



USAID
FROM THE AMERICAN PEOPLE



Urbanization and Maternal Health

Perspectives from USAID

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Global Health Initiative Seminar
Woodrow Wilson International Center
19 April 2011

Do I look uncomfortable?

Coming clean...

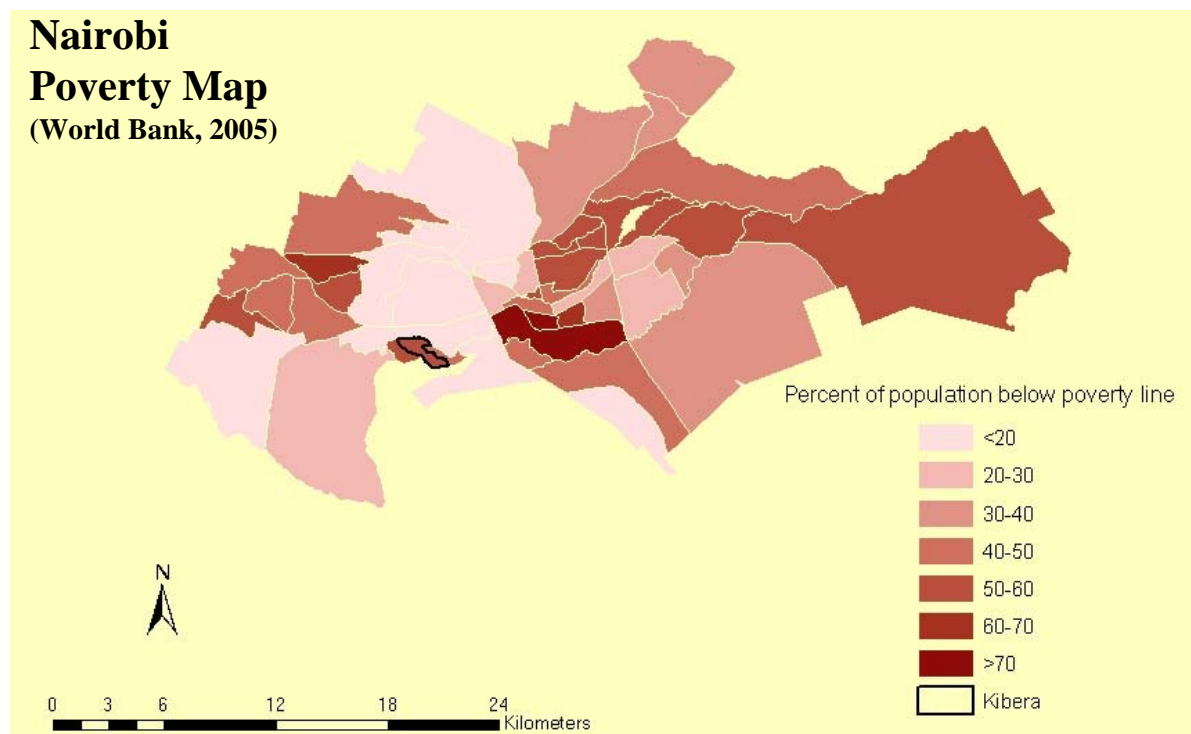
- I'm actually an "engineer" for me AMSTL is a Dutch beer
- I'm better with children than with women



**Catherine introduces another Mzungu to Korogocho
- Jan 2007**

My Assignment

- What are the challenges of tracking health indicators in urban slums?
- What is “slum mapping” and how do you think this can be utilized to improve maternal health?



Urban Indicator Challenges

Collecting Data

- Sample frame questions
- “Slum” classification problem

Interpreting Data

- Too often ignore wealth inequality
- Lack of attention to country/city diversity



A free net in a Tema slum (Ghana)

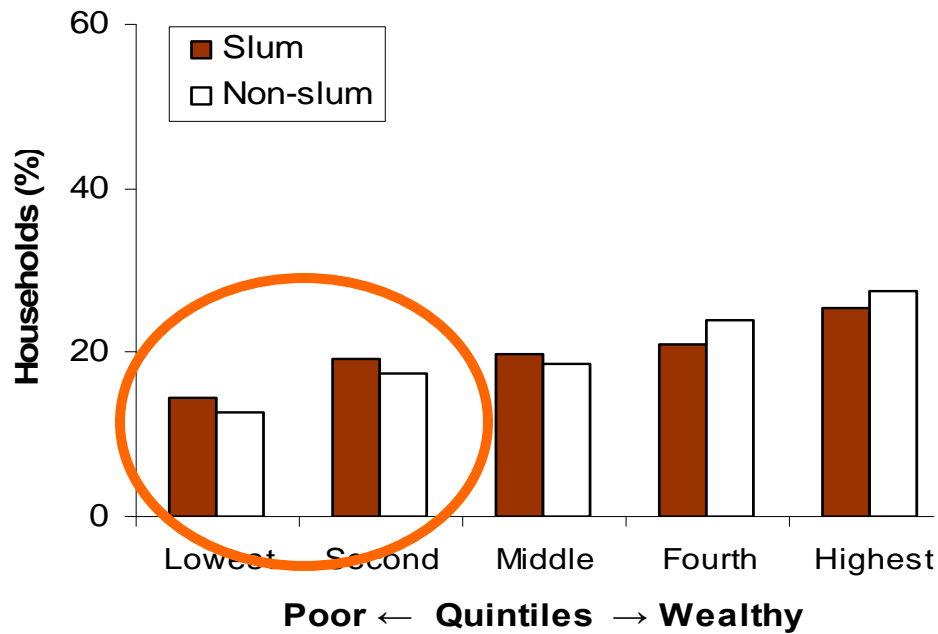
Do I live in a “slum”?

| Country | Year | Definition |
|---|---------|---|
| Bolivia – standard DHS | 2003 | Combine: Peripheral areas + Govt. defined: “poverty” areas |
| Egypt – slum sample vs. overall urban DHS | 2003 | Govt Defined: unplanned areas, lacking services etc. |
| India – oversampled Mumbai slum and non | 1998-99 | Field determined using definition of “what the area looks like” |
| Kenya – standard DHS | 2003 | Govt. defined poorest of five types of zones |
| Peru – standard DHS | 1996 | Peripheral areas |
| Ghana – special slum survey (forthcoming?) | 2003 | ? |
| Philippines – special slum survey (not completed) | 2003 | GIS analysis of clusters performed |

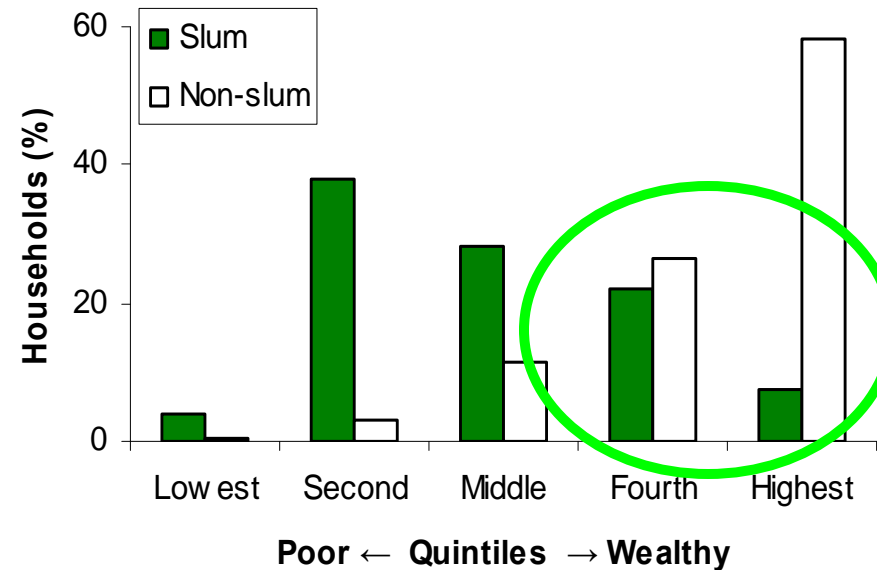
Slum diversity

Wealth Distributions

Lima (DHS 1996)



Nairobi (DHS 2003)



Or maybe 'health vulnerability zones'?

DHS Analysis Conclusions

- Significant slum variability
- Slums & poverty not the same
 - Wealthy in slum areas
 - Poor in non-slum areas
- Lack of services even for non-poor



Recommendations

- Focus on urban poor in DHS *analysis*
- Focus on urban poor groupings (slums) in *program design*

Urban data analysis and presentation

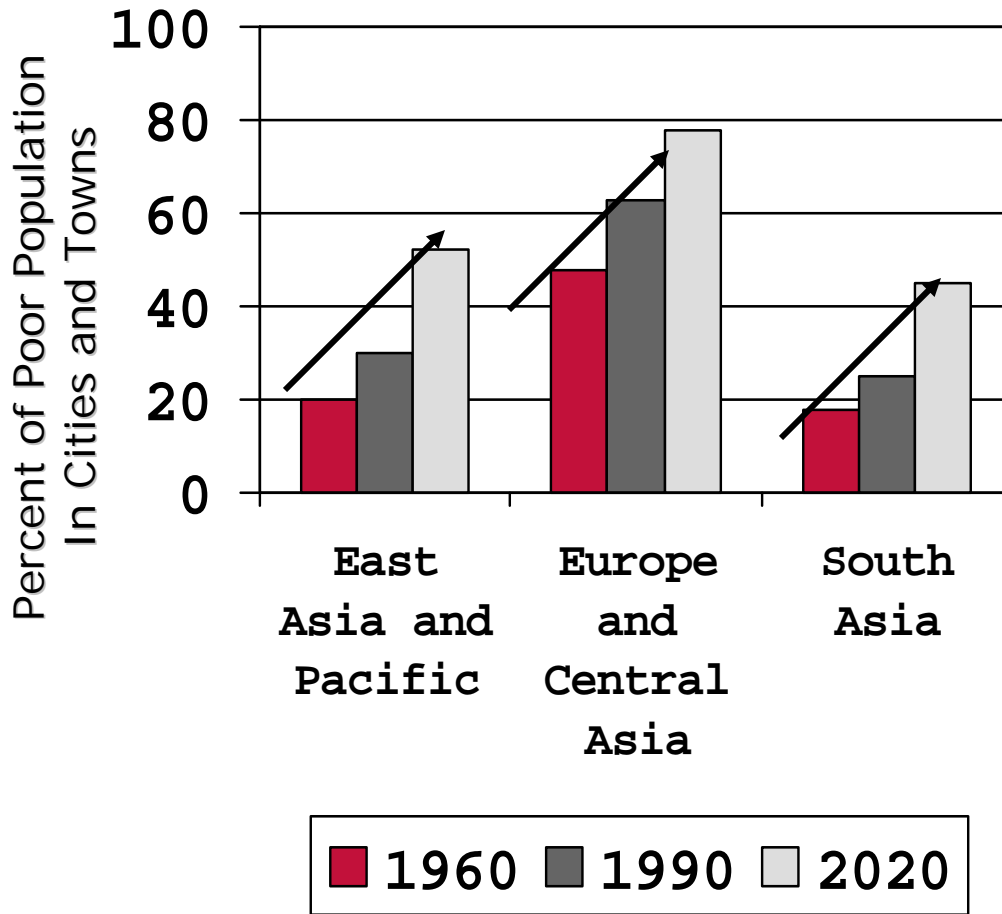
Conclusions

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Why is welfare important?

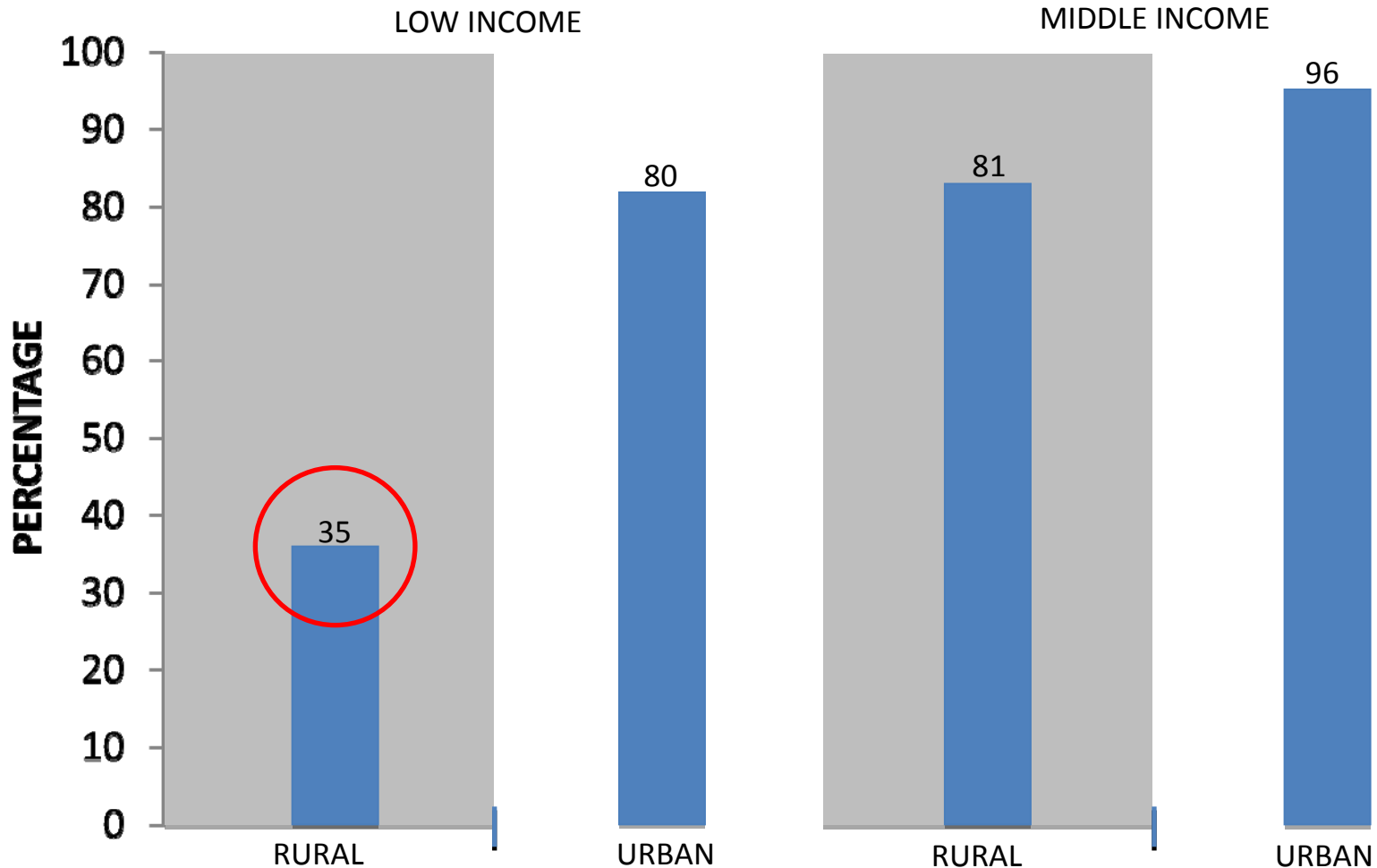


- Poverty is growing in urban areas.
- By 2020 over 75% of the poor in Central Asia and almost half of the poor in Africa and Asia will reside in cities and towns

Variation on Standard Line

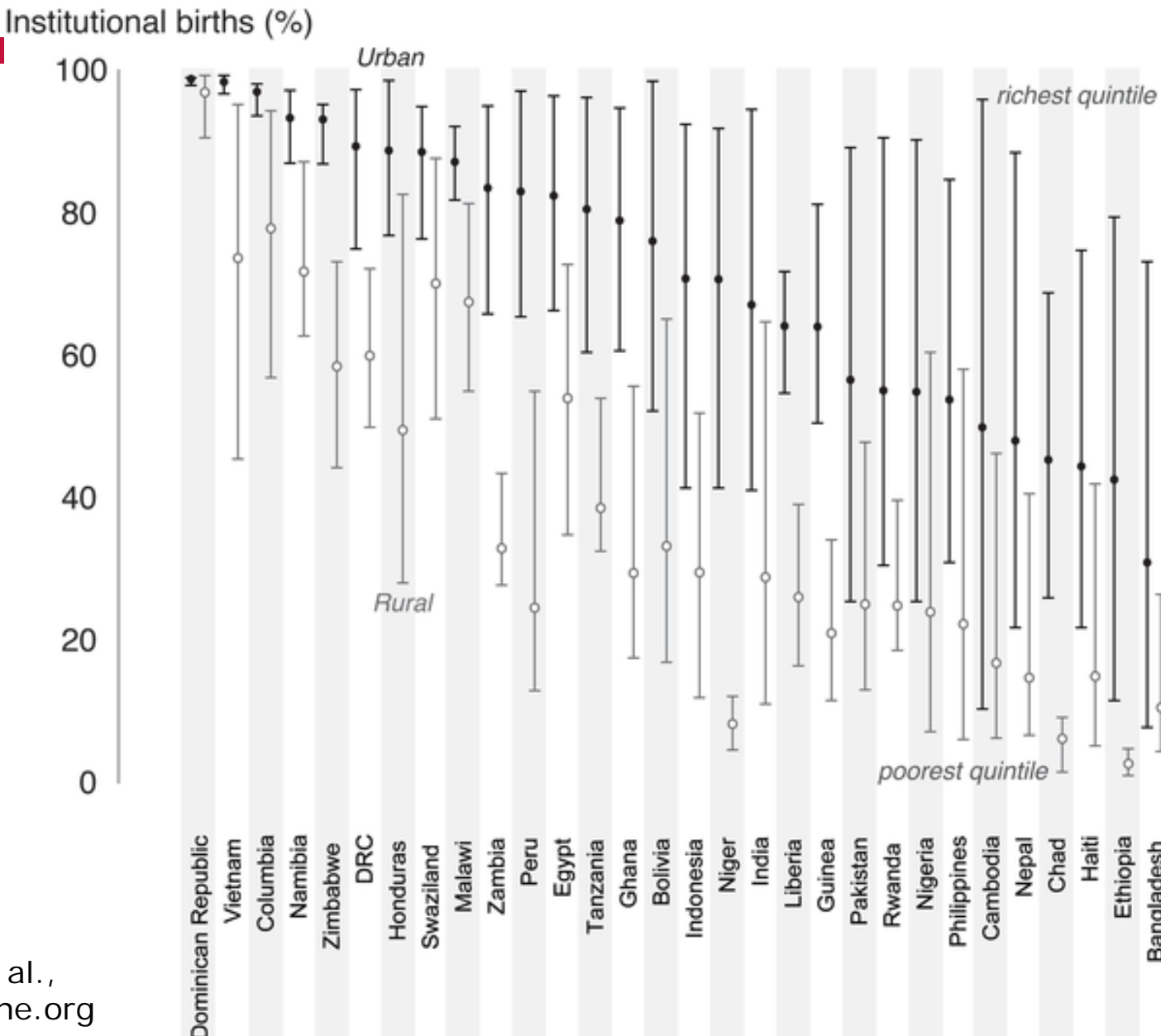
Rural in low income countries bad - lags urban/higher income better

BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL



Source: WHO 2010

More complete story



Source: Matthews Z. e. al., 2010. www.plosmedicine.org

An urban “exclusion” topology

Typology A: Substantial urban exclusion

Group A1

Large urban inequalities
Massive urban rich advantage
Most urban dwellers have low levels of service
Rural areas have no services

Chad, Ethiopia, Niger

Group A2

Large urban inequalities
Substantial urban rich advantage
Rural rich have some services
Large inequalities in rural areas

*Bangladesh, Cambodia, Haiti, Nepal,
Nigeria, Rwanda*

Group A3

Large urban inequalities
Substantial urban rich advantage
Rural areas have large inequalities
Rural poor disadvantaged compared with urban poor

India, Indonesia, Pakistan, Philippines

Typology B: Marginalisation of urban poor

Group B1

Urban poor excluded from services
Urban rich have high access to services
Substantial rural rich advantage

*Bolivia, Ghana, Guinea, Liberia,
Peru, Tanzania, Zambia*

Group B2

Urban poor excluded from services
Urban rich have almost universal coverage
Large inequalities in rural areas
Rural poor marginalised

*DR Congo, Egypt, Honduras, Malawi,
Swaziland*

Typology C: Minimal urban exclusion

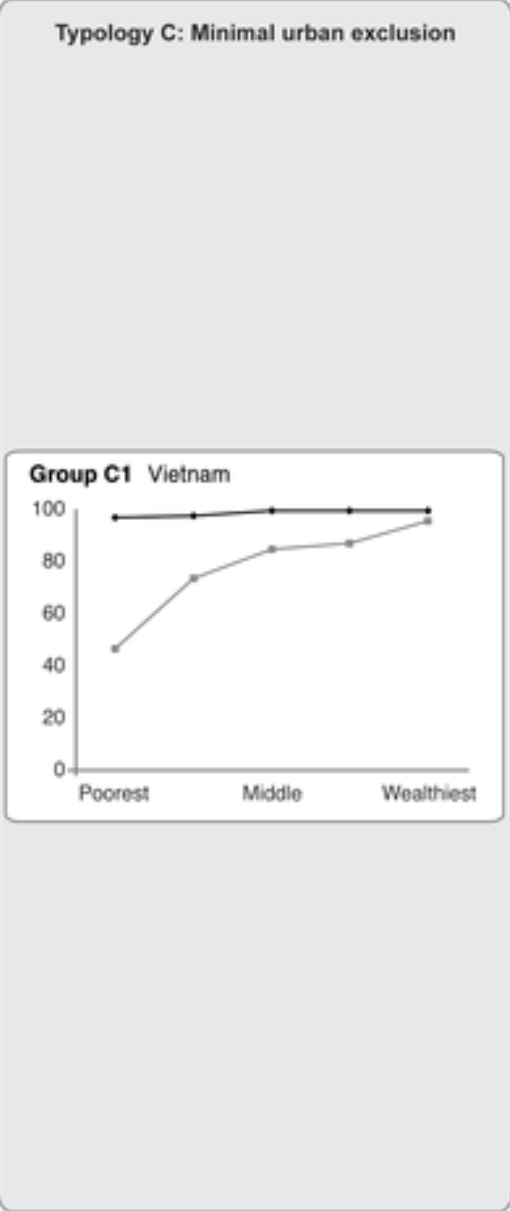
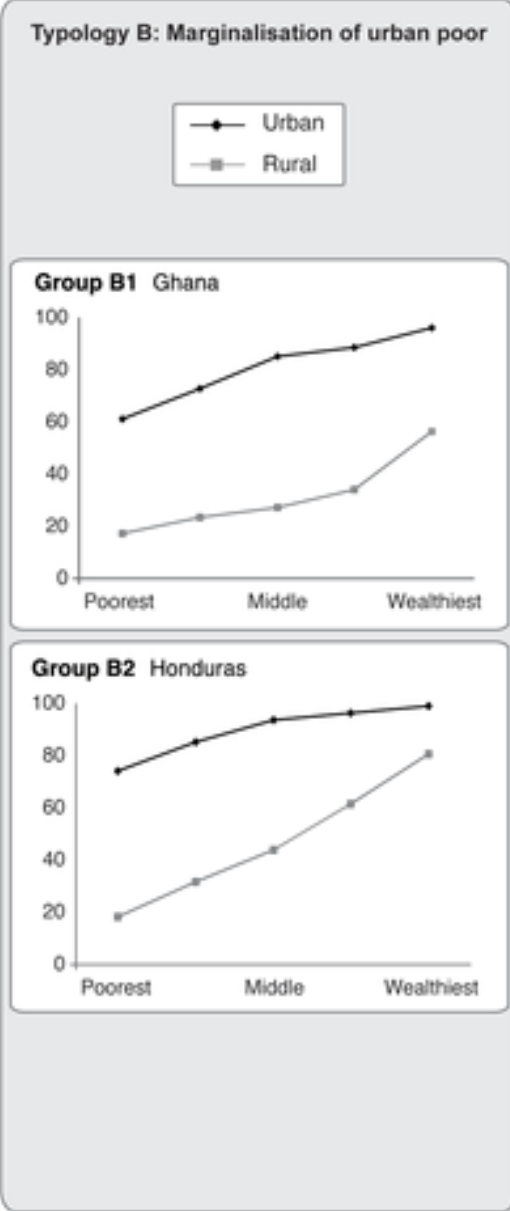
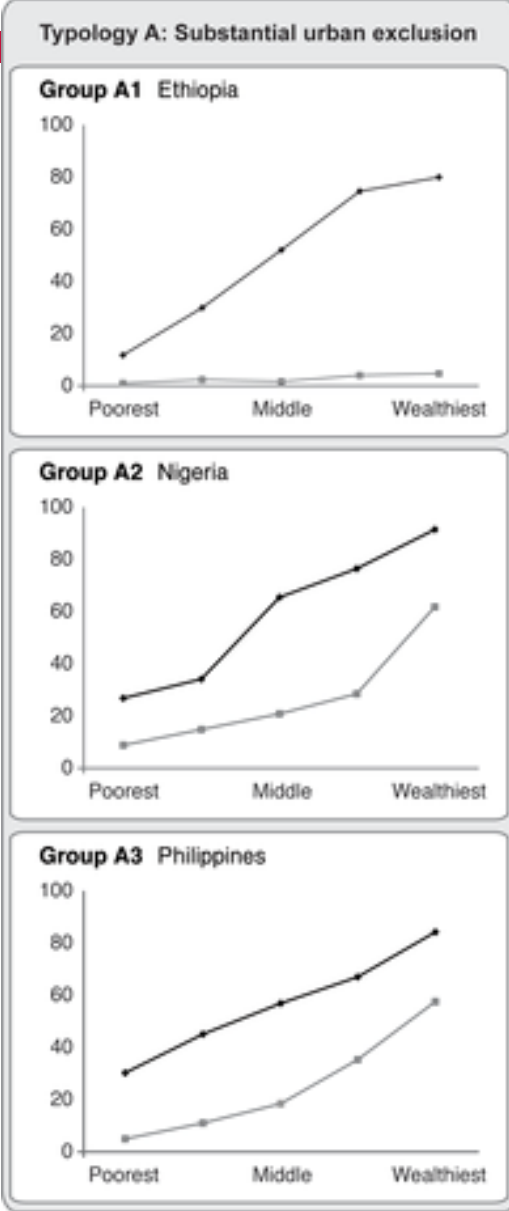
Group C1

Minimal exclusion or marginalisation
Only the poorest have low access
Some inequalities in rural areas
Rural poorest marginalised

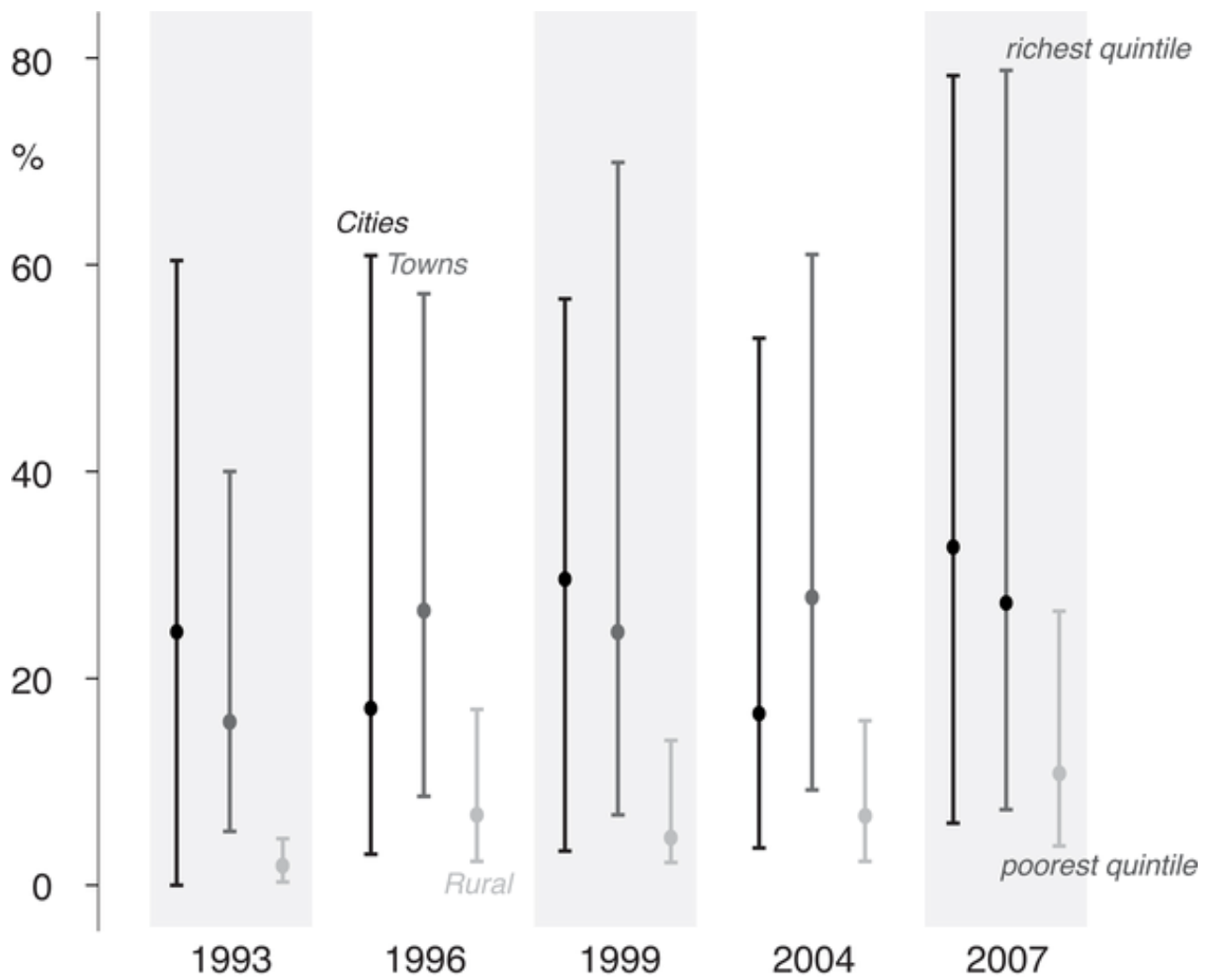
*Colombia, Dominican Republic, Namibia,
Vietnam, Zimbabwe*

A topology that suggests approach

Source: Matthews Z. e. al., 2010. www.plosmedicine.org



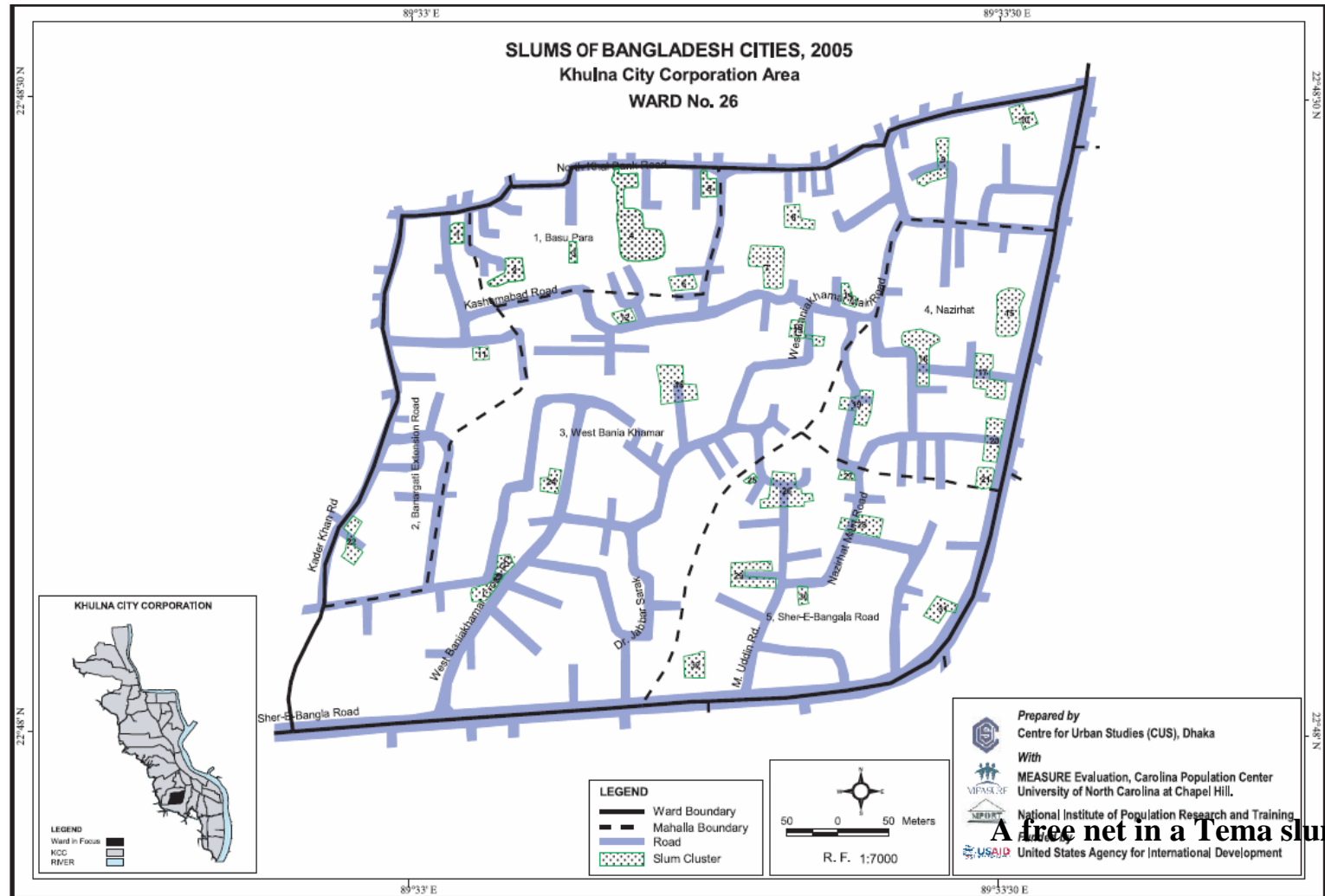
Even more refined – Urban Bangladesh variations



Source: Matthews Z. e. al., 2010.
www.plosmedicine.org

Level 1 - Mapping for planning

Bangladesh Slums Mapping and Census (USAID, 2005)



A free net in a Tema slum (Ghana)

Level 2 - Mapping for planning

Why?

- Scope out challenges (initial budgeting)
- Identify patterns (design intervention approach)
- Allocate resources (priority setting)

| City, State | Number of slums | | | |
|--------------|-------------------|-----------------------|-----------------|---|
| | Highly vulnerable | Moderately vulnerable | Less vulnerable | Total |
| Indore, MP | 66 | 92 | 381 | 539 |
| Dehradun, UA | 26 | 48 | 30 | 104 (+ 2 slums could not be visited) |
| Haridwar, UA | 31 | 35 | 10 | 76 |
| Haldwani, UA | 8 | 5 | - | 13 |
| Bally, WB | 50 | 65 | 7 | 122 (+ 1 registered slum which had only 4 houses) |

UHRC vulnerability assessment results (India, 2005)

Level 2 - Mapping for implementation



“Mapping” pregnant women (UHRC/Agra, 2006)

Level 2 - Mapping for implementation

Why?

- Identify target individuals/HH clusters
- Community engagement tool
- Community health worker work planning tool



The Vision Thing Tema slum (Ghana)

Back to the Future

“USAID staff must attempt to look beyond the immediate uncertainty of budgets, staffing levels, and organizational structures, and think about development challenges of the future – including urban health...”

Fluty H. and Lissfelt J. (1995)