THE URBAN REPRODUCTIVE HEALTH INITIATIVE

PROVIDING FAMILY PLANNING TO THE URBAN POOR

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Director of Family Planning
“Family planning and access to contraception—including information, supplies, and services—is an issue that I am passionate about, and it has become one of my personal priorities at the foundation. I believe it’s one of the most urgent issues of our time.”

—Melinda Gates
220 million+ women in developing countries lack access to modern contraceptives.

Rates of contraceptive use have stalled at less than 20 percent of women in sub-Saharan Africa and barely one-third of women in South Asia.

Annually, an estimated 80 million women in developing countries have an unintended pregnancy.

Expansion of voluntary family planning is urgently needed to reduce maternal and child mortality.

Barriers to making contraceptives more widely available and accessible in the world’s poorest countries.
OUR GOALS

Today to 2020
Bringing access to family planning to an additional
120M WOMEN
without coercion or discrimination

Beyond 2020
Progress toward
UNIVERSAL ACCESS
to voluntary family planning
The urban poor have low contraceptive use

Urban Poor” includes urban women from the bottom 3 wealth quintiles while the “Urban Rich” includes urban women from the top wealth quintile.
URBAN ADVANTAGES

Greater density and cost effectiveness
Better supply chain
More clinical service delivery sites
Stronger private sector
Multiple demand channels
Stronger civil society presence and involvement
Urban dwellers are early adopters
URBAN CHALLENGES

Less social cohesion

Municipal health services are fragmented

Few donors and governments focused on urban poor

Few tools and methodologies tested in slums

Municipalities lack evidence based interventions to address growing needs
URBAN RH INITIATIVE GOAL: SIGNIFICANTLY INCREASE CONTRACEPTIVE USE IN FOCUS CITIES

Objectives

1. Develop cost-effective interventions for integrating quality FP with maternal and newborn health, HIV/AIDS, postpartum and post abortion care programs.

2. Improve the quality of FP services for the urban poor with emphasis on high volume clinical settings.

3. Test novel public-private partnerships and innovative private-sector approaches to increase access to and use of FP by the urban poor.

4. Develop interventions for creating demand for and sustaining use of contraceptives among marginalized urban populations.

5. Increase funding, financial mechanisms, and a supportive policy environment for ensuring access to FP supplies and services for the urban poor.
Rigorous measurement and evaluation to ensure wide use

*Proof of Concept: Test and validate cost-effective integrated urban interventions to significantly increase contraceptive prevalence among the urban poor and vulnerable*

Key Evaluation Questions

1. Did contraceptive prevalence increase significantly in focus cities?
2. Which supply and demand interventions contributed to increased contraceptive use?
3. What was the relative cost-effectiveness of these interventions?
4. Which interventions proved effective for increasing the private sector share?
5. Did Initiative interventions increase uptake of contraceptives in rural areas and other cities?
URBAN RH INITIATIVE: TIMEFRAME AND MILESTONES

**Phase 1**
- Strengthen partnership with local stakeholders and donors
- Develop formative and baseline tools
- Undertake baselines in focus cities
- Identify strategic levers and develop implementation plan

**Phase 2**
- Implement supply, demand, private sector and advocacy interventions in focus cities
- Test and validate interventions for critical supply and demand components
- Monitor activities to ensure performance targets achieved
- Carry out midterm evaluation for program adjustments

**Phase 3**
- Roll out menu of interventions in replication cities
- Ongoing implementation and monitoring of focus cities
- Use data for program adjustments and results driven focus
- Monitor sustainability framework
- Conduct final evaluation surveys
- Implement strong dissemination plan to share learnings

Countries involved: Nigeria, Senegal, Uttar Pradesh, Kenya
THANK YOU