ARISE

LEARNING REPORT

LEARNING REPORT: AUGUST 2024

MAKING SENSE! HOW ARISE HAS MADE AN IMPACT ON GOVERNANCE AND URBAN HEALTH

THE NUMBER OF PEOPLE LIVING IN CITIES IS GROWING RAPIDLY. JUST OVER HALF THE WORLD'S POPULATION LIVE IN CITIES, AND ONE IN THREE OF THESE PEOPLE LIVE IN INFORMAL URBAN SETTLEMENTS, ALSO KNOWN AS 'SLUMS'. INFORMAL SETTLEMENTS ARE HIGHLY DIVERSE BUT OFTEN FACE THE COMMON CHALLENGES OF POOR HEALTH AND WELLBEING, INEQUITABLE ACCESS TO SERVICES, INSECURITY AND WEAK ACCOUNTABILITY. THEY CAN ALSO BE SITES FOR INNOVATION BY RESIDENTS WHO ACT TO SECURE THEIR LIVELIHOODS AND HEALTH, BUILD SOCIAL COHESION, FIGHT DISCRIMINATION, CLAIM THEIR RIGHTS AND DEMAND ACCOUNTABILITY.

The ARISE Hub – Accountability and Responsiveness in Informal Settlements for Equity – was an interdisciplinary research consortium of thirteen partners, led by the Liverpool School of Tropical Medicine (LSTM), UK. Our vision was to catalyse change in approaches to enhancing accountability and improving the health and wellbeing of marginalised people living and working in informal spaces in low- and middle-income countries. ARISE conducted Community-Based Participatory Research (CBPR) in partnership with people living and working in informality, including co-researchers.

We collected data, strengthened capacities and supported people to claim their rights to health and wellbeing. We worked in eleven cities in four core countries: Bangladesh, India, Kenya and Sierra Leone. Through our Responsive Fund we also carried out participatory research and action in Nepal, Malawi, Senegal and Zimbabwe.

ARISE aimed to raise awareness of and promote action on inequities in health and wellbeing and the systems and structures of power that underpin them. Working in partnership with marginalised people, we aimed to support their agency and shift power towards them. We were guided by values of equitable practices, transparency and accountability, continuous co-learning, safeguarding and ethical interactions between communities, researchers and duty bearers (including governmental and non-governmental institutions).

READ MORE

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CHAPTER 1: COMMUNITY-BASED PARTICIPATORY RESEARCH

INTRODUCTION

ARISE used a Community-Based Participatory Research (CBPR) approach to support the empowerment of people living and working in informal urban spaces. CBPR includes a spectrum of different methods that engage community members in the research process as equal partners and help to provide compelling, context-specific knowledge on their vulnerabilities and marginalisation. CBPR allowed ARISE co-researchers and communities in our action sites to articulate their challenges to local formal and informal governance stakeholders, through existing and created platforms, and to jointly develop solutions.

Diversity among co-researchers, and inclusion of people with a range of positionalities (such as People living with Disabilities (PWDs), women, older people, people from minority ethnicities, marginalised occupations, and child or female heads of households) was crucial in enabling multiple perspectives to be raised. It also reduced negative power dynamics. By prioritising diversity and inclusion, ARISE ensured that marginalised groups were represented across different platforms and knowledge exchange activities. This heightened awareness of community rights fostered collective action and supported

A TOTAL OF 258 CO-RESEARCHERS WERE TRAINED AND RECEIVED CERTIFICATES FOR THEIR ACTIVE PARTICIPATION IN ARISE.

a more equitable dialogue between community members and local authorities, inspiring hope for a more inclusive future.

ARISE's engagement fostered formal and informal capacity strengthening leading to enhanced research skills and increased confidence. ARISE co-researchers were supported to apply these skills in efforts to address challenges facing their communities. However, the strengthened capacities extended beyond research, and co-researchers also developed increased resilience and agency in tackling the social and structural drivers of health and wellbeing.

ARISE facilitated a paradigm shift in traditional power relations between researchers and communities by focusing on equity and participation in the research process. This collaborative environment allowed marginalised community members and ARISE partners to explore and address health and wellbeing issues together. This shift underscores the importance of viewing communities not just as subjects of research but as active partners in striving for equitable health outcomes and just cities.

INCLUSIVE, PARTICIPATORY APPROACHES STRENGTHENED RELATIONSHIPS AND CAPACITIES

ARISE's participatory approach integrated collective research and action, knowledge sharing and a range of dissemination methods. The approach enabled meaningful engagement with community members facing intersecting inequalities. It also effectively communicated priority issues to stakeholders through existing and new platforms, which enhanced understanding of the structural drivers of health and wellbeing. ARISE used a range of tools to co-produce research and action with

communities and stakeholders (such as CSOs and NGOs). These included arts-based research methods, participatory mapping, photovoice, stakeholder mapping, settlement enumeration and prioritisation exercises .

In Guntur and Vijayawada, India, ARISE used street theatre to support waste-picking communities to reflect on challenges and inspire change. Community members, trained in performative arts, created skits and songs depicting their challenges and dreams, encouraging collective action and community resolve to improve conditions. After a performance on child marriage, women in the audience decided to educate their daughters and to delay marriage until after they turned 18. (Case Study 5).

Capacity strengthening of co-researchers went beyond core research skills, including financial management, petition writing, and facilitation of meetings. These were important strategies for inclusive participation and strengthened partnerships during ARISE. They also had 'ripple effects' on other aspects of life and work beyond ARISE. Approaches to capacity strengthening differed and included training in music and arts

but also 'learning by doing' such as shadowing institutions and presenting their findings to a range of audiences.

Training and awareness-raising activities improved the knowledge of 16 community researchers across six research sites in Bangladesh. It supported them to identify challenges, identify allies and raise their voices to demand their personal and communal rights. Community researchers and another 159 Community Development Organisation (CDO) members, including youth groups and leaders involved in informal community governance were trained on leadership skills. Community researchers also received weekly Information Technology training on Internet browsing, emailing, typing and developing their communication skills in a professional setting. Community researchers also 'learned by doing' and widened their networks through their regular engagement in community-level meetings (Case Study 2).

Flexible funding pots, such as the ARISE Responsive Fund, allowed the community to react to needs that were identified and to promote contextually appropriate action.

In Mathare, Nairobi, Kenya, the NGO SDI-Kenya and the Kenyan Federation of Slum Dwellers, in collaboration with the community, designed and adopted community-led mapping and enumeration to develop a physical address system. This increased the visibility of the settlement and of gaps in social services. It strengthened co-researcher capacities in quantitative and qualitative data collection, leading stakeholder discussions and installing and maintaining the physical addressing plates. The process also provided employment opportunities through BuildHer, a local social enterprise that employed women to make the address plates. The house numbers are now used by community health providers, community leaders, the Kenyan government, and NGO service providers to identify people in need and who are entitled to services, including education, health and support for disaster response (Case Study 10).

Across all settings, ARISE strengthened capacities at individual and institutional levels through training and knowledge exchange as well as shaping institutional policies, such as on safeguarding. This approach encouraged community leadership and enabled community researchers to engage with governance actors to advocate for their needs by embracing existing or creating new platforms for exchange. Engagement involving community researchers occurred at community, city, national, regional and international levels, including through community awareness-raising events and exchange platforms, workshops, conferences, and seminars, both face to face and virtually.

In Freetown, Sierra Leone, ARISE collaborated with co-researchers to engage governance actors and other stakeholders, strengthening

relationships through dialogue meetings, validation sessions, and workshops. Co-researchers facilitated platforms led by the Federation of Urban and Rural Poor, and the NGO CODOHSAPA to discuss and prioritise community concerns. Community members including co-researchers then participated in City Learning Platforms to present community concerns to multiple governance actors and other stakeholders including the Freetown City Council and Ministry of Health (Case Study 13).

LESSONS LEARNED

1. Participatory research can support co-researchers and other community members to prioritise their needs and communicate their analysis of their challenges to local governance actors through existing and created spaces and can also shift traditional relations of power between researchers and communities.

2. Diversity and inclusion of a range of marginalised positionalities among research participants and co-researchers allowed for different perspectives to be visible and shifted power dynamics that were marginalising.

3. Sharing experiences across and within groups, including through learning exchanges, raised awareness of community rights and catalysed collective action.

4. Long-term engagement with co-researchers from marginalised communities allowed for both formal and informal capacity strengthening. To ensure these capacities are sustained, it is crucial to identify and create opportunities for co-researchers and community members to apply what they have learned.

5. Strengthening capacities beyond research skills, and at different levels, enabled communities to tackle community challenges beyond the research process and project timeline.

6. Meaningful participatory research extends beyond methods and requires holistic consideration of the entire methodology including programme design and dissemination strategies.

7. Flexible funding and programme design are essential for integrating action-oriented components within a participatory research framework to enable participating communities to create concrete impacts.

CONCLUSION

ARISE demonstrated that marginalised people can be meaningfully engaged in a range of participatory processes allowing for active participation from the community. Co-researchers, were well placed to drive action to address health and wellbeing challenges that take into account intersecting inequalities through priority setting activities, the co-production of knowledge and dissemination processes.

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"TO LIGHT UP OUR DEPRESSED LIVES LET'S RAISE OUR FISTS, YOU AND ME AND STEP FORWARD WITH A ROAR COME ON, LET'S LIGHT UP THE PURSUIT OF OUR AMBITIONS."

SNIPPET FROM A SONG WRITTEN BY WASTE WORKERS IN VIJAYAWADA AND GUNTUR, INDIA

CHAPTER 2: RESPONSIVENESS AND ACCOUNTABILITY

INTRODUCTION

ARISE aimed to harness the power of Community-Based Participatory Research (CBPR) to strengthen community 'voices' in order to promote equitable responsiveness and accountability for the health and wellbeing of urban marginalised people. Existing learning on accountability points to the need for transformative approaches that reinvigorate the 'long-route' of citizens influencing policymakers, who in turn influence providers[i] rather than just 'short-route' approaches (citizens holding service providers directly to account). ARISE aimed to facilitate this shift by supporting social accountability processes that brought together relevant actors in context-specific 'accountability ecosystems'[ii] and strengthened their capacities to engage in open, data-based dialogue with the aim of co-developing solutions to priority challenges. Facilitated meetings and dialogue between marginalised urban people and local governance actors were effective in promoting strengthened, more equitable relationships, increased acknowledgement of challenges and responsiveness (actions to address challenges) within local governance systems.

Strategic engagement with multiple local actors was required to get to the point of responsiveness, which differed by context and specific health and wellbeing concerns. Intermediaries, including community co-researchers, local leaders, youth groups, local experts and influencers, and community-based and civil society organisations, played an important role in facilitating responsiveness. Development of capacities, community solidarity and inclusiveness, trusting relationships and mutual understanding between stakeholders were the building blocks for sustainable accountability[iii]

USING INCLUSIVE CBPR FOR RESPONSIVENESS AND ACCOUNTABILITY

ARISE demonstrated that facilitating marginalised urban people in analysing and prioritising their health challenges - using creative approaches including drama and community action days - is an effective approach to developing 'voice'. Raising awareness of health rights, exclusions, and governance actors' responsibilities acted as a catalyst for community members to make demands on duty-bearers. Community-owned data was successfully used to trigger responsiveness by duty-bearers. Strengthening connections and solidarity among community members increased their resolve and leverage to make demands of governance actors. Inter-community exchanges were an effective mechanism for sharing lessons between communities to promote inclusiveness and equity within community organisations as well as improving influencing strategies.

NGOs or CBOs frequently acted as intermediaries with governance actors. Their roles included facilitating meetings and dialogue, which were a core strategy for strengthening trust and building more equitable relationships as the basis for both responsiveness and accountability in the longer term. Community-based co-researchers also played important intermediary roles as representatives of their own communities as well as integral members of the research team. The evidence co-researchers provided as well as their close contact with community members, enabled them to identify and link some of the most marginalised residents of informal settlements to service providers.

When ARISE identified Child Headed Households (CHH) as among the most marginalised groups in Nairobi informal settlements, the data was presented to the Youth Caucus of the Nairobi City County Assembly and a Nairobi City County Bill to comprehensively address their service access and livelihood challenges through policy and action was passed and transmitted to the County Executive for implementation (Case Study 11).

NGOs and CBOs also strengthened the capacities of community members to organise themselves and communicate effectively with more powerful actors, such as government departments. Over time, this was effective in enabling some community members to communicate directly with duty-bearers.

When waste-workers in Andhra Pradesh, India, prioritised their lack of decent housing, ARISE used this data to work with their grassroots partner, a local NGO, to successfully advocate for their legal entitlement to housing provision by the local government. This process also helped to establish pathways for relationships between the community and governance

actors. The community members realised that there are ways to voice their grievances, demand their rights, and get action from the governance actors (Case Study 4).

In Ahmedabad, India ARISE supported residents in informal settlement relocation sites to organise themselves as a 'housing society' and to write letters, and petitions to government offices to successfully demand their legal entitlements to child development services. Women surrounded governance officers to demand action to address a dysfunctional water pump, and refused to move until their demands were met (Case Study 7).

ARISE research revealed the extensive range of governmental and non-governmental actors who are duty bearers, gatekeepers, and service providers for marginalised urban people. These include elected leaders, government bureaucrats, traditional/informal community leaders, and formal (government, NGO and private) and informal providers of health, water, electricity, housing and other services and infrastructure. Facilitating open dialogue through repeated meetings over time between multiple actors

was important as the basis for building trusting and accountable relationships. The insights of community-based researchers enabled a deep understanding of context-specific accountability ecosystems that strengthened the visibility of especially marginalised people to service providers and duty bearers. It was especially important for strategic approaches towards catalysing responsiveness. These strategic approaches sometimes build on existing informal accountability relations including "mutual accountability" arrangements linking service users and providers.

Multiple stakeholders working together to co-produce solutions to challenges strengthened relationships and demonstrated to all the potential for collaborative action.

In Rangpur, Bangladesh, the NGO Forum leveraged existing trust and relationships to strengthen community awareness and capacities and bring together marginalised community members, service providers and elected local government leaders (including Mayors and Ward Councillors) to facilitate mutual understanding and commitment to health service quality improvement, which led to responsive action (Case Study 1).

In Viwandani and Mathare, Nairobi, Kenya, the U-Tena youth NGO created committees to improve solid waste management, which included local chiefs, government department representatives, local (ward) elected representatives, landowners and representatives of marginalised groups. Dialogues and community awareness raising processes led to the creation of an action plan and a co-produced solid waste separation facility with community champions identified to promote sustainability (Case Study 9).

LESSONS LEARNED

1. Awareness raising on rights and explicit attention to inclusiveness and equity is important to enable the meaningful participation and visibility of particularly marginalised people in accountability claims and responsiveness to their needs.

2. The ARISE experience demonstrated the importance of sustained relationships between multiple stakeholders including community-based organisations, NGOs, researchers, and multiple formal and informal governance actors for developing responses, responsiveness and potential accountability.

3. A range of intermediary actors in informal settlements, such as NGOs/CSOs, CBOs and community leaders played multiple roles, including initiating connections between communities and other stakeholders, maintaining continuous interactions, building trust and ensuring continuity for collaborations.

4. CSOs/NGOs and CBOs played a key role in brokering and convening spaces in which the marginalised residents of urban informal settlements can be heard by more powerful actors, especially those with a formal governance mandate.

5. Capacity strengthening of organised communities to collect, analyse and use their own data is an important strategy to reduce dependence on CSOs/NGOs.

6. The convening power of created platforms for multi-stakeholder exchange can be limited in the absence of external funding, which highlights the issue of aid-dependence for efforts to secure systemic shifts in accountability.

CONCLUSION

Multiple pathways to accountability are possible in urban informal settings, and their effectiveness is dependent on context and time periods. Efforts to promote 'long-routes' to accountability can strategically build on direct ('short route') interactions between urban marginalised people and both informal and formal providers, who often play complementary roles in improving access to services for the most marginalised.

The involvement of elected representatives (such as Mayors, MPs, and ward councillors), diverse government departmental workers, and local/traditional leaders in short-route interactions offers potential for developing more sustained and systematic responsiveness by improving understanding of challenges faced by urban marginalised people, recognition of their capacities, commitment to action and strengthening trust between stakeholders.

Intermediary actors like local/traditional leaders, CBOs, NGOs and community co-researchers assist in promoting awareness of rights and responsibilities, build solidarity within citizen groups and amongst governance actors, and facilitate spaces for exchange through their longer-term community view, particularly where elected governance actors have a high turnover. These intermediaries help to articulate, organise and mobilise community efforts at multiple levels, foregrounding community needs, concerns and potential solutions. However, given the gatekeeping power that they often also have, it is important to ensure that they are themselves accountable to marginalised people.

Capacity strengthening of community-based actors - particularly people who are marginalised and excluded - is a way to do this.

ARISE approaches were built upon often long-term partnerships between researchers, community-based actors, NGOs and other allies. This highlights the sustainability challenges of researcher-led approaches to driving accountability improvements, and also the importance of sustained relationships in building longer-term shifts in accountability ecosystems to ensure effective responsiveness to the rights claims of the most marginalised.

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CHAPTER 3: HEALTH AND WELLBEING

INTRODUCTION

ARISE aimed to move beyond historically dominant biomedical framings of health that focus solely on the '***absence of disease or infirmity***' to advance holistic understandings that stressed the importance of '***physical, mental and social wellbeing***'. Working with community members and local governance actors as co-producers of health and wellbeing enabled us to adapt and respond to emerging priorities and threats. For example, during the COVID-19 pandemic, ARISE highlighted linkages between structural context and health outcomes to advocate for national and city level responses to better address the heterogeneity of people's health and wellbeing needs within informal urban spaces.

ARISE's application of equity analysis - guided by gender and intersectionality theory - documented that within informal spaces, vulnerabilities and resilience are influenced by intersecting inequities (unfair, avoidable differences in opportunities for health). These include those shaped by socio-economic status, gender, age, religion, disability, sexuality, ethnicity, location, employment and citizenship. Through the application of Gaventa's Power Cube, we showcase how participatory processes and social action contributed to redressing power dynamics across different spaces, levels and forms of power.[iv]

ATTENTION TO POWER DYNAMICS AND INTERSECTING INEQUITIES IN SPACES OF POWER

ARISE centred community members' lived experiences using creative participatory approaches such as social mapping, treatment diaries and art installations. These built relationships between co-researchers, researchers and decision makers, opening previously "closed spaces" of power - such as city level health planning meetings - to enhance the participation of marginalised urban people in decision making structures. Training and support to peer researchers to use qualitative and quantitative participatory methods, such as ranking and community-led surveys, to assess their own health and wellbeing strengthened confidence, agency and provided new skills.

Establishing "invited spaces" of power - for example by facilitating co-analysis workshops that brought together researchers, community members, and governance actors - promoted collaborative action on health and wellbeing priorities. Supporting community members to provide systematic evidence of key health and wellbeing challenges enabled them to claim new spaces of power, to demand and facilitate action.

In Freetown, Sierra Leone, informal settlement residents engaged in dialogue with governance actors such as community leaders (through Community Learning Platforms), and national and municipal stakeholders (through City Learning Platforms). Community and city action plans to improve health and wellbeing were created in these invited spaces of power. Resulting actions included increasing access to water and sanitation facilities and solar lighting within communities to improve safety, especially for women and girls. During the COVID-19 crisis, the availability of systematic evidence on health and wellbeing priorities enabled informal residents to claim spaces of power, resulting in their direct representation in the District Emergency Response Center (DICOVERC) body. This led to adaptation of COVID-19 information education and communication materials in informal urban communities, particularly for persons with disability, strengthening trust with the health system (Case Studies 12, 13 and 14).

In Korogocho, Nairobi, Kenya, ARISE data collection (photovoice) and community dialogues led to the prioritisation of mental health as a critical concern. Through the claiming of space and the establishment of a joint action team, community residents and local governance actors were able to work together to close health system gaps in the delivery and accessibility of mental health services. This included training Community Health Promoters and health care providers, enabling them to identify and refer community members in need of mental health services. 359 referrals for mental health care to facilities were made in 2022 and a further 308 in 2023 (Case study 11).

STRENGTHENED CAPACITIES TO TACKLE POWER AT DIFFERENT LEVELS AND IN DIFFERENT FORMS

ARISE's commitment to redressing power relations in global health research through reflexive practice led to new ways of doing research and supported innovation. For example, ARISE's safeguarding working group shaped global guidance and processes for safeguarding within global health research. This work has been highlighted as best practice by multiple education institutions and research funders.

Reflexive approaches were rooted in the realities of people living and working in informal spaces, but were mindful of national and city-wide technical and bureaucratic power dynamics. This supported action to address health and wellbeing needs while acting as pathfinders for improving accountability. Finally, by prioritising lived experiences - largely from those who were identified collectively with communities as extremely marginalised - ARISE supported critical reflection on the ways in which local power hierarchies can shape prioritisation of issues within communities.

In Shimla and Vijaywada, India, researchers initially focused on improving menstrual 'hygiene' management for waste workers. However, the creation of a forum for women's voices led to a shift away from a focus framed by global actors towards the exploration of menstrual 'health' and its implications from the perspective of waste workers. This shift in thinking acknowledged structural factors - such as class and caste - that impact upon marginalised women's menstrual health. This broadened the focus from menstrual 'products' to the social determinants of health such as water, sanitation, public transport, work arrangements and the gendered division of labour. Supporting women with critical thinking and action at the local level, gave women waste workers in Shimla confidence to occupy leadership positions within their union, facilitating further gendered prioritisation of health and wellbeing issues (Case Study 6).

ARISE supported partnerships of researchers, community organisations, diverse service providers, government departments and other non-government and private actors to think

differently about the lived realities of people living and working in informal spaces. Creative participatory methods supported the recognition and negotiation of multiple "forms of power", holding governance actors with "visible power" to account, prioritising those who are frequently marginalised within informal spaces as a result of "hidden power" and considering how "invisible power" perpetuates social norms and discrimination, such as caste prejudice.

In Rangpur city, Bangladesh, training and awareness raising made different forms of power within communities visible. This enabled community co-researchers to identify allies and demand their personal and communal rights. Through the Responsive Fund, partnerships between communities and BRAC UDP facilitated: 20 WASH awareness raising sessions on water-borne diseases, hygiene behaviours and community roles; 220 health education and COVID-19 awareness sessions; and 450 Community Development Organisation (CDO) and ward committee members were given training in health, hygiene and COVID-19 awareness (Case Studies 1 and 2).

In Mumbai, India, ARISE supported Mahila Milan (a women's collective) to think beyond a biomedical and neoliberal paradigm of health (shaped by global power hierarchies). They have shifted from viewing health as a 'private' or individual issue to consider the holistic needs of community members based on differing vulnerabilities. Mahila Milan has begun to move beyond its long history of collective organising around social issues such as housing to understand health as a collective issue and to address these issues with collective action. This was particularly evident in their work on Tuberculosis with the city government to identify TB 'hotspots', understand the vulnerabilities of affected families and support their social and nutritional needs (Case Study 8).

LESSONS LEARNED

1. CBPR processes led to priorities that were broader than biomedical framings of health and wellbeing.

2. The research also suggested new pathways for city and/or national change and showcased innovation in methods of challenging inequities and in different spaces of power.

3. Methodological innovation in the application of participatory methods allowed for multi-disciplinary application of intersectionality theory to identify inequities in forms of power.

4. Cross-sectoral partnerships between researchers, community organisations, a range of service providers, government departments and other non-government and private actors supported shifts in understandings of health issues that challenged underlying social and structural inequities.

CONCLUSION

Creative qualitative and quantitative participatory methods with people in urban informal spaces supported a holistic understanding of how intersecting inequities shape health and wellbeing. Capacity strengthening of peer researchers to assess and understand the health and wellbeing needs of different individuals and groups within their communities brought confidence, agency and new skills to advocate for their rights, including in response to COVID-19. Addressing and thinking critically about power dynamics supported understanding and action on health and wellbeing in informal settlements including "opening previously closed spaces of power (e.g. city level health planning meetings) and establishing "invited spaces of power" (e.g. co-analysis workshops). Supporting community

members to provide systematic evidence of key health and wellbeing challenges, enabled them to **claim new spaces of power**.

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CONCLUSION

ARISE evidence highlighted that many people living and working in informality experience heavy burdens of ill-health, which are driven by intersecting deprivations, occupational and environmental hazards, and often have poor access to health promoting services. Vulnerabilities are further compounded by social marginalisation, stigma, violence and discrimination. Health precarities and mental stress were also exacerbated by state responses to COVID-19.

Working through Community-Based Participatory Research (CBPR) approaches allowed communities to articulate their challenges to local governance stakeholders and develop actions. They increased awareness of community rights and fostered collective action and a more equitable dialogue between community members and local authorities.

Multiple perspectives were included in our influencing work because we made a conscious effort to include community members who are often marginalised. Sharing experiences across groups, including through learning exchanges, led to catalysed collective action and inspired hope for a more inclusive future. Communities were able to generate evidence and press for change and they have been left with enhanced research skills and greater resilience and agency in tackling ill-health.

ARISE efforts to improve understanding of the structural drivers of health and wellbeing showed that communities conceived of health and wellbeing in ways that go beyond a biological framing and centred social and structural inequalities. Attention to power dynamics and intersecting inequities generated awareness of the social determinants of health and wellbeing and associated rights within communities and among governance actors.

Co-produced data from participatory methods supported locally led and holistic responses to health and wellbeing priorities. Inclusive analysis of data based on lived realities challenged stigmas and supported marginalised community members' agency to better navigate the power dynamics that constrain health, including through participation in invited spaces and the creation of new spaces for dialogue. Multi-disciplinary partnerships led to innovative production and communication of evidence to support empowerment and action that made power visible and supported advocacy for better health and wellbeing.

ARISE aimed to improve understanding of the conditions for wellbeing in urban informal spaces and strategies for improving accountability and responsiveness for health. We found that strengthened and more equitable relationships through facilitated meetings and dialogue

actors led to increased responsiveness within local governance systems. Intermediaries, including community-based and civil society organisations, played an important role in increasing responsiveness in local governance systems. Strategic engagement with multiple local actors was required to enable responsiveness, which differed by context and specific health and wellbeing concerns. Complementarity of formal and informal actors played a key role in responsive services. Working with elected leaders was often an effective strategy to trigger action and ensure sustainability in the response. Long-term engagement between ARISE partner institutions and co-researchers strengthened their capacities in and beyond research and fostered a collaborative environment between communities, researchers and other stakeholders to explore and address health and wellbeing issues together.

i Ahmad, J., et al. (2003) World Development Report 2004 : making services work for poor people. Washington, D.C: World Bank Group.
ii Halloran, B. (2021) https://accountabilityresearch.org/accountability-ecosystems-the-evolution-of-a-keyword/
iii Fox, J et al (2024) Disentangling Government Responses: How Do We Know When Accountability Work Is Gaining Traction? Accountability Research Center. Accountability Working Paper 17.
iv Gaventa, J. (2006) Finding the Spaces for Change: A Power Analysis, *IDS Bulletin* 37 (6) pp 23-33.

CASE STUDIES

CASE STUDY	TITLE
1	A “systems approach”: Building trustworthy relationships between urban marginalised people and service providers to improve healthcare services in Bangladesh
2	Co-production of community-led water, sanitation and hygiene interventions in informal settlements in Bangladesh
3	Community researchers’ roles in achieving ARISE outcomes and legacy
4	Building Hope: Waste Pickers Unite for Secure Housing in Andhra Pradesh
5	Collaborative generation of data on the health & wellbeing of waster workers in India
6	Understanding intersections of gender, health, and leadership with women waste workers in India
7	Co-creating accountability and governance in slum relocation sites in Ahmedabad, India
8	Collective action to challenge power and address health challenges and inequities in Mumbai, India
9	Responding to water, sanitation, hygiene and solid waste management challenges in Nairobi’s informal settlements
10	Fostering inclusivity and equitable access to essential services through the household address initiative in Kiamutisya settlement, Nairobi
11	Linking vulnerable groups to social protection interventions in Nairobi informal settlements
12	How ARISE art projects facilitated community priority setting and communication in Freetown informal settlements
13	Community sensitive emergency measures taken during COVID-19 in informal settlements in Freetown, Sierra Leone

Read the full Case Studies at:
https://www.ariseconsortium.org/a-synthesis-of-learning-from-the-arise-consortium/

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ARISE

Accountability in Urban Health

GCRF Global Challenges Research Fund

UKRI Economic and Social Research Council

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.

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