

Advancing Reproductive Health in Cities and Urban Slums through the Use of Data (Panel)

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**POPULATION
COUNCIL**

Ideas. Evidence. Impact.

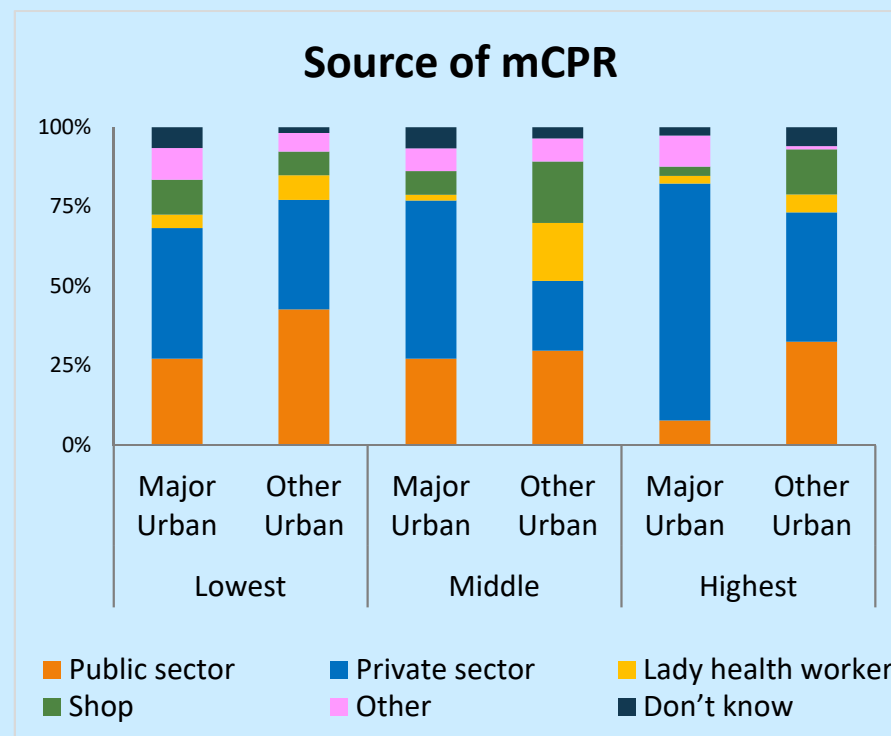
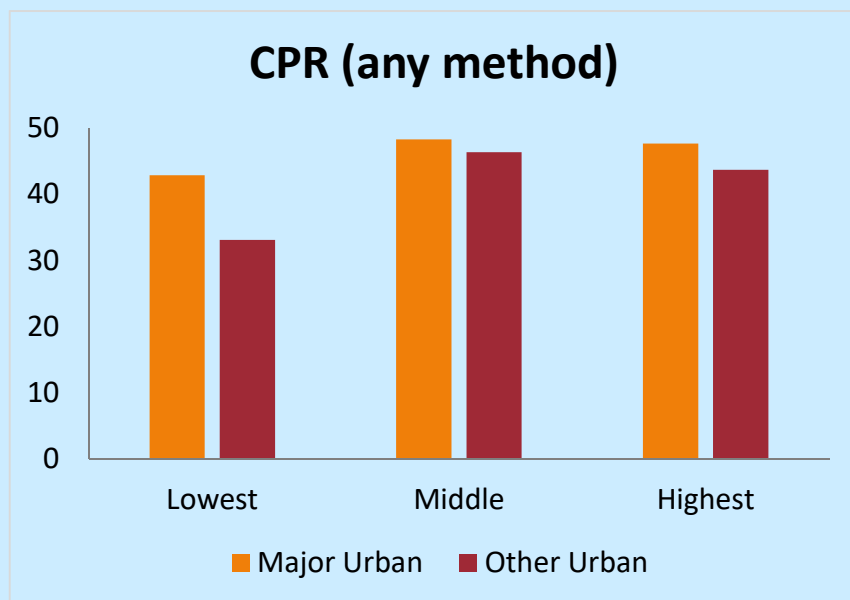
Data needs for FP Urban Programs

- ❖ Does urban living necessarily coincide with better welfare e.g. greater access and better quality of FP and RH services? Are urban dwellers necessarily better off?
- ❖ Is it easier to provide services to those most in need in urban than in rural areas? How do we ensure reaching those with greatest need? Is this true for all urban dwellers i.e recent migrants, slum dwellers, vis a vis old settlers and overlooked groups adolescents and unmarried. ?
- ❖ Is there a built-in limitation in updating of city limits/frames and the possibility of missing out on the most vulnerable and highest-need groups, e.g., displaced populations, temporary settlers, seasonal migrants, gypsies, etc.
- ❖ What is the ideal balance between representativeness, granularity, and scale in research and evaluations?
- ❖ We need financial data to estimate required inputs, integrate approaches with urban plans etc. to be able to advocate for more resources

Data Limitations for Urban Program Design and Interventions

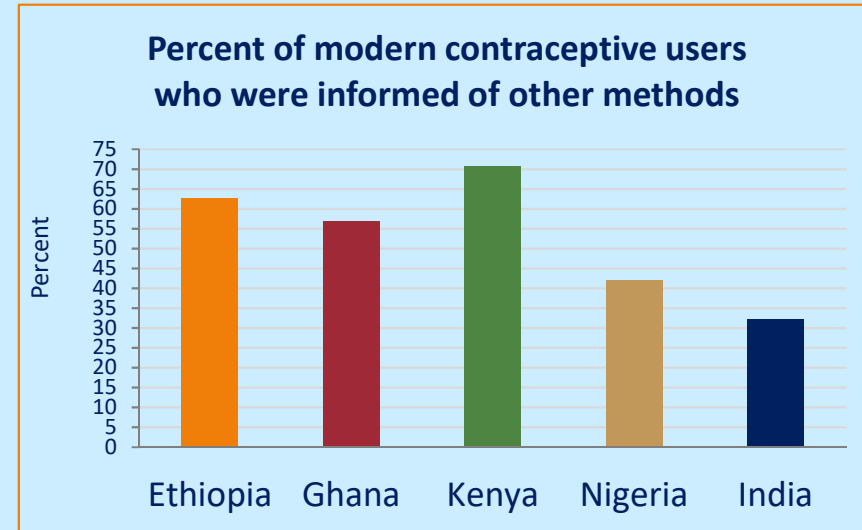
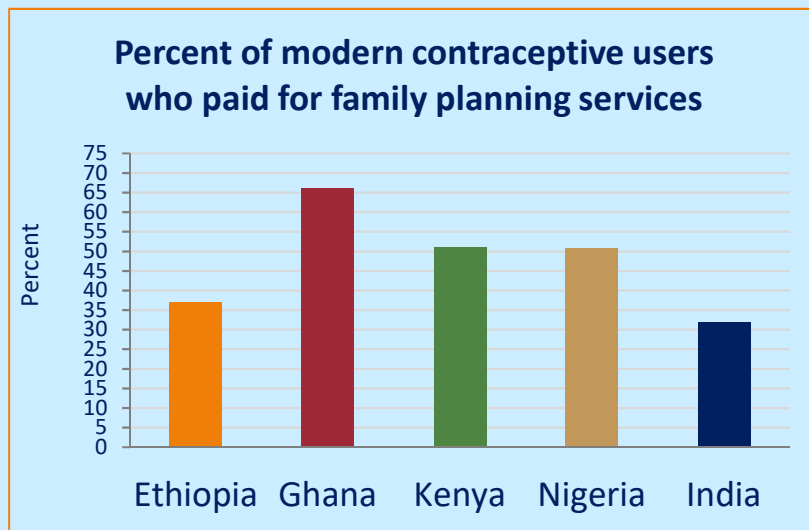
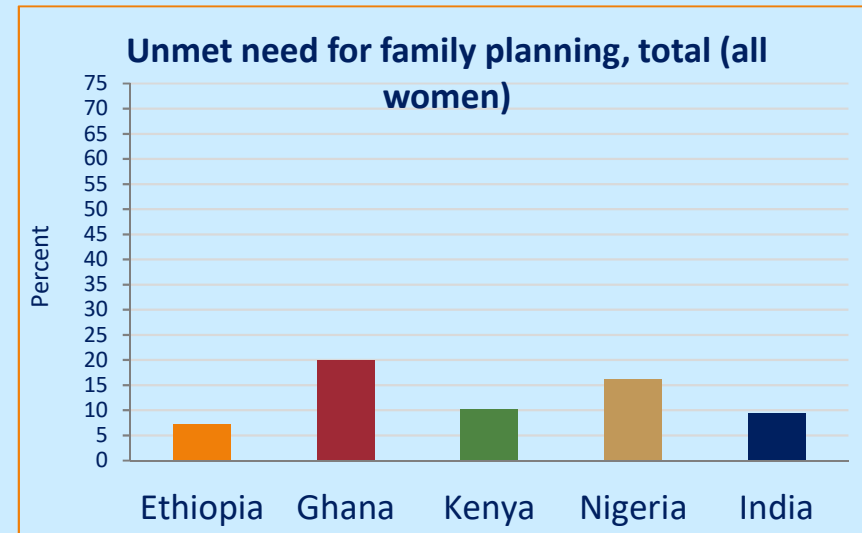
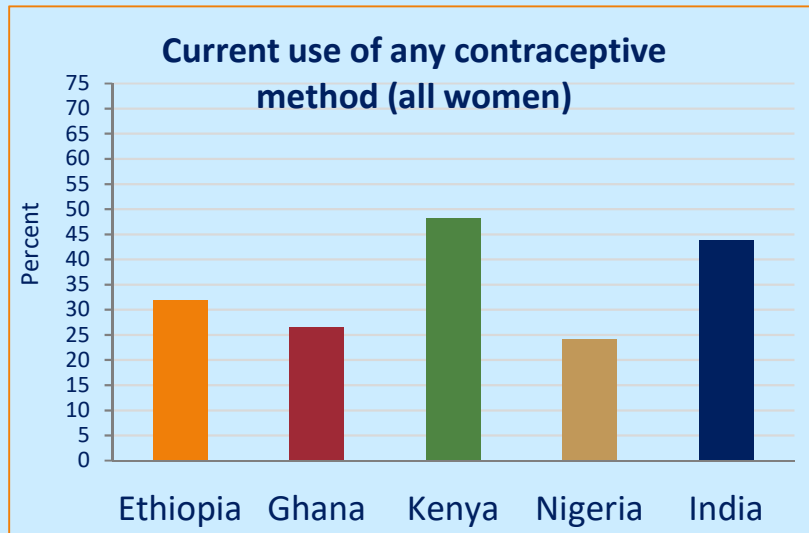
- ❖ Main sources of FP data are DHS, PMA2020, and MICS—but do they provide sufficiently disaggregated data within urban areas?
- ❖ DHIS data provide utilization levels of facilities but not necessarily their locations vis-à-vis the urban poor and slums
- ❖ The ideal is to create links between housing data and population-based data on health behaviors, patterns of care, availability of services—but is it possible?
- ❖ GIS and real time data to locate the populations most in need and their distance (physical and social) from services is rare or non-existent
- ❖ How do our mapping and data collection efforts need to be rethought for the upcoming urban era, i.e., cities with diverse populations in high-density settlements? More qualitative and community based approaches?

Typical Findings from the DHS on Contraceptive Use and Unmet Need for FP in Major Urban and Other Urban Areas by Wealth Status



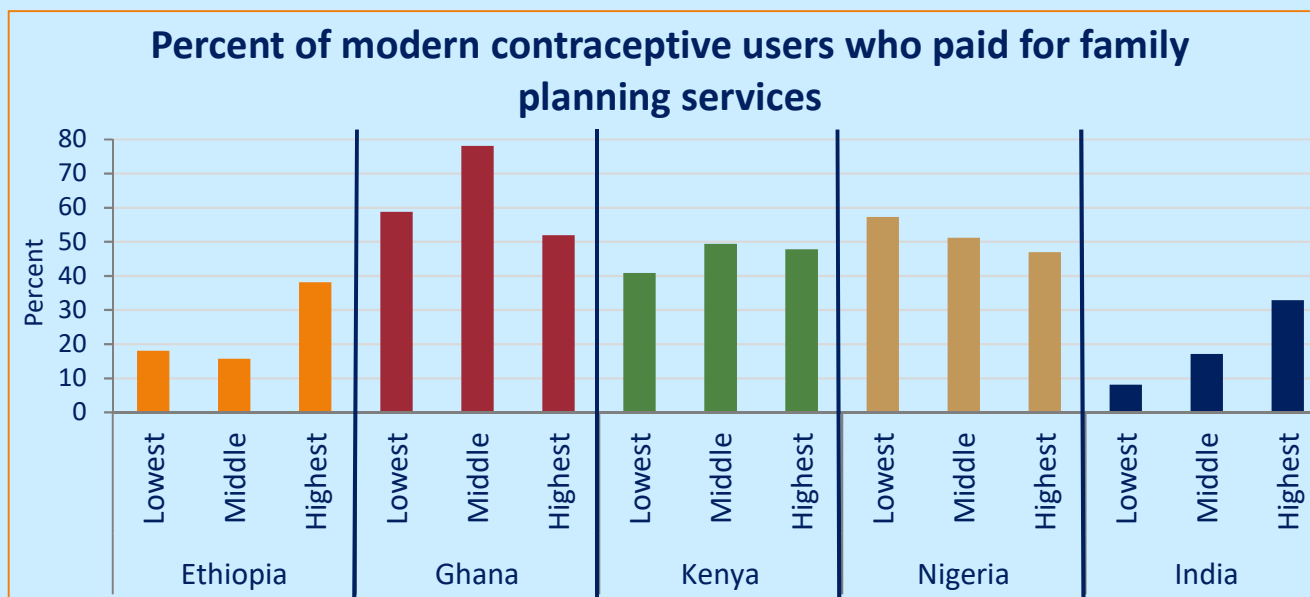
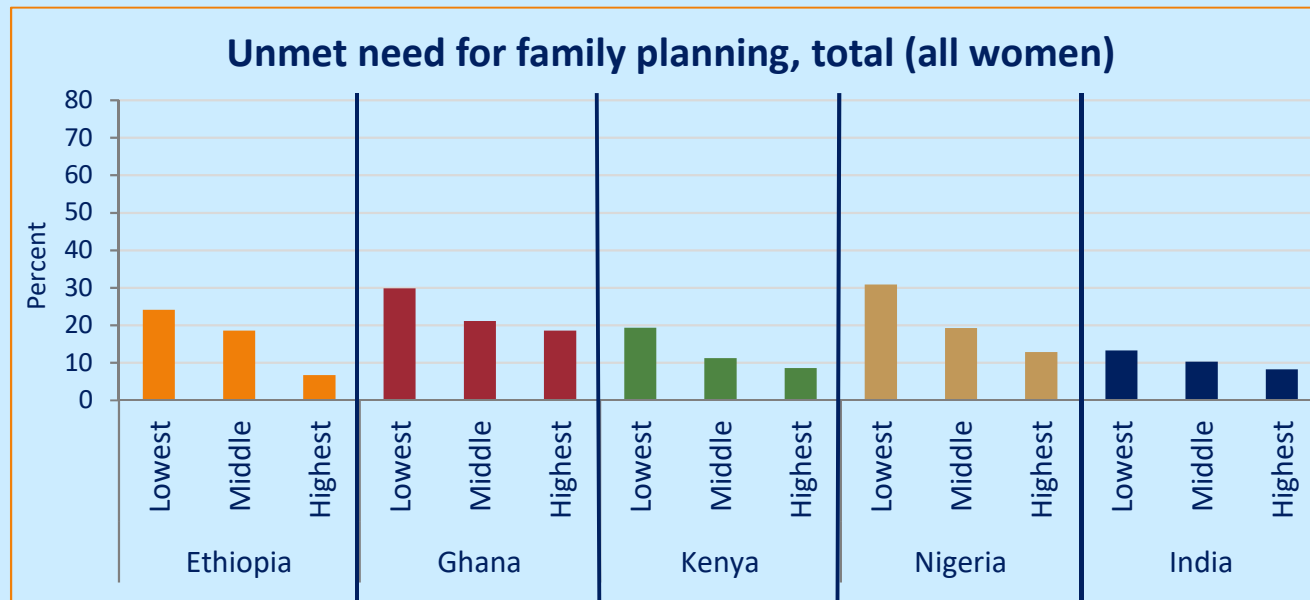
- ❖ DHS provides information on national, urban – rural and provincial/state level and does not provide information at sub state levels or within cities
- ❖ DHS is representative of urban population divided as living in major urban and other urban (town), poor settlements cannot be identified

FP Indicators in Urban Areas of Selected PMA2020 Countries



Source: PMA2020 Recent survey

FP Uptake indicators in Selected PMA2020 Countries by Wealth Tertiles

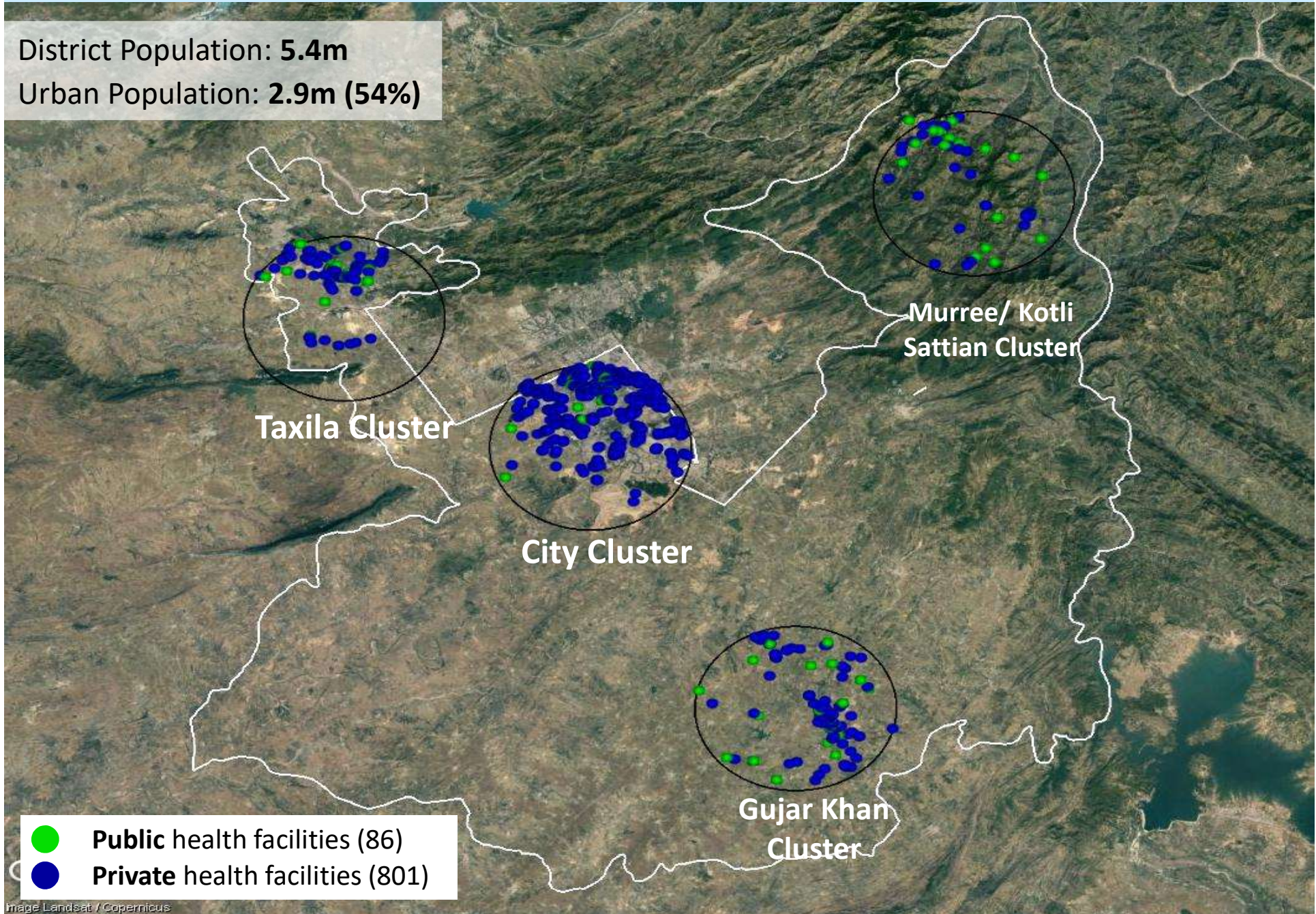


Mapping Service Delivery Sites to Increase Contraceptive Availability in Cities in Low-Resource Settings: Case of Kinshasa, DRC

- ❖ Kinshasa in 2010: CPR 13%, unmet need 24%--little known about demand and supply of FP services; limited FP investments due to governance issues, political instability, lack of public health infrastructure, uncertainty.
- ❖ 2012: State-of-the-art mapping of all FP sites (HFs and pharmacies) on an interactive Google Earth map to assess coverage and identify underserved areas throughout the city; sites were also rated for quality:
 - Having at least 3 modern contraceptives in stock
 - At least 1 staff member trained in FP in the past three years
 - Having an information system to track quantity of contraceptives distributed
- ❖ Interest of international donors rose because evidence base was available to guide FP work
- ❖ Kinshasa FP Coalition created (comprised 10 NGOs delivering services and 4 international donors)

All Health Facilities in Four Clusters of Rawalpindi District

District Population: 5.4m
Urban Population: 2.9m (54%)



Health Facilities Providing Any 1 Method

District Population: 5.4m
Urban Population: 2.9m (54%)

Taxila Cluster

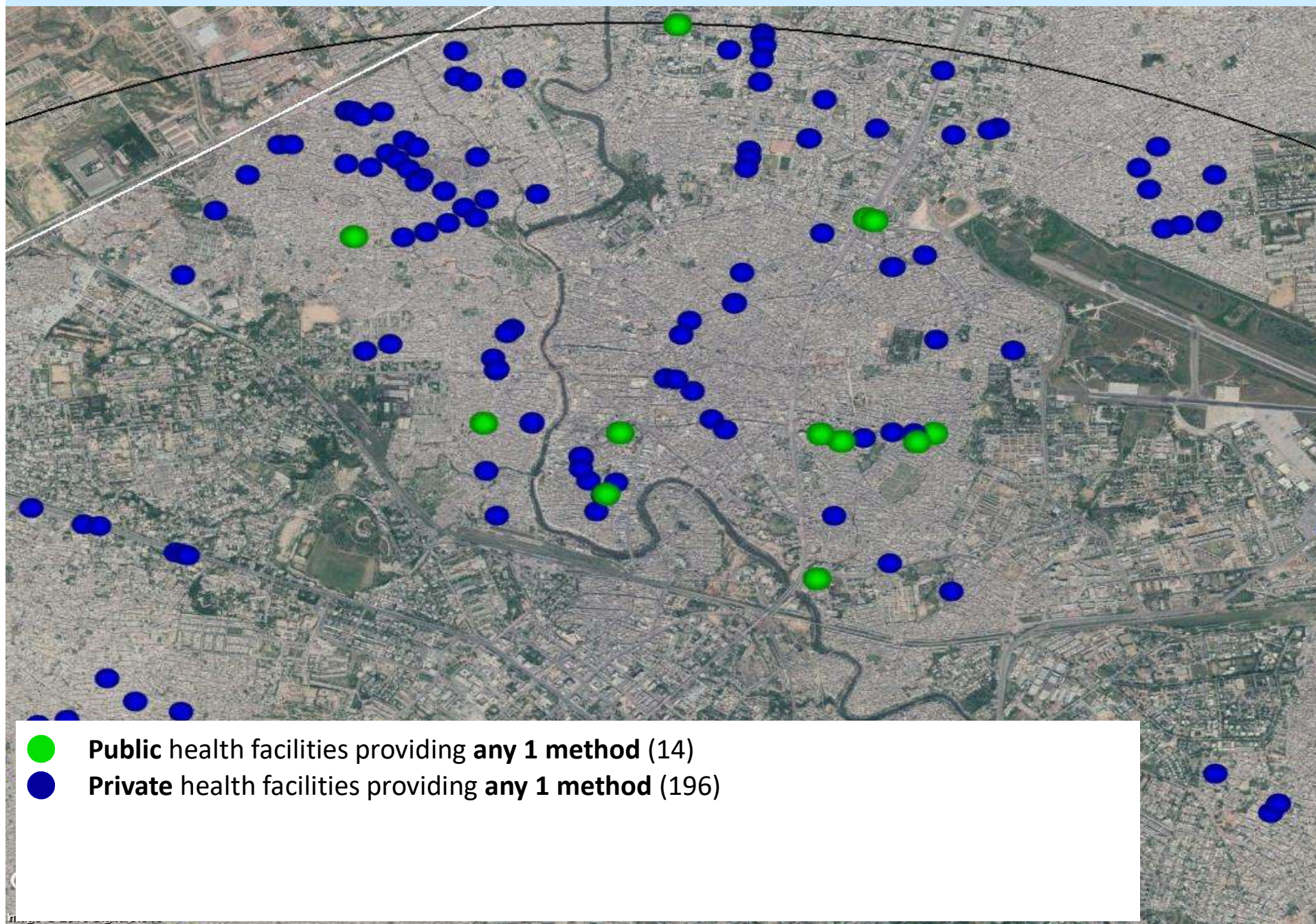
Murree/ Kotli
Sattian Cluster

City Cluster

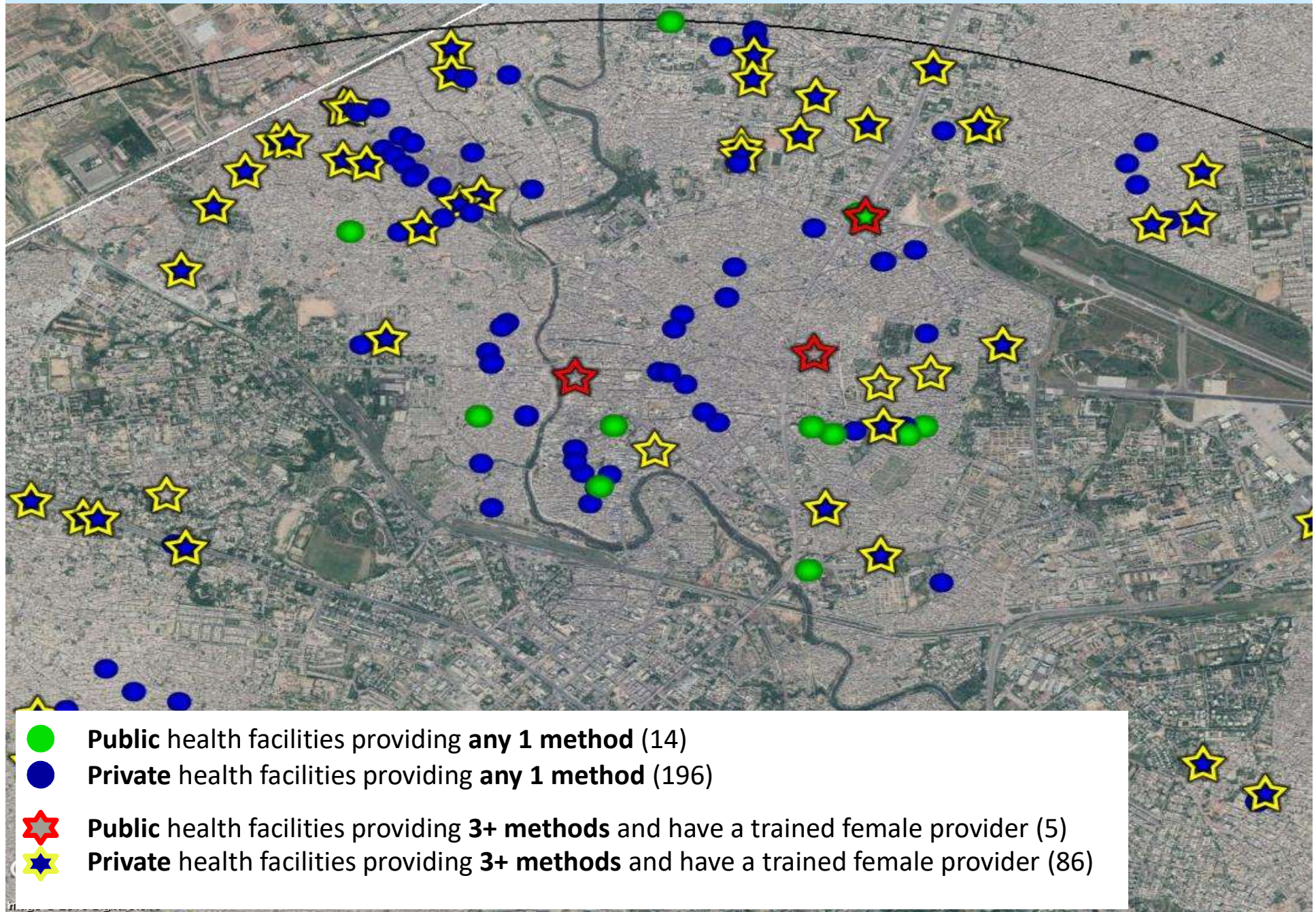
Gujar Khan
Cluster

- Public health facilities (69)
- Private health facilities (247)

A Closer View of Service Delivery in the Rawalpindi City Cluster



A Closer View of Service Delivery in the Rawalpindi City Cluster



We also Assess the Demand for FP in the Mapped Clusters

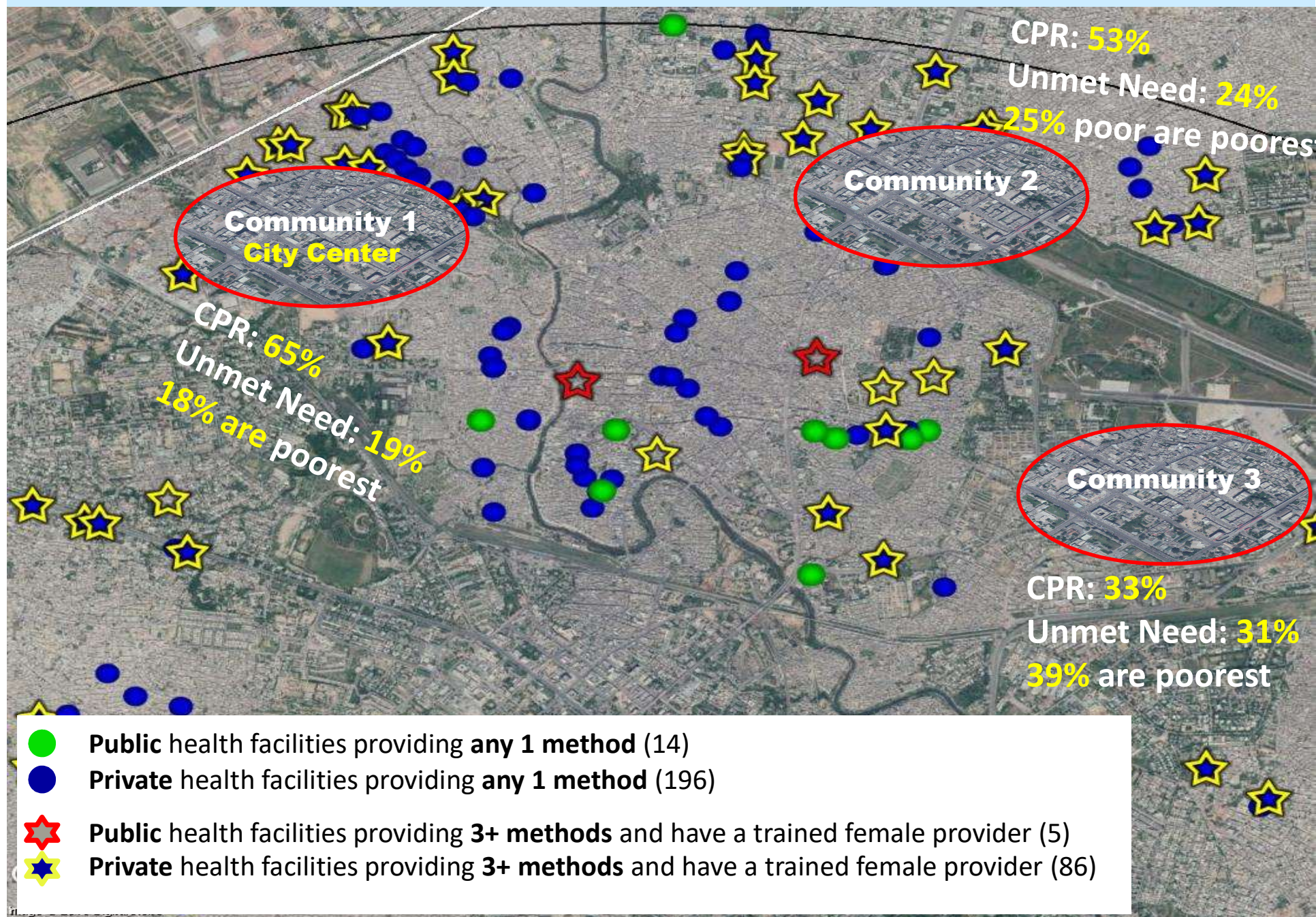
Key Methods

- Household survey of FP choices, knowledge, and experiences
 - 2-3 communities/cluster
- Community-level qualitative assessments:
 - FP care-seeking behavior and perspectives (FGDs)
 - Potential for improving local provision and utilization (IDIs)

Key Aspects Investigated

- Met and unmet demand
- Barriers to use
- Sources and methods
- Drivers of choice: FP use, method, source
- Willingness to pay
- User perspectives of FP service quality
- Potential for improving provision and utilization

Communities Surveyed in the Rawalpindi City Cluster



Thank You!

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