

COMMUNITY BASED HEALTH INTERVENTIONS FOR THE URBAN POOR IN INDIA
Lessons from Case Studies

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Topic II, Theme B

This paper provides an overview of the lessons learned from selected interventions in the area of health care provision in urban India by analyzing the process that these innovations by various donors and stakeholders adopted. The programs studied include the Local Initiatives Program in Kolkata, the Environmental Health Project supported by USAID in Indore, the Bank supported India Population Project VIII in Andhra Pradesh, and the SEWA tuberculosis control program in Ahmedabad. Case descriptions of these programs were developed from field visits and discussions with urban poor groups reached by these interventions and stakeholder groups.

The urban poor in India is not a homogenous entity; there are wide variations between and within regions, states and cities. Many of the most vulnerable are in fact, homeless squatters and migrants. Health delivery solutions, therefore, need to be strategically targeted to guide the prioritization of efforts and resources. A key issue that emerged was the need for local solutions.

Another lesson is the imperative of community representation for greater program reach. Recruitment to a program of support poses special problems in the absence of 'urban literacy'. Engagement of community derived social mobilizers (volunteers, health workers, self help groups) as change agents, initiates a bottom up approach which not only facilitates linkages with the community, but also enables the community members to be active participants in their own development and facilitates consistent delivery of services.

Equally significant is the need for a facilitatory entity to ensure management of the health initiative. Service delivery facilitation through an intermediary between the government health machinery and the community is a preferred option.

The struggle for survival of the urban poor is compounded by the fact that poverty, and hence marginality, renders them particularly vulnerable. The need for better targeting, increased efficiencies in provision, generating public awareness, as also higher allocation of funds are achievable options. Although the mandates and operating strategies of the select urban health programs differ, this paper examines the common lessons learned from these interventions en route to exploring a set of options for the delivery of health services that could ameliorate the condition of the urban poor in India.

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