ABOUT ARISE

Transforming the lives of vulnerable people in informal urban settlements 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 and Responsiveness in Informal Settlements for Equity – is a research consortium set up to enhance accountability and improve the health and wellbeing of marginalised populations living in informal urban settlements in low- and middle-income countries. ARISE works closely with, and is guided by, communities themselves: vulnerable people living in informal settlements who are often 'off the map'.

Launched in January 2019, and funded by UK Research and Innovation's Global Challenges Research Fund, ARISE is a five-year programme. Initially, we are working in Bangladesh, India, Kenya and Sierra Leone.

ariseconsortium.org

@ARISEhub

More than half of the world's people live in cities, with one in three of those living in low- and middle-income countries doing so in informal settlements, sometimes known colloquially as slums, with inadequate access to services and opportunities to shape decisions about their environment. Our research will support the people in our focal communities to claim their rights to health and wellbeing.

PROFESSOR SALLY THEOBALD, LIVERPOOL SCHOOL OF TROPICAL MEDICINE, CO-PRINCIPAL INVESTIGATOR, ARISE

A boy in deep thought at an informal settlement in Bangladesh

OUR PARTNERS

African Population and Health Research Centre (APHRC), Kenya

APHRC is committed to generating an Africa-led and Africa-owned body of evidence to inform decision-making for an effective and sustainable response to the critical challenges facing the continent. Its mandate is to create and support the use of evidence for meaningful action to improve the lives of all Africans.

College of Medicine and Allied Health Sciences (COMAHS), University of Sierra Leone

COMAHS is Sierra Leone's only medical and pharmacy school and the main institution for basic and specialist nurse training. Its aim is to help partners find practical solutions to the challenges they face in order to strengthen the training capacity at COMAHS and Connaught Hospital, and improve human resources for health in Sierra Leone.

George Institute for Global Health, India

The George Institute for Global Health generates quality evidence and improves the health of millions of Indians. Its research uses innovative approaches to create system-wide change for marginalised people, develop affordable and scalable solutions, and empower people to improve their own health.

Institute of Development Studies (IDS), UK

IDS is a global research and learning organisation for equitable and sustainable change. The institute believes that cutting-edge research, knowledge and mutual learning are crucial to shape the transformations needed to reduce inequalities, accelerate sustainability and build more inclusive, secure societies.

Institute of Health and Wellbeing, University of Glasgow, UK

The mission of the Institute of Health and Wellbeing is to prevent disease, improve health and wellbeing, and reduce inequalities: locally, nationally and globally. The institute builds on existing strengths within the University of Glasgow and its partner organisations, bringing together experts from a range of disciplines.

Liverpool VCT Health (LVCT Health), Kenya

A Kenyan non-governmental and not-for-profit organisation, LVCT Health 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.

James P Grant School of Public Health, BRAC University, Bangladesh

The James P Grant School of Public Health aims to transform the current system of health delivery through its commitment to quality education and research. As the public health wing of BRAC University, its focus is to provide access to education, research, training and advocacy through integration and innovation.

Liverpool School of Tropical Medicine (LSTM), UK

LSTM was the first institution in the world dedicated to research and teaching in the field of tropical medicine. The institution works globally to fulfil its mission of improving health outcomes in disadvantaged populations globally through partnership in research and education, through our values of making a positive difference, integrity, partnership, and inclusivity

Sierra Leone Urban Research Centre (SLURC), Njala University, Sierra Leone

SLURC aims to generate capacity building as well as research initiatives in cities across Sierra Leone focused on the wellbeing of people living in informal settlements. To achieve this, SLURC strengthens research capacity of urban stakeholders; improves the quality and quantity of knowledge on informal settlements; makes urban knowledge available and accessible; and conducts research in order to influence urban policy and practice.

Slum/Shack Dwellers International (SDI), India

SDI is a network of community-based organisations of urban poor people in 32 countries across Africa, Asia and Latin America. Programmes are geared towards catalysing change processes at all levels, from informal community-based institutions to formal institutions of the state and the market.

The University of York, UK

The Centre for Health Economics has a rich international research portfolio spanning health policy evaluation, health systems research and priority-setting in global health through rigorous methodological approaches. York's three current NIHR Global Health Research Groups, focusing on mental and physical comorbidity; tobacco control and health econometrics; and economics evidence informed policy will provide synergistic benefits to partners within this development grant and opportunities for further research to improve the health of poor urban communities.

BANGLADESH

Bangladesh, to the east of India on the Bay of Bengal, has a population of 165 million people, and an area 148,460 km². The country is facing rapid urbanisation due to factors such as poverty, natural disasters and better employment opportunities which causes people to move to urban areas.

The capital, Dhaka, is one of the planet's fastest growing megacities, where an estimated 300,000-400,000 migrants, mostly poor people from rural areas arrive annually. A vast majority of these migrants end up living in slums or informal urban settlements.

Our research in Bangladesh during the COVID-19 pandemic is being conducted in three informal settlements in Dhaka city, two situated in Dhaka South City Corporation (Dholpur and Shyampur) and one from Dhaka North City Corporation (Kollyanpur). Both qualitative and quantitative approaches are applied to document the lived experience of the informal urban settlement dwellers. Participatory action on community priorities is ongoing.

During the pandemic we collected data at four stages – 1) Exploration – COVID-19 rapid research, 2) Identification of needs, priorities, challenges and service gaps, 3) Follow-up – COVID-19 case study, and 4) Health and Wellbeing Survey. In the first three stages, remote (via phone interviews) and face-to-face qualitative participatory methods were applied and in the last phase a household survey was conducted.

CASE STUDY: Emergency response to COVID-19

The ARISE Bangladesh team at James P Grant School of Public Health, BRAC University were part of the emergency response to COVID-19.

Our interventions were designed to address the urgent health needs of the marginalized communities living in informal urban settlements, support them to be more resilient to public health emergencies and to promote health and hygiene practice.

- 3000 families benefitted from 12 handwashing devices
- 58000 reusable face masks distributed
- Free health checks and medicine to more than 1200 people
- 18,000 packets of soap provided
- 560 people registered for COVID-19 vaccination
- 220 health and rights education sessions

INDIA

Although we know that tens of millions of Indian households live in informal settlements and that this is growing, we do not have accurate figures. The 2011 census suggested that 13.92 million households lived in informal urban settlements. Around half the 'slums' in India are not recognised by the government, they have 'non-notified status'. This creates barriers to legal rights and basic services such as water, sanitation, and security of housing tenure.

The George Institute for Global Health (TGI) ARISE team works with waste workers in the Indian cities of Guntur/Vijayawada, Bangalore and Shimla. A range of waste workers handle the waste (wet and dry waste) generated by the city and its residents. The ARISE TGI team is working with two types of waste workers – the municipal workers in Shimla city (both formal and informal) and the informal recyclers in Guntur/Vijayawada and Bangalore cities.

As part of ARISE research in India, SPARC is working with slum dwellers who have been relocated to permanent, state subsidised housing to understand if the tenure security of their housing does ensure security of improved access to essential public services, health services, nutrition and other rights and entitlements that are essential for improved experience of health and well-being. The research is taking place with relocated slum dwellers in Mumbai (Lallubhai Compound, Indian Oil Compound, Vashi Naka and Maharashtra Nagar), Ahmedabad (Swarnim Nagar), and Bhubaneswar and Berhampur.

CASE STUDY: Building health alliances to improve TB outcomes in Mumbai

People in informal urban settlements are particularly vulnerable to TB but often several social conditions conspire against their ability to protect themselves against TB infection, and seek assistance when sick with TB. The ARISE hub partner, Society for Promotion of Area Resource Centres (SPARC) works with two community-based social movements to help those living and working informally in Indian cities.

During the lockdown of 2020, SPARC did a series of phone interviews with residents in informal settlements in India, in order to understand the perception of residents of the COVID-19 health crisis, as well as Government and local responses. They also collected data on the prevalence of co-morbidities among people living in these locations. They then suggested and offered direct nutritional support to about 150 families with members who have serious health conditions, including TB. The goal was to ensure they received at least the bare minimum of nutrition that is essential for recovery.

"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 those with severe disease, there was a flurry of requests. We have to change the way we involve people for their health problems." - Resident from Indian Oil Colony

KENYA

Nairobi symbolises sub-Saharan Africa's rapid urbanisation and population growth. Informal urban settlements have spread: home to an estimated 60-70% of Nairobi's residents. The population of some informal settlements in Nairobi is highly migratory and transient Meeting the increasing demands of this new population is a huge challenge for policymakers.

Within our research we see marginalisation and vulnerability present in: challenges in accessing basic services, discrimination in access to services, lack of quality services, inadequate information on basic services and governance actors, misinformation and accessing community actors. The drivers of equity or inequality include: age, gender, disability, geographical location, access to basic services, quality of basic services, information, misinformation and discrimination.

CASE STUDY: Mental health in Nairobi slums

Mental health influences people's quality of life just as much as physical health. Communities are essential for mental health management as they provide support, belonging and purpose among many other functionalities.

Mental health issues can remain concealed in vulnerable communities only to manifest themselves through alcohol use, violence, unsafe sexual practices and crime that include robbery with violence.

Unsurprisingly, the vulnerable, who include child headed households, older people and persons living with disability bear the greatest brunt of mental ill health. Both sub-county and community-level groups conducted root cause analyses and developed a change plan to address mental health in the informal settlements.

"Child headed households had the concern of how their peers viewed them. This led them to avoid some type of friends who would make them feel out of place. Older persons regretted their past and felt sorry for themselves having to take care of their adult children who were irresponsible, or grandchildren occasioned by death of their parents. Persons with disability felt stigmatized through exclusion from public and social facilities due to how they have been designed or equipped," shared Inviolata Njeri, a senior research and learning officer at LVCT Health.

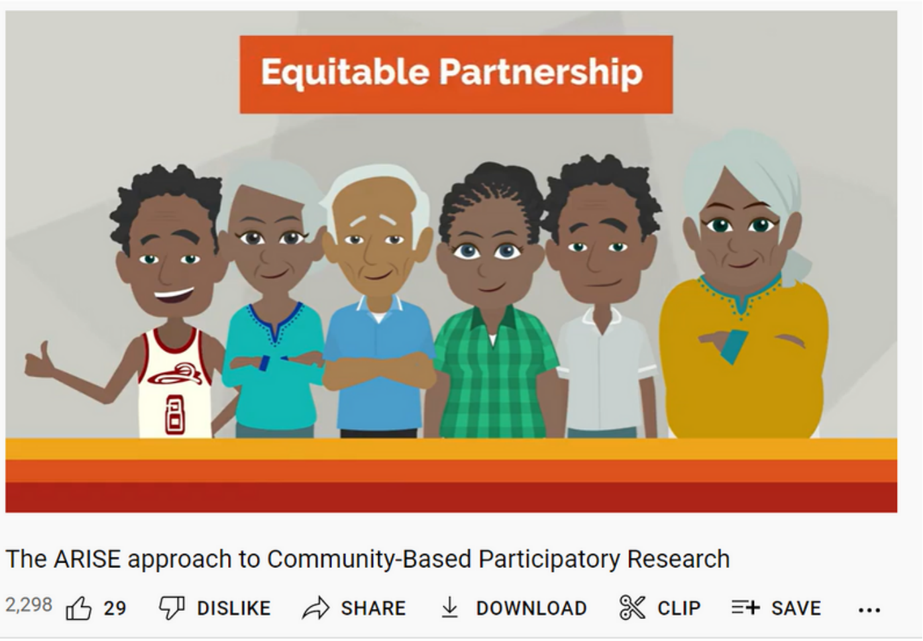
Communities have created Work Improvement Teams to act on mental ill health and they have trained at least sixty Community Health Volunteers (CHVs) on mental health issues. This included how to record mental health data and how to conduct referrals for further care. On account of this, there are now referrals for mental health issues to primary health facilities in informal settlements. In addition to this, as part of the change management plans, a Mental Health Clinical Officer was posted in Ruaraka sub-County to address mental health referrals.

SIERRA LEONE

Just under half of Sierra Leone's urban population is projected to live in the capital, Freetown, by the year 2028. During the civil war of 1992-2002, the capital experienced a high influx of internally displaced people from the provinces. Coupled with natural population growth and the continued shift from rural areas to the cities, the proliferation of informal settlements and a recovering health system poses a major health challenge.

"We also learned about the GPS and surveying; it was the first experience for some of us. We acquired technical knowledge. We listened to each other; we held meetings. If we made mistakes, we would find ways to correct them and go back on the field. The mapping exercise also allowed us to know our communities better and what the real boundaries are of our communities."
- Co-Researcher

Check out our video about the ARISE approach CPBR on our website



COMMUNITY-BASED PARTICIPATORY RESEARCH

Community-Based Participatory Research (CBPR) is being implemented in the ARISE project to increase the participation of communities in designing solutions to local problems. So far, in Sierra Leone we have recruited 15 co-researchers through a competitive and transparent process, grounded in diversity and equity.

CBPR is a novel approach to research to ensure that marginalised community members understand the complexity of the problems they grapple with in their daily lives, and helps them explain underlying complex problems within the urban space to policy makers and funders.

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.

ARISE
Accountability in Urban Health

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