Listing & mapping of slums & vulnerable population

INTRODUCTION

An important basic activity under the National Urban Health Mission (NUHM) is a planning and mapping exercise in which poverty clusters and slums are being mapped and listed. The information is essential to allocate necessary resources under the Program Implementation Plan (PIP) and guide better planning of health services to reach out to the urban poor. The accessibility of health care facilities is a major concern among slum and vulnerable populations and knowledge of the location of these populations is critical for positioning of health facilities under the NUHM guidelines.

AVAILABLE RESOURCES IN THE CITY

Under various government schemes in urban settings, different department have worked on listing and mapping of slums and poverty clusters from time to time. However, all these lists do not match with each other essentially. Thus, while doing mapping of urban population, all such lists should be triangulated to get real estimate of the population. Appended below are the departments and activities who keep the records on available slum and slum population:

- Integrated Child Development Scheme (ICDS): ICDS established Anganwadi Centers in urban Areas to cater the health and nutrition need of the urban poor.
- National Urban Livelihood Mission (NULM): NULM rests on the foundation that the mobilisation of urban poor households to form their own institutions as Self Help Groups is an important investment for an effective and sustainable poverty reduction programme
- Urban Local Body (ULB): ULB is implementing various schemes such as (Rajiv Awas Yojana (RAY- slum free city plan), Atal Mission for Rejuvenation and Urban Transformation (AMRUT), Smart City Mission etc for improving the quality of life for poor and the disadvantaged.
- District Urban Development Agency (DUDA): DUDA implemented Swarn Jayanti Sahari Rojgar Yojna (SJSRY) scheme for income generation activities for the urban poor and slum population.
- National Polio Surveillance program (NPSP): NPSP did a comprehensive mapping of each cluster of urban and rural settings to reach out to each household with identification of High Risk Areas (HRAs)
- National Urban Health Mission (NUHM): NUHM has done a preliminary exercise of mapping and listing of poverty clusters and slum population.
- NGOs working in the urban areas have also done the mapping of slum and poverty clusters

TCIHC INTERVENTION

TCIHC India Hub developed a tool for mapping and listing of urban slums and poverty clusters for identifying residents in need of services with clearly defined roles and responsibility of stakeholders. The India Hub facilitated the exercise in cities selected in the first phase as a catalyst. Following steps are followed for finalising the list:

- Collection of available data from all sources
- Collation and review of the collected data to determine the locations where vulnerable population live, including registered or unregistered slums, temporary settlements and poverty clusters
- Triangulation of this data with other resources
- Physical verification of existence of the slums and poverty clusters that are only listed by the local people.
- Finalization of lists of locations of vulnerable population and shared with appropriate district authorities.
- Advocating for allocating resources to match additional KFAs.

CHALLENGES FACED

- No single department has the complete list of slums and poverty cluster detail with current population.
- Triangulation of data is not possible by only desk review.
- Owing to the phenomenon of floating population and seasonal migration in these clusters, it is difficult for any department to develop a concrete list.
- Data sharing with other departments is not possible without development of a convergence platform in the city
- Overlapping of roles and responsibilities create riddle to reach out to targeted intervention
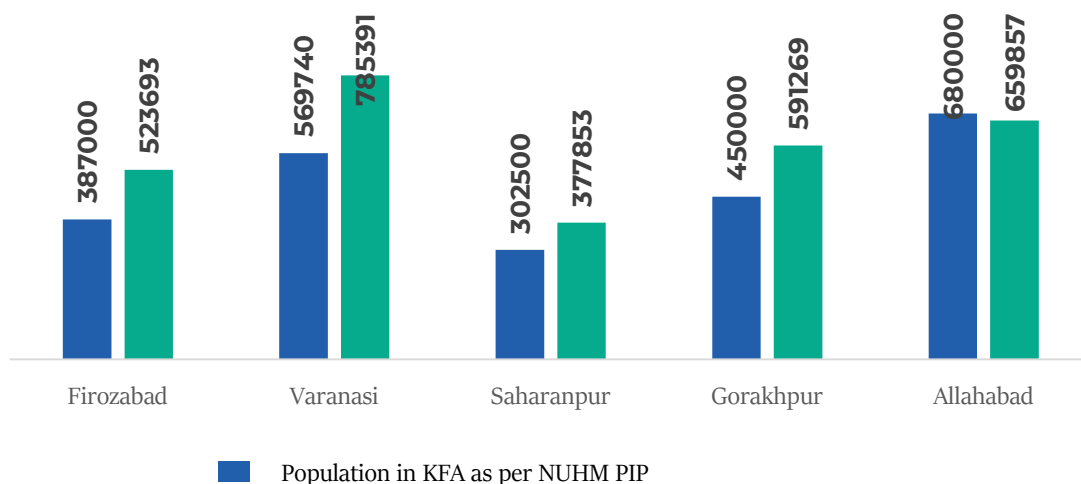
"Making Invisible Visible"

Figure 1: This graph clearly shows how key focus areas increased after listing and mapping exercise by TCIHC.

LEARNINGS

Reflecting on the first round of experience of listing and mapping exercise, some key learnings are listed down:

- None of the cities were ready to accept the increased number of slums so it was decided to name the new identified areas as Key Focus Areas (KFA)
- The exercise should be done at regular intervals through the convergence approach
- Each Key focused Area (KFA: slum, poverty clusters, temporary settlements, street vendors, rag pickers, rickshaw pullers, migrated labourers etc.) should be tapped on regular basis
- Urban Health Index Register (UHIR) should be filled and updated on regular basis by urban ASHA. The vulnerable population not covered by ASHA should be covered on urgent basis.
- Mapping of slum wise community resources such as Anganwadi Centres, UPHCs, accredited private providers, AUH providers and chemists also needs to be done periodically.
- A convergence mechanism from bottom i.e. slum level to top i.e. different departments including ULB members should be established
- Defining vulnerability is dynamic and sensitive in nature. Hence, each department should be oriented on vulnerability mapping.

PROGRESS SO FAR

The listing and mapping exercise has been completed in three intervention states. Across three states this has resulted in identification of seven additional UPHCs, recruitment of additional 1036 ASHAs and 600 new Mahila Arogya Samiti (MAS) members which has further led to seeking of 0.17 million (INR 171,66,264) additional budget in PIP 2018-2019. This additional budget is for strengthening existing primary urban health facilities to expand service delivery to cater vulnerable population and for training of new ASHAs.

Moreover, in seven intervention cities of MP additional two outreach camps were approved to cater the need of new identified vulnerable population. In 2018-19 PIP, an additional amount of INR 10,000 per outreach camp per month has been budgeted. This additional human resource distribution per UPHC and additional service delivery points are helping to cater to the health needs of the vulnerable population.