



**USAID**  
FROM THE AMERICAN PEOPLE



# SAMAGRA

*Establishing a resilient health system for urban poor in India.*



## Urbanization



By 2046, **India** will be more urban than rural

## Reproductive Health



**24.2%** urban poor women became mothers as adolescents.



**53.7%** urban poor women are anemic.



**49.7%** currently married women have access to modern contraception.

## Child health



**38.8%** urban poor children under 5 years are stunted.



Close to **40%** of urban poor children (12-23 months) were not fully immunised.

## Tuberculosis



TB prevalence is **double** (17/1000 vs. 9/1000) among urban poor than urban non-poor

## Water and Sanitation

**25%**

household member defecate in the open as to less than 1% among urban non-poor.

**63.1%**

urban poor do not have safe drinking water facilities as to 38% among urban non-poor.

## Gender-Based Violence



**39.1%** ever-married women experienced severe or less severe violence by partner as to 21.3% among urban non-poor.

# STATE OF THE URBAN POOR IN INDIA

India is rapidly urbanizing. It will be more urban than rural in 2046 (UN World Urbanization Prospects: The 2018 Revision). This has put an increasing pressure on urban governance systems resulting in large gaps in provisioning of basic amenities of housing, drinking water, sewerage, and access to health services. Deprivation of such services has resulted in burgeoning of slums with conditions unfit for human habitation. The inhabitants continue to suffer from an overall poor quality of life and universal health coverage remains an unfinished agenda.

To meet these rapidly emerging challenges, penetration of health services and their utilization by the population are essential. Given the complex turf issues, a systems approach is vital to assure and improve health and well-being of the urban poor.

## THE CHALLENGE

### Health-systems



Lack of access to affordable and quality healthcare among urban poor



High unmet need for family planning



Low quality of maternal care; increasing malnutrition among children



lack of access to immunization



Increased vulnerability to communicable diseases such as TB, (MDR) TB, and NCDs

### Social Determinants of Health



Social exclusion of certain vulnerable group



Limited access to clean drinking water & poor sanitation



Growing menace of air pollution



Limited access to quality education



Job insecurity among informal workers

### Urban Governance



Complex governance systems



Unplanned expansion of cities

# OUR VISION AND MISSION



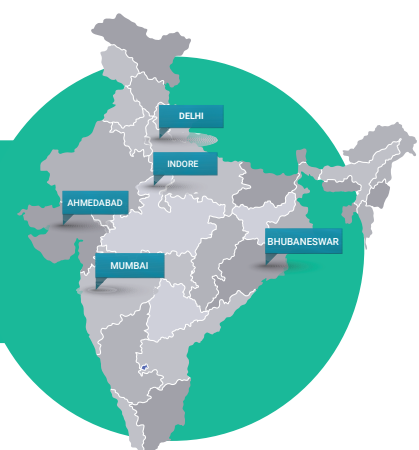
Samagra (meaning: confluence) is a PSI-led flagship project funded by USAID that aims to construct a resilient model for urban health by applying user-centric approaches to catalyse the public and private sector to improve primary health outcomes in urban India. Samagra will create an urban health ecosystem that is responsive, affordable, and equitable, and which provides quality preventive, promotive, and curative primary health care for the urban poor, with a focus on women, children, and other vulnerable populations.

As cities face the wrath of a pandemic, climate change and natural disasters, Samagra is poised to be at the forefront of this paradigm shift in viewing healthcare. The long-term vision of Samagra is to be a one-stop-solution centre/resource centre on urban health in India.

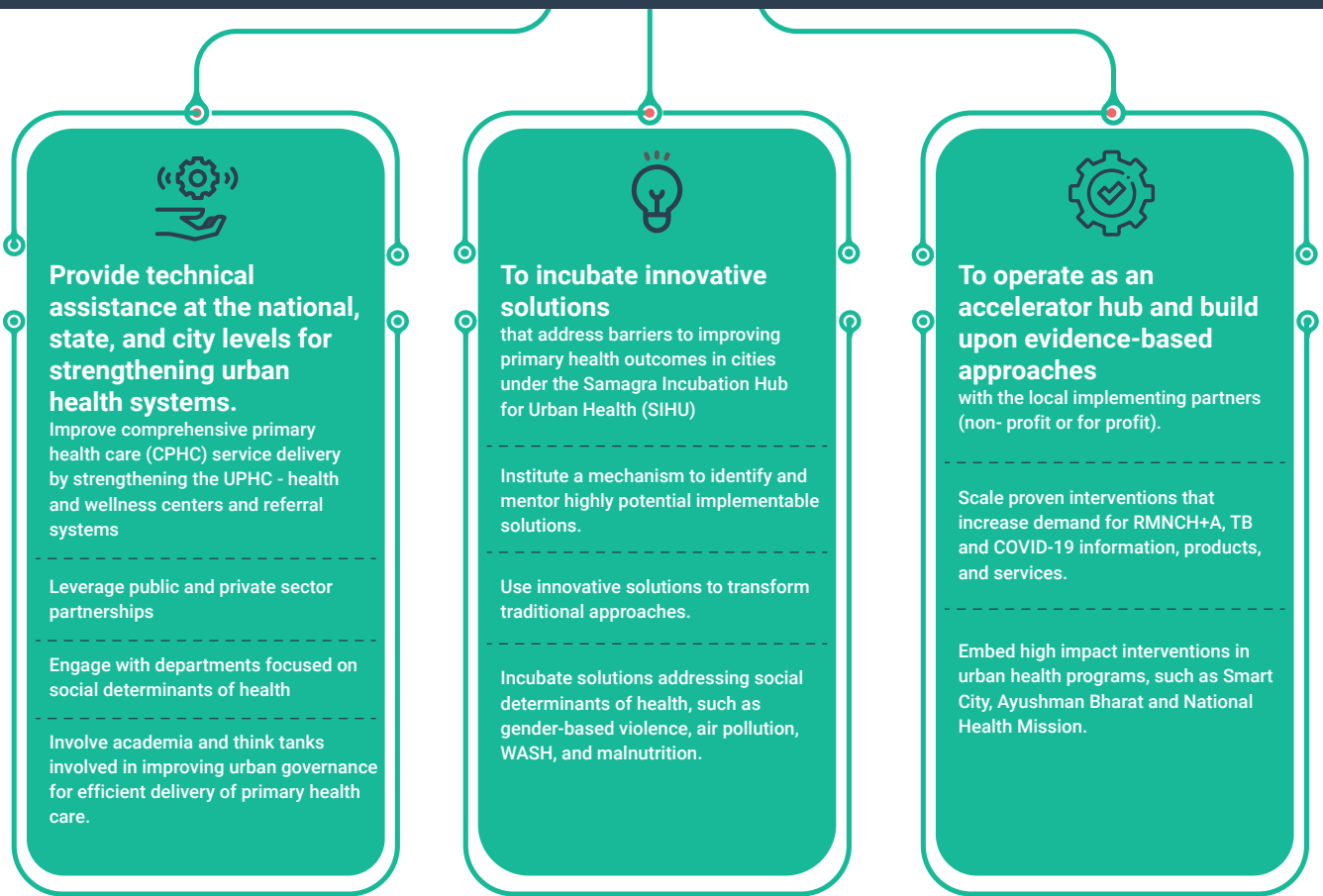


## OUR REACH

*The project interventions are currently ongoing in 5 cities in India, with a plan to scale in a phase-wise manner to 50 cities in the next 5 years.*



# OUR APPROACH



# OUR PARTNERS

## Our Implementation Partners

<p><b>Delhi:</b></p>	<p><b>Indore:</b></p>	<p><b>Ahmedabad:</b></p>
<p><b>Mumbai:</b></p>	<p><b>Bhubaneswar:</b></p>	

### Our Leverage Partner



### Research Partner

