Targeting health services to the urban poor: Is slum geography enough?

The directing of health programs and services to serve the urban poor typically takes a geographical approach by promoting public and/or private services in slum areas. The purpose of this study is to examine the overlap between urban poverty of households and slum areas of residence, to study the health needs of the urban poor and the services they receive in order to determine how well slum-based targeting systems address the health needs of urban poor people.

This study makes use of recently completed Demographic and Health Surveys (DHS) that included special samples of slum areas for major cities in several countries, Bolivia, Egypt, Ghana, Kenya, India, Philippines, and Peru. The DHS surveys contain information on selected indicators of health needs and health service use for reproductive-age women and their young children, as well as background characteristics. The innovation of the DHS Wealth Index, applied to the urban population, can be cross-linked with the slum area designation to ascertain the level of geographical concentration of poverty within designated slum areas.

Before analysis the paper describes the various definitions of poverty and slum areas, and the advantages and drawbacks of each and of using one as a proxy for the other. The actual definitions used in each survey to define slum areas and to define poor households are presented. These are compared with each country's definition of the poverty line.

Households are distributed by the urban DHS Wealth Index and by poverty residence to ascertain the amount of overlap between the two dimensions. Geographical concentration of the poor (by cluster mean and dispersion) is measured and compared with residence in a slum area.

Indicators of selected health needs and health services, public and private, are distributed along each of the two dimensions (poverty and slum residence) as well as by the intersection of two dimensions (poor in slums, poor not in slums, not poor in slums, not poor not in slums) in order to ascertain the amount of variation in needs and services and whether there is a congruence that would allow geographical targeting of services to reach the greatest number of the poor.

Indicators of selected health needs and services are then regressed on poverty level, slum residence, education and other individual, household and community characteristics to determine which are the most important determinants.

The study concludes by evaluating whether locating health services in slum areas reaches the urban populations with the greatest health needs and the greatest lack of services or whether other forms of targeting are needed and feasible.