Urbanization and Health
Perspectives from USAID

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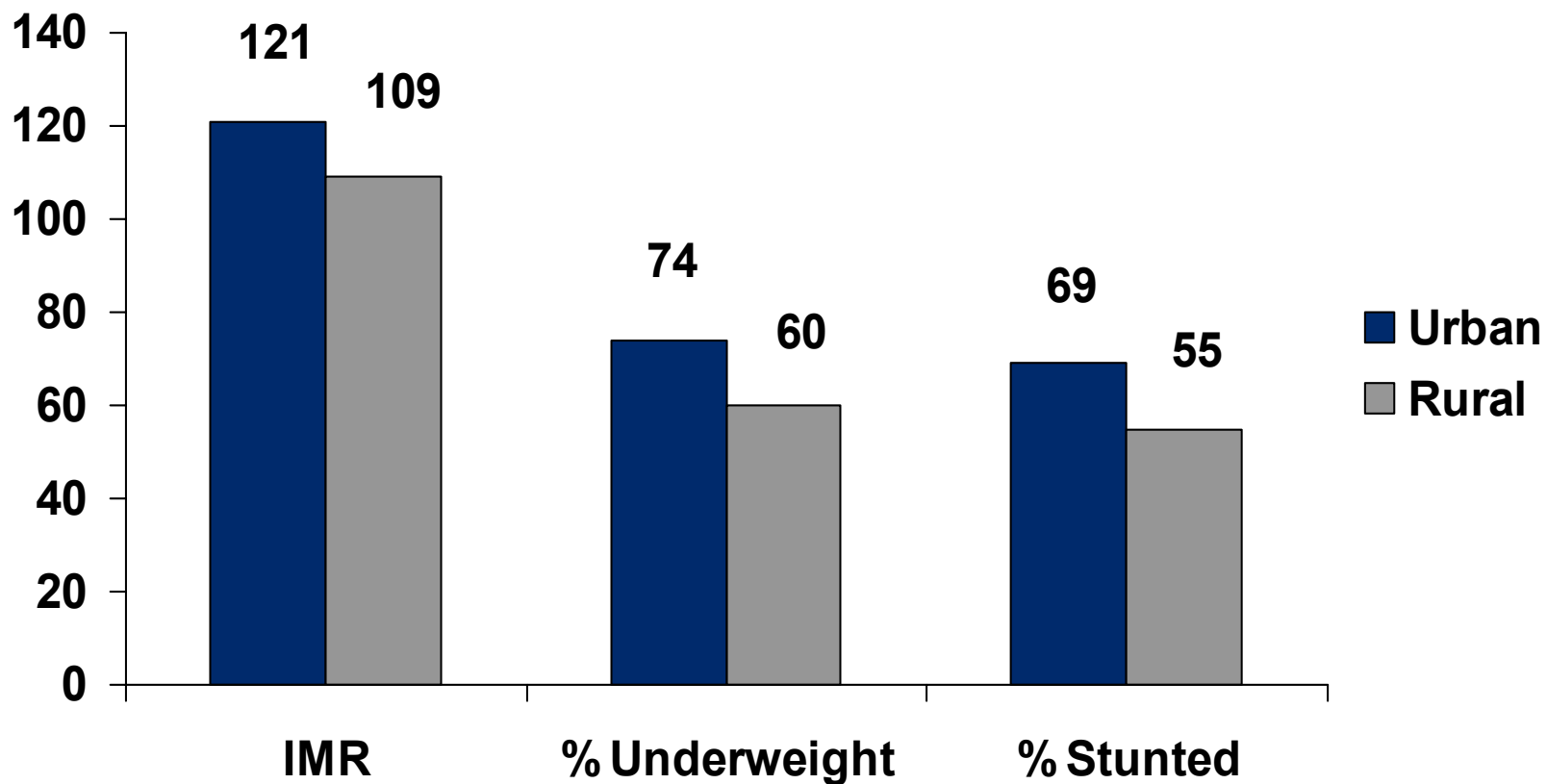27 June 2007

An Overview

- A familiar story – to some

- Recent efforts at problem definition

- USAID efforts of note
  - India
  - Bangladesh
  - Going to Ghana

- The future

Oceanside slum in Tema, Ghana

Motivation for Many

Infant Mortality and Nutrition: Poorest Quintiles in India '92-'93

Source: Socio-Economic Differences in Health, Nutrition, and Population, The World Bank, May 2000

DHS Data Analysis

Questions explored:

– Overlap between urban poverty and slum residence?

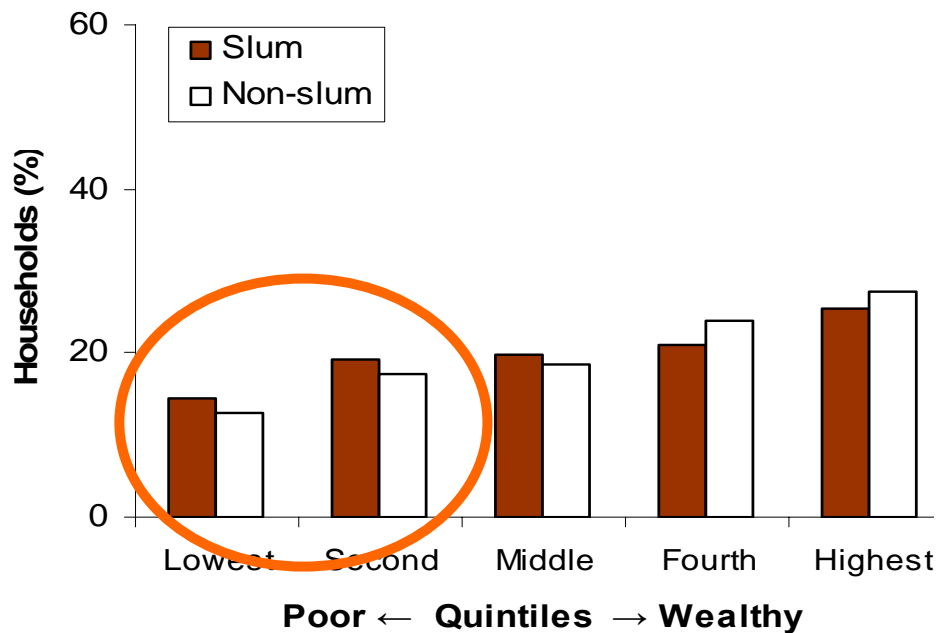– Will **slum-based targeting** address urban poor health needs?

DHS: Differing "slum" definitions

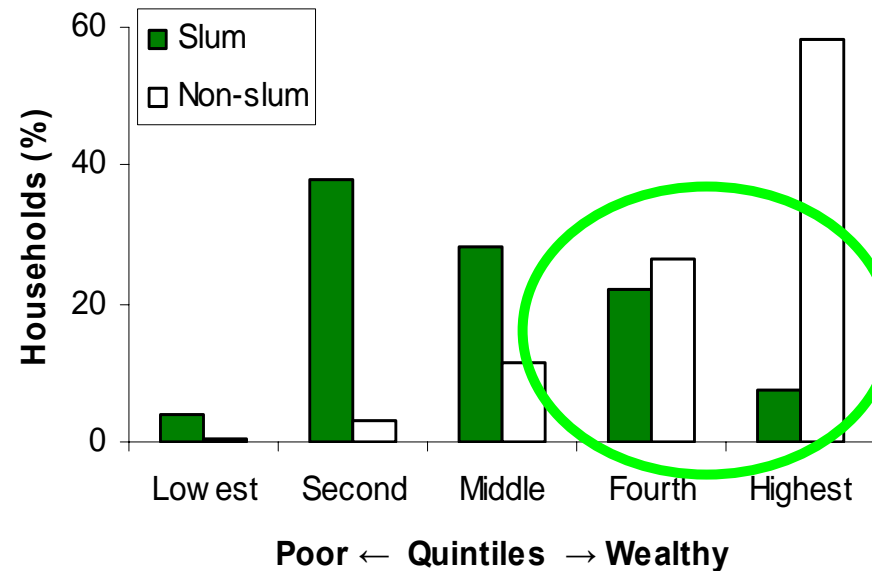| Country	Year	Definition
Bolivia – standard DHS	2003	Combine: Peripheral areas + Govt. defined: "poverty" areas
Egypt – **slum sample** vs. overall urban DHS	2003	Govt Defined: unplanned areas, lacking services etc.
India – oversampled Mumbai slum and non	1998-99	Field determined using definition of "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

DHS: Mixed slum populations

Wealth Distributions

Lima (DHS 1996)

Nairobi (DHS 2003)

DHS: What was learned?

Conclusions

- Signifiant slum variablity
- 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 slums in program design

Asian Slum Survey

- Interviews of residents and service providers (2005)
  - Four slums in Indore, India
  - Two in greater Manila
- Examine:
  - health-seeking behavior
  - health services needs & supply
  - reasons for unmet needs

Health issues studied:

Maternal health, child health, family planning, tuberculosis, domestic violence, and environmental health

Asian Survey: Resident/Provider Perspectives

Common

- Recognize cash barriers to service

Clashing Perspectives

- Social disorganization in slums a myth?

- Communications breakdown

  Providers: Poor unable to understand simple instructions

Asian Survey: Programming Implications

Support Bridging Gaps

Financial

– Alternative health finance

Communication

– Focus on provider-patient links

– Improve health education

Programs of Note: USAID/India

Most mature and extensive

- Focus: maternal/child health

- TA at the central level – policy and guidance documents

- TA at the state and municipal level for comprehensive plans

- On the ground "demonstration and learning" community mobilization

recent success
new *Urban Health Mission*

Programs of Note: USAID/Bangladesh
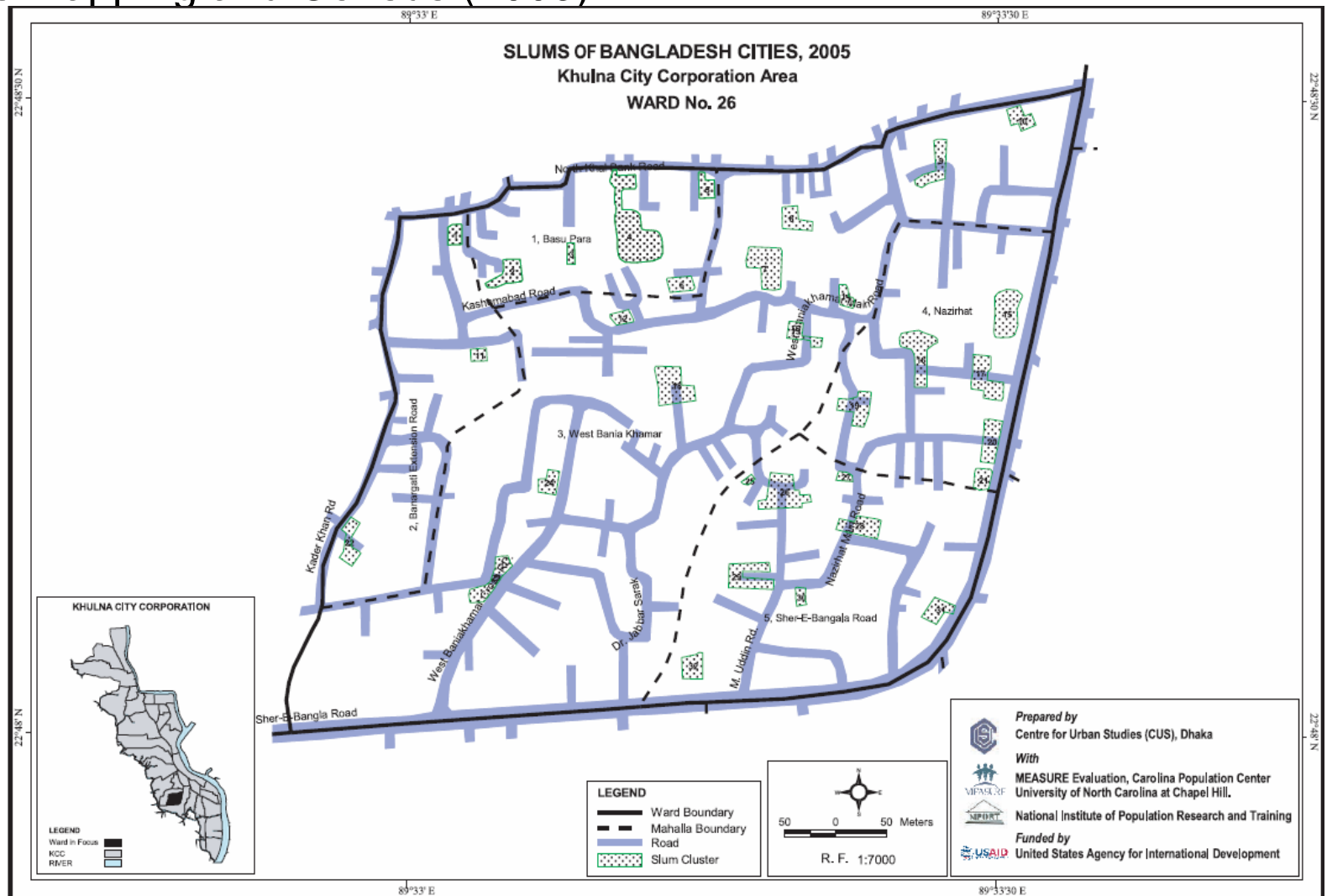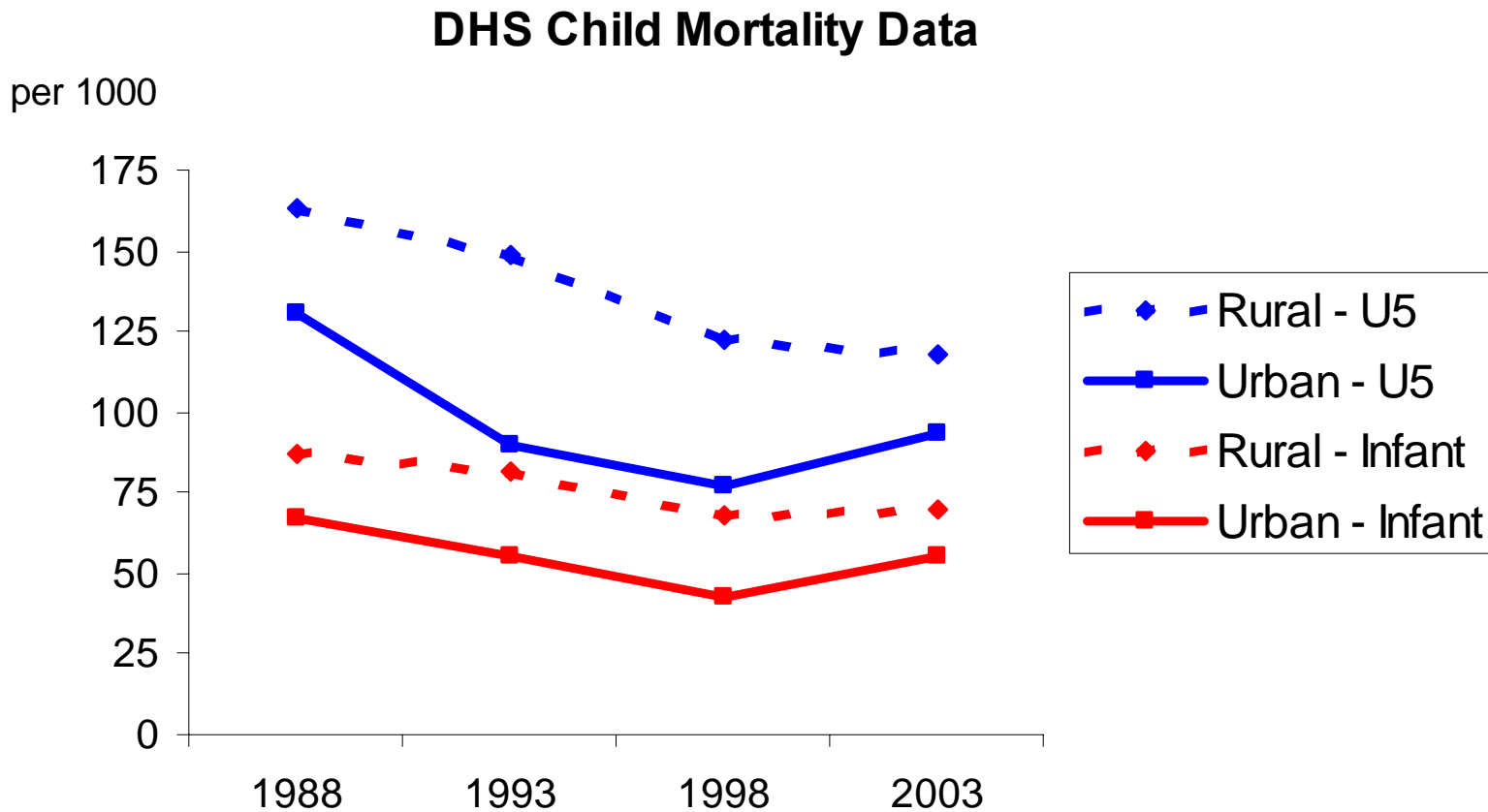
Slums Mapping and Census (2005)

Figure 2.7: Slums in Ward No. 26, Khulna City, 2005

Ghana: Why is child mortality stagnating?

DHS Child Mortality Data

per 1000

Legend:
- Rural - U5
- Urban - U5
- Rural - Infant
- Urban - Infant

Average **Decline**	Early 88-93	Late 93-03	Overall 88-03
Urban	27%	**-2%**	25%
Rural	8%	19%	25%

Ghana: Rural model in cities?

- Community-based Health Planning and Service (CHPS) Initiative

- Rural primary health care model – "motorcycle nurse"

- **Challenge:** adapting to urban needs and priorities

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)

Current Future: Moving Forward (2007)

- **Identify** - Continue improving health characterization of urban poor

- **Foster** - Support urban health champions in Asia

- **Expand/Innovate** - Among USAID African Missions

Expulsion of the Poor from the Slums from "Le Petit Journal," 28th June 1895