
An Enquiry into the Social Determinants of Health Through Healthy Urbanization Learning Circles

Report of the Bangalore Healthy Urbanization Project 2006-07

(Collaborative effort of WHO-Kobe Centre, WHO India & SEARO,
Bruhat Bengaluru Mahanagara Palike and partners)

Compiled and edited by

*Dr. Cherian Varghese, Ms. Vijayluxmi Bose, Dr. Tandava Murthy & Ms Kameshwari
With contributions from HULC members, WHO SEARO and WKC, Japan.*

December 2007

WHO India Country Office
New Delhi, India

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Acknowledgements

BHUP would like to acknowledge contributions from:

WHO-Kobe Centre (WKC), JAPAN,

WHO-SEARO.

WHO- INDIA.

Officials from - BBMP, BWSSB, BMTc, POLICE, Nutrition Board,
Director of Women and Child Development.

HULC Focal Points, Pro Lead Member & local leaders.



Bangalore
Healthy
Urbanization
Project

Introduction

Social determinants of health are factors within an environment or social setting that influence individual or community well-being (or the lack of it). WHO's initiative in Social Determinants of Health is a major step in addressing this multi-disciplinary issue. Globally, the project is known as 'optimizing the impact of social determinants of health on exposed populations in urban settings for 2006-2007'. Bangalore (India) is one of the six healthy urbanization field research sites selected. The others sites are San Joaquin (Chile), Kobe/Hyogo (Japan), Suzhou (China), Ariana, (Tunisia) and Nakuru, (Kenya).

The WHO-Kobe Centre in collaboration with WHO-India and SEARO has initiated a project on the Social Determinants of Health in Bangalore. Titled "*Healthy Urbanization: Optimizing the Impact of Social Determinants of Health on Exposed Populations in Urban Settings*". The initiative is known as the Bangalore Healthy Urbanization Project (hereafter referred to as BHUP).

Social Determinants of Health: Social determinants are "the causes behind the causes" of poor health outcomes as they relate to both social and environmental consequences of human actions. Determinants of poor health outcomes are often social in nature and include housing, education, employment conditions, access to transportation; access to health care and early childcare. (Source: Guidelines for Action, Healthy Urbanization, WHO Centre for Health Development, Kobe).

These in turn are driven by structural determinants (such as gender, age, socioeconomic status, ethnicity, belief systems and faltering social support systems) that underpin family and community life. These are the outcomes of wider economic and political structures, governance and systems - such as globalization and rapid, unplanned urbanization these in turn influence social and community networks as well as well as individual lifestyle factors. (Source: Guidelines for Action, Healthy Urbanization, WHO Centre for Health Development, Kobe).

Governance (defined as the management of the course of events in a system) plays a key role in formulating policy, allocating health resources and promoting, protecting and expanding health assets. There is also a wide array of state, (national, regional and local) and non-state (civil society, non-profit organizations, media, business and industry) players that influence health governance.

Urbanization: According to United Nations estimates, half the world's population lives in cities. According to projections by UN-HABITAT (2001), the number of urban residents will increase by more than two billion people by 2030. One of the many risks to health that are linked to urbanization is the rise of urban poverty and growth of informal settlements.

Urbanization in India

It is estimated that half the world's population lives in cities. The United Nations estimates that the number of residents will increase by more than two billion people by 2030, whereas the rural population will decline by about 20 million. (Source: UNFPA, Urbanization: A Majority in Cities. Available at: <http://www.unfpa.org/pds/urbanization.htm>). The Population of India was 1027 million as on 1st March, 2001. The urban population is estimated to be 286,119,689 (i.e. 27.8% of the total population). [Source: Census of India, India at a Glance: Rural Urban Distribution]

As noted in the Interim Report by the Millennium Development Goals (MDG) Task Force (focus on improving the lives of urban informal settlement dwellers):

Much of urban poverty is not because of distance from infrastructure and services but from exclusion. They are excluded from the attributes of urban life that remain a monopoly of a privileged minority political voice, secure good-quality housing, safety and the rule of law, good education, health services, decent transport, adequate incomes, access to goods and services, credit in short, the attributes of full citizenship. (Source: Cited in Urban Poverty: An Urgent Health Issue, Journal of Urban Health, Volume 84, No. 3, May 2007, Supplement).

The growing urban population calls for innovative approaches in providing and managing urban services across sectors (including primary health service provision) and multiple partnerships.

Addressing urbanization through SDH: as a city, Bangalore faces exponential growth. With urbanization and industrialization, and an expanding Information Technology (IT) industry, informal settlements are becoming a common feature in the city. They primarily constitute the underprivileged and/or the disadvantaged groups in urban areas. Referred to as the “exposed population” they are at a greater risk of experiencing unfavourable social conditions over a longer period. Search for employment, opportunities for education; changes in production and marketing practices, direct and indirect effects of development with the ultimate quest being a search for better life are some of the reasons behind this growth. The major characteristics of exposed populations include large family structures, low levels of literacy, poverty, skilled and unskilled categories of work force along with poor health status.

Urbanization presents a series of cyclical challenges because of the lack of employment, steady incomes and low knowledge and awareness levels safety, survival and access to services (including better treatment seeking behaviour) are issues which impact exposed populations and increase their vulnerability. Unhealthy situations prevalent in low resource settings are usually nutritional deficiencies, increasing preference for unhealthy food and decreased consumption of fruits and vegetables; unsafe

water, poor sanitation, crowding and environmental pollution. This may be due to a series of factors poverty, lack of time or knowledge about healthy diet. These habits in turn lead to increase in physiological risk factors e.g. hypertension, increased glucose and lipid levels, and suicidal ideations.

These overall detriments to the quality of life were addressed through their social determinants (i.e. the causes behind the causes or the social, economic and cultural factors) by the BHUP through Healthy Urbanization Learning Circles (HULC) in partnership with BBMP and other institutional and NGO stakeholders.

Bangalore

Why was Bangalore selected? The city is one of the major hubs of socio-economic, industrial and technological growth in South-East Asia. It has grown phenomenally in the last decade and its current population stands at 6.5 million (in 2005). The city population is expected to cross 7 million by 2010. Bangalore is a living witness to the changing face of Indian cities. The city is an ever-increasing hub of industrial and technological growth, changing rapidly specially during the last two decades. Urbanization, industrialization, migration, changing lifestyles culture values of people, and economic growth are the hallmarks of the city's growth and development.

Since Bangalore has grown disproportionately in the last two decades, BBMP estimates that there are around 800 informal settlements of which 464 are officially registered. Communities, who live in these low resource settings are poor, have large family structures, low levels of literacy, form part of the skilled and unskilled work force and have poor health status. Most of these communities lack basic amenities and have limited access to services. Even if facilities exist, community may be disadvantaged in terms of information on childcare, healthy lifestyles and prevention of NCDs.

Bangalore is currently administered by Bruhat Bengaluru Mahanagar Palike (BBMP) which includes 6 CMC's (City Municipal Corporation) and 1 TMC (Town Municipal Corporation). Currently the area covered is 741 sq. kilometers (including the earlier BBMP area of 225 sq km). Earlier BMP had three zones, which have recently been increased to eight zones. The BBMP remains the principal nodal agency to deliver services to the poor, even though there is a choice of government and private providers. The city has nearly 10 tertiary care centres, 8 Medical College Hospitals, 500 small to large private hospitals and nearly 5000 family practitioners providing health care. The existing system has adequately geared up to meet the challenge of communicable diseases in terms of resources, skills and mechanisms, while the same is totally deficient for non-communicable diseases and injuries. This mix of hi-tech and deprivation, affluence and informal settlements, poverty and plenty makes Bangalore a typical field site for action

I. **Bangalore Healthy Urbanization Project**

BHUP is conceptually aligned to other interventions using the health promotion approach. For instance, Bangalore had initiated programmes towards wellness and established healthy life style centres in collaboration with WHO India office, CAMHADD and other partners. BHUP was preceded by the ProLead training (attended by representatives from BBMP and others, including the former Mayor and Councillor of Bangalore). The ProLead members were instrumental in drafting approaches to a Health Promotion Policy, which was accepted by the outgoing Council in 2006.

Existing policy environment: the BHUP works within a policy and recommendatory framework of the Government of India. Some of these are cited below: The most recent RCH-II plan of the Government of India represents a major initiative in urban health with the objective of providing 'an integrated and sustainable system for primary health services to cater to the requirements of urban exposed populations and other vulnerable groups'. National Slum Policy (Draft 2002) endorses an upgrading and improvement approach in all informal settings. The Tenth Five-Year Plan (2002-2007) outlines key areas for improving the health of the people as essential primary healthcare, and essential health services to people below the poverty line "based on their need and not on their ability to pay for the services."

Scoping paper

In order to address the current situation in Bangalore, WCO identified the National Institute of Mental Health & Neuro-Sciences (NIMHANS) as the agency for preparing the scoping paper and extensive discussions were held with stakeholders as part of the study.

The scoping paper identified key determinants of health and its association with health outcomes, assessed the current health status of exposed populations and the health system response (through various policies and programmes) and suggested a framework for developing and implementing future activities. The situation analysis indicated that poverty, education, employment and income, water and sanitation, safety and survival, growing elderly population and issues related to local governance were important social determinants of health in Bangalore.

Objectives of BHUP

The Bangalore Healthy Urbanization Project addresses strategic local health issues in urban settings through action research projects. The focus is on governance-related interventions that optimise the impact of social determinants in ways that improve health and promote health equity.

The overall goal of BHUP is to promote health equity in urban settings, particularly among exposed populations through actions in areas that relate to the project objectives by:

1. **Developing strategies:** Building an evidence base, generating policy ideas, evaluating current experiences and interventions, develop public health methodologies for health equity assessment and evaluation and deriving new knowledge on social determinants and health inequity.
2. **Demonstrating the applicability of strategies:** Demonstrating how “generic” municipal strategies can be applied and combined with tactical and context-specific interventions to promote health equity.
3. **Capacity building:** Building capacity at the level of the individual, the organization and the system by creating a learning environment for stakeholders, leadership training and applied projects.
4. **Conduct policy advocacy:** Developing and applying principles of advocacy, communication and social mobilization to influence health governance at all levels and enhance understanding of how a social determinants approach can be integrated in national health systems.⁶

Operational Plan of BHUP

