



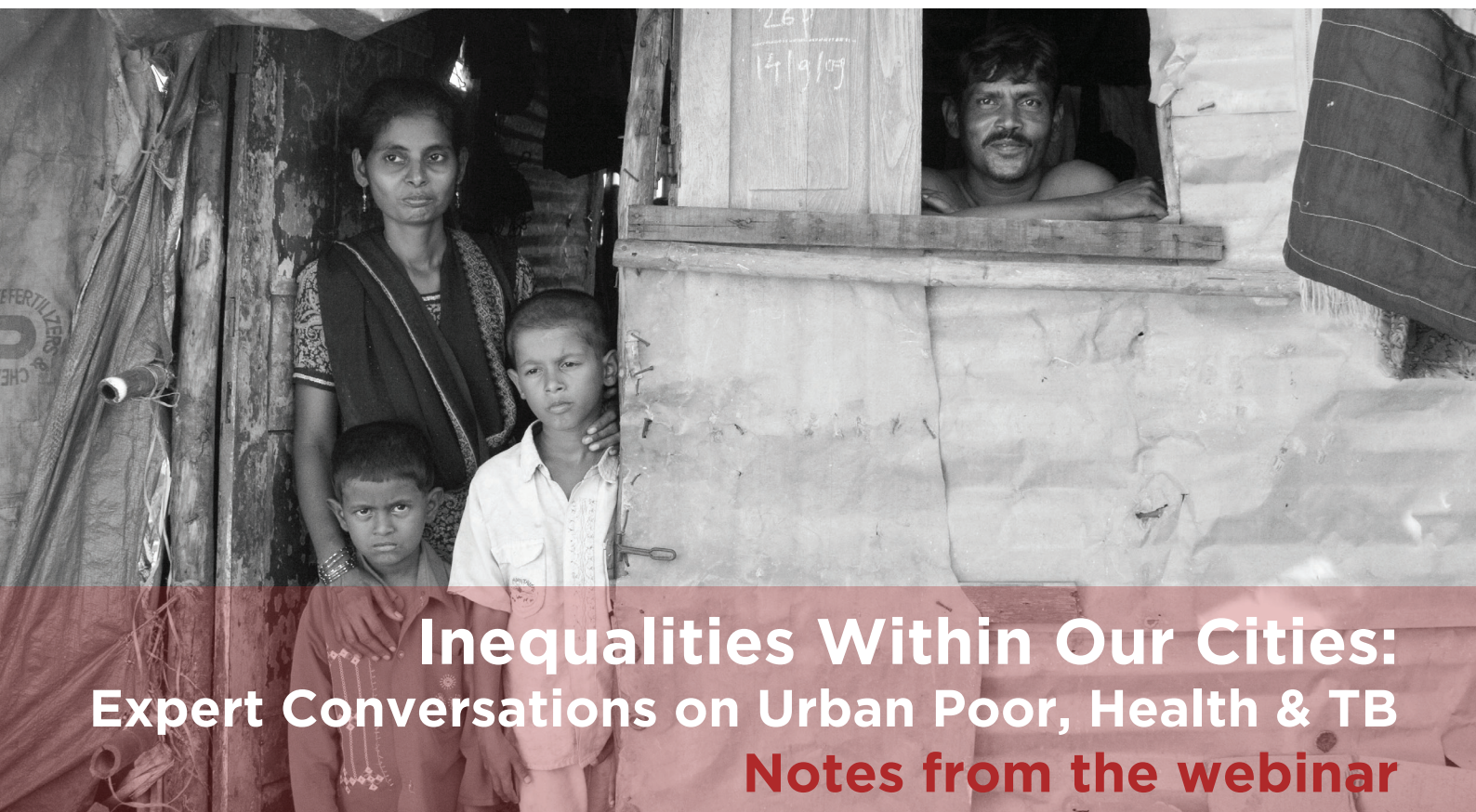
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Inequalities Within Our Cities: Expert Conversations on Urban Poor, Health & TB

Notes from the webinar

Introduction

KHPT, through the Breaking the Barriers (BTB) project, funded by the United States Agency for International Development (USAID), aims to implement community engagement initiatives that will empower vulnerable communities to access quality healthcare services, thereby accelerating the elimination of tuberculosis (TB) in India.

The BTB project will develop and scale up effective behaviour change operational models that improve coverage of vulnerable populations, such as the urban poor, tribal communities, migrants, and mining and industrial workers. It aims to increase case notification and improve successful treatment outcomes among patients with Drug-Sensitive TB (DS TB), TB HIV comorbidities, and Drug-Resistant TB (DR TB).

KHPT launched a webinar series in collaboration with USAID and the Central TB Division, seeking to engage experts in public health, community engagement and behaviour change in discussions that will inform strategies implemented under the BTB. The second in the series was held on October 6, 2020, titled: 'Inequalities Within Our Cities: Expert Conversations on Urban Poor, Health & TB'.

Panelists at the webinar included Dr. Pallavi Choudhuri, Fellow, National Council for Applied Economic Research (NCAER), Dr. Anuradha Jain, Technical Advisor, Health Systems Strengthening, Health Office, USAID and Ms. Akhila Sivasdas, Executive Director at Centre for Advocacy and Research.

Opening remarks were delivered by Dr. Raghuram Rao, Deputy Director TB, Central TB Division, Ministry of Health and Family Welfare and Ms. Amrita Goswami, Project Management Specialist, USAID.

The document highlights key discussions from the webinar, the recording of which may be accessed [here](#).



First row (from left):

Dr. Rehana Begum, Dr. Raghuram Rao,
Ms. Amrita Goswami, Dr. Sukriti Chauhan

Second row (from left):

Dr. Pallavi Choudhuri, Mr. Mohan HL,
Dr. Anuradha Jain, Ms. Akhila Sivasdas

Urban poor and TB

TB is a disease of poverty. It is widely recognized that India's massive wave of urbanization intensifies the chance for the infection to spread. The poorer the community, the greater is the likelihood of being infected with TB bacteria and developing the disease.

Factors such as overcrowding, poor ventilation, indoor air pollution, malnutrition, smoking, stress and social deprivation act as determinants for TB among the urban poor. Moreover, there are very few healthcare services that have integrated TB diagnostics and treatment for patients, as a result of which there are delays between diagnosis and treatment initiation.

Opening remarks

Delivering the opening remarks at the webinar, **Dr. Raghuram Rao**, reiterated the government's commitment to ensuring accessibility of services for the urban poor. Towards this endeavour, the program has been working concertedly with the National Urban Health Mission. He also shared that the state governments have been equally responsive and have taken ownership of the TB program. On the issue of the urban poor, he urged everyone to look beyond just slums and suggested considering the entire process of urbanization.

“The need of the hour is that we should now look not just at the urban poor areas as slums, but look at urbanization as a whole. As the boundaries of cities expand, even the urban pockets in tier-1 and tier 2 cities, how do we address them and include them? That is something we should look at.
- **Dr. Raghuram Rao, Deputy Director TB, Central TB Division, Ministry of Health and Family Welfare**”

Ms. Amrita Goswami, in her key remarks, emphasized USAID's commitment to supporting programs that focused on the inclusive programming approach. For USAID, this ensures that individual marginal communities are partners in the process and are able to determine their own priorities and advance their rights.

“USAID is particular that the intervention supported by USAID has communities in the centre and projects align with the self-determined development objective of the communities themselves” - **Ms. Amrita Goswami, Project Management Specialist, USAID**”

Characteristics of the urban poor population

The urban poor is one of the fastest growing segments of the population, constituting about 33% of the total population, which translates into 440 million people. It has been suggested that by 2030, another 250 million people are likely to migrate into Indian cities.

The panelists threw light on the types of populations that constitute the urban poor and some common characteristics of this otherwise heterogeneous population. These include:

- **Social, occupational and spatial vulnerabilities:** The urban poor includes daily wage workers, domestic workers, construction workers, street hawkers and street vendors. They are not only part of the informal sector, but form a segment in the low-paying jobs of the formal sector too. Their average income is between INR 4000-7000 a month.
- **Lack of social and occupational security:** Living in densely packed areas and equally poor working conditions, the urban poor population rarely has any property rights, job security, social welfare benefits, or cash liquidity.
- **Poor general health and pre-existing health conditions:** Suffering from health conditions ranging from malnutrition to severe anaemia, the urban poor are already exposed physically and biologically to a number of diseases, making them further vulnerable to contracting communicable diseases.
- **Lack of awareness:** This lack of knowledge on health issues among the urban poor, given their poor level of education, is another challenge. For instance, a study found that only 45% knew that breathing difficulty was a symptom of COVID-19, despite exposure to repeated advertisements.

“The fact is that the urban poor settles with inadequate provisions of health care services and infrastructure, and it exposes them to various diseases and poor health outcomes. - **Dr. Pallavi Choudhuri, Fellow, National Council for Applied Economic Research**”

Risks and vulnerabilities of the urban poor population

Social, occupational and economic vulnerabilities

The urban poor experience social, economic and health related vulnerabilities. These vulnerabilities are manifest in their poor living and working conditions. A significant portion of the urban poor staying in informal settlements seldom has access to basic minimum services such as piped drinking water supply or a personal toilet.

Living in resource-deficit and infrastructure-deficit areas, the communities have limited access to healthcare services.

“TB is a formal presentation of social inequities in the society. If you want to understand TB you will have to first understand the social inequities that exist. - **Dr. Anuradha Jain, Technical Advisor, Health Systems Strengthening, Health Office, USAID**”

Further, given the fact that the urban poor has limited skillsets, it is difficult for them to get better-paying jobs, in effect, restricting their social or economic upward mobility.

In addition, being part of the informal workforce, self-employed households, street vendors, hawkers, and casual wage workers do not have access to social security benefits and there is a high likelihood of them facing food insecurity.

Health and TB-related vulnerabilities

The country is experiencing the largest surge of urban growth, with a significant percentage of the population now living in towns and cities. The urban poor disproportionately carry the health risks related to this unchecked urban expansion.

Inadequacy of basic health services, poor nutrition and overcrowded, poorly ventilated homes and equally dismal work conditions increase the likelihood of uninfected individuals being exposed to TB.

Further, poor nutrition and an inadequate diet weaken the immune system and increase the chances of infection and developing active TB among the urban poor community.

On the other hand, TB as a disease adds to the vulnerability of the urban poor population. TB is difficult to deal with if there is no proper standard operating procedure (SOP) of diagnosis or a diagnostic system accessible to them.

The absence of integrated diagnostic services in one health facility leads to loss of precious time and delays in diagnosis and treatment for the urban poor. Reaching out to a private provider implies high out-of-pocket expenditure. As a result, the urban poor end up compromising on timely and proper diagnosis and care.

Systemic challenges

The panelists spoke of a number of systemic issues that adversely impact the urban poor population. They discussed gaps in the governance mechanism, policy framework, and the overall structure and implementation of health services delivery in public and private sectors.

- The urban poor are caught between landowning power structures and extremely weak and disempowered Municipal Corporations. City Corporations do not have the power or resources to engage with the urban poor.
- There is no governance or entitlement framework for the urban poor, they are neglected at the policy and program levels.

“In our experience of working with the urban poor for many years, particularly using a mechanism called single window for entitlements, we have found that the realization of these social entitlements is not easy. Social determinants of health are huge. To be able to address TB, all other social entitlements have to be addressed. - **Ms. Akhila Sivasdas, Executive Director, Centre for Advocacy and Research**”

Health System Challenges

In terms of health system challenges, the absence of a properly functional primary and tertiary health care system, improperly-informed private health practitioners, and the lack of integrated diagnostic test centres were some of the key concerns that were raised by the speakers.

The salient points raised were:

- Ill-functioning primary health centres (PHCs) that do not have enough doctors, diagnostic systems or even horizontal referral systems, and the non-existence of secondary centres adversely affects the quality of care being offered. In addition, the tertiary centres are overcrowded, hence the quality and dignity of care goes missing.
- Factors such as losing a day's wage on a visit to the doctor/health facility, distance to the health care facility, transportation cost or even the stigma associated with communicable diseases act as barriers for the urban poor to access healthcare services.
- With high out-of-pocket expenditure in the private sector and limited access to the public sector due to the living contexts and occupations of the urban poor, they often end up compromising on the quality of care and treatment.

“The PHC as a holistic care for health was never thought through before 2013. Even post 2013, the number of health care services being offered at the PHCs were very restricted; lab diagnosis was missing in more than 70% of the facilities. For a disease like TB to be diagnosed and treated you need a particular system that has well trained paramedics, proper diagnostics services, proper SOPs present. - **Dr. Anuradha Jain, Technical Advisor Health System Strengthening, Health Office, USAID**”

Recommendations

Adopting a targeted policy approach to address TB is critical to respond to the needs of the specific vulnerable communities, keeping in mind that the urban poor form a heterogeneous group.

To address a disease like TB, PHCs need to be strengthened in terms of both diagnostic facilities and human resources. The presence of well-trained paramedics, proper diagnostics services and referral of TB cases are essential to meet the goal of eliminating TB.

Simultaneous strengthening of governance and health care systems at all levels of service delivery is important. Creating spaces for community participation is critical. It will ensure that the voices of the affected communities are heard, included and are responded to in an appropriate manner.

Every actor, state, non-state and the community, will play an important role in addressing the challenges around TB. To do so, concerted efforts around governance, social determinants of TB and access to services in the urban areas are areas that need to be focused on through various interventions by each of the actors.

“The urban poor are a heterogeneous group, the vulnerabilities are different in terms of access to health care, education, social security benefits, property rights. An umbrella policy may not be able to address their concerns, there needs to be a targeted policy designed for each individual vulnerable community. - **Dr. Pallavi Choudhuri, Fellow, National Council for Applied Economic Research (NCAER)**

Delivery of health services and access has been fragmented and vertical, focusing on specific diseases. It is important to look at an integrated approach to broaden urban health systems. - **Ms. Amrita Goswami, Project Management Specialist, USAID**

We need to strengthen the PHCs in terms of diagnosis, treatment and referral of TB cases both horizontally and vertically, to meet the goal of eliminating TB. - **Dr. Anuradha Jain, Technical Advisor, Health Systems Strengthening, Health Office, USAID**

The community seeks inclusion, and wants to be treated with respect and a dose of justice; what they don't like is promises not being met. The whole decision making process should not just be about brute numbers. It should be about how you structure your governance and what kind of opportunities are you giving them to assert themselves. - **Ms. Akhila Sivasdas, Executive Director, Centre for Advocacy and Research**

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