

Accountability for Informal Urban Equity

Background

Transforming the lives of marginalised people in informal urban spaces is vital to accelerate progress towards the Sustainable Development Goals. This entails tackling complex, interrelated challenges of poor health, unequal access to services, insecurity and weak accountability. Rigorous research and evidence, combined with community engagement and ownership, must inform these efforts.

The ARISE Hub – Accountability for Informal Urban Equity – is a new research consortium, aiming to enhance accountability and improve the health and wellbeing of marginalised people living and working in informal urban spaces in low- and middle-income countries. ARISE will work closely with, and be guided by, communities themselves, who are often 'off the map'.

Launched in January 2019, and funded by UK Research and Innovation's Global Challenges Research Fund, ARISE will run for five years. Initially, we will work in Bangladesh, India, Kenya and Sierra Leone.



The challenge

Cities illustrate the world's starkest disparities in income, health and wellbeing. Informal urban spaces face a number of challenges, including rapid transitions; health risks and vulnerabilities; and fluid governance, often characterised by neglect from the state and residents' limited voice and power to shape decisions about their environment. Conditions in many informal spaces fuel socio-economic inequities and violence, including political and gender-based violence.

The term 'slum' or 'informal settlement' can denote urban poverty and deprivation, crowding and exposure to environmental hazards. Informal spaces vary considerably, and many are extremely dynamic. Since government data rarely cover informal settlements in detail, vulnerabilities are often invisible in urban planning, health and welfare information systems. Lack of government recognition of settlements can deny citizens access to basic services such as water, sanitation and security of housing tenure. The absence of formal government institutions creates multiple systems of informal governance.

Many residents experience ill health, including infectious and non-communicable diseases and mental health problems. These are driven by insecure housing and livelihoods, lack of social protection and environmental risk factors, such as pollution. Vulnerabilities are fuelled by social marginalisation and exclusion. Deeprooted, unequal power relations shape risks and people's capacity to respond.



Figure 1: The challenges of daily life, work, health and well-being in informal spaces

Our approach

To transform the quality of life in informal urban spaces, a new understanding is required of how to strengthen accountability for effective services and responsive health systems, across a range of public and private, informal and formal actors. Action must be coordinated at many levels to tackle the root causes of unequal access to services and opportunities. Our approach entails:

- Forming new partnerships and alliances between researchers, non-governmental organisations, community-based organisations (including organisations of informal settlement dwellers), service providers, government decision-makers and private actors. Together, we will test new solutions.
- Developing analyses by and with Southern researchers and people living in informal urban settlements, and stimulating mutual learning across diverse contexts.
- Identifying social accountability strategies guided by participatory, citizen-led approaches and qualitative research that enable stakeholders to navigate and influence governance processes.
- Harnessing the capacity of marginalised people in informal spaces to collect, analyse and communicate their health and wellbeing, and identify their priorities for change. We will support communities to make their experiences of inequities more visible, claim their rights and demand action.

We will focus on participatory and action research, divided into four interlinked research areas focused on: conceptual and methodological development; empirical case studies; co-construction of accountability strategies; and building and sustaining.

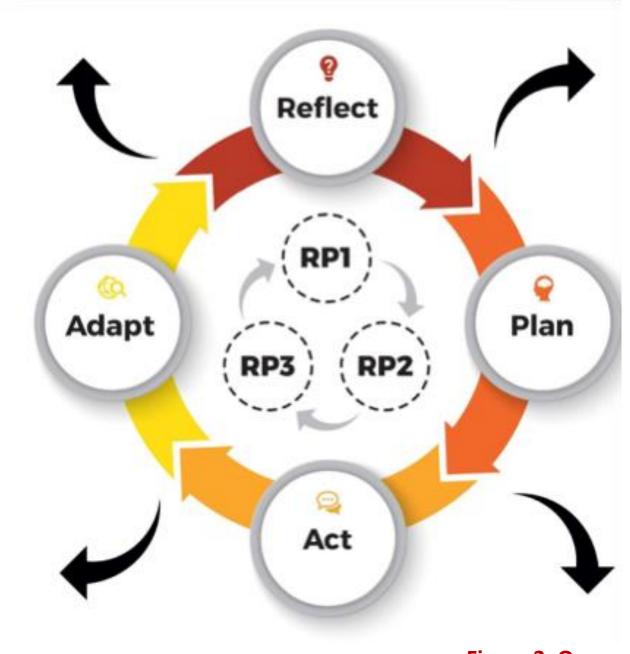
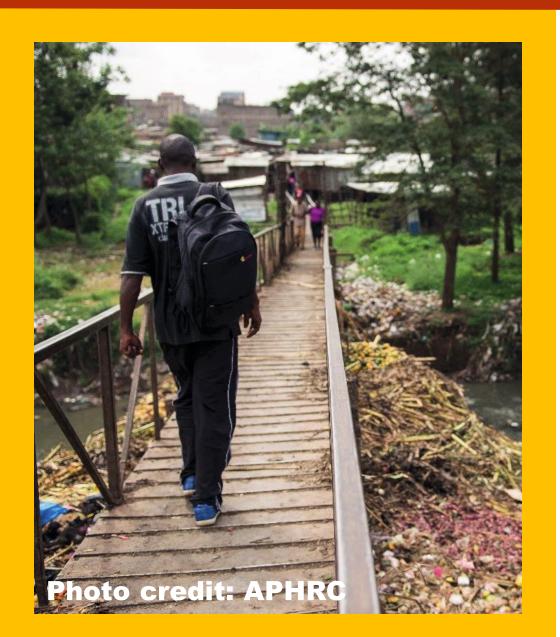


Figure 2: Our approach **Participatory Action Research**

Responsive Challenge Fund

In years three and four of the ARISE hub we will launch a £1 million Responsive Challenge Fund. Through this, we will provide small grants to organisations that test innovative approaches to improving health and wellbeing. This fund will be divided into a £400,000 Core Country Responsive Challenge Fund (CCRCF) and a £600,000 New Country Responsive Challenge Fund (NCRCF) to extend the evidence base and partnerships in other countries.

Each partner institution will allocate £50,000 as small grants through the CCRCF. BRAC will disperse £100,000. Grants will be used to engage community advisory boards based in informal settlements and find fresh solutions to address risk, promote resilience and advance accountability. We encourage submissions from coalitions of informal urban settlement dwellers, and partnerships between civil society organisations, researchers, governance actors, such as city authorities, and entrepreneurs, such as app developers.



ARISE Vision: to catalyse a step change in approaches to improving accountability and promoting the well-being and health and of urban marginalised people living in and working in informal urban spaces

Key assumptions:

• 'Health space' can be expanded through interdisciplinary approach Co-produced information is jointly owned by stakeholders and meets their needs Sharing experiences across groups

amplifies community voice and raises awareness of rights · Most marginalised can be meaningfully

urban marginalised people and governance actors • A strong, diverse partnership can respond to opportunities and mitigate risks Marginalised people and governance

actors are interested and able to

Active involvement of civil society

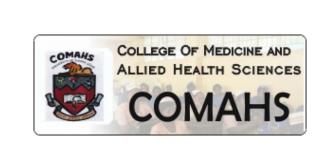
organisations can mediate between

included through participatory processes engage with the research process



Partners

- African Population and Health Research Centre (APHRC), Kenya
- College of Medicine and Allied Health Sciences (COMAHS), University of Sierra Leone
- George Institute for Global Health, India
- Institute of Development Studies (IDS), UK
- Institute of Health and Wellbeing, University of Glasgow, UK
- James P Grant School of Public Health, BRAC University, Bangladesh
- Liverpool School of Tropical Medicine (LSTM), UK
- Liverpool VCT Health (LVCT Health), Kenya
- Sierra Leone Urban Research Centre (SLURC), Njala University, Sierra Leone
- Slum/Shack Dwellers International (SDI), India/Kenya/Sierra Leone/global
- University of York, UK





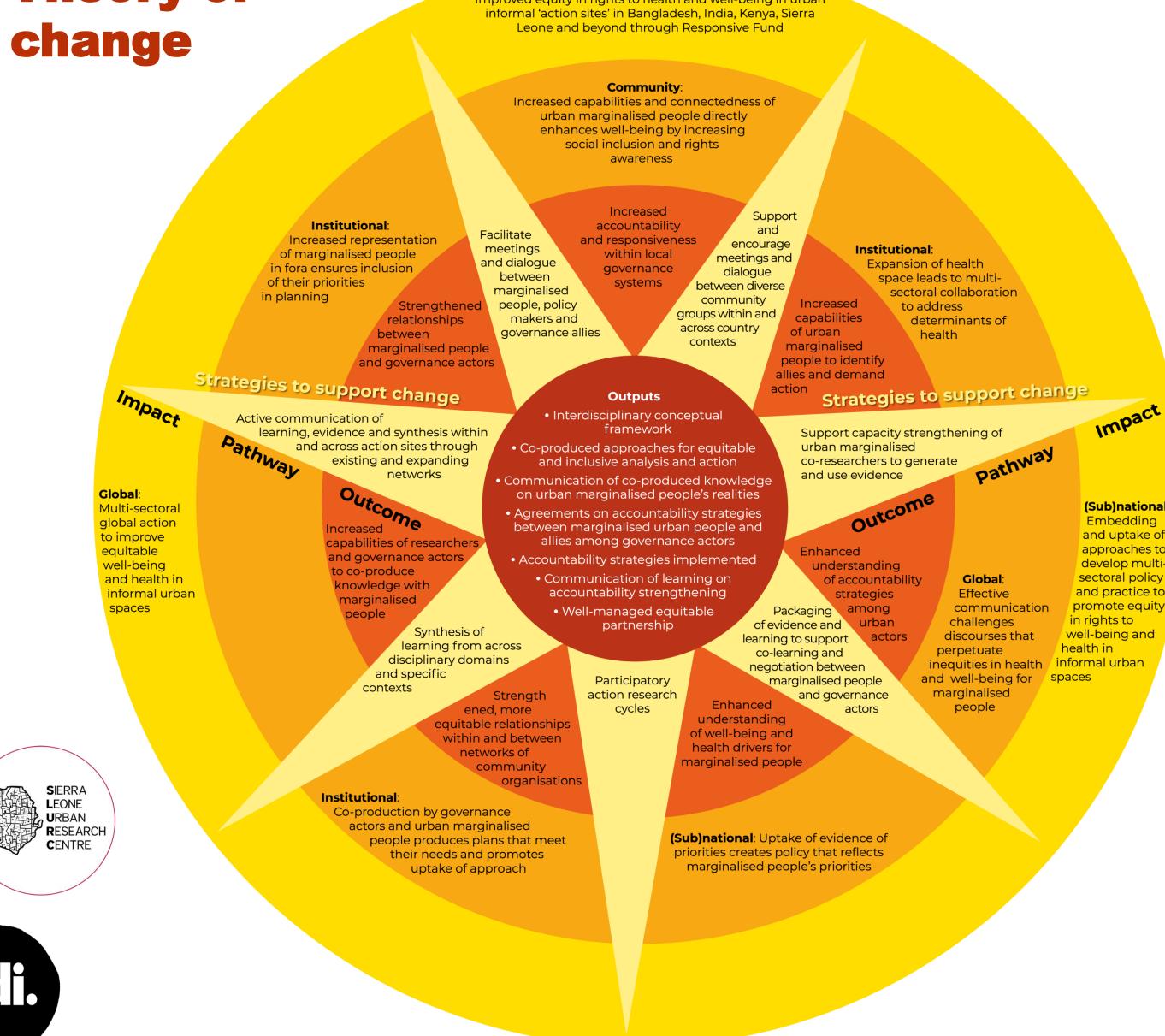






















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