UNIT-12

High risk populations and Urban areas

Learning objectives

- *List steps to include high risk areas and populations in the RI microplans*
- *Explain the challenges and steps to provide RI services in urban areas*

Key Contents

High-risk areas and urban services

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High risk areas/populations

HRAs are special sites/areas which may be one or more of the following types of areas:

- Hard-to-reach areas
- Unserved or underserved areas or areas with shortage of health workers
- Urban areas, especially slums
- Migratory populations including temporary harvesters, brick kiln workers and construction labourers in large construction sites
- Security compromised areas.

The polio programme has identified population groups/areas that often miss routine and supplementary immunization and pose a risk for polio and other VPDs. HRAs are categorized as migratory and non-migratory (settled). (Other high risk populations could include those living in prisons, brothels and redlight areas)

Migratory HRAs

Migratory HRAs have been characterized as follows:

- ***Slums with migration:*** These are settlements in urban/periurban areas, or slums situated close to industrial areas including mining/stone-crushing sites or agricultural fields. These slums are typically found listed as such with urban development or district authorities. These areas are densely populated with substandard housing, which may be pucca or kaccha (jhuggies) and invariably have poor sanitation. Some of these areas are unauthorized and/or are not recognized by urban development authorities. The socioeconomic status of the residents in these areas is low.
- ***Nomads:*** Populations such as Mangteys, Kanjars, Fakirs, Natts, Banjaras, Shahs, Shahbalis, Albis, GadhiaLuhars, Ghumantus, etc. often move from place to place for livelihood, usually setting up “dera” wherever they stop. They are normally found in between or at the end of big colonies, railway stations, along the rail tracks, open fields, market places and in urban/periurban slums.

- ***Brick kilns:*** Migrant labour camping in brick kilns and the "pather" fields where raw bricks are prepared.
- ***Construction sites:*** Migrant families live in jhuggies or brick sheds in and around the under-construction buildings. The number of families and children present in these sites varies according to the size of the construction site.
- ***Others:*** These are fishermen villages, riverine areas with shifting populations, etc.

Non-migratory HRAs

These are areas with settled population with no migration and poor immunization coverage. These include hard-to-reach areas and misinformed communities that refuse vaccination due to misplaced beliefs.

Hard to reach areas

Accessibility compromised areas i.e. due to geographical / topographical reasons and in areas where security is a concern poses a different challenge to delivering RI or any other services.

Provision of services

Despite these challenges frontline workers and health staff are committed to providing services even in such areas. Therefore it is important for RI microplanning to be flexible and respond specifically to local situations and needs.

As MO you can review situations and in consultation with the district be innovative to overcome some of these obstacles.

For areas with multiple pockets of nomads or construction sites:

- Ensure identification of each area or pocket
- Identify a key person in each
- Explore use of mobile session for such areas

For hilly regions:

- Due to the vertical spread and terrain microplanning including maps should be made to reflect the ground realities
- Mobilization of beneficiaries will benefit from innovation. E.g. using available telecommunication /sending messages through school children returning home or through other agencies
- The use of alternate vaccine delivery options which may include pack animals or other modes of transport

- ANMs / health workers may have to stay overnight is some areas this will require extra vaccine carriers with extra ice packs to ensure maintenance of cold chain
- Immunization waste management – all waste will have to return to the centre for further management.

Steps to be followed by block/urban area MOs

1. Update the available list of all HRAs in the block/urban area every 3 months.
2. HRAs that are not included in the microplan should be immediately added, with appropriate revisions.
3. Review monitoring and coverage reports to identify issues in provision of immunization services with special emphasis on HRAs to include:
    a. Planned sessions not held
    b. Areas with low coverage
    c. Sessions with poor mobilization
    d. Status of due-list updating, especially for migrants and newborns
4. Revise session sites and timings, wherever required, in consultation with the ANM, ASHA, LW,AWW and community members.
5. Followup the progress regularly.

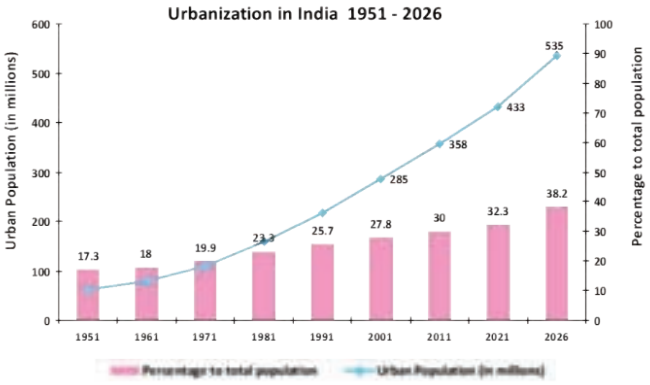
Steps to be followed by DIO

1. Review the maps and microplans from each block to check that all the HRAs are included in the ANM work-plan;
2. Review monitoring reports to identify issues;
3. Prioritize block/s with large number of HRAs;
4. Facilitate block level review and revision in priority blocks.

Any area with a risk for disease transmission or outbreak can be included as an HRA by MO.

Urban services

Virtually all population growth over the next 30 years will be in urban areas. By 2030, six out of every 10 people will be city dwellers, rising to seven out of 10 people by 2050. The trend for the past 50 years is for cities to grow horizontally in the form of urban sprawls, whether as suburbs or as peri-urban expansion.



India has been urbanizing rapidly in recent decades. It is estimated that the urban population will nearly double to reach 534 million by 2026.

Urbanization and its health impacts are not just an issue for with over 10 million residents. In fact, much of the urban population growth will occur in small and mid-sized cities. While large cities of developing countries will account for 20% of the increase in the world's population between 2000 and 2015, small and mid-size cities (less than 5 million) will account for 45% of this increase.

India is on the brink of an urban revolution with nearly 30% (about 300 million people) of the total population living in towns and cities. As per the United Nations projections, if urbanization continues at the present rate, 46% (about 500 million people) of the total population will be concentrated in urban regions of India by 2030. Migration is a major driving force for this rise in urban population. This exponential growth in urban population is leading to many problems such as increasing slums, decrease in standard of living in urban areas and contributes to environmental damage.

The definition of urban area as per the 2011 Census is as follows:

(a) All statutory places with a municipality, corporation, cantonment board or notified town area committee, etc.

(b) A place satisfying the following three criteria simultaneously:

i) a minimum population of 5000;

ii) at least 75% of the male working population engaged in non-agricultural pursuits;

iii) a density of population of at least 400 per sq km (1000 per sq mile).

An urban agglomeration is a continuous urban spread constituting of a town and its adjoining urban outgrowths, or two or more physically contiguous towns together and any adjoining urban outgrowths of such towns.

Characteristics of urban areas

- Ever expanding borders and peri-urban areas
- HRAs - higher number of construction and nomadic sites
- Manpower shortages.
- Large volume of transit / migrant population
- Unrecognized slums

Challenges to providing immunization in urban areas

Providing immunization services in urban areas have the following challenges:

1. Area demarcation
2. Accessibility
3. Inadequate infrastructure to support RI sessions
4. Multiple agencies / bodies for coordination

1. Area demarcation

Most of the urban areas in cities and towns are defined clearly with local urban bodies and infrastructure. However, the demarcation of areas among health workers is a challenge due to either overlapping administrative areas or expanding areas.

Area demarcation in urban areas is an investment that will be beneficial to all and is worth the effort. Except for the periphery or peri-urban parts, for the rest of the area it will be a onetime activity to develop maps and demarcate areas.

Source of maps in urban areas:

- Local urban bodies such as municipality / corporation / Dept. of urban development (see Unit 3, Fig 3.7)
- Simple hand drawn maps made by health workers (see Unit 3 Fig 3.8)
- Using google maps (Fig 12.3 and 12.4)
- Upgrading existing maps to clearly demarcate (Fig 12.2)

To clear up issues of area demarcation:

- Have copies of maps of each urban SC area prepared / copies made if already available
- Call for an ANM meeting and/or coordinated meeting with ICDS (if available)
- Bring out discussion on areas of confusion
- Clarify and if needed take decisions based on ease of access / rationality and finalize
- Plan for field verifications where boundaries are not well defined.

If there is an existing AWW/ASHA/link worker network, areas can be demarcated on the same lines. This makes it simpler to identify areas. Once this is done, ANM areas can be superimposed on the maps.

Fig 12.2 Urban PHC area polio map showing landmarks and upgraded to include migrant population mapping

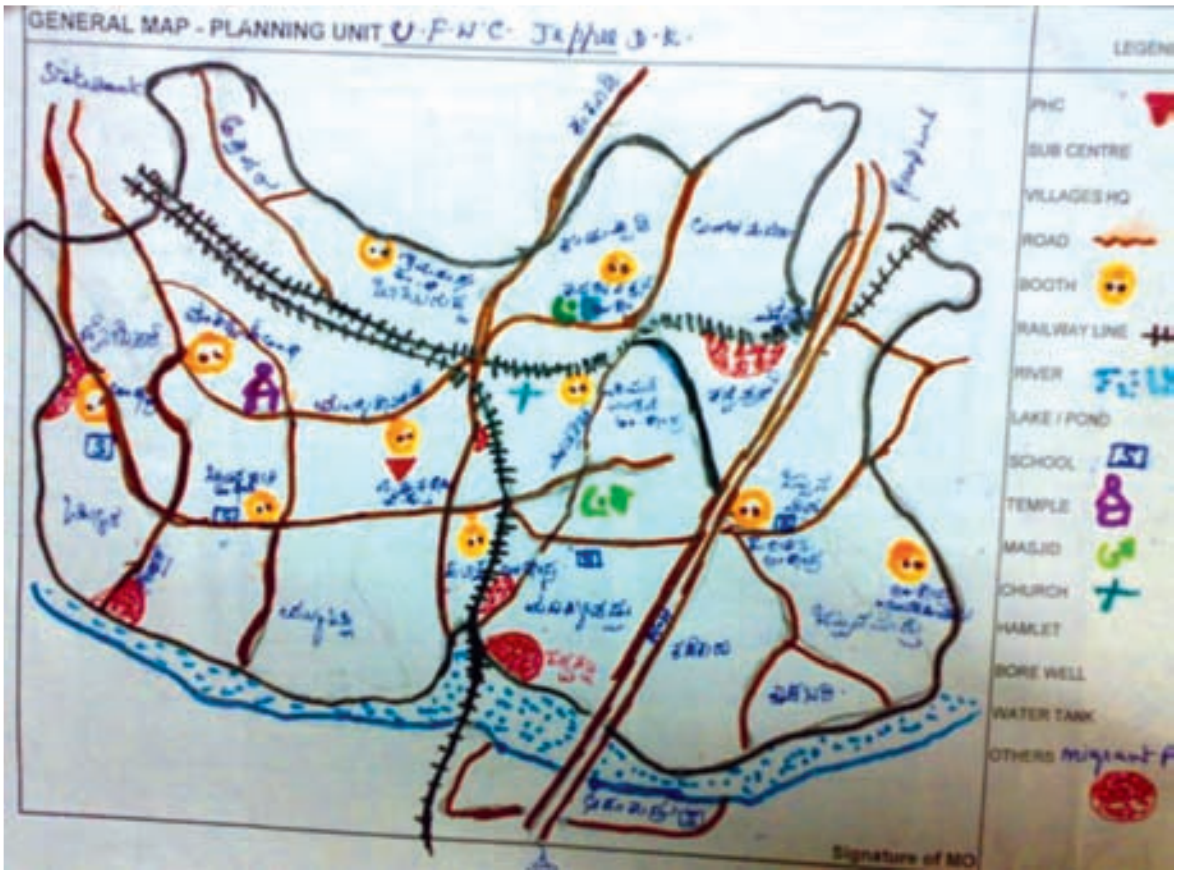
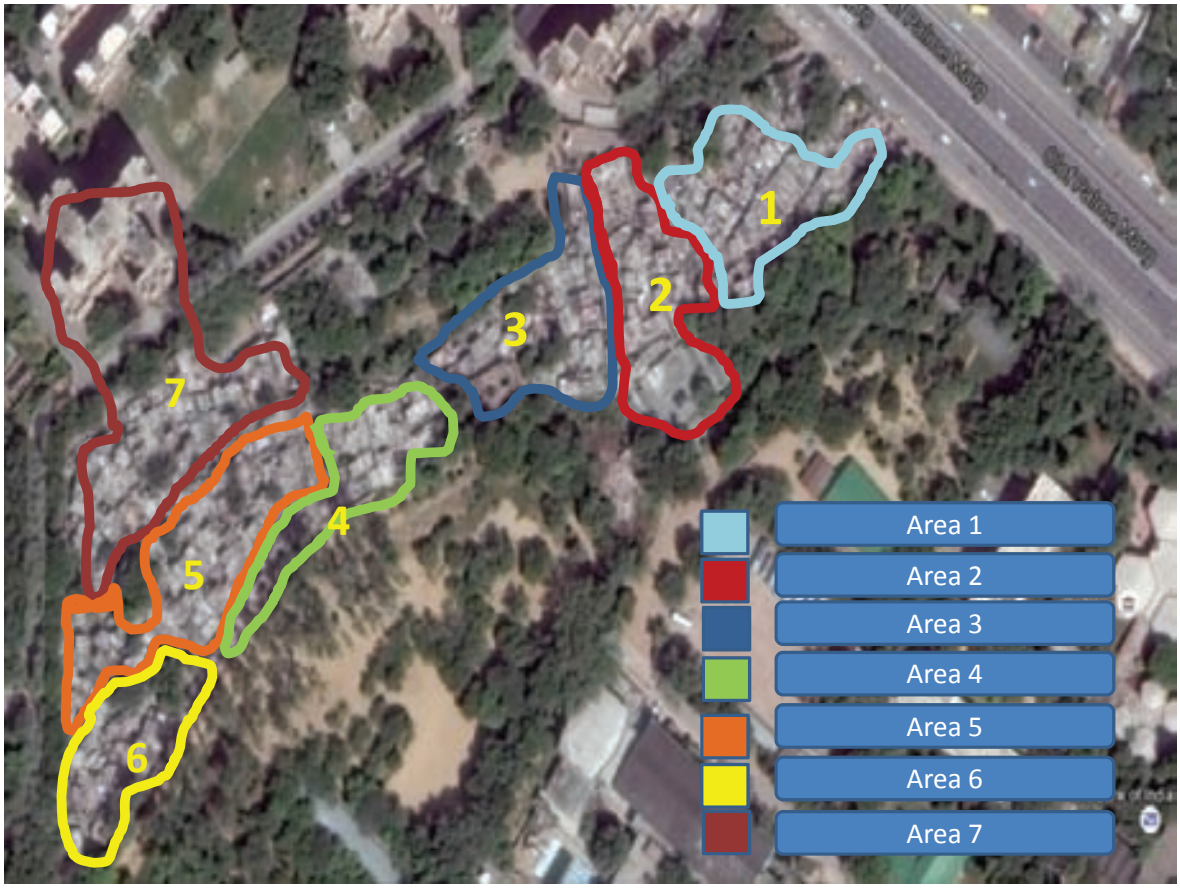


Fig 12.3 Urban PHC area map – screen grab from google maps

Fig 12.4 Urban SC area map – screen grab from google maps – with areas demarcated for ASHA/LW



Steps to use google maps

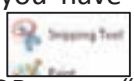
Using google maps may seem to be very complicated but for the purpose of getting a birds eye view of your area it is as simple as viewing a photograph on your computer.

Step 1 – go to www.googlemaps.com (generally the map identifies your IP address and shows the area you are located automatically)

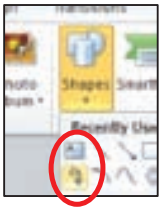
Step 2 – at the bottom left of the screen click on the "earth"  square so this will show you a satellite image rather than line map.

Step 3 –at the top left of the screen in the  "search google maps"enter the name of your area.

Step 4 – using the scroll button  on the mouse or the + and – icons  on the map zoom into any area on the map.

Step 5 – once you have identified the area you wish to use as a map, either use the "snipping tool"  from "ACCESSORIES folder" from Windows Menu to cut out the area you need OR press "PrtScn"  to get an screen image of the map. (For Mac computers use Command-control-shift-3)

Step 6 – paste the image on a PowerPoint slide or in a word document.



Step 7 – using the "insert shapes" option you can draw around an area using the "scribble" option (see Fig 12.4) OR take a print out and draw directly on the print out to demarcate areas.

Step 8 – save the file with area name and take a print out of the final map.

2. Accessibility

One of the challenges facing urban HWs is the large number of high-rise buildings, industrial areas and apartment complexes. Other challenges include narrow lanes, distance from local public transportation, high density and also access to flats and families living in them. The local solutions to providing services include:

- Using three or two wheelers to access narrow lanes;
- Involvement of industries – individually or through their organizations;
- Involvement of the apartment associations in planning and support to the HWs during visits;
- Involvement of local municipalities or corporations to issue instructions to all apartments or other associations in an area;
- Seeking support from local key influencers and community leaders;
- Support from local civil service organizations – Rotary, Lions, professional bodies, etc.

The MO with support from the local workers can discuss and develop locally specific solutions in such areas.

3. Infrastructure for providing RI services

Urban immunization services to be operationalized in the following way:

1. **"Same day, Same site, Same time" provision of services:** This should include:
    - All sites including Anganwadi centres, dispensaries, clinics and maternity homes in the public sector;
    - All NGOs engaged in providing health care in urban areas;
    - Any private institution /practitioner willing to support RI services.

2. **Urban outreach:** Expand the network of urban service provision points from the health facility:
    - Estimate size of population and frequency of sessions (same as with rural areas);
    - Set up a site in every urban slum, with one or two trained vaccinators, to provide immunization services on a regular (weekly or monthly) basis;
    - Use the same principles for creating a session plan and work plan (described in Unit 3) for the expanded network of urban outreach;
    - Plan location of sites, frequency and timing of service to suit the local population;
    - Establish contact with the local leader and obtain support;
    - Communicate time and dates of sessions to the community (using existing channels in the community like loudspeakers, religious or mothers' groups, etc.);
    - Ensure a regular uninterrupted service to gain the trust and cooperation of the community
3. **Communication:** Communication through ICDS workers, LWs,HWs, NGOs active in the area, print media, television and radio about the following:
    - The timing of local immunization services;
    - Local service delivery points;
    - The vaccines and schedule of immunization;
    - The benefits of immunization.

4. Multiple agencies / bodies for coordination

In addition to the Municipalities and Corporations there are many other departments that can be approached for support. E.g. Department of Telecommunications can be approached for help to send SMSs through government mobile network or from private sector under Corporate Social Responsibility / local FM radio stations to be involved or conduct special programs for immunization or Department of Transport can be approached to display banners or posters on government vehicles or to facilitate support from private transport companies.

Urban areas have the advantage of many non-governmental organisations working in the peripheries or in slums. These organizations can be approached for support or for active involvement in some areas where they have a strong presence.

Educational institutions can be approached directly or through the Department of Education for support. Nursing colleges can be approached for support during campaigns or in areas where there are vacancies in the urban health infrastructure. Involving multiple organisations requires careful planning and inter-sectoral coordination, consult with CMO/ DHO and DIO for guidance and support.

Refer to frame work for implementation of National Urban Health Mission for urban specific guidelines.

Notes: