

Addressing Challenges of Equitable Health, Nutrition and Well-being in a rapidly Urbanizing India: An Imperative for Government, NGOs and Citizens

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Delhi

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Part - I

- Urbanization, economic growth, juxtaposed affluence and deprivation
- Health, Nutrition and Well-being disparities in Urban India:
 - MDG -1- Reducing poverty and undernutrition
 - MDG-3 - Gender equality and empower women
 - MDG- 4 & 5 Reduce child mortality, reduce maternal mortality
 - MDG 6: Combat HIV/AIDS, malaria and other diseases
 - MDG 7: Ensure environmental sustainability - living conditions-toilets, water, congestion
 - Unlisted slums/poverty clusters more deprived
 - Smaller cities have weaker systems, poorer indicators
- Multidimensional issues that affect urban health and well-being

India's Urbanizing economy: Affluence and Deprivation Juxtaposed

- In India's glittering cities opulence grows along with deprivation and poverty
 - 60% of Mumbai's population lives on 8% of land [Parsuraman, S. 2007] and contribute to economy in diverse ways, living in severe congestion
 - In Delhi, water-supply for planned colonies is 225 lpcd (liter per capita daily) and 50 lpcd for listed slums
- Urban poor contribute substantially to India's economic growth:
 - Between 60- 90% of urban poor are involved in urban informal sector.
 - Urban sector contributes 60% -70% of GDP

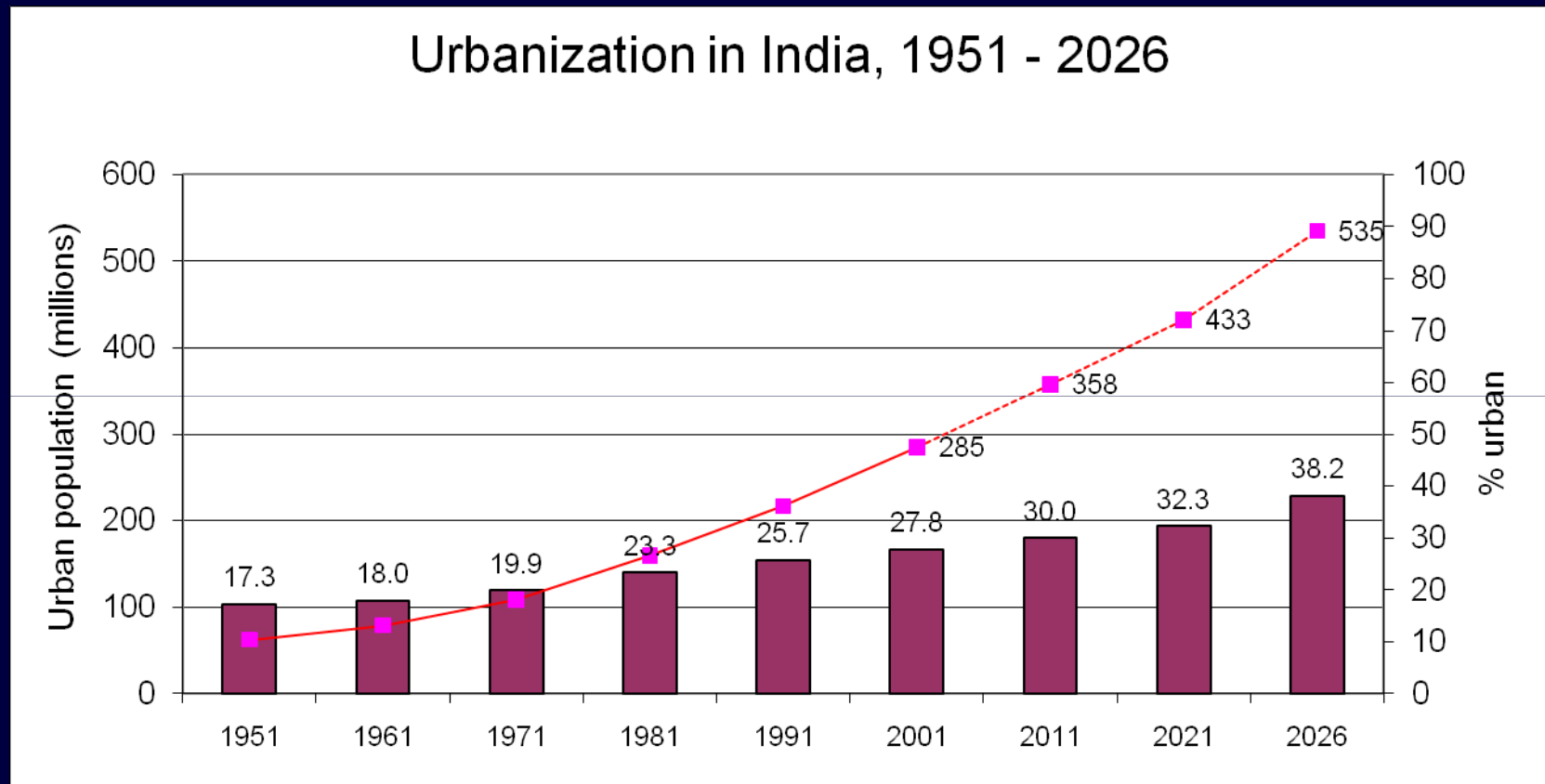
Parsuraman, S - http://www.karmayog.org/urbandvlp/upload/21756/Newspaper-essays_Prarsuraman.pdf.

This indicates high density of living space for 60% living in slums, chawls, informal settlements.

Population density of Greater Mumbai (area under Municipal Corporation of Greater Mumbai) estimated at 24,812 (Mumbai Suburban district & Mumbai City district) persons per sq. km. as per Census 2011 .

Density of Mumbai City – 43,447 per sq. km.

Urban Population Growth in India



- During the 20th century, urban population multiplied more than 10 times.
- Urban population projected to reach 535 million by 2026 (first quarter of 21st century).

MDG-1: Urban Poor- the fastest growing segment of India's Population

2 - 3 - 4 - 5

All India

Urban areas

Large cities

Slums

- Urban population - 377 million¹.
- India is expected to be about 40% (550 million) urban by 2026².
- 97 mil urban poor @ official poverty line⁴ ; 200 mil eligible for food security
- Estimated annual births among urban poor: 2.7 million⁶.
- 12 million children under-5 among lowest two urban quartiles (53.8% and 42.8%) are stunted (chronic under-nutrition)

1-Census of India, 2011, Provisional Tables

2-Census, 2001 population, Projections, 2001-26

3-Poverty Estimates 2004-2005 and 1999-2000

4-Planning Commission, Poverty Estimates December 2009 and Census of India 2011

5- Calculated based on UNICEF-Demography-2007 data

6-Based on CBR 27.5 for urban poor population and 100 million urban poor population

MDG-1: Nutrition Health Disparities: **Nutrition Inequities among <5 yrs**

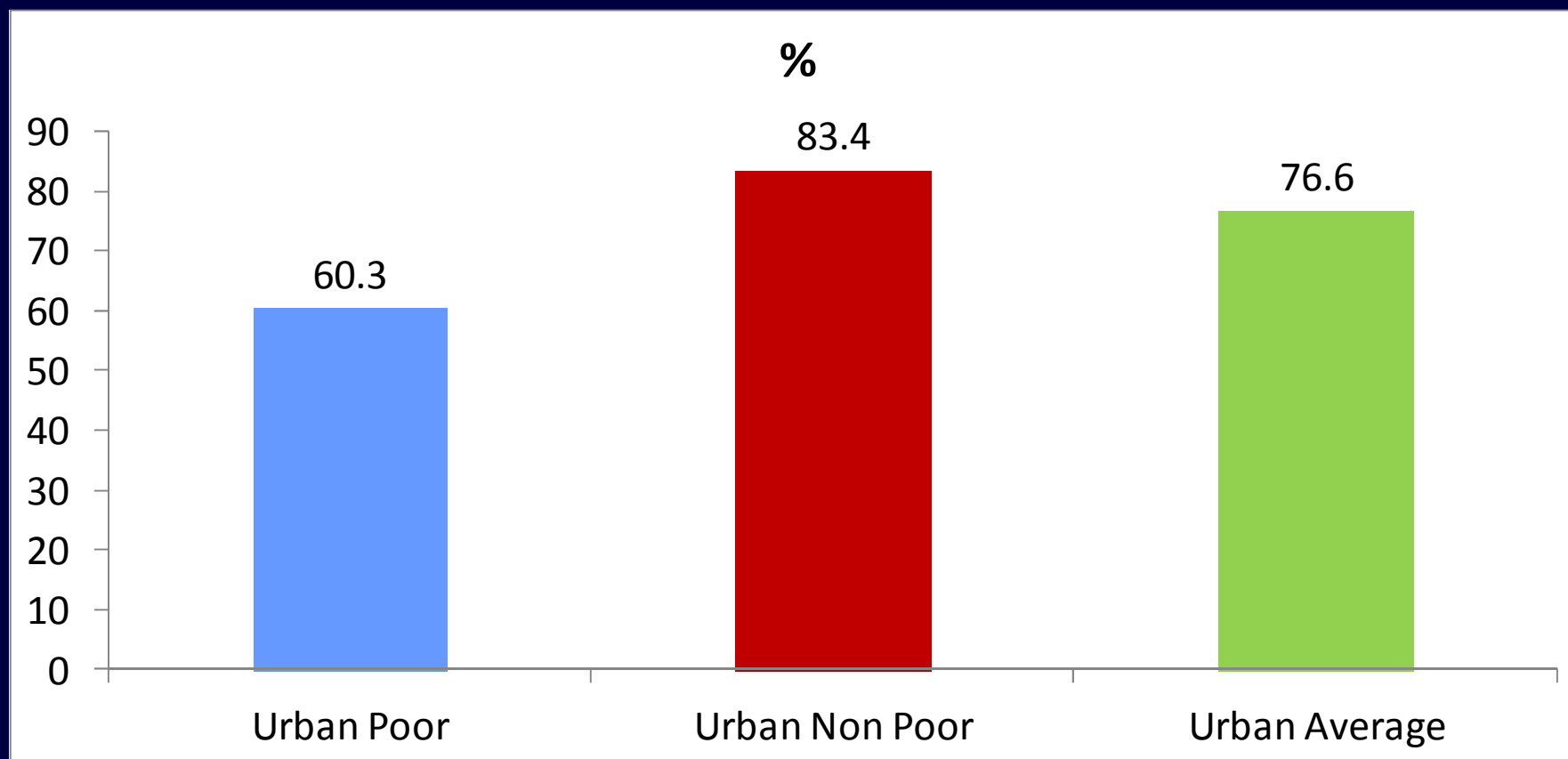
Chronic <5 under-nutrition (<- 2SD Height for Age in urban areas (%))



Source: Re-analysis of NFHS-3(2005-06) by Wealth Index; UHRC, 08

Household food insecurity is also as high as 50% among slum/informal settlements

MDG-2: 40 % urban poor children (6-17 years) not attending school



50% boy and 54% girl children among urban poor in Delhi attended school.

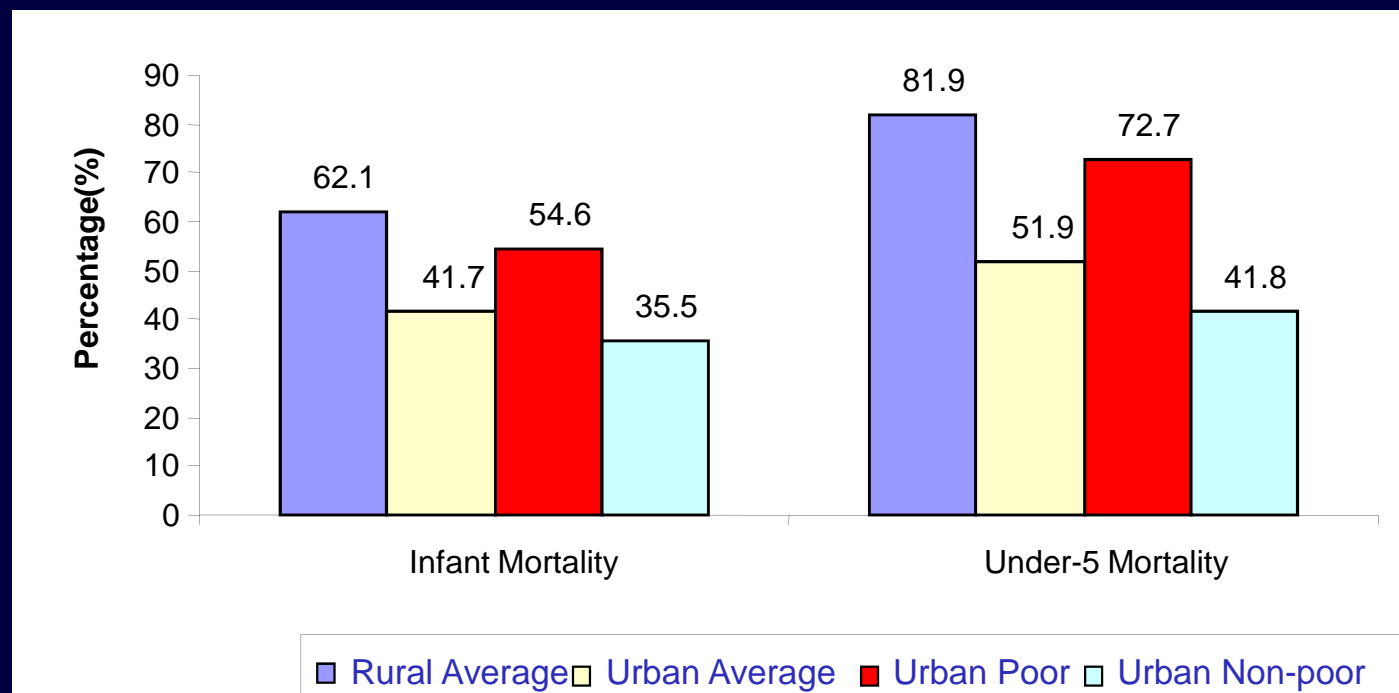
MDG-3: Gender Equality and Women's Empowerment

Women's autonomy

- In Urban India, among poorest quartile, 42% women had money for their own use, while among the rest of the urban population 53% had money for use.
- Urban NFHS-3 analysis shows mothers' education attainment (secondary/higher education), financial autonomy, and employment were associated with increased probability of children's immunization

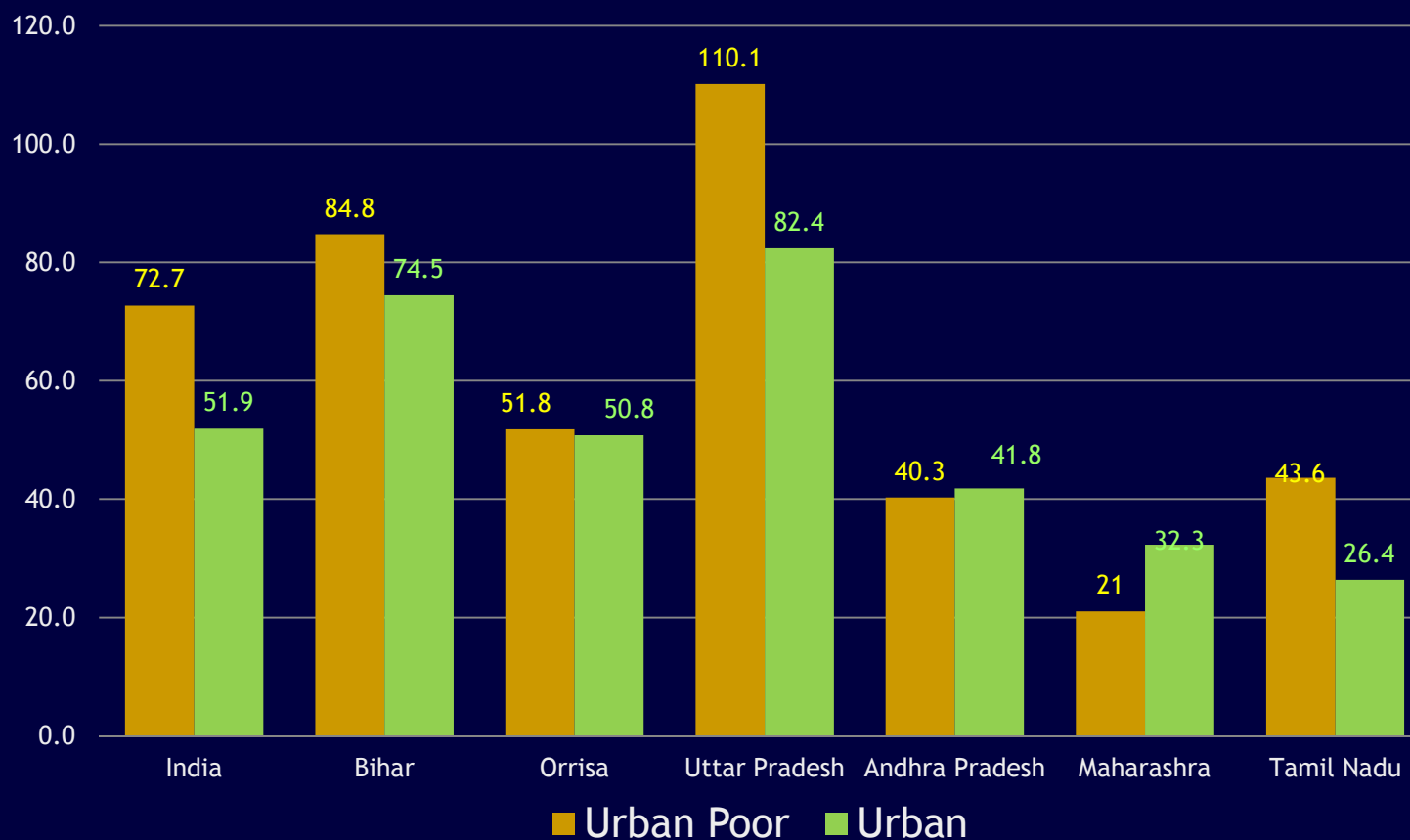
Evidence about Health Disparities: *MDG- 4: Low Child Survival among the Urban Poor*

1.3 lakh children die each year before reaching the age of five



Source: Re-analysis of NFHS-3(2005-06) by Wealth Index;UHRC,08

<5 Mortality Across Different States: Poorest urban quartile vs urban overall

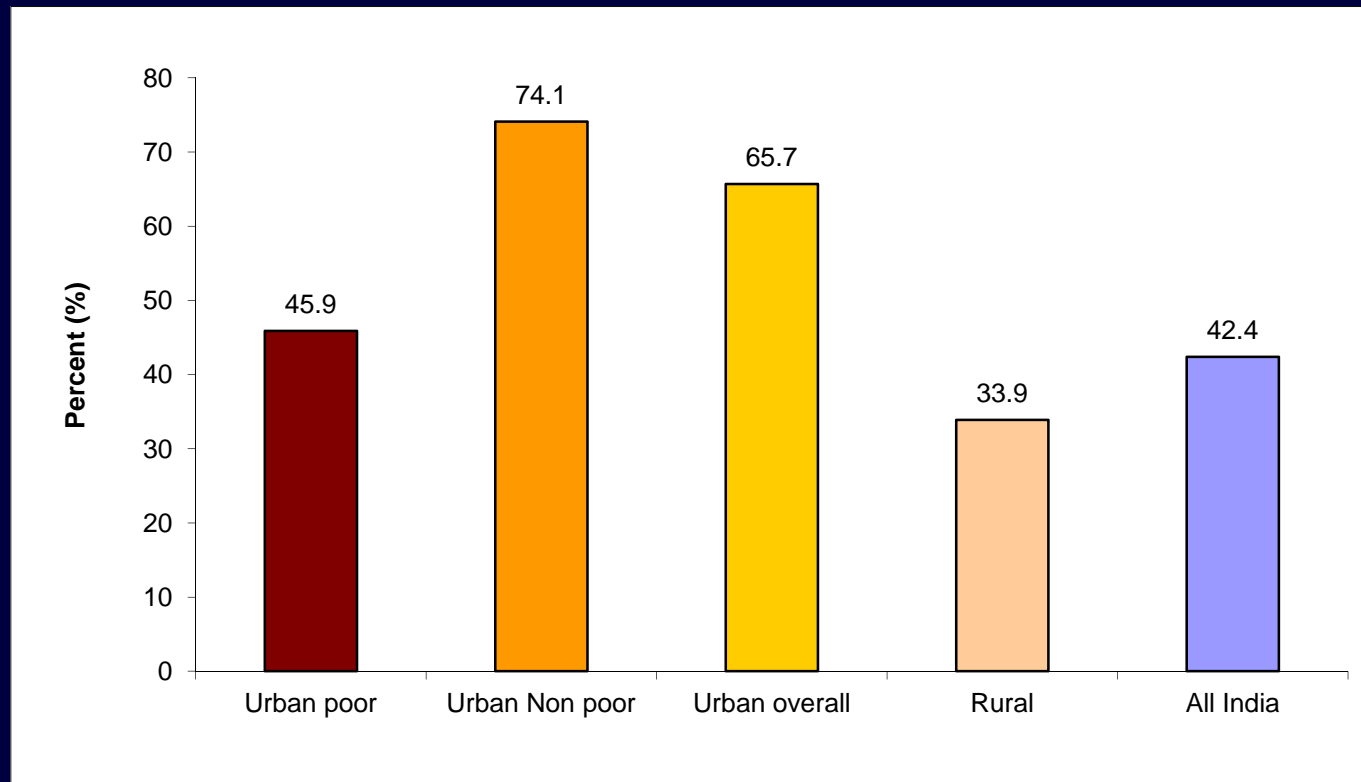


Source : UHRC's analysis of National Family Health Survey, 2005-06

MDG-5

Inequitable Access to Maternity Services

At least one postnatal check-up from a skilled provider within 42 days of delivery



Women 15-49 years areas receiving at least one postnatal check-up within 42 days of delivery from a skilled provider. RCH II recommends a minimum of three post-natal visits from a skilled provider i.e. within 48 hours, between 7th-10th day and 42nd day.

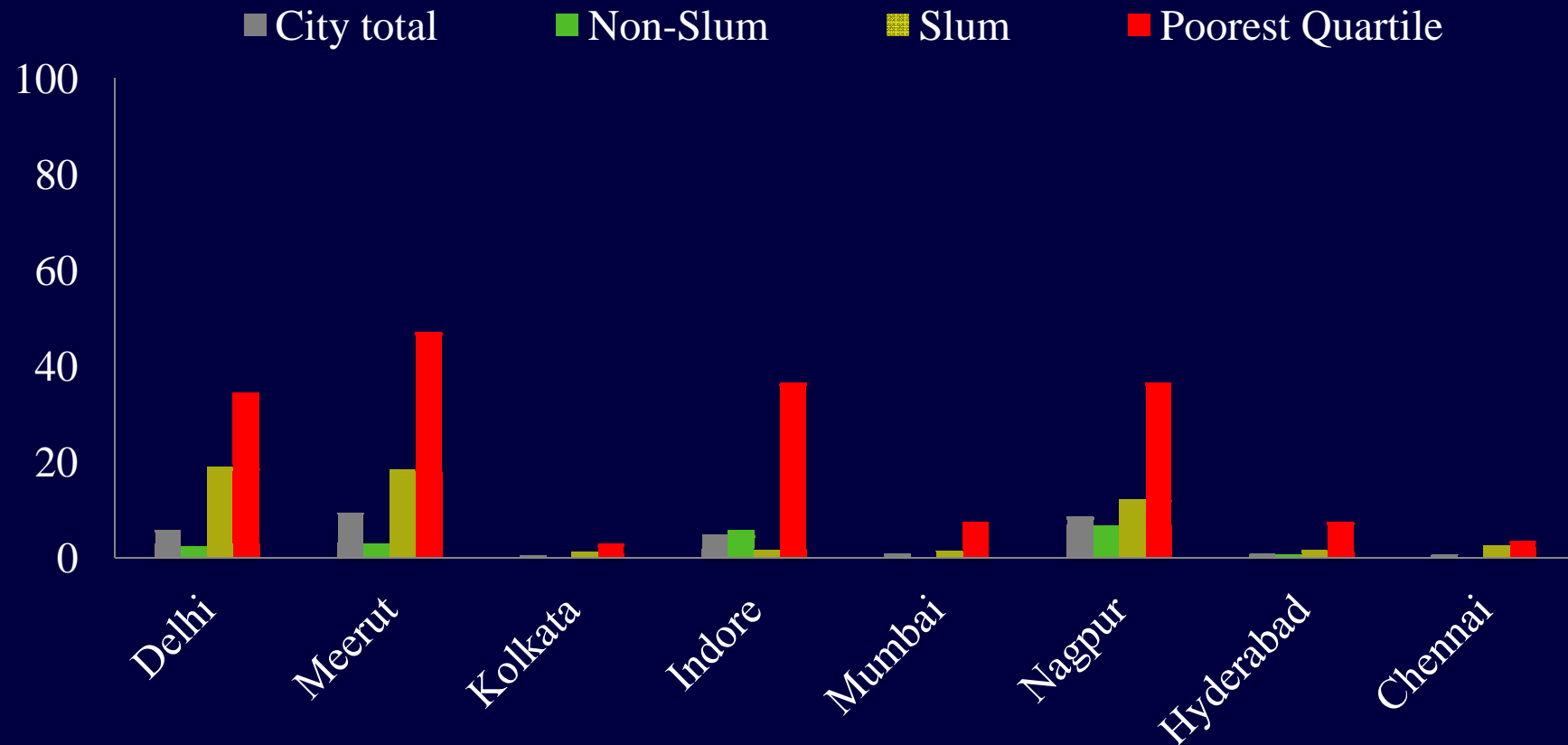
MDG- 6 and 7

Disparity in Living Space Density in Urban Areas

- Congested Housing:
 - In urban India, among poorest quartile, 45.6% households have a situation of >5 persons per sleeping room, as against 7,8% among the richest quartile, while the urban aggregate data suggests 27.1%
- Separate Cooking Space:
 - Among poorest quartile, in urban India, 31% households had a separate cooking space (SCS),
 - Among the remaining population, 78.5% had a SCS

MDG-7

Percent of Households with NO Toilet facility



In Urban India, among the poorest quartile, 52.8% households did not use a sanitary or pit toilet, while among the rest of the urban population 96% used a sanitary toilet.

Source: IIPS 8 cities study; 2009

Slum/Non-slum denotes Census slum/non-slum.

Poor Access to Piped Water Supply

More than three-fourth(82.5%)
of urban poor households do not
have access to piped water
supply



Source: Re-analysis of NFHS-3(2005-06) by
Wealth Index;UHRC,2008

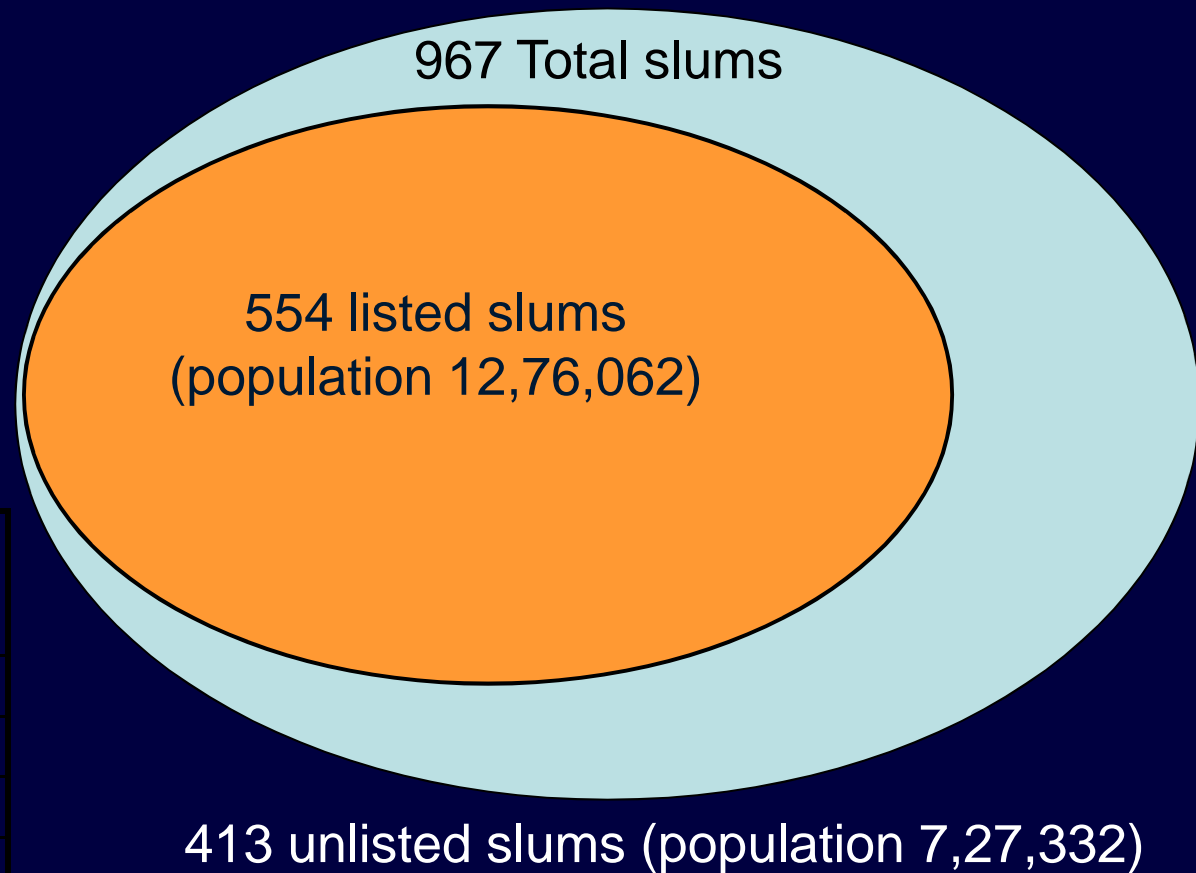
Housing and Physical Infrastructure affects Health, Disease

- Tuberculosis prevalence among people living in houses with >5 persons/sleeping-room is twice as high as those living in houses with <4 persons/sleeping-room (423 vs 268 per 100,000).
- Tuberculosis prevalence among people living in houses without separate cooking space was 2.2 times higher than those living in houses with separate cooking space (494 vs 223 per 100,000).
- Water collection in slums, homes leading to increased incidence of dengue, chikungunya

Housing and Physical Infrastructure affects Nutrition Status

- Chronic child (0-59 mths) under-nutrition (height for age $<-2SD$), in households with >5 persons per sleeping-room is 1.4 times higher than households with <4 persons/sleeping-room in Urban India
- Chronic child (0-59 mths) under-nutrition (height for age $<-2SD$), in households without separate cooking space is twice as high than households with a separate cooking space
- Child (0-59 mths) chronic under-nutrition (height for age $<-2SD$), in households without improved toilet is 1.5 times higher than households having improved toilet

A significant proportion of slums are unlisted



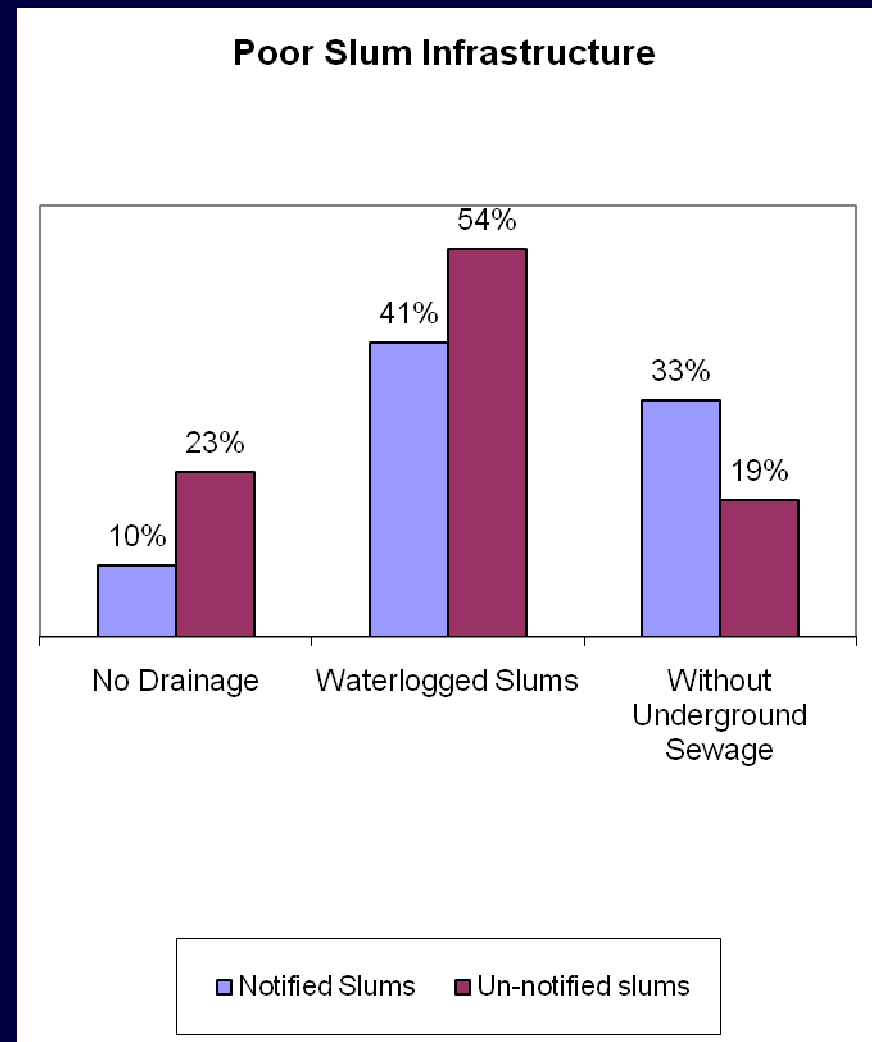
City	No. of Listed Slums	No. of Un-Listed Slums
Agra	215	178
Dehradun	78	28
Bally	75	45
Jamshedpur	84	77
Meerut	102	85
Total	554	413
Total population	1276062	727332

According to Govt. of India -NSSO 65th Round (2008-09) 49 % slums are non-notified in India

MDG-7: Non-notified Slums Far Worse

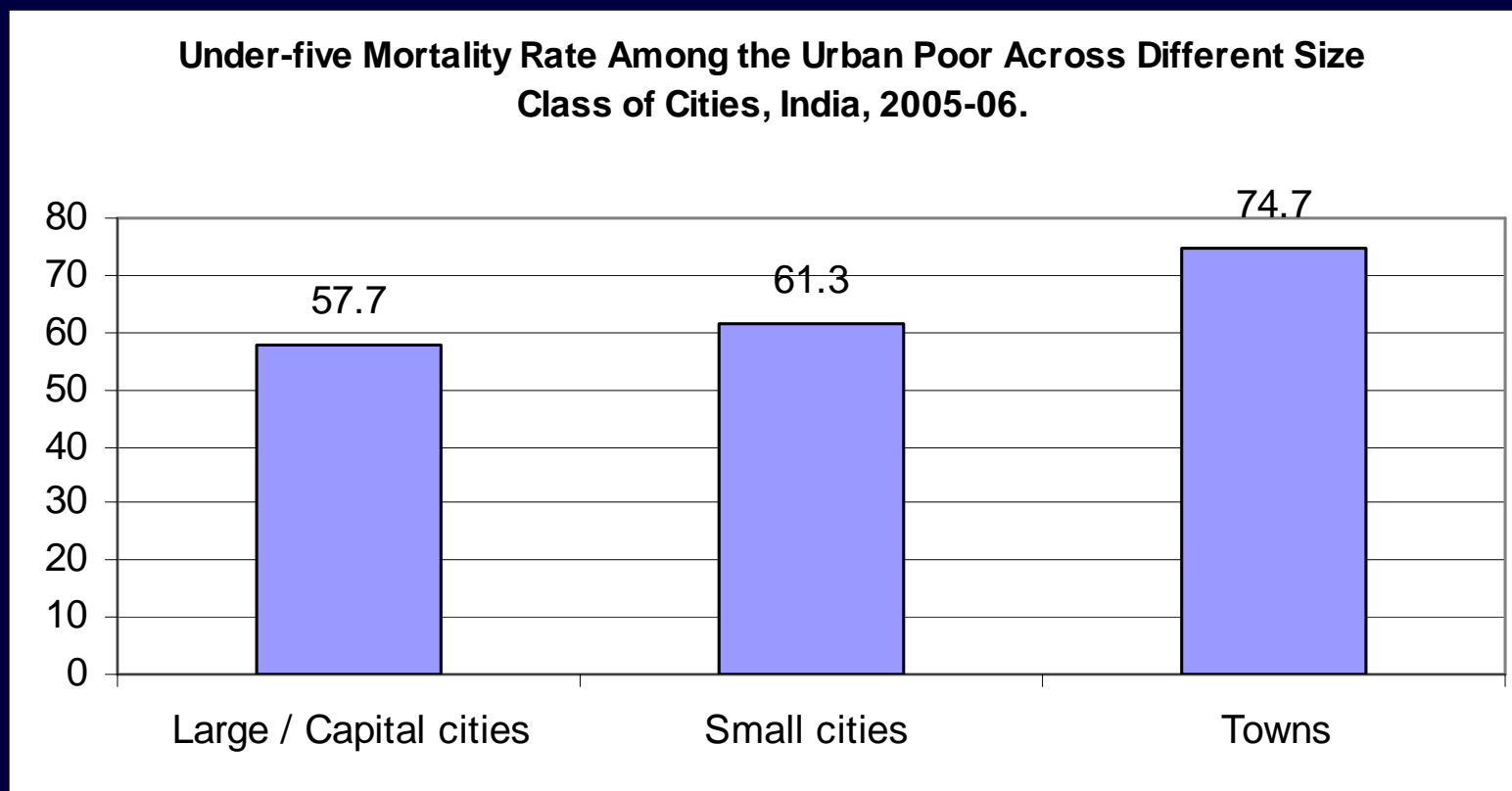
- *Poor environmental sanitation in slums results in high infant malnutrition in slums¹*
- In 64% notified slums, majority of the dwellings are made of solid/permanent material while in non-notified slums this is 50%.

1. Favin M, Yacoob M, Bendahmane D. Behavior First: A Minimum Package of Environmental Health Behaviors to Improve Child Health, Applied Study No. 10, Arlington VA: Environment Health Project; 1999.



Smaller Cities and Towns more vulnerable

U5 MR among Urban Poor Across Different City Sizes

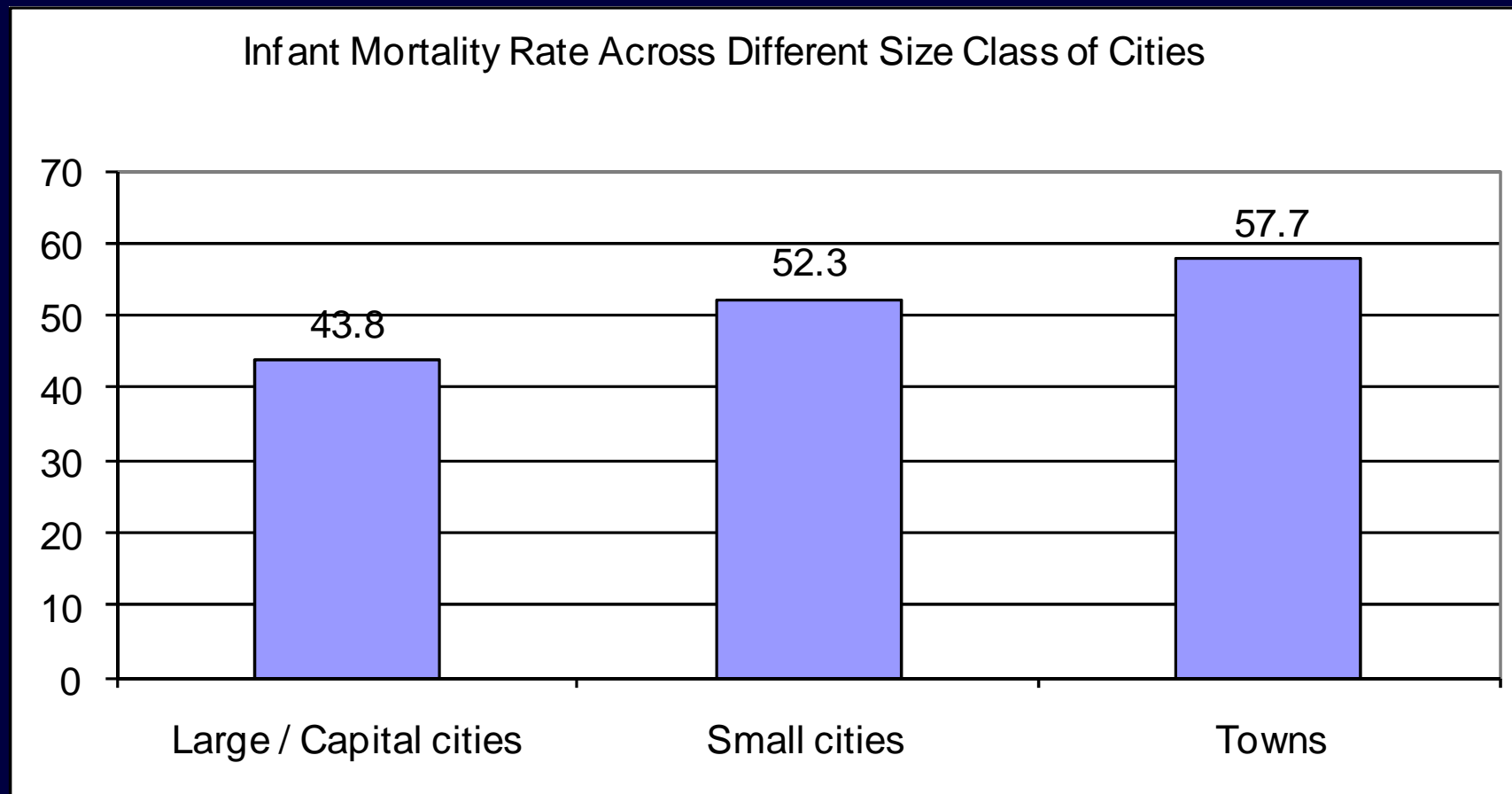


Source : UHRC's analysis of National Family Health Survey, 2005-06

Large city - more than 1 million; Small City – 100,000 to 1 million; Town - less than 100,000

The category of large city / capital city includes all capital cities of Indian States

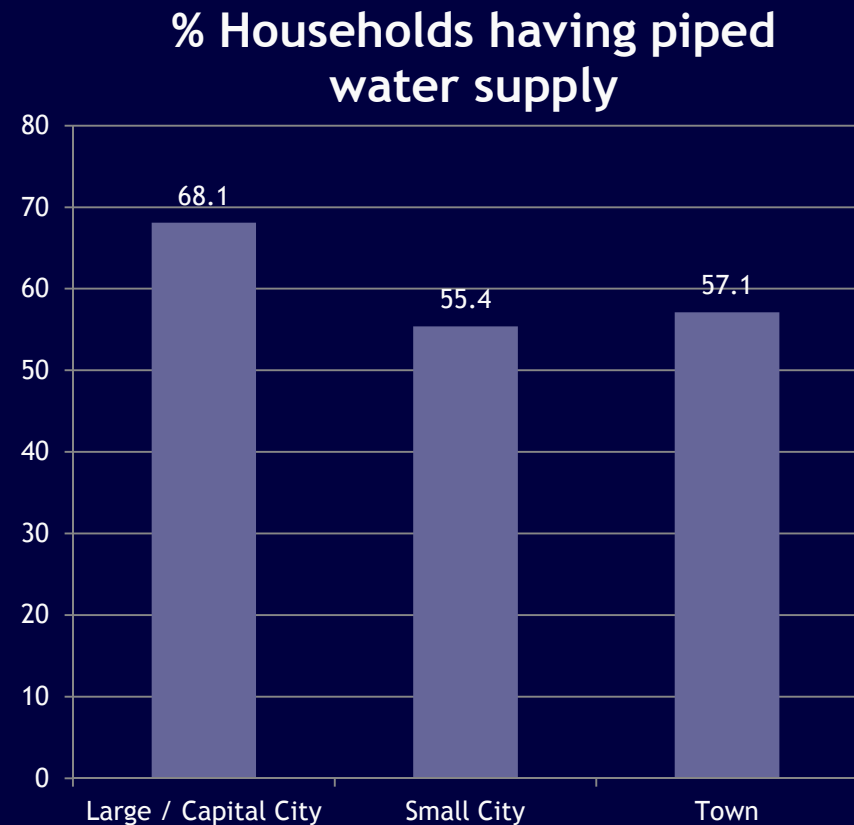
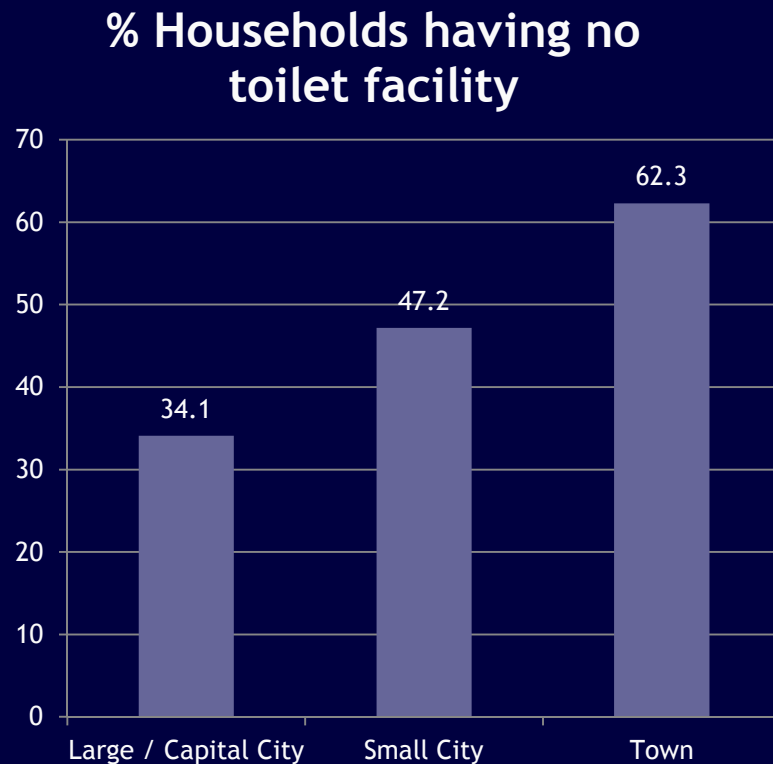
Smaller Cities and Towns more vulnerable IMR among Urban Poor Across Different City Sizes



Source : UHRC's analysis of National Family Health Survey, 2005-06

Smaller Cities and Towns more vulnerable

MDG-7: Differential Access of Urban Poor to Water and Sanitation Across Different City Sizes



Large city - more than 1 million; Small City – 100,000 to 1 million; Town - less than 100,000

The category of large city / capital city includes all capital cities of Indian States

Source : UHRC's analysis of National Family Health Survey, 2005-06

Multidimensional issues that
affect sustainable urban
development

Multi-factorial Vulnerability in Slums¹

Factors	Situation Affecting Vulnerability in Slums
Housing	Permanent, less permanent, not permanent material, separate cooking space, ventilation, overcrowding
Services	Water supply, Toilet, drainage, Electricity
Land status, location	Secure or insecure land tenure, location on Municipal/Govt. land, or private land, hazardous location, low-lying areas
Access and use of public health services	Lack of access to primary health and Hospital services, poor quality of health services, nutrition, food security services
Hidden / Unlisted Slums	Many slums are not notified in official records and remain outside the purview of civic and health services
Past Infrastructure intervention in the slums	If an infrastructure project has been implemented reasonably well, some slums have better roads, community halls, other infrastructure
Alcohol, gambling joints, gender inequity	These affect the extent of depletion from alcohol, domestic violence, gender inequity, uncomfortable social environment
Negotiating Capacity	Lack of organized community collective efforts in slums and absence of active, aware individuals who can be the voice of the community.

¹Taneja S and Agarwal S. 2005, All Slums are Not Equal, Indian Pediatrics

Social Determinants of Urban Health and Well-Being

Feasible Indicators & definitions to compare neighbourhoods

Social Determinants of Health	Domain 1: Housing & Physical Environment	Domain 2: Social and Human Development	Domain 3: Poverty & Economics	Domain 4: Governance
	<ol style="list-style-type: none"> 1. Sanitation facility (At home/community toilet) 2. Water facility (At home/community) 3. Road Condition 4. Drain Condition 5. Garbage collected regularly 6. Solid waste disposal 7. Use of coal/wood as cooking fuel 8. HH Electricity Connection 	<ol style="list-style-type: none"> 1. Coverage of outreach health services 2. Number of hospital deliveries 3. Coverage by AWC 4. No. of Families with food subsidy cards (Ration Cards) 5. Children completing primary education 6. Tobacco consumption (smoking and chewing) 7. Alcohol consumption 8. Gambling 9. Access to ration Shop 10. Tuberculosis 11. Domestic Violence 12. Pregnancy < 18 years 	<ol style="list-style-type: none"> 1. Regularity in getting livelihood 2. Access to fair credit 3. Working women (at home/outside) to support family income 4. Secure Tenure 5. Families having ID 6. Type of Roof/wall of House 	<ol style="list-style-type: none"> 1. Active community group in slum 2. Slum map available with Community group 3. Community group supports government machinery in improving access to schemes/services 4. Community group have submitted collective application to civic authorities in past year 5. Community group participated and discussed problem in Jan Sunvai (Public Hearing) 6. Community group succeed in improving household service/entitlement

Indian adaptation of WHO's Urban Health Equity and Response Tool by UHRC

Inter-play of Different Sectors and Actors



Differential Housing Situation



Environmental Scenes of an Urbanizing World

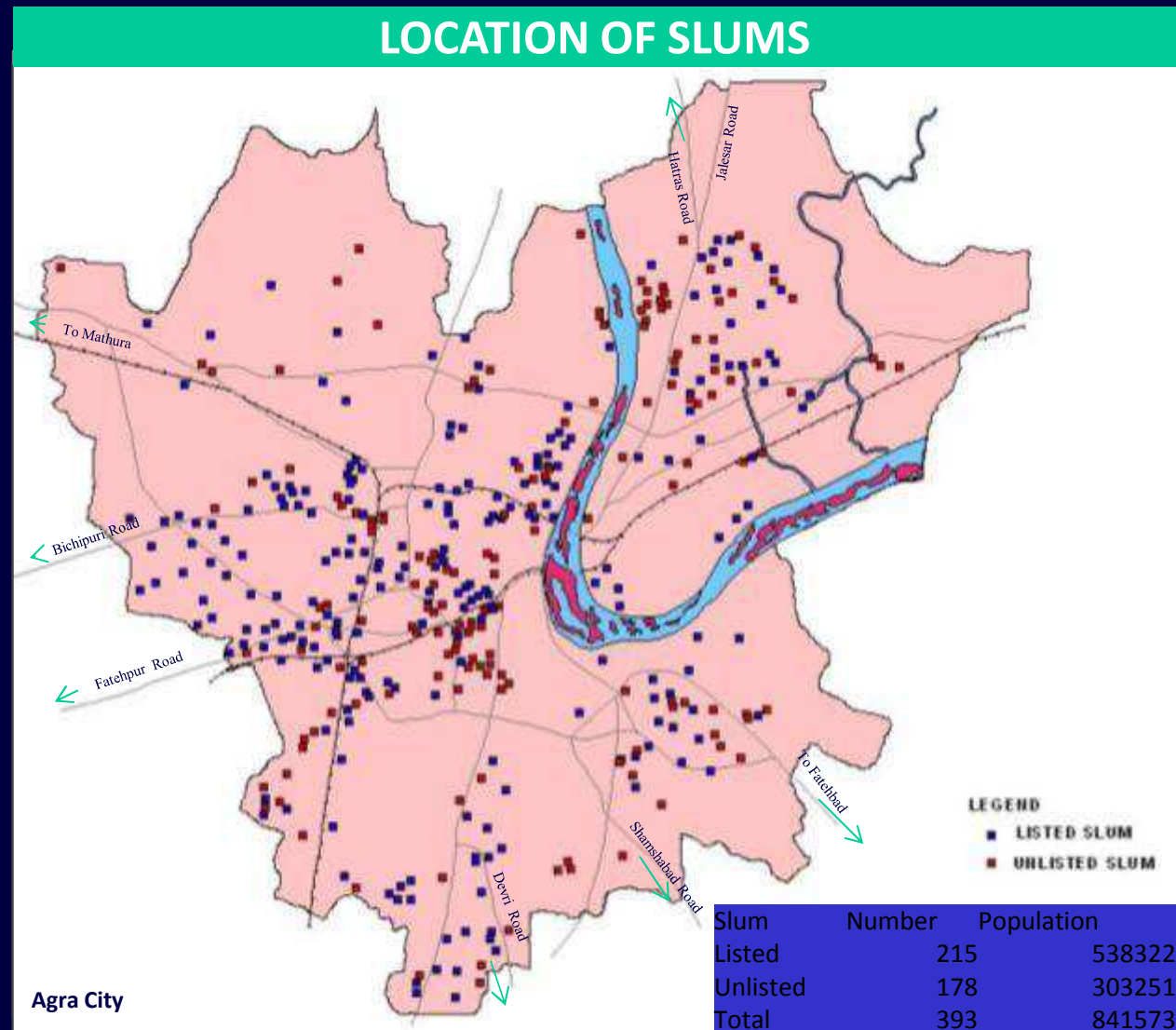


Part II

- What Approaches have worked and Helped learn practical lessons and the 'How to do':
 - # 1: Spatial mapping as an effective approach
 - # 2: Demand side focus: Slum-Community/Women's Groups [Mahila Arogya Samiti in NUHM]
 - # 3: Collective Social Needs Savings & Loans [Community Risk Pooling in NUHM]
 - # 4: Gentle Negotiation: Under-served communities address determinants of urban health across sectors, through community applications for services
 - # 5 Community's Own Efforts when authorities do not respond
 - # 6 Facilitating Access to Picture ID, Proof of Address and social benefits
 - # 7 Facilitating Access to Food subsidy cards
 - # 8 Multi-dimensional Efforts to Improve Health, Nutrition, Environment, Related Services:
 - Through Coordination & Linkage Building - towards addressing social determinants of health
 - # 9: Public-Private/NGO Partnership approaches
 - # 10: Using Telecommunication, available services, options
- Policy Frameworks developed, resources allocated: Need to translate words into action

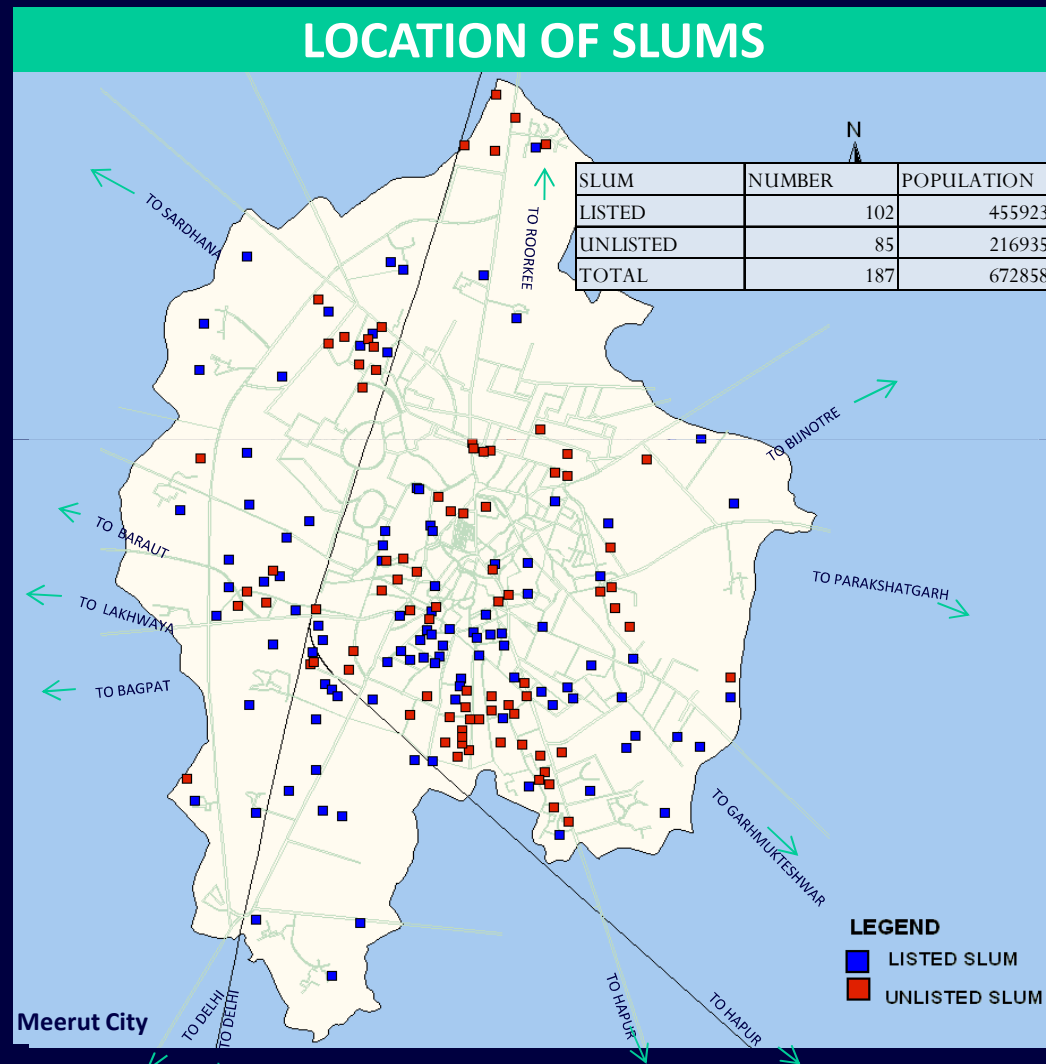
Approach 1 (a): Spatial City Mapping

Mapping helps inclusion of unlisted slums/ clusters



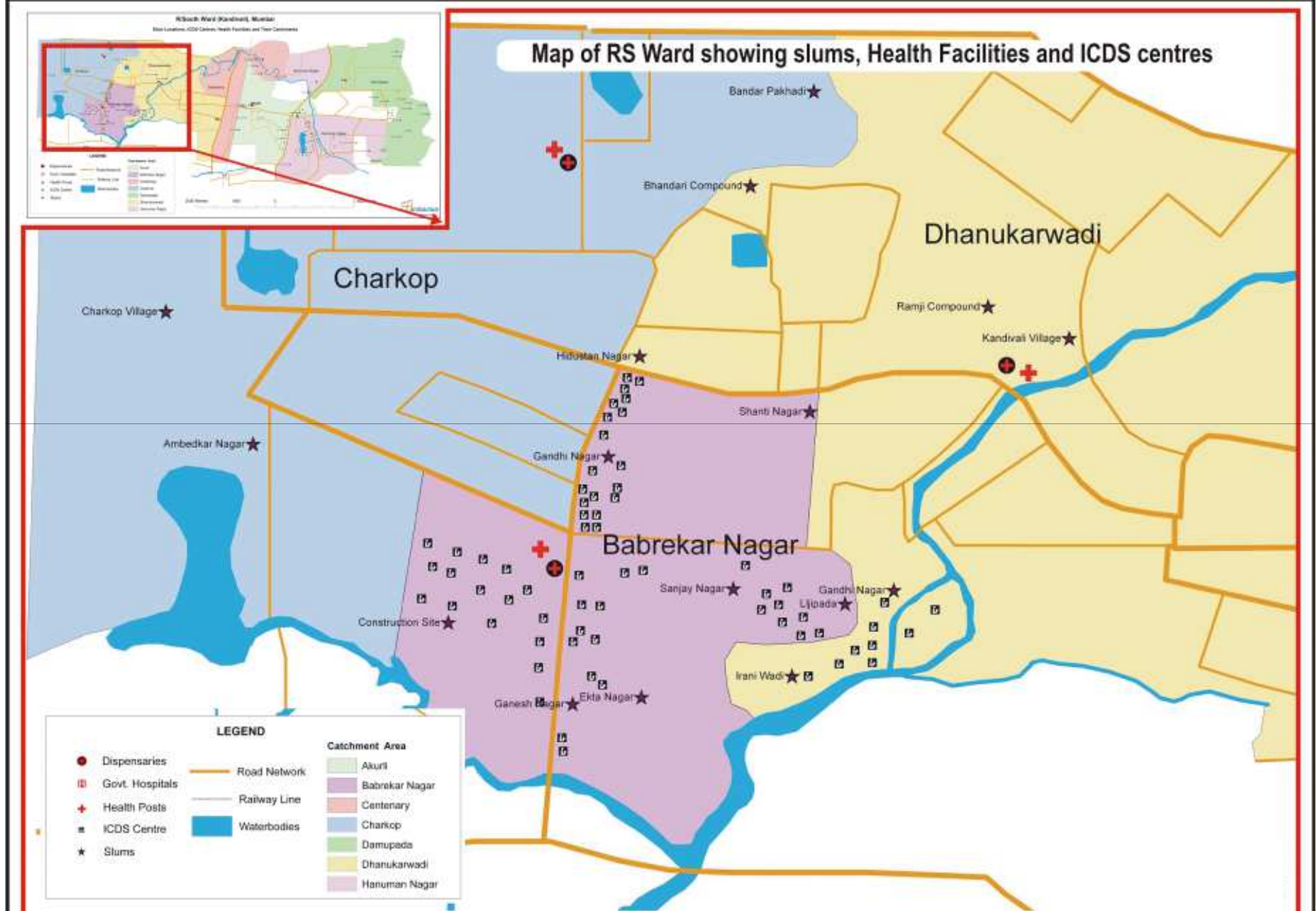
Mapping Helps Inclusion of Unlisted Slums/Clusters

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Spatial city mapping of vulnerable clusters integral strategy of NUHM

Spatial Mapping: Mumbai Example



Spatial Mapping helps in Locating Hidden Slums

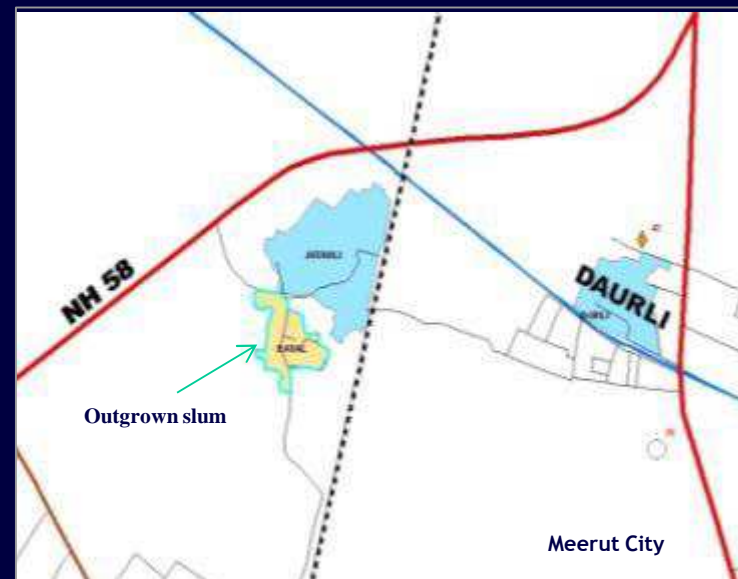
Why some slum pockets are hidden in city ?

- Problem related to nomenclature
 - Do not have any name e.g. Slum behind the Milap Hall, Rangoli Mandap etc.
 - Known by occupations e.g. *Halwai ki gali*, *Panwali gali*, *Mazdooro ka ahata* etc.
 - Known by many local names, similar names e.g. *Ambedkar Nagar*, *Valmiki colony*
- Outgrown slum pocket near a big slum e.g. Dantal, Dahar etc.
- Dwellers hide their identity: e.g. those who have suffered; Bangladeshi migrants
- Settlements in brick kilns; lime-kilns

Map depicting location of slum pockets within the complex city morphology



Map depicting outgrown slum pocket

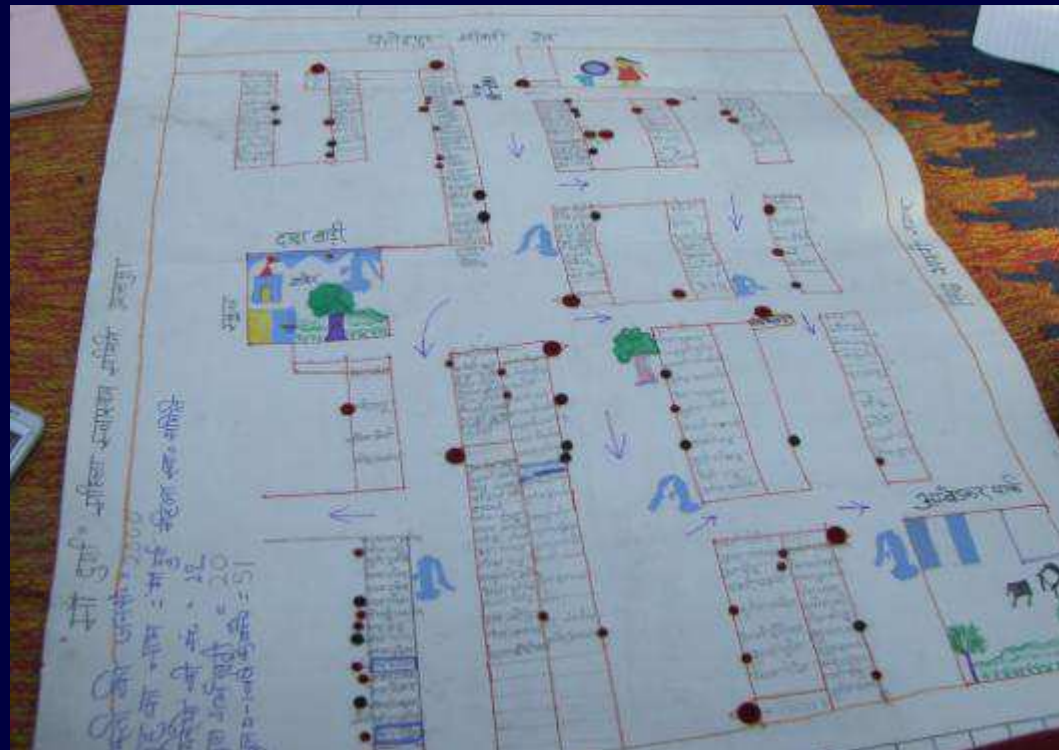


Approach:1 (b)

Demonstrate uses of Neighborhood Mapping

Community groups in slums prepare maps to

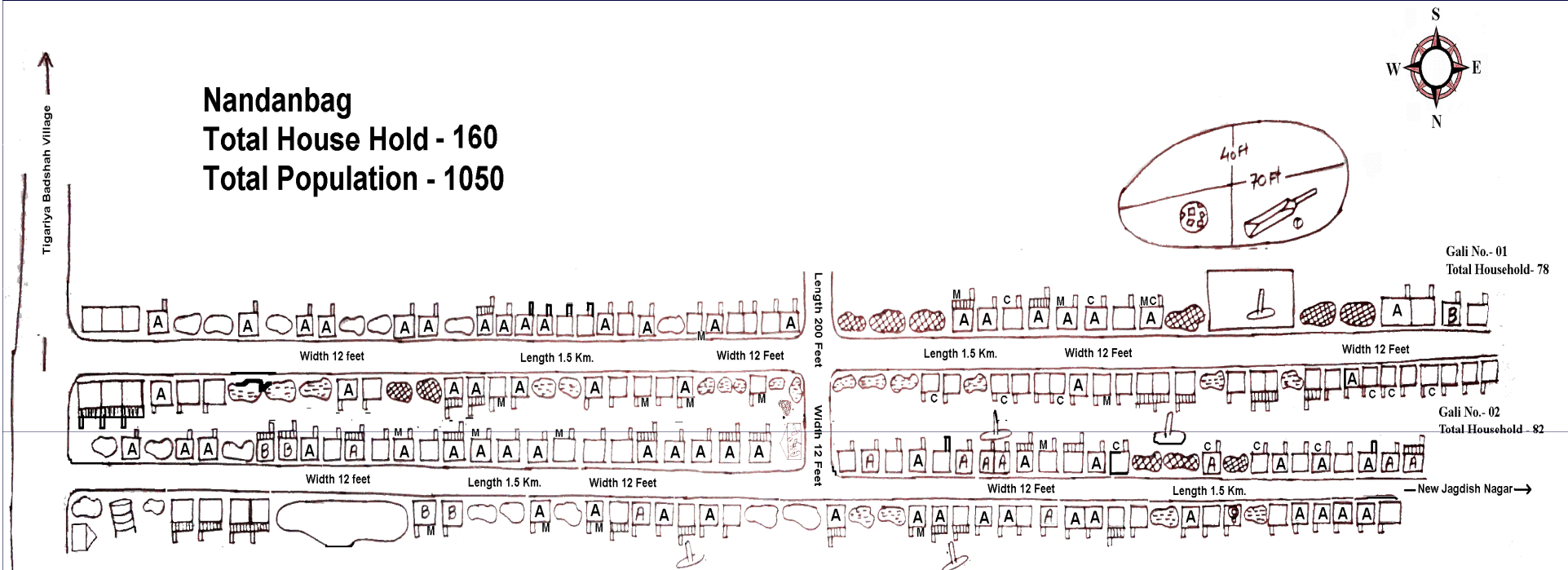
- a) Ensure that no family is left out from lists used for housing, food subsidy, other entitlements;
- b) Track access to health services e.g. Immunization and ANC , HIV testing,
- c) Help identifying and providing services/linkage to recent migrants

































टीला नन्दे राम-1 नया ज्ञान महिला स्वास्थ्य समिति



Map showing community & household Infrastructure



		Indicators					
Kacchi Chat(Temporary House)		Unpaved Road		Home of school going children (5y-16y)		School	
Pakdi Chat (Permanent House)		Paved Road		Household with APL ration card		Play Ground	
Temporary House with Toilet		Unpaved Drain		Household with BPL ration card		Water Tank	
permanent house with Toilet		Paved Drain		Household without ration card		Shop	
House with access to safe drinking water		Water logging area		House of women group member		Handpump	
Use of Space				House of Children group member		Boring	
Empty Plot				House with Pregnant women		Open space for Garbage dumping	
				House with 0-1 y child		Garbage bin	
				House with 0-5y mal nourished children		AWC	

Distance of major service points

Primary Health Centre- 03 km

Zonal office (Mallharganj Lal Hospital) - 06 Kr

M.Y. Hospital- 08 Km

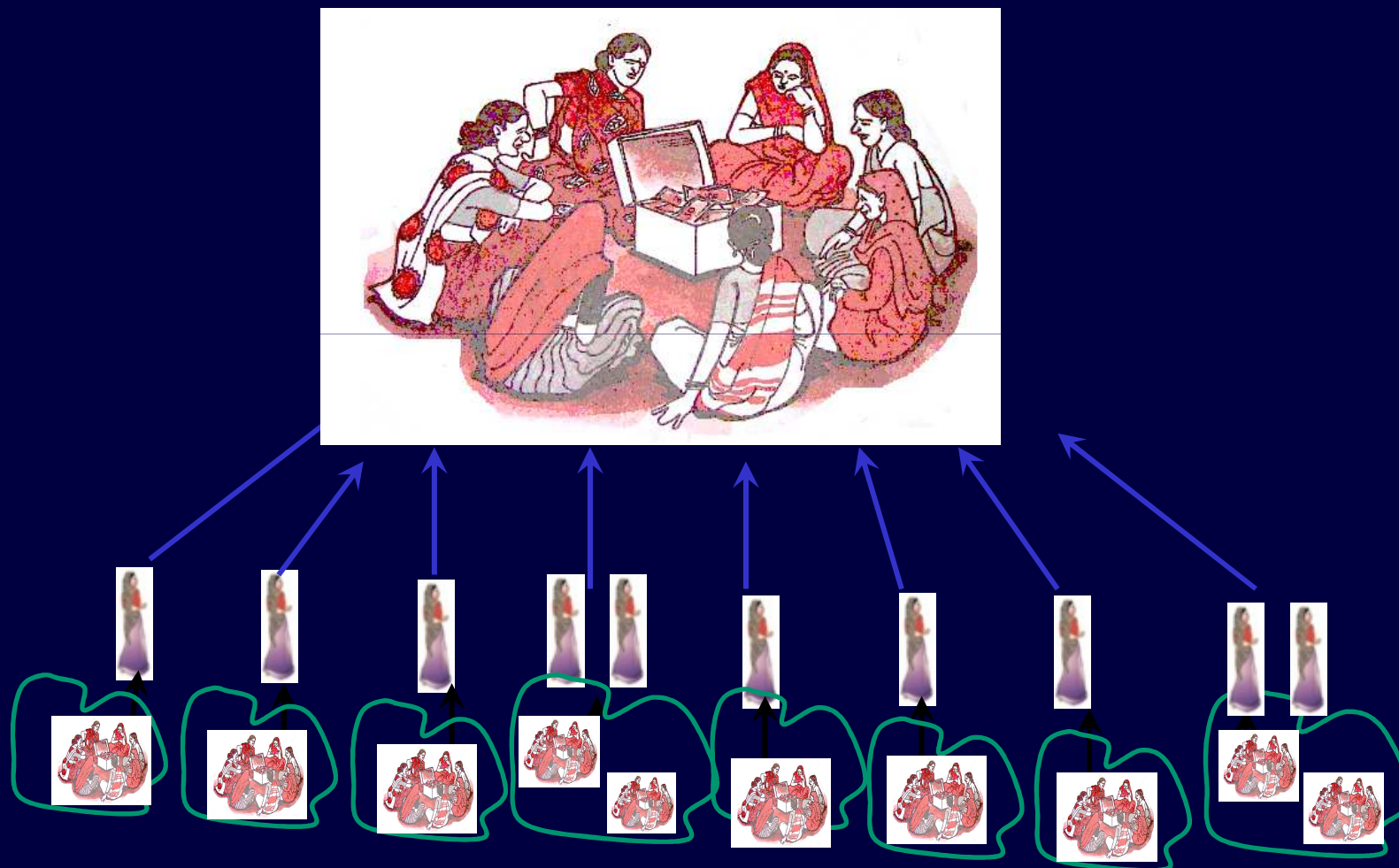
Collectorate - 06 Km

Private Hospital Arvindo - 03 Km

Approach 2: Demand side strategies:
Slum-Community/Women's Groups as agents of change

Federations of Women's Groups

Federation or Congress of slum women's groups gives stronger voice and greater negotiation power



Women's groups are Mahila Arogya Samitis mandated in NUHM

Network of slum-based community groups in Indore and Agra

1 Project coordinator
2 Field coordinators

UHRC Indore/Agra

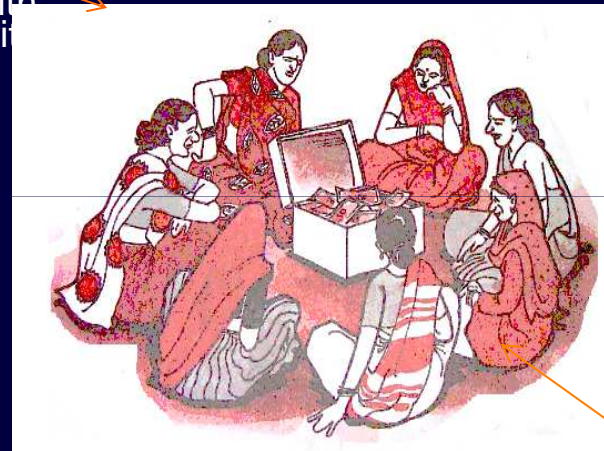
Training, Monitoring,
Supervision &
problem solving

Linkage with
Civic Authorities

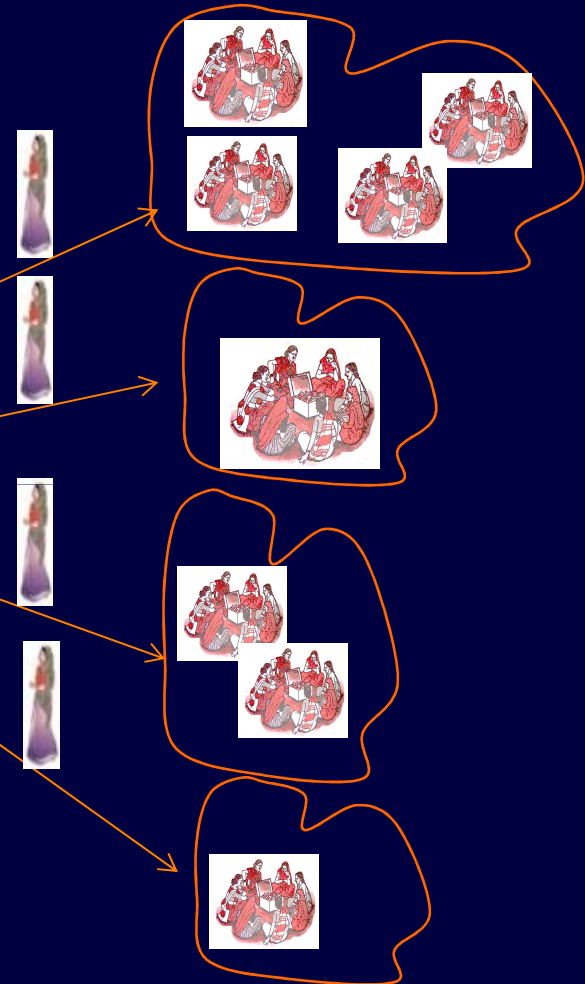
Grant to
Federation

Programme
Monitoring

UHRC Delhi



5 Federation 7-37
members (1 per
group)
(has office bearers,
bank account,
registered NGO)



- 8 to 23 women groups in a large slum cluster
- 10-14 members per group
- 30 to 70,000 slum population per federation

Approach 3: Building skills, self-reliance, confidence: Collective Social Needs Savings and Loans

(for Health and related Emergency, Child Education, Starting a small business, purchasing food grains, Marriage, getting assets back from money lenders)



This approach is a mandated in NUHM as ‘Collective
Risk Pooling’

Utilization of loans from Women's Groups

Out of 996 loans borrowed from 12 women's groups in a federation cluster in Agra:

- 205 (20%) for maternal and child health needs - MDG-3&4
- 196 (19%) for other health needs
- 127 (12%) for children's education (leading to preventing school drop-out - MDG-2
- 265 loans (26%) for livelihoods - MDG-1 and 7
- 65 (6%) loans for house improvement - MDG-7
- 87 loans (8%) for weddings/family events
- 35 loans (3%) for repaying money lender loan - MDG-7
- 16 loans for other miscellaneous purposes

Approach 4: Gentle Negotiation through Collective Petitions

Written requests to officers of Health Dept, Nutrition Dept, Environmental

सेवा में,
आवासन अभियंता, दरम मण्डल,
उ० प्र० जल विभाग, आगरा

विषय :- पीने के पानी की समस्या हेतु धनानुदान।

महोदय
उपरोक्त विषयक अनुसार नगला किसान लाल में पेयजल की पाइप लाइन पर चूकी है।
मैंने मंडल से नमूने लिए हैं कि आप पाइप लाइन को ठीक कर देंगे और चूकी को ठीक कर देंगे। हमारी समस्या को जल्द से जल्द ठीक कर देंगे।

चन्द्रवती
दिनांक 29/12/2011
संभवित नमूने 09368297056
नमूने विभाग में, आगरा

क्रम	नाम	पद	कॉन्टैक्ट	हस्ताक्षर
1.	आमली पेंडी	सचिव	95 2828 3725	पिंकी
2.	" नीरादेवी	सचिव	92 67 22 0257	नीरादेवी
3.	" धूरनदेवी	सचिव		
4.	" कनकेश	उपाध्यक्ष		कनकेश
5.	" मनीषा	सचिव		मनीषा
6.	" वृषला	सचिव		वृषला
7.	" मधुदेवी	सचिव		मधुदेवी
8.	" मुन्नी	सचिव		मुन्नी
9.	" चन्द्रवती	सचिव		चन्द्रवती
10.	" राजी	सचिव		राजी

Petition



कार्यालय सचिव प्रबंधक, जलकल विभाग नगर निगम, आगरा

संख्या:- /स०प्र०/ज०क०वि०/पाइप लाइन दिनांक 17-08-2011

सेवा में,
आवासन अभियंता,
दरम मण्डल,
उ० प्र० जल विभाग, आगरा।

विषय :- पीने के पानी की समस्या हेतु धनानुदान।

महोदय
उपरोक्त विषयक अनुसार नगला किसान लाल में पेयजल की पाइप लाइन पर चूकी है। मैंने मंडल से नमूने लिए हैं कि आप पाइप लाइन को ठीक कर देंगे और चूकी को ठीक कर देंगे। हमारी समस्या को जल्द से जल्द ठीक कर देंगे।

संलग्नक:- उपरोक्तानुसार,
सचिव प्र०
जलकल विभाग,
नगर निगम,
आगरा।

चन्द्रवती

Response of
Civic
Authority

!! ओ३म् !!

सुदर्शन गुप्ता

विधानसभा क्षेत्र क.1, इन्दौर

विधायक

सम्प्रदायिक विचार मंच



203, जवाहर मार्ग,
राजमोहल्ला चौराहा,
पेट्रोल पम्प के पास, इन्दौर
फोन : (ऑ.) 2413933, 3252763

इन्दौर दिनांक 13.04.2013

प्रति,

श्रीमान विशाल नाटकरनी जी
परियोजना अधिकारी
महिला बाल विकास विभाग
जिला इन्दौर

विषय:-आंगनवाडी केन्द्र खोलने बाबद।

उपरोक्त विषय में लेख है कि, मेरी विधानसभा क्षेत्र क.1 अन्तर्गत
वार्ड क.21 के जयराज नगर क्षेत्र में आंगनवाडी नहीं होने से क्षेत्र के
नागरिकों द्वारा आंगनवाडी केन्द्र खोलने की मांग की जा रही है।
आवेदन, पत्र के साथ संलग्न है।

अतः नियमानुसार कार्यवाही कर शीघ्र ही वार्ड क.21 के जयराज
नगर क्षेत्र में आंगनवाडी केन्द्र खोलने का कष्ट करें।
धन्यवाद।

संलग्न-आवेदन पत्र।

सुदर्शन गुप्ता
विधायक
विधानसभा क्षेत्र.क्र.01 इन्दौर

Letter in support of
petition/request by
politician

8/5/13

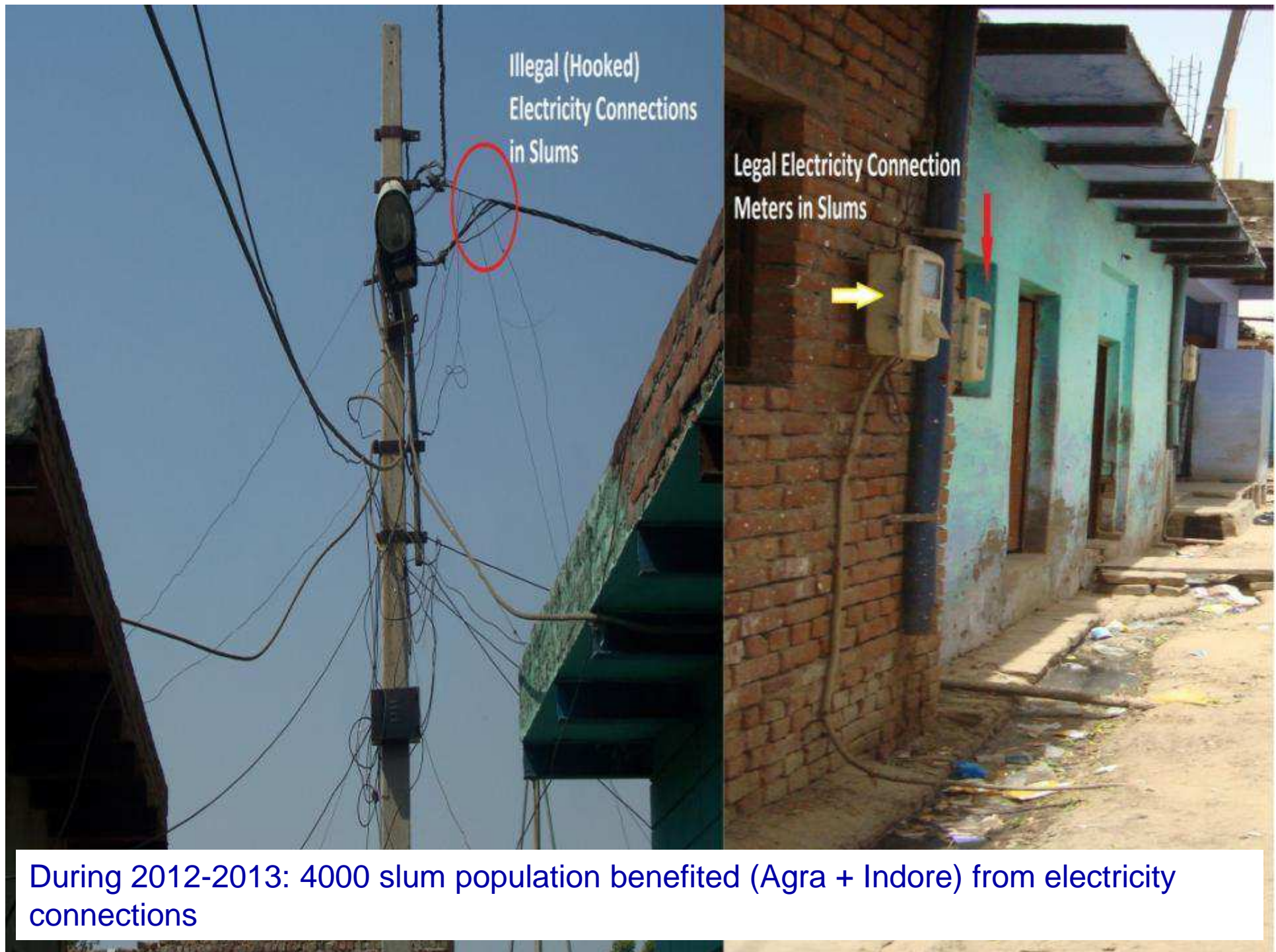
Empowered Assertive Women Take Action



Cleaner Drains



During 2012-2013: 120,000 slum population benefited (Agra + Indore) from cleaning of drains



During 2012-2013: 4000 slum population benefited (Agra + Indore) from electricity connections

Improvement of Slum Pathways, Lanes

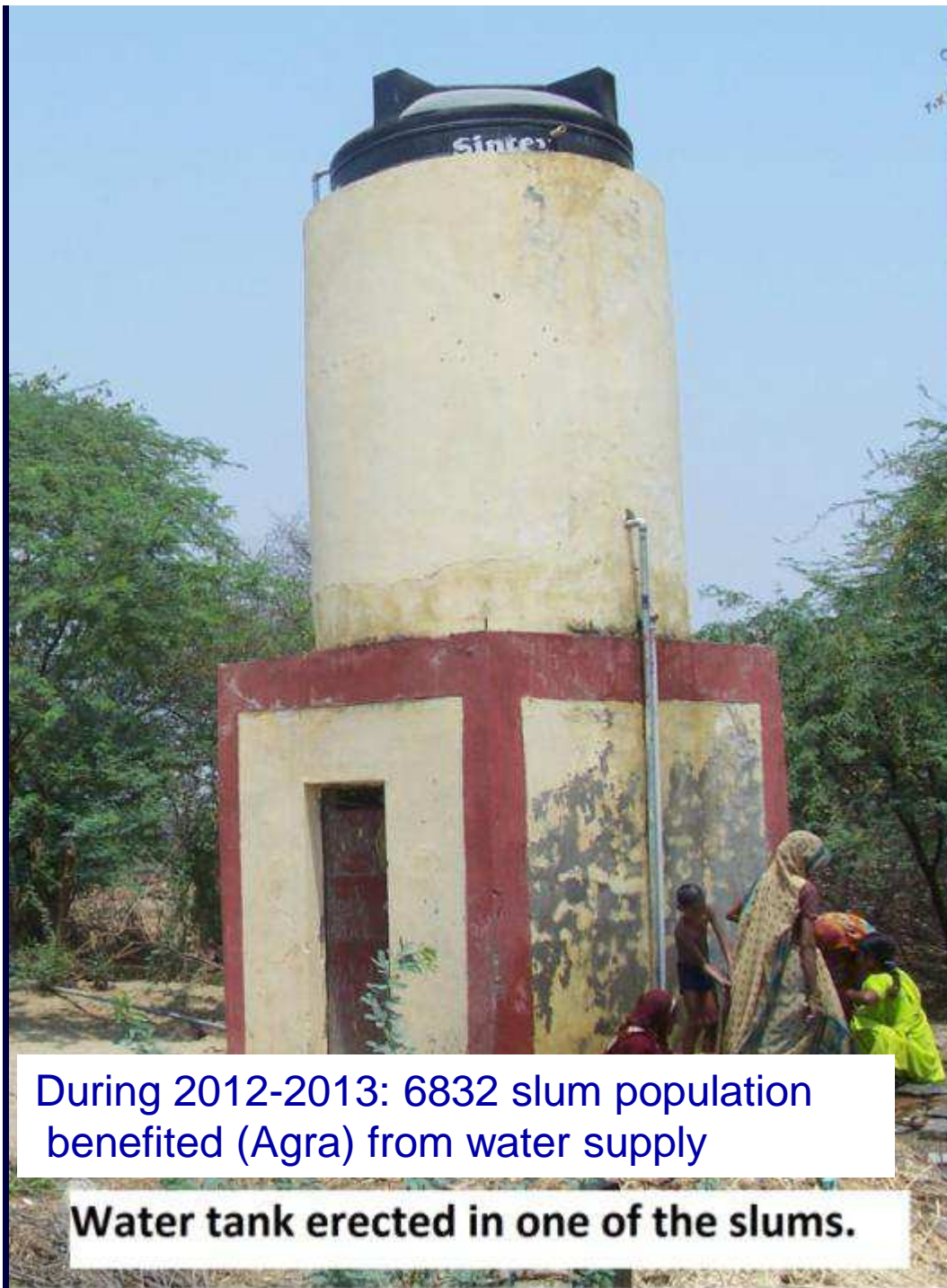


During 2012-2013: 33,800 slum population benefited (Agra + Indore) from roads paved

Unpaved Roads

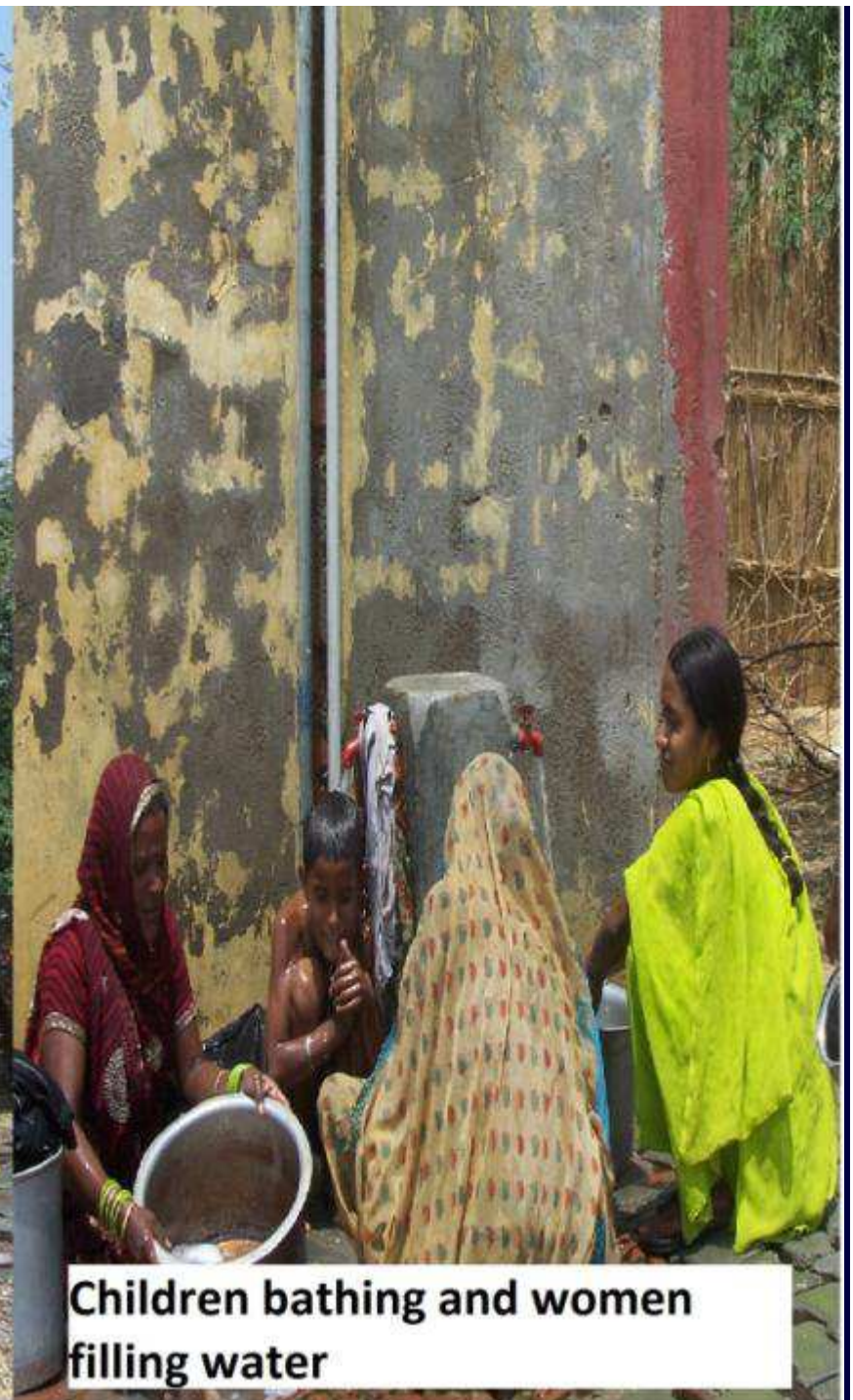
Recently Paved Roads

Smaller lane needs to be paved again

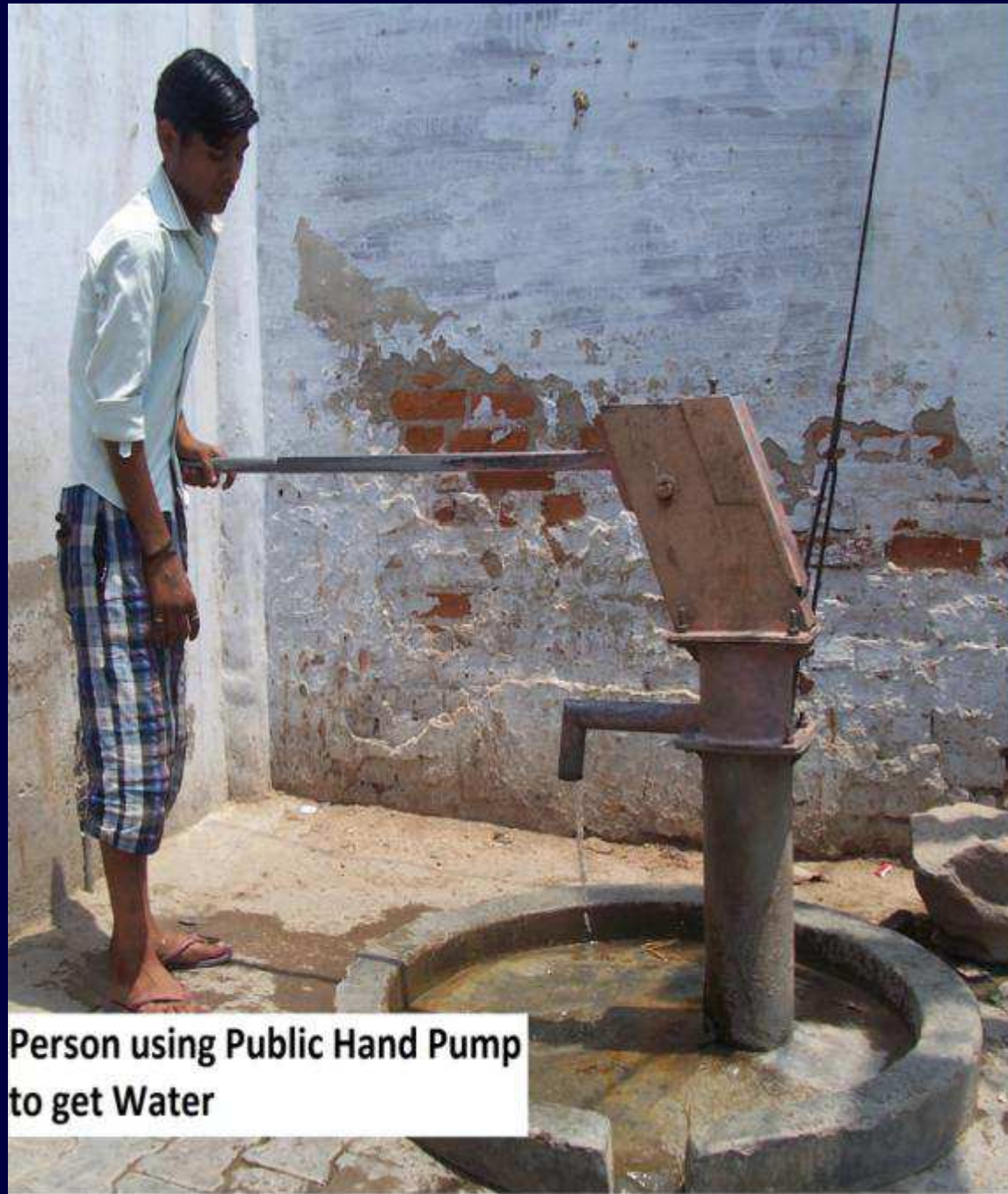


During 2012-2013: 6832 slum population benefited (Agra) from water supply

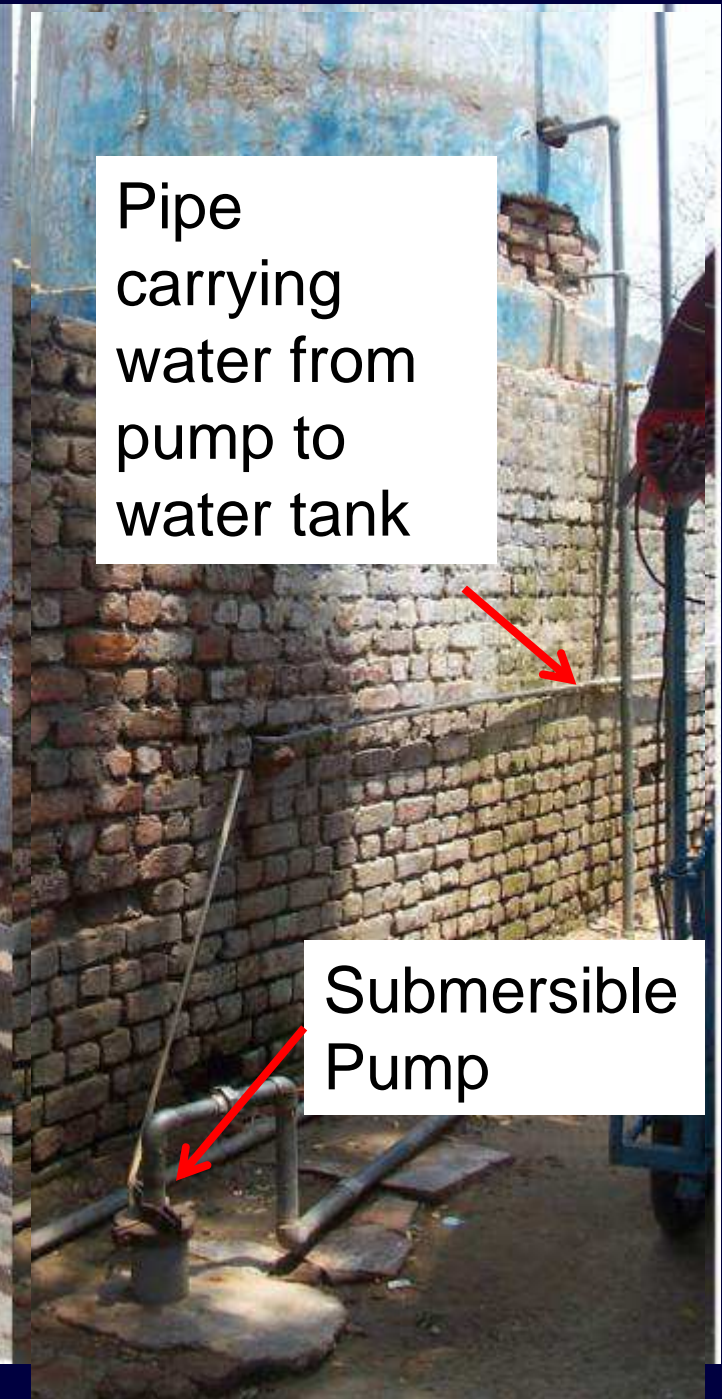
Water tank erected in one of the slums.



Children bathing and women filling water



Person using Public Hand Pump to get Water



Pipe carrying water from pump to water tank

Submersible Pump

Approach # 5 Community's Own Efforts

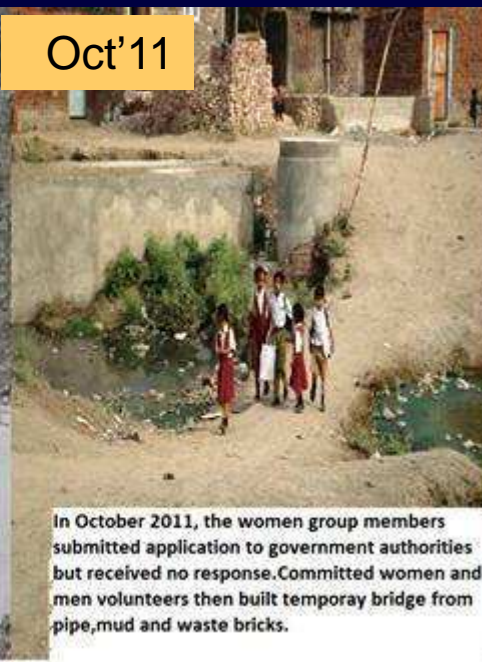
Community Contributes to build, re-build vital bridge in Banganga Area, Indore

Before
Oct'11



New Jagdish Nagar residents had to cross nullah (large drain) filled with waste water. It reduced their access to health, education, other resources and exposed them to health risks.

Oct'11



In October 2011, the women group members submitted application to government authorities but received no response. Committed women and men volunteers then built temporary bridge from pipe, mud and waste bricks.

Aug'11



Temporary bridge was washed off in August 2011 due to heavy rains. Women's groups continued follow up with civic authorities

Oct'12



In October 2012, Bridge was again constructed by the efforts of the women's groups.

Elevating House Plinth to prevent rain-water entering house



Rain water enters house



Rain water does not enter elevated house

Approach # 6

Perseverant Efforts to enable
Picture ID, Proof of Address,
Certificate of Birth Date

Women showing their UID-Aadhaar Cards

Picture ID and Proof of Address



During Apr 12 - Mar 13: 2000 persons applied for UID Aadhaar cards, 1200 received UID cards.



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

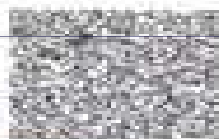
संशोधन क्रम / Enrollment No: 120750755507408

To,
श्रीमती बेन
Prachi Benger
S/O Prakash Kumar
1258075 HANMUMBAI NIGAM
CHHATTA
Tahuna Bridge Area
Uttar Pradesh 282004

Ref: 78/7020 / 177902 / 177902 / P



UD120750755507408



आपका आधार क्रमांक / Your Aadhaar No. :

9947 3919 0461

आधार — आम आदमी का अधिकार



भारत सरकार

GOVERNMENT OF INDIA



श्रीमती बेन
Prachi Benger
जन्म वर्ष / Year of Birth : 2008
पुरुष / Male

9947 3919 0461

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

संशोधन क्रम / Enrollment No: 12075052317404

To,
श्रीमती बेन
Anil Bhatia
S/O David Handan
1258075 HANMUMBAI NIGAM
AGRA
Agra Area
Uttar Pradesh 282004
9018880535

Ref: 80/7078 / 128702 / 177902 / P



UD12075052317404



आपका आधार क्रमांक / Your Aadhaar No. :

7869 7565 3119

आधार — आम आदमी का अधिकार



भारत सरकार

GOVERNMENT OF INDIA



श्रीमती बेन
Anil Bhatia
जन्म वर्ष / Year of Birth : 2001
पुरुष / Male

7869 7565 3119

आधार — आम आदमी का अधिकार

7 yr old
child



भारत सरकार
GOVERNMENT OF INDIA



आरती
Aarti

जन्म वर्ष / Year of Birth : 1982
महिला / Female



2811 1645 0149

आधार — आम आदमी का अधिकार

Voter ID Card

Another Picture ID and Proof of Address

The image displays four documents related to the Voter ID Card process, arranged in a 2x2 grid. The top row shows the front of two Voter ID Cards, and the bottom row shows the corresponding address proof forms for the same individuals.

Top Left: Voter ID Card (ID Number: ZSY1320084)

भारत निर्वाचन आयोग
पहचान पत्र
ELECTION COMMISSION OF INDIA
IDENTITY CARD

निर्वाचक का नाम : रीखा देवी
Electors Name : RIKHA DEVI
पिता का नाम : अमर चन्द्र
Father's Name : AMAR CHANDRA
लिंग / Sex : महिला / Female
आधार/ID : XXXX/1991

Top Right: Voter ID Card (ID Number: ZSY1321284)

भारत निर्वाचन आयोग
पहचान पत्र
ELECTION COMMISSION OF INDIA
IDENTITY CARD

निर्वाचक का नाम : रवि कुमार
Electors Name : RAVI KUMAR
पिता का नाम : रामचन्द्र
Father's Name : RAMCHANDRA
लिंग / Sex : पुरुष / Male
आधार/ID : XXXX/1991

Bottom Left: Address Proof Form (ID Number: ZSY1320084)

पता : रीखा देवी,
पिता अमर, बाना-बैतगावडा, तिमिला-पुर्वांचल, जिला-अमरसिंह
पिनकोड - 282006

Address:-
RIKHA DEVI,
Bodharth Nagar, Baitgauda,
Tehsil-Baitgauda, Jyoti Nagar,
Pincode-282006

Date: 13-12-2011

पदाधिकारी, निर्वाचन क्षेत्र 055 - बिहार
Registration Officer for 055 - Bihar

पदाधिकारी, निर्वाचन क्षेत्र 055 - बिहार
Registration Officer for 055 - Bihar

72085

Bottom Right: Address Proof Form (ID Number: ZSY1321284)

पता : रवि कुमार,
पिता अमर, बाना-बैतगावडा, तिमिला-पुर्वांचल, जिला-अमरसिंह
पिनकोड - 282006

Address:-
RAVI KUMAR,
Bodharth Nagar, Baitgauda,
Tehsil-Baitgauda, Jyoti Nagar,
Pincode-282006

Date: 13-12-2011

पदाधिकारी, निर्वाचन क्षेत्र 055 - बिहार
Registration Officer for 055 - Bihar

पदाधिकारी, निर्वाचन क्षेत्र 055 - बिहार
Registration Officer for 055 - Bihar

72085

During Apr 12 - Mar 13: 700 persons applied for Voter ID Cards, 452 received

Birth Certificate

[Required to applying for child education related benefits]

Shahil Cyber Cafe
C-75 Trans Yamuna Colony, Agra

Slip No.	257558	जन्म का समय	3:15 A.M
जन्म तारीख	05/04/2013	लिंग	Male
पिता का नाम	khera6	पिता का नाम	bablu
माता का नाम	payal	जन्म स्थान	moti bagh gandhi assram
सूचना दाता का नाम	murali devi	माता के निवास स्थान	moti bagh gandhi assram
		नगर का नाम	
नगर गाँव का नाम	AGRA	गाँव है या नगर	City
जिले का नाम	Agra	राज्य का नाम	UP
परिवार का धर्म	Hindu	पिता का शैक्षणिक स्तर	illiterate
माता का शैक्षणिक स्तर	illiterate	पिता का व्यवसाय	Service
माता का व्यवसाय	Housewife	विवाह के समय माता की आयु	20 वर्ष
पिता के जन्म के समय	21 वर्ष	माता के जीवित जन्म	1
माता की आयु		पिता की आयु	
		प्रसव पद्धति	Natural Birth
जन्म के समय भार	3.00 Kg	माता वस्था की अवधि (सप्ताहों में)	36

Auth. Signature
Shahil Cyber Cafe

Shahil Cyber Cafe
C-75, Trans Yamuna Colony,
Agra
Mob-9410007522

प्ररूप क्रमांक - 5
(नियम-8 देखिए)

मध्य प्रदेश शासन
(योजना, आर्थिक एवं सांख्यिकी विभाग)
आर्थिक एवं सांख्यिकी संचालनालय

जन्म प्रमाण - पत्र
(धारा 12/17 के अधीन जारी किया गया)

पुस्तक नं. **2837** अनु. नं. **1418490**

यह प्रमाणित किया जाता है कि निम्नलिखित जानकारी मूल जन्म अभिलेख से जो

(रजिस्ट्रीकरण इकाई का नाम) (स्थानीय क्षेत्र) **ग्राम संचायत भवरासना**

तहसील **अन्नेर** जिला **इन्दौर**

राज्य **म.प्र.** के रजिस्टर से ली गई है।

नाम **श्री आकाश पुष्पा** लिंग **पुरुष**

जन्म दिनांक **18-04-06** जन्म स्थान **श्री अरविन्द्रो हास्पिटल**

पिता का नाम **श्री वाकुलात पुष्पा**

माता का नाम **श्री गीत अंजना कर्मा पुष्पा**

रजिस्ट्रीकरण क्रमांक **262** रजिस्ट्रीकरण दिनांक **18-04-06**

इस संप्रमाणित जन्म प्रमाण पर आधारित जन्म मरु

शायद संचायत भवरासना

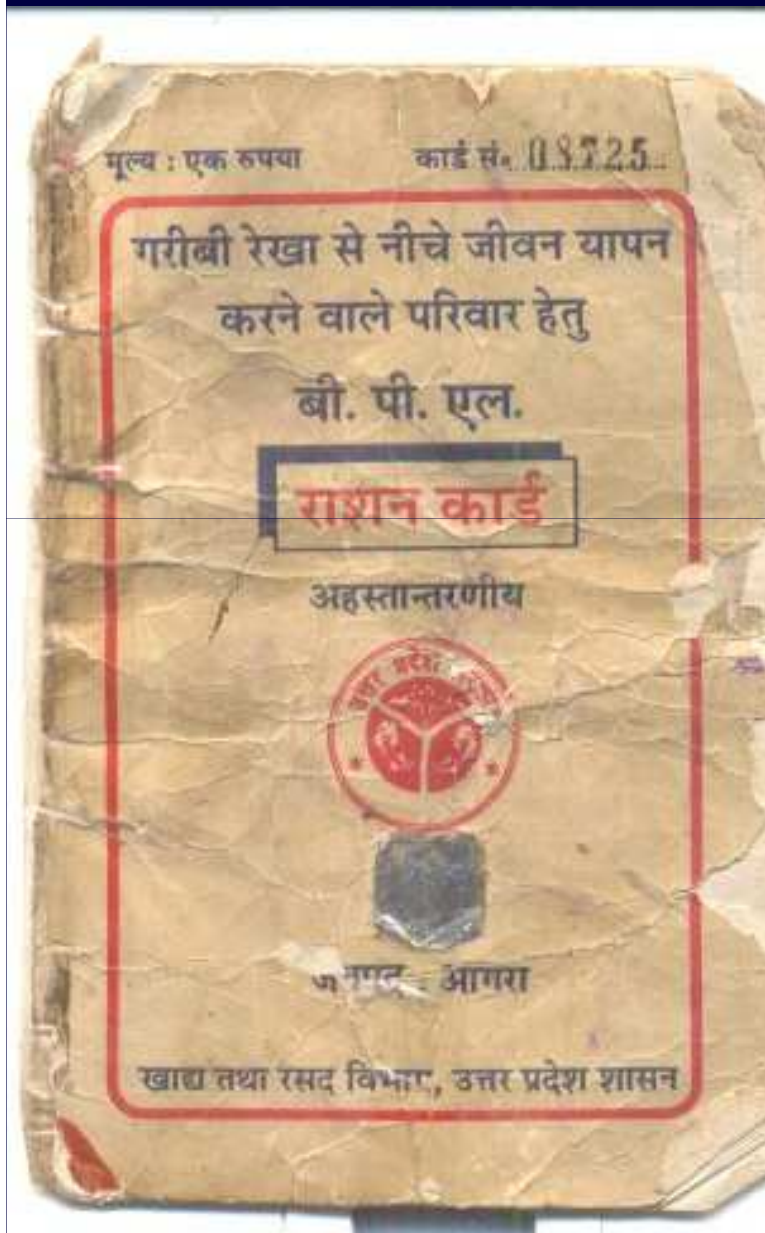
जनसंख्या विभाग, इन्दौर

जिला इन्दौर (म.प्र.)

दिनांक **262** जांचक क्रमांक **18-04-06**

Approach # 7
Efforts towards Translating
Mandate into Reality: Food
Subsidy Cards and Social
Benefit Schemes

Below Poverty Line Food Subsidy Card



5/5/12
लाभार्थी परिवार के
परिवार के

मुखिया का नाम श्री. लाल देवी
सदस्यों का विवरण

क्र.सं.	परिवार के सदस्यों के नाम	लिंग	मुखिया से सम्बन्ध	आयु
1	श्री. लाल देवी	म	पति	55
2	श्री. लाल देवी	म	पति	18
3	श्री. लाल देवी	म	पति	16
4	श्री. लाल देवी	म	पति	14
5	श्री. लाल देवी	म	पति	12
6	श्री. लाल देवी	म	पति	10
7	श्री. लाल देवी	म	पति	8
8	श्री. लाल देवी	म	पति	6
9	श्री. लाल देवी	म	पति	4
10	श्री. लाल देवी	म	पति	2
11	श्री. लाल देवी	म	पति	1

उपरोक्त विवरण में कोई त्रुटि होने से सम्बन्धित है और कोई हथकड़ी नहीं लगाई गई है।
5/5/12
हस्ताक्षर / निशान आगरा
(मुखिया के मुखिया)

Above Poverty Line Food Subsidy Card



लाभार्थी परिवार के मुखिया का नाम मंगल सिंह

परिवार के सदस्यों का विवरण

क्र.सं.	परिवार के सदस्यों के नाम	लिंग	मुखिया से सम्बन्ध	आयु	परिवार के सदस्यों का विवरण	सम्बन्ध का विवरण
					वर्ग	वर्ग
1.	मंगल सिंह	पुरुष	मुखिया	3		
2.	कल्याण देवी	महिला	पत्नी	3		
3.	मुहम्मद	पुरुष	पुत्र	2		
4.	मिर्जा	पुरुष	पुत्र	3		
5.	कुमार	पुरुष	पुत्र	6		
6.						
7.						
8.						
9.						
10.						
11.						

हस्ताक्षर / मुद्रा (परिवार के मुखिया)

हस्ताक्षर / मुद्रा (पदाधिकारी)

नाम एवं पदनाम मोहर सहित

During 2012-2013: applications of 88 families were facilitated. 51 received APL cards

[illegible]

Ladili Laxmi Yojna, Indore, M.P (Incentive for Girl Child Education)

3 -

कार्यालय परियोजना अधिकारी एकीकृत बाल-विकास परियोजना इन्दौर शहरी क-3
10/3 मुराई मण्डला छावनी इन्दौर राजकीय बाल संरक्षण आश्रम परिसर दूरगोम - 2707197

लाडली लक्ष्मी योजना के प्राप्त आवेदन की प्राप्ति रसिद

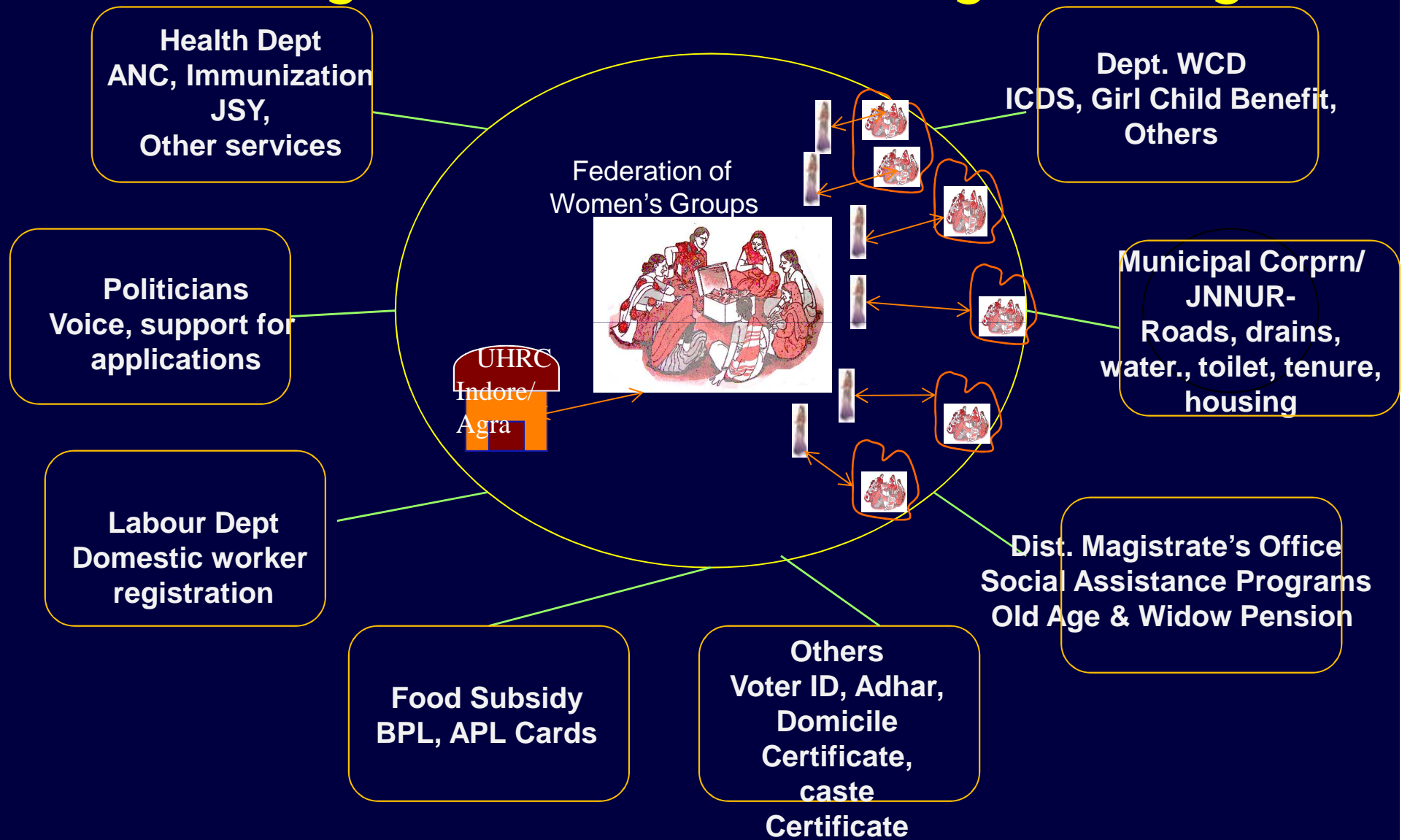
1, बालिका का नाम - आर्या शर्मा
2, माता पिता का नाम - शशिबल / धर्मेन्द्र शर्मा
3, निवास का पता - पुजारीशर्मा
4, बालिका की जन्म दिनांक - 25/12/2011
5, संलग्न दस्तावेजों की सूची - * निर्धारित प्रपत्र में आवेदन
* बालिका का जन्म प्रमाण पत्र
* मूलनिवासी प्रमाण पत्र/संलग्न
कार्ड/परिचय पत्र
* आय का प्रमाण पत्र
* टी.टी.आपडेशन प्रमाण पत्र
* बालिका का फोटो क...
व दिनांक...
* उपस्थित फंजी में दर्ज क...
अथवा सर्वे फंजी का क...

6, आवेदन प्राप्ति दिनांक... 15.6.12
7, ऑगनवाडी केन्द्र का नाम जयशर्मा वार्ड 21 विधानसभा 81

पालक के हस्ताक्षर
धर्मेन्द्र शर्मा

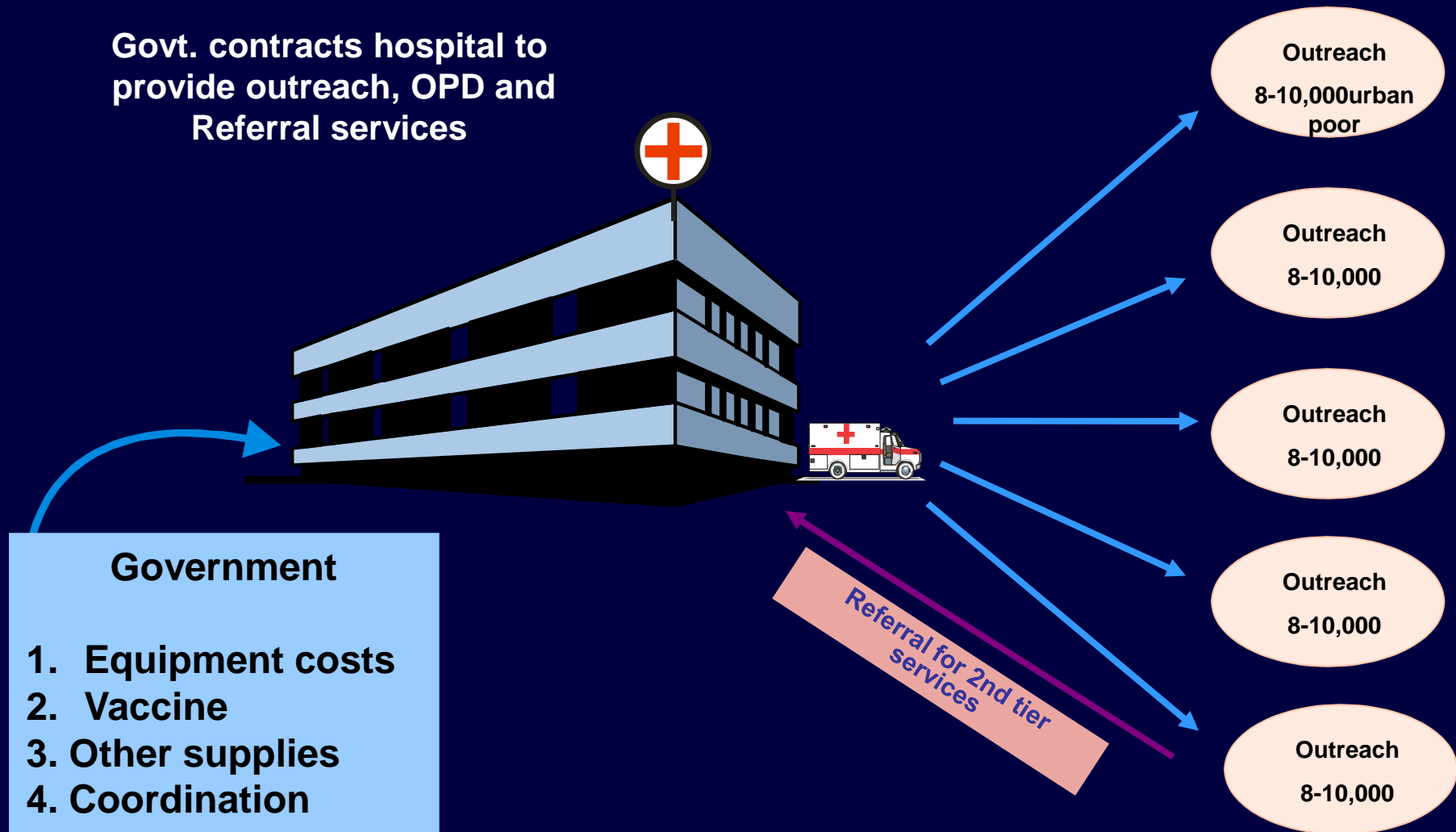
ऑ.वा. कार्यकर्ता के हस्ताक्षर
Raj

8: Multi-dimensional Efforts to Improve Health and Related Services: Through Coordination & Linkage Building



Approach 9: Public-Private Partnership Approach (a) NGOs Providing Primary and Second tier Health Services

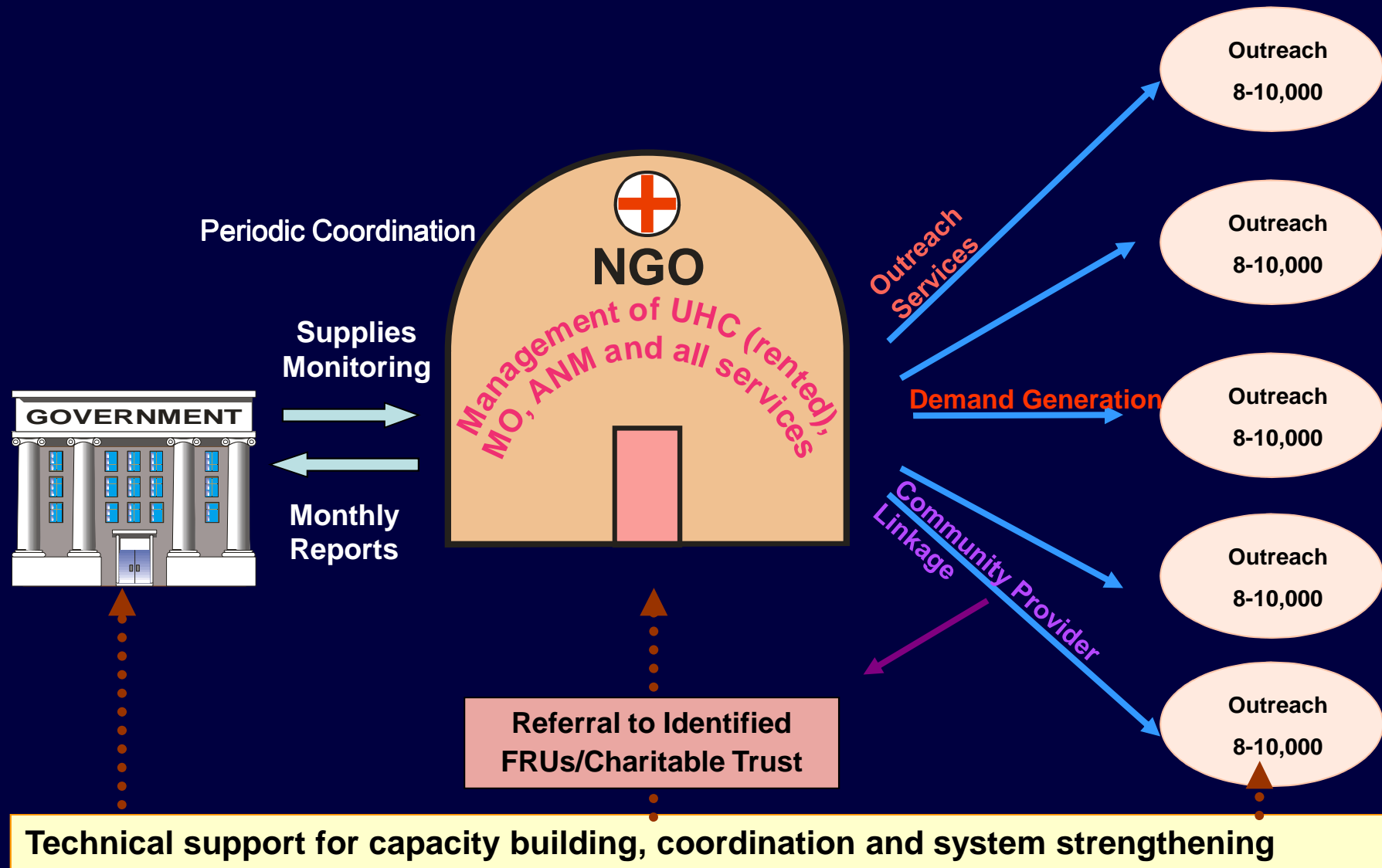
Govt. contracts hospital to provide outreach, OPD and Referral services



e.g., Govt. of Assam's partnership with Marwari Maternity Hospital (Guwahati), Govt. of Tamil Nadu's & Chennai Corporation's partnership with Voluntary Health Services

Public-Private Partnership Approach (b)

NGOs rent Private Building & provide Urban Health Centre Services

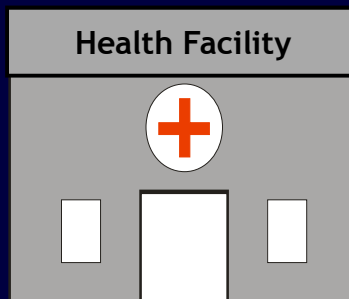
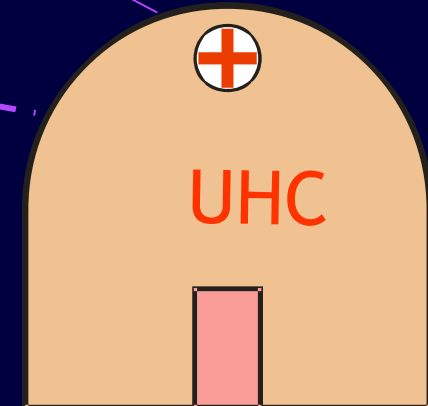


Six NGOs run 21 UHCs in 4 cities in Uttarakhand, India

10: Using Telecommunication, available services, options



Trained slum volunteers
provide preventive, health
education and referral
services for the poor

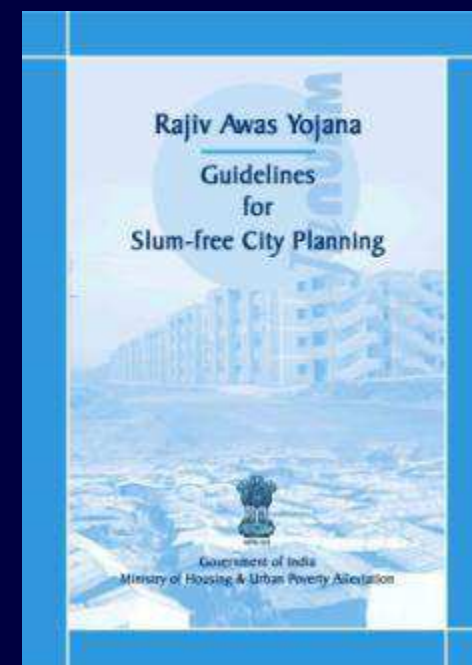
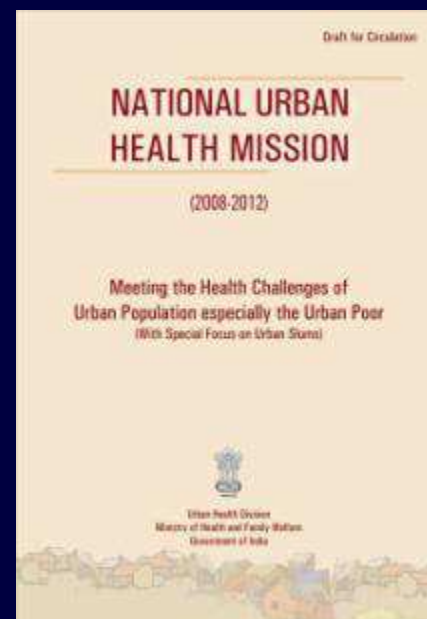
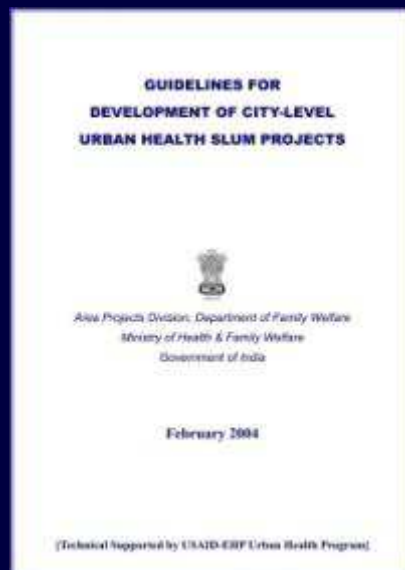


Upgraded hospitals with
Maternity care



Socially committed private doctors

Key Policy Documents Issues by the Government



Positive Policy Environment towards Urban Services and Inclusion of Urban Poor

- Circular from Health Ministry to States to prepare city maps with listed and unlisted poverty clusters, 2008
- Mandate for including unlisted poverty clusters for Govt. of India's urban poor housing initiative (Rajiv Awas Yojana, Dec. 2010)
- National Urban Health Mission included in 11th Five Yr plan and re-launched in 12th Five Yr Plan (2012) mandates inclusion of unlisted slums
- Ministry of Women and Child Development directive in March 2012 states extension of ICDS services to unlisted slums

Policy Frameworks developed, Resources Allocated

- Policy frameworks are in place, resources have been announced: 12th Five Yr Plan, NUHM, Rajiv Awas Yojana, Revamped ICDS
- Let us not forget the realities:
 - Urban poor constitute the fastest growing segment of India's population
 - Approx 2.3 million births take place among the urban poor every year in India
- Are we missing something?

Urgent need to
Translate Words
into Real Action

*Recall the face of the poorest and the weakest man/woman
whom you may have seen and ask yourself,
if the step you contemplate is going to be of any use to
her/him.*

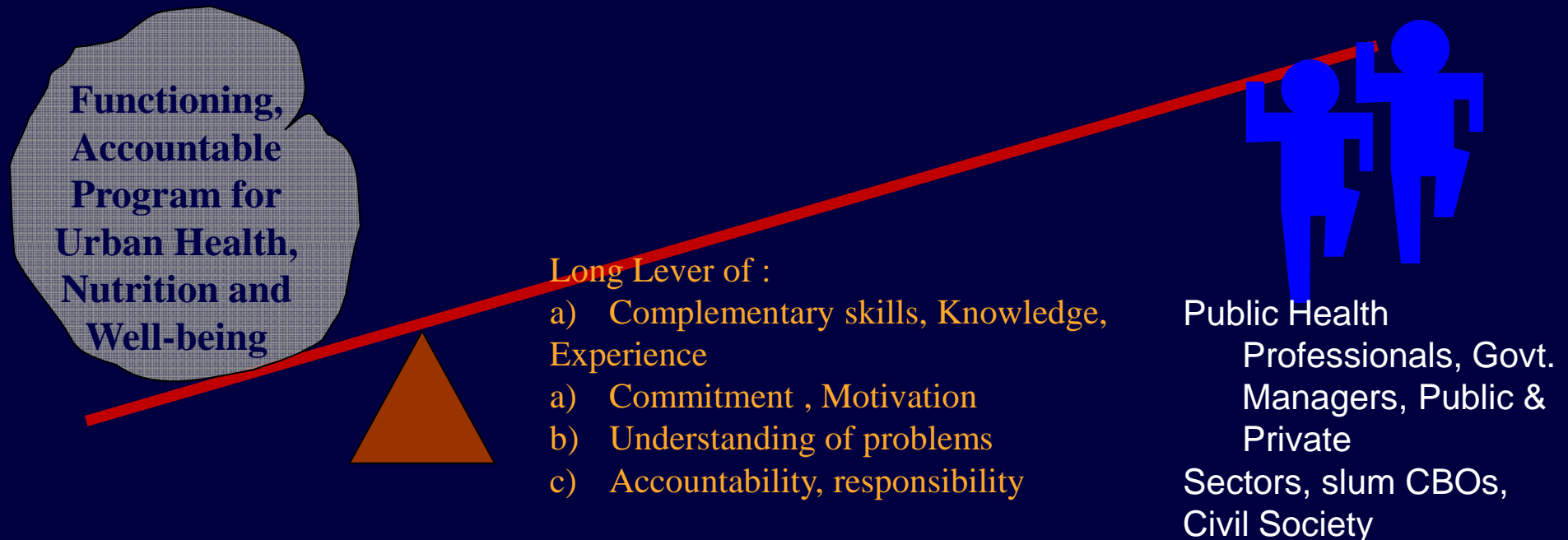
Will s/he gain anything by it?

*Will it restore him/her to a control over his/her own life and
destiny?*

*In other words,
will it lead to Swaraj (freedom) for the hungry and starving
millions?*

-- Gandhi ji, 1947

With Hope and Confidence



"A small body of determined spirits fired by an unquenchable faith in their mission, can alter the course of history"

- Mohandas Karamchand Gandhi



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