

Improving the life of the urban poor woman

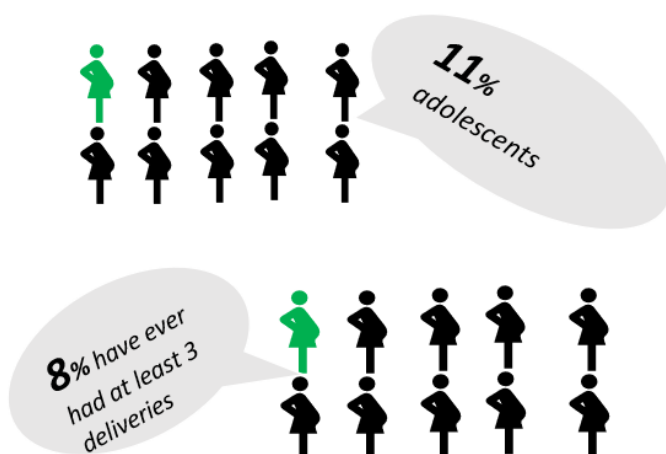
Key message

The urban poor woman desires to stay in a safe, clean and healthy environment

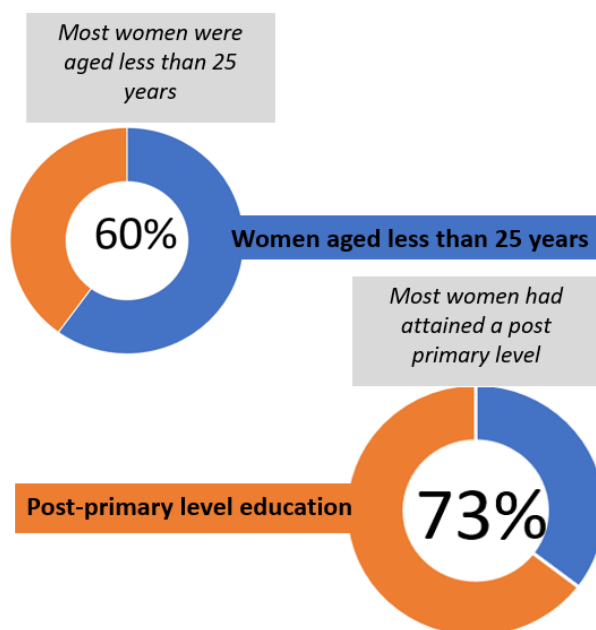
The issue

There is partial understanding of the health issues and lived realities of the urban poor woman in Kampala as she is often hidden within general urban health issues. This has implications for the woman and her baby, whose health needs are inadequately or inappropriately met. In addition, the urban poor community must cope with a high disease burden amidst limited resources and uncoordinated social services. The urban poor, like other fragile populations, contribute significantly to the burden of maternal and newborn health (MNH) in the country. There are missed opportunities to strengthen implementation and scale up of proven interventions to accelerate reduction of maternal and newborn mortality. This issue brief portrays an urban poor woman in Kampala, her perspectives and wishes in life, the challenges she and her baby face in accessing MNH care, and potential responses to improving her situation.

Key findings

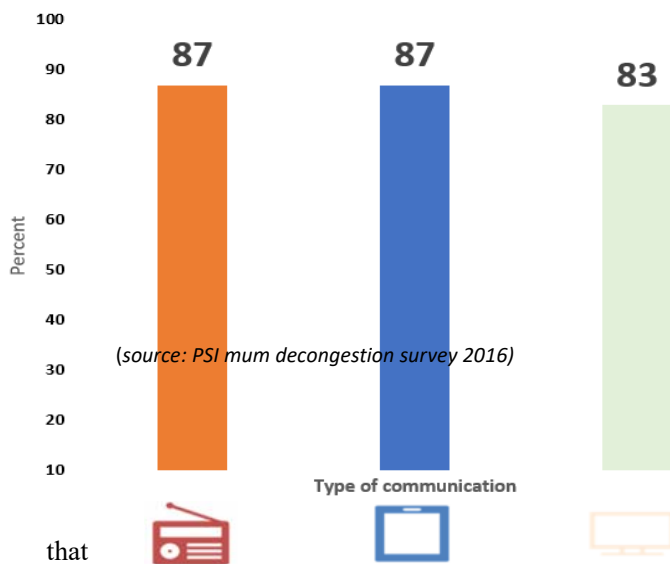


(Description of women of Reproductive age in urban setting. Source: PSI mum decongestion survey 2016)



(Description of women of Reproductive age in urban setting. Source: UDHS)





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Other alternatives include use of herbs or traditional birth attendants and illegal providers who, though they may be cheap, are a riskier option for mothers and their newborns due to their unprofessional practices.

Based on formative qualitative research of the urban poor community, found that many urban poor women are generally single parents, are unemployed and many have been married more than once. Their biggest worries are often about the welfare of their children, including the desire for them to have better health and education.

These poor women live in unhealthy environments such as near waste dumping sites, industrial and swampy areas. Poor women are faced with numerous challenges when seeking MNH care including limited public funded health services. The alternative health facilities are usually the small, unregulated private clinics often offer poor quality care and are quite expensive.

The urban poor women struggle to cope with the unpleasant setting by creating strong social networks that support them physically, emotionally and economically. For example, they join small savings groups and have mixed livelihoods to increase their income. More so, they often try to save whatever money they can for MNH.

Recommendations

There is need for strong policies that support the social welfare of the urban poor. The programs which support community welfare for MNH and beyond in urban slums should be designed with the urban poor who best understand their context. Additionally, supporting local women’s initiatives would create more empowerment and increase chances of sustaining positive changes.

About the Kampala Slum Maternal Newborn Project: Innovating for Better Outcomes

The Kampala MaNe Project is a 3-year (2019-2021) implementation research project aimed at harnessing the public and private health care systems as well as generating evidence on the most effective and feasible approaches to improving maternal and newborn health for the urban poor in Kampala.

Collaborators

The project is a collaboration of Kampala Capital City Authority, Population Services International Uganda and Makerere University School of Public Health, Centre of Excellence for Maternal Newborn and Child Health. The project is being implemented in the divisions of Rubaga and Makindye in Kampala City, with financial support from the United States Agency for International Development.

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