

Tackling health challenges for the urban poor

TRANSLATING IMPLEMENTATION RESEARCH TO PRACTICE:
USAID'S HEALTH RESEARCH PROGRAM DISSEMINATION SERIES



TACKLING HEALTH CHALLENGES FOR THE URBAN POOR

THE IMPORTANCE OF ADDRESSING MATERNAL AND CHILD HEALTH IN URBAN AREAS

Rapid urbanization is taking place worldwide and 68% of the global population is expected to live in urban areas by 2050. The African continent has the highest rate of urban growth in the world at 3.5% per year. Living in urban areas often comes with unique challenges including inadequate housing and transport, poor sanitation and waste management, air pollution, and extreme poverty. These challenges are particularly apparent for half of all urban dwellers in Sub-Saharan Africa who have limited access to quality infrastructure and services. Women and children are especially vulnerable to adverse health outcomes due to poor service quality and limited access to resources. Lack of research and limited knowledge on effective programming in these areas remains challenging. Knowledge gaps on intra-urban health disparities, access to health services, and needs of the urban poor are particularly significant in Sub-Saharan Africa.

STRENGTHENING MATERNAL AND CHILD HEALTH IN URBAN AREAS

USAID's Health Research Program (HRP) strives to understand individual, household, community, and institutional factors that affect maternal and child health outcomes in urban areas. HRP works with local stakeholders and implementing partners to identify gaps and improve programs, policies, and guidelines in ways that better address the unique health needs of their communities. Given the complexity of urban environments, addressing these issues requires multi-sectoral programming and knowledge exchange to ensure effective partnerships and long-term program sustainability. The examples below highlight how HRP's suite of projects are strengthening health systems by working across sectors to identify disparities, foster collaboration, and build local capacity to translate evidence into action.

PROJECT EXAMPLES:

- The **Kampala Slum Maternal and Newborn Health (MaNe) Project** (<https://www.harppnet.org/project/the-kampala-maternal-newborn-health-project/>) strengthened referral and emergency transport for the urban poor in Uganda through the creation of a mobile app that connects families needing emergency care with a newly created city-wide private ambulance system. The project is also accrediting private health facilities to improve quality of

care. The project has documented a 141% increase in antenatal care visits at private facilities since March 2021 as well as more than 2,000 emergency referral calls, 89% of which were for maternal and newborn health.

- The **Health Evaluation and Applied Research Development (HEARD) Project** (<https://www.harpnet.org/project/heard/>) conducted the first-ever national study to look at the policy environment; food systems and accessibility; health systems and services; socio-economic and cultural behaviors; existing programs and actors; and environmental factors affecting the water, sanitation, and nutrition situation among urban poor children and adolescents. In Uganda, this study catalyzed policy discussion in urban health and solid waste management and plans to revise nutrition/WASH policies to reflect urban poor. In Kenya, it advanced dialogue in the area of adolescent nutrition, school feeding and optimization of WASH in the community and schools. In Tanzania, the Ministry of Health used it to assist with priority and budget development for 2021. Other work by the **HEARD** Project in Tanzania resulted in the 2018 Health Minister resolution on Governance and Equity-oriented Policies for Urban Health. Finally, **HEARD's** leadership created a regional platform for sharing evidence and advancing policy advocacy among member states in the region.
- In Kenya, the **Kuboesha Afya Mitaani (KAM) Project's** (<https://www.harpnet.org/project/kuboesha-afya-mitaani/>) intentional engagement across sectors, including environmental health, has led to a more holistic response to maternal and child health needs in urban environments. The **KAM** Project uses PROMPTS, a digital health platform, to connect new and expectant mothers to care near their community. Through PROMPTS, mothers receive SMS texts with patient-specific tips and reminders for follow-up appointments. Mothers who report danger signs through PROMPTS are called within one hour by a clinical help desk agent and referred for emergency care. To date, over 33,000 women have enrolled in PROMPTS. Its help desk answers 2,500 questions a day from expectant and new mothers, and 83% of mothers that are flagged for urgent issues seek care. Through the platform, mothers are also sent monthly SMS surveys requesting feedback on their experience of care. These results are shared with health facilities and sub county health officials quarterly, enabling them to adapt their services and deliver better quality of care. For example, one mother reported she was turned away from a facility when she went to deliver at night. Her feedback altered sub county health officials to understaffing at this facility which they were able to remedy in addition to addressing communication gaps between providers and mothers.
- On behalf of the Health Research Program, the **CIRCLE Project** has hosted an Urban Health Community of Practice (CoP) (<https://www.harpnet.org/urban-health-community-of-practice/>) since May 2019. The CoP has attracted over 350 members from 50 countries and has served as an opportunity for implementers, researchers, policymakers and other stakeholders from sub-Saharan Africa to exchange information and share technical expertise with fellow leaders in the field.

BRINGING IT TOGETHER

USAID's Health Research Program has brought multi-sectoral actors together to better address the unique health challenges facing women and children in urban settings. USAID has used implementation research to identify barriers to accessing quality, essential health care in a complex, multi-sectoral environment, strengthen emergency referral programs, expand access to emergency obstetric care, adapt policies and guidelines, and ultimately improve maternal and child health outcomes in rapidly growing urban areas.

TO LEARN MORE ABOUT THE HEALTH RESEARCH PROGRAM, SEE

<https://www.harpnet.org/>