

**Learning from initiatives on equitable urban health and wellbeing in east and southern Africa**



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**Drawing on separately reported case study inputs  
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**in the  
Regional Network for Equity in Health in  
East and Southern Africa (EQUINET)**

**with the  
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## Executive summary

An Accelerating City Equity (ACE) Project led by the International Society for Urban Health (ISUH) aims to build a 'community of practice' for healthy urban societies, to exchange knowledge on and contribute to the implementation of those practices found to be most catalytic for equity in cities. Towards this, work was implemented in 2022 by Training and Research Support Centre (TARSC) in the Regional Network for Equity in Health in East and Southern Africa EQUINET in east and southern Africa (ESA) to contribute to the learning within the ESA region and to share and exchange with other regions in the ACE Project. This report presents the work carried out in the ESA region through a desk review of online documents and case studies from selected cities, of areas of promising practice ('bright spots') aimed at improving urban health and wellbeing. It shares insights and learning from the findings on practices that promote urban wellbeing and health equity.

The desk review included 52 online documents of promising practices in improving urban health and wellbeing in ESA countries. It was used as a source of evidence and to identify four cities for follow up case study work. Further evidence was gathered on ten urban 'bright spot' case studies from Lusaka, Harare, Kampala and Nairobi. Focal persons in these four cities drew evidence from both the document review and a total of 34 key informants on the features of, equity dimensions, enablers, barriers to and learning from the initiatives. The case studies, with separate detailed reports, covered:

1. *In Harare, Zimbabwe:* (a) enhancing sustainable access to safe clean water and sanitation services in Epworth; (b) urban agriculture (UA) In Hatcliffe; and (c) a herbal and nutrition garden in Warren Park 2.
2. *In Lusaka, Zambia:* participatory planning and action by communities and health workers in frontline health services.
3. *In Kampala, Uganda:* (a) sustainable waste management to address flooding in Bwaise III parish slum communities; (b) sustainable micro-gardens to address food insecurity in Gayaza parish; and (c) community-led water and sanitation in Kampala's urban informal settlements.
4. *In Nairobi Kenya:* (a) Kounkuey Design Initiative's Kibera public space project; (b) community-led mapping of food vendors in informal settlements; and (c) urban agriculture in Nairobi County.

The evidence from the document review and case studies was analysed using a manual thematic content analysis. This report provides a synthesis of both sets of evidence. *Section 3* outlines the initiatives' areas of focus and features together with the outcomes and changes they contributed to. Collectively, the initiatives led to more immediate social change and visible material changes at community level, as well as longer term system outcomes and some health and nutrition improvements. Spill-over effects were also noted, with uptake of processes and technologies in wider communities, and social organisation and capacities generated being used to address other problems.

*Section 4* presents findings on their contribution to urban equity. The evidence suggests that these initiatives made significant contributions to recognitional equity (rights) and participatory equity, with the latter both an outcome and a driver of other dimensions of equity. Distributive equity was implicit in their focus on and improvements made in disadvantaged communities, while investments in young people, environments and more equitable production and service models supported intergenerational equity. There were some policy and material changes, though their local nature implied more limited gain in the structural dimensions of equity.

The enablers, barriers and responses to challenges discussed in *Section 5* point to a range of enabling features in: in the role of local leadership and community-driven processes; bringing multiple forms of evidence including participatory community assessment to planning, design and review of interventions; the collaboration across multiple sectors, actors and disciplines; and the role of key catalysts and 'brokers' in supporting change. These features also played a role in the responses to the challenges encountered.

The findings from the desk review and case studies highlight areas of learning and potentially transferable insights on practices that promote urban wellbeing and health equity, as discussed in *Section 6*. The insights relate to (i) the processes and measures applied (ii) their design, and (iii) features beyond the initiatives themselves.

In terms of processes for equity-oriented change in urban wellbeing, the report outlines a mix of interventions and tools that promote both participatory and recognitional equity as pivotal to change. At the onset of the initiatives, consultation and dialogue, various forms of mapping and participatory assessment are used to listen to affected communities. This reveals the lived experience of affected communities, often not visible in routine data, and brings their ideas, assets and voice to the design of interventions. Various measures are described to capacitate and support voice and agency for more 'active citizenship', including by strengthening social networks and ensuring community-mandated representatives in dialogue structures, and through literacy, skills and rights-based approaches that reach beyond these representatives to build wider social voice and power, particularly among more precarious or disadvantaged groups.

Many of the insights generated relate to the design of initiatives and the efforts made to stimulate cross sectoral, multi-stakeholder inputs as a response to the multi-dimensional nature of the drivers of inequality and deprivation. Approaches that are holistic and sustained that address multiple determinants and dimensions of wellbeing appear to be more likely to address the range of often intersecting issues affecting urban health equity. This is achieved by area-based approaches and interventions that pivot from a focus on a single 'problem' to acting on the multiple determinants of the challenges. There are various contributions to holistic approaches including the use of strategic 'broker' institutions able to link across disciplines, sectors and actors, and assessment not only of needs and problems but also of local assets and capacities. Numerous initiatives highlight the key role of design measures that more directly link interventions for social benefit to economic opportunities for low income communities and the role played by relevant and appropriate technologies. Holistic, multi-actor and sustained approaches involve measures that stimulate and build relationships, trust, partnership and collaboration as features of initiative design. Bringing social groups, authorities, services, personnel, community and political leaders into shared forums, assessment activities, training programmes and joint actions contributes to this, using methods that take into account the power differentials between these different actors.

National level inputs appear to be important to sustain and support such local initiatives. While this is an area that merits further exploration and discussion, the findings raise some learning. Firstly, the approaches often draw on local innovation, research and development (R&D). This makes embedding and funding innovation and knowledge generation in countries key for equity in urban health and wellbeing, including the provision of accessible and affordable internet and applications for information sharing. Secondly, while development aid and external project financing appear to play a catalytic role in some cases, this is unpredictable. In practice, sustainability and scale up largely depended on often underfunded local authority public services and capacities. While various sources of complementary funding are described in the report, these do not substitute adequate domestic financing of local public services and investment in local infrastructure and local authority capacities that appear to be essential to convene, sustain and scale up promising practices.

Collectively, the initiatives have yielded a range of outcomes and changes. They need, however, to connect beyond the local level if they are to have more impact on the structural dimensions of equity. Law and policy is often set centrally, and in the ESA region, there is also significant global and transnational influence. Documenting and communicating the experiences and outcomes nationally and across countries helps leverage wider attention, recognition and support and the sharing of ideas. Local promising practice can inspire and demonstrate alternatives. Engaging with deeper structural drivers calls for that inspiration, for the evidence of alternatives and for the voices of those actors generating them to be taken up within and included in wider alliances, dialogue and action.

## 1. Background

Urban areas, including peri-urban areas that have grown up around cities, present a particular disconnect between the concentration of opportunity, innovation and resources and the multiple dimensions of socio-economic and ecological deficit, further exacerbated by COVID-19. Producing change for equity in health and wellbeing in urban areas often requires multiple forms and areas of action by many sectors and groups, and over time. The processes for it to take place need to be strategic, to identify milestones in change processes and to assess and review progress. Area-based approaches that provide opportunities to integrate different sectors, disciplines, social groups and ecologies are thus a useful way of exploring and acting on equity in health and wellbeing.

The Regional Network for Equity in Health in East and Southern Africa (EQUINET) has been implementing multi-methods work on urban health since 2016 (Loewenson and Masotya, 2018). In 2022, the International Society for Urban Health (ISUH) initiated the Accelerating City Equity (ACE) project. This aimed to build a 'community of practice' on healthy urban societies to accelerate the exchange of global knowledge on the drivers of equity in sustainable urban development, and to contribute to the implementation of practices found to be most catalytic in cities. The work connects six regional hubs identifying and assessing promising practice or 'bright-spots' using a shared framework. Training and Research Support Centre (TARSC) in EQUINET, as the regional hub for East and Southern Africa<sup>1</sup> (ESA), implemented work between April and October 2022 to map the actors, priorities and actions on the determinants and pathways for change towards equity in urban health and wellbeing, contribute to the learning in the ESA and to exchange with other regions in the ACE project. The work in the ESA region involved:

- a. Carrying out a desk review of online documents on potential areas of promising practice in improving urban health and wellbeing.
- b. Gathering further evidence on urban bright-spot case studies from defined urban areas in four ESA countries.
- c. Integrating the evidence, drawing on an ACE assessment framework, in a synthesis report that analyses key features of and learning from promising practice in urban health and wellbeing,
- d. Reviewing the evidence in an online regional meeting and integrating feedback in a final report for EQUINET dissemination in the region and wider dialogue and dissemination through ISUH.

This report synthesises and analyses the features and learning from the evidence in the desk review and urban 'bright spot' case studies.

## 2. Methods

**The document review**, implemented in May 2022, captured evidence on initiatives promoting population health equity in urban/peri urban areas in the 16 ESA countries. The evidence was drawn from searches of online journals, Google Scholar and online libraries in English, post-2010. Where a paper was in French or Portuguese but had an English abstract/summary, pertinent information from the summary was included. The searches used as search terms were: Africa OR [specific country name] AND urban AND health OR wellbeing OR equity OR intersectoral OR [specific topic areas on social determinants, including food, waste management, transport, water, sanitation, housing/shelter] together with the date range post-2010. Further searches were done of institutional and international agency websites relevant to urban health. A small subset of ESA examples was provided by ISUH. The total number of documents sourced and included is shown in *Table 1*.

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<sup>1</sup> Angola, Botswana, DRC, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Mauritius, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zimbabwe, Zambia

**Table 1: Documents included in the mapping**

	Number of papers	Comment
Total papers from initial searches	196	Searches(*) using selected key words excluding duplicates, non-relevant to ESA
Total papers included after preliminary review	49	By TARSC team after screening of abstracts and papers for relevance, adequacy
Total included case examples provided by ISUH	3	From ISUH after screening for relevance, adequacy and removing duplicates
Total documents included	52	

Source: Loewenson and Mhlanga, 2022

(\*) time limits for the task constrained snowballing searches

Data extraction organised findings by country, given the intended use to identify cities for follow-up of 'bright spot' case studies, and a manual content analysis implemented to identify the main features of the findings. *Table 2* in *Section 3.1* provides information on the initiatives by country. The cities for follow up case studies were selected for having multiple potential sustained initiatives reporting positive outcomes, particularly for disadvantaged communities. Further inclusion criteria were that initiatives have a depth of available evidence and were feasible for follow up through a focal person in the limited time available. Drawing on this evidence, the cities proposed for the case studies were Nairobi, Kenya; Kampala, Uganda; Lusaka, Zambia; and Harare, Zimbabwe.

**The case study work** was implemented in June and July 2022 based on document review and two or more key informant interviews in each case study, drawn from 34 diverse stakeholders (the total interviews and type of key informants are noted by country in the reference list). Terms of reference for the case study methods and structure drafted by TARSC and reviewed by ISUH, were reviewed in an online briefing meeting held with case study focal persons. The final bright-spot examples selected were those identified from the document review, or other urban/peri-urban initiatives proposed by focal persons after follow up exploration, that met the inclusion criteria noted above, with available key informants, and were feasible within the available resources and time frame.

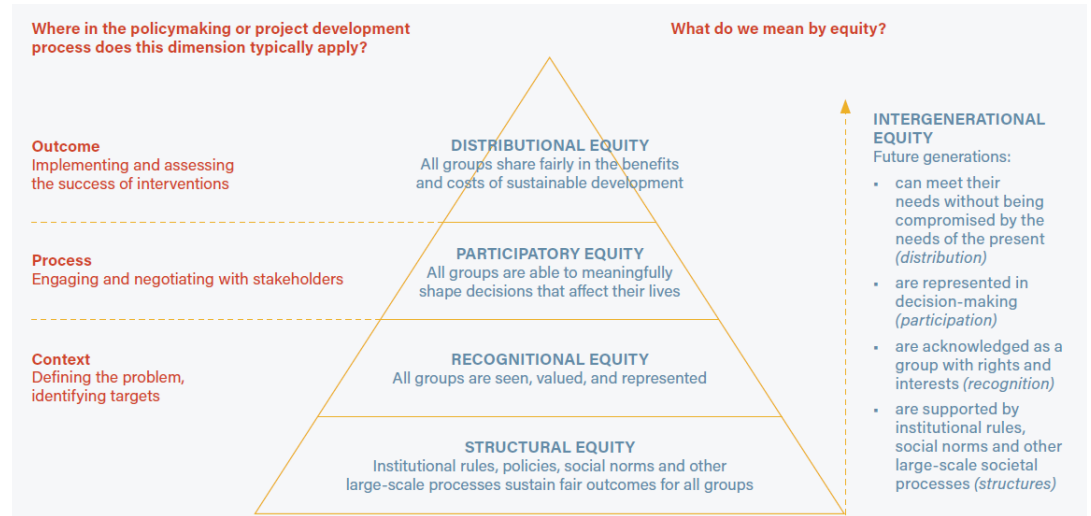
The case studies collected evidence on:

- a. **Context:** key features of the area and populations covered and features affecting the motivation for, the aims, design, performance or outcomes of the case study.
- b. **Design:** in terms of the aims/intended changes, benefits for the (different) communities, whether in terms of an explicit theory of change or not; the way equity was addressed; the stakeholders/actors/interests involved in decisions and actions; the involvement of the affected community; and the planned measures and pathway for achieving and sustaining the changes.
- c. **Implementation:** in terms of what was done, by whom, in what time frames, with what resources and capacities, through what mechanisms, processes, spaces, measures and tools and with what monitoring and review.
- d. **The outcomes:** in terms of what was and was not achieved/what changes were produced, for whom, and how far equity issues were addressed.
- e. **The learning:** on the drivers, enablers of and barriers in performance, outcome, sustainability and equity, and the insights seen to be useful for application in other urban settings.

Using a manual content analysis, TARSC implemented a **cross cutting analysis** of key features of the reviewed and finalised case studies. As this was underway, the ACE Assessment Framework was produced with input from the regional hubs, and applied as feasible in the synthesis. Across the initiatives from both desk review and case studies, the analysis covered:

- Common features of the initiatives, their focus, actors involved, and outcomes.
- The dimensions of equity they intended to and did address in practice.
- The enablers of and barriers to their implementation and achievement of outcomes.
- Reported learning and insights, including what may be transferable to other urban settings.

**Figure 1: Dimensions of equity in the ACE framework**



Source: Adapted by ISUH (2022) from See and Wilmsen 2022

The thematic analysis aimed, where feasible, to assess the five dimensions of equity in the ACE framework shown in *Figure 1*, viz: *structural equity* in terms of policies, laws, norms; *recognitional equity*, in terms of rights of social groups; *participatory equity*, in terms of groups' power and influence over decisions; *distributional equity* in terms of the distribution of benefits and burdens; and *intergenerational equity* in terms of benefit for future generations. While the regional review meeting found the categorisation of different dimensions of equity shown in *Figure 1* to be useful, delegates noted that using a pyramid to represent them may be misleading in terms of their relative influence, catalytic nature and the relationships between them.

This report presents the overall findings from the document review and the case studies. The full versions of the 10 case studies are separately provided (Gotto et al, 2022; Chaikosa et al, 2022; Goma et al, 2022; Walyaro et al, 2022). A separate annotated bibliography provides the full set of 56 initiatives reported in the document review (Loewenson and Mhlanga, 2022).

In terms of the **ethical requirements**, the document review used secondary, public domain data. The case studies used available published and grey literature and interviewed key informants involved in the initiatives. An Institutional Review Board application made by ISUH to New York University received feedback that the work did not meet the criteria of human subjects research requiring an IRB. In the ESA region, key informant interviews for the case studies used a standard informed consent process, with consent obtained by focal persons and key informants anonymised.

There were a number of **limitations**. The field of urban health equity is wide, and the limited time and resources for the document review and case studies limited possibilities for deeper searches and snowballing in the desk review, or for wider field interviews, focus group discussions and observations for the case studies. Inclusion of publications in English in the document review implies some linguistic and geographical exclusion. Many features of practice are poorly documented including outcomes, drivers and evidence on equity in process and outcomes. There may be a bias towards reporting achievements rather than problems in published literature. Focus group discussions – excluded due to resource limitations – could provide evidence from different lenses, including from specific groups or frontline implementers. The case studies came from only four cities due to resource limitations, and their selection from document review, in part, reflected publication capacities. These limitations may carry equity implications that should not be lost in the dialogue on and use of the findings. However, we made efforts within the time and resources available to address identified gaps. We consider the evidence gathered to be sufficient to support the common features and insights presented in this report, particularly as they emerge from more than one case study or source of evidence. Across the initiatives, the evidence indicates areas for follow up dialogue and exchange, including to more deeply explore transferable measures in the initiatives.



### 3. Key features of the initiatives

While urbanisation in ESA countries is associated with rising, and often conspicuous wealth, in some groups, and with increasing levels of public access to online information and social media, it also involves many dimensions of urban stress, often in close proximity to wealth, i.e.:

- a. Poor living conditions for many urban residents, including substandard and overcrowded housing, poor water and sanitation systems, unhealthy cooking fuels and technologies, ground water contamination and solid waste, air and water pollution; traffic and related injuries.
- b. Employment and income insecurity, with high shares of income spent on high priced food and other basic needs; consumption of poor-quality food and harmful products.
- c. Generally available and geographically accessible health services, but with cost, quality and acceptability barriers that lead to inverse care, with the poorest groups using services less.
- d. Conditions of social insecurity, crime and different forms of violence, co-existing with isolation, exclusion and power imbalances across age and social groups and in interactions with services (Loewenson and Masotya, 2018).

An earlier EQUINET document review noted that features of urbanisation that **promote** wellbeing are less well documented than those that cause harm to wellbeing. Such health promoting features include urban agriculture (UA) as supporting food security; schools and other facilities supporting health promoting facilities for children; community health workers (CHWs) and supportive families enabling service uptake and measures supporting social power and autonomy in women, promoting reproductive health (Loewenson and Masotya, 2018).

This section presents the key common features of the practices involved in the initiatives found, how they monitored and assessed progress and outcomes and what they reported achieving. The section combines findings from the document review and the case studies. Specific initiatives from the document review are included in boxes at relevant points in the text, while individual summaries of the ten case studies are placed in boxes where they demonstrate a key finding.

#### 3.1 Areas of focus of the initiatives

*Table 2* summarising the areas of focus in initiatives found in the document review shows a spread of work across the region, largely coming from six of the sixteen ESA countries, mainly in the capital cities, usually focused on low income communities and informal settlements, and in some cases, in the peri-urban areas of capital cities. The areas of work covered in these practices are diverse within and across countries, albeit with almost no cross referencing between the different initiatives in the documents, suggesting a possible lack of co-ordination or communication across initiatives, that merits further exploration. None of the initiatives made specific reference to a theory of change being developed and used to plan and support implementation, although most provided either qualitative outcomes and a few quantitative measures, or tracked targets for outcomes.

Most of the initiatives found in the document review take place outside the health system and, where they involve the health system, this is generally in relation to primary health care (PHC) or primary care services and mechanisms for community engagement with these services, including through health centre committees. *Table 2* indicates that most practices focused on the social determinants of health, including housing, community environments and slum upgrading, food systems, UA, waste management, transport systems and clean energy. Some initiatives address 'emergency' issues, such as flooding and pandemic responses, while others cover cross-cutting initiatives such as community mapping, citizen evidence, communication infrastructures and access to Wi-Fi.

Across the case studies, as shown in *Table 3* and supporting the findings in the document review, the majority of the case studies also focused on **social determinants affecting low income communities**, particularly water, sanitation, waste management, energy, land, biodiversity, UA and food safety and security. The case studies confirmed that such social determinants of health are a priority focus for low income communities in the ESA region.



**Table 2: Desk review papers by country, city (frequencies in brackets) and areas of work**

Country, city	# Papers	Broad area of focus of the initiative
Angola Luanda (4)	4	Health services, community health workers; citizen generated SDG data for urban planning; low cost housing.
Botswana, Gaborone	1	Decentralised pandemic response, accessible Wi-Fi.
Eswatini, Manzini	1	Use of urban HEART tool to link evidence to planning
Kenya, Nairobi (11)	11	Health services (MCH; health provider training; contraceptive access); disaggregated evidence for planning; community mapping; food waste management (2); urban agriculture; right to food; food vendors; household energy; flood management.
Madagascar,	1	Mahazoarivo Avarabohitra health service (MCH).
Malawi Lilongwe (2), Blantyre (1)	3	Health services (contraceptive access, NCD care); waste management.
Mozambique Maputo (8), Quelimane (1)	9	Food systems; urban agriculture; waste management; slum upgrading; energy; local architecture; citizen data for planning; harmful drug use; online communications.
South Africa Ethekewini/Durban (3), Cape Town (1) Johannesburg (2)	6	Health services (family planning, surveillance); food systems; urban agriculture; low cost housing; clean environments; transport system.
Tanzania Arusha (1) Kinondoni District (1), not stated (2)	4	Urban PHC; spatial planning; greenhouse farming; food safety.
Uganda Kampala (8), not stated (2)	10	Health needs; refugee wellbeing; food security; urban agriculture; community evidence; household energy; flooding; waste management.
Zambia Lusaka (4), not stated (2)	6	PHC for NCDs; quality sanitation; community electoral voice; urban PHC; food system; health system planning; health literacy.
Zimbabwe Harare (5), Bulawayo (1) Other (3)	10	Health services (cancer screening; diabetes care; deworming); food waste; solid waste management; community environments; health committee; sanitation; clean energy; slum upgrading; gender-sensitive planning.

Source: Loewenson and Mhlanga, 2022.

Notes: No information found for Democratic Republic of Congo, Lesotho, Mauritius, Namibia and Seychelles. SDG = Sustainable Development Goals; MCH=Maternal and Child Health; NCD= Non-Communicable Disease; PHC = Primary Health Care

**Table 3: Case studies by city and areas of work**

Country	# Case studies	Broad area of focus of the initiative
Harare, Zimbabwe	3	Sustainable access to safe clean water and sanitation services Urban agriculture in off plot farming for income and food security Herbal and nutrition gardening for environmental management
Kampala, Uganda	3	Waste management to address flooding in slum communities Sustainable micro-gardens to address food insecurity Community-led water and sanitation response in informal settlements
Lusaka, Zambia	1	Participatory planning and action by communities and health workers in frontline health services.
Nairobi, Kenya	3	Kibera public space project for multiple services on underused sites Community-led mapping of food vendors in informal settlements Urban agriculture for income, food and ecological security

Source: Gotto et al, 2022; Chaikosa et al, 2022; Goma et al, 2022; Walyaro et al, 2022

While social determinants of health dominated, there were other areas of focus in the case studies.

- One of the case studies, that on community-led mapping of food vendors in informal settlements in Nairobi, **focused on the social group** of informal vendors, as a way of making their conditions visible in the dialogue between communities and government on food security in these areas. It is summarised in *Box 1* below.

**Box 1: Raising the visibility of informal food vendors in planning for food security**

The case study on community-led mapping of food vendors in Nairobi's informal settlements covered an intervention carried out in 2013–2014, with the follow up capacities built in the mapping still being applied to other issues today. The mapping took place in fifteen villages in Nairobi slums. It initially aimed to gather evidence on and discuss experiences of urban food security in Nairobi's informal settlements for community members to create and negotiate more inclusive and effective strategies with government. An exchange visit between groups working in informal settlements in Nairobi and Ghana discussed experiences of urban food security in these settlements. While the focus was initially on the community, food vendors said that their conditions were often buried in these discussions and that they were sometimes poorly treated, yet they played a major role in food security. This led to a decision to give more focus to their conditions and to strengthening the understanding between community members and food vendors in the process. Drawing on issues raised in that discussion, participatory methods were used by food vendors and community members working jointly to map urban food and food vendor conditions and experiences, supported by *Muungano wa Wanavijiji*, the Kenyan federation of slum dwellers, who also engaged with other professional and technical partners, civil society and government. The mapping showed the long hours vendors operated, facing traffic and security risks in market places with blocked sewers, a lack of clean water, no sanitation and pest infestation. Food vendors often had to contend with road and construction projects and roaming livestock. The findings highlighted risks that led to contaminated foods and other causes of conflict between vendors and residents. *Muungano wa Wanavijiji* and the slum dweller and vendor representatives deliberated on the findings of the mapping, refined and ranked priorities, and charted the way forward. The findings and recommendations were used to identify priorities and actions by the community and government, but also helped to bring the food vendors more centrally into dialogue on food security and to reduce conflict and tensions between vendors and residents (Walyaro et al, 2022).

- The case study in Lusaka **had a system focus** on the primary health care (PHC) system and particularly the integration of community voice in service planning, through joint local health workers and community committees, but also through work on the participatory planning, literacy and evidence gathering that would capacitate, empower and link these committees to informed and active communities. The case study and initiatives in the document review highlight that such initiatives flourish at PHC level, but also that participatory approaches increased the focus on social determinants in local health services. Urban health equity clearly demands PHC approaches that work on social determinants.
- A second case study in Nairobi **had a uniquely spatial focus** enabling a more holistic lens, bringing together multiple services and forms of action to use public spaces to address within them, the multiple needs of low income informal residents. It is described in *Box 2*. This initiative engaged local residents and services within a defined area to address multiple dimensions of wellbeing, bringing together a range of resources and agencies for this and transforming ecosystems, built and social environments.

**Box 2: Converging services, activities and forums within public spaces in Kibera**

The Kounkuey Design Initiative's Kibera public space project was initiated in 2016 and is on-going. Kounkuey addressed the needs of local residents in Kibera, an informal settlement in Nairobi, connecting residents and local expertise from Kibera, with technical resources to address river remediation and sustainable drainage infrastructure, with sanitation and laundry facilities, recreation areas, community buildings, and spaces for small businesses in Kibera. Kounkuey Design Initiative

(KDI) is a community development organisation founded by local students. In this initiative, the work started with consultation with residents and community organisations to design interventions to plan and build on underutilised sites. To build on this, Kounkuey created sessions, meetings, trainings and interactions for community members, youth, leaders and organisations in Kibera, to lead and facilitate the planning and changes, designing and implementing carefully researched and tested approaches to improve livelihoods and help mitigate flood risk. Kounkuey and residents engaged different agencies, civil society organisations (CSOs), non-governmental organisations (NGOs), governments and universities to advocate for improved policy and practice for residents of Kibera and set up a platform with information on community responses and adaptation approaches. As a result of the initiative, eleven new climate-resilient public spaces and their infrastructures were established, making up about 35% of all purpose-built public spaces in Kibera; 520 meters of flood protection and 840 meters of drainage infrastructure were installed; and a network of over 250 community leaders established. This increased access to essential services for over 10 000 people, and enhanced flood protection infrastructure and resources for more than half of Kibera's 250 000 residents. The initiative leveraged contributions from many partners including: a solar powered water heating system for the sanitation business, a rainwater harvesting and storm water management system, and installation of Wi-Fi facilities inside the community hall (Walyaro et al., 2022).



Designing communications systems at a community workshop Kounkuey Design Initiative, 2022

In their common focus on disadvantaged, marginalised communities, most of the initiatives can be seen to have been equity focused. This is discussed further in the next section. The **determinants addressed were linked to deeper, often historical or current inequalities in urban development**, with poor communities located in low-lying, often informal concentrated settlements affected by flooding and lacking infrastructure, or in areas encroached by land developers. Rural-urban migration and rapid urbanisation, with increasing population density and pressure on often poor infrastructure, have further exacerbated these conditions. While the experiences point to a range of forms of collaboration between communities and various state and non-state actors to mitigate these challenges, they also highlight the necessity of state intervention to invest in infrastructure such as waste collection or UA, to subsidise services and land use for low income communities, or to set legal standards for private developers that protect the interests of low income communities. Many, but not all, of the case studies report roles for intermediaries or for strengthened collective organisation of residents to engage the state locally on these duties.

### 3.2 Areas of change

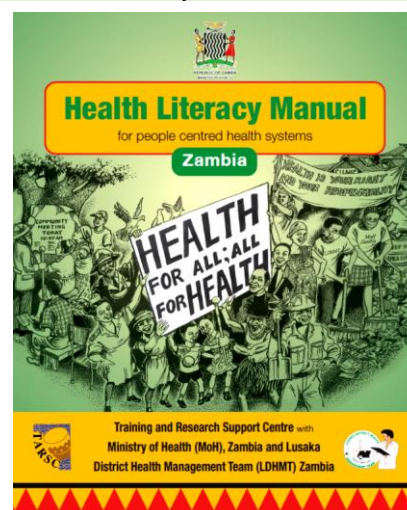
The features in the initiatives that enabled or acted as barriers to implementation and change are discussed in *Section 5*. **The processes in the case studies point, however, to the central role of social organisation and participation, both as drivers of change and as outcomes of the initiatives.** In cases where interventions were initiated by non-state actors or local councils, social participation by affected groups played a key role in aligning designs to local realities and priorities, in gathering evidence on local conditions and assets, in organising resources such as in savings clubs, and in implementing and reviewing actions. While some actions were initiated by the local authority and made use of planning and service committees, most were initiated by non-state actors, often involving informal or community forums. Deepening cycles of engagement, social confidence and power were noted as outcomes, but also took time, with many of the initiatives sustained over



more than a decade. This is exemplified in the sustained initiative to strengthen participation in local health services in Lusaka, summarised in *Box 3*. In a few case studies this growth of social power benefited from linking local initiatives with wider social networks such as Slum Dwellers International (SDI) or EQUINET, or with local non-state actors, to draw on their experience, capacities and tools.

### **Box 3: Participatory planning and action in Lusaka’s frontline health services**

In Lusaka, in 2006, an initiative was set up to support participatory planning and action by communities and health workers in frontline health services. It has developed new forms, described below, and is ongoing. Participatory, Reflection and Action (PRA) were used by health personnel in the Lusaka District Health Office (LDHO) in 2006, to engage community representatives in health centre committees (HCCs) in four clinic catchment areas on priority setting, planning, budgeting and review of their local primary care services. The pilot was targeted at health providers and community health volunteers from two health centres in each district, and aimed to strengthen community health centre partnership and accountability. This brought community voice into primary care service planning. It was followed in 2010 by outreach to bring wider voice from community members, through health literacy using PRA approaches. It also drew on regional experience in EQUINET and in 2016, training of community photographers in an EQUINET programme, with use of Photovoice to expose and discuss health issues at two health centres in Lusaka. Through several cycles, these programmes exposed community health needs and priorities, and built community dialogue on health to support the community link with, and the negotiating power of, HCCs in facility planning and budgeting. Communities determined the type of change desired, the messages to communicate the desired change and the main target groups to engage. Demand from a Results Based Financing (RBF) project under the Ministry of Health expanded the health literacy outreach to eleven further districts in the city and in all centres, the processes led communities and health workers to develop and implement a shared action plan. After every three months those involved met to review their work, reflect on their experiences and evaluate their progress, using a wheel chart to review changes against progress markers (adapted from an Outcome Mapping approach), to review whether strategic objectives were being achieved. The initiative was reported to have: increased the level of informed, self-determined participation by community members and frontline health workers in planning their services; to have improved the interaction between health workers and community members; increased the health literacy and confidence of community members to articulate their needs and give input to planning processes and health actions; to have strengthened ownership of plans; and positioned the communities involved as the change agents. There was greater convergence between community and health worker views supporting conflict resolution, and improved relationships between health workers, as the processes supported ‘an equal platform’ for dialogue to identify and resolve problems. The processes stimulated resource contributions to health issues identified by the community from service organisations, with the photovoice adding visuals to bring key social determinants of health into the primary health care agenda for discussion and action. The combined impact of the PRA, health literacy and photovoice work on health outcomes was exemplified by the reduction in cholera cases in the areas covered, and improved garbage collection in the clinic catchment areas (Goma et al, 2022).



The initiatives described in *Boxes 1 to 10*, and in other boxed examples across this report, document the **achievement of a wide range of other outputs and outcomes**, albeit not always formally monitored.

- There were **immediate measurable social changes**, such as new skills developed; shifts in attitudes, knowledge and participation by different social groups; a growth in membership of community networks and increased service uptake.

- There were also **material changes visible to communities and authorities**, including a range of improved infrastructure and public spaces and services; introduction of appropriate technologies and services to address needs; improved household incomes; increased organisation of social funds; increased recycling activities and reduced waste dumping.
- There were also **longer-term, less easy to measure social, system and material outcomes** such as increased community self-confidence; strengthened collaboration, solidarity, mutual understanding, improved trust between different social and institutional actors; increased exposure of conditions affecting low income groups and inclusion in evidence-based planning; local and wider political and social leadership recognition and support; improved appreciation and marketing of local fresh foods; reduced food wastage; improved soil quality and biodiversity; and increased pride in neighbourhoods.
- Some case studies identified **health and nutrition outcomes** drawing on routine service data. They reported reduced endemic communicable diseases, nutritional improvements and a decline in seasonal epidemic disease. There were also spill-over effects noted, with uptake of processes and technologies in wider communities and in the social organisation and capacities generated being used to address other problems.

While many of the initiatives report one or more of these areas of outputs and outcomes, the case study in Kampala outlined in *Box 4* shows outcomes achieved across many of these areas that were also documented to increase the confidence of the participating communities and authorities.

#### **Box 4: Sustainable waste management to address flooding in Kampala slum communities**

A community-led initiative on sustainable waste management to address flooding in slum communities of Bwaise III parish, was initiated in 2020, within Bwaise, an urban slum in Kampala, Uganda, to address flooding in the communities, including from drains blocked by waste in the rainy season. The initiative has already yielded changes and is ongoing. Tree Adoption Uganda (TAU), a youth-centred national NGO, worked with the affected communities to develop sustainable measures for waste recycling and to turn waste into briquettes for cooking as a cheaper alternative to charcoal and firewood, generating income and reducing domestic energy poverty. TAU was established in 2012, and promotes regenerative and restorative initiatives to create sustainable urban environments that can support decent living for poor urban dwellers. In this initiative, TAU consulted the Kawempe division leadership and Bwaise local leaders, who emphasised the need for a concerted solution to the challenge of perpetual flooding during erratic rainy seasons due, in part, to the poor disposal of waste that blocked drainage channels as result of inadequate and unaffordable local authority waste collection. This inception dialogue integrated assessment of high need groups and areas to inform the design of the initiative, including to address the economic aspects of waste recycling. Various awareness, clean up campaigns and sensitisation activities were implemented to raise community knowledge on waste management. Self-help groups, mainly involving women, met weekly to organise and develop economic activities (briquette making, plastic recycling) and the TAU team provided 50 carbonisers to different community groups to support this. TAU, community, local CSOs and leaders held dialogues with technical, local authority and political leaders, to address waste management and environment services. The activities built on an existing social mechanism, the *Mayumba-kumi* structure, as the primary operating unit for waste collection, aggregation, recycling, and briquette making. Within this, individual household representatives work within their cluster and meet regularly to discuss issues concerning their neighbourhood. While the initiative received some initial external grant financing, it also drew technical and other support from private sector waste management companies, the Kampala Capital City Authority (KCCA), local political leaders and various local civil society organisations. The initiative used a participatory community tracking progress on key indicators during the implementation phase. This assessment reported 358 people participating in community clean-ups, with over 15 tonnes of waste collected; over 1 000 community members participating in waste sorting and collection at household level; and over 100 people trained to sort waste and make briquettes from char. Monthly meetings with cluster representatives provided updates on waste aggregation, production, sales and earnings by households, as well as participation in the community clean-ups, in waste sorting and collection. Beyond the training of community members in sorting and reuse of waste for briquettes and plastic

recycling, educational materials used for training were shared in national media. An assessment obtained evidence on air quality in the briquette process and found that carbonisation reduces volumes of waste by 78%, but also produces carbon dioxide, raising an issue for dialogue on future improvements. The initiative reported on improvements in community members' knowledge of waste management and practices, showing how organic waste was being used for economic value and unused waste being dumped in a gazetted area set by community leaders. The change in local knowledge, attitudes, capacities and practices and improved income opportunities, and the reduction in waste leveraged support from local leadership and policy actors. Hence, while the initiative led to a significant reduction in both waste and flooding, the social and community processes, as well as the consultation, mediation and negotiation by TAU, led to social and institutional outcomes, including increased trust and communication among communities, authorities and the other actors needed to address such challenges (Gotto et al., 2022).

## 4. Addressing equity in the work

Prior EQUINET work examining cross-country databases in ESA countries found limited inclusion of wellbeing parameters, with the data predominantly focused on negative indicators (morbidity, mortality, suicide etc). There was also limited disaggregation of evidence within urban areas or by social group. This type of evidence is reported from sentinel sites and surveys within urban areas, and from participatory, qualitative assessments involving those directly affected, albeit with limited evidence of systematic use of these latter forms of evidence in urban planning (Loewenson and Masotyia, 2018).



Poor sanitation and flooding, Kampala informal settlements, in, Gotto, 2022

This section uses the more qualitative ACE framework to discuss the extent to which equity was addressed. As noted in *Section 2*, it covers recognitional equity in terms of rights of social groups; participatory equity in terms of groups power and influences over decisions; distributional equity in terms of the distribution of benefits and burdens; structural equity in terms of policies, laws and norms, and finally intergenerational equity in terms of integration of benefit for future generations and ecosystems. *Table 3* below captures the extent to which, and how, these dimensions of equity were addressed in the case studies. This section discusses the features of initiatives associated with these various dimensions, from both the case studies and the document review.

### 4.1 Participatory and recognitional equity as both drivers and outcomes

In terms of **recognitional equity**, the initiatives commonly expose the shortfalls that various low income communities face in their living and working conditions, raising the issue of rights to improvements in these areas. **Mapping, surveying and participatory assessment** were found to be a key step in identifying needs and assets in marginalised communities to inform the priorities for and design of interventions, and to assess change. Various tools for this have been developed, such as the World Health Organization (WHO) Urban Health Equity Assessment and Response Tool (Urban HEART), used in Manzini, Eswatini, to expose gaps in the support for wellbeing between urban and peri-urban residents, as described in *Box 5*. Recognitional equity appears to be even more deeply fostered when communities themselves are involved in assessments, integrating their own evidence and experience from inception and throughout implementation. This involvement of community evidence is exemplified in the consultative processes in Kibera, described in *Box 2*, the Nairobi informal vendor mapping in *Box 1*, or the photovoice evidence in Lusaka in *Box 3*. Integration of community evidence and such 'listening' processes make the needs, rights and assets of affected communities more central in initiatives and enhance recognitional equity.

**Table 3: Key dimensions of equity in the ESA initiatives**

Initiative	Recognitional equity, in terms of rights of social groups;	Participatory equity, in terms of groups power and influences over decisions;	Distributional equity in terms of the distribution of benefits and burdens;	Structural equity in terms of policies, laws, norms	Intergenerational equity in terms of considering benefit for future generation
<b>Harare, Zimbabwe</b>					
Enhancing sustainable access to safe clean water and gender sensitive sanitation services in Epworth	Elevating recognition of and deficits in meeting rights to safe water and sanitation; Rights to information, participation in planning and management	Establishment of capacities and mechanisms (committee, pump minders, savings groups awareness outreach) to strengthen inclusion in assessment, planning; Participatory methods building social power and voice.	Benefit in a low income community with weak links to formal planning systems. Bias towards low income, female and child headed households and people with disabilities. There was a cost burden to non-participating households.	Linked technology innovation to local economic and health benefit. Government support, participation and policy recognition led to change in WASH approach	Technology innovation conserving water use in area of water stress, with benefit future generations, beyond the area.
Urban Agriculture In Hatcliffe	Rights to occupy land Right to urban agriculture UA for household food and incomes. Self – occupation of land deemed illegal	Establishment of an association to resist powerful political confrontation and address court challenge.	Organisation and collective resourcing for low income, food insecure members. Equity in land distribution, but land sizes fell as land taken over for high income residential development.	Land and urban agriculture claims raised unresolved policy and legal conflict on urban land, food security and weak welfare systems.	Assertion of low income community land and UA rights relevant to longer term urban development. No guarantee of benefit to future generations unless land rights addressed.
Warren Park Two, Herbal and Nutrition Garden	Right to land, and UA	From individual to collective leadership, although the collective organisation was weak	Benefit to youth, women and elderly in a low income community	Formal recognition of UA through a five-year renewable lease, but with costly fees.	Youth employment and protection of local indigenous foods sustaining culture.
<b>Lusaka, Zambia</b>					
Participatory planning and action by communities and frontline health workers	Right to healthy living and social conditions	Right of communities to participation in health service planning and budgeting	Increased focus on social determinants of health prioritised by low income communities	Policy for joint service planning by health workers and community	Reforms to comprehensive PHC addressing determinants supports longer term benefit.
<b>Kampala, Uganda</b>					
Sustainable Waste management to address flooding in Bwaise III slum communities	Right to healthy, waste and community environments free of flooding.	Right to design, organise waste management and state duties to provide services. Leadership by women	Mapping prioritised the worst affected. Waste linked to economic activities and incomes	Strengthened collective response to environmental and social challenges	Reuse and recycling approach promoted environmentally sustainable measures.



Initiative	<b>Recognitional equity</b> , in terms of rights of social groups;	<b>Participatory equity</b> , in terms of groups power and influences over decisions;	<b>Distributional equity</b> in terms of the distribution of benefits and burdens;	<b>Structural equity</b> in terms of policies, laws, norms	<b>Intergenerational equity</b> in terms of considering benefit for future generation
Sustainable micro-gardens to address food insecurity in Gayaza parish	Right to food. Rights to produce food	Supported social agency through capacity building, but with limited social participation in decisions.	Technology aimed at land availability in low income households, with supplies and information support, initially provided free.	Policy recognition of micro-gardening as a feasible means of UA in high density settlements.	Social enterprise as a potentially sustainable model linking social benefit to economic activity.
Community-led water and sanitation response in urban informal settlements	Universal rights to water and sanitation in slum communities	Organised community-driven structures and measures for information, planning, services for slum-dwellers.	Collectively mobilised local resources linked to wider investments. Equity criteria for inclusion and roles for disadvantaged groups in slums.	Community contracting model now integrated in government guidelines.	Specific measures for inclusion of children and youth in roles, coverage and technology outreach.
<b>Nairobi, Kenya</b>					
Kounkuey Design Initiative's Kibera public space projects	Rights to healthy public spaces including river remediation, infrastructure, sanitation, community facilities, community buildings, and spaces for small enterprise.	Community networks participated in collaborative project design and planning.	Covered low income informal settlements. Youth capacity building, use of evidence, testing ideas to support distributional outcomes. Project resources from Kounkuey matching labour and in kind inputs from communities. Youth and women key beneficiaries	Led to a new integrated upgrading programme and a Special Planning Area. MoU with Nairobi County to address flood associated risks in hotspots along the Ngong River.	Connecting environmental measures to economic opportunities and social capacities, especially in youth, presents a potential long term model. An information platform for informal residents helps them to prepare for weather events.
Community-led mapping of food vendors in Nairobi's informal settlements	Identified in social and economic rights deficits in and. food security contribution from informal food vendors.	A community-driven NGO and its partners, the food vendors and community led and participated in the mapping and discussion of findings	The assessment gave voice and evidence to food vendors in engaging with local communities. Addressed social discrimination against vendors.	Evidence generated that maybe used in policy, institutional negotiations by vendors and organisations	Better conditions for informal vendors may be a key determinant of more sustainable urban development.
Urban agriculture in Nairobi County	Right to food, land and inputs for UA. Right to improved incomes	Local authority led but involved key stakeholders in the urban area, including community organisations	All residents of Nairobi, especially slum dwellers benefitted, although more detailed distributional impact unclear.	Strategies identified to implement to Nairobi laws on UA. Land ownership reviewed by negotiating title deeds.	Co-operation between local authorities and stakeholders on soil, land, crop practices to supporting sustainable urban ecologies.

Source: Chaikosa et al 2022; Goma et al, 2022; Gotto et al., 2022; Walyaro et al., 2022

**Box 5: Mapping to identify and close equity gaps in Manzini's urban and peri-urban residents**

Matsapha in Manzini, Eswatini, is a core industrial area and a key contributor to national wealth through its business entities. Matsapha has a large low-income workforce living in the fringe areas of the town. In 2018, Matsapha used the WHO Urban Health Equity Assessment and Response Tool (Urban HEART) to assess, identify and address equity gaps between urban and peri-urban dwellers within four major policy domains, namely: physical environment and infrastructure; social and human development; economics; and governance. The initiative was launched by the Minister of Local Government as a demonstration of political commitment, and involved local health workers, police, local leaders, community members and Matsapha municipality staff. The tool revealed equity gaps in the areas of water, sanitation and waste management; housing, living conditions and neighbourhood environment; women's health; urban health systems strengthening; and access to primary health care, as well as health of children. Solid household waste management was noted to be a major challenge in the peri-urban area, with residents practicing open dumping, and waste contaminating flowing water; there was limited waste recycling or reuse. A number of priority interventions/responses were planned and implemented, including a Matsapha Peri-Urban Waste Collection Programme. Key catalysts for actions were identified to be the engagement of political leaders and the formation of an all-Inclusive mechanism to gather and review evidence, set priorities and plan actions, with participation of civil society and other stakeholders (Makadzange et al., 2018).

This is particularly the case when **evidence is linked to rights-based approaches and social accountability**, such as in the 'Right to Food' initiative in Kenya (Kimani-Murage, 2020), or a 'right to the city' lens used by SDI, including to map rights violations (IIED, undated). The document review found experiences of how participatory assessments exposed duty bearer deficits and rights violations, together with potential local options and assets that contribute to interventions (Walnycki et al., 2019; Cloete et al., 2019). While many of the case studies describe consultation and dialogue processes with communities as first 'listening' steps in initiatives, in others, communications tools help communities to use their evidence to build social accountability in services, as exemplified in the experience of *Monitoria Participativa* Maputo (MOPA, 2016) in Box 6.

**Box 6: Participatory monitoring of waste collection in Maputo**

Maputo's roads are mostly unpaved with limited flood control, particularly in peri-urban informal settlements. During the rainy season, streets flood and gutters quickly fill with debris and garbage, blocking rainwater drainage. Lack of funding, capacity and transparency within the municipality, has resulted in substandard waste removal by the council. *Monitoria Participativa* Maputo (MOPA), a communications platform allows participatory monitoring of waste collection in Maputo, improving the city's waste management systems by enabling greater interaction between marginalised communities and local government. Once a waste management problem is reported, one of two large waste collection companies and 56 micro-enterprises act to resolve it. Their actions are logged on the platform by Maputo's municipality staff. Implemented by a private company and co-designed with the Maputo Municipal Waste Management Services, with funding from Making All Voices Count, the platform expanded to 42 neighbourhoods (from the four pilot areas) and managed to include a free-to-user mobile application that can be used on any cellphone device using text messages. This change enabled residents to directly notify the municipality of problems, track their resolution and get updates on when, and how, their issue has been addressed (MOPA, 2016).

Both the document review and the case studies highlighted strong performance on **participatory equity**, with investment in **mechanisms, capacities and dialogue forums** to bring the voices of affected communities into the planning, design, delivery and review of initiatives and services. This is evident in *Table 3* and in most of the examples in *Boxes 1–6* already presented. Many of the initiatives strengthened associational **networking, organisation and collective leadership** and action. Being organised in collective networks/associations helped communities in precarious conditions to implement initiatives, face challenges and contestation, and to achieve change, as exemplified in *Box 7* in the Cheziya North Farmers Association impact on UA in Hatcliffe, Harare.

### **Box 7: The Cheziya North Farmers Association confronting challenges to UA in Harare**

In 2005, many Harare residents were affected by food insecurity after government initiated 'Operation *Murambatsvina*', which destroyed informal settlements and enterprises in the city. The lack of welfare assistance for those affected drove a range of peri-urban land occupations and conflict with authorities. In Hatcliffe, with support from the Civic Forum on Human Development (CFHD), Zimbabwe Homeless People's Federation – a community organisation – and the International Organization on Migration (IOM), community members identified urban land for off-plot urban agriculture and organised collectively to engage in UA for food and income security, supported by land acquisition, extension services, and capacity building of residents. This culminated in communities formally establishing a 'Cheziya North Farmers Association' (CNFA) committee in 2013. Members collectively agreed on the allocation of plots through the committee and carried out UA. The CNFA helped to address challenges from politicians and from land acquisition by developers. Dialogue forums between the CNFA, the NGOs/CBOs and authorities were and are being used to build support and address tensions. The CNFA and partners have also engaged the local Institute of Engineering to provide free technical support. Despite challenging conditions, having an organised platform in the CNFA has helped to achieve change. Progress monitored through the CNFA committee has shown evidence of improved food production, with sales in local markets generating local income for households. The organisation of residents and the links made with the other institutions through the CNFA have triggered a number of other initiatives, including self-funding of solar powered boreholes, negotiation and connection of electricity to 100 households, the establishment of a solar powered piped water scheme and of a collective fund for other self-determined activities. Between 935 and 1 935 households benefited (currently 935). This initiative showed a form of community-led organising and the formalisation of a committee that could more sustainably negotiate and organise land allocation and interaction with the authorities (Chaikosa et al., 2022).



Harvests from a backyard garden, Xinhua/T Mugwara, 2022

## **4.2 Distributional equity implicit in the focus**

In terms of **distributional equity**, in both the document review and case studies, their **location in disadvantaged communities and explicit intention to address various drivers of disadvantage** and marginalisation meant that they supported distributional equity. Hence, while equity was not always explicitly stated as a goal, a common focus on low income groups, informal residents, precarious labour, and social groups with particular forms of disadvantage, implies distributional equity (Broto et al, 2014; Mutingwende, 2018). The experience of refugees in Uganda in *Box 8* exemplifies this focus on a marginalised group, with initiatives engaging social organisation, language, savings, and institutional measures to address various dimensions of disadvantage.

### **Box 8: Overcoming barriers to refugee access to services in Uganda**

Uganda has a progressive national refugee policy that provides freedom of movement and the right to work, own land and access basic services, in urban centres. However, in practice, refugees experience a number of barriers to realising these rights, including hidden costs, language gaps, discrimination and institutional incapacity. Established refugee communities have responded to these gaps by creating their own forms of guidance and support. For example, Somali mosques and Congolese churches in Kampala double as citizens advice bureaux, providing newly arrived

refugees with essential information on health services in the city, in a language that is understandable. Somali community leaders are stationed at the central bus station and at Old Kampala Police Station, to identify new arrivals and guide them through this process. Refugee communities have responded by training their own translators and health extension workers. Refugees have organised savings groups (given the challenges that refugees face in obtaining a bank account), faith groups and even small business networks. These organisations offer practical support to refugees who are finding their way in the city, to improve their living conditions and livelihoods (Walnycki et al., 2019).

The areas of change outlined in *Section 3.2* highlight the **improvements made for these groups that point to specific gains in distributional equity**. In two case studies, UA in Nairobi (in *Box 10*) and Lusaka PHC (in *Box 3*) the initiatives and services covered the entire population of the area, intending to benefit all in the community. Specific measures were included in such universal initiatives to include specific groups, such as women, youth, elderly people, or people living with disabilities. For communities in precarious situations to have confidence in options, the introduction of new technologies or approaches was demonstrated, first, by 'early adopters', and bolstered by skills training and measures for resourcing scale up such as in the experience of widening access to clean water and sanitation in Epworth as discussed in *Box 9*.

**Box 9: Enhancing access to clean water and sanitation innovations in Epworth**

Epworth, a peri-urban, high density low income settlement in Harare metropolitan area, faced deficits in clean water and sanitation with water a scarce resource for residents. In 2005, the local community, the residents trust (and association), women's organisations, a local non-state actor – the CFHD – the local government board, and UN Habitat, came together to address these challenges through sustainable, gender-sensitive, inexpensive clean water supply and sanitation innovations. The innovations had to be responsive to water shortages and be appropriate for the local community setting. Along with any technology, the initiative aimed to enhance a self-determined demand-driven approach by strengthening local structures, implementing community-based assessment and planning and raising awareness among residents. This process integrated assessment of the water and sanitation situation. A new technology involving 'easy-flush' water conserving toilets was introduced, by installing it in 30 pilot households as a demonstration for the wider community. Alongside this, water quality testing was carried out and a local water committee set up and health promoters and youth pump-minders were trained as a form of local employment. As support for the initiative grew, the skills training expanded and a 'lending group' was formed to widen and fund a locally-driven scale-up. The activities were monitored jointly by all actors using an agreed monitoring framework, with field visits, observations, and feedback from community health worker visits. Meetings reviewed progress and made necessary adjustments and there are now ongoing household and community situation assessments. As outcomes, the initiative increased collaboration and engagement by all actors in water, sanitation and hygiene programming; and introduced and set up sustained, demand-driven uptake of an innovative easy-flush toilet. Local social and community organisation capacities were built in pump minding, business management, planning, and public health practices, while evidence on water quality was introduced into planning. While the lending-group approach helped to support local scale up, mobilising the funding to meet the high demand from other households and areas is yet to be addressed (Chaikosa et al., 2022).

**Linking social improvements to measures for local employment and incomes** was found in many of the initiatives, supported by training and organisation of new roles; by affordable technologies; and as exemplified in Bwaise (see *Box 4*), with innovation funds mobilised to catalyse these opportunities. Making the links between social, ecological and economic benefits was important for distributional equity. Social interventions aimed at improved living conditions, energy use or food security, were implemented through measures that also generated local employment and income, such as the micro-gardening initiatives in Kampala, described in *Box 10*. While barriers such as land development, resource deficits, conflict with authorities and legal challenges acted to weaken distributional equity, they were countered by enablers and responses to these challenges.



### **Box 10: Sustainable micro-gardens to address food insecurity in Gayaza parish**

This initiative highlights a creative solution by a social enterprise to address food insecurity in the Gayaza peri-urban area through urban micro-gardening. The approach started with consultations in 2017, was implemented from 2019 and is ongoing. It is a multipronged intervention to support UA by shifting household mindsets, supporting skills for modern UA practices and technologies and eliminating misuse of agrochemical products. In the first phase, Agriculture for Health and Wealth (AHW), a local non-state actor, opened a model demonstration farm on a three-acre piece of land in Kijabijjo, a village close to Gayaza. The farm was divided into micro-spaces to mimic the small farm spaces in low income homes demonstrating the characteristics of micro-gardens. Three local communities were mobilised by local leaders to see and learn the steps for micro-gardening, while AHW listened to their situations to inform the design implementation. Farm visits were sequenced during the different agricultural seasons to enable farmers to appreciate the agricultural life cycle of the various crops. AHW added consultancy services for those who could afford it, to diversify income streams for the social enterprise, with services covering farm setup, management and rehabilitation, agricultural consultancy and training, and the sale of effective agro-inputs for both plants and animals. In the scale up phase, training on UA, farm management and wider awareness and education were institutionalised and a mobile application was designed to promote access to agriculture information. In addition to building capacities for urban micro-gardening in households and schools, the initiative has established a shop selling affordable farm inputs, an interactive website and social media, as well as media inputs to radio and TV. Private sector and political leaders have been engaged, creating wider acknowledgement of the community's efforts, including from the President of Uganda while on an official tour. Costs and activities have been monitored. As outcomes, by 2021, 1 000 households were supported to create micro-gardens, producing fresh produce consumed by the household and excess sold to neighbouring communities and market vendors; 5 000 individuals have been positively impacted by improved nutrition and the income generated. While the initiative was free for local farmers, a consultancy aspect for those who can pay for services enables sustainability (Gotto et al., 2022).



### **4.3 Assets for and challenges in addressing structural equity**

The selected case studies included engagement on policy or legal issues and also demonstrated the challenges faced in advancing **structural equity**. Many of the initiatives were local, while structural change takes place more at central levels. Some policy and legal changes were noted, however, such as in the policy recognition of micro-gardening in Kampala (*Box 10*), or the policy adoption of a community contracting model in an initiative in Kampala, Uganda (*Box 11*); in new planning programmes and land ownership practices in Nairobi, (*Box 12*); in changes in local authority support for water and sanitation delivery and UA in Harare, (*Boxes 7 and 9*); and in PHC service planning in Lusaka (*Box 3*).

### **Box 11: Community-led water and sanitation in Kampala's urban informal settlements**

In 2014, ACTogether, a local NGO and informal residents initiated engagement and work with leaders, civil society and the private sector to collectively improve water and sanitation in selected slums, in an initiative that is ongoing. The initiative established partnerships with urban authorities to deepen understanding of the water and sanitation situation, trends and challenges and how to address them. ACTogether worked with the National Slum Dwellers Federation of Uganda to collect

data on the water and sanitation challenges faced by slum communities. ACTogether drew on engineering expertise to design two models for urban toilets that were suitable for the situation identified. Savings groups (a common feature in the slums) and their members organised dialogues with local area leaders to discuss key issues from the findings of the assessment, with selected opinion persons from the slums, savings group representatives, public health department personnel, and leaders from civil society and elected structures. A Project Implementation Committee involving community and key stakeholders was established, to develop detailed budgets and plans with savings groups contributing 20% of the funds needed, with those unable to afford funds providing in kind resources. A community contracting model was used to build community agency and ownership by contracting builders for the project from the youth, women, people with disabilities and other marginalised members in the construction. Equity was promoted by guidelines for the no-cost inclusion of children, people with disabilities or people with debilitating illness and inclusion of unemployed youth. As outcomes, by 2020, 568 saving groups with 13 586 members were established, biofil digester toilets were built in slums, community cooperation and solidarity increased and the incidence of diarrhoeal diseases was reported to have declined. The initiative strengthened the capacity of local community members to undertake similar initiatives in the future. In addition to the resources mobilised, ACTogether and the National Slum Dwellers Federation, established and manage an 'Urban Poor Fund' for extra income to use for agreed investments. The initiative has contributed to the Ministry of Lands Housing and Urban Development developing a policy framework to guide community contracting (Gotto et al.,2022).

Both the document review and the case studies showed the role that technology plays in equity, with **appropriate and accessible technologies used to address needs** in ways that enable self-determined responses and build on local assets and incomes. Technologies are used in areas such as waste management and food systems (Kaim, 2016; Impact hub, 2022; (UN, undated; Paganini et al, 2018; Adilie and Zella, 2022), and to support local production (Lwasa, 2019; Yo-Waste, undated). Many of these technological and material approaches are self-initiated within communities as a direct response to the conditions they face, highlighting the potential for community innovation, as outlined in *Box 12* in Maputo.

**Box 12: Architecture and technology drawing on local resources in Maputo**

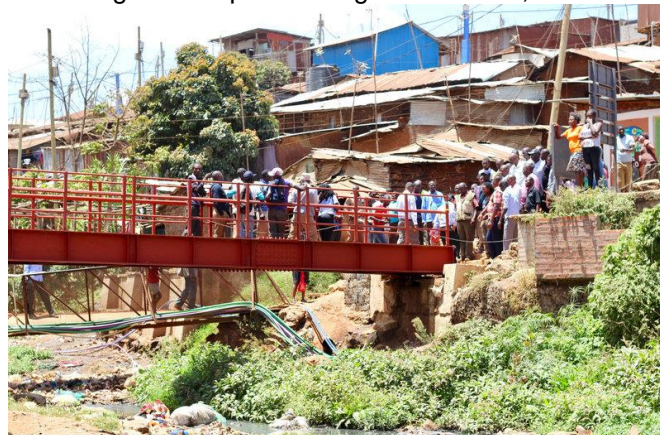
Urban citizens in Maputo's have developed multiple strategies to live with the available resources, such as vernacular styles of architecture that reduce the need for space heating and cooling, outdoor spaces for cooking that reduce indoor pollution, and social practices to reduce accidents around charcoal cooking stoves. They have built habitable energy landscapes with the resources they have at hand, often creating thriving spaces despite the conditions of deprivation (Broto, 2019).

While the technology itself plays an important role, it is its association with capacity strengthening, employment, incomes and other social and material dimensions that links technologies to structural equity. In many of the case studies, **technologies were locally developed and introduced within wider supportive processes**. The Kibera public space project (*Box 2* and graphics below) used technologies that were appropriate for this spatially organised intervention.

Flooding at the old KPSP05 bridge, undated  
Kibera Public Space Project (KPSP )11



Celebrating the completed bridge at KPSP05, 2022





As exemplified in the example in *Box 13*, from Johannesburg, technology as a support for equity cannot be left as a micro-issue, and works best when linked to wider urban planning systems and services that enable (or disable) equity in cities (Hivos, 2020).

**Box 13: Corridors of Freedom: new urban transport systems in Johannesburg**

In Johannesburg, up to 60% of residents in some areas travel long distances to work and school and are forced either to walk or pay a disproportionate share of their earnings for transport. With the Corridors of Freedom, the city plans to build high-density housing, offices, social facilities and retail services along revitalised transport corridors, enabling residents to have shorter, more enjoyable commutes, without using private motorised transport. A low-emissions bus rapid transit (BRT) system will offer fast, safe, and affordable mobility and increase employment opportunities for residents living far from central city areas. As an incentive, taxi owners handing over their vehicles – which 585 owners have done to date – are granted shares in the company operating the new BRT system. As the transportation sector is the second highest source of pollution in Johannesburg, the Corridors of Freedom programme will relieve some of this environmental burden on the city. Building the BRT system has already created more than 24 600 jobs, and the ongoing expansion will create an additional 18 600 job opportunities (C40 Johannesburg undated(b)).

The document review identified challenges in addressing structural equity, with harsh conditions generating insecurity and barriers to organisation and initiative (Broto, 2019), localised actions to cope with or mitigate conditions facing barriers in wider urban laws, planning land systems, and conflict and disruption from top-down state actions to enforce laws that, while initiated for public health or environment, may further undermine wellbeing among the most precarious groups (Paganini et al., 2018). The insecurity faced by lowest income communities and marginalised groups weakens their confidence to take self-determined action without support from more established actors and groups. It generates an instability that disrupts the time needed for improvement cycles and achievements that build meaningful social and institutional change and co-operation across sectors (Few et al, 2003, NCE, 2017). When **initiatives engage the local authority, communities and technical actors jointly on shared goals, they bring together several sources of power to address some of these structural challenges**, engaging community, technical and local authority power. In many of the case studies, this convergence of different forms of power is negotiated and built through efforts within the initiative. As exemplified in the case study on PHC systems in Lusaka (*Box 3*) and the initiative on UA in Nairobi (*Box 14*), the local authority has a convening power to bring together the different institutions needed to address structural factors.

**Box 14: Multi-actor approaches in urban agriculture in Nairobi County**

In 2013, Nairobi county initiated work that is on-going, to contribute to food security by promoting, facilitating and guiding the growth and improvement of UA in the county. The processes sought to strengthen multiple institutional and community capabilities and increase empowerment, using skills inputs, tools and resources for UA; promoting food processing, use and marketing; with associated interventions on water, land, waste management, extension services and food safety; public health and environmental standards; with monitoring of the positive and negative impacts of UA. The initiative was led by the Nairobi City County Government, with FAO, Mazingira Institute (a Kenyan research and development NGO); Nairobi and Environs Food Security, Agriculture and Livestock Forum (NEFSALF); community-based organisations from informal settlements, community leaders, civil society organisations, academia and the private sector. It covered UA in all of Nairobi's 17 sub counties, including all the informal settlements. There was a division of roles: the county invested resources in reforestation, water harvesting and conservation, land management, soil erosion control and promoting sustainable environment-friendly UA; NEFSALF provided communities, networks of urban and peri-urban farmers and the public and private sectors, with a platform to engage, deliberate and take action on issues concerning agriculture, livestock and food security; Mazingira Institute organised a meeting of all stakeholders, including central government, to create a model to guide how communities, business and government could work together to bring about change. Stakeholder forums were used to develop food strategies, or provide training to farmers. The Nairobi



county government worked with local chiefs, community leaders and community organisations to improve and set up appropriate infrastructure and technology. Soil erosion along riverbanks and on agricultural, construction and other development land, was addressed by setting up physical barriers either with rocks, vegetation or both, to reduce the force of the water or wind causing the erosion. Monitoring was implemented through regular stakeholder meetings and food security surveillance. The report points to increased UA, especially in informal settlements in the county, improved food security in informal settlements and increased community participation and voice on food-related policy formulation and governance. The improvements were supported by clearer land ownership by negotiating title deeds; by mulching and the use of organic homemade fertilisers supporting land quality, and a joint crop selection for UA that took rainfall, temperature and soil composition into consideration. The initiative widened UA and food availability, reducing food waste and transitory, seasonal or chronic food insecurity, especially in informal settlements. It increased community participation and voice on food choices and in policy formulation and governance, with changes effected in policy areas, such as land title deeds. Increased collaboration between the county, slum dwellers and other players was also reported (Walyaro et al., 2022).

#### 4.4 Investing in youth and sustainable models for intergenerational equity

**Intergenerational equity** was largely integrated through explicit investments in a number of the initiatives previously described in **youth capacities and roles; through protection of urban biodiversity and environments; and in applying sustainable models and approaches** for food systems, waste management and recycling, and UA. In Zambia, a space was provided to develop a common agenda to link investment in youth to other aspects of and actors in sustainable food systems. Indirectly, and in one instance, more directly (Nairobi UA, *Box 14*), these investments may also yield a benefit in addressing climate change and thus protect future security.

##### **Box 15: Investing in youth in the Zambia food change lab**

Zambia has vast agricultural potential but high levels of malnutrition. From 2016–2020, Hivos hosted the Zambian Food Change Lab, a social change process that brought together food system stakeholders from different societal sectors to jointly identify the country's most pressing food system issues, and potential pathways for solutions. Through regular meetings, the Lab's participants identified and implemented a common agenda, work plan and activities. The regular Lab meetings also functioned as a neutral space for government decision makers to discuss policy proposals with the involved stakeholders. One group looked at ways to increase crop diversity, while a second researched consumption patterns in Lusaka to support urban food policy, and disseminated audiovisual information materials on nutrition for local media. A 'Youth for Sustainable Food Zambia' group organised food festivals and events for young people and youth leaders. A coalition of four CSOs explored the informal sector role in ensuring the availability of healthy food for low-income consumers. The Lusaka Food Policy Council was formed to institutionalise the experiences gained from the Zambian Food Lab, while a platform created with the Lusaka City Council plans capacity building activities with food vendors and other informal market actors (Hivos, 2020).

## 5. Drivers, enablers, barriers and responses to challenges

As drivers of practice, there were some common **enabling features** reported across experiences and in the case studies. *Table 4* shows the specific enablers, barriers and responses to the obstacles and challenges in each of the ten case studies. The tools, mechanisms and various measures that were either enablers or that were applied as a response to challenges are shown in bold, and contribute to transferrable insights shared in *Section 6*. Notably many of the actions that proved useful in responding to challenges were also enablers of promising practice. For example, strengthening community networks allowed for democratic decision making in response to challenges, as did establishing dialogue platforms across stakeholders to discuss how to respond to problems. This section summarises the enablers and challenges and discusses responses to challenges, as reported in the case studies in *Table 4*, and from the document review.

**Table 4: Enablers and barriers in the case study initiatives (key tools and measures shown in bold)**

Initiative	Key enablers identified	Barriers/challenges and responses
<b>Harare, Zimbabwe</b>		
Enhancing sustainable access to safe clean water and gender sensitive sanitation services in Epworth	<ul style="list-style-type: none"> <li>• Use of a <b>local participatory community-based targeting approach to identify beneficiaries</b> enabled inclusion of vulnerable households with community involvement and ownership.</li> <li>• <b>Working with the community leaders</b>, CBOs, councilors supported community involvement and with sustained actions.</li> <li>• <b>Capacity building of community members</b> changed social attitudes towards water quality testing and good hygiene practices.</li> <li>• <b>Demonstrating effectiveness</b> of the intervention enabled/ facilitated uptake, while central and local government support and participation was a boost for and enabler of WASH policy change.</li> </ul>	<ul style="list-style-type: none"> <li>• Authorization requirements by authorities at the provincial and district level delayed implementation, but essential as local government participation facilitated policy uptake.</li> <li>• Shortfall on resources to meet high demand for the technology.</li> <li>• Private sector inputs needed leverage from community or government, municipality, and external funders, with such local resources partially mobilised.</li> </ul>
Urban Agriculture In Hatcliffe	<ul style="list-style-type: none"> <li>• Unity, self-determination of community members and a shared purpose to address a key social need</li> <li>• <b>Formation of <i>Cheziya North Farmers Association</i></b> enabled activities, engagement with authorities and leadership, guidance and courage for members to sustain work, despite noted challenges.</li> <li>• Political leader perception of the activities as poverty reducing and enabling food security built support.</li> <li>• <b>Free technical support</b> from the Institute of Engineering staff improved yields.</li> <li>• <b>Fundraising for own projects</b> and for security for three months every year to protect fields.</li> </ul>	<ul style="list-style-type: none"> <li>• Contested land, lacking legal title undermined security of tenure. Urban land development reduced land for UA and displaced members. In response, the CNFA organised plot holder agreement to reduce farm sizes and found available adjacent land to accommodate all.</li> <li>• Theft of farm produce, overcome by employment of guards for 3 months during the crop season.</li> </ul>
Warren Park 2, Herbal and Nutrition Garden	<ul style="list-style-type: none"> <li>• Conducive terrain, climate, soil and water for UA.</li> <li>• Availability of land and <b>lease agreements</b>.</li> <li>• <b>Willing funding partners</b> to support the initiative.</li> <li>• Willingness of city council to sustain lease of land for UA despite non-payment of costs.</li> <li>• Residents' willingness to offer labour and commitment from the initiators to sustain the initiative during wider socio-political changes.</li> <li>• Perceived health benefit of local herbs.</li> </ul>	<ul style="list-style-type: none"> <li>• Unaffordable land lease fee led to membership dropout when external funding stopped but <b>founder commitment</b> and passion sustained the initiative to bring in new participants.</li> <li>• Sustainability affected by weak group cohesion, informal nature and external funder dependency.</li> </ul>
<b>Lusaka, Zambia</b>		
Participatory Planning and Action by Communities and Frontline Health Workers in Lusaka	<ul style="list-style-type: none"> <li>• <b>PRA tools</b> together with community interest and support from the district health management team, ministry of health and Minister enabled and sustained <b>repeated and deepening cycles of action and learning</b> needed for a more united and effective community voice and confidence able to influence primary care and community health plans.</li> <li>• Having ordinary <b>community members elected by the community in mechanisms</b>, with participatory dialogue and input on their <b>committee constitution and roles</b> and <b>good information flow</b> between health services and communities built trust.</li> <li>• <b>Mechanisms for exchange across local areas</b>, like a national meeting of NHCs for sharing of experience and knowledge and to build collective analysis and voice across localities and districts.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Legal mandates needed</b> for NHCs/HCCs post 2006, with guidelines for their functionality.</li> <li>• Initial challenges in getting health literacy prioritised at central MoH level, as curative programs often given higher priority. Countered by <b>ministry champions</b>, especially by the health minister's commitment to health literacy.</li> <li>• Collaborating partners sometimes had different targets and objectives for participating.</li> <li>• A perception of the photovoice as aimed at discrediting the local</li> </ul>

Initiative	Key enablers identified	Barriers/challenges and responses
	<ul style="list-style-type: none"> <li>• <b>Documenting the work</b>, including online, and involvement in the EQUINET <b>regional network</b> widened knowledge, interest, and brought capacities, ideas and respect for the work.</li> <li>• The Minister's pronouncement for nationwide scale-up enabled wide roll-out of the program.</li> </ul>	<p>authority was overcome through community engagement with civic leaders on the issues and the options for and community contributions to resolving them.</p>
<b>Kampala, Uganda</b>		
Sustainable Waste management to address flooding in slum communities of Bwaise III parish	<ul style="list-style-type: none"> <li>• <b>Co-design with affected communities</b> meant that members contributions and efforts were valued.</li> <li>• Intentional measures for community participation in the design and implementation enhanced buy-in and involvement by the different community members.</li> <li>• <b>Linking waste recycling to a household fuel.</b></li> <li>• Local leaders especially at village and parish levels were critical to sensitise and create a supportive environment for implementation of the initiative.</li> <li>• <b>Private company purchase of products</b> (briquettes, collected plastics) boosted local income.</li> <li>• Absence of affordable energy technologies enabled community adoption of briquettes.</li> </ul>	<ul style="list-style-type: none"> <li>• Challenges of space for drying products, connectivity and inadequate services in slums demanded creative measures and continuing engagement with the local authority.</li> <li>• Challenges of deficits in slum infrastructures are being addressed through advocacy with the local authority, mayor and councillors on priorities and on benefits for poverty reduction.</li> </ul>
Sustainable micro-gardens to address food insecurity in Gayaza parish	<ul style="list-style-type: none"> <li>• <b>Partnerships with wider stakeholders</b> including the church, private sector, NGOs and CBOs expanded reach to the most vulnerable, with partners meeting costs of UA inputs and training.</li> <li>• Community engagement through the local government, local development agencies and religious institutions, and <b>collaboration with research institutions enabled access to tested innovations</b> in UA, enhanced service quality, and boosted production.</li> <li>• Access to <b>a national innovation fund</b> enabled investment in the initial scale-up phase.</li> <li>• Timing during the COVID-19 pandemic meant people were receptive to learning new ways of UA to meet household food needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Community discouraged by technology costs and risk of losses due to actions by authorities. Costs reduced by <b>using local materials</b>.</li> <li>• Absence of decent water infrastructure for UA. Addressed through training on <b>water conservation, harvesting and storage techniques</b>.</li> <li>• Gender norms, weak male involvement, food preferences, household time demands called for social adaptations and inclusion of specific groups.</li> <li>• Rural-urban migration creating land pressure leading to use of wetlands for UA, risking eviction.</li> </ul>
Community-led water and sanitation in urban informal settlements	<ul style="list-style-type: none"> <li>• Active and collectively organised engagement and participation of communities was instrumental for resources, self-determined implementation, as was support from and collaboration with local leaders.</li> <li>• Infrastructure development <b>providing local opportunities for jobs, incomes</b>, and building showed benefit for disadvantaged people.</li> </ul>	<ul style="list-style-type: none"> <li>• The COVID-19 pandemic restricted gatherings, halting activities for 4 months.</li> <li>• Central level politicians detached from local realities resorting to populism to excite local people used to discredit local initiatives.</li> </ul>
<b>Nairobi, Kenya</b>		
Kounkuey Design Initiative's Kibera public space projects	<ul style="list-style-type: none"> <li>• <b>Collaborative process for design</b> combining capacities and social assets brought by technical expertise, community leaders, residents and community based organizations.</li> <li>• <b>Productive public spaces</b> that bring resources and community voice in policy and practice seen to improve livelihoods and service access. Public spaces as vibrant, self-sustaining community hubs.</li> </ul>	<ul style="list-style-type: none"> <li>• Inefficient interventions by local and county governments and limited community access to basic services and infrastructures disrupt social networking and trust, added to by crime and unemployment in the community.</li> <li>• Limited data on slum</li> </ul>

Initiative	Key enablers identified	Barriers/challenges and responses
	<ul style="list-style-type: none"> <li>• Kounkuey <b>provision of technical skills, negotiating capacities and financial resources</b> to residents and local CBOs with joint decisions, cultural exchange, and shared responsibility in work.</li> <li>• <b>Kounkuey’s capacities, credibility and reputation</b> for exceptional delivery and management helped bring experiences, knowledge and insights of residents including from informal settlements to official development and policy making processes with the government and associated agencies.</li> </ul>	<p>communities weakens community engagement in policy processes. The consultative and holistic design of the initiative took these limitations and contexts into account in the design.</p>
Community-led mapping of food vendors in Nairobi’s informal settlements	<ul style="list-style-type: none"> <li>• Commitment to the exercise by Muungano wa Wanavijiji and the residents of the 11 villages</li> <li>• The use of <b>participatory mapping methodologies</b> and expertise from the institutions vital for effective community and stakeholder engagement and for the success of the study. The use of focus group discussions, and a range of <b>PRA tools</b> gave the participants platforms and opportunities to share concerns, experiences and recommendations.</li> <li>• Learning <b>mapping and PRA skills</b> has helped communities organize collectively and negotiate with other stakeholders, partners and local government for improved services and livelihoods.</li> </ul>	<p>Challenges faced by slum dwellers and urban poor people such as exclusion from policy development on key areas where they face deficits or threats, e.g. on slum upgrading, access to services for water, sanitation, transport and energy and electricity and crime and unemployment. The mapping initiative itself generated evidence on these deficits for more formal engagement with duty bearers.</p>
Urban agriculture in Nairobi County	<ul style="list-style-type: none"> <li>• County government interventions supporting resident actions, backed by a <b>clear legal mandate, enabled inter-sectoral capacity building, technical assistance and platforms</b> for further engagement, learning, sharing, action and advocacy on UA, as did partnership with international, national and local organizations, community leaders and CBOs, civil society, academia, and private sector.</li> <li>• <b>Giving focus to equity in decisions</b> enabled reach to informal settlements.</li> </ul>	<ul style="list-style-type: none"> <li>• Poor essential service delivery in informal settlements and cumbersome county operations a barrier to partnerships. Addressed in part by capacity inputs and platform in the design,</li> <li>• COVID-19 impacts and climate and weather changes affect gains made in food systems, addressed in part by improving UA practices and food systems.</li> </ul>

Source: Chaikosa et al 2022; Goma et al., 2022; Gotto et al., 2022; Walyaro et al., 2022

## 5.1 Enabling features in leadership and community processes

**Within the local community**, across the initiatives, common enablers were working with leaders, members and CBOs from affected communities, in processes that further strengthening collective self-determination, formal and informal organisation and capacities. This was itself enabled by having clearly defined shared goals, plans and pathways that resonated with community priorities. Many initiatives started by **listening to communities**. **Social organisation and networking** and establishment of or strengthening associations in communities proved important to enable collective ownership, decision-making and action and to ensure collective contributions to initiatives. These social networks enabled communities to collectively organise evidence, pursue rights claims and engage authorities. They proved to be important in shared decision-making when challenges arose. In the document review, it was observed that interventions and solidarity across different groups is more successful when communities are organised in networks, with alliances across social organisations on shared concerns (Halliday et al, 2019; Croese et al, 2021; Kimani-Murage et al., 2020; Kaim, 2016; Banana et al., 2015; Muchadenyika, 2015). The commitment of particular individuals within communities was important to catalyse and sustain initiatives, when challenges arose. However, this did not appear to be as robust as having collectives with agreed shared goals and roles, as was learned in the Harare case study in *Box 16*, where lack of a shared vision, weak collective organisation and membership buy-in made it vulnerable to disruption.

**Box 16: The progress and challenges of the Warren Park herbal and nutrition garden, Harare**

The Warren Park 2 herbal and nutrition garden was initiated in 2005 to promote sustainable environmental management in a low income, high density urban area through promotion, production and use of herbs; to promote community use of herbs, fish farming and vegetable production for household consumption and sale. While ongoing, it is a story of successes and challenges. Two innovators who were successfully engaged in growing chillies started the initiative with the intention to demonstrate good practice for wider uptake in the area. It was initially small and informal, but widened and formalised on the advice of external funders, into a collective of 30 members (youth, women, elderly) with an approved application to the local authority for a five-year lease of land in the area. Using external funds, local resources and local authority and government support they expanded production to include nutrition gardens, a fish pond and plots for UA. However, the founders were slow to formalise and register the committee and collective, so it remained largely informal. The initial collective lost members after the external funding ended. The founder commitment sustained the initiative, however, and new people joined to initiate new activities, such as the schools programme. In 2007, the initiative introduced training on environmental management, herb production and processing and marketing skills, working with local technical institutions. It collaborated with ten schools to introduce education on local biodiversity with growth in youth awareness on traditional herbs and the reconnection of community members to local foods and practices a key outcome, and a contributor to reduced chronic disease in the area. While there was no formal monitoring, the Warren Park 2 herbal nutrient garden has become a major source for fresh produce at affordable prices. The garden has increased social interaction and pride in the neighbourhood, and demonstrated that community gardens are an asset to reduce crime on vacant land, for beautifying neighbourhoods and for improving incomes (Chaikosa et al., 2022).

Collective organisation and agency in communities was supported by various forms of **literacy and skills building, and free technical support. Participatory methods and tools** enabled collection and profiling of local lived experience, cultures and knowledge in the co-design of initiatives. Iterative stages of action and learning built confidence and networking, as exemplified in Lusaka (*Box 3*). Community confidence was greater when actions were embedded in familiar settings, with visible gains as initiatives progressed, and with good **information flow between representatives and wider communities**. Engaging, listening to and giving feedback to communities within their own settings and daily activities were as central to the implementation of many initiatives found in the document review, as their links with technical and policy actors (Halliday et al, 2019; Hivos, 2020; C40 Johannesburg, undated (a); MOPA, 2016 and *Box 17*).

**Box 17: Championing the right to food in Nairobi**

In Nairobi, access to food is limited by low incomes, heavy reliance on poor quality purchased food, as they can't grow their own, and risky strategies to get food, such as scavenging on dump-sites or engaging in crime. A 'Right to Food' initiative enabled communities in low-income informal urban settlements to understand and engage on their rights with policymakers, identifying and documenting their realities with regard to food insecurity and presenting recommendations to policymakers. Using a rights-based lens, organisation and their own evidence on the issue, the local community engaged government to address the taxation of food staples to reduce food prices for the urban poor, and to enable UA. Dialogues convened between political leaders, local chiefs, representatives of members of parliament, representatives from the Nairobi County Women Representative office, and officers from the Ministry of Agriculture enabled the community to voice their challenges and resulted in agricultural extension officer outreach to support UA in these settings, as already enabled by law (Kimani- Murage, 2020).

Participatory and collective processes and the awareness and networking these built appeared to give communities the confidence to innovate despite social insecurity; to face challenges and conflict and to sustain work, even when conditions became less favourable. However, social organisation was not a remedy for precariousness, Reliance on community volunteers sometimes overburdened



already poor people, calling for sensitisation on and upfront discussion of the roles, demands and resources needed for change (Giugliani 2014; Andrianantoandro et al., 2021). Service delivery gaps acted as a negative feedback loop for some initiatives, with social measures substituting actions that should be provided by the state (Gabaza et al., 2019; Walnycki et al., 2019; Halliday et al, 2019). Local laws and actions by authorities created obstacles and disempowered communities, as noted in *Table 4*. While the enablers discussed in this section helped to address these challenges, deeply rooted problems call for action from higher level authorities, leveraged by alliances and partnerships, as discussed later.

A further social enabler and contributor of ‘leverage power’ for these initiatives was thus **local and wider leadership and political support**. This came from leaders within the community itself at local authority level, from mayors, city council and political and institutional leaders. These leaders were sometimes catalysts for initiatives or provided leverage for and championed them. This was noted in Quelimane (*Box 18*) (Makadzange et al, 2018; Halliday et al, 2019; Adili and Zella, 2022) and exemplified in the boost the Minister of Health’s support gave to the work in Lusaka (*Box 3*), or in the local authority support in Epworth, Harare (*Box 9*). Visible involvement of local leaders and authorities signalled their support and generated a sense of shared responsibility.

**Box 18: Catalysing a more supportive city in Quelimane, Mozambique**

The port city of Quelimane, Mozambique has fertile surrounding lands, but rural poverty drives migration into the city. Many of the rapidly rising urban population live in informal settlements on low-lying flood plains, in homes with unsanitary conditions and that are vulnerable to flooding, with poor incomes and food security. The Mayor of Quelimane, Manuel de Araújo (first elected in 2011) made it his priority to rebuild the local economy and improve public services and infrastructure and access to fruits and vegetables. Quelimane *Limpa* (Clean Quelimane) started in 2017, to resolve the solid waste management crisis and promote sustainable UA agriculture by strengthening cooperation between the local government, civil society and the private sector. By working with the municipal waste company, EMUSA, to clean up solid organic waste from informal dumps, the initiative rendered flood waters, and therefore the aquifer into which they flow, cleaner, which also resulted in safer, higher quality produce from UA. Separate collection of organic waste at the city’s markets and the creation of a compost industry created further jobs. Urban farmer groups were trained in use of compost by the municipality. The work was also facilitated by a partnership with international partners, particularly Milan city, through Quelimane’s signing of the Milan Urban Food Policy Pact in 2017, which brought technical and financial resources to the initiative (Halliday et al, 2019).

**5.2 Bringing multiple forms of evidence to the table**

As noted earlier, many of the initiatives generated and used evidence in planning and review, particularly evidence from or generated by communities (NCE, 2017; Ezeh and Mbery, 2019; IIED, undated). The gap in disaggregated data in formal systems noted earlier, makes **disaggregated collection of routine data and surveys** an important area to address. The gap was filled in part by community-led mapping in some initiatives, enabling communities to co-produce evidence and strengthening their voice on their priorities (Croese et al, 2021; NCE, 2017; IIED, undated and *Box 19*).

As shown in *Table 4*, **tools for participatory assessment and community mapping** proved important, together with skills building on their use to organise and systematise evidence on their situation, and to show how specific issues link with the multiple issues that affect livelihoods. This local evidence has been a significant contribution in co-design, monitoring and review of initiatives.



Implementing a household assessment, Epworth, Harare, CFHD, 2022

Using participatory tools to gather evidence helps bring community voice into decisions on priorities or beneficiaries, and sends a signal of respect for community knowledge and experience, and for engaging with social assets from the onset. Participatory tools such as community surveys, focus groups, walk through surveys and photovoice used in the urban initiatives are also used in other work on health equity. These and other tools and methods for participatory assessment and review are well described in other sources (Loewenson et al., 2021).

#### **Box 19: Resident walk through surveys of local energy systems in Maputo**

What is the role of energy in building communities and to what extent are communities invested in particular energy practices? This question informed work in Chamanculo C zone of Maputo city, Mozambique. A participatory mapping workshop was implemented with a representative group of local residents who discussed the use of energy and mapped different elements of the energy system in their neighbourhood, using walk-through observational assessments. The work revealed multiple understandings of energy in the community and how energy is embedded in different forms of living and in livelihoods. The community shares a complex energy landscape in which multiple fuels and types of energy co-exist, questioning current energy policies for urban development that focus exclusively on extending the electricity network, including for street lighting (Broto et al, 2014).

The case studies and the documented initiatives provided less indication of how such evidence interfaced with routine data, and the weight and value assigned to these different forms of evidence ,in dialogue across stakeholders on interventions. This is an area for follow up inquiry. There was some note of **joint monitoring by communities and authorities**, such as in assessing water quality in Epworth (*Box 9*). Such joint assessment could help bring evidence into planning. Demonstration sites helped to build the confidence of both communities and authorities in processes, as found in initiatives on micro-gardening (*Box 10*) or water saving sanitation (*Box 9*).

### **5.3 Co-design and collaboration across multiple sectors, skills and disciplines**

Contextual conditions sometimes triggered initiatives, such as in the demand for affordable energy in Kampala, flood management in Nairobi and Kampala, and for UA when the COVID-19 pandemic disrupted food sources in all settings. The contexts raised a mix of determinants affecting low income communities that called for diverse actions to produce change, even for more focused issues. This is exemplified in the links made between flooding, waste management, waste recycling, energy use, private markets and urban infrastructure services in Bwaise, Kampala (*Box 4*). While community involvement, social organisation and leadership were central to initiatives, the diverse areas of action called for co-design and collaboration across multiple sectors, actors and disciplines.

Many initiatives used a collaborative approach, convening **multi-stakeholder platforms to provide a space for dialogue** and to build support and the legitimacy of initiatives, working together with local communities, leaders, practitioners and others, and promoting the shared priorities and agreed roles needed for change and wider scale-up (Croese et al, 2021;27, and *Table 4*). As shown in *Table 4*, the actors involved beyond the local authority and community included research and technical institutions that provided interventions with technical skills, technology support, financial management processes and legal and enterprise development support.

**Convening by or with the local authority** was a particular asset for initiatives, as it brought the legal mandate and authority of local government to discussions across sectors, actors and with service providers, as well as their visible participation in activities (Croese et al, 2021; C40 undated(a)). Iterative steps, sometimes moving from informal to formal platforms with demonstration of improvements, helped to progress what was often gradual institutional change in the governance culture of the city to ‘open up’ to local communities, adopt measures such as community contracting (as noted in *Box 11*) and to formalise more inclusive mechanisms used to gather, share and review evidence, set priorities and plan and co-produce actions (Makadzange et al., 2018; Croese et al, 2021; HEPS Uganda, 2012; Cities Alliance, 2022; and *Box 3*).



**Co-design, co-production and joint review** as enablers were themselves supported by good information flow, joint mechanisms with authorities and services (committees, dialogue forums) and by using participatory tools that enabled social input, particularly where legal, technical and other power imbalances existed between community and institutional actors. Ensuring that community representatives in these forums were elected/mandated by and communicated regularly with the wider community (e.g. in savings clubs, health literacy, exchange visits) was important to avoid delinking these dialogue mechanisms from wider communities and social power.



Using participatory methods to prioritise issues, Lusaka, Zambia 2016 © Shana

In some cases, as indicated in *Table 4*, collaboration was stimulated by **joint participation in training activities or in research and development of technologies**, by **funding streams for innovation**,

linking the response to one challenge, such as waste recycling, to a solution for another, such as energy demands, as exemplified in Bwasie Kampala (*Box 4*). Collaborative work was essential and facilitated in **area-based approaches**, such as in the Kibera public space project (*Box 2*). Collaborative measures were reported to be more successful when roles and procedures were clear and agreed by all, as described in the joint health service community committees in Lusaka (*Box 3*), or the management and maintenance of water and sanitation systems in Harare (*Box 9*). They often brought in a range of disciplines and processes to agree on shared priorities and to monitor and review progress on implementation. Tools for this are also noted in other sources (Loewenson et al, 2021). **Transdisciplinary expertise** was thus an important support when provided in a manner relevant to local context and to building capacities in local service personnel and communities (Halliday et al, 2019; LIRA 2030 Africa Programme, undated; Cities Alliance, 2022).

There were challenges. Leveraging private investment and private sector participation was not always easy, as private sector resources did not always materialise (NCE, 2017; TARSC and CFH, 2010). Local leaders were sometimes a barrier rather than an enabler, with political contestation in urban areas needing to be navigated to produce and sustain change. Conflicts emerged over legal and bureaucratic constraints, lack of communication, scarce resources – especially land – and as a result of infrastructure and service deficits (See *Table 4*). The conflicts were not always between communities and services or state actors. Some were within communities over who benefits from cooperation (Kasinja and Tilley 2018 and *Box 16*). The joint platforms, evidence, information sharing and other enablers noted in this section played a role in also resolving such conflicts.

Collaborative processes and change in both the document review and the case studies demanded time, making the **sustaining of initiatives** key. This was more likely to occur when processes were locally grounded and participatory. A growth in social power and confidence in communities was itself noted to keep the demand for the processes alive in changing times. Sustainability was also enhanced when initiatives were linked to services and systems with explicit measures for upward engagement of higher-level policy actors, and with repeated and deepening cycles of local action and learning to spread practice and build confidence (Loewenson et al, 2018; Banana et al., 2015; Muchadenyika, 2015). In the regional meeting, being part of local, regional and international networks in a 'community of practice' was also observed to support sustainability.

#### 5.4 Catalysts and brokers for change

The processes, measures and tools that enable these initiatives often appeared to be catalysed by or involve values-driven and committed institutions and technical/professional actors. As also noted in the regional review meeting, they play an often demanding role as credible partners in consulting,

information sharing and negotiating with both communities and authorities, and in brokering links between them and other agencies. Such '**brokers**' or **catalysts** were common, listening to communities and others, making design and process adjustments and facilitating links to support responses to challenges. In some initiatives they leveraged relevant technologies, resources and inputs to enable options, demonstrating the feasibility of changes in pilot and demonstration sites.

While these key catalysts were generally local, exchange visits across cities and in regional networks gave confidence and ideas to local actors, such as in the Ghana-Nairobi exchanges that triggered the vendor mapping in Nairobi (*Box 1*), or the EQUINET regional links that brought ideas and experience for the PRA, health literacy and photovoice work in Lusaka (*Box 3*). Co-operation between cities was found in the document review to have inspired practice or shared skills and technologies (Halliday et al, 2019; FAO, undated), such as in the exchanges between Nairobi and Milan on strategies for urban food systems (FAO, undated, and *Box 14*). External project funding often helped fund innovation, but its unpredictable nature and short term targets were also found to constrain the processes or time needed to build more grounded change (See *Table 4*).

As noted in *Table 4*, rapid urbanisation, private developments, service declines or rising costs are generating resource pressures, social inequality, deficits, insecurity and frustration that work against equity gains. Many initiatives thus brought together processes, inputs, capacities, links, technologies and other features to link social measures to economic and ecological benefits in disadvantaged communities demonstrating countervailing models and forces. Within contexts of significant and deep inequality, while listening to and involving affected communities is critical, none of the various enablers are 'magic bullets' that can yield change in isolation. Challenging contexts imply that they need to act in concert to address the multiple material, social, political, institutional and procedural drivers of inequity, and to create a social and material basis for action on structural inequity.

## 6. Learning and insights on improving urban health equity

The findings and reflections in both the desk review and case study initiatives suggest several areas of learning and insight on practices that promote urban wellbeing and health equity. The findings make clear that equity-oriented action and change in urban areas is both necessary and possible. They indicate insights that may be more widely transferable as to what makes such actions more likely to flourish, presented in this section in relation to (i) the processes and measures applied, (ii) their design, and (iii) features beyond the initiatives themselves.

### 6.1 Processes for equity-oriented change in urban wellbeing

A combination of measures and tools appear to promote both participatory and recognitional equity as common and pivotal to change.

This implies that **initiatives start by listening to the affected communities and exposing lived experience** to understand their conditions, priorities, ideas and assets. Measures for this included:

- **Consultation and dialogue** directly with affected social groups in their own settings, on needs and priorities, local contexts, community and service assets and deficits to inform shared goals and design interventions and relevant technology.
- **Various forms of mapping** to assess and raise the profile of the current situation and expose the conditions and experiences of affected communities, given the often buried realities of low income communities and insecure social groups. This is implemented through community surveys, walk through surveys, focus group discussions and other tools.
- **Participatory assessments**, where the affected groups are capacitated to do assessments themselves, and to analyse and discuss the findings to bring evidence and priorities for planning. In addition to these tools, participatory action research methods, and community photographers using photovoice as a tool for evidence and analysis, are also noted, as are the existing methods, guides and tools for participatory methods.

Such assessments are often supported by wider networks (such as SDI or EQUINET) or by local organisations (such as TAU, CFHD). They may be implemented jointly with local authorities and other stakeholders, raising recognitional equity and enhancing possibilities for shared goals and support by authorities for action on issues identified. The initiatives provide strong evidence that assessment generates impact when affected communities are directly involved using participatory methods, giving them voice in planning discussions and contributing to participatory equity. What is less clear, and an area for follow up inquiry, is the extent to which formal systems engage with the various forms of evidence generated by communities in a more sustained and integrated manner.

As a further significant dimension of learning, the initiatives consistently show the importance of investing in the skills and capacities of key social groups, strengthening of community networks and organisation, including for communication and social input in decisions with authorities and services. The integration of local knowledge, culture and voice in setting priorities, framing approaches and choosing technologies from the beginning of processes and across all stages of intervention, is identified as key for meaningful participation and to contribute to more sustained change.

All of these areas of intervention are **investments in voice and agency for more 'active citizenship'** and community leadership, especially where they explicitly include groups that are often excluded. One measure used was to make equity a key criteria for inclusion, such as by ensuring that employment and income opportunities go to women, young people, people with disabilities and other disadvantaged groups. Another was to support membership-driven organisation of social networks and associations and build dialogue with local leaders. Within formal structures such as health centre or local authority committees, having elected and mandated community representatives and active feedback to local residents was seen to avoid these representatives becoming disconnected from their base. Having clear, agreed and socioculturally appropriate procedures in these structures was seen to avoid communities being silenced, even while present in these forums. While a smaller number of actors might be directly involved in dialogue and decisions, they linked to the wider community in a variety of ways, , through information, media and social media outreach, literacy activities and campaigns, by documenting and reporting changes, and through connections with local CBOs and community groups that meet frequently and regularly.

These processes for both evidence and agency appear to be strengthened by **measures that embed and widen social, collective power**, implicitly or explicitly addressing power imbalances and building learning and confidence, particularly through:

- Widening community knowledge and understanding of rights claims and duty bearer roles, including using communication media for social accountability on meeting deficits;
- Investing in literacy for health, UA, waste recycling etc. across the whole community, in ways that are inclusive and encourage collective organisation;
- Iterative stages in initiatives that deepen and widen social organisation, capacities and power;
- Setting up/using mechanisms for participation of disadvantaged communities in decision making and shifting such mechanisms from ad hoc, informal forums to formal status.

## **6.2 Designing initiatives for equity-oriented change in urban wellbeing**

The findings indicate that initiatives for urban wellbeing operate in complex contexts, often confronting longstanding deficits and inequalities exacerbated by recent trends, including climate, pandemic and other shocks. Not surprisingly, therefore, many of the insights relate to their design and measures used to stimulate the cross sectoral, multi-stakeholder inputs able to respond to the multi-dimensional nature of the drivers of inequality and deprivation to improve distributional equity.

The findings indicate that **approaches that are holistic, sustained and that address multiple determinants and dimensions of wellbeing** are more likely to address the range of often intersecting issues affecting urban health equity. The case study focal persons note, a 'one-size-fits-all approach does not work' and that 'complex problems are not solved in siloes' and take time and strategic review. Many features of design appear to support holistic approaches:

- Using area-based approaches, such as by co-designing and co-locating services and facilities in public spaces, as well as grounding this in the participatory processes noted earlier and exploiting the potential this offers to bring together communities, wider stakeholders and diverse disciplines and activities.
- Pivoting from a focus on a single problem to acting on the multiple determinants of that problem to bring together the multiple interventions and actors who can play a role in responses; to link household level interventions to service inputs and to link interventions for social improvement to activities that bring income and economic benefit for disadvantaged groups.

**Some specific insights and measures appear to enable such holistic approaches** including:

- Involvement of strategic, credible 'broker' institutions that are able to make links with and leverage the contributions of the different types of actors, skills and resources necessary for holistic approaches;
- Beyond assessment of problems, integrating a more appreciative assessment of assets and resources within the local community and institutional environment to tap into these in multiple activities and ensure that they are relevant and appropriate to the local context;
- Engaging local R&D and introducing relevant and appropriate technologies, particularly from local providers, that can be integrated and locally maintained and generate income for local economies and, where necessary, be tested or demonstrated in pilot and test sites.
- Setting up iterative implementation phases/steps with monitoring and strategic review to adjust processes and build on capacities, experience, tested technology and methods and relationships developed in earlier phases.

The findings pointed to **additional measures for addressing distributional equity**:

- Integrating the listening and participatory measures for community voice in design and review noted earlier, with tools such as community contracting, to formalise community roles.
- Embedding capacity building and skills transfer, including in leadership and management for local community members, especially women and young people.
- Linking interventions for social benefit to economic opportunity for low income communities, particularly for youth, women, and others in precarious circumstances, such as through social enterprise; service roles and technology outreach, UA, or waste recycling.
- Applying an explicit equity lens in assessments, such as in Urban HEART, and in decision making criteria for inclusion in the range of interventions.

Holistic, multi-actor, sustained approaches involve including processes to **stimulate and build relationships, trust, partnership and collaboration within the design of initiatives**, bringing social groups, authorities, services, personnel, community and political leaders into shared forums. Without key actors coming together and working collaboratively, the initiatives would not have succeeded. A range of ways of working appeared to contribute to this, including:

- Involving key stakeholders and leaders in assessments, dialogue and planning to encourage a bottom-up shift in attitudes towards affected communities and using evidence and issues in dialogue to build mutual understanding and respect between actors and align capacities towards agreed areas of change.
- Training activities that integrate community and other stakeholders to bring input from and convergence across different lenses.
- Recognising and resourcing the role of key catalyst, broker and convening institutions as important for collaborative change.
- Using or setting up forums for dialogue, especially those convened with local authority involvement, to provide a space for inclusion of communities, local authority, technical actors and others, in joint planning and review. While these mechanisms were often ad hoc, some initiatives used or strengthened existing mechanisms such as HCCs and committees linked to councils or savings groups. In multi-stakeholder platforms, agreeing and clarifying roles, procedures and resource contributions was observed to clarify objectives and responsibilities, along with use of participatory methods to help engage with the power differentials in these forums.

As a further design feature, building in **regular monitoring and strategic review** to assess the situation and changes achieved and with a mix of quantitative, qualitative and visual (mapping, photovoice) evidence, was noted to help build community, implementer and funder confidence and enable processes to respond to emerging opportunities and challenges. Although this was not always implemented, there are existing tools to support such strategic monitoring and review.

### **6.3 Enabling conditions beyond individual initiatives**

The findings raise insights on national level inputs that seem important to sustain and support local initiatives for urban health equity, while noting that these merit further exploration and discussion.

Firstly, the **approaches often draw on and call for investment in innovation and R&D within countries**, to nurture new forms of practice and generate, test and apply new, locally relevant and affordable technologies and methods that improve social, ecological and economic wellbeing. In the experiences in this report, R&D innovation came from universities, the private sector, technical, non-profit and public institutions, social enterprises and civil society. In all cases it was important to link with communities to ensure the relevance of innovations. This demands resources and makes embedding and funding innovation and knowledge generation in countries key for equity in urban health and wellbeing, including through accessible and affordable internet and applications for information sharing. A domestic innovation fund was cited in one initiative as an example of supporting such innovation within countries. More such funds seem to be needed.

Secondly, development aid and external project financing appear to play a catalytic role in some cases, but are unpredictable. In practice, sustainability and scale up depended more on local authority capacities and services, and available land and infrastructure. Pro-poor primary level health care, waste management, agricultural extension and other public services played a key role in the initiatives. Yet they too are often underfunded. While collective savings funds, crowdfunding, seed funding, innovation competitions and ‘matchmaking’ private funders with specific groups were used to resource initiatives and to enable more self-determined choices and contracting of inputs, these complement but should not substitute **adequate domestic financing of local public services and investment in local infrastructure and local authority capacities**.

Addressing structural equity calls for initiatives to connect beyond the local level. Documenting and communicating the range of changes locally and nationally, through media, in visits by policy actors or exchanges across countries and in regional networks helped to **leverage wider attention, recognition and support** from higher policy and political levels and enabled exchange across practitioners. Some initiatives used horizontal rather than top-down spread to carry information and practices to new areas. Exchanges and visits between countries of those involved in initiatives, use of social and professional networks and communities of practice, also helped connect groups across countries and link them to institutional allies and media and take issues to new areas and higher levels, backed by evidence and demonstration of change.

The initiatives yielded a range of outcomes and changes, as noted in *Section 3.2*, particularly in local community lives and conditions, in local government processes and practices. They built and added to gains in recognitional and participatory equity. They brought evidence of new approaches, while some invested in young people and ecosystems in ways that point to potential intergenerational dimensions of equity. As noted earlier, however, there was more limited impact on the deeper drivers of structural equity, especially when wider economic trends are generating inequality. This is not surprising, as it is central government that sets these policies, and in many countries in the ESA region, there is also a significant transnational/ global influence in social and economic policies, and in the political economy drivers of inequality within and across countries. This was well noted in the regional review meeting. Local promising practice can inspire and show alternatives. Engaging with structural drivers calls for the inspiration and alternatives that is found in local practice and for the voices of the local actors generating them to be taken up and included within wider alliances, dialogue and action.

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## 7.3 From the case studies

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### **Key Informants (3)**

Two health workers (past and current) from the Lusaka District Health Office management and implementation levels.

One trained health literacy facilitator.

### **7.3.2 Kampala, Uganda**

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### **Key informants (14)**

Managing director, Agriculture for Health and Wealth  
 Program officer, Agriculture for Health and Wealth  
 Programme officer advocacy and documentation, ACTogether  
 Programme manager capital projects, ACTogether  
 Programme manager community livelihoods, ACTogether  
 Chairperson Kwagalana Saving Group, Wankulukuku settlement, Lubaga division  
 Leader of Wankulukuku Saving Group  
 Resident of Kanakulya settlement  
 Chairperson, Katoogo zone, Bwaise  
 Chairperson Local Council 1(LC 1), Bwaise  
 Cluster representative, Kyosimba-onanya, Bwaise  
 Community cluster leader, Balissekamadda, Bwaise  
 Community leader, Bwaise  
 Executive director, Tree Adoption Uganda (TAU)

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### **Key informant interviews (7)**

Member of the Hatcliffe Development Committee

Chairman of the Cheziya North Farmers Association

Two founding members of the Warren Park herbal garden initiative

Male youth working at the Warren Park herbal garden initiative

The wife of one of the founding members of the Warren Park herbal garden initiative

Chairman of the Combined Epworth Residents Association.

### **7.3.4 Nairobi, Kenya**

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### Key informant interviews (10)

2 female members of Muungano Alliance/Muungano wa Wanavijiji  
 2 male members of Muungano Alliance/Muungano wa Wanavijiji  
 2 residents of Kibera working with CBOs and associated with the Kibera Public Space Projects;  
 1 staff member Kounkuey  
 1 male and 1 female from informal settlements working on urban agriculture;  
 1 representative, Nairobi City County Council

### Acronyms

ACE	Accelerating City Equity
AHW	Agriculture for Health and Wealth
ART	Antiretroviral Therapy
CBO	Community Based Organisation
CNFA	Cheziya North Farmers Association
EQUINET	Regional Network on Equity in Health in East and Southern Africa
ESA	East and Southern Africa
HaCC	Harare City Council
HCC	Health Centre Committee
ISUH	International Society for Urban Health
KDI	Kounkuey Design Initiative
MNH	Maternal and Newborn Health
NCD	Non Communicable Disease
NEFSALF	Nairobi and Environs Food Security, Agriculture and Livestock Forum
NGO	Non-Governmental Organisation
PHC	Primary Health care
PRA	Participatory, Reflection and Action
RBF	Results Based Financing
R&D	Research and Development
SDG	Sustainable Development Goals
SDI	Slum Dwellers International
TAU	Tree Adoption Uganda
UA	Urban Agriculture
WHO	World Health Organisation

The Regional Network for Equity in health in east and southern Africa (EQUINET) implements work in a number of areas identified as central to health equity in east and southern Africa, including

- Cross cutting equity analysis, including on health in extractives and in urban areas
- Health rights and the law
- Fairly resourcing health systems
- Social empowerment for health, participatory research and
- Global engagement, trade and health and health diplomacy

See [www.equinet africa.org](http://www.equinet africa.org)

The International Society for Urban Health (ISUH) Accelerating City Equity (ACE) Project seeks to identify and assess tools, elements, processes, policies, and factors that have led to equitable sustainable urban development decisions and outcomes; to leverage national and global networks to facilitate knowledge sharing across borders, and to equip cities and grassroots organizers with tools to implement their own equity-driven sustainable urban development strategies. See <https://isuh.org/projects/accelerating-city-equity-ace-project/>

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