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# THE URBAN UNDERBELLY

## *A SITUATION REPORT*

*This report looks into key statistics and figures about the urban mobility at the global and regional level. Furthermore, it discusses about the current challenges and vulnerabilities of urban poor and suggests some way forward to address these challenges.*

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## Rising Trend of Urbanization

Globally, more people live in urban areas than in rural areas, with 54 % of the world's population residing in urban areas in 2014. The rate of urbanization has increased several fold as in 1950, 30% of the world's population was urban, and by 2050 projected to reach 66 %. The most urbanized regions include Northern America (82%), Latin America and the Caribbean (80%), and Europe (73%). In contrast, Africa and Asia remain mostly rural, with 40% and 48% of their respective populations living in urban areas. All regions are expected to urbanize further over the coming decades. Africa and Asia are urbanizing faster than the other regions and are projected to become 56% and 64% urban, respectively, by 2050.

The World Health Organization (WHO) and United Nations Human Settlements Program (UN-HABITAT) joint global report, **'Hidden Cities: unmasking and overcoming health inequities in urban settings'**, exposes the extent to which certain city dwellers suffer disproportionately from a wide range of diseases and health problems. For the first time in human history, the majority of the world's population is living in urban areas, and this proportion continues to grow. Cities concentrate opportunities, jobs and services, but they also concentrate risks and hazards for health. The following were the main highlights of their report;

- The rapid increase of people living in cities will be among the most important global health issues of the 21st century
- Urban growth has outpaced the ability of governments to build essential infrastructures, and one in three urban dwellers lives in slums or informal settlements
- In all countries, certain city dwellers suffer disproportionately from poor health, and these inequities can be traced back to differences in their social and living conditions.
- To unmask the full extent of urban health inequities, it is important to disaggregate health and health determinants data within cities
- Unless urgent action is taken to address urban health inequities, countries will not achieve the health-related Millennium Development Goal targets
- Acting on urban health inequities requires the involvement of organized communities and all levels of government – local, provincial and national
- Solutions often lie beyond the health sector, and require the engagement of many different sectors of government and society
- Local leaders and governments can and should play a key role in promoting urban health equity

## Urbanization Trend in Asia

Between 1950 and 2014, the median level of urbanization in Asia increased from 27% to 57 %. In 2014, 17 countries in Asia were more than 75% urban, including several of the region's most populous countries, such as Japan (93%), the Republic of Korea (82%), and Saudi Arabia (83%). Whereas in 1950, 24 countries in Asia had levels of urbanization below 25 %, in 2014 just three countries did, including Nepal and Sri Lanka (both 18% urban) and Cambodia (21% urban). Projections indicate that by 2050, half of Asia's countries will have levels of urbanization greater than 72% and 45 of the 51 countries (88%) will be more than 50 % urban. After Hong Kong, Macao and Singapore, which are projected to remain 100% urban through 2050, the most urbanized populations in Asia will be Qatar, Kuwait and Japan. Cambodia, Nepal and Sri Lanka are projected to remain Asia's least urbanized countries in 2050, although they all are expected to urbanize to levels above 30%.

## South Asian Scenario

South Asia's urban population is poised to grow by almost 250 million people by 2030. Estimates suggest that at least **130 million of South Asia's urban residents live in slums** and are disproportionately deprived of basic infrastructure and access to basic services.

In Afghanistan, Bangladesh, Nepal, and Pakistan, the most recently available estimates show that between 7 percent and 30 percent of urban residents live below the official national poverty line. Between 2000 and 2012, average real gross domestic product (GDP) per capita increased by almost 56 percent, from $2,556 to $3,999, with annual GDP per capita growth rates of more than 4.5 percent a year in all countries except Nepal and Pakistan.

At least 26 percent of South Asia's urban population, an estimated 30 million households, lives in informal settlements (slums). **Between 2010 and 2050, the region will require an additional 203 million housing units, mostly targeted to low- and middle-income households, to accommodate projected urban population growth without further expanding the slum population.**

## Situation of Slum Dwellers in Kathmandu

Kathmandu Valley's annual population growth rate, including slum areas, continues to increase persistently due to migration, unemployment and insecurity in the rural areas. Most of the in-migrant populations live in city slums located in core city areas, primarily on the banks of the Bagmati and Bishnumati rivers. Slum dwellers' living conditions are poor, with little or no access to basic services. The Government of Nepal's (GoN) focus on strengthening rural health services has so far neglected the dire health conditions of these urban dwellers, the latter also deserve credible and functional health services. CARE Nepal had conducted a study of slum dwellers along the Bishnumati River in the spring of 2008, with the objective of understanding the health problems of the poor, vulnerable and socially excluded population living in Bagmati and Bisnumati area. Their study revealed the following scenario persisting among slum dwellers in Bagmati and Bishnumati areas;

- Among the slum dwellers most of the inhabitants were poor and living in rental houses.
- Housing was insecure, inadequate, temporary, and overcrowded, with little or no access to safe drinking water or functional toilets and most respondents lacked awareness about basic sanitation and used to drink untreated water.
- About 7% of the population reported themselves suffering from a major health problem during the last year, mainly with gastro-intestinal diseases, respiratory diseases, jaundice, sexual health problems, accidents and injuries, and other non-communicable diseases. Women, children and elderly were the most vulnerable in this regard.
- Unmet health needs were antenatal services, skilled attendance during delivery, modern contraception, childhood immunization, de-worming, HIV/AIDS awareness, safe drinking water and sanitation. Further, the lack of awareness regarding the Government of Nepal's free health service scheme was widespread.
- Almost 50% of the families reported a significant impact of illnesses on the family. The major impacts were stress, loss of employment, loss of confidence, and dropout of children from school.

- Lack of prevention and treatment against de-worming has resulted in huge expenses for medications.
- Nearly 50% of the households consulted private health facilities for health services instead of government hospitals due to the perception that the latter offer poor services, charge subsidiary costs, and have negative attitudes towards poor patients.
- Key barriers to accessing and utilizing health services were lack of affordability, lack of social safety nets to the poor, negative attitude of service providers towards the poor, perceived low quality of care, and the lack of information about government's existing free treatment schemes and the implementation strategy.

## Current Challenges

Improving access of health services to the urban poor is a challenge for a variety of reasons. The first and foremost is the rapid growth of slum population which renders the meager health infrastructure inadequate. As most slums are illegal and are on encroached land, they suffer from social exclusion. Providing services to these communities is seen as rendering them legal sanctity and hence they remain outside the purview of services. There is also poor awareness and low demand for health services resulting in poor utilization. Above all, poverty is an overarching factor which intervenes through poor nutrition, compromised ability to seek health care and poor living conditions resulting in poor health outcomes among slum communities.

Slum areas are characterized by posing risks to life, health and tenure or having inappropriate housing. These risks might be due to the buildings experiencing severe deterioration over time, being located in a hazardous site or exposed to damaging health condition such as lack of safe drinking water or basic sanitation. The high poverty and unemployment rate especially among the youth as a severe problem threatens the security of the site.

The lack of economic facilities and resources to pave the ground for productive employment for the youth has not only helped up the poverty trend but also increased social harms like drug addiction among the youth. And from nutrition point of view, people are not experiencing a suitable diet in regard to protein-rich foods and vitamins. The problems stemmed from sewage accumulated in a dangerously threatening way amid houses accompanied by domestic garbage scattered at empty spaces have led to unfavourable environment. The drinking water is the other problem ranked first in importance. The deficiency of educational sites especially a girl high school &primary school that persuades drop outs.

According to UN Habitat, some common barriers to addressing problems with slum upgrading are:

1. Insufficient legal and regulatory systems
2. Excessive land regulation
3. Gender discrimination
4. Corrupt, inefficient, or inadequate land registration systems
5. Disintegration of customary and traditional protections
6. Lack of political will around the issue

Urban health average masks wide socioeconomic differentials, when these are disaggregated, it is clear that the urban poor often face health risks that are nearly as severe as those of rural villagers and are sometimes even wore. In some studies of slum neighborhoods, the health risk confronting the poor has been found to exceed rural risks, despite the proximity of modern health services. Although less is known on a systematic basis about health differences across cities, disaggregation is important in this dimension as well. Cities can differ significantly in health institutions and personnel, and in the strength of oversight and management exercised by local governments. Unlike the wealthier residents of cities and towns, the urban poor live in health environments that are often little better than environments of rural villages. Many of the poor live in slums, where they are subjected to a barrage of health threats, but other poor urbanities are dispersed across a variety of neighborhoods.

## Key Vulnerabilities

Many cities face several threats to health: infectious diseases exacerbated by poor living conditions, chronic, non-communicable diseases and conditions fueled by tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol, injuries, road accidents, violence and crime. These are the result of a complex interaction of various determinants of health, including insufficient infrastructure and services that particularly impact the health of the poor and slum dwellers. Living and working conditions vary widely within and between cities across the world and are the “causes of the causes” of ill health. Degrading urban living conditions triggers several vulnerabilities such as:

1. Women and Girls: Women and girls are not afforded time for education, as they are burdened with carrying water long distances and caring for sick family members. And, in slums with poor (or nonexistent) sanitation facilities, going to the toilet at night increases their risk of sexual assault.
2. Health and Child Mortality: Illness and disease spread like wildfire in slums; in the slums, HIV infection is very high, and diarrhoea is the leading killer of children under five.
3. Education: Social and cultural barriers deny children from slums the opportunity to receive an education. Many children never receive any formal education and few complete a primary education.
4. Finance: Banks often refuse residents of slums because they are considered ‘unbankable.’ Without the support of a financial institution they are likely to be further impoverished.
5. Political and Social Exclusion: Governments often ignore slum dwellers; they are excluded from voting, city development plans, and full protection under the law. Without the rights and voice that other citizens have, people living in slums constantly face political and social exclusion.
6. Disasters: Many slum dwellers in developing countries live in poor conditions and with inadequate shelter. Storms, earthquakes, and other disasters affect city slums more seriously than other areas, as substandard houses crumble or poor drainage systems promote prolonged flooding.

### Inequity in Urban Settings

Globally, the poor bear a heavy burden from both communicable and non-communicable diseases and slum dwellers and informal settlers are the most vulnerable groups in the

urban setting. There is strong evidence to show how the health inequities observable in urban settings can be associated with economic, social and political disparities. The primary determinants of health inequality are;

Structural determinants: Based on the conceptual framework of the Commission on Social Determinants of Health, urban poverty in slums and informal settlements constitutes the most dominant structural determinant of health affecting all individuals regardless of age or gender. Gender is also a dominant structural determinant, as women-headed households constitute 30% or more of total households in slums. In slums, women compared to men, tend to stay home more, increasing their exposure to hazards and risks to health from squalid environments. They also carry the burden and responsibility of fetching water, securing food and caring for other members of the family with their meager resources. They are also more vulnerable to violence and crime. They rely on public transport, this affects their safety. Ethnicity is another key structural determinant within slums.

Intermediate determinants: Living conditions (e.g. unsafe water, unsanitary conditions, poor housing, overcrowding and high density, hazardous locations and exposure to extremes of temperature) are intermediate determinants of health that are invariably linked to poverty. Extremes of age, the infants and very young children, and older persons are particularly vulnerable to these determinants. Working conditions (as informal economic activity may be based in slums and informal settlements) also constitute intermediate determinants of health for men, women and children (i.e. child labourers, street children).

## Policy Frameworks

The Interim Constitution of Nepal 2007 safeguarded the health rights of the citizens under article 16 (Right regarding Environment and Health) where it is mentioned that: “every person shall have the right to live in a clean environment” and “every citizen shall have the right to get basic health service free of cost from the State as provided for in the law.

The following are the key highlights of **Urban Health Policy 2015**:

Vision

To ensure safety from the factors that adversely affects the health of the people residing in urban areas and the promotion of human development, prosperity and a healthy life in urban areas

Mission

To achieve social and economic prosperity for the urban population by improving their health status

Goal

Contribute to poverty reduction by improving the health status of the urban population particularly of women, children, poor and marginalized groups of society.

Objectives

Increase access and utilization of quality health care services particularly of women, poor, children and marginalized groups residing in urban areas as identified by the government.

Policies

- Increase access to quality basic health services for people living in urban areas, especially women, children, poor, marginalized group and elderly population through modern Ayurvedic, homeopathic, unani and other treatment systems
- Develop and scale up of integrated urban health programs which address the factors that have a negative impact on the health of the people, particularly of the women, children, poor and the marginalized groups
- Define specific roles and responsibilities of the organizations involved in urban health programmes to ensure uniformity in the delivery of quality-assured basic health services
- Promote capacity building, community participation and human resource development of the related institutions in urban areas to establish a proper management system and ensure equitable distribution and utilization of basic health services
- Establish mechanisms for the monitoring and evaluation of services in urban health programs and promote studies and research related to urban health
- Manage and mobilize of the resources required for implementation of the Urban Health Policy

Strategies

- In accordance with the policy of the Government of Nepal, to provide free health care services to all, through the expansion of basic health care service delivery in urban areas to increase their accessibility
- Develop/strengthen an effective, integrated and sustainable institutional mechanism in urban areas for delivery of health services
- Set certain criteria and standards for assessing the quality of the basic health services
- Prepare a detailed workforce plan for the implementation of urban health programmes
- Development and strengthening of the referral mechanism
- Develop a system to incorporate urban health programs in local development plans
- Develop an effective method to address the issues that have a direct impact on human health
- Development of proper management system at policy and implementation level for effective implementation of the urban health programs and improvement of curative services
- Develop a partnership among various national local, private and community programs for the implementation and scale up of urban health programmes

**Dhaka Statement from the International Conference on Urban Health Conference 2015**

The Statement reiterates on strong and effective governance to promote urban health – clarifying roles and responsibilities of local bodies as well as building up strong public health infrastructure to work in partnership with other sectors, preventing and mitigating potential risks and benefits to the health of policies, programmes and investments across sectors. The Statement has urged for the following actions to mainstream urban health into sustainable development agenda:

- Recognising critical importance of the health of urban dwellers to achieving Sustainable Development Goals

- Mainstreaming consideration of the unique opportunities and challenges or urban environments across the SDGs
- Recognising need for evidence based and cost effective interventions to achieve health targets outlined in SDG, Goal 3: *Ensure healthy lives and promote well-being for all at all ages*
- Committing to meet the needs of SDG Goal 11 – *Make cities and human settlements inclusive, safe, resilient and sustainable*
- Developing national health policy that integrates planning for rural and urban areas
- Including urban health targets and indicators to implement SDGs at national level that reflect progress towards urban health and health equity
- Advancing health of people in cities including resource mobilisation for capacity building, applied research and strengthening governance for urban health
- Seeking suggestions for experts to define, understand and address major challenges of urban development into the intergovernmental process leading up to UN Conference on Housing and Sustainable Urban Development (Habitat –III) taking place in October 2016 in Equador
- Acknowledging role of health as both input and outcome of development in the New Urban Agenda emerging from Habitat III

## Efforts So Far

WHO performs several activities to uplift urban health and promote health equity in urban settings such as:

- Develop tools and advise local governments to assess health inequities, prioritize action and monitor health impacts.
- Promote regional and inter-country networks, alliances and platforms to exchange information, share challenges and experiences on successful initiatives on health and health equity in cities.
- Identify and support role models, national and municipal leaders to champion health in all urban policies.
- Generate disaggregated data on urban health and systematically integrate such information into national and global observatories, urban and health databases.
- Invigorate mechanisms for the informed participation of citizens in local decision making.
- Promote health literacy to support people in living healthier lives.
- Utilize urban planning processes to create and build upon opportunities that address health inequalities.

Local-level initiatives include ActionAid Nepal, Water Aid Nepal and other INGOs advocating for the rights of slums households and squatters. UN-HABITAT has supported the government with research and advocacy.

## Way Forward

It has been identified that **pro-poor health services** that are already in place must be strengthened through establishment of functional coordination, monitoring and follow-up mechanisms at different levels. Health indicators between poor and less poor in slum areas are almost similar. Therefore, slum clusters should be regarded as health intervention units. Organization of interactive workshops amongst the hospitals, municipalities, Ministry of Health, CBOs, and local communities are essential for exploring the ways of distributing

health service cards, preparing tools to identify poor clients at hospitals, improving the health care facilities to the poor and raising awareness amongst the poor regarding the free health service schemes to them.

**Slum upgrading** basically involves improving the physical environment, for example the water supply, sanitation, waste collection, electricity, drainage, road paving and street lighting. Additional strategies may be included to improve access to health, education and social services, increase residents' income and secure legal rights to the land. To improve health and well-being in the slums, we need to have interventions that reduce urban poverty in the broadest sense and improve the deficiencies associated with slums. There is an urgent need for health assessment and characterization of social-cluster determinants of health in urban slums; it is essential to adopt a long-term multisectoral approach to address the social determinants of health in urban settings. The increasing population of cities should prompt authorities to make family planning services universally available.

Critical areas of **environmental management** include waste management, pollution control, traffic, transportation, energy, economic development, and job creation. Society must be able to participate in setting priorities to meet the following conditions:

- Urban plans, development controls, and the efficiency of land markets (including informal markets) are improved.
- Cities provide and maintain sufficient infrastructure to meet anticipated urban growth.
- The residential construction industry produces affordable housing for all households.
- Capital markets channel more funding into housing construction and mortgage finance.

**Public-private intervention** in terms of social marketing, voucher systems that provide subsidies, prepackaging of medicine kits, franchising of health services to private providers, usually with an NGO or government agency in a monitoring role, targeted training and system wide regulatory interventions are vital to uplift the health conditions of the poor. Experiences of NGO as well as government run programs have shown that **training slum based health volunteers or community based organizations** can be an important strategy for improving health of the urban poor. These groups can spread health awareness messages, promote appropriate behaviors, generate demand for health services and facilitate the conduct of health events such as outreach camps.

**Advocacy** is a key function to achieve the objective of urban poor friendly policies and also to ensure that the policies are translated into effective programmes that have significant impact on the health of the urban poor. There is a need to sensitize diverse stakeholders such as national and local governments, municipalities, donor agencies, NGOs, media, business houses, academia and other professional bodies such as medical associations to work together to address the problem of slums. If urban governments are to play their potentially vital role as agents of local and national growth, countries must reduce the deficits in empowerment, resources, and accountability that hinder urban performance.

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