

Domain of Change: Healthy Cities for Children

Healthy Cities is one of the four inter-related domains of change identified within WV's *Cities for Children (CFC) Framework*¹.

Concept of Healthy Cities

The *Healthy Cities* concept emphasises the integration of essential services such as clean water, effective sewerage /sanitation services, reliable solid waste and drainage management, shelter, along with access to nutritious food, and healthcare services as priority activities, which can all significantly impact child health and overall child well-being outcomes in the city. By considering all dimensions holistically and moving towards targeting the structural causes of urban deprivation and poverty, policymakers and practitioners will be better positioned to mitigate against future health risks.

Urban health is among the central tenets of the New Urban Agenda's aspirations for sustainable urban development with specific commitments to:

*"... Foster healthy societies by promoting access to adequate, inclusive, and quality public services, a clean environment taking into consideration air quality guidelines including those elaborated by the World Health Organization (WHO), social infrastructure and facilities, such as health-care services, including universal access to sexual and reproductive health-care services to reduce newborn child and maternal mortality."*²

*"... Promote equitable and affordable access to sustainable basic physical and social infrastructure for all, without discrimination, including ... safe drinking water and sanitation, safe, nutritious and adequate food, waste disposal, sustainable mobility, healthcare and family planning, education, culture, and information and communication technologies."*³

*"...Promote adequate investments in protective, accessible, and sustainable infrastructure and service provision systems for water, sanitation, and hygiene, sewage, solid waste management, urban drainage, reduction of air pollution, and storm water management, in order to improve safety against water-related disasters, health, and ensure universal and equitable access to safe and affordable drinking water for all; as well as access to adequate and equitable sanitation and hygiene for all; and end open defecation, with special attention to the needs and safety of women and girls and those in vulnerable situations."*⁴

For many cities, these immediate and broader health challenges are many; organisations, governments and communities will need to come together in new forms of collective action to challenge those systems, structures and policies that enable untamed urban growth, exclusion and injustice. In equal measure, this must be done in tandem with initiatives targeting the social, environmental and systematic structural conditions that cause urban poverty and marginalisation, with health implications.

Issues of urban health, especially for children

Research by Agarwal and Taneja (2005) shows that child mortality in low-income urban neighbourhoods can equal or exceed that in rural areas. Furthermore, the urban poor are not a homogenous group and therefore children's health inequities can vary from one slum or informal settlement to the next.

Despite global infant and child mortality rates being halved between 1960 and 1990, children continue to

¹ World Vision International (WVI) (2016). *Cities for Children Framework: A Strategic Framework for Urban Programming*.

² Ibid. Pg. 8.

³ Ibid. Pg. 6.

⁴ Ibid. Pg. 16.

have higher vulnerabilities across multiple wellbeing dimensions, particularly in terms of illness and disease related to sanitation (e.g. diarrhoea, infectious diseases - e.g. tuberculosis, HIV), and malnutrition. In urban areas, while improvements have been made in basic sanitation, nutrition and immunisation facilities, as World Vision's urban programming experience and operational research indicate, proximity does not always equal access. Disadvantaged children continue to be excluded from basic health and social services due to various levels of institutional invisibility and social marginalisation. Causes of urban illness and death have, instead, shifted from infectious diseases to chronic diseases. In the urban context exposure to vector-borne disease, including malaria is primarily due to lack of liquid or solid waste management. The need for drains for wastewater and proper solid waste management systems is critical to improve environmental health.

The shortfall in supply and usage has led to child mortality and morbidity (diarrhoea in particular), which is associated with poor water quantity and quality, lack of sanitation and poor hygiene practices. Conditions differ with some slums having adequate water points, while people of other slums having to stand in queues to access poor quality water.

Therefore, in order to assess the health of urban children holistically throughout the child's life cycle, it is necessary to examine the wider environmental and social determinants that impact their experiences, including the vulnerabilities and obstacles faced by the mother (as the primary caregiver) to provide for her children or make decisions for their wellbeing. The hidden and fragile pockets of urban poverty - where informal, transitory and migrant workers live - are usually found where services usually do not reach, as they are not considered official slum residences. In addition, many workers are children and youth, who are required to work because of family circumstances and survival needs. Often they are bound to a specific industry and usually on some private land, unseen by most. Owing to long delays in updating the official slums list in most cities, slums may remain unrecognized for years where vulnerabilities could be similar to a fragile, chronic disaster context.

Responding to the challenge - Emergence of the Healthy Cities approach

WV's proposed *Healthy Cities for Children Framework* was inspired by several frameworks as outlined in the Healthy Cities literature review but particularly informed by the World Health Organization's Healthy Cities Program⁵, specifically its focus on an integrated approach to urban health, as opposed to a health care provision model.

In 1984, the World Health Organisation (WHO) first conceptualised and committed to a long-term development agenda to enhance physical, social, mental and environmental well-being of people who live in urban areas. Titled the Healthy Cities movement, it drew attention to the city as a unique context for attaining health gains and catalysing community action – putting health issues on the urban development agenda. This conception also recognises the characteristics of urban poverty, which is differentiated from rural poverty or merely 'the poor', and includes:

- The higher diversity of many urban residential communities;
- The dynamics of urban communities which see change at faster rates than rural communities;
- The density of population, institutions, governance structures and services;
- High dependence on markets to secure access to all basic necessities;
- Low pay experienced by some;
- Lack of access to basic services to secure well-being.⁶

⁵ Hancock, T. and Duhl. L (1988). "Promoting Health in the Urban Context." WHO Healthy Cities Papers No.1.

⁶ Mitlin, D. (2006) "The role of collective action and urban social movements in reducing chronic urban poverty." Chronic Poverty Research Centre Working Paper 64.

The Healthy Cities approach moves away from prioritising improvements in health systems and services towards an emphasis improved urban processes to achieve a better quality of life and general well-being.⁷

The focus on healthy city *processes* rather than health *outcomes* is a deliberate attempt to bridge health care provision and urban planning interventions. In doing so, the Healthy Cities approach defines a distinct set of goals and challenges to overcome to attain healthier cities; with the overall aim to ‘reach sustainable development by improving ecological conditions and eradicating [urban] poverty’. Action is taken at both at policy and community level by improving some of the most basic needs, such as:

- Increasing access and supply of safe and clean water and sanitation facilities
- Collecting solid waste at a city level.

Underpinning the Healthy Cities approach is the primary concern of *transforming urban policy* to meet the needs of the urban poor, by empowering local decision-making between different private, government and civil society actors in an inter-sectoral, decentralised and participatory manner⁸. Despite the healthy cities approach being specific to health, including considerations for primary health care, the framework does first consider and emphasise the all-important social determinants of urban health and poverty⁹. Conceived as such, Healthy Cities attempts to link health equity and vulnerabilities with economic and environmental determinants, but above all, it links social determinants such as the built environment, governance and planning, to reduce health inequities.

The critical elements of Healthy Cities that are most relevant for World Vision, as a child focused development agency, were identified as:¹⁰

- Target urban health issues at different scales;
- Target aspect of the urban built environment that affect health;
- Encourage and mobilise more just and sustainable urban planning;
- Better urban program management in water and waste;
- Advance the participation of society and promote good governance for urban health.

For more information, please refer to the Healthy Cities literature review¹¹.

This Framework, based on a comprehensive literature review on Healthy Cities’ theories of change, initiatives and approaches internal and external to WV,¹² proposes overarching goal and entry points using the strategic pillars and enablers of change identified in the *Cities for Children Framework*¹³. For greatest impact these interventions are encouraged to utilize both a lifecycle approach and city wide programming strategy to advance urban safety at local, city and national level.

Achieving Healthy Cities for Children

The goal of the Healthy Cities domain of change is “to strengthen availability of and access to public health services and contribute to healthy urban environments where children thrive”. Below, we describe how we aim to achieve this goal using the strategic pillars and enablers of change of the *Cities for Children Framework*. The Framework proposes a number of **entry points** that will assist practitioners and policy makers develop issue-based focused interventions using a lifecycle approach to advance urban health.

⁷ Hancock, T. (1993). "The evolution, impact and significance of the healthy cities/healthy communities movement." *Journal of public health policy* 14(1): 5-18.

⁸ van Naerssen, Ton, and Barten, F. (2002). "Healthy Cities as a political process." *Nijmegen Studies in Development and Cultural Change* 38: 1-23.

⁹ Kickbush, I., (2003). "The contribution of the World Health Organization to a New Public Health and Health Promotion", *American Journal of Public Health*, 93, 3, pp.383-388.

¹⁰ World Vision International (2016). *Healthy Cities Learning Review: Exploring approaches contributing to healthy cities for children*.

¹¹ *Ibid.*

¹² *Ibid.*

¹³ World Vision International (2016). *Cities for Children Framework: A strategic framework for Urban Programming*.

- **Strategic pillar 1: Building social cohesion amongst diverse communities and promoting inclusion of marginalized and vulnerable groups**

Various power imbalances can cause disadvantaged urban groups to become hidden amongst more powerful and visible neighbors, leading to social fragmentation within communities. Traditional customs sometimes reinforce certain social hierarchies creating vulnerabilities for certain groups within the same neighborhood or even household, such as women, who are cut off from health information and follow unhealthy practices. As communities conceptualize, design and manage vital assets and forward health initiatives, such as shared water points or community sanitation facilities, it is vital to foster social cohesion and inclusion, so that the most vulnerable community members are able to meet their most basic needs and look after their health and the long-term wellbeing of their families and children. Entry points for this strategic pillar would include: (1) youth programming and (2) creating spaces for dialogue.

- **Strategic pillar 2: Strengthening the quality of urban governance at all levels, promoting community engagement with decision making processes, local-led advocacy in order to achieve citywide effective policy impact**

Urban health requires a conscious integration of health policies with other key citywide initiatives, as well as a balance of long-term and short-term goals to sustain political commitment. Given the presence of numerous diverse and potentially competing actors in the urban environment, formal and informal governance structures will need to be inclusive and empowered. Local governance actors should be capacitated with knowledge, training and resources, and better connected with one another and with the communities, in order to strengthen the overall effectiveness and accountability of the governance processes. Entry points for this strategic pillar would include (1) empowering community voice and agency to influence municipal governance systems, (2) partnering with local utilities and service providers, and (3) supporting the review of policy frameworks and planning from child health and wellbeing perspective.

- **Strategic pillar 3: Supporting knowledge building through enhancing the accessibility, representation, accuracy of data and information to leverage and advocate for inclusion and transformational change**

Diversity of vulnerability between social groups in conjunction with the fluid dynamism of urban populations and key power dynamics creates challenging obstacles for inclusive and responsive programming for health issues. A lack of disaggregated data hides the poverty and vulnerability experienced by informal and low income communities. Regular and effective collection, analysis, dissemination and use of information are fundamental to support all other steps, from urban planning to community mobilization and awareness-raising. Entry points for this strategic pillar would include (1) improving data collection, analysis and sharing for informed decision-making and (2) training and capacity building for a wide range of stakeholders.

- **Strategic pillar 4: Improving the quality of the built environment, shared public space and service delivery for safety, security and well-being of children and their communities**

Given the density of city populations combined with a lack of space, urban planning and design becomes a key factor for enabling a health environment for the urban poor. Infrastructural, transport and public space design can reduce health and safety hazards (such as pedestrian injuries) while encouraging healthy behaviours, from physical to social to psychological. Improving service delivery and access through the built environment, such as slum upgrading or improving waste management, can create the conditions through which the urban poor and vulnerable are enabled to advance their health and wellbeing aspirations to become future productive residents of the city. Entry points for this strategic pillar would include (1)

improving service delivery and access to low-income settlement areas, (2) increasing access to safe public open spaces, (3) supporting the expansion, accessibility and improvement of maternal and child health facilities.

To successfully implement entry points projects to contribute to healthy cities for children, four enablers of change are suggested to build on the urban advantage. Each enabler for change guides development practitioners and local stakeholders in recognizing and utilizing the assets, capitals and advantages already present in urban environments.

The four enablers of change for the Healthy Cities domain of change (common to all domains of changes) are:

- 1. Partnerships: Establishing citywide partnerships with diverse city actors and strengthening capacities of all key stakeholders to promote collective action and collaboration for quality, scale and impact.** By cultivating cooperation and consolidating networks across various sectors around a shared value proposition of urban health, these partnerships provide an avenue for co-production of ideas; information sharing; reallocation of capacity, skills and resources to meet demand and supply; and amassing greater political capital to demand for policy change. This also includes knowledge and expertise exchange across municipal, national and international networks around urban development and urban health programming. In World Vision's urban partnering experience, the organisation took on multiple roles as it sought to build the capacity of, mobilise joint resources to support, catalyse existing development momentum, and facilitate connections between these disparate actors to collaborate, share information and pool resources to create a sustainable and coordinated movement.
- 2. Technology: Utilizing existing and new technological capacity and innovations to assist in designing smart and inclusive cities.** Technology will be fundamental to improving knowledge and information processes (including assessments and monitoring) in an inclusive, systematic and periodic manner that is representative of actual experiences in the dynamic, dense and diverse urban environment. Technological solutions can be used to enhance primary data collection, programmatic assessments, and accountability measures, as well as to support community engagement and health-specific interventions. For example, World Vision effectively utilised technological solutions to reach out to vulnerable families and young mothers to raise awareness of healthy practices in child rearing, such as providing nutrition information in Cambodia. Introducing technology has also been recommended by the Healthy Cities literature review to improve waste sector management, such as supporting better methods of reduction, recycling and reusing, with the support of city and national policy.
- 3. Urban Planning and Design: Ensuring urban planning and design is inclusive, participatory and responsive to the needs and solutions of the most vulnerable groups, especially children in urban settings.** This enabler of change focuses on the existing administrative capacities, resources and systems present in cities. Effective urban health interventions will require influencing the management of existing resources, and/or the mobilisation of additional resources to addressing the unique health concerns of the most vulnerable and marginalised. Therefore, it is recommended that urban health programming involve conducting a multi-sectoral comprehensive city health profile as a monitoring and measurement tool to assist authorities in urban planning, as well as to inform various action plans at the different levels of the city (i.e. neighbourhood, municipal/district and city). Local communities and vulnerable urban residents, including children and youth, will be a valuable resource of contextual information. By engaging in community mapping and enumeration, urban residents can help both practitioners and city officials to uncover unlisted slums or expose hidden health hazards,

allowing for more effective urban planning. By connecting residents with city authorities, it has a dual advantage of acting as an interface through which the relationship between the tiers of local governance structures is strengthened.

- 4. Urban Policy: Ensuring that urban policy at all tiers of the city, from neighbourhood to city and national level, promotes equity and advocates for sustainable development.** Influencing city and national urban policy to be more responsive, inclusive and accountable to the most vulnerable urban groups is indispensable for launching long-term, sustainable and citywide impact in improving urban health across all the strategic pillars. Advocacy acts as a vehicle for scaling up interventions from the neighbourhood level to citywide level, while also providing an avenue for increased dialogue and negotiation among all relevant stakeholders. Equipping local actors with the knowledge, skill set and resources to pursue effective advocacy and awareness raising campaigns is one of the fundamental components to World Vision's urban strategy. For example, World Vision's urban pilot's joint advocacy activities in collaboration with local partners were able to achieve tangible progress towards the Child Friendly Cities initiative in Surabaya, Indonesia. The pilot project has since inspired the World Vision Indonesian office to build upon its gains, with the launch of a follow-up project focusing on child health in urban areas.¹⁴

¹⁴ World Vision International (2016/2014). *Making Sense of the City*. Revised ed.