Launch meeting report

Executive Summary

The UKRI GCRF Accountability for Informal Urban Equity Hub is a multi-country Hub with partners in the UK, Sierra Leone, India, Bangladesh and Kenya which we call ARISE. The Hub works with communities in slums and informal settlements to support processes of accountability related to health. It is funded through the UKRI Collective Fund.

This report provides an overview of the ARISE launch meeting which was held at the African Population Health Research Center (APHRC), Nairobi Campus, on the 15th February 2019. The purpose of the meeting was to formally launch the ARISE Hub as well as to explore priority areas for action in informal urban settlements from the perspective of a diverse set of stakeholders. The meeting brought together national and international stakeholders to share learning, experiences and reflections about the ARISE Hub as well as everyday issues facing people living in informal urban settlements.

A central theme for the day was to create a space that enabled all participants to contribute their views in a relaxed and open forum. The day therefore began with time for stakeholders to interact informally over tea and coffee and begin discussions around their experience of living and working within informal urban settlements. Professor Blessings Mberu, APHRC, then formally welcomed participants to the meeting, facilitated an introductions exercise and gave a brief outline of the structure of the day. We then moved to an ARISE presentation. The ARISE presentation was designed to give stakeholders an overview of the Hub's approach to working with people living in informal urban settlements, as well as to highlight the ongoing work of our partners in relation to urban health and well-being. The presentation was a collective effort and delivered by representatives from LSTM and each of the LMIC-based ARISE partner institutions.

Following the presentations, we divided into three smaller groups to take part in a participatory discussion exercise. Groups were then asked to reflect on three key questions: What do the informal settlement dwellers need to facilitate change or improve their well-being and health outcomes? What are the challenges in relationships between residents and governance structures in informal settlements? How can we make the research meaningful to the different stakeholders? Following group discussion and plenary feedback, Ms Lilian Otiso encouraged the audience to reflect on several key messages.

> 1. Slum dwellers have the capacity and power to make a difference. ARISE can't do this research alone and we need to generate solutions from within communities.

> 2. We need to work together to harmonise and build capacity to articulate ideas that are understood by people at all levels of the health system and within various governance structures.

> 3. Encourage better organisation of consultation and participation processes to ensure inclusion of some groups (e.g. people living with disabilities) to ensure that no-one is left behind. This should move beyond tokenistic representation.

> 4. Community health workers/volunteers was a strong theme and they are often the least recognised. Ongoing nepotism within communities' limits benefits to these individuals who '*do more work than doctors'.*

5. Within ARISE we need to work with both formal and informal governance structures.

6. Trust needs to be established between communities and governance structures as there is a current lack of trust that runs both ways.

7. Promises made to communities should not be broken and we should support community-based organisations that seek to challenge government.

8. Communities should be accountable for themselves, but they should also hold governance structures to account to deliver on promises.

The day closed with quick feedback and reflections from key government stakeholders.

Contents

Overview of the Day

The ARISE launch meeting was held at the African Population Health Research Center (APHRC), Nairobi Campus, on the 15th February 2019. The purpose of the meeting was to formally launch the ARISE Hub as well as to explore priority areas for action in informal urban settlements from the perspective of a diverse set of stakeholders. The meeting brought together national and international stakeholders to share learning, experiences and reflections about the ARISE Hub as well as everyday issues facing people living in informal urban settlements. National stakeholders included representatives from; National and Regional Government, Nairobi County, Non-state actors (including community-based organisations and the media), and Slum community representatives. Please see Annex One for a full list of national and international stakeholders. International stakeholders included researchers, programme implementers, NGDO partners, representatives from Federations of Slum Dwellers and communication experts currently engaged with the ARISE Hub from across our four country contexts: Bangladesh, India, Kenya, and Sierra Leone. Table One provides an overview of key activities facilitated throughout the day which are discussed in detail within this report (see Annex Two for full meeting agenda).

Table One: Overview of Key Launch Meeting Activities

Time	Activity	Person Responsible
9-.9.30	Coffee, tea and informal networking	All
9.30-.9.45	Welcome and opening remarks	Prof Blessing Mberu, APHRC
9.45-10.30	ARISE presentation	ARISE team
10.30 -12	Group discussions on priority areas for action in informal urban settlements	All
12 – 12.30	Feedback in plenary	Group rapporteurs
12.30-12.45	Closing remarks	Dr. Lilian Otiso, LVCT

A central theme for the day was to create a space that enabled all participants to contribute their views in a relaxed and open forum. The day therefore began with time for stakeholders to interact informally over tea and coffee and begin discussions around their experience of living and working within informal urban settlements. Professor Blessing Mberu, APHRC, then formally welcomed participants to the meeting, facilitated an introductions exercise and gave a brief outline of the structure of the day (see Table One). We then moved to an ARISE presentation.

ARISE presentation

The ARISE presentation was designed to give stakeholders an overview of the Hubs approach to working with people living in informal urban settlements, as well as to highlight the ongoing work of our partners in relation to urban health and well-being. The presentation was a collective effort and delivered by representatives from each of the ARISE Hub partner institutions. Presenters were:

- Professor Sally Theobald (Liverpool School of Tropical Medicine (LSTM))
- Dr Caroline Kabaria (APHRC)
- Mr Robinson Karuga (LVCT Health)
- Dr Joseph MacCarthy, (Sierra Leone Urban Research Center (SLURC))
- Ms Bintu Mansaray (College of Medicine and Allied Health Sciences (COMAS))
- Mr Vinodkumar Rao (SPARC, India)
- Dr JK Lakshmi (The George Institute)
- Ms Bachera Aktar (James P Grant School of Public Health, BRAC University)
- Representatives from Slum Dwellers International (SDI), including:
  - Skye Dobson
  - Francis Refell
  - Yirah Conteh
  - Margaret Bayoh
  - Joe Muturi
  - Jack Makau

Presentation slides can be found in Annex Three.

Professor Sally Theobald (LSTM), began by providing an overview of ARISE's vision, '*to catalyse a step change for improving accountability and promoting well-being and health'*, before moving on to provide meeting participants with detail regarding our participatory action research approach. Our approach will bring together theory (through the development of new and innovative conceptual frameworks) and learning (through the collation of empirical case studies) to shape action through the collaborative development and piloting of social accountability strategies for equity, equality and well-being in informal urban settlements. Prof. Theobald went on to introduce each of our diverse research partners and explain how we will come together within our equitable and sustainable research partnership to achieve impacts at the local, national/sub-national, and global level.

Dr Caroline Kabaria, (APHRC), then provided an overview of the ongoing work of APHRC in informal urban settlements in Nairobi. She emphasised the work that APHRC has done to combat the invisibility of people within informal urban settlements in national statistics through the creation of the Nairobi Urban Demographic Surveillance System (NUHDSS) and the Nairobi Cross-Sectional Slum Survey.

Next, Mr Robinson Karuga (LVCT Health), provided an overview of the institution's ongoing work across three core areas; HIV Care and Treatment, Gender Based Violence, and Strengthening Community Health Services. He emphasised the strong

interface of research, policy and practice across all these areas. Robinson ended by providing stakeholders with his key reflections from community site visits made by ARISE Hub members to informal urban settlements earlier in the week. He stressed the need to respond to issues of sexual violence, sanitation and hygiene, alcohol and drugs.

Dr Joseph MacCarthy, (SLURC), presented a description of key activities delivered by SLURC. He particularly stressed the key role that SLURC has played in facilitating dialogue between national and government policy makers, civil society and residents of informal settlements. Based on a recent scoping study completed by SLURC, he highlighted key issues currently facing slum dwellers in Sierra Leone including; appalling living conditions leading to negative health outcomes, multiple barriers to achieving health care access, and a lack of mechanisms for grievance reporting.

Ms Bintu Mansaray (COMAS), emphasised the key role that her organisation has played in health systems strengthening in Sierra Leone in the post-Ebola era. She particularly highlighted COMAS' ongoing research into mental health and NCDs in informal settlements. as well exploring health workers retention and experiences.

Mr Vinodkumar Rao (SPARC), gave an overview of the Indian Alliance which engages multiple organisations working to improve conditions in informal urban settlements in India. He emphasised the need to respond to rapid urbanisation and to mobilise slum dwellers to demand action and opportunities to improve health and well-being.

Dr JK Lakshmi (The George Institute), introduced the key priority areas of her institute, emphasising that ARISE will link to ongoing work on Urban and Environmental Health. She identified key emerging issues for people living in informal urban settlements in India, particularly a priority population of the George institute, informal waste pickers. Emerging issues included; financial insecurity, poor understanding of occupational health issues, social marginalisation (based on caste, gender, economic status, region, language etc), all of which lead to a reduction in access to education and health services; water, sanitation and electricity; as well as reducing the likelihood of being recognised as a formal worker or resident of the city.

Ms Bachera Aktar introduced the situation in informal settlements in Bangladesh by showing a short film made by the James P Grant School of Public Health team. The film highlighted multiple health and well-being challenges faced by people living in the Bhashantek informal settlement in Dhaka city, including livelihood insecurity, pollution, tenure insecurity, lack of access to toilets, clean water, electricity, and quality healthcare services, inadequate drainage, violence, social problems such as gambling and drug abuse, and child marriage. However, slum dwellers also spoke of their approaches to resolving their own challenges, such as collective responses to community disputes, their commitment to education of children, and the importance of pride and dignity to living well. The film is accessible at on the ARISE website: http://ariseconsortium.org/.

Finally, SDI, gave a collective presentation about the work that they do in mobilising and supporting people living in informal urban settlements to generate information that can support them in lobbying for action and change by and for communities. Representatives from multiple federations of slum dwellers were part of the presentation team and were able to share with the audience their positive experiences and how **'Information is Power'** in advocating for change.

Discussions in small groups

Following the presentations, we divided into three smaller groups to take part in a participatory discussion exercise. Groups were randomly allocated to ensure a mix of national and international stakeholders. Groups were then asked to reflect on the following key questions:

- What do the informal settlement dwellers need to facilitate change or improve their well-being and health outcomes?

- What are the challenges in relationships between residents and governance structures in informal settlements?

- How can we make the research meaningful to the different stakeholders? – health, security, community members (including youth)

Each group had a facilitator and a note taker. The facilitator elicited responses to each of these questions from people within the group, while the notetaker summarised responses to be fed-back in plenary. The below text summarises key responses form across each of the groups within the plenary session.

What do the informal settlement dwellers need to facilitate change or improve their well-being and health outcomes?

'What you need, they also need'

Information

- Research to assess and prioritize problems (water, gender-based violence
- Identify models that have already worked and implement them in ARISE
- 'Information is power'
- Communication of research to communities but also to policy makers to promote community voice in shaping policy

- In Sierra Leone there is a need to rebalance access to information between slum dwellers and government, i.e. government currently have the information that slum dwellers want/need.

- There is enough knowledge and information in communities. Research needs to strengthen this and its legitimacy; learning not just by researchers but communities.

- Need to involve different organisations in the community in research activities– ensure representation of different needs and groups

Resources

- Improved financial position of households
- Facilitate collaboration between local organizations to avoid duplication and resources wastage
- Work to change mindsets around the availability of resources from hand-outs toward promoting self-help

Services

- Improved government planning and action, for example where there is no plan for waste disposal, communities may need rubbish containers to be provided

- Training of community health volunteers on TB, reproductive health and family planning
- Co-ordination is required to avoid duplication of services

- Health awareness and health education
- Key health service gaps in maternity, A&E, and ambulances. This presents a huge burden on community health workers who often must pay out of own pocket to get someone to the clinic.

- Services and facilities are limited and provision needs to be expanded (schools, hospitals – most are privately owned and not government owned)
- Infrastructural problems including a lack of roads, poor quality classrooms etc.

Empowerment

- Community taking responsibility. Community to recognize their own power to make change – being able and ready to learn
- Civic education – community awareness to understand rights and services available and how to demand accountability
- Mobilization of community to create a common voice or a common agenda
    - Through savings organizations
    - Exposure to what has worked in other settings
    - Inclusion of diverse population groups, that over come division e.g. tribal lines, nepotism etc.
    - Speaking to the right people to negotiate change
- Safe and honest spaces for communities to formulate their needs are required. For example, public participation platforms organised through devolution in Kenya, may present opportunity to hold the government to account, however there are key challenges e.g.
    - Community Health workers may not feel secure to speak up
    - Men may speak more with women less likely to be heard
    - Processes may become less trusted if promises are broken
- Support communities in developing a 'critical consciousness' that allows then to identify problems but also to understand their power to demand and make change.
- Work with silenced voices in participation e.g. youth involved in crime, people with disabilities

- Participation alone is not enough – organising and lobbying needed

Capacity Strengthening

- Strengthening capacity of slum dwellers for involvement, demanding change and delivering services
- Improving the capacity of the existing organizations in the slums to ensure the work of ARISE in sustainable
- Creating or strengthening centres and resources for global learning – availing internet
- Improving the capacity of community organizers to engage -blog writing, tweeting
- South-south learning to support slum dwellers to identify solutions from other contexts.
- Build links with other hubs with similar interests (e.g. disaster and risk)

What are the challenges in relationships between residents and governance structures in informal settlements?

- Lack of trust in the governance structures
    - Government has no proper plans for the informal settlements
    - Accessing government leaders is a challenge. Need for strategic lobby in specific departments as oppose to open meetings.
    - Corruption and limited allocation of resources for the slums.
    - Empty promises from the political leaders
    - Government resources distributed based on favouritism
    - Duplication of government agencies providing services creating wastage, coordination problems, confusion in the community and lack of community awareness on who to hold accountable if services fail
    - Youth often see police as wanting to arrest them
    - Corruption, including a lack of participatory budgeting which means that politicians don't engage equitably and manipulate information about how to participate to exclude those who do not support them.

- Barriers to public participation
    - Community expecting handouts to participate in community meetings
    - No agreed upon locations for community meetings – these are constantly changed by the leaders
    - Preferential invitation to community meetings based on nepotism, or who voted for the political leaders
    - Inaccessibility of meeting places for people with disabilities
    - Unsafe community meetings sometimes characterized with fights barring participation of people with disabilities
    - Threat to individuals who demand change and attempt to disrupt the status quo – some governments have banned NGOs for advocating for human rights, extra-judicial killings
    - Voices of some communities' members unheard
    - No clear understanding of different roles of different departments, so people are unclear about what to report where. For example, there is a lack of knowledge about where to report gender-based violence and if reported to the wrong place previously and received poor treatment or information, people are unlikely to return.
- Conflict between formal and informal leadership structures
    - Informal leaders more recognized by community and government leaders fail to cooperate with informal leaders
    - Informal leaders (elders, CHVs) volunteer – and lack of financial support threaten their livelihood and well-being and inhibit their maximum
    - Discrimination in how the government engages with informal leaders – resources tend to go to elders while community health volunteers do the bulk of work on health and wellbeing in the community – voices of community health volunteers is more marginalized than those of community leaders
- Government solutions/services not planned with awareness of capacities and implications of those services on well-being of people living in slums
    - Affordable housing programmes that are not affordable to people living in the slums – slum dwellers get assigned houses, but they cannot afford

rent, so they secondarily rent the houses to other individuals who are not from the slums for extra income
- Housing improvement projects disrupt the informal economies leading to loss of business and livelihoods for people living in slums
- Unrecognised citizens

- Lack of information on who owns what - e.g. land ownership and owners of different structures is often unclear

- Many residents lack legal documentations e.g. a lack of birth certificates and ID cards – because parents don't have ID cards;

- Lack of organisations advocating for the marginalised – e.g. disabled people

How can we make the research meaningful to the different stakeholders? – health, security, community members (including youth)

- Inclusive participation in the process of research to facilitate consumption of research. This will need to involve government and people living in the slums. A focus should be on listening to and taking up their ideas. Inclusivity should be from beginning to end.
- The community must understand the why of the research.
- The research process should include intervention that is linked to findings. Creating knowledge on its own is not enough, the community needs to see the fruit of research in action
- Dissemination at the community level is essential as well as to all involved stakeholders.
- Language of research to be made accessible to the community
- ARISE should follow up for action with government and community even at the end of the research
- Don't make promises that can't keep and show true belief in community processes.
- Ensure the use of accessible language.

The participatory group sessions and feedback to the plenary concluded with a summary from Ms Lilian Otiso, LVCT Health. Lilian summarised and encouraged the audience to reflect on several key messages.

Key messages from group discussions

1. Slum dwellers have the capacity and power to make a difference. ARISE can't do this research alone and we need to generate solutions from within communities.

2. We need to work together to harmonise and build capacity to articulate ideas that are understood by people at all levels of the health system and various governance structures.

3. Encourage better organisation and inclusion of some groups (e.g. people living with disabilities) to ensure that no-one is left behind. This should move beyond tokenistic representation.

4. Community health workers/volunteers was a strong theme and they are often the least recognised. Ongoing nepotism within communities' limits benefits to these individuals who '*do more work than doctors'.*

5. Within ARISE we need to work with both formal and informal governance structures.

6. Trust needs to be established between communities and governance structures as there is a current lack of trust that runs both ways.

7. Promises made to communities should not be broken and we should support CBOs that seek to challenge government.

8. Communities should be accountable for themselves, but they should also hold governance structures to account to deliver on promises.

Closing Reflections from Government Stakeholders

To close the meeting, key representatives from external stakeholders were asked to reflect on the day and provide some concluding thoughts as follows.

'We need a voice in the community that is outlined in policy. Specifically, through collaboration with LVCT we have developed a bill that would enable CHVs to get payments. The bill is sitting at county assembly and needs to be passed. There is a public participation meeting today at charter hall to encourage community participation, these things are important, and your first assignment is to attend the next one on 21st February at charter hall. The 6th conference on devolution is also coming up, during this we need to ask our government, 'what have you been doing for us'.' **Nairobi City County Community Health Co-Ordinator.**

'I would like to make a request to the community, when the partners come to the ground, let us support them because they are doing it for the betterment of all of us. The government doesn't have adequate resources, so we need to be supported by partners to achieve. A lot has come out about not involving the community, so when you hear there is a public participation meeting, kindly attend, this is our opportunity to hold the government to account.' **Nairobi City County Community Service Staff Member.**

'The mandate on human settlements is working with governments towards environmentally sustainable settlements. We have global regional and national programmes. Slums finally part of development of agenda through SDGs and we have ongoing and existing partnerships with SDI and BRAC to work in this area. Slums and inadequate housing hard to detach from employment, health, so building capacity to get jobs and afford housing is essential. There are also key policy failures, people first go to slums and then the belief is that they transition slowly out of slums, however transition is too slow to break the cycle.

The city prosperity index (UN Habitat study) can be a key incentive to county and city governments. Slums have been shown to be a key issue in determining how prosperous a city can be ranked, regardless of GDP. Essentially, if we lose human capacity in slums, countries will not develop adequately. Strategies to develop can include the use of community managed funds to create social infrastructure in the slums and this is likely to improve sustainability. Encouraging communities to own what is already there can also maximise the provision of services, e.g. provision of health education in community centres. Finally, looking at slum health from a citywide scale is essential. Cities have to be connected to the larger city framework, poor access is hidden by averages, even between slums. We are interested in the data you will produce and look forward to working together.' **UN Habitat Representative.**

Appendix 1: List of Attendees

S/N	NAME	ORGANIZATION	TITLE
Nairobi County	Judy Wairiuko	Nairobi City County Government (NCCG)	Community Health Chair
	Alice Mburu	Nairobi City County Government (NCCG)	Public Health Officer
National Government	Stephen Muchai	Ministry of Interior Security	Sergeant (head of administrative police)
Regional Representation	Victor Chengo	African Centre for Technology Studies (ACTS)	Research Fellow
	Joshua Maviti	UN-Habitatat	Program Manager
	Priscilla Kabiru	Kibera Public Space Project and Kounkuey Design Initiative (KDI)	Research Coordinator
Slum Community representatives	Florence A. Olum	Community Advisory Committee (CAC)	Community Health Volunteer
	Cathe Alingo	Community Advisory Committee (CAC)	Deputy Chair and Women leader
	Joshua Matheka	Community Leader	Village Head
	Jecinta Mbaya	Community Advisory Committee (CAC)	Member
	Nellias Njogu	Community Advisory Committee (CAC)	Member
	Susan Kimani	Community Advisory Committee (CAC)	Member
	Albert Ogechi	Community Advisory Committee (CAC)	Chairperson
	Emmie Kember	Community Advisory Committee (CAC)	Youth Leader
	Joshua Kivonge	Community Advisory Committee (CAC)	Village head
	Esther Wairimu	Community Advisory Committee (CAC)	Women Leader Representative
Non-state Actors, CBOs, Media	Samwel Owiny	Individual with Visual Disability Kenya	Chairperson
	Emaculate Atieno	Individual with Visual Disability Kenya	Guide

	Thomas Ochieng Odhiambo	Media	Radio Station Manager
	Victoria Manga	Terre des hommes (TDH)	Social Worker
	Joseph Muturi	SDI Kenya	National coordinator
	Jane Weru	SDI Kenya	Executive Director
	Jack Makau	SDI	Director

Appendix 2: Meeting Agenda

ARISE stakeholder engagement and launch programme
15th February, 9-1
APHRC

Time	Activity	Person Responsible
9-.9.30	Coffee, tea and informal networking	All
9.30-.9.45	Welcome and opening remarks	Prof Blessing Mberu, APHRC
9.45-10.30	ARISE presentation	ARISE team
10.30 -12	Group discussions on priority areas for action in informal urban settlements	All
12 – 12.30	Feedback in plenary	Group rapporteurs
12.30-12.45	Closing remarks	Dr. Llilian Otiso, LVCT

Questions for discussion in groups:

1. What do the informal settlement dwellers need to facilitate change or improve their well-being and health outcomes
2. What are the challenges in relationships between residents and governance structures in informal settlements?
3. How can we make the research meaningful to the different stakeholders? – health, security, community members (including youth)
4. What does accountability mean?

Appendix 3: ARISE Presentation

The UKRI GCRF Accountability for Informal Urban Equity Hub (ARISE)

Challenging ill-health, inequity and insecurity in informal urban settlements

ARISE
Accountability in Urban Health
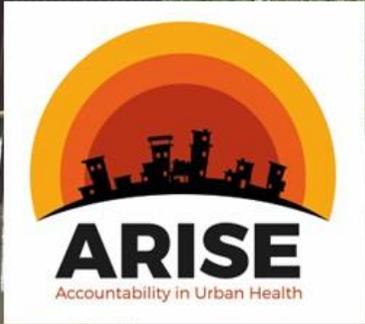
1 in 3 people who live in urban areas, 881 million people in total

Photo credit: Dolf te Lintelo

**Our vision: To catalyse a step change for improving accountability and promoting well-being and health**

Accountability: Two-way relationship

Key dimensions of citizen 'voice' and state 'answerability'
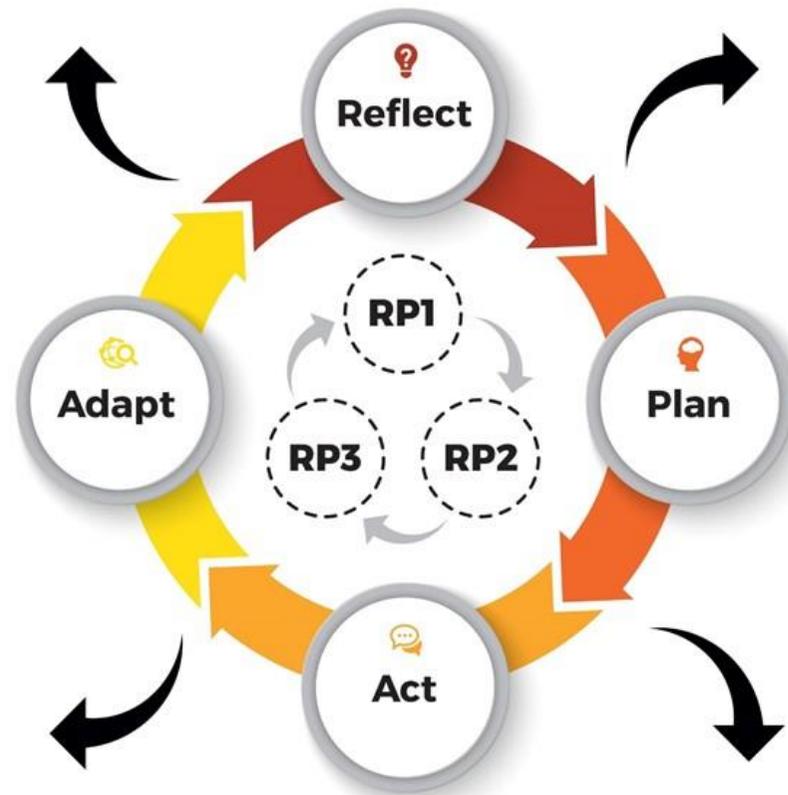
Building and sustaining an equitable partnership

Outputs:
Improved capacity for collaborative, interdisciplinary research-to-action amongst researchers, urban and health system actors
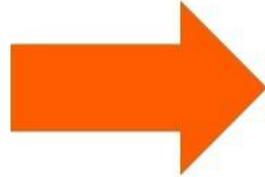
Conceptual, methodological and theoretical development
Outputs: Holistic conceptual frameworks; evidence on effective processes of building accountability; tools and approaches for analysis and action for different actors and levels

Empirical case studies
Output: Participatory, qualitative and quantitative evidence on residents' own understandings of well-being and health, influencing factors, existing strategies, and priorities for action and the governance context

Collaboratively develop and pilot social accountability strategies for equity, equality, and well-being
Outputs: Strategies for accountability and action co-produced by local stakeholders, with support from researchers in study sites
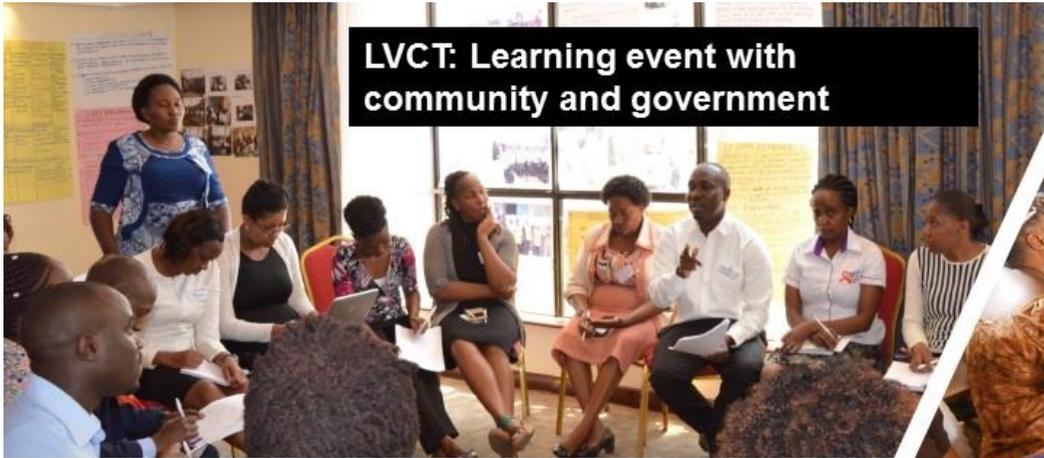
LVCT: Learning event with community and government

SLURC: Training in neighbourhood planning

BRAC JPG SPH: Field visit

SPARC: Informal settlement design with architects

Impacts

Global

National/ sub- national

Local

New knowledge; a step-change in concepts for responsive, multi-sectoral, global action

Embedding, uptake of strategies, evidence, learning, tools for multi-sectoral policy, practice and systems to promote well-being

Improved equitable well-being and health in study sites

Photo credit: Joseph Macarthy, SLURC

22

African Population and Health Research Center

Urbanization and Wellbeing in Africa research at APHRC

For over 15 years,

- window on extents of intra-urban inequities in SSA
- gradual erosion of the urban advantage in health in Africa

Causes, Course & consequences of urbanization

Environmental impacts on health

Slum systems for health

Vision

Transforming lives in Africa through research

URBANIZATION AND WELLBEING IN AFRICA

POPULATION DYNAMICS AND SRHR

HEALTH AND SYSTEMS FOR HEALTH

MATERNAL AND CHILD WELLBEING

AGING AND DEVELOPMENT

EDUCATION AND YOUTH EMPOWERMENT

Slum systems for Health at APHRC
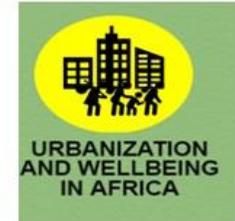
Hidden numbers: Slum in official statistics

NCSS 2012 Slum	KDHS 2014				Childhood mortality[a]
	Rural	Urban	Nairobi	National	
14.4	21.0	26.0	39.0	22.0	Neonatal mortality rate
24.9	18.0	16.0	16.0	16.0	Post-neonatal mortality rate
39.2	40.0	43.0	55.0	39.0	Infant mortality rate
40.6	16.0	15.0	17.0	14.0	Child mortality rate
79.8	56.0	57.0	22.0	52.0	Under-five mortality rate
					Child health
45.2	77.4	83.0	81.2	79.4	Vaccinated by 12 months (all)
17.2	25.9	21.7	18.7	24.4	Prevalence of fever
65.0	62.6	62.3	63.3	62.5	Treatment of fever
24.6	9.1	7.3	5.9	8.5	Prevalence of ARI/cough

2001 Nairobi Cross-sectional Slum Survey (NCSS): 2001 & 2012


Overcrowding

Poor garbage disposal

Poor drainage

URBANIZATION AND WELLBEING IN AFRICA

Nairobi Urban Demographic Surveillance System (NUHDSS) Study sites

Korogocho

Population: 31961
Households: 10723

Viwandani

Population: 56837
Households: 22739

LVCT Health

Kenyan non-government organisation registered in 2001

Presence in 25 counties -
Service delivery

- Technical Assistance

Our approach

- Research

- Policy

- Practice

Pre Exposure Prophylaxis
Partner Notification Services
DREAMS
HIV Care and Treatment

Community Based GBV Prevention
Intimate Partner Violence Research
Violence Against Children
Policy Engagement

Quality Improvement
Supportive Supervision
Policy Engagement

Reflections from community site visit

Sexual violence	Sanitation and hygiene	Alcohol and drugs
Structural drivers - Dark alleys - Location of toilets - State of toilets Community norms - Normalization of violence	Waste management - Garbage collection - Sewage disposal Pollution	Illegal brewing activities Exposure to risks - Narcotic drugs - Sexual exploitation - School drop out

SLURC

Established as a credible and leading expert on urban development challenges facing Sierra Leone

Key activities:

- Research in urban areas: (i) health (ii) vulnerability and resilience (iii) land and housing (iv) livelihoods (v) mobility

- Training (i) face-to-face (ii) virtual (MOOC) (iii) MSc Training

- Knowledge management – resource centre

- Advocacy and Policy influencing

One of its biggest impacts to date has been its role in acting as a facilitator of dialogue - between national and local government policymakers, civil society organisations and residents of informal settlements

SIERRA LEONE URBAN RESEARCH CENTRE

Health issues in informal settlements

Scoping study highlighted dearth of credible and up-to-date information on the varied health problems faced by the poor in informal settlements

Identified that policies may not clearly reflect the different demography and health situations

A recent study showed that the living conditions in slums are generally appalling, influenced by several factors (toilets, water, waste, housing, energy, and livelihoods) which also affect the health conditions of the people

Several barriers limit people's access to health care

There is rarely any mechanism for reporting grievances. Therefore, health outcomes are generally poor in all study communities
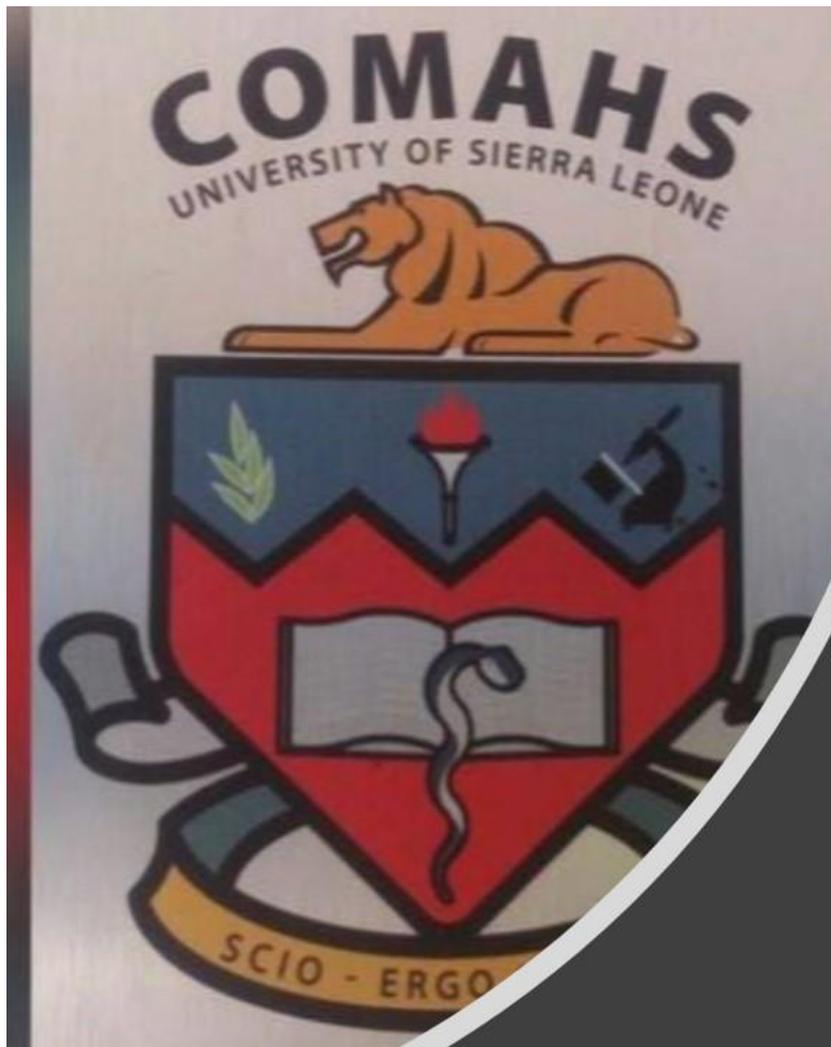
College of Medicine
and Allied Health
Sciences

- The College of Medicine and Allied Health Sciences (COMAHS), University of Sierra Leone, in Freetown is Sierra Leone's only medical and pharmacy school and the main institution for basic and specialist nurse training.

- Research: Links made with SLURC, LSTM (REBUILD, RECAP-SL)

- Health systems strengthening in the post-Ebola era

- Retention of health workers (incentives and experiences)

- Informal settlements(mental health and NCDs).

The Indian Alliance

SPARC

NATIONAL SLUM DWELLERS FEDERATION (NSDF)

SPARC-SNS

MAHILA MILAN
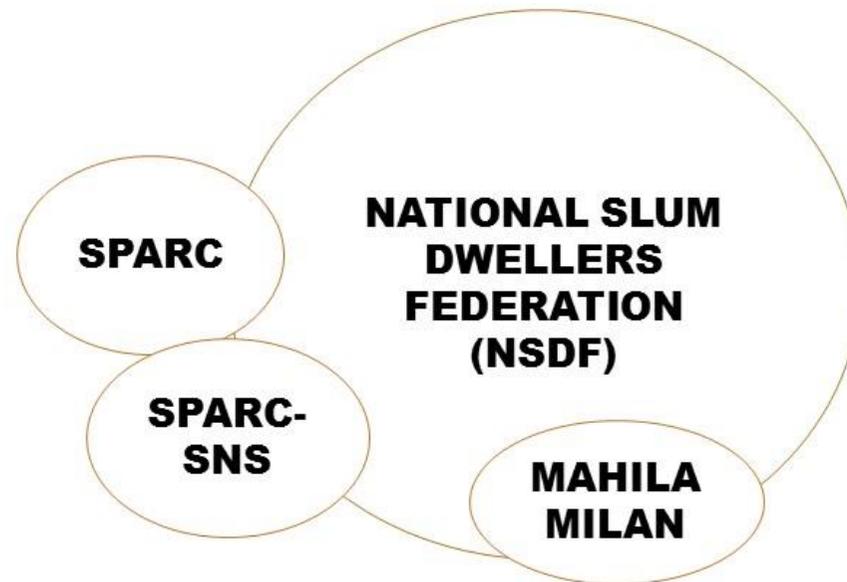
Challenges

- Fast urbanisation
- A government that is focused on inclusive development
- Need to mobilize slum dwellers for demanding action - opportunities

- Non-communicable diseases
- Primary health care
- Digital solutions
- Food policy
- Health systems strengthening
- Women's health
- Urban and environmental health

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Emerging issues

Financial insecurity

- Formal government initiatives in waste management threatening the livelihoods of informal waste pickers

Poor understanding of occupational health issues

Social marginalisation

- Caste, gender, economic status, region, language

Access to education and healthcare services

Recognition as workers/residents of the cities

Access to basic water and sanitation facilities and electricity

34