

# Urban Population, Poverty and Sustainable Development: Emerging Issues for UNFPA

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## I. Introduction

The nexus of urban poverty and sustainable development is complex. The urban poor reside in often deplorable conditions, which in some instances are worse than those in the rural areas that so many of them left behind (Brockerhoff and Brennan 1997). Women's status, youth issues, and reproductive health concerns all take on a different complexion in the context of urban slums and informal settlements. Problems of social and economic exclusion, HIV/AIDS and violence are more pronounced in these areas than in rural or more affluent urban areas. Yet because these slums and informal settlements are difficult to access, data and research that would assist in policy development and program design are often deficient. Finally, though rural populations have flocked to the cities in droves, development agencies – where they focus on urban areas at all – have only recently begun to appreciate that development interventions cannot be applied in a cookie cutter approach to rural and urban areas equally, but that they need to be tailored to the special needs of the urban poor.

In order to identify its strategic advantage for addressing urban poverty and sustainable development, the Population and Development Branch of the UN Population Fund (UNFPA) contracted with the Center for International Earth Science Information Network (CIESIN) of The Earth Institute at Columbia University, a leading research group on human interactions in the environment. In close collaboration with UNFPA, CIESIN produced a background paper, conducted a survey of UNFPA country offices, and organized a June 2005 workshop attended by distinguished experts on urban population, poverty and sustainable development.<sup>2</sup> This report represents a distillation of all three elements. It begins with a strategic analysis of the major issues at the interface of urban population, poverty and sustainable development. It then describes UNFPA's current activities. Finally, it presents gaps and opportunities for the agency as it seeks to contribute to the fulfillment of Target 11 of the Millennium Development Goals, "improving the lives of 100 million slum dwellers."

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<sup>2</sup> UNFPA-CIESIN Workshop on Population, the Urban Poor and Sustainable Development, 2-3 June 2005, Columbia University, New York, NY. See Annex 1 for the participant list.

## II. Strategic Analysis

The workshop discussions and background research brought out several issues that are worthy of UNFPA attention. These are couched as five premises that are backed up by empirical research.

### ***Premise 1. Women's empowerment and well-being are pillars of sustainable cities***

Women play a particularly important role in home life, caring for children and the elderly, cooking and cleaning, contributing to household income, and, in many instances, managing household resources. This role is no different for urban poor communities. Women are also significant actors in civic activities that lead to improvements in community conditions such as water, sanitation, garbage removal and other essential services (Mitlin 2001). Meeting women's needs, therefore, is crucial to improving family health and wellbeing.

Longitudinal research in *favelas* of Rio De Janeiro (1969-2004) found an inverse relationship between number of children and socio-economic status (Perlman 2005). The higher the degree of choice and educational attainment for women, the lower their birth rates, and the higher the well-being of their children. Although the research did not test for the direction of causality (whether more educated and affluent women choose smaller families or the choice to have fewer children leads to greater affluence), it did find that smaller families can provide better nutrition, care and educational opportunities to their children.

In many cultures, women may feel that they do not have the power to negotiate the use of condoms or other contraceptives during sex. This not only restricts women's choices concerning desired fertility – it can lead to morbidity and even death if the husband is engaging in sexual relations out of wedlock with sex workers who are HIV infected. A study in Lahore, Pakistan, found that poor women lacked control over their fertility because they were unaware of contraceptive methods or had to defer to husbands in decisions about their use (Hamid 2001). In Mumbai, India, women expressed fear that their husbands or mothers-in-law might prevent them from going to clinics (Mulgaonkar *et al.* 1994). In a number of studies women were found not to have control over the financial means that might permit them to purchase contraceptives.

Women may be at greater risk of gender-based violence (GBV) in urban areas than in rural areas owing to the break-down in cultural mores that govern relations between the sexes and the lower likelihood that neighbors would intervene. Domestic violence, rape and sexual assault, forced trafficking, and verbal threats are the most common forms of GBV, and usually leave women feeling guilty and fearful. Owing to the private nature of GBV, it is difficult to research, yet new studies are shedding light on its dynamics. Research in the Philippines found that poverty and urban residence are associated with a higher likelihood of intimate-partner violence (Hindin 2002). A study of urban women in Moshi, Tanzania, found that 21.2 percent had experienced an incident of intimate partner violence (IPV) in the year preceding the survey, and more than a quarter had experienced

IPV at some time in their life (McCloskey *et al.* 2005). Violence was more typical of couples with indicators of gender inequality in the following domains: (1) fertility (problems conceiving or more than five children); (2) polygamous men, or men having multiple sexual partners; and (3) lower educational attainment among women.

The needs of poor women are seldom addressed by urban policy and planning activities (Aguilar 2004). Women are under-represented as advocates, professionals and elected and appointed municipal officials. Even in African contexts, where women often have economic power through market activities, women rarely have political power. Thus, women's voices need to be heard, particularly in the context of health systems and urban planning (see premises 3 and 4 below). The overall legal framework concerning women's rights in domestic relations is also vitally important, and is given further attention in Section IV of this report.

***Premise 2. Reaching young people, particularly girls ages 10-18, with special programs (including reproductive health) is vital for improving their life chances***

According to Bruce (2005), the origins of lifelong poverty and poor reproductive health are found in early adolescence. Girls on the cusp of adulthood are addressing a large number of issues, and these issues are exacerbated in urban areas. Firstly, they are consolidating their gender norms, including those regarding gender-based violence. Secondly, they may be outside the home for the first time, migrating to cities for informal employment in unsafe areas. If they still reside at home, they are likely to have a disproportionate responsibility for child/invalid care or domestic work, and this is augmented in cases of marital dissolution or illness of a family member. Thirdly, girls – and particularly urban girls – have a rising need for independent and disposable income and assets. Financial pressures may force them to leave school, with consequent loss of peers and withdrawal from public space, and they may feel it necessary to enter into marriage or liaisons as a livelihood strategy.

In urban areas certain factors contribute heavily to putting girls 10-19 at risk of early pregnancy or HIV/STIs. They often live outside the protective influence of their families. In Africa, depending on the country between 22 and 46 percent of girls 10-14 in urban areas are not residing with their parents. Many girls become socially isolated from peers as they enter adolescence. According to research in Ethiopia (Erulkar *et al.* 2004), boys are almost four times more likely than girls to have a place in the neighborhood (other than home or school) to meet their same sex friends, and one-fifth as likely to say they fear being raped. Adolescent girls may also see their bodies as one of the few assets available to them, since they perceive (with reinforcement from the media) that young and older men find them desirable. Poor girls on their own or managing HIV-affected families are frequently under pressure to exchange sex for gifts, money, or shelter.

Although early marriage is a greater problem in rural areas, it still affects many urban youth. Of greater concern, however, is the early age at first intercourse among poor populations. In Nairobi slums, the median age at first intercourse for women aged 15-24 is 17, about a year younger than elsewhere in the city, and this age may be declining

(African Population and Health Research Center 2002). Slum dwelling women are nearly twice as likely to have had multiple sexual partners in the past year.

After controlling for current age, Moore *et al.* (2005) found that female adolescents residing in urban areas in Ghana were significantly more likely to be coerced at sexual debut compared to their counterparts in rural areas. Yet this relationship between coercive debut and urban and rural residence did not hold for all African countries they studied.

Although adolescent boys face many problems of their own, it is clear that the problems poor urban girls face in the transition to adulthood are in a class of their own, and require separate attention from the issues faced by boys.

***Premise 3. Demand for reproductive health services may need to be stimulated; a health systems approach places reproductive health services as part of a broader package that addresses broader health concerns as well as water and sanitation***

By definition, a health system includes all activities whose primary purpose is to promote, restore or maintain health. Included within the definition of health systems are actions intended to improve health by enhancing non-health systems, such as water and sanitation (WHO 2002). A health systems approach, therefore, places reproductive health needs within a broader set of health concerns such as water, sanitation, malaria, HIV/AIDS, tuberculosis, and mental health.

Although demand for family planning and reproductive health services is certainly higher on average in urban areas than in rural areas (NRC 2003), in terms of felt needs, slum dwellers rarely express a need for reproductive health services as their highest priority (Deo 2005). Other needs, such as jobs, income, water and sanitation services, and low-cost public transportation usually take precedence. Though the urban poor rarely place reproductive health services in their “top ten” list of concerns, programs can do much to stimulate the demand for these services.

There is often an assumption that because of the proximity of services, urban dwellers have greater access to health services than rural dwellers. Unfortunately this proximity does not guarantee actual access or affordability for poor urban residents to these basic services (NRC 2003). Travel times can be significant, particularly when services are located far from transport routes and the clusters of residence and employment for the urban poor. Also, there are large, statistically significant gaps between poor and better-off residents’ ability to access services, even though extending services from the better-off to the less well off neighborhoods nearby would cost much less than reaching the same numbers of people in remote and scattered rural settlements (Kessides 2005). These gaps in service access are reflected in large within-city differences in contraceptive prevalence rates, total fertility rates, HIV/AIDS/STD awareness, and presence of trained health personnel during childbirth between the poor and non-poor (NRC 2003).

Approaches to service delivery and communication that may have worked in rural areas may need to be adapted to urban areas (NRC 2003). For example, community-based distribution networks may need to be substantially adapted, and communication strategies that rely solely on media or advertising may be difficult for urban residents to evaluate given the information-rich environment. The localized social networks of the urban poor may not offer many leads or role models, and the poor may not learn of new reproductive health services unless special efforts are made to reach them. Research in Bulawayo, Zimbabwe, found that there was a lack of communication within a community about new reproductive health services, which appeared to suppress demand (Rossi 2000 in NRC 2003).

**Access to potable water and sanitation are major concerns of the urban poor.** *The queue for the public water tap (above) and makeshift pit latrines (below) in a Nairobi slum (Nguku 2005).*



***Premise 4. The poor themselves must be actively involved in programs that affect them***

Terms such as participatory rural appraisal (PRA) have become part of the development lexicon, and today there is rarely much debate about the need to at least consult, if not actively engage, rural villagers in development programs that affect them. The same cannot be said of the urban development paradigm. In poor areas, decisions on matters as diverse as infrastructure development, planning, urban sanitation, slum removal or

relocation, and siting of services are usually taken by government agencies or private sector sub-contractors without any engagement of the people who live there.

While it may not be practical to conduct participatory assessments in the same way that one might do in rural areas, urban-based research methods such as surveys or focus groups can help to gain input from community members about their needs and concerns. Many longer established low-income neighborhoods have community groups or CBOs that represent residents' interests. Working with these CBOs would be a step towards active engagement of the communities, though care must be taken to ensure that the leaders of these organizations do indeed represent community interests (Mitlin 2001). Garau *et al.* (2005) write of the work of federations of slum dwellers operating in many developing countries, which usually grow out of savings associations. Women are almost always the leaders of these associations. Federations conduct surveys and mappings in order to assess their situations, innovate and refine their programs to address felt needs within the community, and construct model housing.

At the international level, slum-dweller's organizations have been effective in raising the profile of issues important to the urban poor. According to Garau *et al.* 2005, "Their pressure in areas such as housing rights, protection against evictions, women's rights, and the responsibilities of government and civil society with regard to the plight of the urban poor has contributed significantly to shaping the international agenda."

**Pro-Poor Urban Policies Proposed by  
The UN Millennium Project Slum Dweller's Taskforce**

- Land regulation and transparency in private land transactions – critical to ensuring secure tenure.
- Provisions of adequate and affordable infrastructure and services to the poor.
- Community contracts which will involve the urban poor in improvement projects and raise their income.
- Improvement of public transportation to expand options for the urban poor – increasing their options for housing and livelihood through more accessibility through transport with a reduction in the costs involved and also leading to a reduction in the environmental damage linked to transport systems.
- Health services which directly reach the urban poor – through the coordination and focus of potential health systems, especially with service providers, so that the services are integrated with provisions for environmental health.
- Building codes and regulations need to meet the needs of the urban poor – taking into account the minimum plot size needed, incremental construction, and home-based economic activities.
- Providing housing alternatives to prevent new slums from forming.
- Create regulatory and policy environments that encourage private sector participation.
- Empowerment of organizations and community groups to participate meaningfully in planning.

Source: Garau *et al.* 2005.

***Premise 5. Without adequate data and research, programs and policies are flying blind***

A fundamental requirement for city managers, planners and program administrators is to know *who* the poor are, *where* they live, and *what* their needs are. Often this basic information is either unavailable or not put to use because those responsible do not know the data exist, or lack the technical skills required to analyze it. Population data are often collected at spatially disaggregated levels, such as enumeration areas, but only available to planners at higher levels that are less useful to their needs. A concerted effort to create geographic information system boundary files for enumeration areas is vital for poverty mapping. Evidence suggests that countries that create detailed poverty maps are doing a better job of developing targeted interventions, since they are able to identify their own poverty hot spots and set priorities where the greatest attention is needed (Haag 2005).

Average measures of wellbeing suggest that urban dwellers are better off than rural dwellers, but this gap appears to be narrowing, with some megacities experiencing stagnating or even declining infant mortality rates while smaller cities and towns see improvements (Brockhoff and Brennan 1997). There are great variations in wellbeing within cities, and it may be that declining conditions in the poorest parts of metropolitan areas is affecting city-wide averages. Processes of economic globalization and market liberalization may be exacerbating the level of economic and spatial segregation (Ariza and Solis 2005). It is important to study these changes so as to intervene in ways to reverse the declines in living conditions.

In India, a study of large cities, medium-sized towns and rural areas found that although the urban poor are better off economically than their rural counterparts, a wide gap exists between the rich and the poor of large cities with regard to fertility and mortality rates (Chattopadhyay *et al.* 2005). Furthermore, child and under-five mortality were found to be highest among the poor of large cities, and total fertility rates for large city poor were higher than those for the non-poor in towns and rural areas. In Accra, Ghana, an innovative research project using GIS and remotely sensed data in conjunction with census and survey data is helping to identify neighborhoods in particular need of health and sanitation interventions (Weeks *et al.* 2005). These data will then be used by a local NGO that promotes legal rights to environmental health in order to better target health interventions.

### **III. UNFPA's Current Activities**

The material for this section was obtained largely from a survey of country offices (COs) administered in March 2005 as part of this project. The goal was to better understand the nature of country-level activities addressing the urban poor and sustainable development. Out of 151 surveys sent, 33 were completed. Although this return rate is only 22 percent, the survey responses represent programs operating in some of the largest developing countries. In all, it can be said that the surveys represent UNFPA programs covering sixty percent of population of the developing world. Additional material for this section comes

from presentations by Dr. Prakash Deo of UNFPA in Maharashtra State, India, and Dr. Daniel Nguku, of the Nairobi City Council, at the June 2005 workshop.

The subsections below broadly correspond to the premises laid out in Section II, with the addition of a subsection 6 on policy development and planning.

### **1. Women's Empowerment and Wellbeing**

Women's empowerment and wellbeing lie at the center of many country office programs. This section briefly describes a number of these programs and associated activities.

UNFPA India's Maharashtra State Project Office has implemented an Integrated Population and Development Project in Maharashtra. The goals of the project are to enable couples to achieve their personal reproductive intentions and ensure the survival and development of their children through delivery of quality reproductive and child health (RCH) services. The project aims to improve the social status of women with improved access to the essential package of quality RH services. In the first phase the project trained doctors (including private practitioners), paramedical staff and teachers on RCH components and focused on infrastructure, materials and supplies. In the second phase the project built linkages between the health care system and local NGOs to improve implementation and meet the unmet needs of the population. The project provided capacity building of women's groups to assist with health awareness, prevention and addressing gender-based violence. The project also trained a cadre of voluntary community based depot holders for non clinical contraceptives, which further served as a link between the community and health institutions.

#### **Maharashtra, India: Street theater designed to promote behavioral changes**



#### **Women's empowerment activities:**

- Orientation of women's groups to act as a link between the community and health institutions.
- Creating an enabling environment to undertake adolescent reproductive health activities in the schools.
- Initiating legal aid and counseling centers for women victims of domestic and social violence and establishing linkages with other support groups such as a panel of lawyers, police, shelter homes, vocational training, etc.
- Orientation of elected representatives on RH and gender issues and on their role in demand generation.

UNFPA Republic of Congo is helping to improve the juridical and socio-cultural framework for the promotion of equality and equity between men and women through its gender component. In this project the CO contributes to (i) the revision of the family code, (ii) the adoption and enforcement of legal texts punishing all kinds of violence against women, and legal texts promoting gender equality, (iii) greater involvement of men in

gender and RH issues; (iv) the elimination of sexist stereotypes in the light of appropriate studies on the contents of media, school and literacy books and curricula; (v) women's increased access to various loan/credit facilities (financial, land, agricultural, etc).

UNFPA Romania has supported Centers for Monitoring, Prevention and Management of GBV in the capitals of the districts. The centers provide integrated medical, emotional and juridical support to victims, who are largely from urban areas but also from surrounding rural areas. Their approach has been to support the following: coordination meetings and the GBV Consultative Council at the central government level; a coordination mechanism at the local level for GBV Consultative Working Groups in four target districts; a training program for health care personnel, police, local authorities, medical staff, and social workers; and IEC activities and events to increase the awareness of the general public about the consequences of GBV and trafficking in human beings.

Other relevant CO activities include the following:

- UNFPA Zimbabwe supported the 2005 Zimbabwe Demographic and Health Survey (DHS), which for the first time included questions on domestic violence.
- UNFPA Democratic Republic of Congo supports NGOs based in urban and peri-urban areas that develop women's capacity, and which defend women who are victims of sexual violence.
- UNFPA Syria supports awareness raising sessions for men on RH issues and women's RH rights, as well as dialogues with youth on RH and gender issues. The CO has also provided support for studies on GBV, promoting gender issues through various forms of media and the establishment of a gender theme group which aims at emphasizing gender related issues and gender mainstreaming activities.
- UNFPA Nicaragua is supporting the government's Emergency Fund for Social Investment (FISE) in mainstreaming gender to their infrastructure and socio-economic projects. These efforts seek to institutionalize the gender approach into all of the FISE's projects.
- UNFPA Malaysia is currently strengthening partnerships and programs against gender-based violence, seeking to improve the capability and capacity of young women and men in ending GBV.

## ***2. Reaching Youth***

Efforts to alleviate poverty among adolescents must include identifying and extending services and livelihood skills to the poorest and most vulnerable among them. UNFPA's nascent effort to assess coverage of its most popular youth programs is a key first step (Bruce 2005). These coverage exercises first define which subgroups of adolescents (as defined by age, gender, living arrangements, marital status, schooling status) benefit from services, then create a profile of information and services rendered (e.g. health, life skills, livelihood activities). This provides a basis from which to plan a better targeting of those adolescents currently left behind.

UNFPA has supported the Population Council to define and implement the “safe spaces” concept. Safe spaces are defined as places where girls are treated with respect and dignity and where they can: form friendships, receive and give peer support, and increase their social networks; enjoy freedom of expression and movement without fear or intimidation by adult gatekeepers or male peers; receive mentoring support from appropriate, trusted adults, who can serve as girls’ older friends and advocates; and take advantage of new, diverse educational opportunities that could include life skills, functional literacy, sports, financial literacy, production cooperatives, and the development of writing and artistic talents (Bruce 2005).

UNFPA Ethiopia supports the Good Samaritan Association (GSA), an NGO working to create positive change in the lives of disadvantaged girls, children and mothers. The GSA targets young women in poor slums of Addis Ababa, especially victims and potential victims of rape, reproductive health hazards, and other forms of gender-based violence, HIV/AIDS, cervical and breast cancer and those victims exposed to trafficking. With the assistance of the UNFPA, the NGO has established a Rape Crisis Center and trained rape crisis counselors, developed a clinical rape management kit and established a vocational skill training center for women. The skill training facility has successfully trained 30 girls from low-income families in leather handicrafts.

The country office also supports the Good Samaritan Training Center, an urban-based NGO providing vocational training to young women and girls aged 18-25 with a view of ensuring their self employment or finding gainful employment. The main target groups of the NGO are street girls who had been exposed to street life due to various reasons including economic deprivation, family break ups, civil strife, neglect and war. Apart from training in different skills such as weaving, knitting, sewing, embroidery, hair dressing, the NGO provides training on health, home management, nutrition and HIV/AIDS and family planning.

A UNFPA-supported project in the slums of Nairobi, Kenya, established nine youth friendly health facilities and trained peer youth educators to strengthen the link between the community and the health facilities (Nguku 2005). The project has had some success, though it is hampered by inadequate information, education and communication (IEC) materials, high rates of migration between slums (making it very difficult to follow up with clients), and staff attrition due to poor terms of service and lack of motivation.

UNFPA Senegal supports an Adolescent Girls Project in partnership with the UN Foundation based on a holistic approach of youth problems combining reproductive health with livelihoods and life skills activities. This project takes into account the framework of the implementation of the Poverty Reduction Strategies articulated with the MDGs. The CO also supports Youth Counseling Centers with voluntary counseling and testing services are located in urban areas where youth and adolescents are more exposed to precocious sexuality, undesired pregnancies and STD/HIV/AIDS. HIV/AIDS prevention activities target vulnerable populations such as migrants and drivers.

UNFPA Mozambique's Adolescent Sexual Reproductive Health project supports the institutional capacity of key partners' in advocacy and social mobilization efforts. It provides support to behavioral change cultural sensitive programmes in selected districts for adolescents and youth both in and out of schools, with emphasis on information and life skills on STD/HIV/AIDS, contraception and gender-based violence, including comprehensive quality SRH services and "client-oriented" counseling. The program has been so successful that the government has decided to replicate it throughout the country.

Additional CO activities include the following:

- UNFPA Burkina Faso supports a program of population education for all secondary students, with emphasis on population and the environment.
- UNFPA Zimbabwe, through its Adolescent Sexual Reproductive Health Programme, provides a minimum package of youth-friendly services and peer education in 16 districts. This will be scaled up to reach other districts.
- UNFPA Bangladesh is introducing Youth Friendly Services, and through research is identifying: (i) socially acceptable ways to promote responsible and healthy reproductive and sexual behavior among the adolescents in selected areas in Bangladesh, (ii) policies and strategies for adopting life-skill education among adolescents, and (iii) factors related to dowry and exploring possible ways to reduce/eliminate dowry.
- UNFPA Thailand is improving access to RH information and services for youth through appropriate, gender-sensitive and age-specific community-based activities which include: (i) HIV/AIDS/STI prevention; (ii) conducting needs assessment surveys and advocacy seminars for policy makers, religious leaders, community leaders and media; (iii) training peer educators and organizing youth camps and educational activities; (iv) establishing RH youth centers and a website: [www.thaiyouths.org](http://www.thaiyouths.org); and (v) producing and disseminating IEC/BCC materials.
- UNFPA Ecuador provides support to the National Statistics and Census Institute (INEC) for a national statistics system for youth (SIJOVEN).
- UNFPA Jamaica reports on a project in Belize that has a strong urban focus and works with youth in street gangs and has mobilized the leaders to learn more about HIV/AIDS and youth at risk.
- UNFPA Romania has increased the availability of youth-friendly reproductive and sexual health information and services, focusing on the prevention of STIs and HIV/AIDS, particularly in urban areas.
- UNFPA Kosovo is strengthening institutional and civil society capacity to support access of young people to sexual and reproductive health information and education.

### ***3. Stimulating Demand for Reproductive Health Services***

Similar to the approach in Maharashtra State, UNFPA Ethiopia is focusing on empowering women with the aim of increasing the utilization of RH services. The program seeks to ensure that women and men have access to information, education and

services needed to achieve good sexual health and exercise their reproductive rights and responsibilities.

UNFPA Mexico has implemented eight State Cooperation Projects (PECs), which are being carried out within the ongoing Country Programme, with the goal to contribute to improving the welfare of the people of Mexico and to reduce poverty through the achievement of a balance between population and resources through increased awareness and use of reproductive health services. The project focuses on strengthening the national capacity to integrate population issues into national and sectoral development planning, and promoting actions that favor the full exercise of sexual and reproductive rights, equal participation of men and women in decision-making processes, and equal access to development opportunities. The design of PECs is based on a strategic approach, aimed at developing, institutionalizing and, eventually, replicating specific intervention models and best practices. Presently, the models are in the process of documentation and systematization.

UNFPA Syria has been active in supporting the development of the national RH strategy by: (i) strengthening national capacity building to provide comprehensive family planning services; (ii) procuring medical equipments, ambulances, and mobile clinics to improve the quality of services in underserved areas; (iii) conducting research, data collection and needs assessments on RH issues; (iv) strengthening the management information system to monitor interregional gaps in RH indicators; and (v) producing IEC materials on FP, safe pregnancy and other RH related issues. Addressing HIV/AIDs is also a major component of the national RH strategy and the CO supports the prevention of STIs and HIV/AIDs among high-risk and vulnerable groups through: (i) technical assistance in conducting surveys; (ii) providing equipment for STIs/HIV labs; (iii) supporting Voluntary Counseling Training for health workers; and (iv) including HIV/AIDS issues in all of the training sessions held under the RH sub-programme.

UNFPA Thailand is supporting improved access to RH information by foreign migrant workers and refugees primarily from Myanmar. The activities include: (i) baseline data collection to identify interventions; (ii) training of community health volunteers and midwives on FP and HIV/AIDS/STIs; (iii) educating adolescents about RH and HIV/AIDS/STIs prevention; (iv) disseminating IEC materials; and (v) providing services through mobile clinics for the underserved.

Additional CO activities include the following:

- UNFPA Democratic Republic of Congo supports the national program of reproductive health, with IEC/Counseling services in urban and peri-urban areas.
- UNFPA Philippines is working to empower the urban poor to access RH services.
- UNFPA Mongolia is supporting activities to reduce the maternal mortality rate by providing extensive training and emergency obstetric drugs and developing and distributing RH service guidelines on management of high risk pregnancies and on referral care. The CO also supports the RH needs of immigrant urban women, especially in the area of antenatal care.

#### ***4. Local Involvement***

UNFPA Senegal has successfully involved community groups and figures to take an active part in society. Specifically religious leaders are involved in the promotion of gender equality and HIV/AIDS prevention, promoting advocacy documents within the religious precepts of Islam and Christianity, the two dominant religions in Senegal.

UNFPA Mexico has supported an IEC on sexual and reproductive health, with emphasis community participation of adolescents in urban areas of Quintana Roo state.

#### ***5. Data and Research***

The surveys revealed that most UNFPA country offices promote data collection activities through support of censuses and surveys. The level of activity described in the survey response probably reflected data collection cycles, with countries in the midst of or preparing for censuses or demographic and health surveys reporting the greatest level of activity. The remainder of this section provides details on specific CO activities of note.

UNFPA Syria has initiated a Planned Strategic Rapid Assessment which will be jointly undertaken with other partners in Syria to serve the neediest areas in the country, providing baseline data on reproductive health and population to be integrated into national development plans. This data will also take into account both rural and urban settings as well as the gender component.

UNFPA Bangladesh converted Enumeration Area maps into theme-based GIS mapping. The project is now piloting theme-based GIS maps of poverty, education and health systems in one sub-district. These will be presented in a national level seminar for policy makers and program planners sometime in this year. Similarly, UNFPA Philippines is engaged in mapping of the poorest provinces and municipality and targeted interventions to improve the conditions of the poor.

UNFPA Mozambique provides assistance to the Ministry of Women & Social Action and the Provincial Directorate of Zambezia (particularly the Statistical Dept/service) to undertake collection, analysis and dissemination of gender-relevant data (with a focus on gender concerns, gender based violence and HIV/AIDS) in partnership with well-established research institutions.

Additional CO activities include the following:

- UNFPA Burundi is supporting the publication of age and sex-disaggregated demographic data projections at the provincial and national levels.
- UNFPA Republic of Congo is assisting in the development of national and sub-national policies, plans and strategies that are based on an analysis of research findings. The CO is also promoting the use of data for program planning, monitoring, evaluation and evidenced-based advocacy.

- UNFPA Zimbabwe has produced a thematic report on poverty and reproductive health (including HIV/AIDs), and a national indicator database to monitor the MDGs and ICPD PoA goals.
- UNFPA Bangladesh is designing and developing an urban RH management information system and client data recording system.
- UNFPA Ecuador supports capacity building of municipal authorities through the Association of Ecuadorian Municipalities (AME) and universities in population and development tools such as REDATAM, a software package that permits analysis and mapping of census data at the local and regional level.
- UNFPA Honduras is strengthening the National Institute of Statistics for the collection and analysis of social and demographic data, through surveys and research. The project is supporting a capacity building process in four cities of the country, improving the ability of the local governments to produce and manage social and demographic information in the context of the planning of local development, taking account of the links between population, poverty and the environment.

## ***6. Policy Development and Planning***

Note that because activities supporting policy development and planning cut across a number of domains, some policy development activities have been included in the subsections above.

UNFPA Nepal is supporting the preparation of a Population Perspective Plan (PPP). The objective is: (i) to institutionalize at the policy level the integration of population concerns in sectoral developments so that population issues inform all other sectoral plans; (ii) to help prioritize specific multi-sectoral policy/programme areas related to population that bear on aspects of poverty alleviation and sustainable development; and (iii) to address commitments that Nepal had made in endorsing plans of action related to issues of population in various international forums, particularly ICPD 1994, and continue to attract donor support in the area. The PPP is a comprehensive perspective plan that addresses issues of urbanization, environment and poverty in a holistic way identifying key issues and integrating key concerns for sustainable development.

UNFPA Sri Lanka is active in increasing awareness among key stakeholders, such as policy makers, planners, parliamentarians, community and religious leaders, on the interlinkages between population and development. It also seeks to strengthen the advocacy capabilities of these stakeholders.

Additional CO activities include the following:

- UNFPA Philippines is developing methods and tools for pro-poor reproductive health policy making.
- UNFPA Ecuador is providing capacity building and support at the municipal level in four provinces for the participatory formulation of local development and environmental strategies.

- UNFPA Honduras is supporting the inclusion of population and development issues in the framework of the implementation of the Poverty Reduction Strategy, at national and local levels, with activities like special studies and training.

## **IV. Gaps and Opportunities**

UNFPA is not primarily an implementation agency. It generally works through proxies and constituencies. It acts as a resource institution, trying to understand, reach out, and advocate for the poor, which is a process that can only be learned by doing. The following recommendations reflect UNFPA's role, building on lessons from model projects highlighted in Section III and drawing on recommendations contained in the CO surveys.

### ***1, Women's Empowerment and Wellbeing***

One of the best ways for UNFPA to influence women's status in urban areas is through the promotion of legal reforms and awareness-raising among women and men. According to Gautier's (2005) study of marriage laws in 142 countries, globally 19 percent of countries still subscribe to male headship within the family and 23 percent require obedience of wives. Most of these countries are in sub-Saharan Africa. Only 58 percent of all countries provide *de jure* equality in marriage, and 61 percent provide for equal treatment in the case of adultery. Thus, since a woman cannot claim any more rights than are permitted under law, there is much room for improvement.

Two countries reported specific activities to improve the legal framework. UNFPA Rwanda is promoting legal marriage so that women will qualify for inheritance under Rwandan law. As mentioned above, UNFPA Republic of Congo is helping to revise the family code and promoting the adoption and enforcement of legal texts punishing all kinds of violence against women and promoting gender equality.

### ***2. Youth Services***

UNFPA could have perhaps its greatest impact on urban sustainable development by supporting CBOs and NGOs that have programs for youth-at-risk. There is compelling evidence that poor young people get locked into life courses during their adolescent years, and sometimes even earlier, and that early intervention is needed. There are ample demonstration programs that illustrate what can be done to (Bruce 2005), and a separate project of the GCHR branch intends to catalog current UNFPA projects and best practices for replication by other COs.

UNFPA Bangladesh suggests that UNFPA can contribute to the achievement of broader urban sustainable development through skill building for income generating activities for adolescent girls, and addressing nutritional aspects of urban poor through nutritional education and kitchen gardening.

### ***3. Promote Reproductive Health in the Context of Health Systems***

The term “health services” typically denotes just those government clinics or hospitals that provide health care. Health systems, by contrast, involve a wider array of health-related institutions, including referral and support mechanisms, as well as actions taken that affect health but are not typically under the purview of ministries of health. UNFPA could promote urban health systems in formal and informal settlements. Examples include providing support to resource centers such as community spaces, crèches, youth centers, and arts centers. Youth centers are particularly important, since investments are needed in urban youth before they make decisions that will negatively impact their future opportunities. Girls especially need space to meet and interact with one another, and UNFPA could be instrumental in promoting model youth centers that explicitly have times for girl-only activities. This can serve as a natural conduit into discussions of reproductive health issues.

According to UNFPA Democratic Republic of Congo, improvement of RH services is a means by which UNFPA can make important contributions to the war on poverty. In DRC, there are some 3.5 million refugees in towns and cities, and hence it is important to reinforce the health system capacity to meet this growing demand.

According to UNFPA Botswana, the urban poor are likely to have larger family sizes and to be more dependent on firewood as their main source of energy. Unsustainable use of firewood leads to environmental degradation. Larger family sizes that the poor have are a result of various factors, including non-use of contraceptives. UNFPA should actively promote an environment in which the urban poor are desirous of adopting smaller family sizes.

An approach to awareness raising about the existence of reproductive health services would be to provide welcome packets containing information about health/reproductive health services to new migrants at the public transportation termini in major cities. This was a recommendation made during the June 2005 workshop.

### ***4. Involving the Poor***

Almost all COs reported financial and technical support of data collection activities such as surveys or censuses. Given its central role in data development, UNFPA might develop and promote methodologies to support community involvement in urban slum and informal settlement surveys and census enumerations. This could improve the data quality for areas that often suffer from under-counts, and provide communities with a sense of ownership of the results.

UNFPA may also wish to utilize survey and focus group methodologies to better understand the reproductive health needs of the urban poor. Similar methods could be employed to understand youth issues of concern so as to better design interventions.

UNFPA may wish to consider supporting CBOs that are run and staffed by the urban poor themselves. Such CBOs may have greater entrée within the community, thereby increasing the awareness of community members on issues such as gender relations, gender-based violence and reproductive health. Street theater, such as that employed by UNFPA in Maharashtra State, India, is an excellent outreach vehicle that can directly involve the urban poor. Along these lines, UNFPA Thailand suggests the use of existing structures in urban areas such as day care centers as entry points for service delivery (e.g., MCH, FP, HIV/AIDS/STI prevention). They suggest recruiting community health volunteers and training day care center staff as peer educators. They further recommend that the staff in these centers be trained to do fundraising to support their activities, and that the private sector should be invited to support certain campaigns.

### ***5. Data Collection, Research and Capacity Building***

Since much of the population growth is occurring in small to medium sized cities, research could be undertaken on the economic role of such cities in the context of globalization. Are city managers and planners in these cities less prepared for growth and its implications for urban services than their mega-city counterparts? It might be useful to consider study visits for managers of medium-sized cities to major cities that have already experienced rapid growth, so that they can learn from experience. Rapid growth is found by Brouckhoff and Brennan (1997) to be correlated with high infant mortality rates even when controlling for city size.

Behavioral research could be useful in terms of better understanding the perceptions that urban youth (especially girls) have of their life chances, and the opportunities that are available to them to better their circumstances. This could lead to better designed youth programs. It was also noted during the workshop that few youth programs have explicit monitoring and evaluation components that would help to determine if money invested in these programs has a long-term dividend. The coverage exercises being conducted at youth centers in some countries is a step in the right direction, but it is likely that further operations research is required.

A core recommendation from the June 2005 workshop is that there is a need for data to be processed and made available at the most spatially disaggregated level possible so that they can be used for planning by cities, neighborhoods and localities. One workshop participant recommended that UNFPA engage post-census technical workshops and seminars, where local and national researchers would get guidance in how best to analyze census data at the disaggregated level for planning purposes (Montgomery 2005). This could address uses of tract-level census data in combination with simple population projections to better project the demand for various kinds of services. This was cited as a specific need by UNFPA Malawi. Two UNFPA COs are already doing work in this area that may be worthy of replication. UNFPA Ecuador is providing municipalities training in the data analysis and mapping package REDATAM (a package that is only available in Spanish), and UNFPA Honduras is working in the local governments of four cities in the country to produce and manage social and demographic information.

It would be particularly useful for municipalities if the census data could be mapped with the aid of enumeration area boundary files. Training in GIS would provide a valuable addition to the tools traditionally available to census and statistical agencies in country.

Additional recommendations from the CO include the following:

- UNFPA Algeria suggests that UNFPA finance studies on the needs of the urban poor in order to elaborate national policies related to this subject.
- UNFPA Burundi recommends the strengthening of statistical capacity at the country-level to run population and household censuses, conduct household surveys, set up vital statistics and health information systems, and compile indicators on environment, agriculture, education, and the economy.
- UNFPA Sri Lanka recommends engaging local research institutes to undertake a review on the needs and vulnerabilities of the urban poor, particularly women, with a standardized methodology being used in all of studies conducted.
- UNFPA Belarus recommends capacity building of UNFPA field staff especially in the area of environment and sustainable development issues.

## ***6. Policy Development and Planning***

Several country offices mentioned their involvement in the development of poverty reduction strategies. According to UNFPA Ecuador, “It is key for UNFPA to take an active part in the formulation of the national poverty reduction strategy in Ecuador, a process that has just been launched. Indeed, it will be a unique opportunity to advocate for population and development issues with a special focus on youth participation and gender equity in a national forum that will bring together all social and government actors.” Thus, UNFPA could use the PRS formulation process as a forum to bring to the fore issues important to the urban poor such as environmental health, sanitation, and access to health services.

Through its support of the PRS process, UNFPA Honduras is supporting the development of a local indicators framework, including social, demographic, economic and environmental indicators. These can be very helpful for policy makers, both in targeting resources and tracking progress. This work is similar to work proposed by Esteban Caballero at the June 2005 workshop, which was to support the development of vulnerability indicators for policy and planning purposes. The concept of vulnerability is richer than that of poverty, since it incorporates external “shocks” (e.g., globalization, climate anomalies, economic down turns, etc.) and internal “coping capacities” (e.g., human, financial, natural and social capital) rather than simply looking at the income and assets of the poor in a static way (see for example Polsky *et al.* 2003).

## **V. Conclusion**

This brief strategic assessment of major issues confronting the urban poor has highlighted a number of areas that are worthy of UNFPA’s continued attention. Indeed, the sampling of activities in Section III suggests that UNFPA already has a large number of projects

targeting the urban poor. Still, there were a large number of COs that reported having few if any activities that were specifically targeting the needs of urban poor populations. This suggests that the time is right to promote an “urban perspective” within the agency. Indeed, UNFPA, second only to UN HABITAT, is strategically placed within the UN system to take on the role of *port parole* for the urban poor, ensuring that the UN system as a whole does not neglect the pressing needs in urban areas.

Our ability to integrate the urban poor in development processes and prepare for their predicted population growth over the next two decades will be decisive if we are to achieve sustainable development. The world’s future is largely an urban future. If the poor become full members of their urban societies, able to contribute as producers, consumers, citizens, creators of solutions and protectors of the fragile environments in which they live, we will have gone a long way towards sustainable development.

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