

Improving health outcomes among urban poor- The challenges and opportunities Lessons from India Family Welfare Urban Slums Project

*Elizabeth Lule Advisor, Population and Reproductive Health
G. N.V. Ramana Sr. Public Health Specialist*

Abstract

In future, nearly all population growth worldwide will take place in urban areas of developing world. Within four years, half of the world's population will live in urban areas¹. Currently, about 30% of the poor people now live in urban areas and by 2035 half of world's poor population are projected live in urban areas². Generally, health status of urban residents in developing countries is better than rural dwellers. However, urban poor face many more health risks and health conditions of urban poor are sometimes even worse than they are for the rural poor³. In each of the 32 developing countries with DHS data, poor urban households were less likely to have access to basic services.

The Bank supported Family Welfare urban slums project facilitated innovative partnerships between local communities, municipalities and non government sector to improve health outcomes of 11.3 million urban poor population in India. The project was implemented in 4 metro cities under the stewardship of Union Ministry of Health and Family Welfare over 1994-2002 and the model has now been extended to 94 smaller towns in the states of Andhra Pradesh, Karnataka and West Bengal.

The project provided basic community outreach as well as facility based reproductive health services such as natal care and family planning services with the local municipalities actively engaged in managing the project. Over 17,000 trained neighborhood workers mobilized poor communities for immunization, family planning and other basic health services including referral. They also undertook women's empowerment initiatives including reproductive health education, vocational skill training and entrepreneurship development working closely with other urban slum improvement programs.

The end line surveys indicate improvements in key Reproductive and Child Health (RCH) outcomes (See attached figures). The findings also suggest increased use of RCH services by the urban poor. Based on the lessons from the project the paper discusses policy and program options for giving voice for urban poor to demand for and use basic health services. Key areas covered include identifying the beneficiaries, participatory assessment of service needs, designing services that suit local needs and capacities, institutional development including M&E arrangements and innovative partnerships with non governmental sector for service delivery.

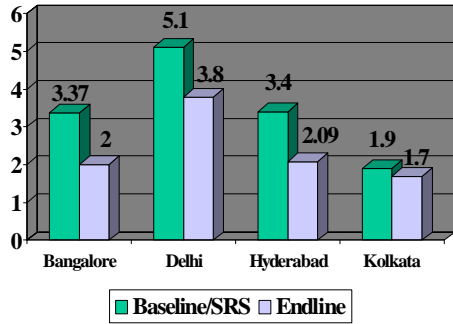
¹ Population Reports. Meeting the Urban Challenge; Volume XXX, Number 4, Series M, Number 16, May- June 2003.

² Ravallion M. One the urbanization of poverty, Washington DC., World Bank July 2001 (<http://econ.worldbank.org/files.1695_wps2586.pdf>)

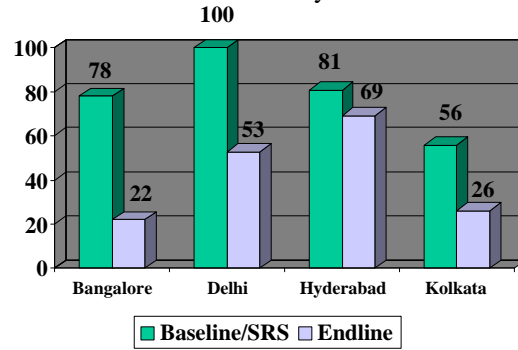
³ Bicego. G and Ahmad OB; Infant and child mortality; Demographic and Health Surveys - Comparative Studies No., 20; Calverton, Maryland, Macro International, Aug. 1996.

Status of Outcomes.

Total Fertility Rate

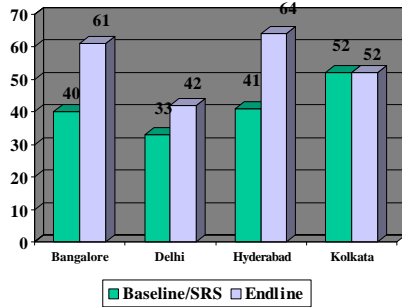


Infant Mortality Rate

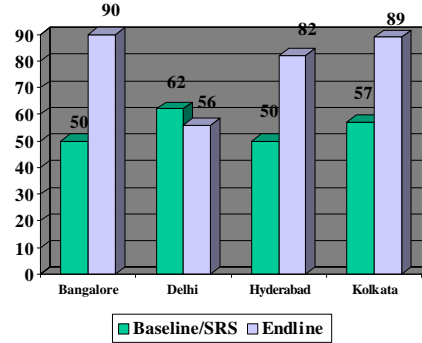


Status of Outputs.

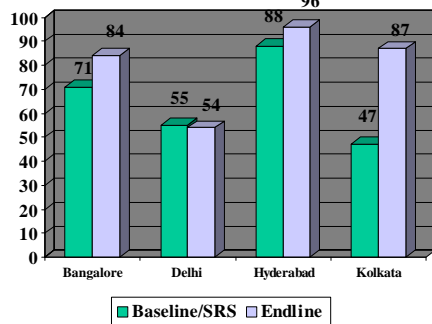
Contraceptive Prevalence Rate



Children Fully Immunized (12-23 months)



Prenatal Care (3+Contacts)



Institutional Delivery

