BRIEF

MAPPING THE SOCIAL AND GOVERNANCE TERRAIN IN INFORMAL SETTLEMENTS

SOCIAL MAPPING 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 social mapping in Korogocho and Viwandani settlements.

METHODS

Social maps were prepared by community members to depict specific social aspects. Typically these are not drawn to scale. A social map or chart describes what local people believe to be relevant and important. In this social mapping activity, we sought to understand certain social aspects of the study communities. The activity entailed mapping/charting six themes: stakeholders, influential groups, marginalised groups, vulnerable groups, social structures, and things one would change if they had power to do so. This was conducted through participatory focus group discussions (FGDs) with community members.

KEY LEARNINGS:

- **Marginalised and vulnerable groups**: Community members identified social groups they considered marginalised and vulnerable through participatory FGDs. These included older persons, people with disabilities (PWD), children, women, sickly individuals, the unemployed and youth. Notably, PWD, older persons, and child-heads of households (CHHs) were identified as the most marginalised and vulnerable groups.
- **Informal actors** identified included families, neighbours, friends, community members and groups operating informally. Formal actors included government institutions, individuals and authorities operating along formal policies and rules.
- **Formal actors**:
  - Different formal actors were identified as performing varied roles at different capacities. Community health volunteers (CHVs) and village heads were identified as having more roles than other actors in the community.
  - There are hierarchies in access to formal actors preferred by the community and a shared understanding that lower-level formal processes are necessary and should not be bypassed during problem resolution. These hierarchies affect efficient access to support services.
  - The government has diverse formal initiatives. For example, community members were able to enrol for digital insurance cover and digital medical cards. CHVs visit households to monitor access to basic health services and can also mobilize community members to attend health camps and health outreach activities.

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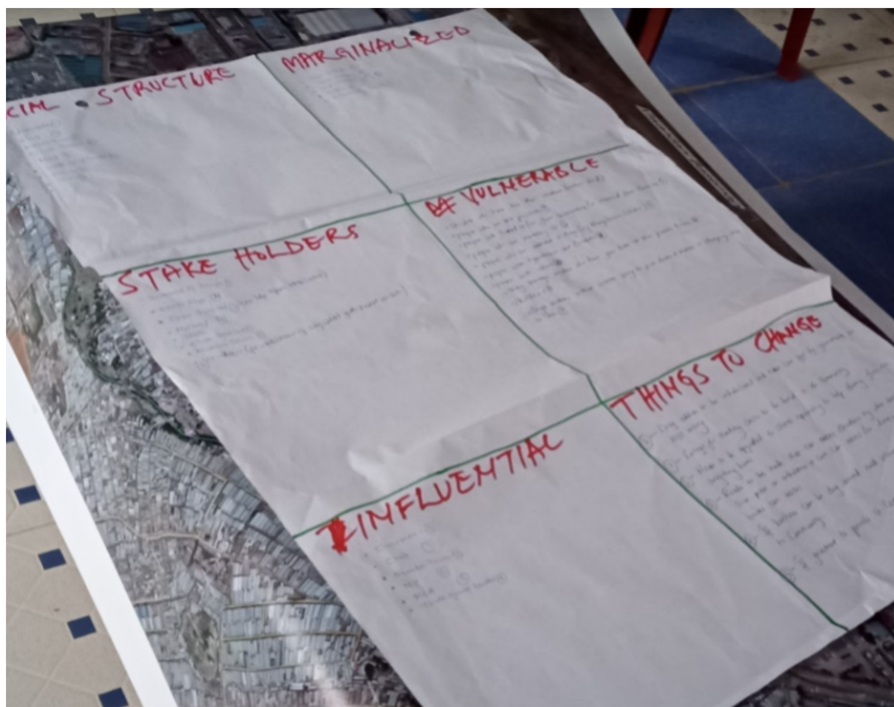

Figure 1: Social mapping raw output

In the 'stakeholders' section, study participants discussed stakeholders who are present in the community, while in the 'influential groups' section, they discussed the actors with influence in the community as well as their levels of influence. They also discussed and ranked marginalised and vulnerable groups in the community, from the most to the least marginalised/vulnerable. Participants concluded by listing the things they would change if they had the power to do so, starting from the most important to the least. Following this activity, participants took part in a focus group discussion to discuss the social structures in-depth. There were 40 FGDs in all, consisting of 8-10 respondents per group.

KEY RECOMMENDATIONS FOR POLICY, PRACTICE AND RESEARCH:

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

- Undertake bold and decisive actions to understand social groups and collectively address their health and well-being challenges, for sustainable and equitable urban futures. recognition of informal settlements as part of the city fabric will help advance access to basic services for residents.
- Critically question the rationale and assumptions that lie behind the dichotomisation of formal and informal actors and service providers, as both types of actors engage in complementary relationships in service delivery.
- The challenges that residents of informal settlements face are fluid. Routine social mapping is therefore needed to identify critical gaps when planning interventions into health and well-being.
- Use collected data to advance policy discourse and dialogues on how to support social groups in informal settlements and ensure that no one is left behind.

SUGGESTED CITATION:

[1]Ivy Chumo, [1]Blessing Mberu and [1]Caroline Kabaria (2023) Mapping the social and governance terrain in informal settlements – Social mapping in Korogocho and Viwandani, Nairobi; ARISE Consortium.

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KEY LEARNINGS CONTD:

- **Informal actors**:
  - Informal actors are important in informal settlements as they complement formal actors.
  - Informal actors were described as more efficient than formal actors as the latter were perceived to be overwhelmed with responsibilities. Further, informal actors were seen as having more knowledge of the community and its activities, than formal structures.
  - Informal actors have a variety of initiatives that are mostly preferred by residents of informal settlements.
- Members of social groups prefer to turn to specific actors for support when they are in need. Notably, orphans and CHHs will first seek help from village heads, while children with parents prefer to first seek help from their parents. Men preferred chairpersons while women and young people preferred informal actors like friends, family and youth or women groups.
- Health and well-being services were also prioritised with water, health, sanitation, and education listed as the top priorities for residents of informal settlements.

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.