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Healthcare for urban poor in sick bay

Govt's Draft For improvement Of Facilities Still On Paper

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Even as the government talks big on rural health, it seems to have no strategy for urban health. This despite the health indices for the urban poor consistently worsening over the years, in some cases even worse than those in rural India.

Nearly 57% of children under 3 years among the urban poor are malnourished while in rural areas the proportion is less than half. Almost 75% of deliveries among the urban poor are home deliveries. The figure is 54% in rural areas. The child mortality rate among the urban poor is also quite similar to rural rates. Despite such conditions in cities, where the concentration of health facilities is supposed to be the highest, a draft of the strategies for urban healthcare submitted in May 2006 remains a draft.

Public healthcare in rural India has a three-tier structure with sub-centres, primary health centres and so on. No urban equivalent exists.

The draft of strategies prepared by the Urban Health Resource Centre states, "Unlike rural health, no conscious efforts or substantial investments

have been made by either the central or state governments as far as urban health is concerned. Urban health lags rural health by several decades."

The National Health Policy of 2002 observed that in most urban areas, public health services were meagre. Where such services exist, there is no uniform organizational structure. The meagre services available don't percolate to unplanned habitations like slums.

The government admits that over half of India's urban poor children are underweight and or stunted. In most states, undernutrition among urban poor is worse than in rural areas. 60% of urban poor children are not immunized by the time they turn a year old. Yet, two years on, the Centre has no plan of action.

The problem is with the variety of health delivery structures existing in cities and the multiplicity of agencies providing them. What the ministry is grappling with is if a uniform structure can be imposed from the Centre on all cities, or if whatever structure exists ought to be allowed to continue since health is anyway a state subject

The metros sponge up resources

while fast-growing smaller cities and towns are left out. For example, the World Bank-funded India Population Projects that try to provide services to the urban poor have been operational only in big cities.

The health post scheme was devised for urban areas on the recommendations of the Krishnan Committee, set up in 1982 to address the problems of urban health. With rapid urban growth, health posts cover much larger populations than stipulated and the number of health posts is less than the norms. And, unlike rural services, urban services don't come under the umbrella of the Directorate of Health Services.

Hence, all municipal bodies do not function under common guidelines, observes a study done by the Institute of Health Management, Pachod, Maharashtra. The institute suggests that an integrated healthcare system, as exists in rural areas, is needed in cities.

A proposal was submitted in 1996, focusing on expanding urban infrastructure and redefining the responsibility of urban healthcare. Unfortunately, the proposal has languished since.

STATE OF NEGLECT

- . An analysis of rural and urban ICDS coverage shows that the ratio of anganwadi centers to total population in rural areas is 1:1,260 and **1:6,114** in urban areas.
- . There is an average of one urban primary health facility for about 150,000 **city dwellers**, with only **2-4** health workers.
- . Health posts were established in only **10 states**. 32% of health posts were established in **Maharashtra** alone.
- . Institutional deliveries among urban poor in UP are **6.5 times lesser** than in TN.
- Complete immunization coverage among urban poor in UP is a mere **29.7%** compared to **74.4%** in TN.
- . Data indicate that levels of urban poverty are increasing while rural poverty is decreasing.



Source: Independent Commission on Health in India, 1998

Urban poor left out of govt Health agenda

	Urban poor	Rural
Complete ante-natal care	24.8	30.4
Home deliveries	74.3	54.1
Complete immunization among children (12-23 months)	42.9	36.6
Malnourished children (0-3 yrs)	56.8	49.6
Child mortality rate	101.3	103.7
Infant mortality rate	66.0	73.3
Neo-natal mortality rate	39.1	46.7

Source: Urban Health Resource Centre