



Implementation Science Collaboration on Urban Health in East Africa: Approach and Partnership Results

Opportunity to Advance Urban Nutrition/WASH in East Africa

USAID's Health Evaluation and Applied Research Development (HEARD) Project, implemented by University Research Co., LLC (URC), was invited to study nutrition and water, sanitation and hygiene (WASH) in East Africa. This afforded an opportunity to maximize the research investment to advance the field and achieve a broader set of objectives, such as:

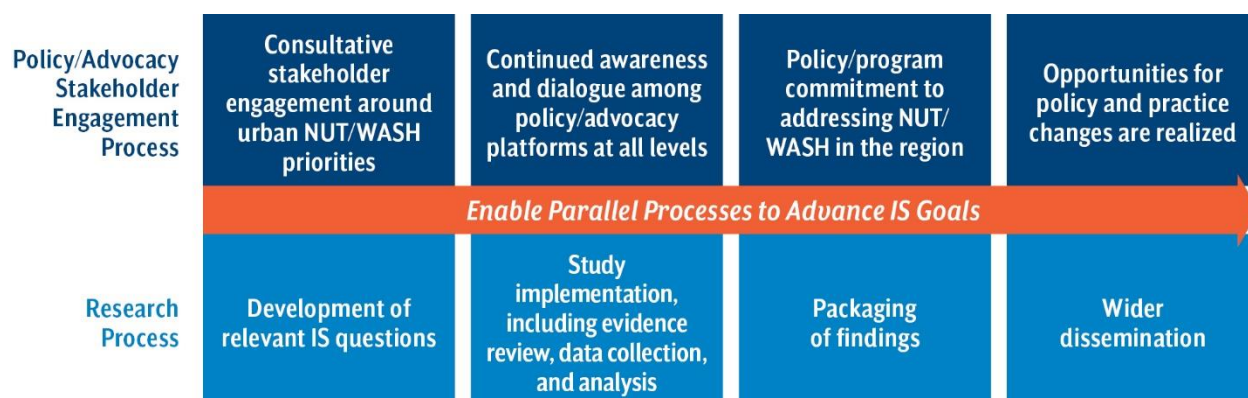
1. Establish and sustain an inclusive collaboration in East Africa to identify urban health priorities and studies;
2. Leverage the study opportunity to advance the urban nutrition and WASH agenda in the region through an implementation science approach; and
3. Execute an IS approach that included a stakeholder-engaged study design with wide utility;
4. Share process results and findings and enable implementation science advocacy and capacity development among partners.

Employing an Implementation Science Strategy to Advance Urban Health in East Africa

Traditional research approaches focus on study protocol development and implementation with the end goal being production of evidence. HEARD applies an implementation science (IS) approach, in which research studies are used as vehicles for facilitating partnership and sustained change. To enable an IS approach, a broader universe of stakeholders (e.g. policy, advocacy, implementer, research, community partners) are engaged to inform the effort and influence decision-makers along the way. Deliberate leadership of regional and country-based partners ensures relevance of the research and positions recommendations for uptake to improve policy and program implementation. See Figure 1 for a depiction of the parallel process that facilitates the research-to-use pathway.

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Figure 1: Facilitating the Evidence to Use Pathway for NUT/WASH in East Africa



Elements of our IS Strategy

To facilitate the parallel process depicted above, there are critical elements required to bolster the strategic, technical, and financial/administrative capacities needed for success.

- **Strategic partnership:** engaging partners with regional policy and practice platforms that can inform and benefit from the study; partnership with local research institutions with community linkages to further develop their IS capacity and ensure questions are relevant and findings are responsive to local context;
- **Consultative priority development:** while more time consuming, a consultative process involving stakeholder meetings and discussion allows for a deeper understanding of priorities, perspectives and opportunity to coalesce around important questions—usually constituting an agenda fit for numerous studies;
- **Awareness raising and advocacy:** foster dialogue around the issue of nutrition and WASH in urban areas at national, regional, and global conferences and convenings;
- **Technical study support:** provided by the study co-directors and the global study review group, which is critical to synthesizing and turning priorities into a reasonable approach and methods given the resource and time constraints and URC-provided technical oversight throughout;
- **Financial and administrative study support:** the study development process is bolstered by financial and administrative grant management capacity support provided by URC to local partners;
- **Research systems integration:** a neutral broker, i.e. URC, that can coordinate and harmonize all of the above elements throughout the process.

Collaborators

The IS Collaboration on Urban Health in East Africa was born out of the initial consultative process and tasked to move the effort forward. The composition of partners was intentional and included a sub-regional policy platform (ECSA-HC), a program platform (UNICEF ESARO) and research and community partners in each of the three countries. Technical support and direction were provided by HEARD's Global Technical Anchors, UC Berkeley, and the City University of New York. URC functioned in the role as research systems integrator. See Box for details on the collaborating institutions.

Timeline and Milestones

The IS Collaboration on Urban Health in East Africa was established on the heels of the initial Roundtable Consultation hosted by ECSA-HC in June of 2017. What followed was a study design workshop hosted by UNICEF ESARO in May of 2018 in which the Three Country Assessment design was formed. The country teams continued to prepare for assessment implementation and presented progress and engaged in workshops at the International Conference on Urban Health and ECSA-HC Best Practice Forum in 2018-2019. Initial discussions in 2018 were enough to put a sub-regional ministerial resolution on the need to address urban health in action.

To engender cross-country harmonization and peer learning, URC supported regular study team virtual collaboration. This, together with the in-person workshops, fostered problem solving around study design and implementation and reinforced a harmonized approach.

The timeline (see details below) is longer than a typical landscape "assessment." This is principally due to three major reasons: (1) positioning the constellation of partners takes time and trust, but is

IS Collaboration on Urban Health in East Africa: Assessment Partnership

- **Technical Direction:** University of California, Berkeley, UNICEF Eastern and Southern Africa Regional Office (ESARO), City University of New York (CUNY)
- **Policy and Advocacy Lead:** East, Central and Southern Africa Health Community (ECSA-HC)
- **Assessment Implementation Teams:** *Tanzania:* Ifakara Health Institute and TAMASHA; *Uganda:* Infectious Diseases Institute and ACTogether/Kibo Foundation; *Kenya:* African Population and Health Research Center (APHRC)
- **Research Systems Integrator:** URC

Collaboration's First Research Activity: Assessment of WASH & Nutrition among Poor Children and Adolescents in Urban East Africa

The first study undertaken by the IS Collaboration on Urban Health in East Africa is the "Three-country assessment of nutrition and WASH vulnerabilities among the urban poor in East Africa." The assessment relies upon desk review and case study methodology to identify and synthesize the literature, policies, available data, strategies, partners, platforms, and contextual factors that relate to child and adolescent health in poor urban areas of Kenya, Tanzania, and Uganda. It aims to inform future priorities of major stakeholder groups, including implementers, researchers, policymakers, and advocates by:

- Contributing to **policy and advocacy** development by identifying national (Kenya, Uganda, and Tanzania) policy and advocacy opportunities; fostering regional collaboration around policy and programmatic needs and priorities; and using results to make a stronger case for future investments in urban health and development for children and adolescents.
- Informing urban nutrition **research agendas** by identifying the gaps in literature and data available for analysis of urban nutrition among adolescents and children in East Africa.
- Investigating specific nutrition and WASH **implementation challenges** in urban contexts through a participatory process that captures promising urban nutrition-related interventions/approaches that could be integrated into existing and new programs for expansion and/or scale-up.

For more information on the assessment findings and recommendations, please read the synthesis and gaps and recommendation briefs.

more sustainable in the long term; (2) facilitating the parallel processes needed for an IS approach requires a longer timeline and often more resource; and (3) the resources we leveraged were limited and reflected a more traditional study investment instead of an investment in the IS approach. Given the former, we were still able to mobilize action and energy around the process and inform change.



Results of the Collaboration

“We were able to get a holistic picture of challenges faced and potential solutions from different stakeholders. This provided a comprehensive overview of the nutrition and WASH issues in urban poor setting.”

– APHRC, Kenya

“The assessment of poor urban vulnerabilities has yielded great success in Tanzania due to a wide sharing of results at different levels. This unique analysis has brought forth the gaps existing in urban poor of which none has ever thought.”

– IHI, Tanzania

“Engaging various stakeholders from the beginning to the very end and we were able to conduct a comprehensive situation analysis through desk reviews and community case study.”

– IDI, Uganda

The IS Collaboration on Urban Health in East Africa’s work to date has led to some notable achievements. At the **sub-regional level**, multiple engagements at the ECSA-HC Best Practices Forum resulted in the 2018 the ECSA-HC Health Ministers resolution. The resolution ECSA/HMC/67/R3 is a commitment to Governance and Equity-Oriented Policies for Urban Health and emphasizes strengthening urban health systems through multisectoral approaches

and embedded implementation research to ensure specific needs of the urban poor are addressed in the region.

Within the **national contexts** of Kenya, Tanzania, and Uganda, the stakeholder engagement process –including the final dissemination workshops – influenced thinking and spurred action.

“This an eye opener, especially to us urban planners. We must begin to pay special attention to the urban poor.”

– Urban Planner Kampala

“This report is very useful, should be shared with all development partners.”

– UNICEF/Tz colleague

The table below summarizes some of the results of their engagement with local stakeholders throughout the IS process underpinning the Three-Country Assessment.

Country	Policy	Program	Research
Tanzania	<ul style="list-style-type: none"> Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) requested study materials to assist with priority and budget development for 2021. Multisectoral Nutrition Action Plan (MNAP) 2021-25 to include needs of the urban poor. 	National Bureau of Statistics intends to include urban slum samples & DHS team has consulted IHI; Canadian Embassy to add urban vulnerable populations to their annual plan and are looking to partner with IHI to implement activities around urban health nutrition and WASH.	IHI secured UNICEF funding to assess adolescent maternal health and nutrition in Mbeya using an IS approach; and have secured additional resources for new Sustainable Cities work in Dar es Salaam and Dodoma.
Uganda	<ul style="list-style-type: none"> Catalyzed policy development in urban health and solid waste management and plans to revise nutrition/WASH policies to reflect urban poor. Interest by Ministry of Education on cross-sector discussions. 	More openness among practitioners about what organizations are doing and where to avoid duplication of services and appreciation of the need for multi-sectoral approaches to health.	Given solid waste management challenges due to absence of policy framework, IDI is partnering with UNACOH, KCCA and Makerere University Schools of Law and Public Health to apply for a grant to study the solid waste management in Kampala.
Kenya	<ul style="list-style-type: none"> Advanced dialogue in the area of adolescent nutrition, school feeding and optimization of WASH in community/schools. Despite existing nutrition and WASH policies, efforts are needed to strengthen the capacity of institutions to implement. 	Growing focus on adolescent nutrition in programming; the case study uncovered issues with the school feeding program and a dearth of toilets for urban schools, which are being followed-up.	<ul style="list-style-type: none"> APHRC is working on proposals to improve nutrition in urban poor settings. The Ministry of Health is planning to undertake a national adolescent survey that will capture nutrition and WASH indicators.

There were also notable positive outcomes from partner engagement in the collaborative process that reflected an increased appreciation and **capacity for leading IS activities** within their research and evaluation institutions. When asked to reflect on the experience, IHI, IDI, and APHRC reinforced that this approach fostered trust, created connections and enabled peer-to-peer learning. The global collaborator technical support and co-design experience served as a form of IS advocacy which led to further understanding and commitment to IS approaches among partner institutions. Below are some reflections from the implementing partners.

“We actively engage stakeholders in our research activities and involvement of different stakeholders enabled interaction of organizations working in urban informal settlements. Involvement of policy makers from various departments enabled enrichment of discussions with regards to policy and how best to synergize between the ministries in implementation for better outcomes in nutrition and health.”

– APHRC Team, Kenya

“Unlike conventional clinical research, the process began with sector-wide stakeholder engagement to identify the most pressing needs. Uptake of findings is high because of involving policy and decision makers in the whole process. It was not easy, however, to get IRB approval because the approach was unfamiliar to IRB members.”

– IDI Team, Uganda

“The IHI team has learned a lot about the need to include stakeholders in each step of research and on issues related to data liberation. Our inherent approach of thinking about the needs of people while seating in our offices has proven less effective in getting a full commitment from stakeholders. It was great having a high level of engagement at local and international level. I enjoyed being among members who participated in various discussions at the local and international levels.”

– IHI Team, Tanzania

Looking Ahead

The IS collaboration on Urban Health in East Africa looks forward to additional opportunities to advance the health and well-being of the most vulnerable living in urban poor settings. With the advent of global crises and pandemics, it is imperative to activate well-positioned partnerships embedded in local contexts with the capacity to mobilize and apply science to emerging and critical priorities to alleviate unnecessary death and disability.