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RESEARCH BRIEF

Mapping Vulnerable Populations in Non-Slum Areas of Cities: Example from Mysuru, India.

Executive Summary

The current study mapped vulnerable groups in Mysuru City's non-slum urban regions, draws attention to underserved communities that, like slum residents, have similar socioeconomic and health issues but are not as well-known or receive targeted interventions. Closing the information and service gaps that vulnerable non-slum groups encounter is crucial in cities. Important information about the demographic, residential, and occupational vulnerabilities affecting residents in slum and non-slum areas was gathered by mapping exercises in Chamundipuram, Kumbarakoppalu, and Vishweshwar Nagar Urban Primary Health Centres (UPHC) areas of Mysuru city. The study results are intended to increase access to social services and healthcare services by addressing specific requirements of these communities.

What are the Problems?

India is rapidly urbanising. By 2023, approximately 40% of the country's population will reside in urban areas. In 2001, there were 35 cities with populations exceeding one million and 393 cities with populations above 100,000. It is now estimated that the number of cities with populations over one million will increase to 75 by 2021, and there will be 500 cities with populations exceeding 100,000[1]. In India, nearly 35% of the urban poor reside in non-slum areas, which are often overlooked in urban poverty and health statistics. This is a global issue, with over 1 billion living in informal urban settings, including slums.

However, the population in non-slum urban areas faces significant challenges that are often comparable to or even worse than those in slums.

They live in poor housing conditions, facing overcrowding, insecure tenure, and limited access to essential utilities like water, sanitation, and electricity, which worsen their vulnerabilities[2,3]. Non-Slum populations also face health disparities, including a higher incidence of non-communicable diseases (NCDs), malnutrition, and insufficient maternal and child healthcare services due to limited access to primary health facilities[4,5]. Their economic challenges are worsened by informal employment traps, where many individuals are engaged in low-paying, unstable jobs that lack social protection and expose them to significant occupational hazards[6,7]. Despite these, Non-slum areas often lack targeted interventions, unlike recognised slums, which further marginalises these communities and creates critical gaps in their access to services and support systems[8,9].

What are the Major Challenges?

In this context, when we look at non-slum, urban populations face recognition and visibility challenges, as they are often excluded from urban poverty statistics and welfare schemes such as the Pradhan Mantri Awas Yojana (PMAY), which primarily targets slum dwellers. Regarding access to services, they experience barriers to limited availability of Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWW), or Health posts to deliver essential services like immunization, maternal care, and NCD screening. Additionally, social exclusion is prevalent, with vulnerable subgroups, including single women, elderly, and disabled individuals, struggling to access welfare schemes. Informal workers face hazards without workplace safety measures or health insurance. Finally, when policy and programmatic gaps persist, urban health initiatives such as the National Urban Health Mission (NUHM) target slum areas, neglecting non-slum populations.

What Has Been Done So Far?

The National Urban Health Mission (NUHM) and the Smart Cities Mission aim to strengthen India's urban health systems and infrastructure. However, these initiatives predominantly focus on slum areas, leaving the non-slum population underserved. Some localised efforts in cities like Mumbai and Delhi have drawn attention to the plight of informal workers and the challenges faced by non-slum populations. For instance, community health projects and occupational safety campaigns have highlighted the need for better service delivery in these areas. Yet, these efforts remain fragmented and lack the scale required to address the diverse needs of the non-slum vulnerable population[4,8]. In Karnataka, urban health initiatives have made significant progress in enhancing access to healthcare services, but they primarily target slum populations.

What are the Existing Gaps?

Firstly, non-slum urban areas need more systematic mapping and socio-demographic profiling to identify their needs. Secondly, urban health budgets and services are disproportionately directed toward slum areas. Thirdly, community health workers and non-governmental organizations (NGOs) are less present in non-slum areas, leaving these populations underserved. Lastly, urban health policies need to account for the dispersed nature of non-slum populations, which complicates targeted service delivery. These gaps highlight the need for more inclusive urban health strategies that address the needs of dispersed non-slum populations.

The current study addresses significant gaps in understanding and supporting vulnerable non-slum populations. To achieve this, it proposes a comprehensive framework that helps identify their specific needs and provide effective strategies to address them.

What are the objectives of Study?

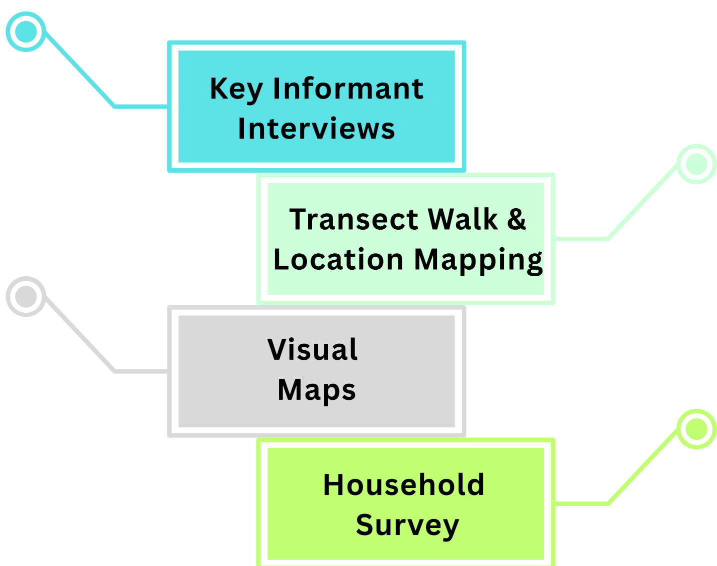
The primary objective is to find at-risk populations in non-slum areas and establish a foundation for focused interventions. The specific objectives of the study are:

- To determine the geographical regions home to vulnerable populations in non-slum areas and define precise borders for regions with high concentrations of these people
- To gather socio-demographic information on slum and non-slum vulnerable population
- To collect vital information on outreach and communication plans to support programme planning and service delivery.

How? (Methodology)

The multifaceted approach is designed to generate precise and actionable data that can significantly enhance the metrics associated with urban poverty. A study was conducted in Mysuru city. However, it focused on specific areas. It uses the Urban Primary Health Centre (UPHC) catchment areas as a proxy to represent various urban localities, including Vishweshwara Nagar, Chamundipuram, and Kumbarakoppalu in Mysuru.

The current study collects quantitative data through methods such as transect walks, social mapping, and detailed household surveys, focusing on three main dimensions of vulnerability: Residential, Social, and Occupational.



- **Key Informant Interviews:** Key community members were interviewed, including ward members, long-term residents, religious leaders, and community leaders. In-depth data on vulnerable locations was obtained through these interviews, including home counts, population sizes, languages spoken, primary male and female jobs, population availability, and other pertinent area-specific information.

- **Transect Walk:** To identify important landmarks, including schools, health facilities, and places of worship, as well as to draw the boundaries of areas deemed susceptible, on-site visits through transect walks were undertaken. The vulnerable areas that require targeted attention were more clearly defined as a result of this stage.

- **Visual Maps:** For every identified vulnerable area, visual maps were made, highlighting landmarks and critical infrastructure that affect access to social and health services. This helped to ensure that resources were allocated more precisely.

- **Household Survey:** To have a thorough grasp of the needs in each vulnerable home, a survey was carried out across all families to collect information on sociodemographic traits, housing circumstances, and common health issues.

Residential Vulnerability

This includes individuals and households vulnerable to health issues due to their living conditions. This group encompasses the homeless, migrants, those in temporary housing, and people in areas lacking basic public services like clean water and sanitation. It also includes those living near hazardous industries, in flood-prone areas, or in institutions such as night shelters and recovery centers.

Social Vulnerability

Socially vulnerable groups encompass individuals caste, class, ethnicity, religion, gender, age, disability, or illness. This includes women, transgender individuals, senior citizens, child-headed households, people with disabilities, those with illnesses like HIV/AIDS, leprosy, TB, mental illness, as well as members of scheduled castes, scheduled tribes, migrant workers, and religious minorities.

Occupational Vulnerability

Refers to individuals or households lacking regular employment and facing significant unemployment periods, often working in unsafe conditions. This includes informal workers in hazardous occupations like rag pickers, rickshaw pullers, construction workers, commercial sex workers, domestic workers, and low-income self-employed individuals such as vendors and beggars.

Key Findings

- ***Household and Population Data:*** Non-slum areas have 6,589 households and a population of 29,811, averaging 4.5 people per household. Chamundipuram has the highest average household size (4.9), and Kumbarakoppalu has the lowest (3.5).
- ***Residential Distribution:*** Non-slum areas constitute 59% (13 out of 22) of identified vulnerable zones, with Chamundipuram predominantly non-slum (87.5%)
- ***Demographic Characteristics:*** Kannada is the primary language, with a smaller population speaking Telugu, Tamil and Urdu. A total of 93% of Hindus dominate the religious composition, alongside smaller Minority (Muslim) communities.
- ***Occupational Patterns:*** 61% of Men in non-slum areas predominantly work as daily wage earners and 30% of men were self-employed individuals. 61% of Women mainly engaged in daily wage labour, and 23% were domestic work.
- ***Healthcare Accessibility:*** 38.7% of non-slum households are located within 1 km of health facilities, indicating a significant gap in accessibility.
- ***ASHA worker Access:*** None of the 13 non-slum areas have ASHA services, highlighting a critical gap in community health outreach
- ***NGO and Social Support:*** NGO support exists in 8 out of 13 non-slum areas, but gaps remain, such as Chamundipuram, where adequate support is lacking.

	NON-SLUM	SLUM
Total Population	29,811	16,695
No of Households	6,589	3,469
Vulnerable Population	59%	41%

Vulnerable Population UPHC Areas Wise

Chamundipuram Kumbarakoppalu Vishweshwariah Nagar

Kannada language is predominant in both slum and non-slum areas. Followed by Telugu, Tamil, Urdu

Hindu religion is majority in both non-slum (93%) and slum areas (89%), with smaller Muslim communities

Occupational Characteristics
Slum Areas:
- Men: Pourakarmikas (55%), Daily Wage Workers (33%)
- Women: Domestic Workers (33%), Pourakarmikas (66%)

Non-Slum Areas:
- Men: Daily Wage Workers (61%), Self-Employed (30%)
- Women: Daily Wage Workers (61%), Domestic Workers (23%)

Healthcare Accessibility
Slum Areas:
- 22% within 1 km of health facilities, 78% more than 1 km away, highlighting need for closer access

Non-Slum Areas:
- 38.7% within 1 km of health facilities, 61.3% farther away, indicating challenges

ASHA Worker Access
Slum Areas:
- 8 out of 9 areas have ASHA services

Non-Slum Areas:
- None of the 13 non-slum areas have ASHA services

NGO & Social Organization Support
Slum Areas:
- 8 out of 9 areas have NGO presence

Non-Slum Areas:
- 8 out of 13 areas have NGO support; Chamundipuram lacks adequate NGO presence

**The graphical representation of key findings from the vulnerability mapping exercise*

Recommendations

- ***Create Targeted Outreach Strategies for Wider Population Spread:*** Since many vulnerable populations live outside slums, consider implementing mobile health units or community health events to reach scattered families more efficiently. Utilising digital resources, such as telemedicine and health alert smartphone apps, may also enhance accessibility for these dispersed groups.
- ***Improve access to Health Facilities:*** Setting up satellite health posts or recurring health camps in neighbourhoods over a kilometre from government health services could help close the gap. Working with neighbourhood NGOs and community organisations to establish makeshift health stations or mobile clinics could also enhance access to healthcare for those outside of slums.
- ***Targeted resource allocation can help address ignored Vulnerabilities:*** Recognize the specific vulnerabilities of non-slum communities, including their larger household sizes, absence of frontline health workers, and restricted access to health care. Deploy frontline workers, including ASHAs, to guarantee that non-slum regions receive sufficient health support. Allocate funds to enhance health education, health care facilities, and support services suited to these marginalised populations' social and professional requirements.

Challenges and Limitations

- Findings from the current study, which are specific to the mentioned UPHC areas, may not fully represent the diversity of non-slum vulnerabilities in other urban contexts.
- Non-slum vulnerabilities have been less researched than slums, which limits the ability to benchmark findings.
- Visual maps indicating vulnerable households are not available in the current study.
- Translating research findings into actionable policy changes requires ongoing engagement with stakeholders, which is often a long-term process.

Way Forward and Scope for Future Work

- There is a need to integrate urban health strategies with established policy frameworks to promote comprehensive health initiatives.
- This can be accomplished by actively collaborating with various government programs, such as the National Urban Health Mission (NUHM), the Smart Cities Mission, and the Pradhan Mantri Jan Arogya Yojana (PM-JAY).
- Based on the study's findings, relevant adaptation programs need to be formulated specifically for the districts and states.
- Vulnerability mapping for non-slum populations can include other components based on environmental and climate factors and be planned for other districts and states.
- In the future, it is also essential to conduct vulnerability mapping for the non-slum population in other desirable districts and states.

Using the current vulnerability mapping approach allows for a systematic identification of at-risk populations, revealing significant gaps in healthcare access, social support and occupational safety. Integrating tools like social mapping, transect walks, and household survey methods provides an understanding of vulnerabilities across residential, social and occupational dimensions. Implementing this approach can enhance health outcomes, reduce disparities and foster inclusion, particularly for underserved urban populations. This is a replicable model for data-driven decision-making that drives more impactful and sustainable public health initiatives. Further validation through pilot studies in diverse urban settings is required to enhance its utility. Such pilots can assess the tool’s scalability and adaptability to varied public health contexts to contribute to urban health systems.

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