About Urban Health Resource Centre's Project

1. Introduction:

Urban Health Resource Centre (UHRC) is a non-government organization that works towards socio-economic empowerment, improving quality of life, health, nutrition, wellbeing and building empowered social organizations among disadvantaged urban populations in India with a focus on women and children through (i) demand-supply improvement and community-provider linkage focused demonstration programs, (ii) technical support to government and non-government agencies and (iii) research, advocacy and knowledge dissemination. UHRC's start-up was supported by USAID during 2004-05.

Vision: Our vision is an urban India were every resident enjoys optimal health, nutrition and well-being, realizes his/her full potential and contributes to the nation's growth and development

Mission: The mission of Urban Health Resource Centre is to bring about sustainable improvements in the health conditions of the urban poor by influencing policies and programmes and empowering the community

2. Problem Statement

India has world's second largest urban population at nearly 32% people residing in urban areas, which is expected to increase to nearly 38% by 2026. According to an independent committee report set up by Government of India nearly 270 million urban population falls below the poverty line. The Food Security Act estimates nearly 186 million urban dwellers (50% of urban population), as per Census of India 2011 were vulnerable enough to be eligible for food subsidy. Secondary analysis of Planning Commission and Census 2011 data reveals that there are 34 million urban poor children in India. A large number of urban slums are non-notified slums (49% as per the National Sample Survey conducted by Ministry of Statistics, Government of India in 2008-09), which also means exclusion from voting registers, from schools and health clinics, and of the most basic provision for water, sanitation, drainage and waste removal. There are tremendous gaps in provision of other services as well including subsidized food in lieu of below poverty line ration cards, and access to public health care due to huge shortage of public health facilities. Overcrowding, poverty, low access to healthcare and undernutrition further deplete standard of living and constant fear of eviction discourage any efforts towards improvement.

3. Methods and Practices:

UHRC develops demonstration programs to serve as learning sites for implementers, program managers from governmental and non-governmental agencies, policy influencers, researchers, students, and academicians. These programs are continuously built upon and improved through lessons and feedback from communities and other stakeholders. This unique core of UHRC

programme implementation has contributed to the flexible evolution of this approach with interdependence and sustainability as the foundational premises.

Our programs facilitate the formation of women's and children's groups to strengthen the social cohesion in slums and to address gender inequity. The program works toward building their capacity to take charge of processes that affect family economics, health, education, nutrition, housing improvement and overall social wellbeing. UHRC enables community groups to a) acquire knowledge, b) build negotiations skills (such as sending collective applications to civic authorities) and, c) develop confidence to improve their living environment and to increase access to health, nutrition and social entitlements offered by different government agencies. The slum communities participate in health education and promotion sessions that UHRC holds periodically on topics such as maternal and child health, nutrition, hygiene, and environmental health. The programmes encourage slum women's and children's groups to steadily build community-based collective savings (that serve as social development funds); train community groups on maintaining records of collective savings, loans given from the savings' pool, and interest received, along with the principal amount; and learn the essential elements of managing savings and loans in a systematic manner. Loans are utilized for various needs: a) Maternal and Child Health, b) Health emergencies, c) Prevention of school drop-outs, d) House improvements, e) Food insecurity, f) Expansion of small enterprises, g) Repaying debts from money-lenders, and h)Social and family expenditures.

Community groups of a local area are networked into a larger congress called a "federation" consisting of elected women's group leaders. The federation of women's groups is the entity that receives modest grants, regular supervision, and mentoring support from the UHRC teams. Urban Health Resource Centre partners with participating community groups and the federation and helps them access available services, schemes and resources.

Our approach is to train communities to help themselves, and to keep costs very low. For example, in Agra (city of the Taj), our programme has yielded tremendous benefits at a cost of just 4 US cents per person per month.

4. Donations will be used for:

Capacity building and mentoring sessions with women's groups and cluster level federations of groups on a) building collective social needs funds at group level to offer loans for exigencies, b) building a cluster-level social needs fund, c) motivating families regarding children's education, d) learning how write/submit collective community petitions/requests, reminders for services and follow-ups with civic authorities including understanding of which authority to approach for different services, e) learning about Government Picture-ID, proof of address government schemes, documents required to apply for the benefits (e.g. birth certificate, caste certificate, income certificate), where to apply and which relevant offices/service centres to pursue information from.

5. Picture Gallery:

1) Lanes of Slums get paved with assistance from local government after submission of petitions and reminders by women's groups with support from UHRC



2) Slum communities get electric connections through repetitive collective petitions



3) Newly constructed water storage tank in slum: life becomes convenient for women and families



4) Installation of a submersible pump to retain piped water supply to households



5) Determination and Resilience: Basti residents re-build a temporary bridge for themselves



6) Elevation of houses prevents flooding of houses with dirty water during heavy downpour



7) Slum women showing their newly acquired Government Picture ID and proof of address cards



8) A session with slum children, Reading Maps and Knowing India's States, capital cities

