

MAPPING THE SOCIAL AND GOVERNANCE TERRAIN IN INFORMAL SETTLEMENTS

ROLE OF COMMUNITY ADVISORY COMMITTEES IN ADVANCING HEALTH AND WELL-BEING IN KOROGOCHO AND VIWANDANI, NAIROBI

INTRODUCTION

More than half of humanity currently lives in urban areas, and 90% of the global population is projected to be urban by 2050. Crucially, one in three urban residents now live in precarious areas, including informal settlements. Such settlements are prone to interconnected challenges in health and well-being, which are poorly understood globally and are often ignored as temporary aberrations by governments. The absence or inadequacy of local and national government institutions fosters the creation of multiple governance systems which challenge binary notions of public-private, state-society, and formal-informal, ultimately affecting service delivery in informal settlements.

SALIENT MOTIVATING FEATURES:

- Formal services in informal settlements are almost non-existent;
- Routine government data rarely cover informal settlements and data are usually insufficiently disaggregated;
- Inequities are often concealed and poorly addressed in informal settlements;
- Persistence of weak urban governance (particularly in policy, planning, and urban management);
- Pronounced disconnection of informal settlements from mainstream opportunities;
- Combined burdens of informal settlements are harmful to residents of these settlements, the cities they are located in, and the overall population;
- Intractable health and well-being challenges in informal settlements.

The Accountability and Responsiveness in Informal Settlements for Equity (ARISE) project seeks to understand the role of accountability in improving health and wellbeing inequities of marginalised and vulnerable groups living and working in informal urban spaces in Bangladesh, India, Kenya and Sierra Leone.

Mapping of the social and governance terrain was conducted in the first phase of the study (Mapping Phase), to understand how existing governance and accountability systems affect the health and well-being of residents living and working in the study sites, Korogocho and Viwandani. This brief presents methods, key findings and recommendations from mapping the role of community advisory committees in advancing health and well-being in Korogocho and Viwandani settlements.

METHODS

As part of the wider mapping phase, we conducted a case-study on community advisory committees (CAC) and actors in governance among the study communities. The CACs are a dedicated group of volunteers who help address the health and well-being needs of their communities. Researchers and project implementers work with CACs for effective implementation of activities intended to meet the best interests of the community. The CAC consists of representatives from community members, government agencies and service providers. Together, they serve as liaisons between development partners and the community, thereby curbing the uni-directional flow of information from partners to communities. Despite the extensive body of literature on community engagement, the role of CACs in advancing health and well-being in informal settlements is still little understood, characterised by considerable ambiguity.



KEY LEARNINGS:

- Community advisory committees (CACs) provide a social infrastructure needed for community members to voice their concerns and priorities which may otherwise not feature in the agendas of researchers and program implementers.
- The structure of CACs reduces uni-directional engagement and catalyses bi- and multi-directional information flows between the community and its partners (Figure 2).
- CACs lower project implementation challenges, as they promote ownership within the target communities.
- Community engagement through CACs promotes health and well-being by involving community members as genuine partners in all phases of community activities. Engagement is based on the key principles of recognition of the community unit, use of community structures, and community ownership.
- CACs enable the integration of beneficial local knowledge into efforts to advance the health and well-being of communities. However, they offer their services (access to electricity) at a high cost.
- Advancing the health and well-being of marginalised groups cannot be attained without strong community ownership, which calls for working with CACs.



Based on this background, the project team sought to better understand the roles of CACs in advancing health and well-being in the two informal settlements where the African Population and Health Research Centre (APHRC) runs the Nairobi Urban Health and Demographic Surveillance System (NUHDSS) – Korogocho and Viwandani. The conceptualisation of CAC began in 2012 to understand how APHRC could work collaboratively with the study communities to contribute to research and implementation projects. Over time, the CACs have been beneficial to researchers and implementers (from APHRC and beyond) while engaging with the study communities.

The project team conducted key informant interviews and in-depth interviews with various CAC members representing different constituencies, community members, community-based organisations, researchers, community liaisons and principal investigators in Korogocho and Viwandani. Six roles and responsibilities were unanimously described by the 52 respondents who participated in this activity (Figure 1).

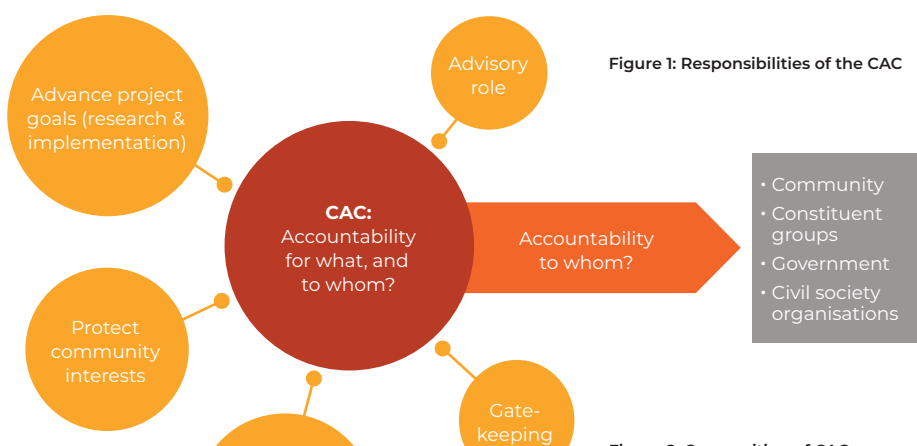


Figure 1: Responsibilities of the CAC

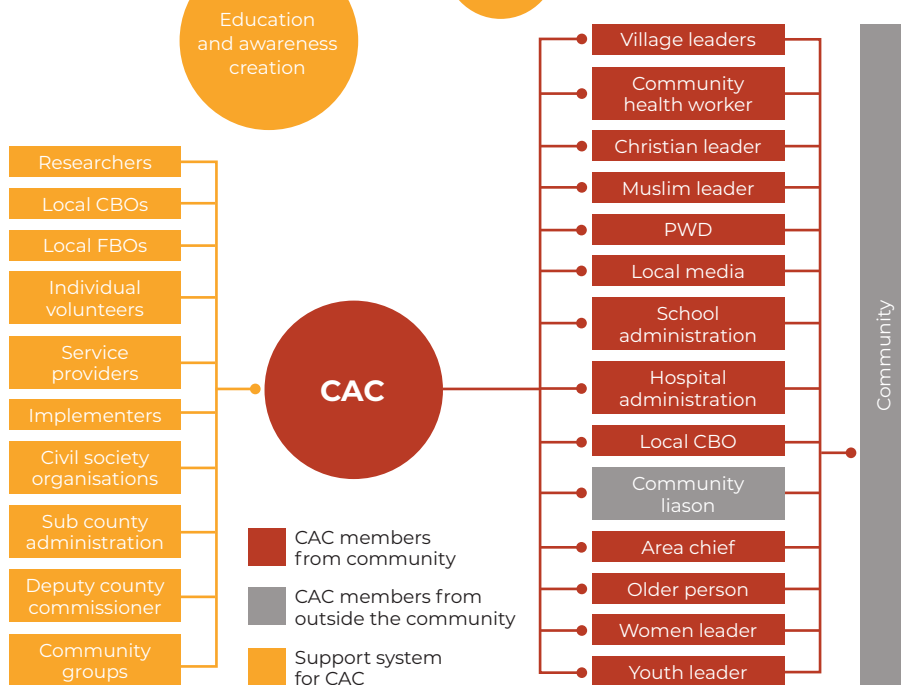


Figure 2: Composition of CAC

KEY RECOMMENDATIONS FOR POLICY, PRACTICE, AND RESEARCH:

Key actors including the government should consider the following for the effective functioning of CACs:

- Adopt innovative strategies that recognise the contributions of CAC members in terms of time, resources, and expertise.
- Identify ways to promote CAC membership and retention by ensuring that the benefits of membership outweigh the costs.
- Advocate for recognition of CACs as a valuable community structure that are strategic in local governance, especially for service provision. Thereafter, the determination of adequate compensation from the local government will be necessary.
- Consideration of CACs in every project, and expansion of their roles beyond consultation and community placation.
- Capacity building of CACs to enhance their skills and their current roles.

The ARISE Hub – Accountability and Responsiveness in Informal Settlements for Equity

– is a research consortium, instituted to enhance accountability and improve the health and wellbeing of marginalised populations living in informal urban settlements in low-and middle-income countries.

The ARISE vision is to catalyse change in approaches to enhancing accountability and improving the health and wellbeing of poor, marginalised people living in informal urban settlements.

ARISE is guided by a process of data collection, building capacity, and supporting people to exercise their right to health. ARISE works closely with the communities themselves; with a particular focus on vulnerable people living in the informal settlements; often overlooked in many projects and initiatives.

ARISE was launched in 2019 and is a 5-year project. It is implemented in four countries: Bangladesh, Kenya, India and Sierra Leone.

SUGGESTED CITATION:

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