



MAPPING AND LISTING OF URBAN SLUMS TO IDENTIFY RESIDENTS IN NEED OF SERVICES



PURPOSE

To assist the Chief Medical Officers (CMO) in identifying all the slums (registered/ unregistered) and poverty clusters, and categorizing them based on their vulnerability to achieve better planning of health services including Family Planning (FP). This will enable Urban Accredited Social Health Activists (ASHAs) and ASHA facilitators/ Auxiliary Nurse Midwives (ANMs) to better understand their respective operational areas, including vulnerable groups/ communities.

AUDIENCE

1. Chief Medical Officers (CMO)
2. Nodal Officer – Urban Health & Family Planning
3. District Program Managers (DPM)
4. Urban Health Coordinators
5. ASHA Facilitators/ ANMs
6. Health Education Officers
7. Project Officer, DUDA
8. Child Development Project Officer, Urban (ICDS)
9. Nagar Swasthya Adhikari

BACKGROUND

The accessibility of health care facilities is a major concern among the slum and vulnerable population. Awareness of location of this population segment is critical for positioning the health facilities as per National Urban Health Mission (NUHM) guidelines and also for allocating resources under the Program Implementation Plan (PIP). To identify these locations, mapping and listing of poverty clusters and unregistered slums is a key exercise under the NUHM.

This mapping exercise is also critical for ASHAs and ANMs to provide services to vulnerable individuals in their coverage areas.

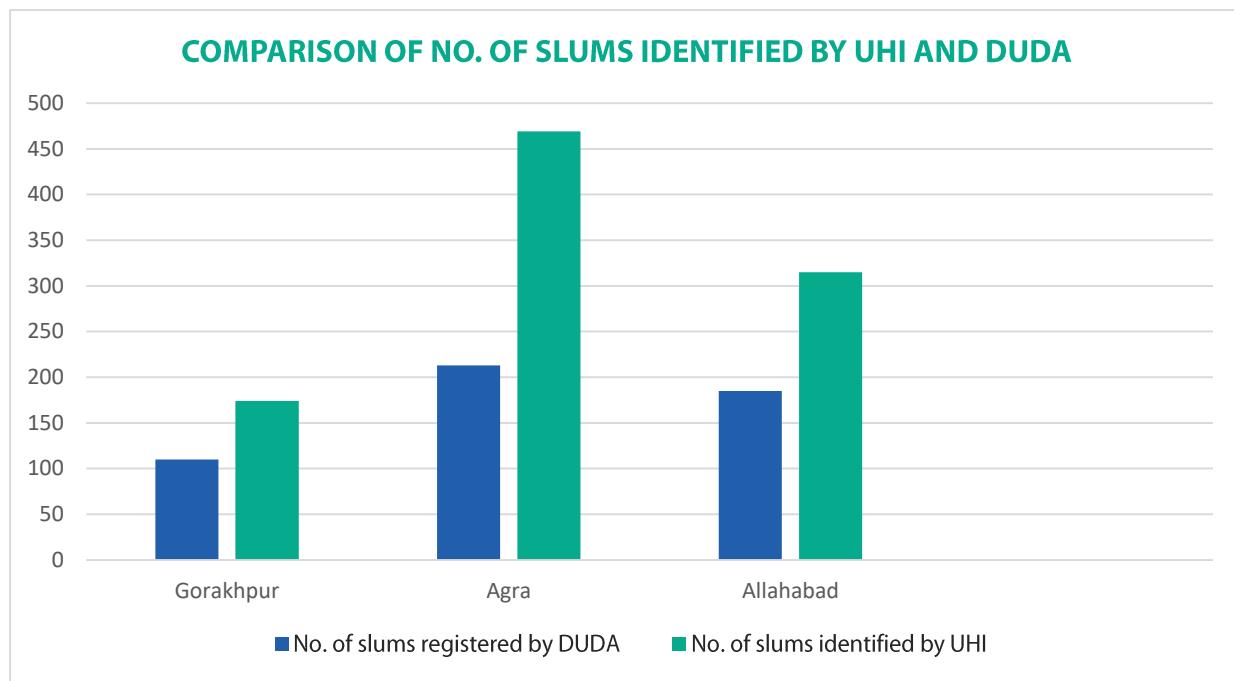
EVIDENCE OF THE IMPACT

Rapid urbanization is producing a growing landscape of poor urban settlements. New poverty clusters are continuously mushrooming and some of the earlier registered slums are expanding.

The Urban Health Initiative (UHI) found large variation between the District Urban Development Agency (DUDA) enlisted slums and the actual poverty settlements in the project cities. The UHI community volunteers used data from DUDA and triangulated the information with community level stakeholders, their own mapping and listing data and data from GIS maps. During this exercise, it was found that the DUDA data had underestimated the actual number of slums by 21% to 46% as they had included only registered slums, and missed unregistered colonies/ smaller pockets of the vulnerable



population. The chart below shows the discrepancy in data on number of slums in three of the eleven UHI supported cities. The updated data was used in the PIP to obtain increased funding for program activities in the cities where UHI was operational. This enabled better allocation of community volunteers and resources for meeting the needs of the entire slum population.



Source-UHI, Dec-2013, DUDA





GUIDANCE ON IMPROVING THE URBAN SLUM POPULATION DATABASE

Mapping of the unregistered slums and poverty clusters is overseen by the Urban Health Coordinator, while the listing of households is undertaken by the ASHAs with support from other frontline workers.

STEPS FOR MAPPING AND LISTING OF UNREGISTERED SLUMS AND POVERTY CLUSTERS

IDENTIFY LOCAL DATA POINTS

Identify locally available data and maps of the urban slum population from the NUHM GIS maps, DUDA, Integrated Child Development Services (ICDS), National Polio Surveillance Program (NPSP), micro plans for urban routine immunization and any other available data sources including the post office, Municipal Corporations, NGOs and information collected by the ASHA. In addition, GPS coordinates of the slums can be utilized to update digital maps periodically (Refer to: GIS maps of UP cities)

REVIEW DATA

Review data from these sources to determine the locations where vulnerable populations live, including registered slums, unregistered slums, temporary settlements and poverty clusters.

CREATE LISTS AND MAPS

Create lists and maps of slums, poverty clusters/ temporary settlements from these data sources. Compare these data among each other (triangulation).

VERIFY AND FINALIZE LISTS

1. Physically verify the existence of slums and poverty clusters that are listed only once.
2. Check the community maps and lists with community residents for their completeness.
3. Finalize the lists of locations of vulnerable population and share it with the district authorities.
4. Support the ASHAs to list all the households in their coverage areas in the Urban Health Index Register.
5. These lists need to be concurrently updated.
6. Mapping of community resources such as anganwadi centres, UPHCs, private providers and chemists can also be useful.

USING THE MAPPING AND LISTING DATA

The district health authorities should use the maps created for the slum and vulnerable urban population to review total resources needed, and request for necessary funds under the PIP.

The data should be shared with District Health Society and other departments such as the ICDS, National Urban Livelihood Mission (NULM), Municipal Corporations and DUDA etc.



ROLES AND RESPONSIBILITIES TOWARDS MAPPING AND LISTING OF URBAN SLUMS

CMO

1. Issue directives to ensure that all registered and unregistered slums and poverty clusters are mapped
2. Conduct periodic review of progress of slum mapping and vulnerability assessment
3. Convene meetings of City Coordination Committee on a monthly basis.
4. Ensure meeting of all relevant stakeholders (City Coordination Committee) for finalization of mapping process (registered and unregistered slums and vulnerability analysis)
5. Ensure that planning is based on mapping and listing of all slums and poverty clusters

NODAL OFFICER - URBAN HEALTH AND FP

1. Ensure the provision of budget for carrying-out the necessary field work to improve maps and lists of slums and poverty clusters
2. Ensure that the Urban Health Coordinator triangulates the list of registered and unregistered slums and poverty clusters so that on the basis of this data, adequate funds are available through the PIP
3. Review data from the slum mapping process and use it to plan for additional Urban Primary Health Centers (UPHCs), ASHAs, Information, Education, Communication (IEC) materials and other activities provided for in the PIP
4. Share updated lists of registered and unregistered slums with other urban stakeholders and departments, namely ICDS, Municipal Corporation, Water & Sanitation among others, in order to prioritize the desired health services in un-served and under-served areas.

URBAN HEALTH COORDINATOR

1. Gather city-specific information about all slums from various departments and organizations like the DUDA, ICDS, WHO, Postal Department, NGOs etc.
2. Compile the information in a database
3. Facilitate monthly meetings of ASHAs and ANMs at the UPHC level in order to support their work on mapping and household listing

DUDA

1. Support community listing of households by the ASHAs
2. Participate in the City and Ward Coordination Committee meetings

ICDS

1. Share the list of all slums as well as other locations where anganwadi centers are located
2. Periodically update information on anganwadi centers and staff
3. Support ASHAs in the listing of households



ASHA

1. Conduct mapping and listing of households in their coverage area
2. Record and update the household data in the Urban Health Index Register (UHIR)
3. Inform the supervisor/ Community Process Manager of any new or unmapped poverty clusters in or around her area

ASHA Facilitator/ ANM

1. Facilitate the household mapping and listing by the ASHAs
2. Compile the slum-wise information and share it with the Community Process Manager/ MOIC

Mahila Arogya Samiti (MAS)

Support ASHAs in mapping and listing of households, and identifying those in greatest need of information and services

MONITORING PROGRESS IN CREATING AN ACCURATE DATABASE FOR URBAN HEALTH

The mapping and listing data should be updated on an annual basis. The following indicators should be monitored:

1. Percentage of ASHAs who have visited all the households in their coverage area and updated their household lists over a period of last three months.
2. Whether annual requests for PIP are based on updated population data

COST ELEMENTS

The costs incurred in creating an updated database of the urban vulnerable population include the following (provided in the table below). Though these costs are usually included in the PIP, however if these are not included then the following items should be planned and budgeted for in the PIP.

This table is indicative and illustrates the manner in which cost elements are provided in a government PIP, thus giving guidance to the audience on where to look for elements related to a particular task, such as mapping and listing of urban slums.

Cost elements/ PIP Budget Head	FMR Code
Mapping of slums and vulnerable population in metro cities/other cities & towns	U.10.2.2; U.16.1
Stakeholders meetings	U.1.3.1; U.5.1.4; U.16.8.2.3; U.16.8.3.3

Mobility support to ANM for supporting ASHA U.8.1.1.1

Mobility support to MoIC, DPM, CPM, Urban Health Coordinator U.16.8.2.2; U.16.8.3.2

Source: NHM PIP Guideline, 2018-19

SUSTAINABILITY

Concurrent updating of household listing by the ASHAs will be sustained if the importance of this activity is emphasized upon in their initial training, the refreshers, periodic review meetings and during the supervision visits. Since the required budget for supporting updating of city maps is available or can be requested through the PIP, the mapping and listing exercise can be sustained if the CMO takes the initiative to issue a directive for this activity annually or as needed.

AVAILABLE RESOURCES

1. Slum list from National Pulse Polio Immunization program
2. Slum list of Agra- <http://nuhm.upnrhm.gov.in/urban/agra.html>
3. Urban Health Index Register (UHIR)
4. Guidelines and tools for vulnerability mapping and assessment for urban health 2017
5. Implementation framework NUHM 2013, section 4, page 27-29
6. NUHM orientation module for planners, implementers and partners, 2015, section 3 point 2, page 27-31