Governance and Equity-oriented Policies for Urban Health

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Overview of Urban Poverty & Global Commitments

Urban health challenges in Sub-Saharan Africa

Examples of how youth and community engagement could inform change

How to support the development of governance and equity-oriented policies
Global Commitments

- Sustainable Development Goals:
  - 3 Good Health and Wellbeing
  - 10 Reduced Inequalities
  - 11 Sustainable Cities and Communities
  - 13 Climate Action

- HABITAT III: UN Conference on Urban and Sustainable Development (2016) and creation of the New Urban Agenda which:
  - Focuses on the “science of cities” and places health at the center.
  - Lays out standards and principles for the planning, construction, development, management, and improvement of urban areas
For the first time in history, the majority of the world’s population live in urban areas; by 2050 more than 70% are projected to live in cities;

One billion people currently live in slums or informal settlements

Sub-Saharan Africa faces a substantial burden in that more than half (56%) of the urban population lives in slums, compared to an average of 29% across all developing regions

Urbanization is one of the most important development challenges of the 21st century.
Urban Poor: most vulnerable

- They live in the most undesirable of locations – close to garbage, flood prone areas, steep mountain sides, areas with limited or no access to public services, infrastructure, water and health services;
- Large majority work in the informal sector with limited access to social protection services;
- While some services are provided – often there is little coordination between organizations, duplication of efforts – and it is unclear if services are meeting the communities’ needs/priorities.
Health Implications

- Unmanaged urban growth is linked with rising social and economic inequities that benefit the well off and negatively impact health and well-being of the poor and disadvantaged
- Densely packed areas with low levels of sanitation services – petri dish for infectious diseases
- Higher cost of living – the affects nutrition related decision making
- Often single family households – mostly women, who have to work; weaker social support networks
- High risk of secondary school dropout and teenage pregnancy
- High rates of crime and violence
• 200 million children are in urban Africa (Save the Children, 2012)
• 29% of annual deaths in children are due to problems of sanitation, hygiene and nutrition (IHME, 2016)
• 61% of diarrheal deaths are attributable to inadequate water, sanitation and poor hand hygiene (Prüss-Ustün et al, 2014)
• 1 in 3 children under-five in Africa were growth-stunted in 2011, with moderate to severe stunting in nearly 1 in 2 children in the lowest wealth quintile (Frayne, et al., 2012).
Ample evidence that the conditions under which youth grow up are crucial for their mental and physical health, and emotional, social and intellectual development.

In the African region the factors that place young people at risk of being involved in crime or victimized are overwhelming – overcrowding, poverty, unemployment, family and community breakdown, child and youth exploitation.

The protective factors which strengthen resilience are: good parenting, stable and supportive home environment, healthy and supportive environment, and good learning and school environment.
Example of Tandale Youth Centre campaign Okoa Kitaa (Save the Streets), on sanitation /hygiene and violence-free streets.

Role of youth at Tandale Health Centre:
• Use youth as peer educators for HIV/AIDS mobilization, peer counseling on HIV/STIs and home based care.
• TAMASHA provides training in peer education and animation.
Youth as Agents of Change in Urban Tanzania

Training members of Tandale Youth centre

Life skills session with children in Tandale
Youth as Agents of Change in Urban Tanzania

Empowering the most marginalized groups—from beneficiaries to project owners, TAMASHA has been using youth as researchers, training and upgrading them to national level facilitators.

Reaching out to the most marginalized girls in Arusha, Ilemela and Temeke.

• Improving their livelihood to improve their nutrition (through small grants to start their own business).

• Peer to peer approach in livelihood, parenting and sexual and reproductive health.
How to Engage Communities in Equity-Oriented Policies

Involvement of community members for urban community-friendly policies:

- Longer-term planning to impact urban health; move beyond temporary solutions (e.g. cholera outbreak)
- Location for public and social services
- Plans for eviction and relocation

Partnerships between communities and government/institutions for programs/policies and development plans
Informing Governance and Equity-Oriented Policies for Urban Health

- What **urban policies** exist and do they cater to the needs of the urban poor or those enjoying the “urban advantage?”
- What **evidence** do we have? What do we know and what are we measuring among these vulnerable populations?
  - Evidence-based governance (New Urban Agenda)
- How are we **engaging communities** in solutions? How can community experiences inform municipal and national government decision-making?
- Are we **capturing and sharing promising approaches** (e.g. interventions, programs) and how can we lift up and expand on these examples?
- We need **partnerships** to inform better policies, programs and ensure accountability to the needs of the urban poor.