Urban Service Planning
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Lecture 55
Vulnerable Population Groups

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Welcome back. In lecture 55 we will talk about vulnerable population groups. The different concepts that we will cover around vulnerable population groups particularly women. Then we will talk about gender equality in ULBs. We will talk about the Beti Bachao Beti Padhao program.

Then we will talk about another vulnerable population group which is the elderly. Then we will do a two case studies one or neighbourhood support services in Indian cities and the

other on neighbourhood infrastructure influencing quality of older citizens in quality of life of older citizens in Kolkata and finally we will discuss on the national program for healthcare of the elderly.

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So, vulnerable population groups are, there are different vulnerable population groups in urban areas or for in a country for that matters. Either these people are vulnerable because of issues related with geographical access that means they live in remote areas and they cannot be served with the different services that everybody else is getting. The other is because this group suffer social and economic disadvantages.

Such as scheduled cast, scheduled tribes and basically the urban poor who are denied many of the services and this is where we have to be really be careful and we have to provide specific services to cater to this group so that they also get similar benefits to develop or similar benefits to grow as the other population groups.

So, one of the primary focus of the one of the duties of the ULB as mentioned in the 12th schedule is to safeguard interest of weaker sections of society including handicapped and mentally retired. So, the different affected groups are backward racial groups, slum population, geographically disconnected habitats, women, children, elderly, disabled population groups, migrants. So, we can there could be many disabled affected groups and we can run different programs or different schemes so that these people are benefited.

Now, we have discussed several health schemes, we have discussed several skill development schemes. We have discussed several other schemes which covered many of these vulnerable

groups earlier. So, in this particular and also, if you we are looking into backward tribal population or some backward other groups or maybe geographically disconnected habitats in that particular case we have to also conduct programs where we take our services to these people and serve them.

So, we are not covering that in this particular lecture but more or less we know that certain states are more affected than others particularly in regards to tribal population or geographically disconnected habitats such as Arunachal Pradesh, Meghalaya, Mizoram, Nagaland.

So, 60 percent of these people are tribal whereas some other states such as Andhra Pradesh, Assam, Jharkhand, Gujarat, Chhattisgarh, Maharashtra, Orissa, West Bengal there also we find a more percentage of vulnerable people and so this schemes has to be special schemes has to be implemented in this particular areas. But mostly in this particular lecture we are focusing on two vulnerable groups.

One is women and the other are the elderly. We have covered children primarily through nutrition programs and other programs, we have discussed earlier. We have talked about slum population to a certain extent. We have talked about certain other groups also but in this particular lecture we will focus only on these two particular groups.

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So, SDG5 Sustainable Development Goal 5 talks about gender equality. So, this is where we talk about the vulnerable group population group which is women in general. So, first of all every, the target for SDG5's are to end all forms of discrimination against women and girls

everywhere. Ending violence and exploitation of women's and girls. Eliminating harmful practices such as child early and forced marriages and female genital mutilations.

Increasing value of unpaid care and promoting shared domestic responsibilities like women are the ones who take care of house, they may not be going to job but it is a big responsibility and it is unpaid care. So, people should respect this and they should say that yes this is a lot, this is a bigger responsibility and it is no way lesser than somebody earning member.

So, equal respect has to be given ensuring full participation of women in leadership and decision making. Ensuring access to universal reproductive rights and health as well. So, these are some of the targets of SDG 5 and some other means of access targets are fostering, equal rights to economic resources, property ownership and financial services for women so that women get equal rights for inheritance or for certain financial services and so on. Promoting empowerment of women through technology and adopting strengthening policies and enforcing registration for gender equality. So, these are the different targets for SDG5.

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Now some of this could be promoted in urban areas specifically and also we can empower women in urban areas as well in certain regards. First of all there has to be universal birth registration. So we can register the number of girl child that are born because there has been cases where girl child's, there is lot of people have killed girl child because in India this has happened because people feel that they have to spend more money and eventually the girl will go away and they have to give their marriage and so that is one big problem in society.

So, universal birth registration will probably help in that. Then the overall philosophy of Beti Bachao and Beti Padhao that is save girl child and teach girl child. That has to be brought inside society.

There has to be awareness generation against gender discrimination and gender-based violence. Then in addition many times school children and a particularly girls school children are prone to cyber-crimes. You know they are prone to cyber crimes or prone to substance abuse. So, that has to be prevented.
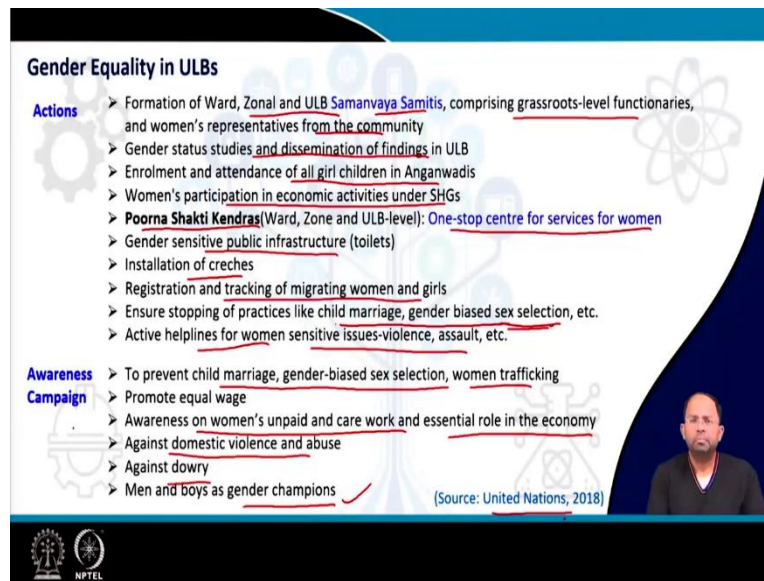
Gender responsive planning and gender sensitive budgeting for all aspects of urban plants and urban finance. Inheritance rights of women in property and land ownership in urban areas in general of course. Women participation in leadership in development and governance in ULBs. There has to be representative station from women groups in all sort of in ULB's governance and all.

Programs on adolescence health and sexual and reproductive rights. Inclusion and engagement of adolescent girls in livelihood and skill development programs. These are general skill programs which are implemented for everybody but we have to give special stress on these vulnerable groups.

Access to basic facilities for women and children everywhere and finally to empower girls to acquire higher education and technical skills. Empower girls to enter the labour market, empower girls and women to acquire equal rights to economic resources and finally empower girls to raise voice against sexual harassment, crimes etc.

So, lot of awareness and empowerment could be done through awareness campaigns and so on. And overall we have to improve the way women is treated in society. We have to improve through active awareness program as well as designing programs or designing facilities so that this could be at the urban level so that we can achieve this within a short period.

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So, some of the action and awareness campaigns that are planned for urban areas as per the United Nations report is formation of ward, zonal and ULB Samanvaya Samitis comprising grassroot level functionaries and women representatives from the communities. Gender status studies and dissemination of finding senior ULB's. Enrollment and attendance of all girl children in Anganwadis, sometimes this is a problem. Women participation in economic activities and under self-help groups.

Then Poorna Shakti Kendras which are one stop centre for services for women only. Gender sensitive public infrastructure such as toilets for women, installation of creches so that mothers can keep their kids and then they can go to work. Registration and tracking of migrating women and children because this will help prevention of women trafficking. Ensure stopping of practices like child marriage and gender-based sex selection so that in case people find out about the sex of the child before birth they may do something wrong.

So, nowadays it is not allowed to gender detection when including prenatal checks. Then active help lines for women sensitive issues violence or assaults. So, this can be set up in urban areas. And finally awareness campaigns to prevent child marriage, genders by sex selection, women trafficking then promoting equal wages, awareness on women unpaid care work.

As we just discussed that that women spend a lot of time at home but they do a lot of work but that is not recognized. So, it is essential role in economy needs to be people has to be made aware of that. Against domestic violence and abuse against dowry and also men and

boys can act as gender champions too make the other people aware of the role of women in society.

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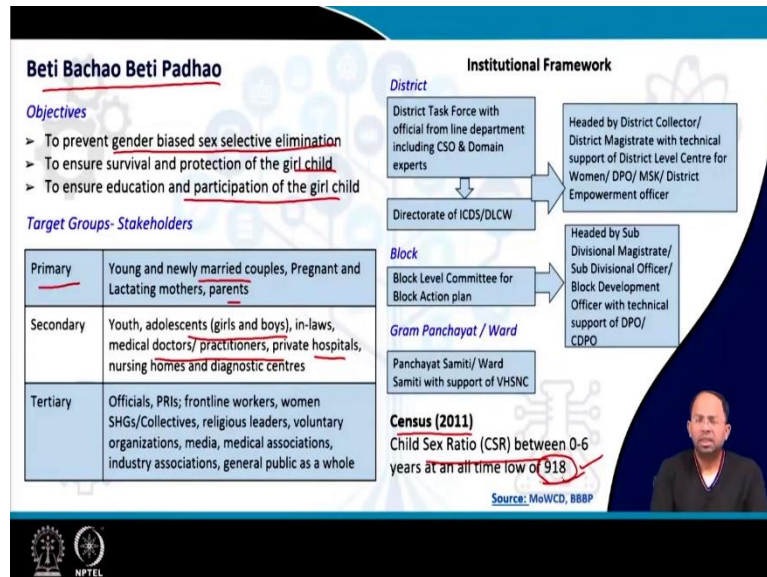
So, one of the programs which are the government of India has launched is Beti Bachao Beti Padhao. This was launched after the data from census 2011 showed that the child sex ratio in India has come fallen between for 0 to 6 kids with 0 to 6 years has fallen to a all-time low of 918. As you understand this will create a lot of problems in future because for every thousand boys there are only 918 girls. So, this will create a lot of imbalance in society.

So, that is something to counter that Beti Bacho Beti Padhao program was launched. The objective was to is to prevent gender by sex selective elimination. To ensure survival and protection of the girl child and to ensure education and participation of the girl child.

Primarily it is a program where it is an awareness building program and also the target groups for this awareness building programs or there are street plays and all these things to make people aware of all this, our primary stakeholders are the newly married couples, the pregnant and lactating mothers, the parents of the children. The secondary people are the youth, adolescent child and child both girls and boys, medical doctors, practitioners, private hospitals so that they do not engage in something unlawful activities such as sex selective elimination and so on.

Then tertiary stakeholders are the officials, frontline workers, women, SGHs collectives, religious leaders, medical associations who can also convey the message through their own channels to the people so that people do not engage in this kind of discrimination. To conduct

this program the institutional framework has been done so that designed at both of the district and the block or at the panchayat level.

So, overall at every level the committees have been formed so that task force has been formed so that this task force create this or conduct these programs on mass signature taking or conduct a place at different localities so that this kind of information or awareness could be built among the society.

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The second vulnerable groups that we will discuss is the elderly. So, as you know that population in most countries the population is aging. People are living for a longer period so we have a lot of aged or elderly in our society and this number is growing every year and also the other problem is in India we used to have a joint family structure but now because of jobs, because of migration due to jobs and marriages, now we are increasingly having nuclear families.

So, the support structure that we that elderly used to get from the families in joint families that is breaking down. So, that is why there is crisis in the family-based care system that means earlier elderly is used to get care from their family in their home but the family is not living nearby. So, they have to relent on other support services. So, this is leading to a lot of insecurity and uncertainty among the older adults so that has to be looked into. So, usually when people age there is degradation of health.

There is weakening of abilities to perform activities of daily living and increase in dependence for financial and emotional support. So, all these aspects are now missing and

elderly live alone in many places you will find elderly people living alone in certain neighbourhoods whereas children has gone abroad or children has gone to other states.

So, health issues, then issues of daily living, then issues of technical, financial, emotional support this all are missing for the elderly. So, when we design we have to be concerned about this kind of issues among the elderly and this kind of services needs to be provided to the elderly from some other means.

Now this external support services could be provided for daily care giving and it could be community and neighbourhood based support services, infrastructure and facilities. So, that means at the community level we can provide this kind of services but as you can understand that external support services are not free. There has to be some cost associated to it or there has to be some infrastructure or institutions that has to be built to provide this kind of services which are not there in our society. At least it still has to be walked upon.

So, we have to look into the overall quality of life of the older adults and then design this kind of facilities and services or even infrastructure to cater to this kind of services. Now one alternative is to have institutional care. In many developing countries elderly are being taken care of in institutions that means because they are unable to leave alone after a certain age. Elderly are moved into institutional care but as you know it is very expensive and it is not feasible in the Indian context.

So, in Indian context we should probably look into aging in place where we have to equip our neighbourhood environment for to accommodate the needs and requirements of the older adults. We have to provide this external support services from the community side so that we can provide this kind of services in the community itself and through properly designed programs instead of shifting elderly to institutional care which is which is not affordable in the first place. So, aging in place is something which our country has to look forward to.

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So, aging in place as per other studies we found, we have seen that this the level of independence is much higher because you live alone, you live in a community you live in a society so your level of independence is much more that is a good thing because that improves your quality of life.

Then you maintain your social connections that means you stay near your neighbours. You stay near your friends so that gives lot of emotional support. Then, it is a continuation of your family or lifestyle that means you continue to stay in your own place so you continue with your family and lifestyle, suddenly there is no change because you are shifted to some new locality or to some new institution and this also needs to overall well-being of the elderly.

So, aging in place is of course desired but there are a lot of challenges to implement it. So, two kinds of care one is home or community based support services which talks about wellness programs which could be taken up by the at the community level. It could be health-based programs or overall health as well as other support services that comes that could be delivered from the wellness centres or the primary health centres.

The nutritional support for the elderly, educational programs about health and aging, counselling services, general assistance with housing, finance, safety etc. One of the early adapters is China because there also it is, they have found that institutional care is expensive so better to go for community-based support services and now our country is also going towards that direction.

The other aspect is long-term care which is not only the direct care programs such as health and other wellness programs or nutritional support programs. These are wide spectrum of services which cover health, personal care and other social services such as the services which are traditionally received from the family. Like for example when you go for a walk in the evening maybe earlier your kid or your grandkid used to accompany you but there is nobody now because your grandkids family or your child's family has shifted to a new city.

So, provision of companions for evening walks gardening, reading or writing. Then meals on wheels that means you know to deliver food to the elderly directly so that in case they are unable to shop or unable to cook we can provide meals directly. Daily grocery or medicine delivery services, house cleaning services. Sometimes they are unable to clean their houses, travel guides and other activities of daily living. So, earlier this was done by the family but now we have to provide services for these aspects.

In India several government programs are being formulated or done which looks into the health, social security against abuse and exploitation, social support, psychological support and financial assistance to a certain extent. So, there are pensions for the elderly, there are health programs for the elderly, there are social security programs which are designed.

So, but in addition to that a lot of non-governmental organizations are also involved in provision of supports services particularly for long-term care. So, home-based care for Indian older adults are now being provided by many NGO's and all. So, this but of course there is lot of gaps which also needs to be addressed.

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Social awareness programmes	Through newspapers, leaflets or phone calls, etc. by NGOs or local volunteers	Case study:
Ambulance services	Provision of 24x7 ambulance services for elderly	
Arrangement of security guards	For the elderly living alone	Neighborhood
Fire check-up services	Conducting fire check-ups of elderly homes at regular intervals	
Assistance on call	Availability of assistance on call for helping the elderly in daily activities	support services in
Call helpline services	Provision of 24 x 7 call helpline services for the elderly.	
Help from local youth	Volunteers appointed by the municipality or the neighbourhood for elderly care	Indian cities
Home visit of doctors/medical professionals	Organization of regular home visit of doctors/ medical professionals	
Home delivery of health aids	Tie-up with health service companies for delivery and training on its use	(Source: Saha, S., Basu, S., Pandit, D. , 2022)
Self-help groups of elderly	Formation of self-help groups of elderly by NGOs, private or government organizations	
Provision of selling carts	Provision of selling carts (self-selling) for selling home-made products	
Elderly recruitment drives	Organisation of elderly recruitment drives in neighbourhood	
Basic ration services	Provision of basic ration services to the elderly	
E-complaints services	Road-related e-complaints at the municipality/ corporation	
Subsidized Transportation services	Provision of subsidized transportation services to the elderly	
Fall prevention programmes	Training on fall, prevention programmes & regular checks on falls of elderly	
Safety guidelines to elderly	Provision of safety guidelines to the elderly from the community police	
Neighbourhood watch system	Taking care of elderly homes when they are alone by volunteers or security guards	
Legal services	Legal counselling and advice on the matters related to property and other issues	
Crime awareness programmes	Updating the elderly in recent cases of fraud and con games	
Educative programmes for youth	Inculcate a sense of empathy in local youth and family for the elderly	
Loneliness mitigation services	Organisation of programmes for the elderly to participate in group activities.	
Elderly caregivers from NGO	Appointment of trained elderly caregivers through NGOs/ local clubs	
Elderly caregiving services	Provision of trained ayahs and elderly caregivers	

So, we will talk about two case studies where this kind of services are being explored. For example, the first case study looks into neighbourhood support services in Indian cities which are based on focus group surveys and based on actual service of the elderly and the NGO's of a particular area, a particular urban area. So, different services needs to be provided so this is a big list of services I will just take you through some of this.

Social awareness programs, ambulance services, arrangement of security guards for elderly living alone, fire check-up services like conducting fire check-ups for elderly homes are regularly intervals so that because they are unable to take care they for the elderly's forget so maybe they have not put off the gas.

So, all these things needs to be checked. Assistance on call, different kinds of assistance call and for that helpline service. Help from local youth, the youth needs to be sensitized, there has to be volunteers supported appointed by the municipality for some elderly care.

Home delivery of health aids, home visitor medical professionals, cell phone groups of elderly. Then elderly recruitment drives particularly for the young elderly there could be some recruitment for certain kinds of activities. This could be done by the NGO's or private some private or even government organizations.

Then basic ration services, then subsidize transportation services, fall prevention programs because this is a big problem, many elderly fell down. So, there has to be programs to training on fall prevention programs and regular check-ups on false availability. Legal services, neighbourhood watch systems, safety guidelines for the elderly because there are a lot of people who will also try to exploit the elderly and so on. Loneliness mitigation services, elderly caregiving services and so on.

Some other programs are home delivery of books, some trip organizations by NGO's so that elderly are taken for a guided tour, technology awareness program so that they can utilize the basic services, appetite stimulation because people elderly forget to eat. They do not feel like eating but if that is done then they will get frail and eventually they will die.

Awareness program for family members on elderly related issues to train family members how to look for the elderly. Then helpline for crime control, control of general things such as diagnostic services, training on use of health aids. Awareness on financial awareness and awareness on health aids, provision of health aids and so on.

So, this is a big list of facilities of services that could be provided at urban areas and this research was conducted by a research group or what are the different sort of services that elderly is require and desire at urban level in Indian urban areas and so this similar kind of services could be designed in urban areas or could be designed undertaken by the ULB's or by certain community groups or certain NGO's as well.

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Case study: Neighborhood infrastructure influencing QoL of older citizens in Kolkata

Prioritisation of neighborhood infrastructure based on gender groups

(Source: Saha S., Basu S., Pandit D. , 2022)

	Priority Male	Priority Female
Community Centre	High	High
Footpaths	High	Moderate
Internal road/ Street		
Parks	High	High
Open Spaces		
Clubs	High	High
Medical facilities	Moderate	Moderate
Teaching and learning facilities	Moderately high	Low
Shopping complex or multi-utility market complex	Low	Low
Religious place	Low	Moderately high
Gardens	Moderate	Moderate
Space for formal practice of sports in playground	Low	Low
Senior care centre (Day care centre)	Low	Low
Coffee shops or formal tea/ snacks stalls	Low	Low
Gymnasium	Low	Low
Cinema/ Theatre Halls	Low	Low

NPTEL

Similar to services another case study or neighbourhood infrastructure which influences the quality of life of the elderly was conducted for the city of Kolkata and this was determined for both male and female elderlies. For example community centres were identified to be of high priority by both male and female elderly.

Whereas roads and streets was identified of high priority for males because males are the ones who goes for a walk or goes for some sort of jobs at all whereas for female it was at a determined to be moderately high. Internal road streets was not found to be that important. Parks and open spaces if both males and females it was of high priority, clubs high for same, medical facilities where moderate priority but the reason because it may be the medical facilities were adequate or because this is not utilized every day that is why.

Then teaching and learning facilities, shopping complexes where of not that high priority, religious places where low priority for males but moderately high priority for the female because females are the ones who go for this religious temples or other religious places more often. Gardens were found to be moderate priority whereas everything else such as space for formal practice of sports, senior day care centres, coffee shops, gymnasium this were found to be of low priority.

So, this actually sums up the different kind of services and infrastructure that can be provided in urban areas for making sure that this elderly are assisted with their daily living as well as the provision of basic services for the elderly.

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So, then we will discuss on the national program for healthcare for the elderly or NPHCE and this is where a new architecture or for aging or a framework for an enabling environment for a society for all ages is being thought of by the government. So, here accessible, affordable, high quality long term comprehensive and dedicated care services are being thought of for the elderly and this is to promote active and healthy aging.

So that elderly's age with active participation in different activities as well as they age healthily without much of diseases because that creates lot of mortality and mobility. That puts a lot of cost to society as well.

So, this kind of program could be done in convergence with other missions and other departments such as the National Rural or Urban Health Mission, Ayush, Ministry of Social Justice and Empowerment and so on. So, three components of this particular program one is the National Health Mission, the other is a tertiary component and finally the research component.

So, the National Health Mission component is what we have discussed earlier that is we are primary and secondary care centres such as District hospitals, community health centres, Primary Health Centres, wellness centres which should directly cater to the elderly in the community level also at urban areas and this would be for different levels of interventions that is required elderlies can first go to the wellness centres and then they can refer to the primary health or community health centres and eventually to the district hospitals.
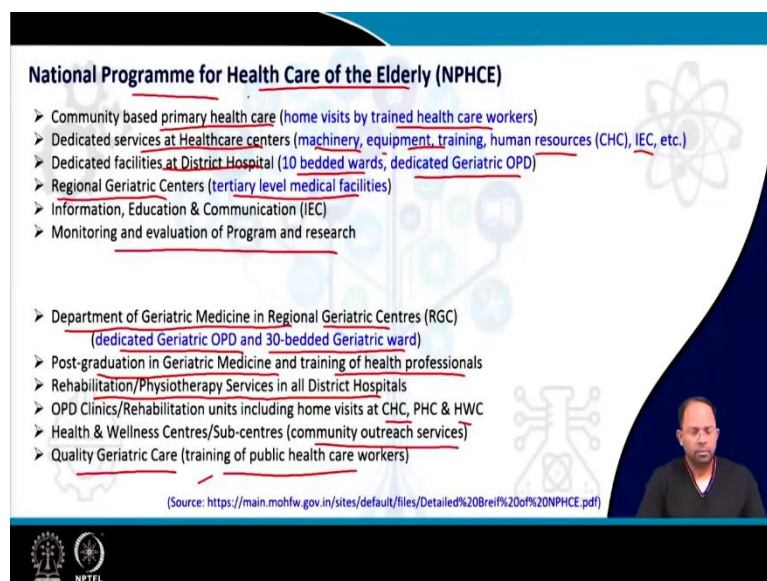
In addition to that a tertiary component is being thought of where regional geriatric centres and National centres of aging serving thought of. So, this comes under the Rashtriya Varisth Jan Swathya Yojana which was formulated in 2016-17 where 19 medical colleges in 18 states has been given regional Geriatric Centres whereas two AIIMS, two centres National centres AIIMS in New Delhi and Madras Medical College have been identified as the national centres for aging where specialized treatment as well as programs for elderly populations or genetic populations are taken up. So, that is why it is known as the tertiary component.

Finally research is being conducted on longitudinal aging study in India and this is conducted by the International Institute of population studies where they are looking into the different kind of disease burden and risk factors for elderly.

So, things they are measuring it as well as they are taking stated responses from the elderly on the different health issues and all. Then healthcare and healthcare financing what to be done for the elderly, then social aspects like family, social networks, social welfare programs for the elderly. So, accordingly new programs could be designed.

Then income, wealth, expenditure, employment, retirement pension so this is all these economic issues of the elderly are also being investigated. So, a lot of this surveys and research is being conducted so which will eventually help us to formulate future programs for elderly welfare or elderly well-being.

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So, overall this particular national program for healthcare, it includes community based primary health care where because it is community based, we have earlier seen in when we

have learned about health services that home visits by trained healthcare professionals can happen so that the service could be provided at our individual's home directly.

Then dedicated services at Healthcare centres for the elderly where elderly would be having adequate machinery equipment training, additional human resources, IC campaigns could be conducted just for the elderly itself. The dedicated facilities at the District Hospital like extra 10 bed, wards for the elderly. Dedicated geriatric outpatient departments as well as all the different equipment required for inpatient treatment everything should be provided.

Then regional geriatric centres which can provide tertiary level medical facilities for the elderly which are for specialized treatment and all for particularly geriatric related frequent or illnesses. Then IC campaigns as well as monitoring and evaluation of the overall program this is for this particular aspect for this particular program.

Now this RGC, this Regional Geriatric Centres will include a department for geriatric medicine. So, that means gradually separate programs are designed for geriatric services as well as different sort of treatment regimens also has to be formulated for geriatrics for elderly people and so on. And for that dedicated geriatric OPD and 30 minute geriatric wards also to be formula formed in this regional geriatric centres. Post graduation in geriatric medicine and training of healthcare professionals can be conducted as well over here.

Rehabilitation, physiotherapy services in all districts or hospitals so this is particularly important for the genetic population for rehabilitation and physiotherapy services. OPD clinics, rehabilitation units including home visits such community health centres, primary health centres and wellness centres.

Health and Wellness Centre sub-centres for community outreach services and finally quality geriatric care. We have to trade our public health care workers who visit their homes or at the community health centres that they can provide quality health care and for that special training has to be conducted.

So, these are all covered under this particular national program and this kind of programs can bridge the gap between normal health care or normal care as well as care for this vulnerable elderly group in the country.

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These are some of the references you can study. To conclude safeguarding interest of the weaker sections of the society ensures overall societal wellness and overall economic growth. Thank you.