RESEARCH AND DEVELOPMENT SOLUTIONS
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ADDRESSING MULTI-DIMENSIONAL URBAN POVERTY WITH COMMUNITY-DRIVEN, BOTTOM UP SOLUTIONS

INTRODUCTION

Half of the world's population now lives in cities. Urbanisation has driven human civilisation by agglomerating people and ideas, thus allowing people to benefit from specialisation of skills. However, rural to urban transition isn't always smooth. New migrants to cities often struggle to find new resources, jobs and safety to take the place of those they left behind. According to a recent report, 55% Pakistanis now live in cities and around half of these in an urban slum; and yet much of development work has focus on villages.

Community-driven development is a bottom-up process that involves communities in "**research**" (to identify local problems) and "**extension**" (to implement solutions, learn from this process and extend to other locations) as exemplified in the work of Akhter Hameed Khan in Comilla (Bangladesh) and Orangi (in Karachi, Pakistan). The Akhter Hameed Khan Resource Centre and its research partner Research and Development Solutions are applying these lessons to urban development.

DEMOGRAPHICS AND EMPLOYEMNT

Demographics	Median
Total Population of Dhok Hassu	194,250
Total HH in Dhok Hassu	7,819
Persons per household	6
Children 0 - 5 yrs per HH	1.63
Children 5 - 15 yrs per HH	2
Total Children less than 5 years	43,892
Total Children between 5 to 15 years	38,891
Employment	
Working Men	56,250
Working women	5,250
Women working from home	3,750
Working Children	18,750
Unemployed men	18,750

ABOUT DHOK HASSU

Dhok Hassu is one of 17 urban slum in Rawalpindi, Pakistan and includes Union Councils 5 and 6. It is adjacent to Pirwadhai, the largest bus/ truck stand in Pakistan and spans a mere 1.36 sq km area.

METHODOLOGY

To better understand Dhok Hassu, we mapped the area population and communities' resources such as schools and healthcare providers and used surveys and qualitative interviews to understand community needs.

Simultaneously, we met with and developed working networks with local community based organisations (CBO), local politicians and government officials.

BASELINE DATA

The population is 194,250 with a population density of around 142,000 per square km; making it one of the densest localities in the world.

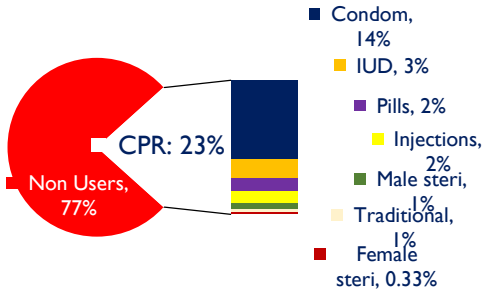
Around 47% if households rent and 71% are nuclear families. 41% of women are illiterate and only 7% of the women work (half of these from their own home). 44% cannot leave home alone, 51% can only visit a neighbour, 44% can go to a local store, 37% to a health facility and 28% require getting permission prior to leaving home each time. Only 7% feel that they can freely go outside without asking others for permission.

Health

Residents identified around 125 healthcare providers that they visit, although around half of these fall outside the geographic limits of Dhok Hassu. Of these 42% are medical doctors and 40% are either hakims or homeopaths. All but 3 are in the private sector. A few patients – all government employees – go to nearby large government hospitals. For most part all residents can access and afford some healthcare, although they feel that the overall quality of care is poor. Most care sought is for medical treatment of ailments, preventive services are rare.

Contraceptive prevalence rate is 23.1% with mostly condoms. Around 25% of providers said that they currently provide FP services, while 11% provide birthing services. 41% of the deliveries happen at home, 33% in a government and 26% in a private hospital.

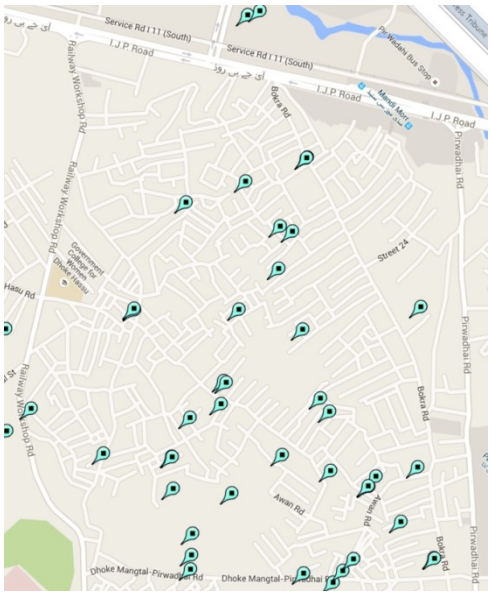
CPR AND METHOD MIX



Survey shows 85% vaccination coverage in Dhok Hassu although there are pockets of high vaccine refusals (usually in neighbourhoods with mostly recent FATA

and Afghan migrant) and polio was identified from environmental samples in 2015.

VACCINE REFUSALS ARE CLUSTERED IN A FEW NEIGHBOURHOODS



Education

There are 115 private and one government school. Most schools are for the primary (<5 grade). Most residents strongly support education for both male and female children. Parents would prefer to enrol children in the two government schools in the vicinity; however there is limited capacity. Many residents take their children out of school after primary or secondary levels due financial constraints. While there is a general aspiration of connecting education with opportunities, there isn't yet a manifest preference or even identification of quality of education.

Employment

Crude estimates place unemployment rate in Dhok Hassu at 32%. Amongst those who are employed, informal employment/ day jobs/ manual labour is the norm and 95% of the jobs are non-specialised.

Sanitation

Many respondents report facing sanitation issues regularly. 78% homes have toilets connected with public drains. Nearly all streets are paved and are lined by drains that are open. Residents report frequent blockages and overflows of these drains. The city government collects trash from major streets but few smaller streets are serviced or have local committees to manage them; 36% of homes simply throw their trash out. They also report that government sanitation workers usually demand off the books payments for services. Moreover, sewage pipes run parallel to the water pipes, with the possibility of contamination of water supply. While they understand and describe the lack of sanitation, they seldom connect this to the very common child diarrhoea: 48% of children have had at least one diarrhoeal episode in the past 12 months.

FUTURE ACTIONS

Overall Concept

We have developed a working relationship with local officials, CBOs, government departments and local academia to form a network that identifies local problems, develops and implements solutions through community participatory research and actions. This is based on AHKRC/ RADS field presence for high quality community engagement and research which will allow us to conduct our own work and to accommodate partnerships with interested collaborators.

Based on interviews the community identified three major needs: 1) employment, 2) education and 3) health (mainly for family planning and sanitation/ diarrhoea prevention).

Employment and Health

Based on the success of the MARVI project in Umerkot, we aim to train local women as outreach workers, who will visit women at home, create demand for family planning, vaccination, diarrhoea prevention and other preventive services and sell commodities to meet this demand. These women entrepreneurs will be called Aapis (sisters).

In this pilot, which will build on close proximities and large population densities in cities, to develop a business model that will aim make the work of Aapis self-sustaining, embed it with other CBOs and create jobs in the community that will manage supply chains for these women. We are also working with other providers and government departments to complement and support these women.

We will also work with academia, government officials and UN to help overcome vaccination refusals – and possibly create demand for better diarrhoea prevention or family planning - by applying specific behaviour change techniques.

Sanitation

We will promote local CBOs, UN or government agencies to develop local solutions for sanitation problems such as open or frequently clogged drains and mobilise communities to become part of these solutions.

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