



**Save the Children**

 **COLUMBIA**  
UNIVERSITY

**MAILMAN SCHOOL**  
of **PUBLIC HEALTH**

**AVERTING MATERNAL DEATH  
AND DISABILITY (AMDD)**

# A Scoping of the Status of MNH for the Urban Poor

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# Overall Scoping

- Collaboration between Saving Newborn Lives and Columbia University's AMDD program
- Conduct a global scoping of status of MNH for the urban poor
  - Literature review
  - Policy analysis
  - Mapping of existing programs and donors
  - Key informant interviews with relevant stakeholders
  - Case study in Bangladesh

# Outline

- I. Background: the urbanizing world
- II. MNH status for the urban poor
- III. Methodology: literature review + critical interpretive synthesis
- IV. Results:
  - I. Definitions vary across almost all terms
  - II. Recognition and exploration of urban poor
  - III. Evaluations/research on programs or approaches to service delivery being implemented
- V. Gaps in the rural mental model & how to think about program implementation in the urban slums in the future

# Urbanization

**1900** | 2 out of every 10 people lived in an urban area



**1990** | 4 out of every 10 people lived in an urban area



**2010** | 5 out of every 10 people lived in an urban area



**2030** | 6 out of every 10 people will live in an urban area

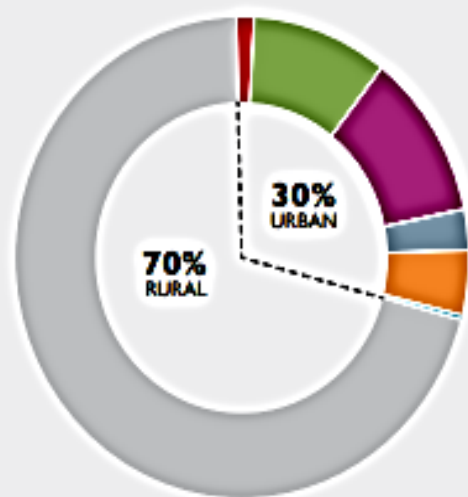


**2050** | 7 out of every 10 people will live in an urban area



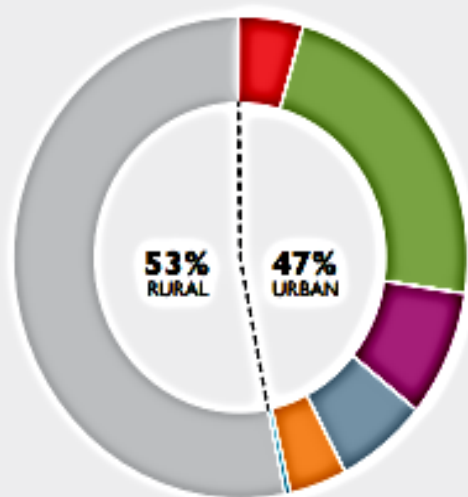
## The World is Becoming Increasingly Urban

### Urbanization trends 1950-2050, with urban population by region



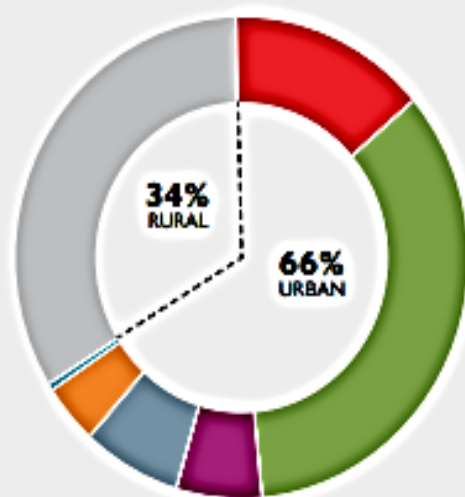
1950

Total urban population:  
**746 Million**



2000

Total urban population:  
**2.9 Billion**



2050

Total urban population:  
**6.3 Billion**

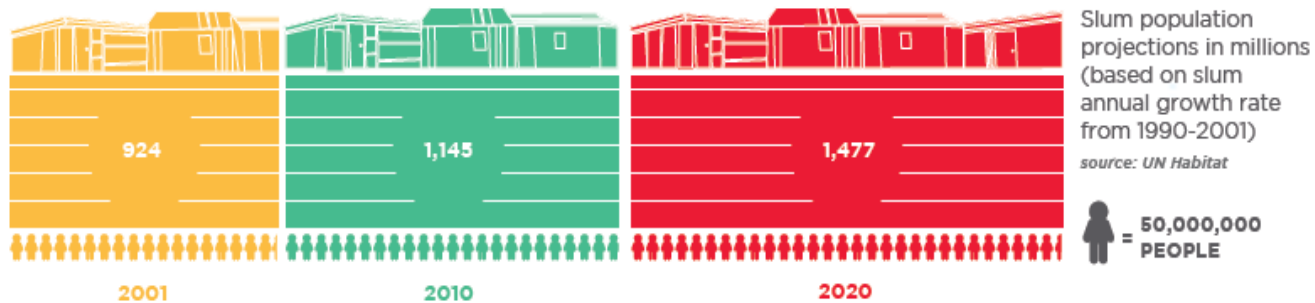
Over half of the world's population (54 percent) now lives in urban areas. This is projected to increase to 66 percent by 2050. Most of this increase (nearly 90 percent) will be in Africa and Asia.

#### URBAN POPULATION, BY REGION:

- Africa
- Asia
- Europe
- Latin America and the Caribbean
- Northern America
- Oceania

Data source: United Nations, Department of Economic and Social Affairs, Population Division, *World Urbanization Prospects: The 2014 Revision*. (New York: 2014)

# PEOPLE LIVING IN SLUMS GLOBALLY









# Urban and Slum Populations

Country	Proportion of urban population living in slum area (2005)	Urban Slum Population (2005) (millions)
Bangladesh	70.8%	27.86
Nepal	60.7%	2.59
India	34.8%	113.22
Nigeria	65.8%	42.93
Ethiopia	81.8%	10.38
Uganda	66.7%	2.42
Malawi	66.4%	1.52

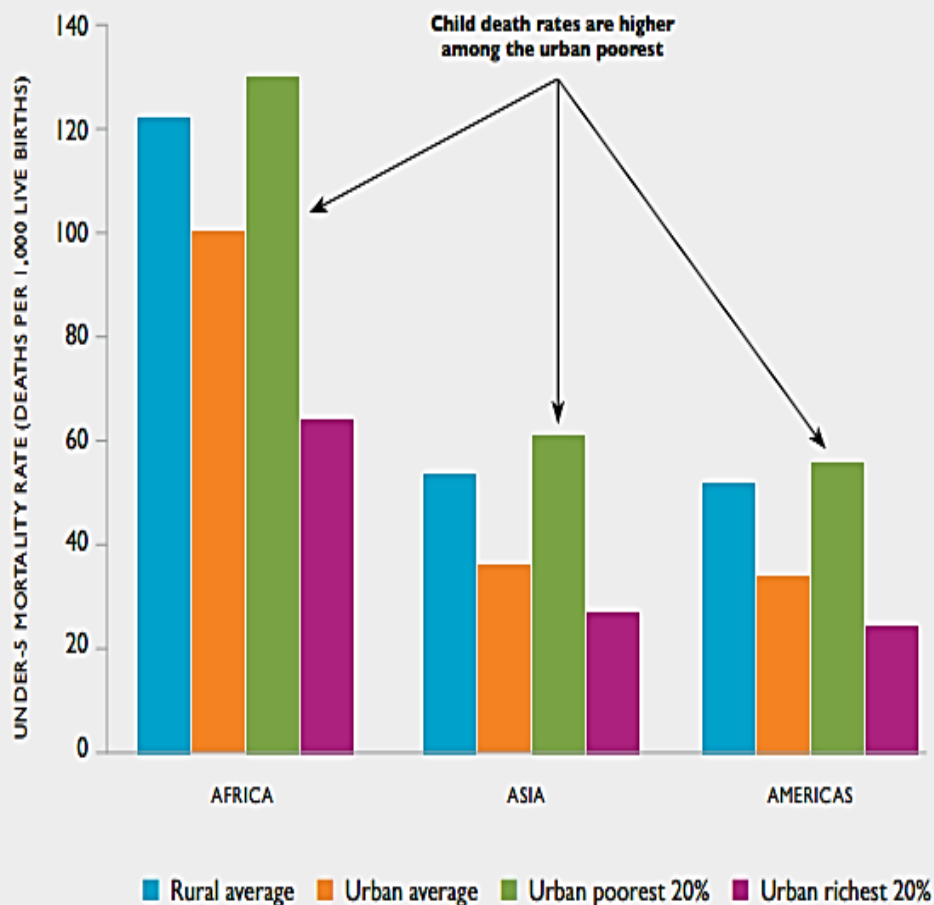
Source: UN Habitat

# The 'Urban Disadvantage' in Maternal and Newborn Health

Coverage Gaps Across Three Key Maternal and Child Health Interventions					
Country	City	Prenatal Care (at least 4 visits)		Skilled attendant at birth	
		Poorest 20%	Richest 20%	Poorest 20%	Richest 20%
Ethiopia	Addis Ababa	75%	92%	63%	94%
India	Mumbai	73%	92%	78%	100%
Nigeria	Lagos	81%	98%	76%	94%
Bangladesh	Dhaka	11%	77%	6%	77%
India	Delhi	27%	93%	19%	99%

## High Risk of Death for the Poorest Urban Children

### Under-5 mortality in developing regions, by place of residence and urban wealth quintile



Urban averages mask huge inequities. The poorest urban children are twice as likely to die as the richest urban children in Africa, Asia and the Americas. In all three regions, poor urban children are also more likely than rural children to die before reaching age 5.

Note: These results represent the average across countries for which urban DHS data were available for under-5 mortality, from surveys 2000-2011 (Africa=31 countries, Americas=8 countries, Asia=14 countries). As such, they may not be representative of these regions as a whole.

Adapted from: [www.who.int/gho/urban\\_health/outcomes/under\\_five\\_mortality/en/](http://www.who.int/gho/urban_health/outcomes/under_five_mortality/en/). Rural averages were calculated by Save the Children from the same WHO dataset. Data available at [who.int/gho/data](http://who.int/gho/data) under "Urban health."

# Methodology

- Systematic literature review
- Critical Interpretive Synthesis

# Literature search

- Literature review using following search terms:
  - Urban health
  - Urban maternal health
  - Urban newborn health
  - 7 SNL countries
  - Additional countries as identified

=> 600+ articles

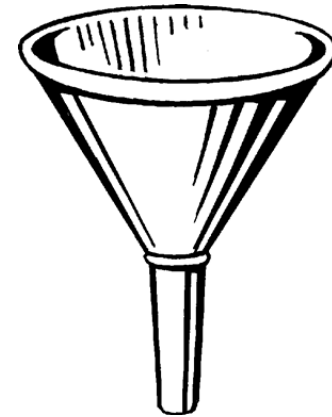
Ultimately **144** articles were included in the initial analysis

# CIS Literature Review

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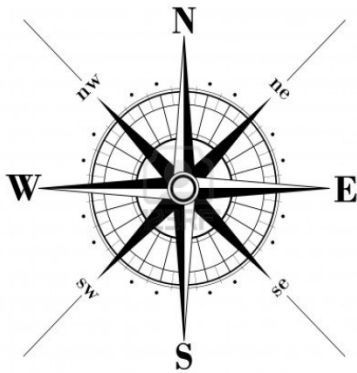


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# Research Question

A



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# Results



# Beware the definitions

What is “urban”?

Sweden: built up area with >200 households no  
more than 200 meters apart

Mali: Census in 1987: >5,000 population

1998: >30,000

2009: >40,000

What is a “city”?

NY = 8 million population

NY metro area = 9.3 million

NY-north NJ-LI consolidated metro = 21.2 million

# Slums

- Undefined/assumed
- UN Habitat definition
- Selective characteristics
  - Congested
  - Unhygienic
  - Low service utilization

# Exploration of state of urban poor (1 of 2)

- Care seeking
  - Profile of women going to facilities for complications and/or delivery
  - Stated barriers to seeking care
  - Preferences for type of provider and facility
  - Identifying ‘most vulnerable’
  - Security
  - Gatekeepers

# Exploration of state of urban poor (2 of 2)

- Women's perceptions of quality
  - Private sector as ideal
  - Unregulated providers
  - Financial considerations tied to quality/accessibility and timeliness of care
- Inequitable outcomes/health status
  - Immunization rates
  - Communicable diseases for newborns and under 5's



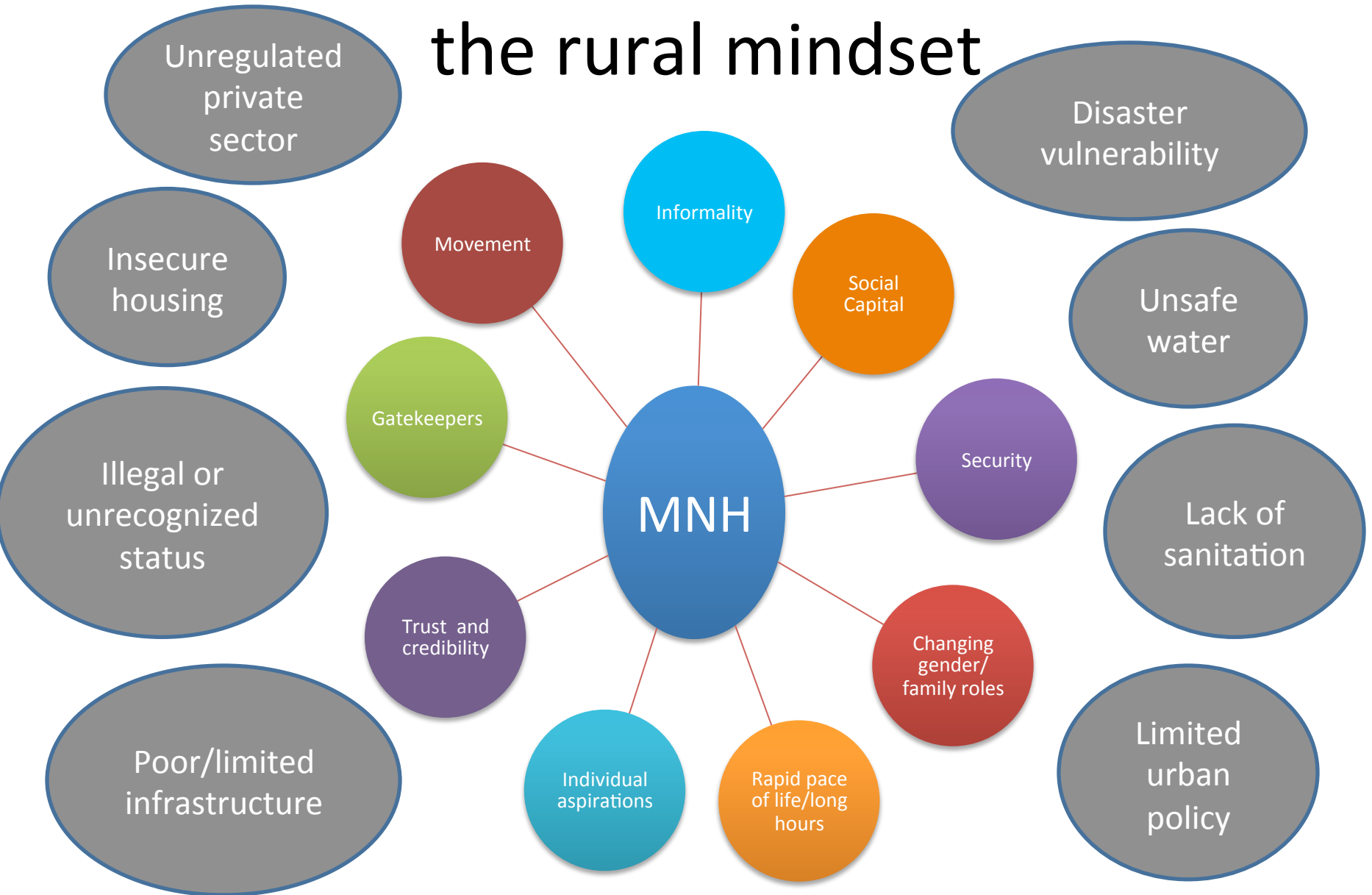
# Findings from evaluations/studies conducted in poor urban areas

- **Program implementation challenges**
  - Relying on volunteers is not sustainable
  - Household visits are challenging
  - Dynamic and mobile populations (inter and intra)
  - Media vs. word of mouth for education campaigns
  - Establishing credibility takes more time
  - Limited and questionable data

# Findings from evaluations/studies conducted in poor urban areas

- **Facility access**
  - Limited public sector presence
  - Delays in care seeking and in referring
  - Knowledge levels still very low
- **Context**
  - Women's employment may impact health outcomes
  - High c/section rates
  - Social support networks are fragmented and often non-family
  - Sanitation challenges => high rates of communicable diseases
  - Education level, age and parity play role in care seeking

# New dynamics that challenge the rural mindset





# What must be on the learning agenda

- Effective MNH implementation strategies that are sensitive to contextual differences
- Meeting women's aspirations
- Understanding social networks and creative ways to identify these
- Navigating the 'gate keepers' mediating care seeking
- Private sector role (formal and informal)
- Flexible and responsive systems that can adapt quickly to changing dynamics



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MOTEL

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MBC 165208

TERMINATOR 2

Thank you