URBAN SURVIVORS

Humanitarian challenges of a rising slum population

MEDECINS SANS FRONTIERES

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INTRODUCTION

In 2009, humanity crossed a profound threshold. For the first time, more than half of the world's population lived in cities rather than in rural areas. Many people made the move seeking greater economic opportunity, but rapid and sustained urbanisation has swelled existing slums, and spurred the creation of new ones in countries around the world. More than 800 million people now live in slum conditions. That is more than one out of every 10 people on the planet.

Through its work in urban settings throughout the developing world, MSF has first-hand experience of the impact that slum environments can have on public health. Slum residents live in a state of constant vulnerability. Pervasive pollution and unhygienic living conditions breed diarrhoeal and respiratory diseases. Population density, the lack of proper sanitation, and the shortage of public health facilities mean that other communicable diseases – cholera, for instance – or severe weather can have devastating effects.

Slum inhabitants often must adjust to a life of poverty in a place where there is more violence and more crime, where they are marginalised and discriminated against. Women, children and undocumented migrants are particularly at risk. For most people living in these circumstances, daily life remains extremely challenging. What's more, the total number of people living in slum conditions is growing.

MSF has been responding to urban health problems in a host of different ways – treating malnourished children in Dhaka, responding to cholera outbreaks and sexual violence in Port-au-Prince, and providing medical care to vulnerable migrant populations in central Johannesburg, to name just a few examples. Given the unplanned, unregulated, and largely uninterrupted flow of people into urban centres, there is an increasingly urgent need to recognise and understand the fact that slum residents are indeed facing a medical humanitarian crisis.

ABOUT URBAN SURVIVORS

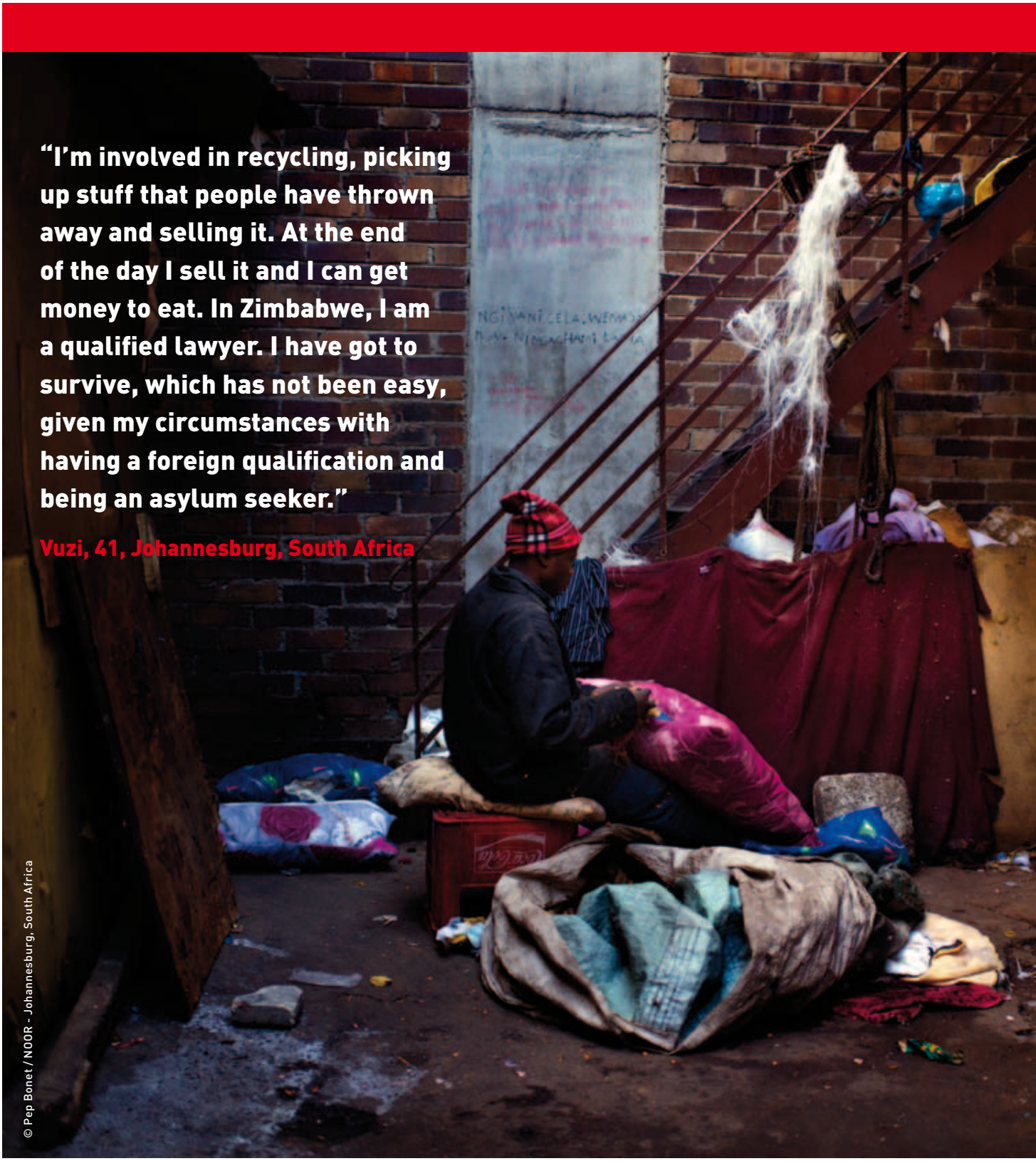
Urban Survivors is a project by Médecins Sans Frontières (MSF) in collaboration with the NOOR photo agency and Darjeeling Productions, which highlights the critical humanitarian and medical needs that exist in urban slums the world over.

The interactive website, www.urbansurvivors.org, takes the visitor on a virtual journey through five slums – in Dhaka, Karachi, Johannesburg, Port-au-Prince and Nairobi – where MSF is actively running projects. Featuring the work of award-winning NOOR photographers Stanley Greene, Alixandra Fazzina, Francesco Zizola, Jon Lowenstein and Pep Bonet, Urban Survivors lets the visitor discover more about the daily lives of people in these slums, the humanitarian issues they face, and what MSF is doing to address these problems.

"This place is a poor area, where people struggle to fulfil their own basic needs. They earn so little that even buying a change of clothes is a big challenge. Being able to get treatment, food, medicine and care when they are ill, or when their children are ill, is a problem for them."

Khurshed, 38, Kamramgichar slum, Dhaka

EXTREME LIVING CONDITIONS



“I’m involved in recycling, picking up stuff that people have thrown away and selling it. At the end of the day I sell it and I can get money to eat. In Zimbabwe, I am a qualified lawyer. I have got to survive, which has not been easy, given my circumstances with having a foreign qualification and being an asylum seeker.”

Vuzi, 41, Johannesburg, South Africa

DEFINITION OF A SLUM

A slum, as defined by the United Nations agency UN-HABITAT, is a run-down area of a city characterized by the lack of one or more of the following five features: durable housing, sufficient living space, access to safe drinking water, access to sanitation, and secure tenure.

Slum inhabitants endure extreme living conditions on a daily basis. Many slum settlements are located close to or directly on top of former industrial sites, meaning that the residents are frequently exposed to toxic and chemical waste. There are often too few latrines – in some cases hundreds of families must share a very small number of them. Systems for drainage and waste disposal are substandard, if they exist at all, which leaves people ever more vulnerable to the spread of water-borne diseases such as cholera or diarrhoea. Children are particularly at risk of contracting an illness, or even dying. They tend to have more contact with contaminated soil and water than adults, and because of their low body weight they are more likely to suffer harm if they ingest toxins.

In the Kamrangirchar slum of Dhaka, 10% of all consultations at MSF's clinics are for diarrhoeal diseases and skin infections – something which can be tied to undrinkable water, pollution, and unsanitary living conditions in this area. Similarly, in the Kibera slum in Nairobi, most homes do not have toilets, and clean water is lacking, meaning that people need to buy water that is safe to drink – an additional cost most households struggle to afford.

APPALLING LIVING CONDITIONS IN INNER-CITY JOHANNESBURG

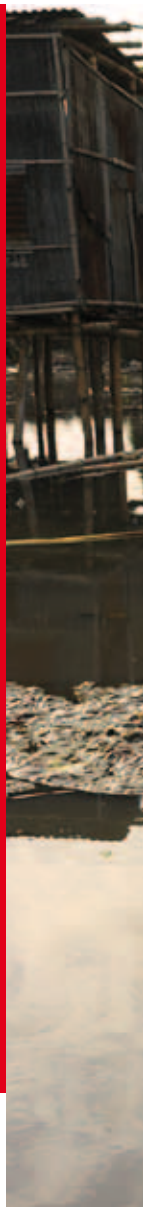
In 2010, MSF identified 82 slum buildings in central Johannesburg in which an estimated 50,000 to 60,000 people live in appalling conditions. These spaces are badly overcrowded. Rooms are subdivided in warren-like conditions. Sanitation is very poor or non-existent, there is little or no access to clean water, and there is no real system to manage and dispose of waste.

- Access to water:
  - 38% of residents share a water tap with more than 200 people.
  - 7.5% have no access to water at all in their building.

- Sanitation:
  - 71% of residents share a toilet with more than 20 people.
  - 49% of residents share a toilet with more than 100 people.
  - 5.3% do not have any toilet in their building.

- Living space and overcrowding:
  - 84.5% are living with less than 3.5 m^2 per person.
  - 22% are living with less than 1 m^2 per person.
  - 17% sleep on the floor without a mattress.

MSF is successfully working with the residents in a number of these slum buildings to improve waste management. Establishing a workable method of removing waste is critical for the health of the hundreds of people living in each of these buildings.



In settings where people live packed closely together without access to safe drinking water, there are much higher risks of outbreaks of water-borne diseases. This is what happened in October 2010, when cholera began to spread in and around Haiti's capital city, Port-au-Prince. MSF assessments showed that the rapid rise in the number of infections was linked to the fact that many people lacked access to clean drinking water and effective sanitation. MSF subsequently treated nearly 60,000 people in Port-au-Prince for cholera. Areas with poor sanitation and stagnant water are also ideal breeding grounds for mosquitoes carrying malaria and dengue.

Crowded environments likewise increase the risk of air-borne communicable diseases, such as tuberculosis. People often cannot be separated from an infected family member or neighbour due to the cramped living areas. In these environments, special infection control measures need to be taken. In the Indian city of Mumbai, for example, MSF is installing fans and extra windows into the homes of tuberculosis patients in order to improve ventilation and protect their family members from contagion. Patients are also encouraged to wear protective masks at all times when they are around other people.

Air pollution is another issue, both indoors and outdoors. Slum dwellers are more likely than wealthier people to use solid fuels for cooking. Since the kitchen is often part of the main living space, they are also more likely to breathe in the fumes those fuels emit. Outside, there are few green spaces, a great deal of traffic, and many industries that pollute the air. In MSF's project in Kibera, one can see the consequences of living in such an environment: pneumonia and respiratory infections account for nearly 40% of all consultations.

It should come as no surprise that trauma due to road accidents is more common in cities, particularly in slums where there is a greater concentration of motorcycles and cars driving on substandard, often narrower roads. In the Martissant area of Port-au-Prince, road accidents are among the most common causes of death for adults. In 2010, MSF's projects in the Martissant and Cite Soleil slums received over 20,000 cases of accidental trauma.

© Stanley Greene / NOOR - Dhaka, Bangladesh

NATURAL DISASTERS AND INADEQUATE SHELTER

Natural disasters such as typhoons, earthquakes or hurricanes can take a particularly drastic toll on slum residents. Many slums are located in places that are unsuitable for human settlements - land prone to flooding, for instance, or unstable terrain on the side of a cliff, or places close to industrial facilities. Therefore an earthquake or a hurricane is not a disaster on its own, but a catalyst for disaster. It can lay waste to the poor infrastructure and haphazardly-built, substandard housing found in all slums, while structures in more affluent areas remain standing.

SOCIAL ISSUES

The social dynamics of slum life present, and in some cases cause, their own set of public health challenges. For instance, it is estimated that rates of HIV are on average 1.7 times higher in urban areas than in rural areas. It is believed that the extreme levels of poverty and the social and physical characteristics of urban poor settings enable the spread of the disease. Groups vulnerable to higher infection rates – commercial sex workers, truck drivers, migrants, soldiers, transient populations, and men having sex with men – are often found in greater numbers in cities. Confined living conditions and the prevalence of insecure environments – in which, for instance, women must exit their homes at night to find a latrine – leave women more vulnerable to sexual harassment and rape.

Many slum residents must constantly search for work, which has a number of subsequent effects. For example in Dhaka's Kamrangirchar slum, where MSF nutritional surveys have shown that more than half of all children suffer from chronic malnutrition, many of the women are single mothers who have to earn an income themselves. Their extended families are far away, unable to help, so they have no other option than to leave their children at home during their working hours. Thus, irrespective of a mother's desire to tend to her family, during her frequent absences, children eat irregularly and survive on a diet low in nutrients. Furthermore, given the sort of menial labour usually available to slum residents, she is unlikely to earn enough to provide a sufficiently nutrient- and vitamin-rich diet. The resulting malnourishment stunts a child's growth and development, weakens immune systems, and increases the risk of contracting other diseases.

One also sees the results of the change in lifestyle that often comes with moving from a more active rural setting to a more sedentary urban setting, where high-fat processed foods are far more prevalent. A poor diet and decreased physical activity can lead to the onset of non-communicable chronic diseases. Increased drinking, smoking, and drug use – not uncommon responses to the stresses of slum life – can make matters worse. As a result, residents of some poor urban areas are increasingly presenting with so-called "western" or "modern" conditions such as high blood pressure, obesity, heart disease, diabetes, and other chronic diseases linked to eating junk food and a lack of physical activity. Crime and violence have an obvious impact on the health of slum inhabitants, similar to that of armed conflict.

There are many contributing factors such as rising inequality, a loss of social and cultural ethics and identity, unemployment, poverty and marginalisation. People are killed, injured, and displaced. Women are made particular targets. Infrastructure is damaged or destroyed and access to healthcare is restricted as a result.

MSF's medical teams in Martissant treated 3,068 victims of violent trauma in 2010, to cite one example. According to an MSF study published in 2009, violence – especially shootings and domestic violence – was the main cause of death for adults in Martissant, playing a role in 23% of all deaths. It should be noted that most statistics for reported incidences of domestic and sexual violence likely understate the problem because many victims keep silent, fearing reprisals. This prevents them from seeking medical treatment, something MSF has tried to address through public awareness campaigns that stress how important it is to get care for sexual violence within 72 hours of an attack.

"My area is very disadvantaged. The young people have no alternative. Electricity is rare. At any time, misfortune can happen. There are ravines. There are also settlements in areas that are not livable. And also, there is a climate of violence all around. In the evening, it is dangerous to go out."

Dina,19, Martissant, Port-au-Prince

NEGLECT, EXCLUSION AND DISCRIMINATION

The urban poor are often neglected, excluded, or discriminated against by state actors such as city and health authorities and the judicial system. MSF has frequently worked in slums wherein a state does not invest the same amount in health services and other infrastructure in slum areas as it does in more affluent neighbourhoods. In Kamrangirchar, for instance, MSF is the only provider of free healthcare. Similarly, in Kibera, which the Kenyan government classifies as an "informal settlement," there is no state-sponsored development, sanitation, or education. Residents have severely limited access to free or affordable basic healthcare. Four health centres offer free healthcare to a population of roughly 240,000 people, and MSF runs three of them.

Impoverished urban populations are very vulnerable to changes in the price of food. Costs for food, water and shelter are generally higher in urban settings too. In MSF's project in Kibera, for example, staff meet patients who spend, on average, three-quarters of their income on food in order to sustain themselves.

Cities are often home to sizable populations of refugees, asylum-seekers and migrants. These are particularly vulnerable groups that often lack the legal right to access healthcare. Their physical health can be compromised by unsanitary living conditions and a lack of access to basic services and their mental health is taxed by the additional stress that comes with fear of being deported. Linguistic and financial barriers are additional obstacles to accessing healthcare. Also, in some healthcare facilities, staff are required by law to report undocumented migrants to the authorities. In response, MSF has opened several projects designed to address the medical and humanitarian needs of displaced people in urban settings, such as in Johannesburg, where vulnerable migrants are facing the threat of arrest and deportation.

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FIVE EXAMPLES OF MSF'S WORK IN POOR URBAN SETTINGS

MSF is presently running projects in over 20 cities across the world. Below are five examples, that are also featured on the www.urbansurvivors.org multimedia site:

JOHANNESBURG, SOUTH AFRICA

Central Johannesburg have several inner-city slums that are inhabited by vulnerable migrants who came to the city fleeing violence, persecution or dismal living conditions in their home countries, and were seeking new opportunities. What many found was a life defined and circumscribed by crime, exploitation, marginalization, violence and xenophobia.

MSF operates two mobile units that circulate through the inner city slums to provide health promotion, medical screenings, counselling, HIV testing, and referrals. These activities are carried out in partnership with the city's Department of Health to facilitate access for vulnerable migrants into the public health system. The team is also ready to react to emergency situations, such as the outbreak of communicable diseases or violence, and in the event of mass evictions.

DHAKA, BANGLADESH

The Kamrangirchar peninsula was formerly used as a dumping ground for Dhaka's trash. Covering just three square kilometres, the area is now home to 400,000 people, most of whom migrated from other parts of Bangladesh. Toxic waste from Dhaka's industries is released into the Buriganga river, where many people from Kamrangirchar bathe and wash their clothes. Families often live in cramped living conditions, with up to ten people sharing a single room.

MSF runs two primary healthcare centres that provide care to children under five years old and to pregnant and lactating women. Through a therapeutic feeding programme, MSF staff provide special support to severely malnourished children and their mothers. The children are treated with nutrient-rich therapeutic food that helps them regain normal body weight. Much of the local population is so inured to malnutrition that they do not consider it a problem. Therefore, MSF conducts health promotion sessions to explain the nature and impact of malnutrition and to educate households about food hygiene and nutrition.

KARACHI, PAKISTAN

The floods that first struck Pakistan in July 2010 devastated villages and communities across the country. Some 100,000 people fled to Karachi, the country's largest and richest city. The people who arrived in Karachi between July and October 2010 received help from community-based organisations and authorities who responded quickly to the floods. However, after October, little assistance was available to people who were trying to survive. Those sorely in need of basic necessities like clean water and medicine were left largely to fend for themselves.

In November 2010, MSF started to address the needs of the people displaced by the floods. To prevent the spread of disease and to ensure a minimal standard of living MSF started running mobile clinics, providing clean water and distributing relief items. MSF initially worked in two sites, and later extended its activities to cover all locations where flood-affected people were gathering in Karachi. In May 2011, almost one year after the flooding, MSF handed over responsibility for medical care and health and sanitation services to the local authorities.

NAIROBI, KENYA

Five kilometres southwest of downtown Nairobi, the sprawling Kibera slum is severely overcrowded and suffers from a grave and dangerous lack of sanitation. The high population density, the deplorable hygiene, and the lack of clean water and sanitation significantly increase risks of diseases spreading in the slum. The people of Kibera have very limited access to free or affordable healthcare. The government has historically considered it an 'informal settlement,' which renders slum residents 'invisible' to the authorities and the rest of the society. As a result, there has been no government-sponsored development inside the slum, no provision of public water, sanitation, education, infrastructure or healthcare. Public safety is also a very serious issue, with significant health implications.

Three MSF clinics in the Kibera slum provide free primary healthcare and also integrate treatment for chronic diseases such as HIV/AIDS, TB, diabetes and hypertension. In addition, MSF runs a fourth clinic that provides care for survivors of sexual assault and rape. In 2011, MSF began building a new clinic just outside Kibera, where all these free services will be provided under one roof.

PORT-AU-PRINCE, HAITI

During a demographic explosion in the 1990s, parts of Port-au-Prince grew increasingly overcrowded and anarchic. After localised groups began stockpiling weapons and transforming into gangs, a cycle of violence took hold. Shootings and killings, along with bloody reprisals, became the norm, and the resulting state of insecurity isolated people. Many had only limited access to basic services. After the 2010 earthquake, the number of homeless people increased dramatically, but many of them could not get medical care because they could not afford entry into the privatised Haitian health system.

In recent years, MSF has been one of the main public healthcare providers in the slum districts of Port-au-Prince, providing free obstetric, emergency and trauma care to the city's inhabitants. MSF has been running a 40-bed emergency health centre in the slum of Martissant since 2006. At the centre, MSF treats victims of violence, including sexual violence, providing comprehensive medical and psychological treatment. The medical team organises mental health care activities including psycho-educative group sessions, individual consultations and support groups. Internal medicine, paediatric care and maternal services are also provided.

CHALLENGES IN REACHING PEOPLE IN URBAN SETTINGS

Although people in urban settings may live geographically closer to healthcare facilities, other factors complicate the process of delivering healthcare to urban populations. Streets might be too crowded and narrow for vehicles to pass through, and there can be unacceptable security risks. In Rio de Janeiro, for instance, MSF ran a project in one of the slums between August 2007 and April 2009, focusing on emergency stabilisation for victims of violence and referrals to second- and third level structures. Due to the high rates of violence, teams first had to enter into lengthy negotiations in order to convince the local populations – and the local gangs – that MSF was neutral, impartial, and independent.

In MSF's project in Johannesburg, staff have seen that many undocumented migrants choose to remain hidden or underground because of their lack of legal status. As a result, MSF has had to be more proactive in order to reach this population. Therefore, MSF teams conduct health promotion activities and general health screenings through mobile clinics at the slum buildings.

Similarly, in Kamrangirchar, in Dhaka, many parents have to choose between going to work to earn a daily living or taking their children to the hospital; they cannot do both. MSF has responded by conducting home visits that bring care closer to the patients and in some cases organising transportation to and from the health centre.

CONCLUSION

It is evident that slum environments can cause or exacerbate severe and wide-reaching health problems, and create particular challenges for women, children, and undocumented migrants. As cities will continue to expand, slums will expand with them. This is something we cannot ignore.

Through its work in urban settings over the last decades, MSF has experienced how a growing urban population has created an increased need for humanitarian interventions in slum environments. In many places, the situation is so grave that it cannot be described as anything less than a humanitarian emergency. Subsequently, MSF has increased its resources to work in such settings and is now running projects in over 20 cities across the world.

In these projects, MSF has had to adapt tools and procedures that were originally designed for rural areas, while taking into account local conditions and cultural traditions. A model that works in a rural clinic in South Sudan may work less effectively in the crowded alleyways of Mumbai or Port-au-Prince, and a program that is run in Kibera may need to be adapted if it is going to be replicated in Karachi.

MSF has had to develop partnerships with city authorities, local NGOs, and urban planners to create an environment in which programmes can be effectively implemented and managed, and in which health and hygiene can be promoted and encouraged. It has also been important to work with the local people themselves to give those often-neglected and disenfranchised populations some agency in the process.

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© Francesco Zizola / NOOR - Kibera, Kenya

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