

Complex Urban Governance in New Delhi Slums

BE-CAUSE HEALTH ANNUAL CONFERENCE: TAKING THE URBAN TURN

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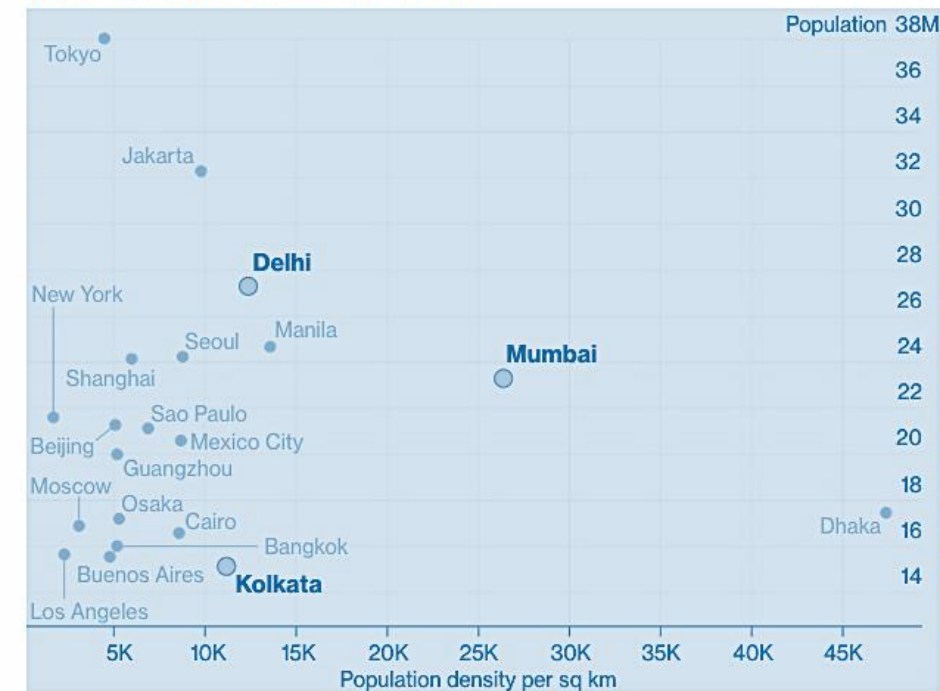
Supported by Institute of Tropical Medicine, Antwerp (Sara Van Belle & Bruno Marchal)
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Urbanization and its characteristics: India (New Delhi)

- Population Growth
 - Urban population in India 31% (2011) → 46% (2030)
 - 30-40% of metro city population lives in slums
 - Delhi – home to 29 million with ~700,000 joining them each year
 - By 2028, Delhi's population likely to outstrip Tokyo (UN Estimates)
- Migration to Urban areas
 - Better opportunities vs. exposure to new threats
- Pressure on the Government and the existing infrastructure
- Growing income inequality
- Chronic shortage of housing

Population Overload

Top 20 built-up urban areas in the world



Source: Demographia

Note: Data shows urban areas with at least 500,000 population

Migration and Slum inhabitations

- Influx of population into slum and shanty habitations (largely informal sector)
- Environmentally deprived urban areas
 - Generally overcrowded
 - With no access to safe water and sanitation
 - Unhealthy and unhygienic living conditions
 - Lack access to basic services – health, education?



Image 1: <https://kib.org.in/news/life-in-a-slum-ugly-face-of-india/>

Image 2: Migrants displaced by flooding in Uttarakhand live in unhygienic shanties upon arriving in Delhi. Credit: Neeta Lal/IPS Flickr.com

Air Pollution: An emergency?



The AQI remained above 200 in several parts of Delhi and adjoining areas on Sunday Oct 14, 2019 Source: Reuters

Home » Health

Delhi: 28-year-old non-smoking woman diagnosed with 4th stage lung cancer

Health

Updated Jul 31, 2018 | 17:18 IST | ANI



New Delhi: Doctors are surprised to learn that the woman who comes from a non-smoking family was diagnosed with fourth stage lung cancer.



28-yr-old non-smoking woman diagnosed with lung cancer (Representational image) | Photo Credit: Thinkstock

New Delhi: A 28-year-old non-smoking woman has been diagnosed with fourth stage lung cancer, according to the doctors at Ganga Ram Hospital here. Doctors are surprised to learn that the woman who comes from a non-smoking family was diagnosed with fourth stage lung cancer. Highly polluted and toxic air of the city is being suspected to be the cause of the disease.

Speaking to ANI, Chest surgeon Dr Arvind Kumar said: "I suspect the reason behind it is polluted and toxic air in Delhi. Polluted air also contains elements found in cigarettes. It isn't an isolated case." He said that earlier also such cases were reported.

Multiple disease threats and other problems

- Increasing NCD burden: 24% of slum dwellers suffer from diabetes in Kolkata(WDF, 2016)
- Seasonal outbreaks: potential of turning into an epidemic in densely populated areas
 - Vector-borne and water-borne diseases: malaria, chikungunya, dengue etc.
- Increasing no. of road accidents: 17 deaths and 55 road accidents/hour
- Violence, crime, drug and alcohol abuse
 - Lack of sanitation infrastructure - gender based violence (Chaplin & Kalita, 2017)
 - Cases of abuse and crime amongst young boys in slums: lack of education and employment (Bhattacharya, 2012)



SHARE



'We made them criminals' - the failure of a Delhi slum relocation

► An ambitious project to rehouse millions of Indian slum dwellers is coming unstuck because the new sites are becoming worse than the slums they are meant to replace.

The Delhi government started relocating people to Banawa in 2003. Originally built for 10,000 people, the slum has ballooned to 60,000.

Inadequate Public Health Infrastructure

- Increased burden on public (health) infrastructure - lack of facilities, doctors, medicines etc.
- Large no. of secondary and tertiary care hospitals
 - But lack of primary health infrastructure
 - Pushes people towards hospitals - for their most basic health problems – overburdens the public hospitals

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Overburdened Docs, Ill-equipped Hospitals: Chronic Disorder Continues to Grip Public Health

"Even in the biggest government hospitals, you will see 3-4 patients sharing one bed in the general wards. And if this is the situation here, who knows what is going on in other parts of the country?"

Ditsa Bhattacharya 18 Jul 2019

Health Inequities & Governance Failure

- Health threats in slums: further compounded by **social exclusion, stigma** and **social injustice**
most vulnerable: for eg. migrant Dalit single-women households
- Policies aggravating inequities: from **slum clearance** and eviction to **slum upgrading**
 - Smart Cities Mission, Slum-free Policy
 - Recognition of slums as vibrant places, corollary to formal economy
 - Need to involve slum dwellers, community-based organisations & local authorities in bottom-up local governance solutions
 - **Local (informal) governance practices**



Public Health Care Organization in Delhi



Complex Governance

- Multiple hierarchies
 - within the State Department, Municipal Corporation and the Elected Representatives
 - Additional departments and board to co-ordinate with (for eg. water, electricity)
- Additional horizontal and diagonal relationships amongst the responsible authorities
- Ambiguous roles and responsibilities, overlapping and duplicate mandates
- Complicated political economy (with multiple governments)
- Unregulated private sector – considerable part of health care delivery
- Unregistered slums – remain out of the purview of the governments
 - Difficult tracking households, services delivered and reporting on health indicators
 - Policy makers and administrations at a distance from slum realities



Ministry of Health & Family Welfare
Government of India



Government of the National
Capital Territory of Delhi

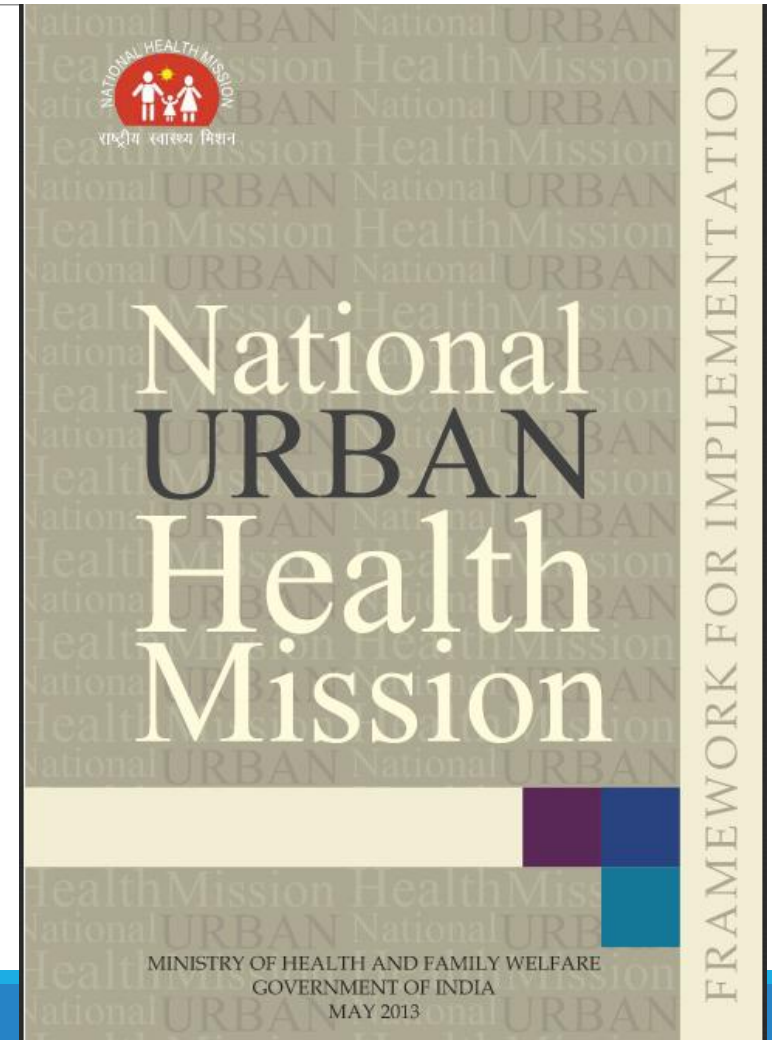


National Urban Health Mission (NUHM)

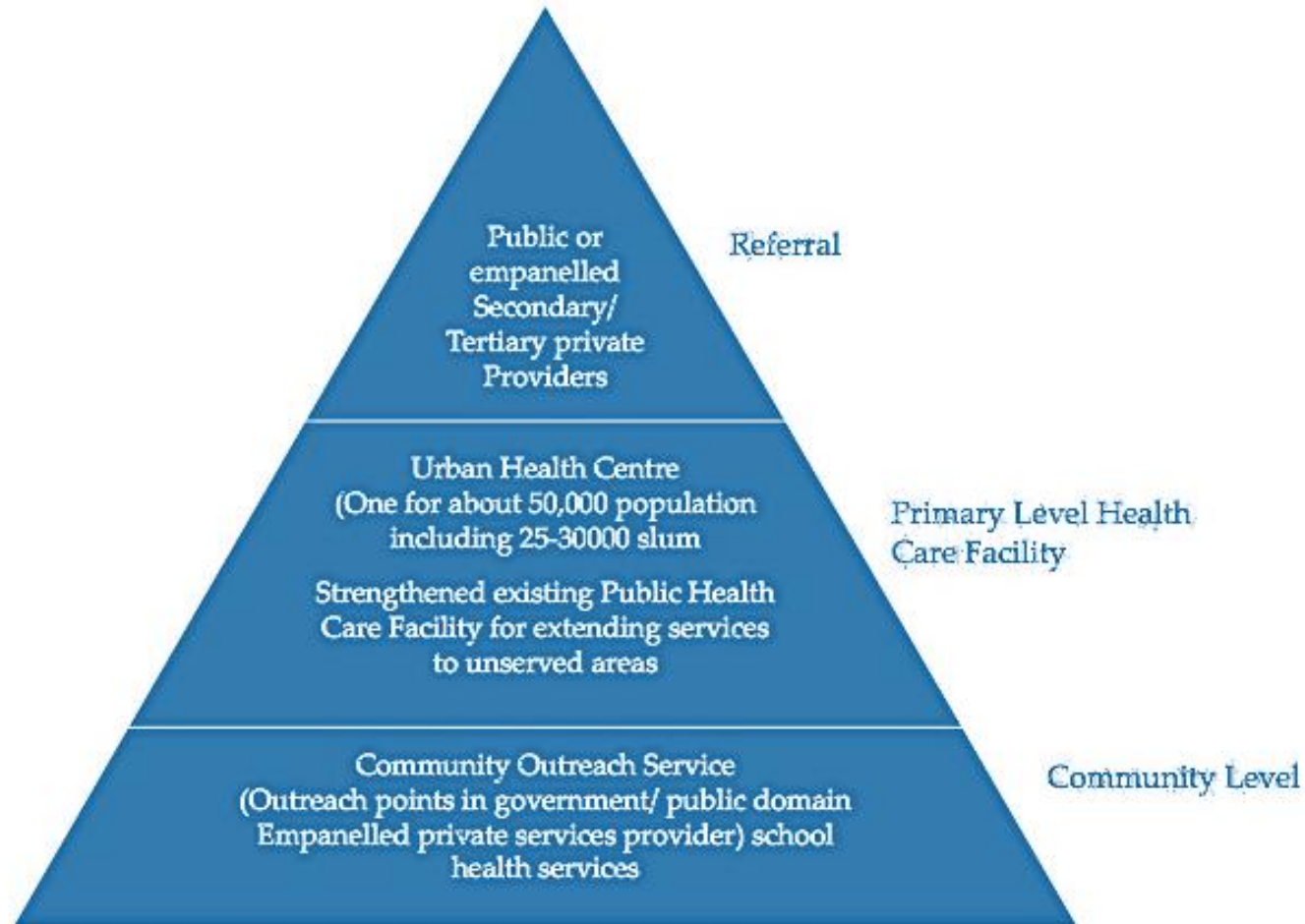
- Launched in 2013 as a sub-mission to National Health Mission
- leveraging on the structures created under National Rural Health Mission

*“NUHM aims to improve the health status of the urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating **equitable access** to quality healthcare through a **revamped public health system, partnerships, community based mechanism with the active involvement of the urban local bodies**”*

(NUHM Framework for implementation, 2013)



Urban Healthcare Delivery Model



* This may be adapted flexibly based on spatial situation of the city

Thrust areas under NUHM for states

Top ten activities to focus under NUHM

1. Mapping of urban vulnerable populations and understanding their special needs.
2. Service delivery to urban poor and vulnerable population through proximal U-PHCs and U-CHCs.
3. Outreach through Urban Health and Nutrition Days (UHND) and Special Outreach Camps to address special and community specific health needs.
4. Improving ambience, signage, patient amenities, infection prevention protocols should be prioritized at U-PHCs & U-CHCs.
5. Defined reporting mechanism under various health programs. Maintenance of requisite records and registers at urban health facilities.
6. Special focus on urban specific health needs such as Non - communicable Diseases – diabetes, hypertension, cardiovascular conditions, substance abuse, mental health etc. in addition to routine RMNCH+A services.
7. Robust and assured referral mechanism with systematic follow up by U-PHC of the referred cases (to FRUs and specialized services for NCDs etc.)- Integration of National Health Programs at the U-PHCs.
8. Convergence with Urban Local Bodies (ULB), with clearly defined roles for the State Health Department and the ULB in NUHM implementation for each city.
9. Financial strengthening under NUHM- Registration and transfer of funds under NUHM through PFMS, formation and registration of RKS etc.
10. Implementation of Public Private Partnerships where public services are weak and innovations to improve service delivery with limited resources.



Methodology

Research Objective: To understand the governance mechanisms in the policy design and implementation of NUHM

Methodology:

- A pilot formative exploratory study to understand the ICAMO configuration (Marchal et al. 2019)
- Designing initial programme theory: to test later as part of the Realist Evaluation
- In 2 urban slums of Delhi: one in North Delhi and one in South Delhi
- Through in-depth interviews, observations and focus group discussions with key stakeholders implementing urban health policies in Delhi

Key Stakeholders

Stakeholders implementing the NUHM programme in 2 selected slum sites:

- Medical Representatives from U-PHCs, Dispensaries, Polyclinics, Welfare Centres etc.
 - Medical Health Officers, Public Health Managers, Community Health Workers
- Elected Representatives: Ward Councillors, Ward Health Supervisors, Mayor
- Deputy Municipal Commissioner and Municipal Commissioner
- State and National level Officials – Mission Director (NHM), Joint Secretary (MoHFW)
- NGO representatives and other private providers working in the region

Glimpse of Interview G

Understanding determinants of health in Delhi (slum context)

29. What are the biggest challenges to health in a city like Delhi?
30. What other problems could affect the population's ability to utilize health care services provided by the government?
31. In general, what makes one healthy or unhealthy? (in particular ref. to slums)
32. What are the different health service providers in slums (probe for private, informal, governments)?
33. From the perspective of citizens, do you think, some population groups are often left out? If yes, who are they? Can you help identify their characteristics?
34. Why are they left out? What are some of the main reasons for that? How can we address them and their healthcare needs?
35. What can be done to improve the health status of these left out pop. Groups (largely in slums?)
36. Are there any mechanisms for grievance redressal? Where can these people raise complaints if they have any? (reflecting on their awareness levels as well)
37. What does it mean for policy or management of health?
38. Who do you think is responsible for ensuring healthcare access to all the citizens in this country? How are they doing their job? (performance) How can we hold them accountable?
39. How can the health care delivery system (including services, providers, infrastructure, governance etc.) be managed to improve the health status of the city dwellers?

3. Where do slum/non-slum poor go for accessing healthcare services?
4. How are you involved in the health care delivery in your designated area?
5. How critical is your role in ensuring health care access to the urban population?
6. How is your work aligned with the National Urban Health Mission (NUHM)? Please elaborate?
7. Who do you report to and for what all activities? How frequently do you interact with your supervisor/reporting manager?
8. Is there any format for reporting that you follow?
9. Are your responsibilities clearly laid out? (in terms of what you are supposed to do and when?)
10. Do you face any challenge in fulfilling your responsibilities/duties?
11. How clear are the instructions provided by your supervisor to you? Are there any overlaps in your and your supervisors' responsibilities?
12. Have there been differences in opinions while discussing or coordinating with your supervisor?
13. Have you undergone any formal training to perform your duties better? If Yes, how frequently? How useful are such training sessions?
14. Do you share your learnings with your staff to enhance their knowledge on the programme as well?
15. Are you often involved (asked for opinion/perspective based on your knowledge and experience) in any kind of decisions at the facility level/zonal level? Do you involve your staff members in the decision making process? To what extent do you take their suggestions into consideration?
16. Do you conduct any review meetings with your staff to keep a check on their performance and the work progress? If yes, how frequently? Do you find such meetings helpful?
17. What performance measures do you use for monitoring and evaluation? Are these measures/parameters capturing the performance aptly? Or is there any element missed out?
18. How do you address grievances of the citizens? Have you maintained any formal process for registration of complaints and their resolution? (Request to share the data) – Probe on citizen's awareness on this grievance redressal mechanism.
19. Are there any overlaps of NUHM with other programmes like SBM, Livelihoods programme etc.? Do they help in implementation of NUHM? Or create extra burden on the resources (human, infrastructure and other)

Thank you!

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