Stories of Change

Strengthening networks and building alliances to improve health and accountability in informal urban spaces

ARISE
Accountability in Urban Health

Introduction

One in three urban dwellers now live in precarious, marginalised areas, including informal spaces; this is an estimated 881 million people in low- and middle-income countries. People living and working in informal urban spaces face interconnected challenges, including multiple intersecting health risks and vulnerabilities, and complex, fluid governance arrangements, involving a mix of actors, with often longstanding neglect from state institutions. Social accountability strategies toward improving health and wellbeing of people living and working in informal settlements need to catalyse state responsiveness; create 'actionable' and targeted information flows and interfaces between state and citizen actors; and build collective citizen movements and state capacities and incentives for action and mutual learning.

To generate new knowledge, the ARISE approach focuses on harnessing the capacities of urban marginalised people to identify, analyse and communicate their experiences of intersecting inequities, wellbeing, health and governance, and to build alliances for new governance arrangements. ARISE aims to collaboratively develop and pilot social accountability strategies for equity, equality, and wellbeing by working with local stakeholders, with support from researchers in study sites.

Kenya

Background

ARISE partner Liverpool VCT Health (LVCT Health) is a Kenyan non-governmental and not-for-profit organisation that aims to reduce new HIV infections and expand equitable access to quality health services through innovative, integrated, comprehensive services and programmes that can be delivered at scale. Its work is anchored in a research-policy-practice framework through which evidence-informed programmes are implemented.

Slum Dwellers International Kenya (SDI Kenya) - also an ARISE partner - is a small NGO that provides core technical and professional support to Muungano wa Wanavijiji, the Kenyan Federation of slum dwellers and the urban poor. Muungano wa Wanavijiji are part of Slum Dwellers International (SDI) - a network of CBOs of urban poor people in 32 countries and hundreds of cities and towns across Africa, Asia and Latin America. SDI Kenya, Muungano wa Wanavijiji and the Akiba Mashinani Trust (the Kenya urban poor fund) form the 'Muungano Alliance', which works though a community-centred approach to achieve their vision of 'inclusive cities', where low-income communities have adequate housing and services, and can live in dignity.

Key Activities

Community health volunteer COVID-19 prevention SMS campaign with the Ministry of Health

Beginning in March 2020, members of the LVCT Health ARISE team became active partners in the Community Health Volunteer (CHV) Sub-committee to the COVID-19 National Technical Working Group (TWG) of the Kenya Ministry

One strategy to support change adopted by ARISE is to **facilitate meetings and dialogue between marginalised people, policy makers and governance allies**. In study sites located in Kenya and India, ARISE research partners have strengthened networks between community-based organisations (CBOs), non-governmental organisations (NGOs) and governance actors in health. The CBOs and NGOs act as intermediaries between urban marginalised communities and formal governance allies. Stronger relationships between the intermediary networks have underpinned a joint understanding of challenges faced by people living and working in informal spaces and enabled pathways for increased representation of the priorities of urban marginalised people in approaches to urban development and health and wellbeing interventions.

of Health (MoH). The LVCT Health team, supported by ARISE, was asked to develop COVID-19 prevention messages for dissemination to CHVs through the use of a bulk SMS service. Nine different messages were sent via SMS to 11,487 CHVs across 10 counties, on a weekly basis. The purpose of these messages was to provide CHVs with accurate strategies to prevent COVID-19 that they could share with households during routine visits. Subsequently, these nine COVID-19 messages were scaled up by the MoH during their COVID-19 education campaigns.

Recipients of the SMS messages were given a phone number to call that allowed them to engage with LVCT Health counsellors if they needed further information. The inquiries and feedback gathered from SMS recipients allowed LVCT to tailor its services during the COVID-19 response. For example, gender-based violence (GBV) was not originally part of the SMS messaging, but because it was frequently raised by SMS recipients in their feedback, LVCT Health began to refine its GBV monitoring and tracking system. This system collected specific data on GBV for advocacy and improvements in service delivery, including GBV-related SMS messages.

Community-sourced data presented by SDI Kenya influences government response in informal settlements

In September 2019, SDI Kenya conducted a CHV mapping in Mukuru Special Planning Area (SPA), supported by ARISE. The mapping was aimed at underpinning the CHV coverage areas, identifying unserved and underserved pockets, existing number of CHVs, and average households served by a CHV. Additionally, a CHV profiling was conducted to identify their total number, skills set, services they deliver and their relationship with Community Health Extension Workers (CHEWS), among others.

After reviewing the Mukuru SPA CHV mapping data and other data sets collected within informal settlement profiles developed by Muungano wa Wanavijiji, the County Government of Nairobi, Community Health Department approached the Director of SDI Kenya in April 2020, requesting their participation in the Informal Settlements Sub-committee to the National COVID-19 TWG.

Joining the TWG Informal Settlements Sub-committee provided SDI Kenya an opportunity to share knowledge produced by CBOs and expertise in working collaboratively with communities with members of the Sub-committee and government officials. In one example, the County Government provided an estimate of approximately 85 slums existing in Nairobi, Mombasa and Kisumu drawing from information provided by the Kenya National Bureau of Statistics. However, previous work conducted by SDI Kenya determined there

were approximately 153 slums across those three cities and these figures were highlighted to Sub-committee partners. Additionally, SDI Kenya was able to draw upon mapping of CHVs in informal settlements to provide information to the Informal Settlements Sub-committee. The presentation of this mapping to the Sub-committee contributed towards spurring action taken by the County Government to increase CHV coverage, improve training and commence registering vulnerable households in Mukuru with CHVs.

SDI Kenya contributed to Kenya government guidelines on home-based isolation and care centres in informal settlements

As a result of joining the TWG Informal Settlements Sub-committee, SDI Kenya team members were asked to contribute information and guidance to amend existing home-based isolation guidelines and to examine options for community isolation centres within informal settlements, since home-based care is challenging in these contexts. On 15 July 2020, SDI Kenya presented potential isolation centre locations in five informal settlements in Nairobi and Kisumu. Subsequently, two isolation centres were established by the MoH in Mathare and Kibera but were ultimately not used because the anticipated surge of COVID-19 patients from informal settlements did not happen.

Drawing from surveys conducted with communities living in informal settlements, the guidelines recommend that existing community facilities in informal settlements be converted to temporary isolation centres to offer testing and treatment services. While these community surveys were not directly supported by ARISE, members of other ARISE partners, such as LVCT Health and the Institute of Development Studies (IDS), provided input and feedback on a draft of the addendum. The addendum gave more weight to the adoption of isolation centres in informal settlements, as home treatment of COVID-19 in informal settlements would put many people

and caregivers at risk of COVID-19 spread. The draft addendum was then shared to the County Government of Nairobi, Community Health Department and the MoH for review and/or adoption in September 2020.

India

Background

ARISE partner the Society for Promotion of Area Resource Centres (SPARC) is an NGO based in Mumbai, India founded in 1984 to amplify voices of the urban poor in city development. SPARC, an affiliate of ARISE partner SDI, works with two community-based social movements - National Slum Dwellers' Federation (NSDF) and Mahila Milan (a network of women's savings collectives) - to improve the conditions of informal settlement residents. NSDF and Mahila Milan establish and staff Area Resource Centres (ARCs) in informal settlements and in slum relocation 'colonies', where former residents of slums are relocated. Residents can access ARCs in person to raise pressing issues related to their current living conditions. Importantly, leadership and staff at ARCs are residents of informal settlements or slum relocation colonies themselves.

While SPARC, NSDF and Mahila Milan work together on community-led initiatives, including action on the social determinants of health, ARISE and these organisations have collaborated to incorporate a more explicit focus on health and wellbeing into their work.

Key Activities

From May to July 2020, supported by ARISE, SPARC undertook a series of phone interviews with residents in living in relocation colonies and informal settlements across Mumbai (including ARISE study sites). The interviews aimed to understand the perception of residents about the COVID-19 health crisis, Government and local response to the crisis, and experiences of lockdown.

The interview findings helped the federations understand the prevalence of co-morbidities and, consequently, ARISE-supported federations working with SPARC offered direct nutritional support to 150 families with members who have serious health conditions, including tuberculosis (TB). These families had been severely affected by COVID-19 movement restrictions, which limited both livelihoods and access to clinical treatment.

In August to November 2020, inspired by ARISE and its work on the health of informal settlement residents, SPARC and its federations conducted a survey of over 4,000 families living in 13 locations in Mumbai informal settlements and relocation colonies. Mahila Milan approached SPARC for support to develop the questionnaire, collect data, and conduct analysis. The survey locations included ARISE action sites as well as other relocation colonies and slums, predominantly in M-East ward. The survey inquired about co-morbidities in the wake of COVID-19, as well as food security and access to food.

Both activities led to an increased awareness among the federations that TB, which reduces the access to basic needs of affected households, is a pressing issue for informal settlement residents. Health problems are often seen as a private rather than a collective issue, resulting in hesitancy to share information. A resident from Indian Oil Colony said *"When we surveyed, very few people reported having TB, but as soon as we announced that we wish to assist with food during the lockdown to families having someone with severe disease, there was a flurry of requests. So, we have to change the way we involve people for their health problems".*

These reflections led federations to engage with District Tuberculosis Officers, municipal actors, and elected representatives to understand how they might support efforts to reduce the spread of TB and address the challenges faced by residents living with TB.

ARISE Contributions to Change

The ARISE theory of change identifies specific aspects of four relevant outcomes that the key activities described build toward

.

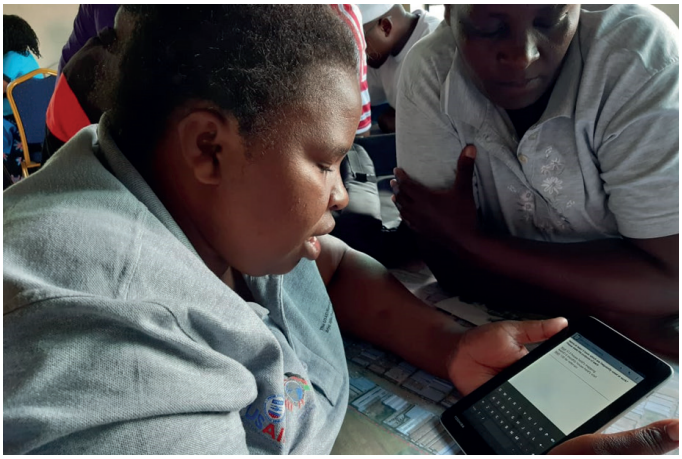
First, in Kenya, ARISE has contributed to **strengthened and more equitable relationships between urban marginalised people and governance actors**. This was done primarily through NGOs such as LVCT Health and SDI Kenya, who are working directly with CBOs, such as Muungano wa Wanavijiji, as well as governance actors, such as those working on the COVID-19 TWG Informal Settlements and CHV Sub-committees. Though working through boundary partners limits direct engagement between urban marginalised people

and governance actors, the examples highlighted in Kenya demonstrate how ARISE partners and activities are following a trajectory toward this outcome in the programme's theory of change.

The ARISE-supported inputs of these professional NGOs working with CBOs into the Nairobi County COVID-19 TWG Informal Settlements Sub-committee has **increased responsiveness within local governance systems** through the adoption of recommendations made by SDI Kenya to establish two local isolation centres in informal settlements in Nairobi and Kisumu. As noted above, the isolation centres were ultimately not established, but the government's willingness to respond to the addendum written by SDI Kenya, which included recommendations that were influenced by community preferences, is worthy of note.

Additionally, ARISE has contributed to a **strengthened focus on health within and between networks of community organisations** in Mumbai, India. SPARC, NSDF and Mahila Milan have a long history of working together on community-led initiatives that include action on the social determinants of health – such as efforts to improve sanitation in informal settlements. However, community-led action on health as a domain was lacking. ARISE has supported these organisations to incorporate a new, more explicit focus directly on health and wellbeing, accelerated during the COVID-19 pandemic, which has pushed health to the forefront of organisations working to prioritise community needs. A resident living in Vashi Naka relocation colony said *"Mahila Milan used to work on health but just limited to mobilizing financial help for treatment, but we are now focusing on getting more knowledge on health challenges and addressing them systematically."*

In India, ARISE has also contributed to **increased capabilities of urban marginalised people to inclusively analyse and prioritise their health and wellbeing needs, and identify allies to demand action to promote equity in wellbeing and health**. In particular, due to research activities and nutritional support services, SPARC, NSDF, and Mahila Milan have begun to engage with Mumbai District Tuberculosis Officers.



For example, in September 2020, one officer visited Indian Oil Colony to share information about TB, including care, protection, addressing stigma, and how residents can support efforts to eradicate TB. Additionally, a district officer requested five female members of Mahila Milan who live in Indian Oil Colony to conduct door-to-door TB symptom screening activities in October 2020.

Furthermore, SPARC, NSDF and Mahila Milan have approached a new ally - Medicines Sans Frontiers (MSF) - to obtain training on TB and available government programmes to address the disease, which will allow the organisations to bring related issues to the attention of the District Tuberculosis Officer. Twelve women from four relocation colonies in Mumbai (three of which are also ARISE action sites) attended a training on introduction to TB arranged by MSF and delivered by an experienced and trained TB nurse on 25 February 2021. After this training, each location planned to take this information to the registered building committees, and then meet in three months' time. At that meeting, everyone will share feedback, plan next steps, and attend another refresher training from MSF to address any doubts emerging from local interactions, with support from experts. After the TB training, a resident from PMGP Colony said, *"We knew about TB, but we got to know so many new things that we had not thought about. This helps in our own communication in the area on TB".*

ARISE
Accountability in Urban Health

About ARISE

ARISE – Accountability and Responsiveness in Informal Settlements for Equity – is a research consortium launched in January 2019 and funded by UK Research and Innovation's Global Challenges Research Fund for five years. The research consortium consists of ten partners from a range of backgrounds and disciplines, led by the Liverpool School of Tropical Medicine (LSTM). The vision of ARISE is to catalyse change in approaches to enhancing accountability and improving the health and wellbeing of poor, marginalised people living in informal urban settlements in Bangladesh, India, Kenya and Sierra Leone.