provide preventive, health education and referral services for the poor
- Upgraded hospitals with Maternity care
- Socially committed private doctors
- Prompt transport
- UHC with newborn care facility
- Health Facility
Key Policy Documents Issues by the Government

- **Guidelines for Development of City-Level Urban Health Slum Projects**
  - Ministry of Health & Family Welfare, Government of India
  - February 2004

- **Draft Final Report of the Task Force to Advise the National Rural Health Mission on "Strategies for Urban Health Care"**
  - Ministry of Health & Family Welfare, Government of India
  - New Delhi

- **National Urban Health Mission (2008-2012)**
  - Ministry of Health & Family Welfare, Government of India
  - May 2008

- **Rajiv Awas Yojana Guidelines for Slum-free City Planning**
  - Ministry of Housing & Urban Poverty Alleviation, Government of India
Positive Policy Environment towards Urban Services and Inclusion of Urban Poor

- Circular from Health Ministry to States to prepare city maps with listed and unlisted poverty clusters, 2008

- Mandate for including unlisted poverty clusters for Govt. of India’s urban poor housing initiative (Rajiv Awas Yojana, Dec. 2010)

- National Urban Health Mission included in 11th Five Yr plan and re-launched in 12th Five Yr Plan (2012) mandates inclusion of unlisted slums

- Ministry of Women and Child Development directive in March 2012 states extension of ICDS services to unlisted slums
Policy Frameworks developed, Resources Allocated

- Policy frameworks are in place, resources have been announced: 12th Five Yr Plan, NUHM, Rajiv Awas Yojana, Revamped ICDS

- Let us not forget the realities:
  - Urban poor constitute the fastest growing segment of India’s population
  - Approx 2.3 million births take place among the urban poor every year in India

- Are we missing something?
Urgent need to Translate Words into Real Action
Recall the face of the poorest and the weakest man/woman whom you may have seen and ask yourself, if the step you contemplate is going to be of any use to her/him.

Will s/he gain anything by it?
Will it restore him/her to a control over his/her own life and destiny?

In other words, will it lead to Swaraj (freedom) for the hungry and starving millions?

-- Gandhi ji, 1947
With Hope and Confidence

Long Lever of:

a) Complementary skills, Knowledge, Experience
b) Commitment, Motivation
c) Understanding of problems
c) Accountability, responsibility

“A small body of determined spirits fired by an unquenchable faith in their mission, can alter the course of history”

- Mohandas Karamchand Gandhi

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