Mothers At Risk

Innovating to improve urban maternal health

Rachel Hammonds

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Scoping study - Why urban?

- Half of humanity – 3.5 billion people – lives in cities today and 5 billion people are projected to live in cities by 2030.
- 95 per cent of urban expansion in the next decades will take place in the developing world.
- 883 million people live in slums today and most them are found in Eastern and South-Eastern Asia.
- **Urbanization is exacerbating existing stressors on health systems, potentially undermining the urban health advantage.**

The impact of rapid urbanization?

11 SUSTAINABLE CITIES AND COMMUNITIES

MAKE CITIES AND HUMAN SETTLEMENTS INCLUSIVE, SAFE, RESILIENT AND SUSTAINABLE

2 BILLION PEOPLE

DO NOT HAVE ACCESS TO WASTE COLLECTION SERVICES

1 OUT OF 4 URBAN RESIDENTS

LIVE IN SLUM-LIKE CONDITIONS (2018)

ONLY HALF (53%) OF URBAN RESIDENTS HAVE CONVENIENT ACCESS TO PUBLIC TRANSPORT (2018)

9 OUT OF 10 URBAN RESIDENTS BREATHE POLLUTED AIR

150 COUNTRIES HAVE DEVELOPED

NATIONAL URBAN PLANS, WITH ALMOST HALF OF THEM IN THE IMPLEMENTATION PHASE

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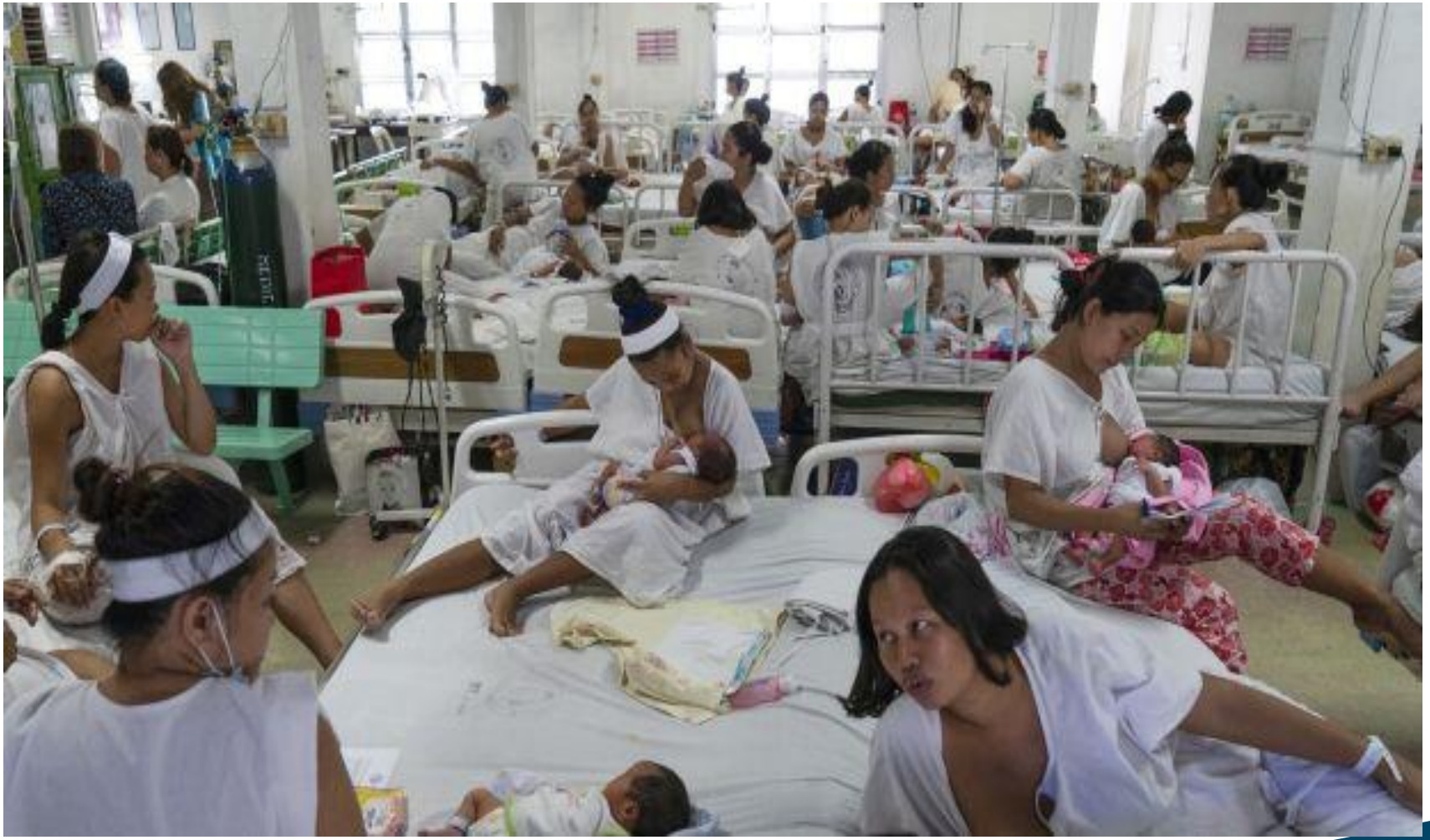
Scoping study - urban maternal health



Scoping study - urban maternal health

1. Urbanization is exacerbating existing stressors on health systems, potentially undermining the urban health advantage.

2. Increasing urbanization will change:
    1. social norms,
    2. life patterns, and
    3. expectations of and demands for maternal health services.

Multiple challenges/opportunities

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1. Dearth of research “Research is urgently needed on how best to care for poor women in urban areas” (Lancet 2015)

2. Difficult to predict how demography will impact on demand and create new demands (rich/poor gap)

3. Increasing attention from national governments and international community

4. Potential for information and communications technology

Knowledge gaps

- need for knowledge generation on health service delivery and utilization in urban spaces, particularly among the urban poor.

- need for research, design and evaluation of urban maternal health services that span the continuum from antenatal to postnatal care.

Knowledge generation, research, design and evaluation all need women's participation.

Programming gaps

- **Most vulnerable segments of slum communities** not reached by programmes
- Lack of projects addressing the specific needs of **urban poor adolescent girls**
- Lack of projects addressing **maternal mental health** in poor urban environments
- Few urban maternal health programmes take advantage of **mobile technology** in service delivery

Three Delays Model – Thaddeus and Maine 1994

Delay	
First	Delay in deciding to seek care on the part of the individual, family or both.
Second	Delay in identifying and reaching a health facility with quality, appropriate services.
Third	Delay in receiving quality, appropriate care.

Information and communication technologies to improve maternal health

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The potential for information and communication technologies (ICT) to improve maternal health by enhancing decision-making among and by women, healthcare providers and policymakers.

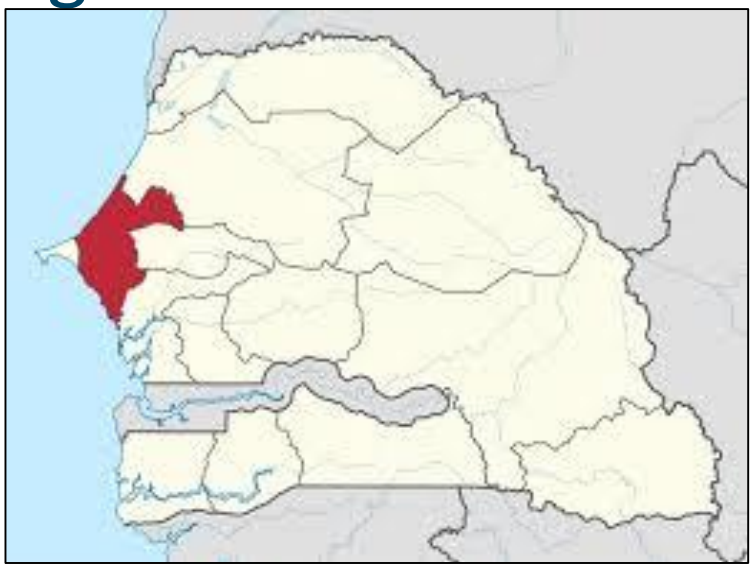
MAR – Maternal Uber

-Vodafone Foundation launches the Emergency Transportation System in July 2015 in rural Tanzania

-Population Services International launches a boda boda service to get pregnant mothers to antenatal appointments in Kampala, Uganda 2016

Senegal - Yeebal Project (transfer Wolof)

Justification: Access to timely care remains inadequate, even in urban centers, as financial barriers and lack of suitable transport options for women in need remain high.



Pilot in the Thiès region

- over 66,000 births year
- 67.6% of deliveries in facilities with no basic Emergency Obstetric Care

Objectives

Improve access to health facilities for pregnant women using a new mHealth mobile application to streamline transportation to health care facilities.

Sub-objectives/approach:

- strengthen urban transfer systems /through improved coordination and cashless payment methods for women in need of obstetric care.
- provide women with relevant pregnancy related tips and information/throughout their pregnancies
- Increase engagement with maternal health by training taxi drivers to play a role in transporting pregnant women to a facility in a timely manner.

Key beneficiaries/stakeholders

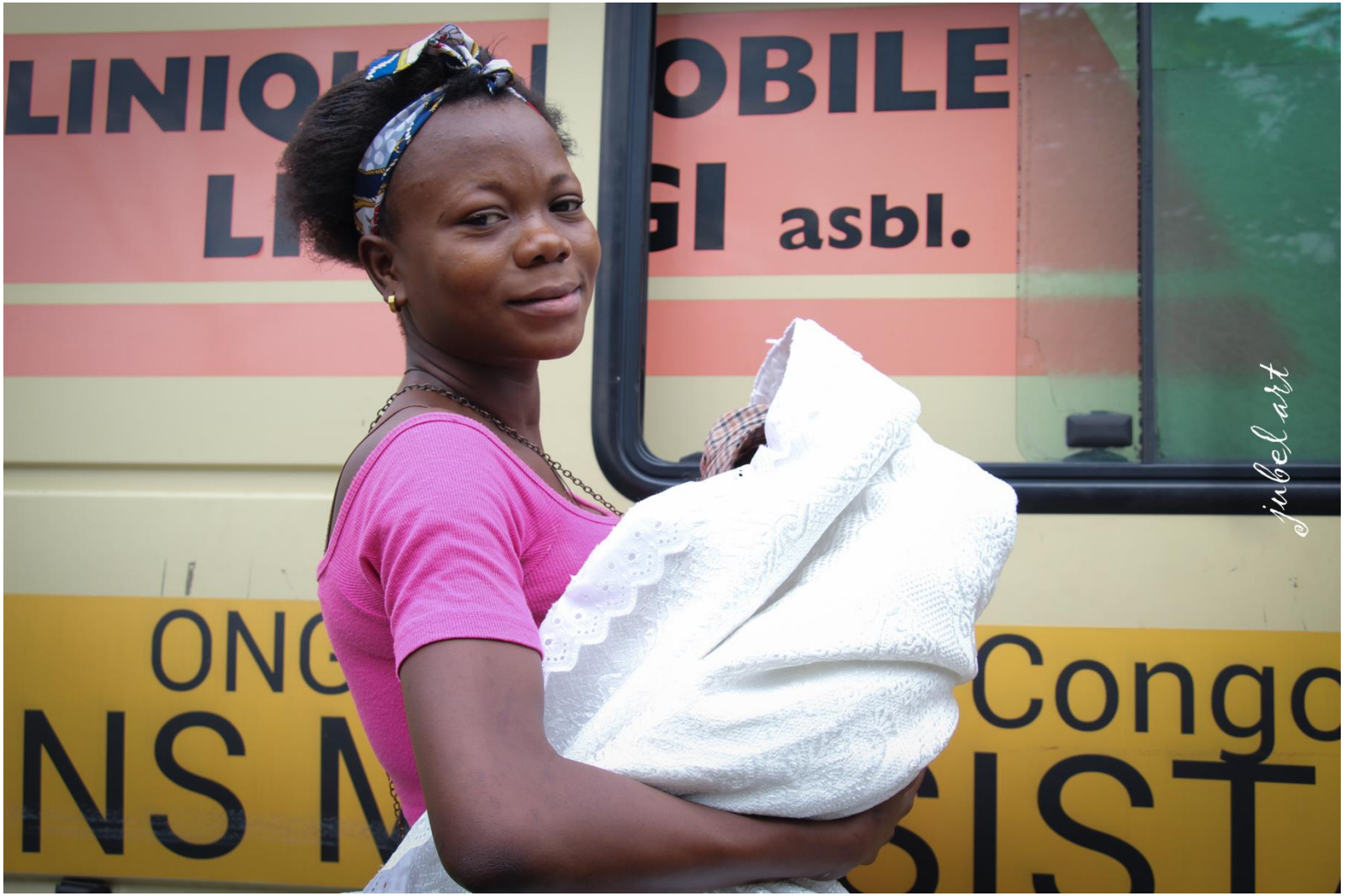
Primary beneficiaries: Poor peri-urban women who are, or are planning to be, pregnant.

Secondary beneficiaries: Taxi drivers in the region of Thiès.

Primary stakeholders: Ministry of Health and Health facilities in the region of Thiès.

Secondary stakeholders: Mhealth provider and local implementer

Lisungi – Mobile Clinic in Kinshasa, DRC



Thank you

Expected Outputs	Indicators	Verification
Pregnant women will have access to Yeebal platform	300 women enrolled 150 women actively use Yeebal	Number of women enrolled on monthly basis as verified by bi-monthly data exports
A pool of transporters will be available to women enrolled	10 drivers contracted	Number of drivers enrolled, trained and connected to network verified byregular bi-weekly meetings
Requests made in app will result in transport of women	100% requests will result in vehicles dispatched	Number of requests made resulting in dispatched transportation as verified by bi-monthly data exports
Demand generated for service in future	+90% client satisfaction from women + 90% of transporters satisfied with Yeebal partnership	Interviews with transporters and text follow up messages with women enrolled
Knowledge of healthy behavior	Weekly health/pregnancy texts to women enrolled 80% messages read 80% of women understand importance and timing of ANC visits and facility-based care	Bi-monthly data exports

District of Thiès, Senegal

Thiès has over 66,000 births annually with 67.6% of deliveries occurring outside facilities with basic Emergency Obstetric Care

- poverty rate of 70.3% (Dakar 46.5%) and
- HDI of 0.3 compared to the national average 0.47.

Thiès district, 6601 km has 3 hospitals, one is 25km from the capital city of the region, Thiès' main hospital, and one is 66km away.

It has 155 health posts and 341 health huts.