

CITIES, HEALTH AND WELL-BEING

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Health Inequalities in India's Cities

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Health Inequalities in India's Cities

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*London School of Economics, Deutsche Bank's Alfred Herrhausen Society and
University of Hong Kong*

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Outline

- Urbanization, economic growth, juxtaposed affluence and deprivation
- Health Inequalities:
 - Health and nutrition disparities
 - Disparities in living conditions-toilets, water, persons per sleeping room
 - Unlisted slums/poverty clusters more deprived
 - Smaller cities have weaker systems, poorer indicators
- Approaches that have worked:
 - Spatial mapping as an effective approach
 - Under-served communities serve as agents of positive change: address determinants of urban health across sectors, also negotiate for services
 - Public-Private/NGO Partnership approaches
 - Sensitive, social equality oriented, child and gender friendly urban planning and design
- What can we do

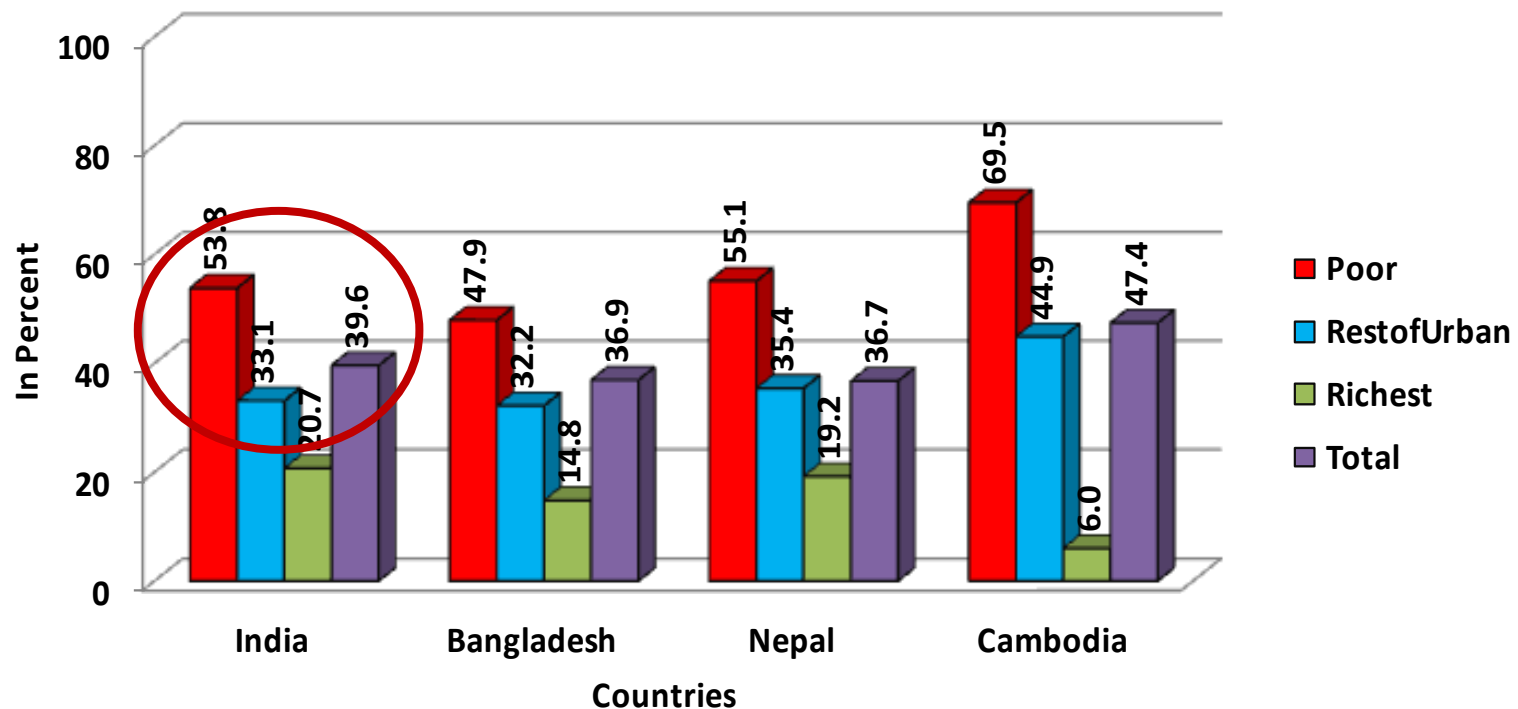
India's Urbanizing economy: Affluence and Deprivation Juxtaposed

- In India's glittering cities opulence grows along with deprivation and poverty
 - 50% of Mumbai's population lives on 6% of land [Patel, S. 2003 and contribute to economy in diverse ways
 - 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

Evidence about Health Disparities:

Nutrition Inequalities among <5 yrs

Chronic <5 under-nutrition (< -2SD Height for Age)



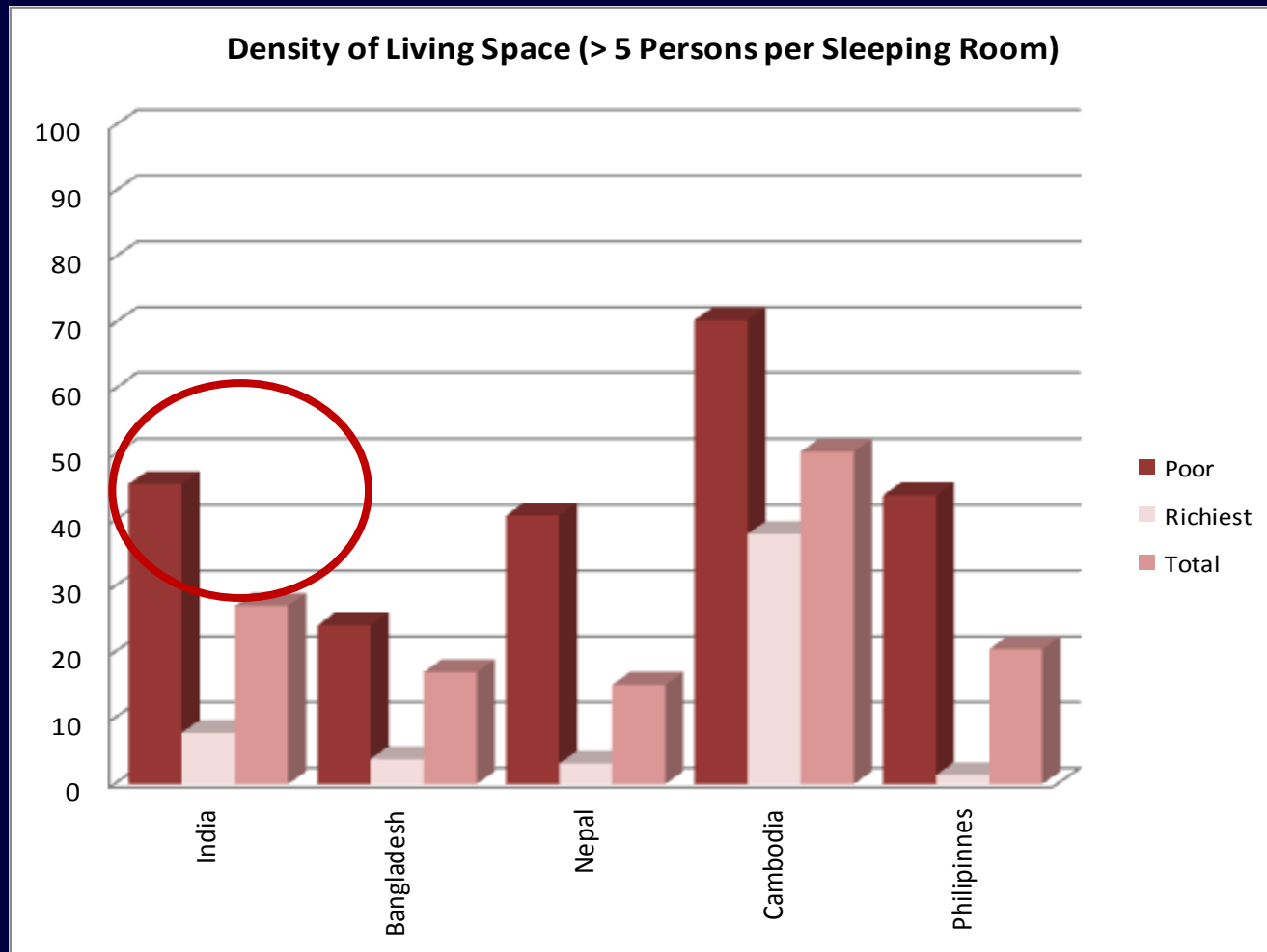
12 million children under-5 among lowest two urban quartiles (53.8% and 42.8%) are stunted (chronic under-nutrition)

Based on official urban poverty lines of countries

- For Bangladesh and India Quartiles of the urban sample as per wealth index have been taken
- For Nepal Deciles of the urban sample as per wealth index have been taken
- For Cambodia Octiles of the urban sample as per wealth index have been taken
- Nutrition data not available in DHS for Indonesia, Philippines, Pakistan

Please do not cite- Data on this slide is part of ongoing research

Disparity in Living Space Density in Urban Areas



Based on official urban poverty lines of countries

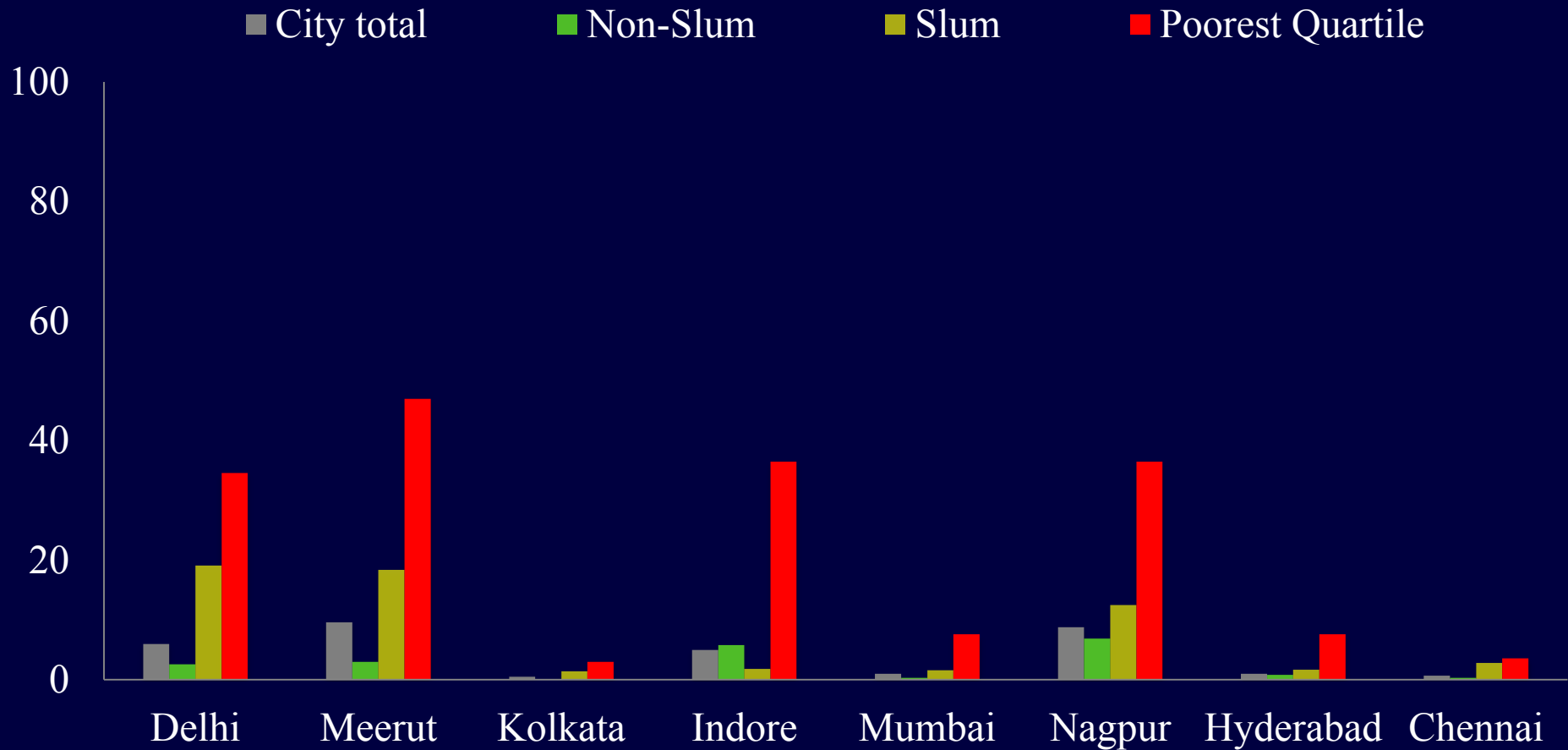
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Living Conditions affect Health, Disease

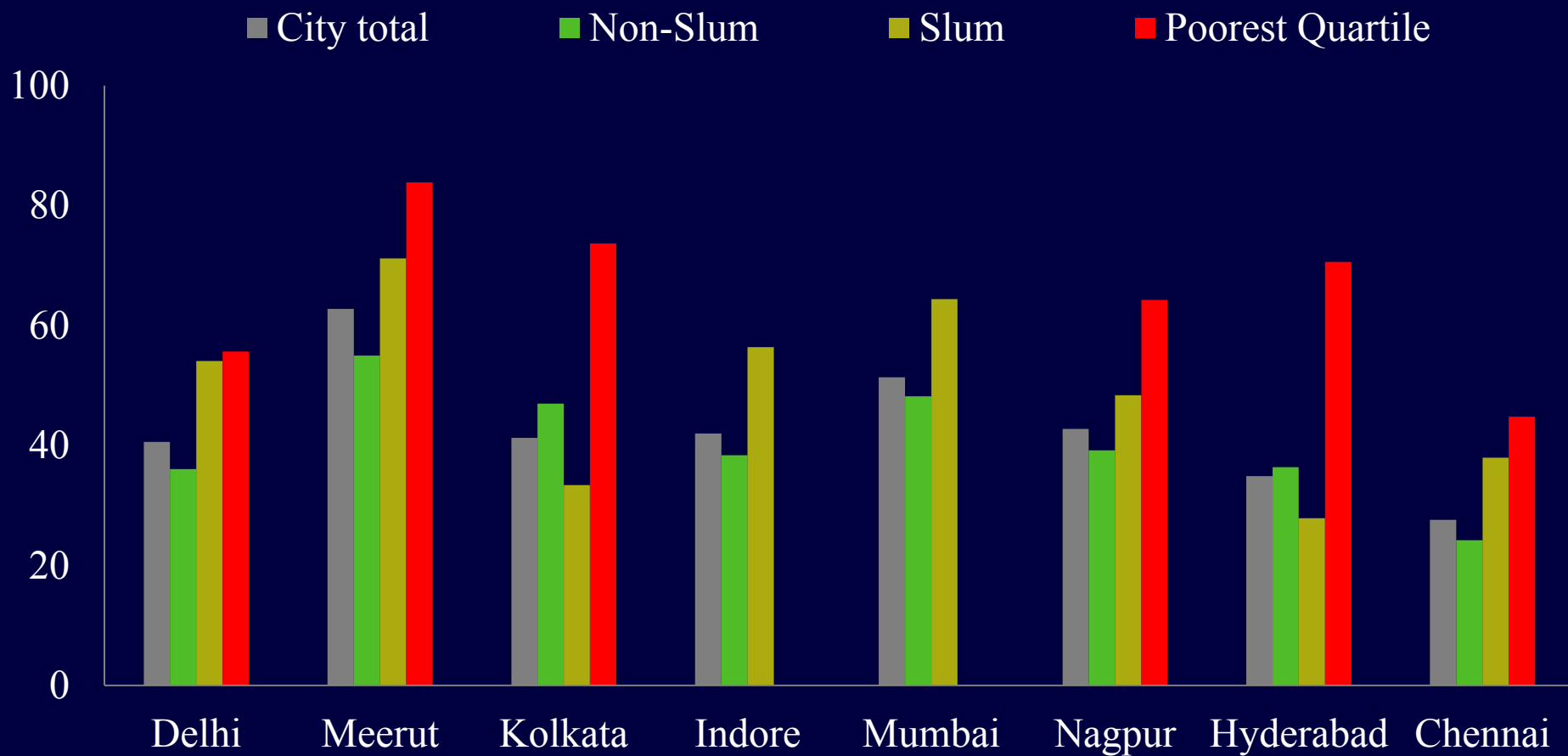
- Child (0-59 mths) chronic under-nutrition (height for age $<-2SD$), in households with >5 persons per sleeping-room is 1.4 times higher than households with <4 persons/sleeping-room in India
- TB prevalence among people living in houses with >5 persons/sleeping-room is twice as high as those living in houses with <4 persons/sleeping-room (423 vs 268).

Percent of Households with NO Toilet facility



Source: IIPS 8 cities study; 2009
Slum/Non-slum denotes Census slum/non-slum.

Infant Mortality Rate

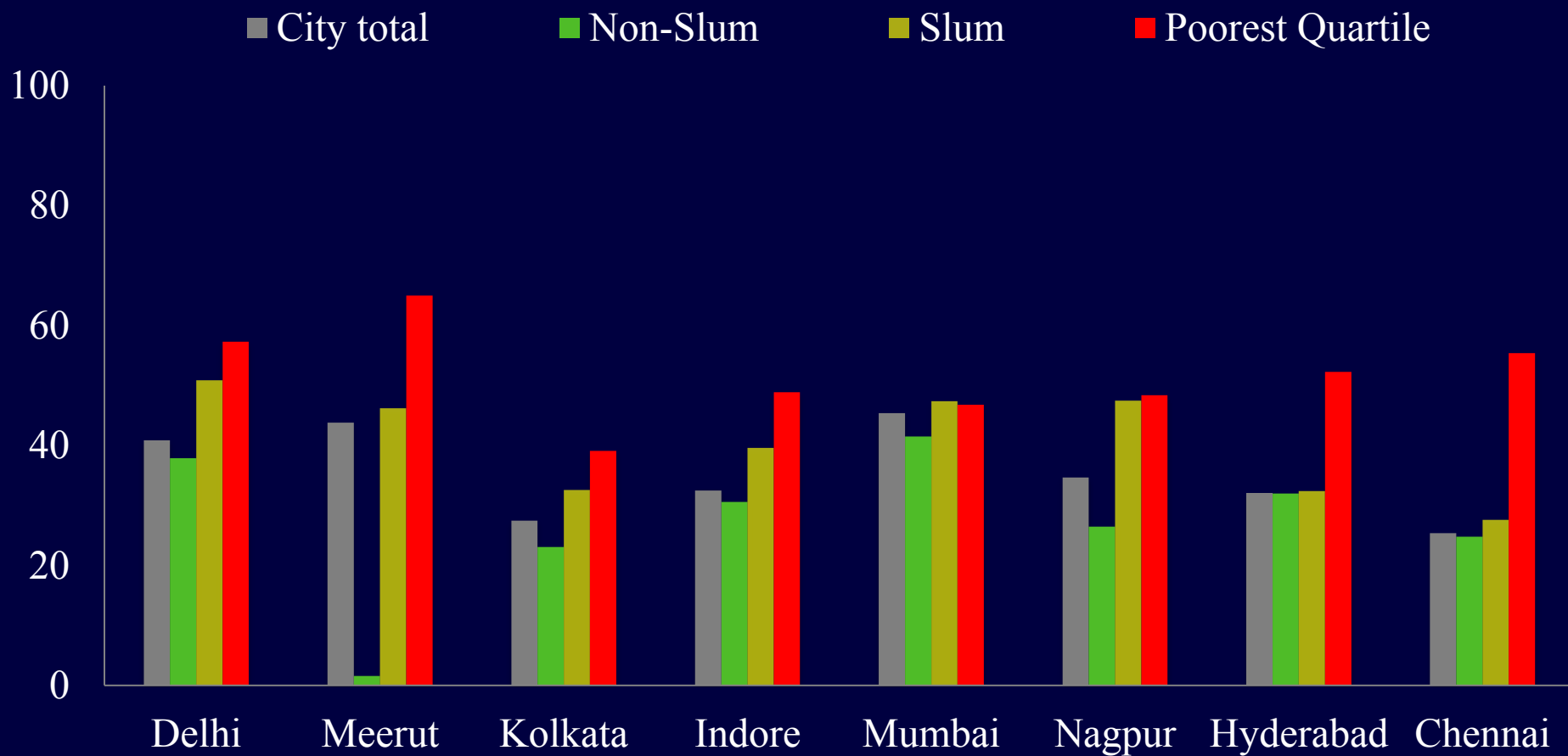


Source: IIPS 8 cities study; 2009

Poorest quartile data for Indore and Mumbai was fewer than 250 cases and hence not available

Slum/Non-slum denotes Census slum/non-slum.

Percent of Children <5 years who were chronically undernourished (Stunted)



Source: IIPS 8 cities study; 2009.

Slum/Non-slum denotes Census slum/non-slum.

Rapidly Growing Urban Poverty in India

2 - 3 - 4 - 5

All India

Urban areas

Large cities

Slums

- Urban population - 377 million¹.
- India is expected to be more than 40% (550 million) urban by 2026².
- 97 mil urban poor @ official poverty line⁴ ;158 mil @ <1.25 \$ per day
- 12.6 million children under-5 among urban poor (based on 100 million population)⁵.
- Estimated annual births among urban poor: 2.7 million⁶.

1-Census of India, 2011, Provisional Tables

2-Census, 2001 population, Projections, 2001-26

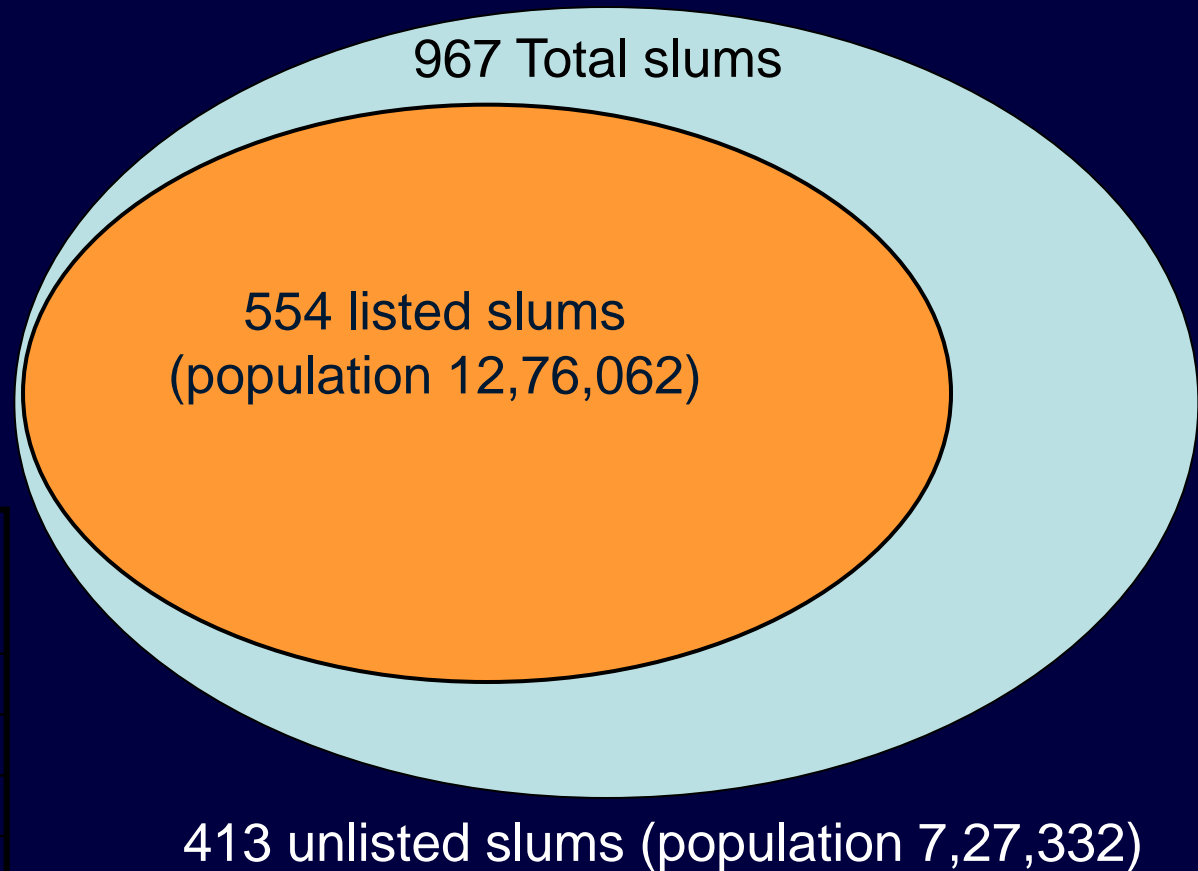
3-Poverty Estimates 2004-2005 and 1999-2000

4-Planning Commission, Poverty Estimates December 2009 and Census of India 2011

5- Calculated based on UNICEF-Demography-2007 data

6-Based on CBR 27.5 for urban poor population and 100 million urban poor population

A significant proportion of slums are unlisted

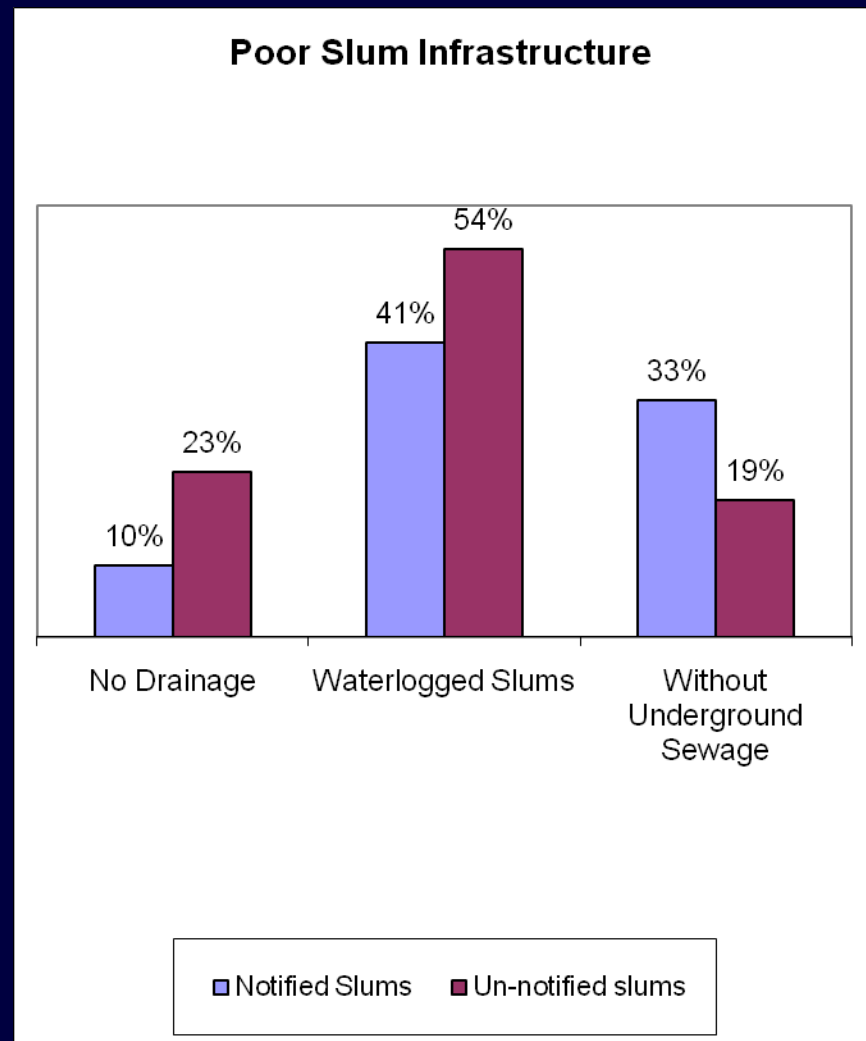


City	No. of Listed Slums	No. of Un-Listed Slums
Agra	215	178
Dehradun	78	28
Bally	75	45
Jamshedpur	84	77
Meerut	102	85
Total	554	413
Total population	1276062	727332

According to Govt. of India -NSSO 65th Round (2008-09) 49 % slums are non-notified in India

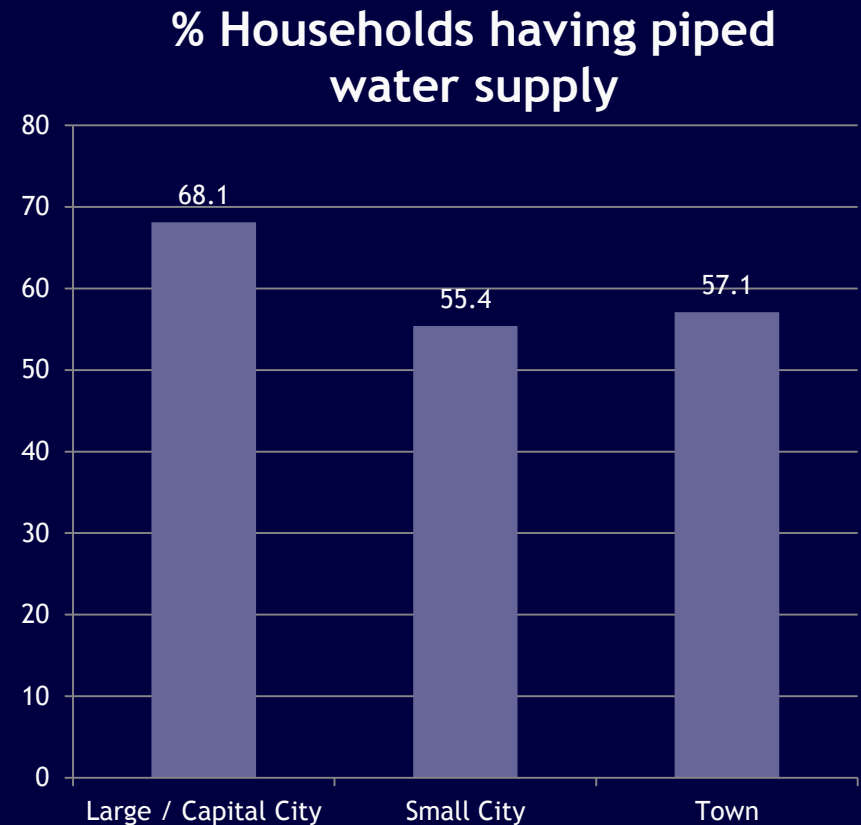
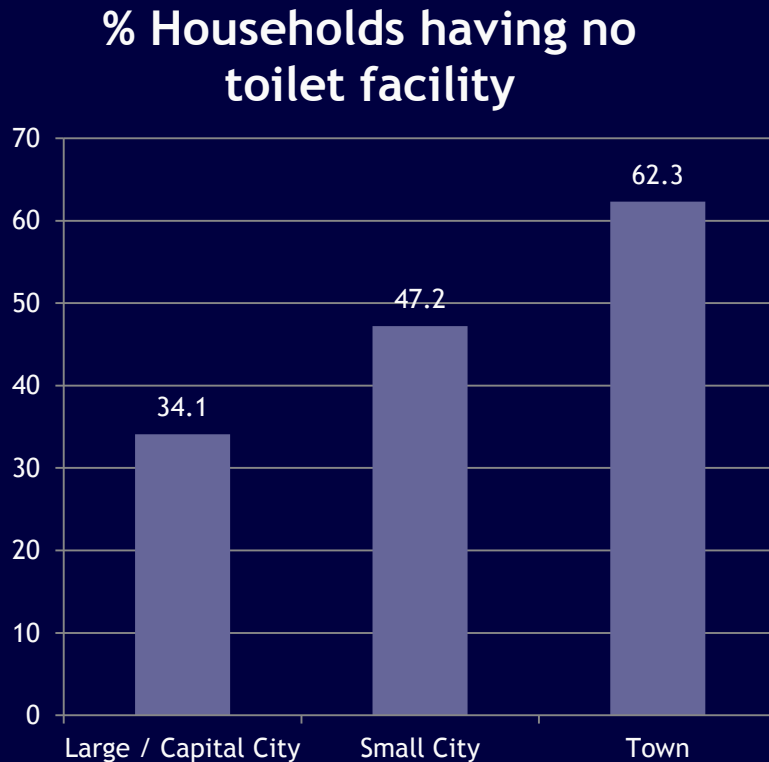
Un-notified Slums Far Worse

- Poor environmental sanitation in slums results in high infant malnutrition in slums¹*
- In 64% notified slums, majority of the dwellings are made of solid/permanent material while in non-notified slums this is 50%.



1. Favin M, Yacoob M, Bendahmane D. Behavior First: A Minimum Package of Environmental Health Behaviors to Improve Child Health, Applied Study No. 10, Arlington VA: Environment Health Project; 1999.

Differential Access of Urban Poor to Water and Sanitation Across Different City Sizes

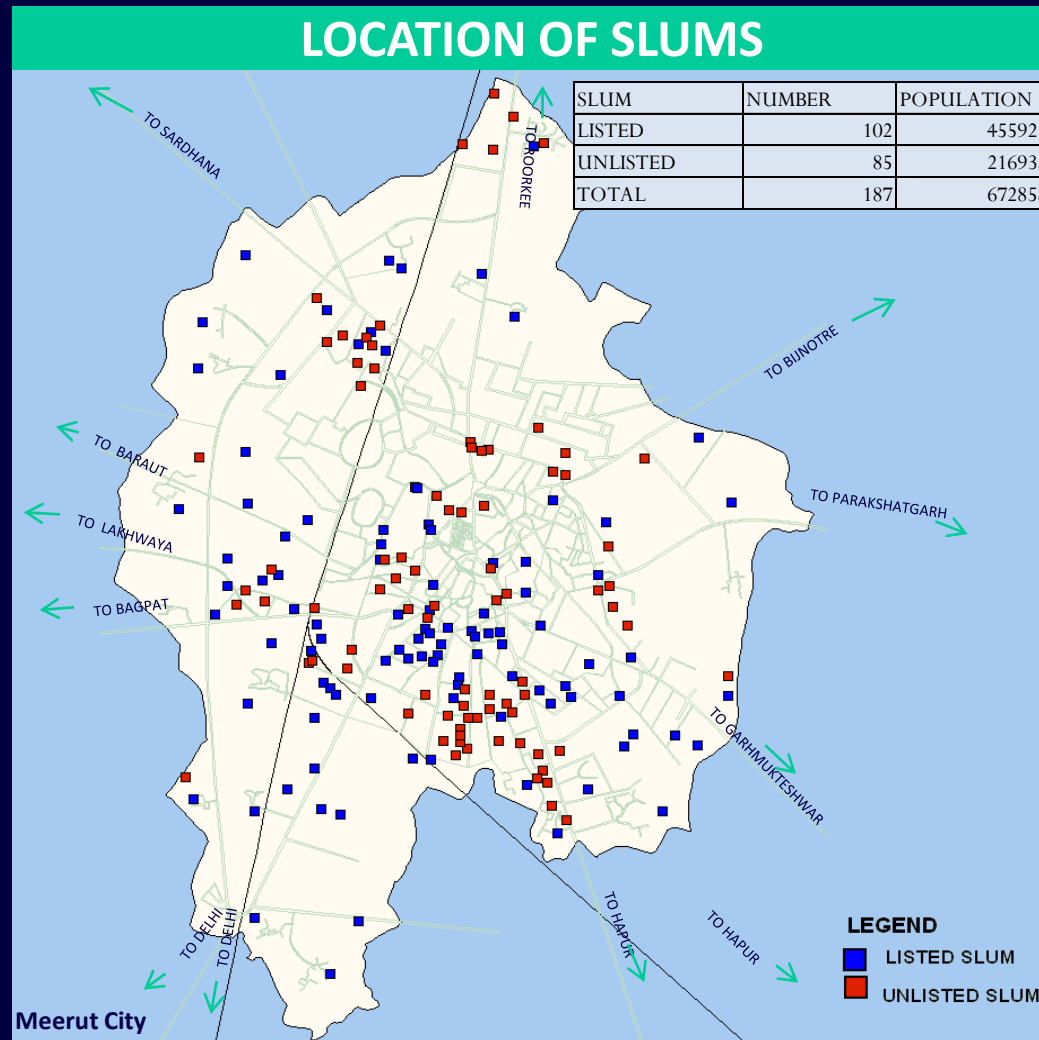


Large city - more than 1 million; Small City – 100,000 to 1 million; Town - less than 100,000

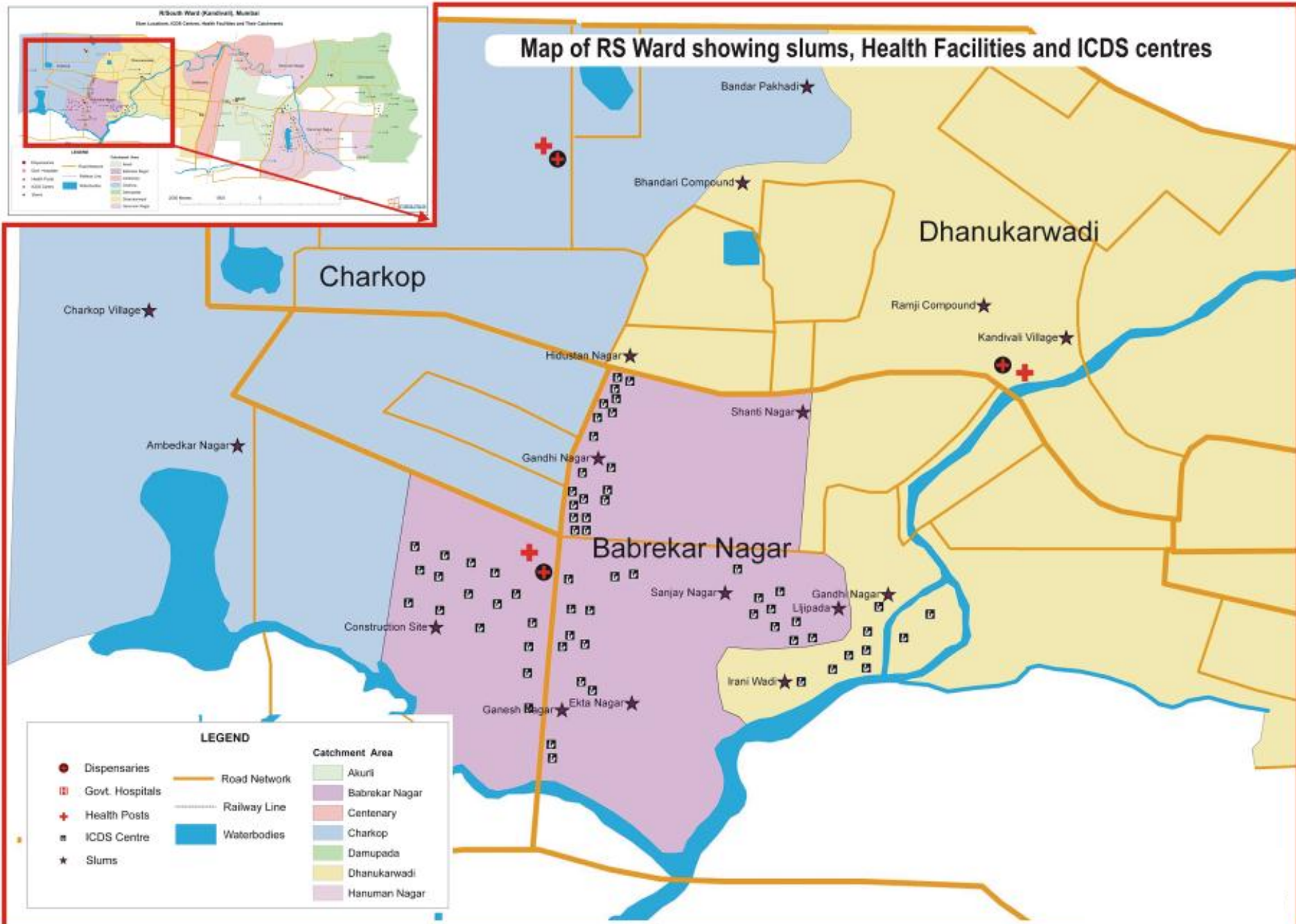
The category of large city / capital city includes all capital cities of Indian States

Source : National Family Health Survey, 2005-06

Mapping Helps Inclusion of Unlisted Slums/Clusters



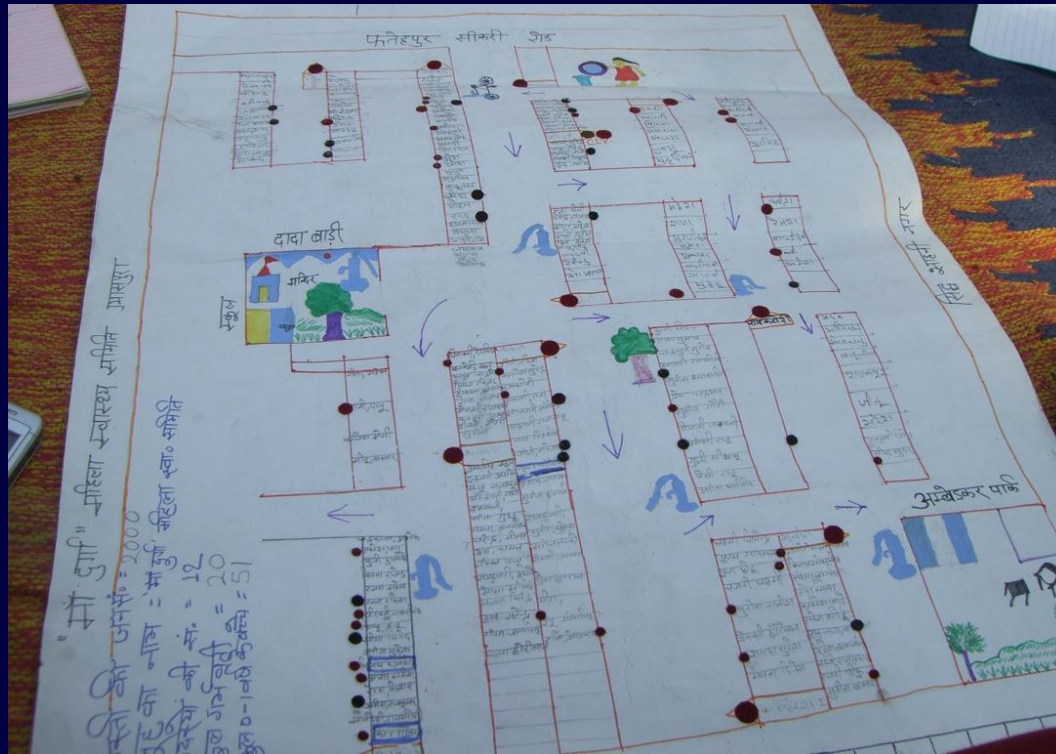
Spatial Mapping: Mumbai Example



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



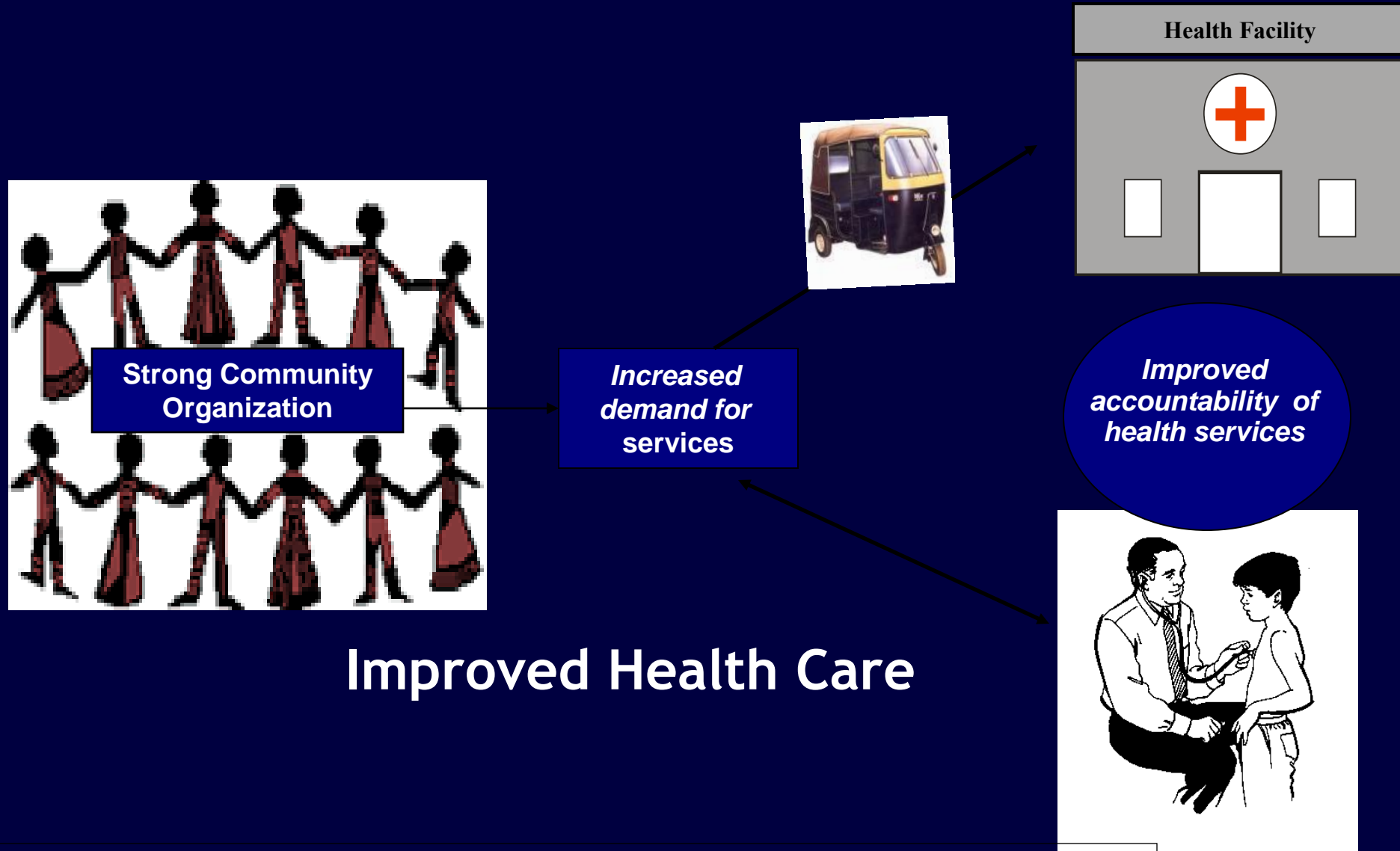
टीला नन्दे राम-1 नया शान महिला स्वास्थ्य सोमति



Coordinated Urban Planning, Design Crucial

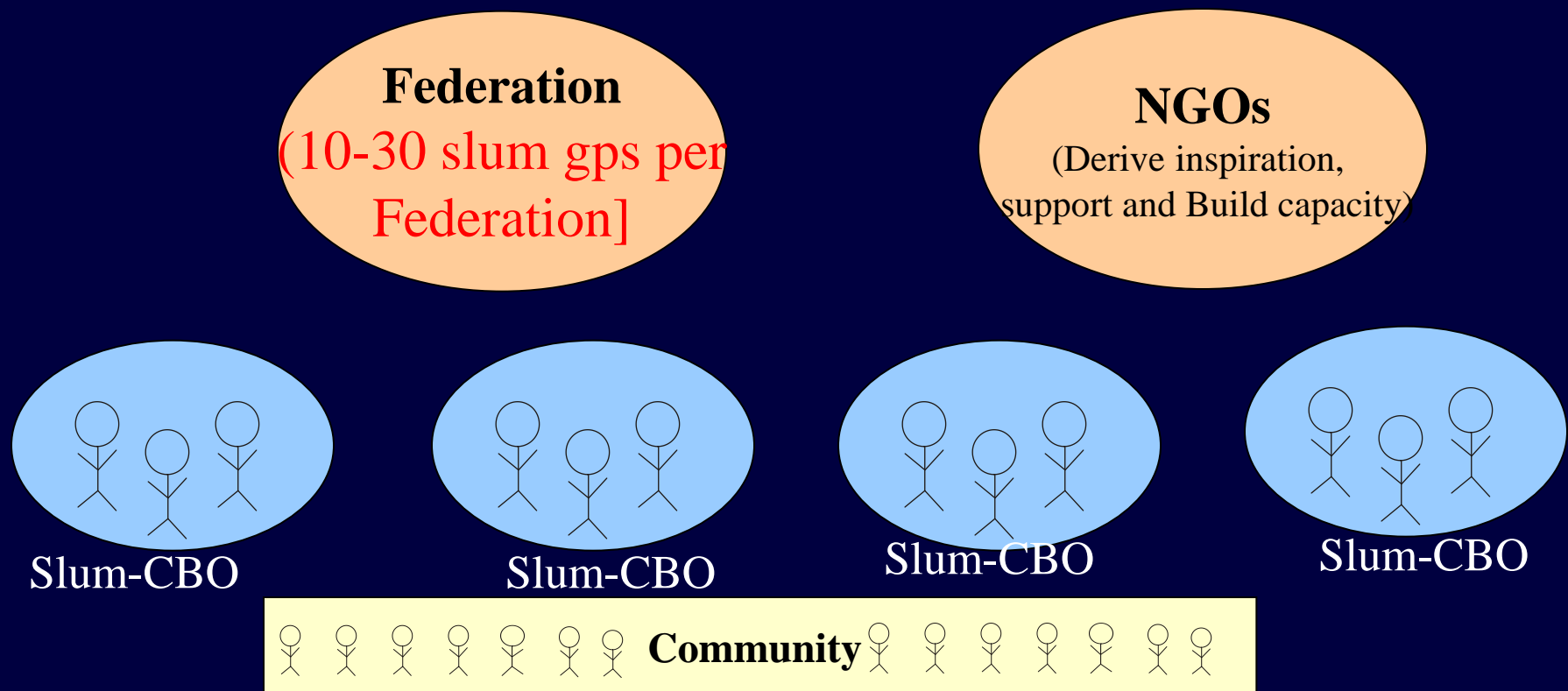
- Sensitive, social equality oriented, child and gender friendly urban planning and design will help reduce disparities
- Facilitating multi-disciplinary urban well-being teams to think, suggest, is a role this meeting is playing
- Plan and design keeping the most powerless neighborhood in mind

Trained Slum Groups Enhance Demand, Accountability



Suraksha, Bangalore, IHMP Pune , UHRC, Indore & Agra enhance access in similar manner

Institutional and Negotiation Capacity Among Slum Communities



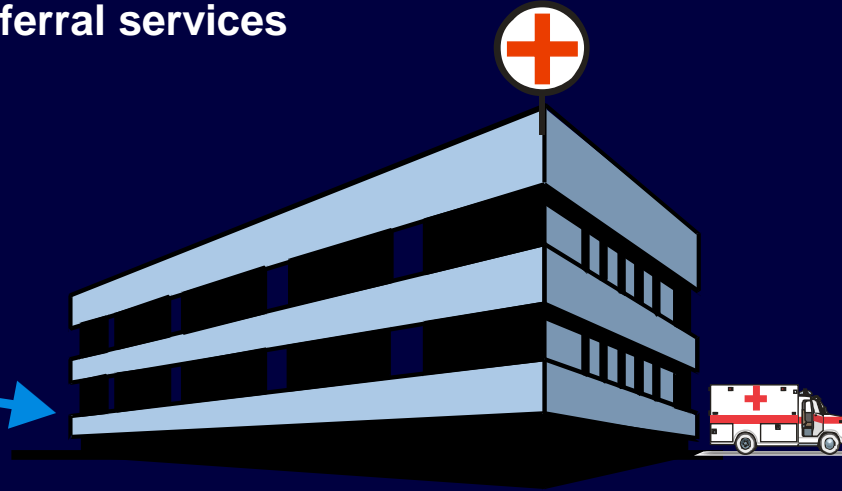
Federated slum-groups negotiate to address determinants of health:

- Formal petitions to authorities- for healthcare, environmental determinants (water/sanitation garbage, drainage)
- Persistent negotiation for entitlements e.g. food-subsidy cards
- Collective representation to authorities – representing grassroots civil society
- Use of legal tools – Right to Information Act, Public Hearing

Public-Private Partnership Approach # 1

NGOs Providing Primary and Second tier Health Services

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



Government

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

Outreach
8-10,000 urban
poor

Outreach
8-10,000

Outreach
8-10,000

Outreach
8-10,000

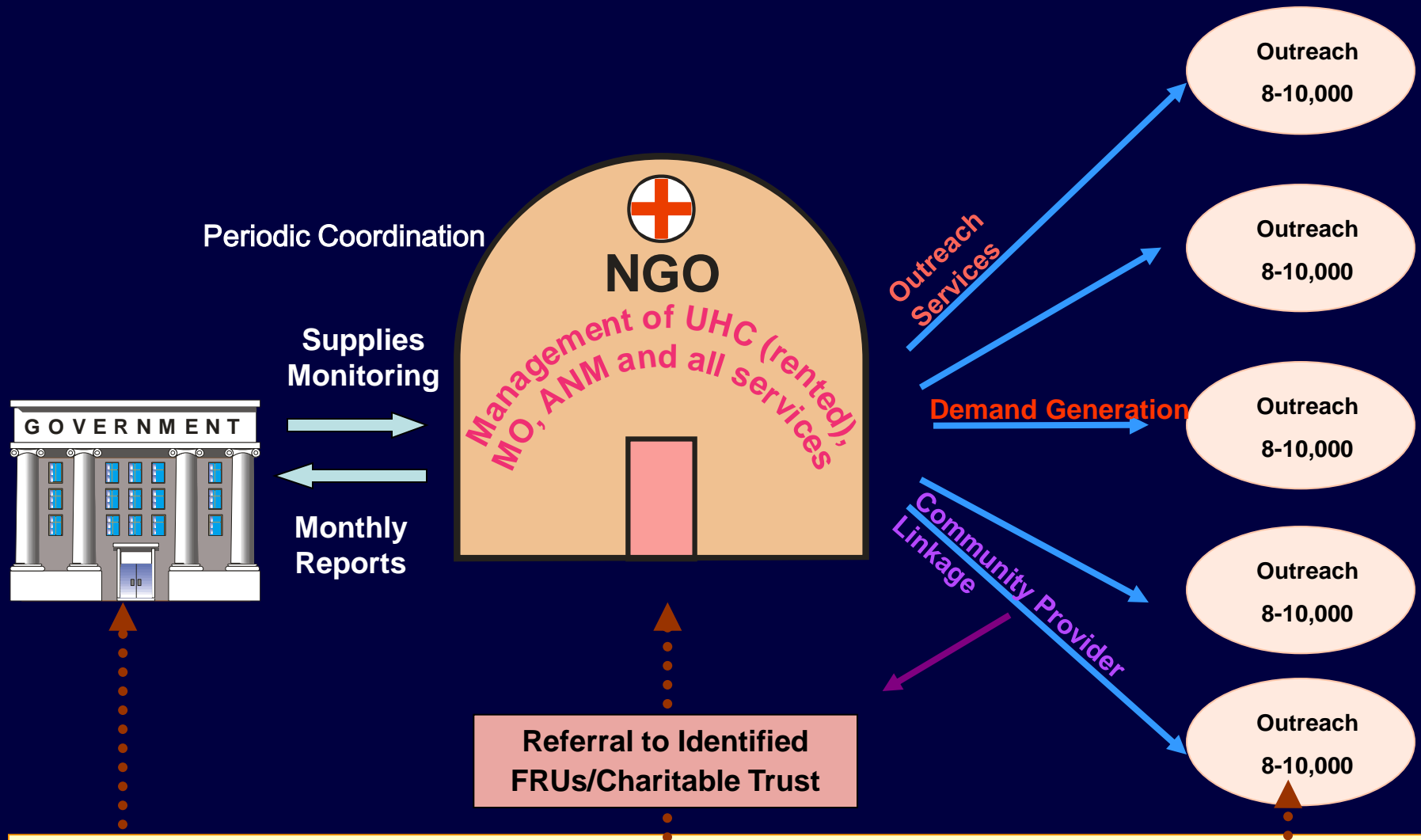
Outreach
8-10,000

Referral for 2nd tier
services

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 # 2

NGOs rent Private Building & provide Urban Health Centre Services



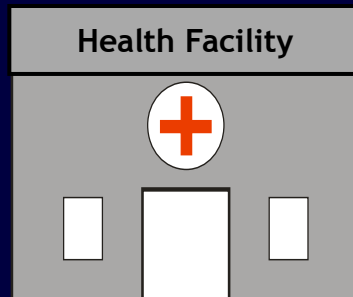
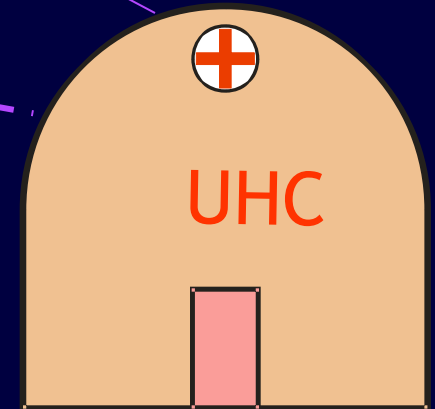
Technical support for capacity building, coordination and system strengthening

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

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

Approx 2,27,000 births take place every month among the urban poor in India.

What Can We Do?

- Research
 - 50% resources for action to reduce inequalities in cities
 - Focus on realities: Urban poor constitute the most rapidly growing segment of populations of developing countries
 - Action research involving enablement of vulnerable urban populations
- Many good policies - need to translate into expeditious, undiluted results
- Coordinate, collaborative research, action
- Make the invisible visible, facilitate empowerment and skill building of those with weak voice, little power