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USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

WASH and Nutrition Vulnerabilities among Poor Urban Children and Adolescents

ECSA-HC Best Practices Forum 2019
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Why Focus on WASH & Nutrition Among Urban Poor?

- **Globally:** 60% of the world will live in cities by 2030 and the “urban advantage” does not apply to all.
- **Sub-Saharan Africa:** more than half (56%) of urban population lives in slums, compared to an average of 29% across developing regions (UN Habitat, 2016).
- **WASH Implications for the Urban Poor in SSA:**
 - 29% of deaths in children < 5 occur annually due to problems of sanitation, hygiene, and nutrition (IHME, 2016).
 - 61% of diarrhea deaths due to inadequate water, sanitation and poor hand hygiene (Prüss-Ustün et al, 2014).

What is a “slum”?

UN-HABITAT defines a slum household as a group of individuals living under the same roof in an urban area who lack one or more of the following:

1. Durable housing of a permanent nature
Sufficient living space
2. Easy access to safe water in sufficient amounts at an affordable price.
3. Access to adequate sanitation
4. Security of tenure that prevents forced eviction.

Urban Advantage?

	UGANDA			KENYA			TANZANIA		
	National	Urban		National	Urban		National	Urban	
% Stunting of children	28.9	23.5		26.0	19.8		34.4	24.7	
% of households with source of drinking water improved	70.3	90.6		71.3	88.2		61.4	86.0 (main) 97.9 (Zan)	
% of households with sanitation facility improved and unshared	16.4	20.9		22.7	25.5		19.1	34.9 (main) 58.7 (Zan)	

Where can we start? Informing Action with Available Evidence

Challenge: urbanization challenges are recognized, but there is often insufficient evidence to inform action and we do not use evidence we do have well.

AIM: use existing evidence to assess WASH & nutrition vulnerabilities facing poor children and adolescents in the largest cities in Kenya, Uganda and Tanzania.

Contribution: lower cost design that offers a multidimensional view of the gaps/opportunities, identifies areas for action.

Implementing Partnership



Policy & Program Platform
Collaborators



East Africa Research Collaborators



African Population and
Health Research Center



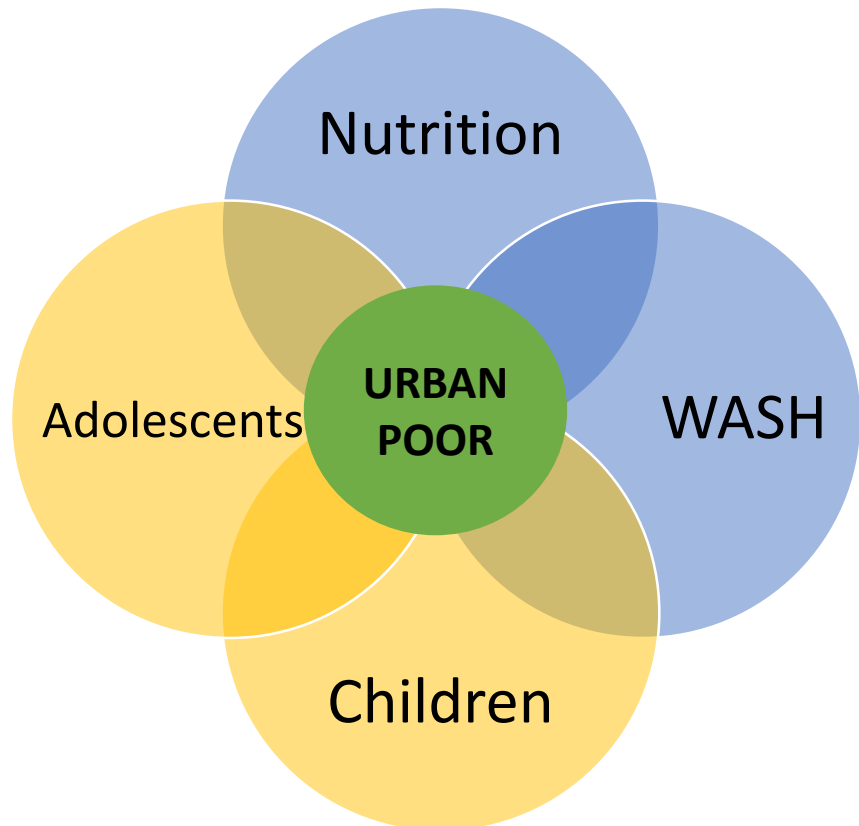
Technical Collaborators



Berkeley
UNIVERSITY OF CALIFORNIA

Assessment Design (3 countries)

Our focus is the intersection (target population) below



To understand how to improve the situation among the target population:

Review of Available Evidence

1. **Review of Literature:** grey and published literature
2. **Urban Data Inventory:** summary and description of existing quantitative datasets
3. **Policy and Stakeholder Review:** identify and review policies, programs, approaches, key actors

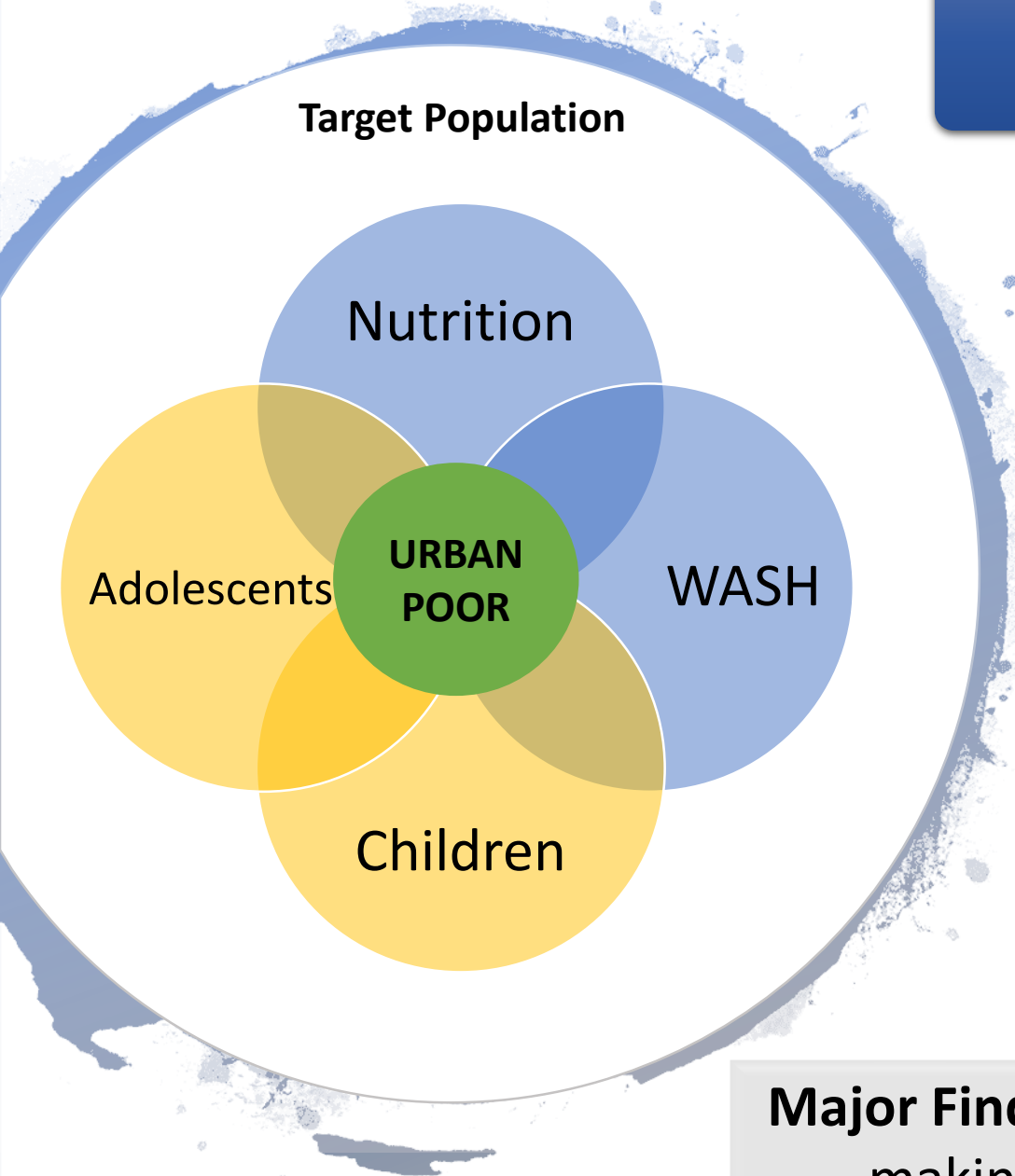
New Evidence Generation (not discussed today):

4. **Community Case Study:** deeper analysis of one slum/informal settlement



Now we will share preliminary findings from across the three countries.

What quantitative data is available to analyze our target population?



Searched for URBAN datasets that included WASH, nutrition, SES (to disaggregate for poor) among children, adolescents.

Publicly Available Datasets

	Kenya	Uganda	Tanzania
National	4	4	5
Large Scale	8	1	0
Smaller Scale	40*	0	1
Target Population	41	1	0

*APHRC data and some that may require special permission to access.

Major Finding: overall there is a large gap in data on **urban poor** making it difficult to analyze status of target population.

Vulnerability Themes from Literature Review

Service and Care Vulnerability	Overall: Poor access and utilization of health facilities Adolescents: Youth un friendly health services; Children: low vaccination coverage
Nutrition and WASH Behaviors/Feeding Practices	Overall : use of wastewater to irrigate vegetables, over consumption of high sugar, more conveniently prepared foods, choice of food determined by cost, availability and access. Children: Exclusive breastfeeding stopped prematurely (sometimes due to mom w/ (HIV/AIDS)

Policy & Strategy Environment

Presenting polices, strategies, action plans relevant to target population

	Kenya	Uganda	Tanzania
Nutrition and WASH	16 (14 NUT, 2 WASH)	10 (8 NUT, 2 WASH)	5 (4 NUT, 1 WASH)
Related Health	4	3	1
Related Sectors (4 mention urban poor)	1	4	3
Urban Specific	3	1 (work in progress)	0

- **Gaps:** Few policies addressing nutrition and WASH among **urban poor** in all three countries, but **urban poor** are mentioned in land, and settlement policies (TZ)
- Lack of policies supporting adolescent nutrition and WASH in general.

Stakeholder Mapping

	Organ-isation	Project/Program	NUT	WASH	Funder	Implication
Tanzania	9	24	1	4	DP 18 Gov't 4 CBO's 2	Room to learn from the successful projects on successful government engagement.
Kenya	41	41	16	7	DP 13	Those embedded within existing health system are more sustainable.
Uganda	23	23	14	9	DP 23	Most supported by DP so sustainability may be challenge but coordinated by government

DP= development partner, CBO= community based organisation

Conclusions & Recommendations

Improving Data for Decision-making

- Intentional sampling of urban, label cluster in DHS
- Larger scale slum surveys
- Making available other existing datasets on urban poor

Strengthening the Policy Environment

- Revision of WASH/nutrition and agriculture policies to reflect the needs of the urban poor
- Involvement of urban poor in the policy development

Enhancing the Evidence Base

- Gaps: WASH among children and adolescents (e.g. hygiene, IYCF dietary practices among adolescents)
- IS on promising approaches and multisectoral efforts e.g. innovations in waste management/drainage; Integration of ECD and nutrition; development of service delivery models for adolescents.

Strengthening Stakeholder Involvement & Cooperation: need for integrated service delivery packages across sectors



Photo credit: WAPSAAN Mtaani Insight



Photo credit: Urban Water and Sanitation Poverty in Tanzania. Evidence from the field and recommendations for successful combat strategies. Pauschert et al. 2012

Best Practices

- Research priorities were refined through a **deliberate stakeholder engagement process** including; community partners, national decision-makers, regional policy and practice platforms and a global community of practice;
- Assessment approach **identifies and synthesizes available data** to provide a broad and multidimensional understanding of the context and realities facing the target population.
- Community case study (not elaborated here) will use a **participatory approach to generate new evidence** and provide an in-depth analysis of one slum to complement the evidence review.
- We hope the final results have relevance to and **can inform action** among policy-makers, implementers, researchers and advocates.

Through partnership, priority setting and stakeholder engagement throughout-- we can translate evidence into improved policy and program implementation.