

URBAN AND TERRITORIAL PLANNING FOR HEALTH: A TRAINING MANUAL



URBAN AND TERRITORIAL PLANNING FOR HEALTH: A TRAINING MANUAL

First published in Nairobi in 2020 by UN-Habitat

Copyright © United Nations Human Settlements Programme, 2020

All rights reserved

United Nations Human Settlements Programme (UN-Habitat)

P. O. Box 30030, 00100 Nairobi GPO KENYA

Tel: 254-020-7623120 (Central Office)

www.unhabitat.org

HS Number: HS/000/00E

Financial Contribution and Support: SIDA

Acknowledgements

Coordinators: Remy Sietchiping and Laura Petrella

Drafters/Authors: Prof Blaise Nguendo Yongsi, Prof Ram Babu Singh, Dr Aakriti, Grover, Prof Steve Lindsay, Prof Saroj Jayasinghe, Prof Saroj Jayasinghe, Dr Tsafack François

Contributors and Reviewers: Frederic Happi Mangoua, Cecilia Andersson, Raphaelle Vignol, Pamela Carbajal, Sohail Rana, David Evans, Suzanne Koufana, Remy Sietchiping

Design and Layout: Leandry Jieutsa, Jean Robert Gatsinzi, Herbert Kimani, and Frederic Happi Mangoua

Assistants: Elizabeth Kahwae and Shova Khattry

Financial Support: Governments of Norway and Sweden

Disclaimer

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Views expressed in this publication do not necessarily reflect those of the United Nations Human Settlements Programme, the United Nations, or its Member States.

Excerpts may be reproduced without authorization, on condition that the source is indicated.

TABLE OF CONTENT

- Detailed concept notes for each module of the tailor-made training programs 1**
 - Module 1: Introducing Health to Urban and Territorial Planning.....4
 - Module 2: Health Contributions in Urban and Territorial Planning.....5
 - Module 3: Integrating urban and territorial planning with health.....7
 - Module 4: Connections between urban Planning and Health8
 - Module 5: Including Health in Urban and Territorial Planning9
 - Module 6: Assets-based approach with people at the Centre11
 - Module 7: Health and Urban and Territorial Planning : what and how to choose an entry point12
 - Module 8: Health appraisal, analysis and data tools13
 - Module 9: Urban environment and vector borne diseases: Building out mosquito-transmitted diseases in developing countries (the DELIVER mnemonic)14
 - Module 10: Spatial Epidemiology and urban health15
- Terms of Reference and report of the selection of trainers 16**
 - 2.a. Terms of reference and training manual model.....17
 - 2.b. Selection of Trainers18
 - General considerations18
 - Process of selection of trainers19
- Curricula of Training of Trainers 24**
- Package of training materials adapting UN-Habitat and WHO tools (Health for/and territorial planning) 27**
 - 4.a. Training manual: definition and usefulness28
 - 4.b. Why a training manual on urban planning and health?29
 - 4.c. Methodology of work31
 - 4.d. Target audience and training approach.....33
 - 4.e. The training manual package itself.....34
 - Phase 1. Before the training session or workshop.....34
 - Phase 2. During the training session or workshop.....36
 - Phase 3. After the training session or workshop80
- Annexes 81**
 - ANNEX 1 : PRE-TRAINING SURVEY (LEARNING NEEDS ANALYSIS).....81**

Annex 2 : ENTRY SELF-EVALUATION	84
Annex 3 : END OF WORKSHOP EVALUATION QUESTIONNAIRE	85
Annex 4 : FOLLOW-UP SURVEY	88
References	92

LIST OF FIGURES

Figure 1: Factors determining credibility of trainers21

Figure 2: The ten-step process development for the training manual31

Figure 3 : Suggested training approach.....33

LIST OF TABLES

Table 1: Trainers' keys traits	18
Table 2 : Trainers' curricula	25



01

Training on urban planning and health Douala-Cameroon

DETAILED CONCEPT NOTES FOR EACH MODULE OF THE TAILOR-MADE TRAINING PROGRAMS¹

¹ We wish to point out that contents of this training manual mainly derive from : Integrating health in urban and territorial planning: sourcebook for urban leaders, health and planning professionals. Geneva: UN-Habitat and World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. All our gratitude

2015 Resolution 25/4 of the Governing Council requested UN-Habitat “to consider health and well-being aspects, including the promotion of and access to health services, in developing policies on urban and territorial planning and human settlements in the operational work of the United Nations Human Settlements Programme”. As a response, UN-Habitat is working with the World Health Organization for the development of specific tools to consider how to integrate health into urban and territorial planning, investments, and policy decisions and thereby to advance the implementation of the work program of the “International Guidelines on Urban and Territorial Planning for improved environment and health”.

This thematic track of the guidelines aims to enhance knowledge and capacity for the inclusion of health in planning practice by enhancing global awareness of tools, frameworks and practices that employ urban and territorial planning as a means to improve and protect the health of people and the environment.

Moreover, findings from the workshop held during the 15th International Conference on Urban Health (ICUH) revealed that some of the main challenges to integrating health in urban and territorial planning include the “lack of awareness of the links between health and planning amongst professionals”, “lack of institutional capacity for intersectoral collaboration, and “lack of participation from different stakeholders” in planning processes. This suggests that building capacity of urban health actors, planners, Decision Makers, Civil Society is needed to identify mechanisms that enable intersectoral and multi-stakeholder collaborations. Hence, envisions a practical

companion that can assist urban health actors and decision-makers to build the capacity needed to localize the guidance and lessons learned from these experiences in their respective contexts, and ultimately, be able to bring about change in planning practice for the achievement of better health and well-being; so true is it that Intégration of health and wellbeing can also contribute to improve the quality of the plans, design and policy.

While assigning this activity, UN-Habitat is expecting from the consultant to develop a Practical Training Manual on Urban Health, designed specifically to enable planning and health professionals to identify and track actions where they can engage in collaboration, on the one hand, in the planning process and bring other stakeholder groups (e.g. civil society organizations, national-level authorities, etc.) to participate throughout its different stages; and on the other hand, in strengthening implementation capacity and improvement of the contents e.g plans, design and policy, so as to give directions how health and wellbeing issues should be integrated and translated in to planning principles, guidance and policies.

In close collaboration with health and planning professionals, and in partnership with International Society on Urban Health (ISUH), the Urban Health and Well-Being Programme (UWHB), and International Science Council (ISC), the World Health Organization (WHO) and following the joint publication by UN-Habitat and the WHO Sourcebook: Integrating health in urban and territorial planning, the modules below have been created. We wish to mention the UnHabitat programme “Planning for healthy cities and territories” which underlines challenges to be addressed, including the urgent

need to accelerate the achievement of SDGs in cities by 2030.

There is a wide range of literature on both health and wellbeing. Definition of health incorporated the notion of wellbeing. While the concept of health tends to be related to negative indicators such as morbidity and mortality, the concept of wellbeing is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. In understanding the difference between health and wellness, in short, health is a state of being, whereas wellness is the state of living a healthy lifestyle. Health refers to physical, mental, and social well-being; wellness aims to enhance well-being. Considering the above theoretical differences,

this module would cover only health issue to maintain consistency.

Also and finally, we want to clarify that the content of this training manual closely follows that of the UN-Habitat/WHO sourcebook "Integrating health in urban and territorial planning". Some chapters' names in the sourcebook have been slightly reworded in this training manual just for pedagogical purposes.

Though it will serve as the reference handbook, the content of the training will be enhanced with specific exercises that selected trainers will deliver during the training sessions. Those exercises could be in the form of health indicators, demographic data, maps, newspaper clippings, etc.

MODULE 1: INTRODUCING HEALTH TO URBAN AND TERRITORIAL PLANNING

This introductory module aims at showing why health needs to be part of UTP and how to make this happen.

In fact, several actors, decision-makers, and community organizations influence urban environments and/or are concerned with population health. This training gives an opportunity to reach out to these agents, advocating the importance of using a “health lens” in UTP for everyone involved. The benefits of using a health lens include: (i) reducing the overall burden of disease through non-health budgets, thus supporting universal health coverage (UHC) ambitions, (ii) encouraging the health sector, including its leaders, to contribute to more equitable and fairer urban transformations, (iii) unlocking additional support and resources to address climate change and the SDGs through engagement of the public health professions with their well-respected voice, and their range of population focused skills. Disease can be prevented by focusing our attention on the design, creation and management of environments in which people live.

A global assessment of the burden of disease from environmental risks clearly indicates the role of the built environment in health, and underscores why we need to harness UTP in the service of health. For any single disease or injury, the effective scale of intervention at which UTP. Since there is no single “what we should do” that can be universally applied, the training will concentrate on the how, i.e. what needs to be done should be developed locally. And to do so,

we need political commitment and leadership across civil society and the built environment and public health professions, stakeholder commitment to develop a shared vision for healthier and more equitable placemaking and policy decisions with territorial and spatial implications, and organizational investment to establish health in UTP as a norm.

Besides, sustainable urbanization has the potential to be a transformative power which can help to accelerate the achievement of the 2030 Agenda. While “the SDGs focus on what the world needs to achieve, the New Urban Agenda is focused on how to achieve it, and offers an integrated way to scale impact and fast-track acceleration towards the SDGs”.

So, since the NUA is a key to the fulfilment of the goals and targets of other agendas, all of which have urban and territorial dimensions, it needs to be considered during the training as it may be the opportunity to increase participants awareness on the four fundamental drivers of change: (a) developing and implementing urban policies at the appropriate level; (b) strengthening urban governance; (c) reinvigorating long-term and integrated urban and territorial planning and design; and (d) supporting effective, innovative and sustainable financing frameworks and instruments.

MODULE 2: HEALTH CONTRIBUTIONS IN URBAN AND TERRITORIAL PLANNING

It is well known that urban and territorial planning can contribute to better health and health equity. However, health can be a valuable input for urban and territorial planning, as well as an outcome. For example, population health as a theme acts as a potent catalyst and enabler for more people-centered planning.

By involving public health professionals early on in a planning process, they can add up to date localized health and equity data and support evidence-informed design solutions. Together, planning and public health can be effective in covering and bringing into alignment virtually all SDG targets. Actors and decision-makers at all levels and from many sectors have a role themselves. They also have a duty to recognizing the importance of strengthening community participation.

A local community has a pivotal role in contributing knowledge about the experience and use of their living environments and without them local buy-in and outcomes are weakened. This module outlines roles and contributions of Actors and Decision-makers at all levels and from many sectors:

- **National governments**

At national levels, Urban and Territorial Planning has a tradition of involving those associated with spatial approaches to infrastructure and resource planning. The SDG agenda now demands a higher degree of coordination and collaboration so as to achieving multiple benefits. Collaborations on spatial projects also involving public health in national can help combat the centrifugal forces that constantly

hinder these interventions whereby different sectors set conflicting goals. We now need to strengthen strategic and spatially focused systemic public health practice at supranational and national level for Urban and Territorial Planning. Human settlements, seemingly physically separated from their surroundings, can not exist in isolation. The health of their population is dependent on a matrix of natural processes both locally and across the country and the lifestyles available to those populations affects their ability to choose healthy behaviors, this needs tackling by national government. In short, nationally, the relationship and poly-centricity of nearly urban settlements and management of urban-rural relationships needs careful consideration of health impacts, and models that support population health and reduce health inequalities should be sought.

- **Local authorities**

Managing a city-region, a city or a district involves coordinating policy across a wide variety of environmental, social and economic domains to achieve successful outcomes. Public health and Urban and Territorial Planning working together better supports that vital link between 'people' and 'place'. This approach supports political ambitions for a more equitable population with a resilient local economy. In terms of settlement planning and development, the local authority level can be major game-changers. They control the scale where major national policies converge with local territorial realities. Local authorities have the potential to strengthen urban-rural linkages and break

administrative thematic barriers, as many will have their own in-house planning and public health staff.

- **Civil society organizations and their associations**

In many cases, some of civil society organizations will have the closest interaction with everyday environments and places under review. Thus, they have key contribution supporting local authorities identify need and priorities, raise public awareness, contribute to ensuring continuity in long-term objectives of urban and territorial plans, strengthening community participation for local buy-in and for local knowledge on process and place. Local communities and the organizations representing them may hold key knowledge vital to unlock better public health in their locality, but may also be the least powerful, especially if made up of often marginalized and disadvantaged communities. Professionals involved have a duty to go beyond consultation and involve local people.

- **Professionals and their professional institutes**

Public health professionals are central to good Urban and Territorial Planning. Therefore, they need to now be accepted as key actors and decision-makers, because they have a valuable and unique set of skills to bring. For example, the key outcome of traditional thematic areas for Urban and Territorial Planning, such as economic development or transport planning, is to deliver population well-being. However, this goal can get distorted or even lost in the siloed world of sectoral working. Public health professionals can help develop the outcome focused monitoring processes to keep these

complex policy areas on track. Planning and public health have complementary skill sets, design-driven problem-solving, a common ancestry (in early sanitation and air quality activity), shared values (such as a whole population focus) and similar work methods (assessing trends and long-term outcomes). They both embrace an integrated and holistic approach.

MODULE 3: INTEGRATING URBAN AND TERRITORIAL PLANNING WITH HEALTH

This module aims at answering why it is important to integrate urban and territorial planning with health. It should be so because:

- of the alignment of health and sustainable development in the urban agenda: Urban and territorial planning is an important pillar of the New Urban Agenda and the attainment of the SDGs. And The WHO responded to the New Urban Agenda in Health as the pulse of the New Urban Agenda, acknowledging the interrelationship between the urban environment and health. Health as the pulse of the New Urban Agenda recognized the
- relevance of health for the SDGs that lie outside SDG 3 (health and well-being), and, with SDG 3, it highlighted the importance of urban governance and planning as upstream determinants of health and health equity,
- Urban and territorial planning affects people's health: urban policies can affect the air we breathe, the quality of the spaces in which we live, work and play, the water we drink, the way we move about, as well as our access to healthy, nutritious foods and to health care services.

MODULE 4: CONNECTIONS BETWEEN URBAN PLANNING AND HEALTH

Regardless of the assessment level (neighborhood, district, city, regional, national level), urban and territorial planning provides a framework to allow actors and decision-makers to align their various inputs and processes to agree and achieve multiple outcomes. Correctly applied, an alliance of stakeholders can minimize conflict and unintended negative consequences, found all too commonly when working in silos. Then, working together, planning and public health can ensure that disease prevention and better health equity through good urban and territorial planning is a central component of the communicable and non-communicable disease reduction and management responses. Health needs to be thought of as an essential input to the urban and territorial planning processes as well as an outcome. This typical alliance will be analyzed from three standpoints:

- **Sustainable Development Goals and health**

Urban and Territorial Planning is an important pillar of the New Urban Agenda and the achievement of SDGs. In 2015, UN-Habitat published the International Guidelines for Urban and Territorial Planning. The Guidelines set the foundation for a different way of thinking about the way cities are governed, planned, and developed. As developed by UN-Habitat Urban and Territorial Planning has a three-pronged approach: urban planning and design, rules and regulations, and municipal finance. This guidance primarily addresses the first of these. The World Health Organization responded to the New Urban Agenda in 'Health as the pulse of the New Urban Agenda', acknowledging the interrelationship between the urban environment and health. It recognised the relevance of health for SDGs that lie outside SDG3 (Health and wellbeing), and with SDG3 it recognised the

importance of urban governance and planning as upstream determinants of health and health equity. The WHO Urban Health Initiative, in close collaboration with UN-Habitat and other partners, offers the tools, the knowledge and the model process for cities and regions to facilitate the incorporation of health into planning and decision-making processes. This guidance builds on these foundations by providing a 'health lens' through which to view 'Urban and Territorial Planning'.

- **Cities and urban lifestyles influence planetary health**

Human settlements, seemingly physically separated from their surroundings, cannot exist in isolation. Cities and urban lifestyles influence planetary health through impact on ecosystems. The health of their population is dependent on a matrix of natural processes locally and across the world and the lifestyles of those populations affects the ability of those processes to perform that activity. The determinants of health relevant to territorial policy, particularly at supranational and national level, are well illustrated in the Millennium Ecosystem Assessment through showing how ecosystem services relate to well-being outcomes.

- **Health equity**

Health inequalities are often a reflection of wider inequities. These are part of complex and systemic societal issues. A major report from the Americas (PAHO 2018) listed 12 recommendations for tackling equity and health inequalities. Although the report is based on geographically defined work, these recommendations have widespread applicability, each recommendation has implications for a adopting equitable approaches within Urban and Territorial Planning.

MODULE 5: INCLUDING HEALTH IN URBAN AND TERRITORIAL PLANNING

The agenda for mutual and cross-cutting support between Urban and Territorial Planning and Health is very wide. It traverses multiple scales, numerous stakeholders and many sectors. A complicating factor is that, as independent fields, both planning and health have developed their own terminologies and methods. This can serve to frustrate attempts at joint working. It is then necessary to start learning how to speak each other's languages. Success will depend on one's ability to release the full potential of combining health with Urban and Territorial Planning. A combination that can act as a thread connecting and strengthening the delivery of many Sustainable Development Goals. In order to make health and urban territorial planning connection a success, an inclusion mechanism will consist of considering:

- **Urban and territorial planning contexts and health**

What planning for health looks like will vary from country to country. There can never be no deterministic answer for the right density of housing, spatial pattern, plot size or building height for health. Similarly, at an international level there is no prescriptive solution for how best to use the Urban and Territorial Planning system to support health. The broad institutional, formal and informal context for Urban and Terrestrial Planning includes actors and decision-makers from the 'market', the 'state' and 'civil society'. Depending on the country and the situation, power may lie wholly with one stakeholder or be shared in a variety of ways.

- **The four dimensions of health approach in planning**

Public health, for the purposes of developing Urban and Territorial Planning, is taken to refer to approaches and interventions that in relation to improving the health and well-being at whole population or defined sub-population level. This breaks down into: Disease and illness prevention (typical planning interventions include sanitation, housing regulations in regards to dampness and warmth, injury preventions and reducing pollution risk and exposure); Health promotion and curative dimensions (typical planning interventions include provision of cycling infrastructure, local food growing and healthy food access strategies, access to nearby nature and public open space and social inclusion measures); and ecological public health (typical planning interventions include biodiversity action plans, climate linked energy plans, spatial strategies to reduce resource and energy consumption, local food systems and resilience strategies). These three approaches can interact with Urban and Territorial Planning in a number of different ways. Experience from 'healthy urban planning' in cities has helped highlight four basic dimensions to this interaction that provide for avenues fruitful collaboration: (i) basic planning and legislative standards to avoid risk to health, (ii) Planning codes to limit environments that detract from healthy lifestyles or exacerbate inequality, (iii) Spatial frameworks to enable healthier lifestyles, (iv) Urban and territorial processes to capture multiple co-benefits of 'building-in' health.

- **Health in all planning phases**

Urban and Territorial Planning refers to a host of different kinds of activity covering a wide range of geographic scales and timeframes. In most countries, it will operate at many geographic scales and have legal, quasi-legal, policy and even informal instruments and procedures. Whatever the scale or timeframe, planning processes proceed iteratively and sequentially through a series of phases. Four clear phases can be recognized: diagnosis, formulation, implementation, and monitoring and evaluation. Ideally, each phase is developed with stakeholder co-production and public health need to be actors and decision-makers in each stage. Public health practitioners have two key

inputs for each phase. It is the responsibility of spatial planners to reach out and bring in public health expertise for each of these tasks.

- **Working with weaker regulatory planning and limited resources**

Whatever the planning system context 'on paper', there may be a weak infrastructure for its implementation. This can result in inappropriate 'red'-tape and allow inequalities in power (financial, political, technical and cultural) to distort planning away from supporting health of local populations and towards concentrating land value for those already in control of resources. Therefore, there will be need to allocate resources wisely and to help ensure more equitable access to planning processes.

MODULE 6: ASSETS-BASED APPROACH WITH PEOPLE AT THE CENTRE

An assets-based approach has a long history in community development. A similar approach can be applied to create healthier environments with, and for, local people. An assets-based approach brings actors and decision-makers together around a positive baseline. Rather than putting problems at the center, the approach places people at the center, i.e. the emphasis on the community's and locality's assets, alongside unmet needs. A wide range of techniques are available for taking an asset-based approach, including asset mapping, co-production and various community-led, community engagement and community development methods. In this module, we will consider three assets for healthier more equitable Urban and Territorial Planning:

- **People:** Actors and Decisions-makers are often mentioned in health promotion and in urban and Territorial Planning. In a collaborative project, these are not necessarily fixed jobs, but roles that different people may move into and out from. There will of course be some fixed organisation jobs, but a key factor in any successful initiative is the people; their skills, commitment, knowledge and leadership. In a community setting these may manifest, not as 'hard' professional attributes, recognised through speaking with specialist terminology, but flowing in a "softer" way and easily overlooked by professionals. Local people based assets need to be identified and honoured and may need to be cultivated.
- **Places:** Physical spaces, natural or built can act as local or regional assets for health and health equity. A census-like survey of an asset class can often reveal unused potential. A space becomes called a 'place' as it acquires its own identity. Examples of places that can deliver health and health equity: Streets and roads; Public space such as civic squares and neighborhood/pocket parks; Land with soil of food growing quality; Regional or local water bodies and water courses; Local community or public buildings; Neighborhoods shelter belts and tree corridors
- **Processes:** National, regional, municipal and local processes and measures should also be reviewed as part of an assets-based approach. In any location, but especially where statutory planning is weak, a planning process that is in place and working may be an asset. Planning processes and measures include: Plans and strategies, Management plans, Implementation processes, Design guidelines, Baseline data gathering, Design appraisal, Rules and regulations

MODULE 7: HEALTH AND URBAN AND TERRITORIAL PLANNING : WHAT AND HOW TO CHOOSE AN ENTRY POINT

Health is both an enabler and an outcome. Using both serves as a useful catalyst for action across a range of entry points. In this module, we will examine connection between Health and urban territorial planning:

- **By principle:** A principle goes beyond an outcome. It is a high-level commitment, to record progress it may be measured by a number of outcomes. An example at the national level is Sweden's 'Vision Zero'. At the city-level, examples include Child-friendly City and Age-friendly Environment commitments. In projects commitments that place Social and environmental justice or inclusion and participation at the center provide a strong entry point for health equity.
- **By sector:** Planning can provide the platform and a framework for the integration of various sector-wide policies and programmes. Such an approach is often itself termed 'spatial planning'. Examples of sectors with a spatial

component include housing, education, transport, retails, mobility and economic policies;

- **By outcome:** Outcomes may be set in a number of ways, for example by SDG or national and local political ambitions. Health itself at international, national and local level is often the subject of several committed outcome targets. Repeating the message from other sections of this guidance, the more actors and decision-makers subscribe to an outcome or cluster of outcomes the more likely these are to be achieved.
- **By setting:** Public health has a long tradition of using a settings-based approach; this dovetails perfectly with urban and territorial planning at a number of scales. This entry point can be most useful at the more people-centered scales of urban design and architecture.

MODULE 8: HEALTH APPRAISAL, ANALYSIS AND DATA TOOLS

Given that urban and territorial planning is involved with decisions about physical infrastructure with implications for several generations, robust testing before implementation is imperative. These tools must be applied iteratively in the development of policies, plans or projects, so allowing options to be assessed and new solutions to emerge. This module outlines:

- **Health impact assessment:** There is an increasing literature on health impact assessment in Urban and Territorial Planning. Health Impact Assessment helps decision-makers make choices about alternatives and improvements to prevent health conditions and to actively promote health. It assumes that policies, programs and projects have the potential to change the determinants of health. In short, health impact assessment can add value at all phases of the planning and policy processes.
- **Spatial epidemiology:** Risk patterns in health and health inequalities tend to have both a temporal and a spatial component. Spatial epidemiology combines methods from epidemiology, statistics, and geographic information science. Planners and public health professionals both regularly engage in spatial analyses, such as using geographic information systems. Through the layering of health data with the analysis of physical attributes, novel techniques are emerging which support a better understanding of the exposures enable mitigation through policy and physical planning to be explored.
- **City dashboards and city profiling:** City dashboards provides all actors and decision-makers including citizens, public sector workers, researchers and companies with comparative data for a basket of key aspects of a city. Health and non-health sector indicators are sometimes integrated on these dashboards. These may contain real-time information, time-series data and interactive maps. They enable users to gain up-to-date intelligence about the city to support evidence-informed decision-making through aiding diagnosis, analysis and monitoring.
- **Citizen Science:** citizen science is proving a key resource for data and capacity building for urban stakeholders. This approach is rapidly developing. Local, up to date and relevant case studies should be sought.

MODULE 9: URBAN ENVIRONMENT AND VECTOR BORNE DISEASES: BUILDING OUT MOSQUITO-TRANSMITTED DISEASES IN DEVELOPING COUNTRIES (THE DELIVER MNEMONIC)

Vector-borne diseases are infectious diseases transmitted by mosquitoes, ticks, flies and bugs, which act as “vectors” of the disease-causing pathogens. These diseases contribute substantially to the global burden of disease and disproportionately affect communities in developing countries. There is a high burden of vector-borne disease in sub-Saharan Africa, and many of these diseases are present in the same geographical location. This module focuses on mosquito transmitted diseases in urban areas in sub-Saharan Africa. This module outlines:

- **Importance of mosquito transmitted diseases in urban areas:** Diseases such as: malaria, lymphatic filariasis, dengue, cutaneous leishmaniasis, onchocerciasis, human African trypanosomiasis (HAT) and schistosomiasis contribute significantly to the global burden of disease and disproportionately affect communities living in developing countries in tropical and sub-tropical zones. The most important vector-borne disease is malaria; in 2015, WHO estimated that there were 188 million cases of malaria in the WHO African Region, with about 395 000 deaths. Other diseases, such as lymphatic filariasis, schistosomiasis, HAT and onchocerciasis, are less deadly but still result in high levels of morbidity. Dengue is one of the world’s fastest spreading vector-borne diseases, and cases are becoming widespread in urban areas. These diseases not only affect public health but are also a major cause of poverty and

underdevelopment in many countries.

- **Integrated vector management (IVM) for disease control :** The aim of the IVM approach is to help control and eliminate vector-borne diseases by making vector control more efficient, cost-effective, ecologically sound and sustainable. Vector control programmes face a number of challenges, including dwindling public sector human and financial resources, the threat of insecticide resistance, the emergence of new vector-borne disease and pressure to lessen the environmental impact of vector control. IVM can help address these challenges. It can increase the effectiveness of vector control by encouraging the use of local evidence to choose and target vector control, by integrating interventions where appropriate and by collaborating within the health sector and with other sectors.

MODULE 10: SPATIAL EPIDEMIOLOGY AND URBAN HEALTH

Spatial epidemiology is the description and analysis of geographically indexed health data with respect to demographic, environmental, behavioral, socioeconomic, genetic, and infectious risk factors. It is part of a long tradition of geographic analyses dating back to the 1800s when maps of disease rates in different countries began to emerge to characterize the spread and possible causes of outbreaks of infectious diseases. Spatial epidemiology extends the rich tradition of ecologic studies that use explanations of the distribution of diseases in different places to better understand the etiology of disease. Over the ensuing decades, it grew in complexity, sophistication, and utility.

Recent advances in data availability and analytic methods have created new opportunities for researchers to improve on the traditional reporting of disease at national or regional scale by studying variations in disease occurrence rates at a local scale. Such investigations may include locally relevant health risk factor data such as exposures to local sources of environmental pollution and the distribution of locally varying socioeconomic and behavioral factors.

Spatial epidemiology at small-area scale such as urban scale, can be divided into three main areas: disease mapping, geographic correlation studies, and clustering, disease clusters, and surveillance. However, the above grouping is artificial, because depending on scale, disease mapping may provide information on individual disease clusters and more generally on disease clustering. Moreover, a point source of exposure

may give rise to a localized excess of cases that might be detected on a disease map, whereas geographic correlation studies share much in common with disease-mapping studies. Therefore, in the framework of this training, we would like just to explain how spatial analysis are relevant in urban health.



02

Training on urban planning and health Douala-Cameroon

TERMS OF REFERENCE AND REPORT OF THE SELECTION OF TRAINERS

2.A. TERMS OF REFERENCE AND TRAINING MANUAL MODEL

Training manuals are a valuable asset in many organizations. Providing training documents that contain clear, concise instructions and direction help reduce confusion, mishandled equipment or documents, and loss of productivity. In fact, training manuals are particularly useful in the following situations:

- Trainees can use the manuals for reviewing the subject after training
- It lets the trainee concentrate on and partake in the training during the training session instead of taking detailed notes.
- It can serve as a reference document in the work place.

Therefore, there is a need to decide which manual model is appropriate. Developing a training manual is an important part in designing a formal training program. A formal training manual ensures consistency in the presentation of the training program. Another major advantage is that all the training information on skills, processes, and other information necessary to perform the tasks is together in one place.

Training manuals should support the training objectives. Training manuals can be designed to be used as: Workbooks (often used in training sessions. It provides basic information, examples and exercises); Self-paced guides (designed for trainees to work through on their own); Reference manuals (for containing detailed information on processes and procedures); Handouts (provide general information to support training done during

the session); Job aids: provide step-by-step instructions to be used in the work place.

In our case, the training manual has been designed to be used as a workbook. That is why we did rely on the instructional design model, known as the "ADDIE" model :

- "A" stands for Analysis of the audience, and of training needs
- "D" stands for Design of training, its objectives, sequencing of tasks, etc.
- "D" represents Development of training/ instructional materials, that are consistent with the design requirements
- "I" means Implementation of the training, and
- "E" is Evaluating the training.

2.B. SELECTION OF TRAINERS

GENERAL CONSIDERATIONS

- Meaning and significance of trainers:** The typical trainer's job used to be straightforward in the past. The trainer's main responsibility is to impart standard work-related material to each new batch of learners. Technology offers trainers, new tools for company training programs. However, it is important that trainers know how to effectively integrate yesterday's training methodologies with today's technological marvels. Effectiveness of the trainer is largely responsible for the success of any training program. Therefore, trainers should be selected and updated scientifically so as to enhance the effectiveness of learning programs.
- Role of a trainer:** The role of a trainer is to develop a competency and skill sets in an individual to perform his/her effectively and efficiently in the work place. The trainer should communicate to the trainees about what is expected out of training in a simple and professional way
- Qualifications and traits of successful trainers :** To be qualified in the position of trainer, candidates must at least own a university degree in one of the following fields : Urban and territorial planning, Urban policy, geography, public health. They should either be Practitioners or Academia. In addition, they should have the following traits (Table 2):

Table 1: Trainers' keys traits

SUCCESSFUL TRAINERS ARE		
Performance excellence	Trainers are the excellent performers in whichever field they come from.	An average performer can neither visualize excellent performance nor become a role model for the trainees to emulate.
Communication excellence	Successful trainers are excellent communicators.	Their messages are so powerful and appealing that even the most distracted individuals are forced by their own self-motivated urge to become attentive.
Service orientation	Successful trainers are oriented towards selflessly serving the learners to see the progress in the latter.	They believe in the empowerment of everyone through learning rather than the bondage of knowledge.

Source : Johnson, N., Hasler, J., Toby, J., & Grant, J. (1996). Content of a trainer's report for summative assessment in general practice: views of trainers. *The British journal of general practice : the journal of the Royal College of General Practitioners*, 46(404), 135–139.

- **Competencies or requirements of trainers:** The competencies identified in models for human resource development practice by MacLagan in 1989 and later adopted as a definitive model of competencies by the American Society for Training and Development are as follows : technical competencies, interpersonal competencies, intellectual competencies, business competencies.

PROCESS OF SELECTION OF TRAINERS

As consultants, trainers are the experts in their field, and are compensated to share their expertise. Working in a specific field, trainers spend their time learning what they can about a particular product or service, and work with customers to find out their needs and how the product or service will fit those needs. For this assignment, the steps involved in selection and training of trainers (ToT) are as below :

► **Step 1 : Recruitment :** A call for applications was issued to recruit potential trainers. Recruitment involved communicating and motivating qualified persons to apply for the job (see application form below). Relevant information on the application are all about Trainers' competencies, ie :

(i) technical competencies such as adult-learning understanding, electronic-systems skill, media selection skill ; (ii) business competencies such as UN-Habitat and WHO understanding, organization behavior, organization-development theories and techniques ; (iii) interpersonal competencies such as coaching skill, questioning skill, listening skill ; (iv) intellectual competencies

such as data-reduction skill, information-search skill, visioning skills.

► **Step 2 : Screening :** To be a trainer at this joint UN-habitat/IFORD training, applicants must or were to meet some qualification guidelines: more than 5 years of experience as a trainer, in-depth WHO/UN-Habitat experience, and demonstration of successful training delivery. We then did our due diligence checks by scouring the internet to watch trainer websites, research the broader online profile, identify and check their clients references, and if all that checks out, interviews were scheduled with those who met our requirements.

► **Step 3 : Interview process :** when a candidate passes the screening process, then an interview was arranged. The potential trainer presents a course topic of their choice or one that we select for them. The potential trainer delivers the session and further questions were posed to assess the trainer's subject-matter knowledge. The goal of conducting interviews was to capture the following elements:

Personal conduct: It includes one's actions and appearance. The trainer should project himself as a professional and be a role model. Personal conduct we wanted to capture involves use of positive qualities like sincerity and honesty, straight-forwardness, open to accepting one's own mistakes and feedback from other, helping others and seeking help from others.

Social practices: They are essentially behaviors and beliefs in dealing with others. Thus, Trainers should believe in the capacity of individuals for learning, should hold the dignity of trainees as individuals and not treat them as members belonging to any group. By having acceptable social conduct, trainer can create

an environment of mutual trust and respect. In short, we were observing if the potential trainer can be polite while dealing with trainees, be empathic to the problems of trainees, learn to disagree without hurting the sentiments of others, pay equal attention to all trainees, respect and tolerate others' point of view, have consistency in thought and actions.

Subject expertise: A novice can prepare and present a talk using audio-visual gadgets, but the reality of expertise comes out when he has to satisfactorily answer the questions of trainees. Since mastery of a subject can be attained only by constant practice, we were attentive to potential trainers' knowledge of our areas of interest.

► **Step 4 : On-boarding** : When the potential trainers were successful in their interview, we then started them with the on-boarding process. This began with an update on objectives and outcomes of the training, then with expectations before/during/after each training session.

► **Step 5 : Induction and Training of the Trainers** : This step aimed to train selected Trainers in the aspects which they appear to be deficient, and to induct them to our learning experience skills, such as :

- Facilitation skills: These included potential trainers' capabilities for understanding the learning needs of individual trainees and devising elective solutions to meet those need. Of common knowledge that trainers must know (i) how to use different learning approaches and which approach will suit in any particular situation, (ii) when to use lectures, games, demonstrations or any other activities appropriately, some of the important issues in facilitation skills we

were attentive were : training motivation, answering questions, incorporation of adult learning styles, time management, communication skills, frames of references, and handling of diversity (trainers have to handle trainees from diverse backgrounds and under different situations because trainees may differ on several issues like their culture, education, experience, subject of study, geographical location, language, learning styles, personality types, prejudices and personal problems.

- Presentation skills: Effective presentation skills are essential for effective training. Mastering effective presentation skills help Trainers to speak sequentially and meaningfully in a manner liked by most trainees. The aspects on which the Trainers were focused in presentation skills are: voice, enthusiasm, speed of speech, distracting vocalizations.
- Organisation skills: Trainers should organize their training content and props well in advance sequentially to ensure smooth transition at each stage of learning. Therefore, we wanted that our selected trainers are sure that their training content matches the training objectives.
- In short, a wide variety of criteria was used for selection of trainers: the practice itself, professional qualification, teaching skills, and commitment to teaching, the ability to communicate effectively, activeness in health and urban planning issues, and others. The graph below presents factors that enhanced credibility of the Trainers we selected.

Figure 1: Factors determining credibility of trainers

- 1 **PERSONAL CONDUCT**
- 2 **SUBJECT EXPERTISE**
- 3 **DELIVERY/FACILITATION SKILLS**
- 4 **SOCIAL PRACTICES OR INTERPERSONAL RELATIONS**

CALL FOR APPLICATION TRAINERS ON HEALTH & URBAN TERRITORIAL PLANNING

APPLICATION FORM

DEADLINE FOR APPLICATIONS 23 January 2020

The information provided here is strictly confidential and will only be used by the organisers in the selection process for the training.

The application is open to Academia and Practitioners worldwide who are currently teaching, or plan to teach Urban health and/or urban planning in the near future. Each applicant must submit

A completed application form

A letter of endorsement from your university. The letter should explain how the applicant's participation in the training program fits into the School/Faculty/University priorities in terms of teaching this intersectoral program of Health and Urban Planning.

In the selection process, balance among participants is sought in terms of gender and country representative.

Part I: Personal Information	
First name :	
Middle name :	
Family name :	
Sex: Male Female Other	
Date / Place of birth:	Nationality:
Private address:	
E-mail:	
Please provide us with a telephone number we can use to reach you for urgent matters related to the Program Tel: (___)(___)_____	
Part II: Professional Information	
Position:	
Organization/University:	
Contact address:	
E-mail:	
Website (if any):	
Part III: Teaching Experience	

Courses you have taught in the last 5 years. Please list course title, the type of course (undergraduate, graduate, etc), and your role: course coordinator, tutor, teaching assistant, etc.

Year	Course title	Course type	Your role

What is your area of academic interest (please tick or provide further detail)

Public Health/Health Sciences	
Development studies	
Social Sciences (please specify)	
Environment	
Territorial planning	
Other (please specify):	

Part IV: Language

What is your English proficiency? Please indicate by making (x)

	Basic	Intermediate	Good	Excellent
Understanding of Spoken English				
Speaking				
Reading				
Writing				

Part V: Questionnaire

Why are you applying for this course? What do you expect from it?

Are you currently teaching, or do you want to introduce a Health & urban territorial planning course

What is your specific interest in Health & urban territorial planning?

Have you participated in any other internship programs / study session(s) on Health and/or urban territorial planning?

Yes No

If so which ones, when and who sponsored you?

Course	Date	Sponsor (if any)

Please return before 23 January 2020: Application and a letter of endorsement shall be sent by e-mail to nguendoyongsi@gmail.com. Successful candidates will be informed of their acceptance as soon as possible.

Date: _____

Applicant's signature:



03

CURRICULA OF TRAINING OF TRAINERS

An international call for applications was issued (see above application form). Following the recruitment process described in section 2.b above, several trainers were selected. Their contributions during the training session are specified in the table below.

Table 2: Trainers' curricula

TRAINERS' NAMES	ORGANIZATION	CONTRIBUTION
Prof. Saroj Jayasinghe	Professor of Medicine, University of Colombo, Sri Lanka, and Honorary consultant physician to the National Hospital of Sri Lanka, Colombo.	Module Title : Health appraisal, analysis and data tools Content : Health Impact Assessment, Cumulative exposures and risks, Spatial epidemiology, analytical tools, City dashboards and city profiling
Prof. Ram Babu Singh	Professor of Urban Geography, at the Delhi School of Economics, University of Delhi.	Module Title : Inclusion of health issues in urban and territorial planning Content : The four dimensions of health approach in planning, Health in all planning phases, Urban and territorial planning contexts and health
Prof. Jason Corburn	Professor in the Department of City and Regional Planning and the School of Public Health, University of California at Berkeley.	Module Title : Urban and territorial planning and health as natural allies Content : Sustainable Development Goals and health, Cities and urban lifestyles influence the health of people and the planet, Health equity
Prof. Humphrey Ngala Ndi	Associate Professor of Human Geography, University of Yaoundé I, Cameroon.	Module Title : Why integrate urban and territorial planning with health? Content : Alignment of health and sustainable development in the urban agenda, Urban and territorial planning affects people's health

Dr. François Tsafack	Senior M&E Advisor – Medair Headquarters (Switzerland).	<p>Module Title : An assets-based approach with people at the centre</p> <p>Content : People are assets, Places are assets, Processes are assets</p>
Prof Steve Lindsay and Dr Fiona Cameron Shenton	<p>Professor Steve Lindsay is a public health entomologist Department of Biosciences – Durham University, UK</p> <p>https://www.dur.ac.uk/research/directory/staff/?id=28</p>	<p>Module Title : Reducing the threat of mosquito transmitted diseases in urban areas</p> <p>Content : Importance of mosquito transmitted diseases in urban areas ; Integrated vector management for disease control</p>
Prof. Blaise Nguendo-Yongsi	<p>Professor of Health Geography&Public Health, University of Yaoundé II, Cameroon.</p>	<p>Module Title 1: What health can bring to urban and territorial planning</p> <p>Content : National governments, Local authorities, Civil society organizations and associations, Professionals and their associations, Culture change in traditional spatial planning</p>
		<p>Module Title 2: Choosing an entry point</p> <p>Content :By setting, By outcome, By principle, By sector</p>



04

PACKAGE OF TRAINING MATERIALS ADAPTING UN-HABITAT AND WHO TOOLS (HEALTH FOR/AND TERRITORIAL PLANNING)

4.A. TRAINING MANUAL: DEFINITION AND USEFULNESS

Training is any planned activity to transfer or modify knowledge, skills, and attitudes through learning experiences. People working with an organization may require training for a variety of reasons, including the need to maintain levels of competence and respond to the demands of changing circumstances and new approaches and technologies². Since (i) no one type of training is enough for the job one is doing, it is suggested to use at least two types of training to develop a holistic employee, and (ii) that the training utilized depends on the objective of the organization, the types of training we aimed to deliver are based on professional training and skills training.

A training manual is then a book or booklet of instructions, widely used in business, education, health, etc, to improve the quality of a performed task. A training manual form an important part of a formal training program. For example, it may help ensure consistency in presentation of content. It may also ensure that all training information on skills, processes, and other information necessary to perform tasks is

2. There are a number of different types of training that can be used to engage employees working with an organization. We have : (i) Technical training meant to teach the new employee the technological aspects of the job, (ii) Quality training which refers to familiarizing employees with the means of preventing, detecting, and eliminating nonquality items, usually in an organization that produces a product, (iii) Skills training, which include proficiencies needed to actually perform the job, (iv) Soft skills training which refer to personality traits and personal habits that are used to characterize relationships with other people, (v) Professional training, a type of training required to be up to date in one's own professional field, (vi) team training which is a process that empowers teams to improve decision making, problem solving, and team-development skills to achieve business results, (vii) Safety training, a type of training that occurs to ensure employees are protected from injuries caused by work-related accidents, (viii) managerial training to empower an employee with management tools.

together in one place.

A training manual is particularly useful as an introduction to subject matter prior to training, an outline to be followed during training, a reference to subject matter after training, a general reference document. In short, Training manuals are particularly useful in the following situations:

- Trainees can use the manuals for reviewing the subject after training.
- It lets the trainee concentrate on and partake in the training during the training session instead of taking detailed notes.
- It can serve as a reference document in the workplace.

The purpose of a training manual is to organize how you Staff/Personnel/employees are going to be trained throughout their employment. Having a training manual helps create a standardized plan that is going to take trainees to success.

Training manuals are designed to be used as: (i) work books -- used in training sessions to provide basic information, examples and exercises, (ii) self-paced guides -- designed for trainees to work through on their own, (iii) reference manuals -- for containing detailed information on processes and procedures, and (iv) handouts -- provide general information to support training done during the session. In our case, this training manual is designed as both a reference manual and handout, that is a practical companion that can assist urban health actors and decision-makers to build the

capacity needed to integrate health into urban and territorial planning. . Tools developed here are to be applied at global level. Therefore, case studies and tools can be used in the Global South, including Africa, South East Asia, Latin and South America. However, they should be adapted to the regional or geographical context of the area where the training is delivered.

4.B. WHY A TRAINING MANUAL ON URBAN PLANNING AND HEALTH?

The world is urbanising rapidly and cities are not only centres of innovation and wealth creation, but also hot spots of air pollution and noise, lack green space and physical activity, partly due to poor urban planning. Recent studies show large impacts from urban planning on health, urgent action is needed to reduce these negative health impacts. The urban environment is a complex interlinked system. Decision-makers need not only better data on the complexity of factors in environmental and developmental processes affecting human health, but also an enhanced understanding of the linkages between these factors and effects to be able to know how to target their actions most effectively.

In 2014 the UN-Habitat Governing Council Resolution 25/4 of the Governing Council requested UN-Habitat "to consider health and well-being aspects, including the promotion of and access to health services, in developing policies on urban and territorial planning and human settlements in the operational work of the United Nations Human Settlements Programme". UN-Habitat in partnership with the World Health Organization (WHO) has jointly

work for the development of specific tools on how to integrate health into urban and territorial planning, investments, and policy decisions and thereby to advance the implementation of the work program of the "International Guidelines on Urban and Territorial Planning for the improved environment and health".

This thematic track of the Guidelines aimed to enhance knowledge and capacity for the inclusion of health in planning practice by enhancing global awareness of tools, frameworks and practices that employ urban and territorial planning as a means to improve and protect the health of people and the environment. A collection of inspiring practices and guidance document on planning for health were developed, identifying key messages and setting an initial direction to carry out planning practices that consider health. Moreover, findings workshops held during the 15th, 16th and 17th International Conference on Urban Health (ICUH) in San Francisco, Kampala and Xiamen shaped and supported the identification of the main challenges faced by both health and planning professionals upon integrating

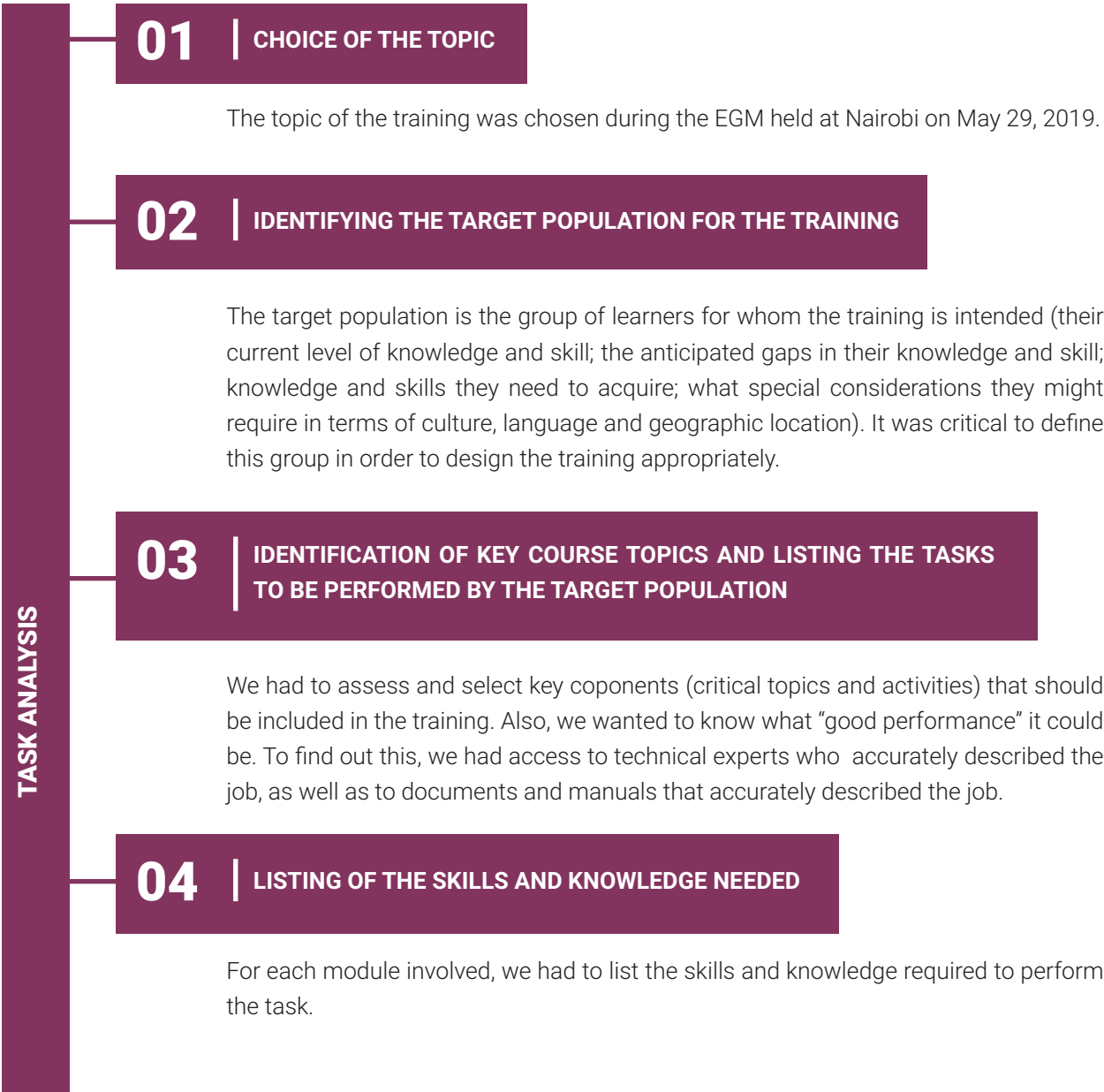
health in urban and territorial planning; "lack of awareness of the links between health and planning amongst professionals", "lack of institutional capacity for intersectoral collaboration, and "lack of participation from different stakeholders" in planning processes. This suggests that building capacity of urban health actors is needed to identify mechanisms that enable intersectoral and multi-stakeholder collaborations.

Hence, envisions a practical companion that can assist urban health actors and decision-makers to build the capacity needed to localize the guidance and lessons learned from these experiences in their respective contexts, and ultimately, be able to bring about change in planning practice for the achievement of better health and well-being.

4.C. METHODOLOGY OF WORK

The development process for this training manual included the following 10 steps (Figure 0). The first four steps constitute the task analysis that is necessary to design and develop relevant, useful training materials, whereas steps 5 to 10 constitute the design and development process.

Figure 2: The ten-step process development for the training manual



05 | SELECTION OF THE SKILLS AND KNOWLEDGE TO BE TAUGHT

We used some criteria (lack of skills/knowledge, new or difficult skills, skills frequently needed) to decide which skills and knowledge to include in the training, as these were to make up the training objectives.

06 | ORGANIZATION OF THE SELECTED SKILLS AND KNOWLEDGE INTO SUITABLE TEACHING UNITS (MODULES) AND DEVELOP THE TRAINING DESIGN

Including brief outlines of module content and planned training methods

07 | DEVELOPING OF THE COURSE DESIGN

Training course design is a blueprint of the training course and details what the course will look like. It includes: the objective of the course, an overview of the participants; objectives, course topics, content descriptions, descriptions of instructional activities and of evaluation methods.

08 | DRAFTING OF EXPANDED OUTLINES OF MODULES

Including instructional objectives, main body of text, and descriptions of training methods, examples and exercises.

09 | DESIGNING THE TRAINING COURSES/MODULES

The design for each module includes its training objectives and a brief outline of the information, examples that will provide opportunities for practice using the skills and knowledge. Development of complete modules includes preparation of guidelines for the facilitators who will conduct the course.

10 | REVISION AND FINALIZATION OF THE TRAINING MATERIALS

Based on the field test conducted among/with my university students.

11 | IDENTIFICATION OF REQUIRED RESOURCES

We had to think about human and capital resources required for all phases of the training, including Trainers and services such as booking of the venue and accommodation, meals and printing.

As mentioned above, to draft this manual we did use the "ADDIE" model, where :

- "A" stands for Analysis of the audience, and of training needs
- "D" stands for Design of training, its objectives, sequencing of tasks

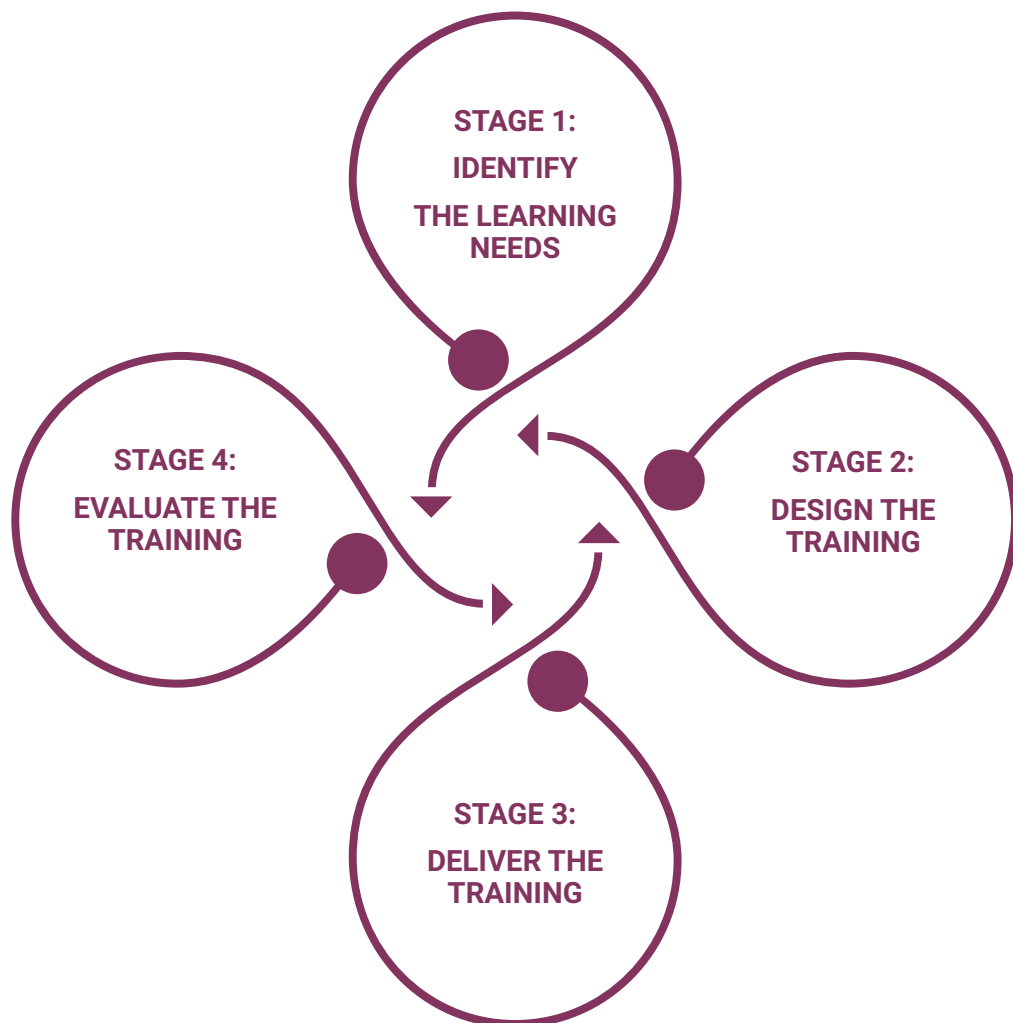
- "D" represents Development of training/ instructional materials, that are consistent with the design requirements
- "I" means Implementation of the training
- "E" is Evaluating the training.

4.D. TARGET AUDIENCE AND TRAINING APPROACH

The manual is aimed at experts/trainers who will train policy makers and managers, from both the public and private sectors, involved in the conceptualization and implementation of urban health, particularly in the integration of health issues in urban and territorial planning and housing.

We propose a specific training approach, a participatory and learner centred, designed by the United Nations Economic Commission For Europe, and which is summarized as follows (Figure 3):

Figure 3 : Suggested training approach



Source : Adapted from United Nations Trade Facilitation Implementation Guide, Geneva, 2015, 45p

Activities that the trainer facilitates, will enable participants to make use of the Guide in their own reform context and effort. The training approach progressively passes initiative and knowledge development from the trainer to the learner. This is achieved in an interactive and participatory way.

4.E. THE TRAINING MANUAL PACKAGE ITSELF

PHASE 1. BEFORE THE TRAINING SESSION OR WORKSHOP

When all the criteria are taken into account, participants are usually diverse and heterogeneous. Therefore, diversity is an important element that needs to be considered when delivering the training. Different learning styles, nationalities, backgrounds, preferences and educational levels necessitate a need to integrate a diverse training approach that accommodates the different needs. Anyway, the five items below must be addressed before the training session :

- **The target audience :** In the framework of this training on Urban health, workshop participants are primarily designed for policy makers and managers (architect, urban developer or planner, landscape architect, mayor, engineer, researcher or public health professional, medical doctor, nurse, community health worker or local community activist), from both the public and private sectors, involved in the conceptualization and implementation of urban health tools and practices. But, it

can be broadened to different NGOs and CBOs who work on different planning and service delivery related issues including health and well-being. It is useful to reflect upon ideal guidelines for the participant selection that should be based on the **ARE IN** approach, that is :

- A** Authority (decision-making and implementation power)
- R** Resources (allocation of human and financial contributions)
- E** Expertise (Expertise or Experience, recognized competencies)
- I** Information or insight (knowledge of subject details)
- N** Need (directly affected by processes or subject outcomes)

To make a selection of the right participants based on the aforementioned criteria, we may need to have access to specific data about the participant. We recommend including the following items in this registration form :

Data about the participant	Data about the organization	Participant's needs and expectations
Name Contact information Job title Gender Age Educational level Prior training on this subject Current function within the Organization Current work responsibilities Preferred language for training	Type of organization Expected benefits for the organization	Interest in the workshop Expected benefits Particular needs related to trade facilitation implementation Intended actions in using newly acquired competencies

- **Assessing the participants' learning needs :**

Once participants have been identified, it is advisable to obtain more information of their prior knowledge of territorial urban planning and health. It is also useful to explore what their specific needs and work related challenges are. It is then wise to send a questionnaire to the participants 2 or 3 weeks before the workshop (Annex 1).

- **The learning objectives, curriculum and workshop agenda :**

explain what Urban health in general is about and how intersectoral approach for integration of health issues in urban planning is useful.

- **Structure of a learning activity :**

The learning sessions should be structured into session sheets in the following way:

Title of the learning session	Description of the session in one sentence
Objective of the learning session	<i>What will participants be able to do at the end of the session?</i>
Link with the relevant content section of the TF Implementation Guide	<i>Where do I find the materials in the TF Implementation Guide?</i>
Learning materials	<i>Which specific training materials do I need for this session?</i>
Timing	<i>How much time will this session take?</i>

- **Checklist for the trainer :**

The trainer might be handy to consult some important training checklists so as not forget anything before he enters the training room.

Stationery and materials checklist
(Trainer : Review if you have the following items available in the training room)
Power-point presentations ready to use
Computer, printer and effective speakers (access to)
Projector and screen (or white wall)
Paper supplies [white, coloured and large poster), markers/pens (coloured & black), writing pads, notebooks, flip-chart (or Poster) paper]
Stationery (scissors, string, glue, sticky adhesive ('blutac'), hole-puncher)
Facilitator's props (clock or watch, bell)
Name tags
Photocopier (access to)
workshop agenda
Evaluation questionnaires

PHASE 2. DURING THE TRAINING SESSION OR WORKSHOP

This phase may comprise two important moments :

1. Opening and welcome ceremony: This first moment will be about :

- **Learning objectives** : During the opening ceremony, the chief speaker will talk about the Urban Health programme, describe the role and importance of training in programme implementation and management and explain what is expected from the participants and what they can, in return, expect from the training. The agenda, objectives and contents of the training course will be clearly described, and the methodology of the training explained. The training agenda can be modified to incorporate any workable suggestions proposed by trainees providing they are within the scope of the training objectives and the time constraints allow.
- **Training material** : presentations, agenda hand-out, yellow and green post-its, flipchart paper, pencils and markers
- **Pre-assessment** : After selecting the participants, they will be asked to fill in a questionnaire (either paper or using the metimeter tool)(see Annex 2). It is advisable that pre-training assessment is undertaken few days earlier, to assess the trainees' knowledge and level of understanding of the course and its relevant concepts. This assessment will assist training facilitators in determining the level of the trainees' experience and provide an opportunity to adapt the training in order to ensure that the

strengths and weaknesses of the trainees are adequately addressed by the training. In other words, the trainers will be able to add any specific topics and case studies based on the training needs.

2. Training activities

The training workshop itself will consist on the delivery of the following modules.

COURSE: TRAINING IN HEALTH AND URBAN PLANNING³



³ We wish to point out that contents (materials, case studies, examples) of this training activity mainly derive from : Integrating health in urban and territorial planning: sourcebook for urban leaders, health and planning professionals. Geneva: UN-Habitat and World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. All our gratitude. Also, we wish to recall that tools developed here are designed to be applied at a global level, though they target the Global South. However, they should be adapted to the regional or geographical context of the area where the training is offered.



MODULE 1: INTRODUCTION

1. Module Title: Introducing Health to Urban and Territorial Planning

as well as health practitioners are properly guided and introduced to this notion.

2. Training Scope: Introducing the concept of Health in Urban and Territorial Planning (UTP)

3. Background and Rationale: The Sustainable Development Goals and the New Urban Agenda provide an orientation on integrating health and planning, which has spurred the development of guidelines for integrating health in urban and territorial planning. With this, there is the need to ensure planners

4. Learning Objectives:

- General Objective: Participants are introduced to the notion of health in UTP
- Specific objective: Determine participant qualification for the training course and how they are expected to apply knowledge gained.

5. Expected outcomes (Course and Performance Objectives):

COURSE OBJECTIVE	PERFORMANCE OBJECTIVES
Participants are introduced to the notion, importance of health in urban and territorial planning (UTP).	1. Determine participant qualification for the course. 2. Highlighting on the importance of the course. 3. Understanding approaches for participants to apply knowledge gained. 4. Assessment and feedbacks

6. Methodology

- Instructional Resources:

TARGET	COURSE MATERIALS	FORMAT	PREREQUISITE CONDITIONS FOR RECEIVING THE MATERIALS
Participants	Handouts	via email Electronic/soft copy	Good internet connection
	Assessment guide	Online tools, hard copies, etc	Good printer/ active participant
Instructors	Instructor's guide	Soft and hard copies	Good computer and printer
	PowerPoint presentation	Soft copy	Good projector

Administrator	Assessment guide	Online tools, hard copies, etc	Good computer and printer
	Evaluation guide	Hard Copy	Good computer and printer

- Development Requirements: Resource needed to develop the training product: Computer software, manuals, documentation, video production equipment or crew, in-house personnel, consulting services
- Delivery requirements: Computer software, course manuals, documentation, project team members, meeting facilities, projectors, white board, makers, wipers, pens, note pads.
- Production requirements: Resources required for producing materials for the training product are: Computer software, network managers, media designers, video duplication services, printers.
- Delivery schedule: it will consist of two types : lessons in different small groups, and general panel
- Supplies and materials
PowerPoint presentation
Projector, Computer, White board and related accessories (Marker, wiper)
Module handout
Assessment guide

7. Duration of Course: 65 minutes maximum

TOPICS	DURATION (MAX)
Introduction	5mins
Lesson 1	10 mins
Lesson 2	10 mins
Lesson 3	10 mins
Lesson 4	10 mins
Assessment and Feedback (panel)	15 mins
Conclusion and wrap up (panel)	5 mins

8. Participants (number, prerequisites, and profile):

- The course is designed for a Minimum of 15 and maximum 35 participants.
- Minimum qualification of a high school diploma plus at least 3 years of practical experience in a related professional setting, undergraduates and persons with related professional background after high school.
- Professionals involved in: local government institutes environmental management, hygiene and sanitation, town planning and social affairs; Government Services concerned with public health, urban and territorial planning and related training institution, NGO's working to promote urban development and community health.

9. Course Content

9.a. Course outline

TOPICS	CONCEPTUAL DESCRIPTION
Lesson 1: Who is this guidance for?	An introduction to the course and identifying those who need the guidelines of Health in UTP.
Lesson 2: Why is this important?	A highlight on the importance and impact of Health in UTP.
Lesson 3: How do we need to respond?	Understanding the role of stakeholders in implementing Health in UTP.
Lesson 4: What should we be doing?	Discussions on approaches and actions for incorporating health in UTP.
Assessment exercises and feedback	Evaluating the general participation and understanding of the module.
Conclusion and wrap up	General remarks, observations and way forward

9.b. Structure of material

LESSONS	CONTENT/PURPOSE	LINK TO OTHER PARTS	DURATION (MAX)
1. Who is this guidance for?	To identify those who need the guidelines of Health in UTP.	Introduction and guide on participation.	10 mins
2. Why is this important?	To highlight the importance of the Health in UTP.	Significance of the lessons.	10 mins
3. How do we need to respond?	To understand the role of stakeholders in implementing Health in UTP.	Guide for stakeholder engagements.	10 mins
4. What should we be doing?	To identify approaches and actions for incorporating health in UTP.	Guide on systems and policies.	10 mins
5. Assessment Exercises and Feedback.	To evaluate the general understanding of the module.	Assessing the effectiveness of the different lessons of the module.	15 mins
Conclusion and wrap up.	Conclusions	Concluding on all aspects discussed in the module.	5 mins

10. Course Assessment and Evaluation:

10.a. Feedback on the training from participants;

- Feedback forms for participants to assess or grade various aspects related to the logistic organization of the training (venue, number of participants, duration, course materials, facilitation etc.) as well as stating likes and what should be improved in subsequent sessions.
- Feedback forms and or open session that enable participants to indicate their perceived level of learning in the following aspects:
- New aspects learned and how they will integrate it in their work
- Issues that were ignored which will be better considered as they carry out their work
- Level of satisfaction with the training content and what else should be considered or adjusted
- How participant's previous knowledge and experience has facilitated understanding of the course

10.b. Assessing understanding of course objectives;

- Short quick questions at the end of the module, in the form of either checklist of questionnaire
- Questions that enable participants to bring out aspects that relate to their understanding of why introduce Health in UTP

11. Tips and recommendations : this would be the opportunity to

- Present global or country specific data

supports to « make the case »

- Present case studies to exemplify the concepts



MODULE 2: WHAT HEALTH CAN BRING TO URBAN AND TERRITORIAL PLANNING

- 1. Module title:** Health Contributions in Urban and Territorial Planning
to identify health benefits at the different stakeholder levels in urban and territorial planning.
- 2. Training Scope:** Understanding the role of health in urban and territorial planning.
- 3. Background and Rationale:** Health is introduced as an important concept integrated in urban and territorial planning. There is the need to ensure planning and health professionals understand the importance of this notion and are able
- 4. Learning Objectives:**
General Objective: Participants are guided to understand the importance of health in UTP.
Specific Objective: Highlighting and positioning health planning at each stakeholder level.
- 5. Expected outcomes (Course and Performance Objectives):**

COURSE OBJECTIVES	PERFORMANCE OBJECTIVES
Participants get to understand the importance of health in UTP at different stakeholder levels.	1. Health planning at national governments 2. Health planning at local authorities 3. Health planning at civil society organizations and associations 4. Health planning by Professional and their associations 5. Health planning with cultural change in traditional spatial planning 6. Assessment and feedbacks

6. Methodology

- Instructional Resources:

TARGET	COURSE MATERIALS	FORMAT	PREREQUISITE CONDITIONS FOR RECEIVING THE MATERIALS
Participants	Handouts	via email Electronic/soft copy	Good internet connection
	Assessment guide	Online tools, hard copies, etc	Good printer/ active participant

Instructors	Instructor's guide	Soft and hard copies	Good computer and printer
	PowerPoint presentation	Soft copy	Good projector
Administrator	Assessment guide	Online tools, hard copies, etc	Good computer and printer
	Evaluation guide	Hard Copy	Good computer and printer

- Development Requirements: Resource needed to develop the training product: Computer software, manuals, documentation, video production equipment or crew, in-house personnel, consulting services
- Delivery requirements: Computer software, course manuals, documentation, project team members, meeting facilities, projectors, white board, makers, wipers, pens, note pads.
- Production requirements: Resources required for producing materials for the training product are: Computer software, network managers, media designers, video duplication services, printers.
- Delivery schedule: it will consist of two types : lessons in different small groups, and general panel

TOPICS	DURATION (MAX)
Introduction	5 mins
Lesson 1	10 mins
Lesson 2	10 mins
Lesson 3	10 mins
Lesson 4	10 mins
Lesson 5	10 mins
Assessment and Feedback (Panel)	15 mins
Conclusion and wrap up (Panel)	5 mins

- Supplies and materials
- PowerPoint presentation
- Projector, Computer, White board and related accessories (Marker, wiper)
- Module handout
- Assessment guide

7. Duration of Course: 75 minutes maximum

8. Participants (number, prerequisites, and profile):

- The course is designed for a Minimum of 15 and maximum 35 participants.
- Minimum qualification of a high school diploma plus at least 3 years of practical experience in a related professional setting, undergraduates and persons with related

professional background after high school.

community activist)

- Policy makers and managers (architect, urban developer or planner, landscape architect, mayor, engineer, researcher or public health professional, medical doctor, nurse, community health worker or local

- Participants should have completed module 1 of this training course.

9. Course Content

9.a. Course outline

TOPICS	CONCEPTUAL DESCRIPTION
Introduction	Introduction to module and understanding how health contributes in UTP
Lesson 1: Health planning at national government	Why health in planning at national governments
Lesson 2: Health planning at local authorities	Why health in planning at local authorities
Lesson 3: health planning in civil society organizations and associations	Why, how and when health in planning in civil society organizations and associations
Lesson 4: Health planning by professionals and their associations	Why and how health in planning by professionals and their associations
Lesson 5: Health planning with cultural change in traditional spatial planning	How health in planning with cultural change in traditional spatial planning
Assessment Exercises and Feedback	Evaluating the general participation and understanding of the module.
Conclusion and wrap up	General remarks, observations and way forward

9.b. Structure of material

LESSONS	CONTENT/PURPOSE	LINK TO OTHER PARTS	DURATION (MAX)
1. Introduction to module and understanding health contributions to UTP	To introduce the module and highlight the significance of Health planning at different stakeholder levels in UTP.	Introduction and guide understanding each lesson.	5 mins
2. Health planning at national governments	To understand why health planning at national government	Understanding policy and strategy at the national level	10 mins
3. Health planning at local authorities	To understand why health planning at local authorities	Identifies actions at the local level	10 mins
4. Health planning in civil society organizations and associations	To understand why health planning in civil society organizations and associations	Guides on contribution by various civil societies associations	10 mins
5. Health planning by professionals and their associations	To understand why health planning by professionals and their associations	Guides on developing empirical information by professional	10 mins
6. Health planning with cultural change in traditional spatial planning	To understand why health planning with cultural change in traditional spatial planning	Guides on planning with various patterns and changes in the society	10 mins
7. Assessment Exercises and Feedback.	To evaluate the general understanding of the module.	Assessing the effectiveness of the different lessons of the module.	15 mins
Conclusion and wrap up.	Conclusions	Concluding on all aspects discussed in the module.	5 mins

10. Course Assessment and Evaluation:

10.a. Feedback on the training from participants;

- Feedback forms for participants to assess or grade various aspects related to the logistic organization of the training (venue, number of participants, duration, course materials, facilitation etc.) as well as stating likes and what should be improved in subsequent sessions.
- Feedback forms and or open session that enable participants to indicate their perceived level of learning in the following aspects:
 - New aspects learned and how they will integrate it in their work
 - Issues that were ignored which will be better considered as they carry out their work
 - Level of satisfaction with the training content and what else should be considered or adjusted (specific qualitative questions to assess this and the use of a checklist)
 - How participant's previous knowledge and experience has facilitated understanding of the course

10.b. Assessing understanding of course objectives;

- Short quick questions at the end of the module, in the form of either checklist of questionnaire
- Questions that enable participants to bring out aspects that relate to their understanding of health contributions in UTP
- 11. Tips and recommendations

- The use of contextualize examples will help participants to better understand the situation
- Making time for participatory and interaction allows participants for peer-to-peer learning



MODULE 3: WHY INTEGRATE URBAN AND TERRITORIAL PLANNING WITH HEALTH

1. **Module Title:** Integrating urban and territorial planning with health
2. **Training Scope:** Understanding the relevance of why integrating urban and territorial planning with health
3. **Background and Rationale:** The guideline for Urban and Territorial Planning orientates for a uniform and balanced system of planning. Health is a major determinant of good urban livelihood and welfare. There is the need to ensure planners understand this context and why integrate Urban and Territorial Planning and Health.
4. **Learning Objectives:**
 - General Objective: Participants understand why integrate UTP with health
 - Specific objectives: - Health is emphasized as a component of sustainable development to achieve the urban agenda – Highlighting the UTP influence in health
5. **Expected outcomes (Course and Performance Objectives):**

COURSE OBJECTIVE	PERFORMANCE OBJECTIVES
Participants understand why integrate UTP with health	1. Emphases on health as a component of sustainable development to achieve the urban agenda 2. Highlighting UTP influence in health 3. Assessment and feedbacks

6. Methodology

- Instructional Resources:

TARGET	COURSE MATERIALS	FORMAT	PREREQUISITE CONDITIONS FOR RECEIVING THE MATERIALS
Participants	Handouts	via email Electronic/soft copy	Good internet connection
	Assessment guide	Online tools, hard copies, etc	Good printer/ active participant
Instructors	Instructor's guide	Soft and hard copies	Good computer and printer
	PowerPoint presentation	Soft copy	Good projector
Administrator	Assessment guide	Online tools, Hard Copy, etc.	Good computer and printer
	Evaluation guide	Hard Copy	Good computer and printer

- Development Requirements: Resource needed to develop the training product: Computer software, manuals, documentation, video production equipment or crew, in-house personnel, consulting services
- Delivery requirements: Computer software, course manuals, documentation, project team members, meeting facilities, projectors, white board, makers, wipers, pens, note pads.
- Production requirements: Resources required for producing materials for the training product are: Computer software, network managers, media designers, video duplication services, printers.
- Delivery schedule:

TOPICS	DURATION (MAX)
Introduction	5 mins
Lesson 1	10 mins
Lesson 2	10 mins
Interactive Exercise	15 mins
Assessment and Feedback	15 mins
Conclusion and wrap up	5 mins

- Supplies and materials
PowerPoint presentation
Projector, Computer, White board and related accessories (Marker, wiper)
Module handout
Assessment guide
- Professionals (architect, urban developer or planner, landscape architect, mayor, engineer, researcher or public health professional, medical doctor, nurse, community health worker or local community activist) and different NGOs and CBOs who work on different planning and service delivery related issues including health and well-being

7. Duration of Course: 45 minutes maximum

8. Participants (number, prerequisites, and profile):

- The course is designed for a Minimum of 15 and maximum of 35 participants.
- Minimum qualification of a high school diploma plus at least 3 years of practical experience in a related professional setting, undergraduates and persons with related professional background after high school.
- Participants should have completed module 1 and 2 of this training course.

9. Course Content

9.a. Course outline

TOPICS	CONCEPTUAL DESCRIPTION
Introduction	An introduction to the module and generally understanding why integrate UTP TO
Lesson 1: Alignment of health and sustainable development in the urban agenda	Orientation on health as a component of sustainable development in achieving the urban agenda
Lesson 2: Urban and territorial planning affects people's health	Understanding the influence of UTP in health
Practical interactive exercises	Provision of an exercise that would allow participants to analyze how urban and territorial planning influences health. It would be in the form of a learning exercise that uses spatial and demographic data that can be quickly analyze by the participants. It will be done using Covid-19 related data, maps, etc
Assessment Exercises and Feedback	Evaluating the general participation and understanding of the module.
Conclusion and wrap up	General remarks, observations and way forward

9.b. Structure of material

LESSONS	CONTENT/PURPOSE	LINK TO OTHER PARTS	DURATION (MAX)
1: Introduction to the module	Introduction to the module and general understanding of why integrate UTP with health	Introduction and guide understanding the lessons	5 mins
2: Alignment of health and sustainable development in the urban agenda	To provide an orientation of health as a component of sustainable development in achieving the urban agenda	Guides on aligning health and sustainable development	10 mins
3. Urban and territorial planning affects people's health	To understand how urban and territorial planning influences health	Guides on UTP impact in health	10 mins

Assessment Exercises and Feedback.	To evaluate the general understanding of the module.	Assessing the effectiveness of the different lessons of the module.	15 mins
Conclusion and wrap up.	Conclusions	Concluding on all aspects discussed in the module.	5 mins

10. Course Assessment and Evaluation:

10.a. Feedback on the training from participants;

- Feedback forms for participants to assess or grade various aspects related to the logistic organization of the training (venue, number of participants, duration, course materials, facilitation etc.) as well as stating likes and what should be improved in subsequent lessons.
- Feedback forms and or open session that enable participants to indicate their perceived level of learning in the following aspects:
 - New aspects learned and how they will integrate it in their work
 - Issues that were ignored which will be better considered as they carry out their work
 - Level of satisfaction with the training content and what else should be considered or adjusted
 - How participant's previous knowledge and experience has facilitated understanding of the course

10.b. Assessing understanding of course objectives;

- Short quick questions at the end of the module
- Questions that enable participants to bring out aspects that relate to their understanding of why integrate UTP with health

11. Tips and recommendations

- Presenting usefulness of intersectoral studies



MODULE 4: URBAN AND TERRITORIAL PLANNING AND HEALTH AS NATURAL ALLIES

1. Module Title: Urban and Territorial Planning and Health as Natural Allies

2. Training Scope: Examining urban and territorial planning and health as natural allies

3. Background and Rationale: Urban and Territorial Planning and health link up within the agenda on Sustainable Development Goals on key planning nexus in achieving the goals. It is necessary for planning professionals in both Urban and Territorial Planning and health to understand the connected concepts and ensure to integrate accordingly when planning.

4. Learning Objectives:

- General Objective: Participants understand the essential correlation of urban and territorial planning and health
- Specific objectives:
 - To examine the sustainable development goals and health
 - To examine how cities and urban lifestyles influence the health of people and the planet
 - To examine health parity

5. Expected outcomes (Course and Performance Objectives):

COURSE OBJECTIVE	PERFORMANCE OBJECTIVES
Participants understand the essential correlation of urban and territorial planning and health	1. Examining sustainable development goals and health 2. Examining how cities and urban lifestyle influence the health of people and the planet 3. Examining health parities

6. Methodology

- Instructional Resources:

TARGET	COURSE MATERIALS	FORMAT	PREREQUISITE CONDITIONS FOR RECEIVING THE MATERIALS
Participants	Handouts	via email Electronic/soft copy	Good internet connection
	Assessment guide	hard copies	Good printer/ active participant

Instructors	Instructor's guide	Soft and hard copies	Good computer and printer
	PowerPoint presentation	Soft copy	Good projector
Administrator	Assessment guide	Hard Copy	Good computer and printer
	Evaluation guide	Hard Copy	Good computer and printer

- Development Requirements: Resource needed to develop the training product: Computer software, manuals, documentation, video production equipment or crew, in-house personnel, consulting services
- Delivery requirements: Computer software, course manuals, documentation, project team members, meeting facilities, projectors, white board, makers, wipers, pens, note pads.
- Production requirements: Resources required for producing materials for the training product are: Computer software, network managers, media designers, video duplication services, printers.
- Delivery schedule:

TOPICS	DURATION (MAX)
Introduction	5 mins
Lesson 1	10 min
Lesson 2	10 mins
Lesson 3	10 mins
Assessment and Feedback	15 mins
Conclusion and wrap up	5 mins

- Supplies and materials
Power Point presentation
Projector, Computer, White board and related accessories (Marker, wiper)
Module handout
Assessment guide
 - and maximum of 35 participants.
 - Professionals (architect, urban developer or planner, landscape architect, mayor, engineer, researcher or public health professional, medical doctor, nurse, community health worker or local community activist) and different NGOs and CBOs who work on different planning and service delivery related issues including health and well-being.
 - Participants should have completed module 1, 2 and 3 of this training course.
- 7. Duration of Course:** 55 minutes maximum
- 8. Participants (number, prerequisites, and profile):**
- The course is designed for a Minimum of 15

9. Course Content

9.a. Course outline

TOPICS	CONCEPTUAL DESCRIPTION
Introduction	An introduction to the module and generally understanding UTP and health as natural allies
Lesson 1: Sustainable Development Goals and Health	Understanding the agenda on the Sustainable Development Goals and Health
Lesson 2: Cities and urban lifestyle influences people's health and the planet	Illustrating how urban lifestyle patterns impacts the health of people and the environment
Lesson 3: Health Equity	Examining the various equalities in health
Assessment Exercises and Feedback	Evaluating the general participation and understanding of the module.
Conclusion and wrap up	General remarks, observations and way forward

9.b. Structure of material

LESSONS	CONTENT/PURPOSE	LINK TO OTHER PARTS	DURATION (MAX)
1: Introduction to the module	Introduction to the module and generally understanding the essential correlation of UTP and health	Introduction and guide understanding the lessons	5 mins
2: Sustainable Development Goals and Health and NUA	To understand the agenda on the sustainable development goals and health in the light of the NUA	Guides on understanding the SDG global agenda and health	10 mins
3. Cities and urban lifestyle influences people's health and the planet	To illustrate how urban lifestyle patterns and trends impacts the health of people and the environment	Identifies urban lifestyle impacts on health and the environment	10 mins
4. Health Equity	To examine the various equalities of health	Identifies health equalities	10 mins

5. Assessment Exercises and Feedback.	To evaluate the general understanding of the module.	Assessing the effectiveness of the different lessons of the module.	15 mins
Conclusion and wrap up.	Conclusions	Concluding on all aspects discussed in the module.	5 mins

10. Course Assessment and Evaluation:

10.a. Feedback on the training from participants;

- Feedback forms for participants to assess or grade various aspects related to the logistic organization of the training (venue, number of participants, duration, course materials, facilitation etc.) as well as stating likes and what should be improved in subsequent lessons.
- Feedback forms and or open session that enable participants to indicate their perceived level of learning in the following aspects:
 - New aspects learned and how they will integrate it in their work
 - Issues that were ignored which will be better considered as they carry out their work
 - Level of satisfaction with the training content and what else should be considered or adjusted
 - How participant's previous knowledge and experience has facilitated understanding of the course

10.b. Assessing understanding of course objectives;

- Short quick questions at the end of the module
- Questions that enable participants to bring out aspects that relate to their understanding of correlation of urban and territorial planning and health.

11. Tips and recommendations

Presenting transdisciplinarity as a guaranty of coherent and comprehensive studies in urban health and urban territorial planning



MODULE 5 : HOW TO INCLUDE HEALTH IN URBAN AND TERRITORIAL PLANNING

1. Module Title: Including Health in Urban and Territorial Planning

2. Training Scope: Including the concept of Health in Urban and Territorial Planning (UTP)

3. Background and Rationale: The notion of including health in Urban and Territorial planning entails standard planning dimensions and tools. This module ensures, participants understand the key dimensions and phases to include health in Urban and Territorial planning.

4. Learning Objectives:

- General Objective: Participants understand how to include health in the context of UTP
- Specific objective:
 - To illustrate the dimensions and phases of health planning
 - To identify the pre-conditions in the context of UTP and health
 - To guide on working in the absence of good planning policies and limited resources

5. Expected outcomes (Course and Performance Objectives):

COURSE OBJECTIVE	PERFORMANCE OBJECTIVES
Participants understand how to include health in UTP	1. Illustrating the dimensions of health planning 2. Examining health in all planning phases. 3. Identifying the preconditions in the context of UTP and health. 4. Discussing approaches in the absence of planning policies and limited resources 5. Assessment and feedbacks

6. Methodology

- Instructional Resources:

TARGET	COURSE MATERIALS	FORMAT	PREREQUISITE CONDITIONS FOR RECEIVING THE MATERIALS
Participants	Handouts	via email Electronic/soft copy	Good internet connection
	Assessment guide	hard copies	Good printer/ active participant
Instructors	Instructor's guide	Soft and hard copies	Good computer and printer
	PowerPoint presentation	Soft copy	Good projector
Administrator	Assessment guide	Hard Copy	Good computer and printer
	Evaluation guide	Hard Copy	Good computer and printer

- Development Requirements: Resource needed to develop the training product: Computer software, manuals, documentation, video production equipment or crew, in-house personnel, consulting services
- Delivery requirements: Computer software, course manuals, documentation, project team members, meeting facilities, projectors, white board, makers, wipers, pens, note pads.
- Production requirements: Resources required for producing materials for the training product are: Computer software, network managers, media designers, video duplication services, printers.
- Delivery schedule:

TOPICS	DURATION (MAX)
Introduction	5 mins
Lesson 1	10 mins
Lesson 2	10 mins
Lesson 3	10 mins
Lesson 4	10 mins
Assessment and Feedback	15 mins
Conclusion and wrap up	5 mins

- Supplies and materials

PowerPoint presentation

Projector, Computer, White board and related accessories (Marker, wiper)

Module handout

Assessment guide

7. Duration of Course: 65 minutes maximum

8. Participants (number, prerequisites, and profile): The course is designed for a Minimum of 15 and maximum 35 participants.

- .Professionals (architect, urban developer or planner, landscape architect, mayor, engineer, researcher or public health professional, medical doctor, nurse, community health worker or local community activist) and different NGOs and CBOs who work on different planning and service delivery related issues including health and well-being.

- Participants should have completed module 1, 2, 3 and 4 of this training course.

9. Course Content

9.a. Course outline

TOPICS	CONCEPTUAL DESCRIPTION
Introduction	An introduction to the module and generally establishing how to include health in UTP
Lesson 1: Four dimensions of planning for health	Examining and illustrating 4 dimensions of Health planning
Lesson 2: Health in all planning phases	Examining the concept of health in all planning phases
Lesson 3: Urban and territorial planning contexts and health (pre-conditions)	Examining the preconditions in the context of urban and territorial planning and health
Lesson 4: Working in the absence of good planning legislation and with limited resources	Identifying and discussing strategies to implement in the absence of good planning policies and limited resources
Assessment Exercises and feedback	Evaluating the general participation and understanding of the module.
Conclusion and wrap up	General remarks, observations and way forward

9.b. Structure of material

LESSONS	CONTENT/PURPOSE	LINK TO OTHER PARTS	DURATION (MAX)
1: Introduction to the module	Introduction to the module and generally understanding how to include health in UTP	Introduction and guide understanding the lessons	5 mins
2: Four Dimensions of planning for Health	To examine and illustrate on four dimensions of planning for health	Illustrating on some planning dimensions for health	10 mins
3. Health in all planning phases	To examine the concept of health in all planning phrases	Examining Health planning in all phrases	10 mins
4. Urban and territorial planning contexts and health (pre-conditions)	To examine the preconditions in the context of UTP and health	Prerequisites of UTP and health	10 mins
5. Working in the absence of good planning legislation and with limited resources	To identify and discuss strategies to be considered in the absence of policies and limited resources	Strategies for challenges in the absence of policy and resources	10 mins
6. Assessment Exercises and Feedback.	To evaluate the general understanding of the module.	Assessing the effectiveness of the different lessons of the module.	15 mins
Conclusion and wrap up.	Conclusions	Concluding on all aspects discussed in the module.	5 mins

10. Course Assessment and Evaluation:

10.a. Feedback on the training from participants;

- Feedback forms for participants to assess or grade various aspects related to the logistic organization of the training (venue, number of participants, duration, course materials, facilitation etc.) as well as stating likes and what should be improved in subsequent lessons.
- Feedback forms and or open session that enable participants to indicate their perceived level of learning in the following aspects:
 - New aspects learned and how they will integrate it in their work
 - Issues that were ignored which will be better considered as they carry out their work
 - Level of satisfaction with the training

content and what else should be considered or adjusted

- How participant's previous knowledge and experience has facilitated understanding of the course

10.b. Assessing understanding of course objectives;

- Short quick questions at the end of the

module

- Questions that enable participants to bring out aspects that relate to their understanding of how to include health in urban and territorial planning

11. Tips and recommendations

- Present case studies to exemplify the concepts



MODULE 6: AN ASSETS-BASED APPROACH WITH FOCUS ON PEOPLE

1. **Module Title:** Assets – based approach with focus on people territorial planning.
2. **Training Scope:** Understanding the assets – based approached of Health in UTP with people at the center
3. **Background and Rationale:** Human health is a key asset of societal wellbeing. This module elaborates on the need to ensure people as assets are at the core of planning dimensions in health and urban and
4. **Learning Objectives:**
 - General Objective: Participants understand the assets – based orientation of health and UTP with people at the center
 - Specific objective: Examining the key assets at the core of health and UTP
5. **Expected outcomes (Course and Performance Objectives):**

COURSE OBJECTIVE	PERFORMANCE OBJECTIVES
Participants understand the assets – based methodology of health and UTP.	1. Understanding the approach with people as assets 2. Understanding the approach with places as assets 3. Understanding the approach with processes as assets 4. Assessment and feedbacks

6. Methodology

- Instructional Resources:

TARGET	COURSE MATERIALS	FORMAT	PREREQUISITE CONDITIONS FOR RECEIVING THE MATERIALS
Participants	Handouts	via email Electronic/soft copy	Good internet connection
	Assessment guide	hard copies	Good printer/ active participant
Instructors	Instructor’s guide	Soft and hard copies	Good computer and printer
	PowerPoint presentation	Soft copy	Good projector

Administrator	Assessment guide	Hard Copy	Good computer and printer
	Evaluation guide	Hard Copy	Good computer and printer

- Development Requirements: Resource needed to develop the training product: Computer software, manuals, documentation, video production equipment or crew, in-house personnel, consulting services
- Delivery requirements: Computer software, course manuals, documentation, project team members, meeting facilities, projectors, white board, makers, wipers, pens, note pads.
- Production requirements: Resources required for producing materials for the training product are: Computer software, network managers, media designers, video duplication services, printers.
- Delivery schedule:

TOPICS	DURATION (MAX)
Introduction	5mins
Lesson 1	10 mins
Lesson 2	10 mins
Lesson 3	10 mins
Assessment and Feedback	15 mins
Conclusion and wrap up	5 mins

- Supplies and materials
PowerPoint presentation
Projector, Computer, White board and related accessories (Marker, wiper)
Module handout
Assessment guide
 - school.
 - Professionals (architect, urban developer or planner, landscape architect, mayor, engineer, researcher or public health professional, medical doctor, nurse, community health worker or local community activist) and different NGOs and CBOs who work on different planning and service delivery related issues including health and well-being.
 - Participants should have completed module 1 to 5 of this training course.
- 7. Duration of Course:** 55 minutes maximum
- 8. Participants (number, prerequisites, and profile):**
- The course is designed for a Minimum of 15 and maximum 35 participants.
 - practical experience in a related professional setting, undergraduates and persons with related professional background after high

9. Course Content

9.a. Course outline

TOPICS	CONCEPTUAL DESCRIPTION
Introductions	Introduction to module and understanding the assets-based approach of UTP and health with people at the center
Lesson 1: People are assets	Understanding the approach of people as assets in health and UTP
Lesson 2: Places are assets	Understanding the approach of places as assets in health and UTP
Lesson 3: Process are assets	Understanding the approach of processes as assets in health and health
Assessment Exercises and Feedback	Evaluating the general participation and understanding of the module.
Conclusion and wrap up	General remarks, observations and way forward

9.b. Structure of material

LESSONS	CONTENT/PURPOSE	LINK TO OTHER PARTS	DURATION (MAX)
1: Introduction to module	Introduction to module and generally understanding the assets – based approach of health and UTP with people at the center	Introduction and guide understanding the lesson	10 mins
2. People as assets	To understand the approach of people as assets in health and UTP	Illustration of People at the center of health and UTP	10 mins
3. Places as assets	To understand the approach of places as assets in health and UTP	Illustration of places at the center of health and UTP	10 mins
4. Processes as assets	To understand the approach of processes as assets in health and UTP	Illustration of processes as assets in health and UTP	10 mins
5. Assessment Exercises and Feedback.	To evaluate the general understanding of the module.	Assessing the effectiveness of the different lessons of the module.	15 mins
Conclusion and wrap up.	Conclusions	Concluding on all aspects discussed in the module.	5 mins

10. Course Assessment and Evaluation:

10.a. Feedback on the training from participants;

- Feedback forms for participants to assess or grade various aspects related to the logistic organization of the training (venue, number of participants, duration, course materials, facilitation etc.) as well as stating likes and what should be improved in subsequent sessions.
- Feedback forms and or open session that enable participants to indicate their perceived level of learning in the following aspects:
 - New aspects learned and how they will integrate it in their work
 - Issues that were ignored which will

be better considered as they carry out their work

- Level of satisfaction with the training content and what else should be considered or adjusted
- How participant's previous knowledge and experience has facilitated understanding of the course

10.b. Assessing understanding of course objectives;

- Short quick questions at the end of the module
- Questions that enable participants to bring out aspects that relate to their understanding of the assets – based approach of health and UTP with people at the center.

11. Tips and recommendations



MODULE 7: CHOOSING YOUR ENTRY POINT

1. **Module Title:** Choosing your entry points in Health and Urban and Territorial Planning
2. **Training Scope:** Exploring entry points for health in urban and territorial planning
3. **Background and Rationale:** Efficient integration of health in Urban and Territorial planning requires the right entry points. This course enables participants to understand the best entry point for health and urban and territorial planning

4. Learning Objectives:

- General Objective: Participants are able to understand and identify best entry points for health and urban and territorial planning`
- Specific objective: Exploring and defining the different entry points for health in urban and territorial planning.

5. Expected outcomes (Course and Performance Objectives):

COURSE OBJECTIVE	PERFORMANCE OBJECTIVES
Participants understand and identify entry points for health in urban and territorial planning.	1. Understanding entry points for health in UTP. 2. Identify the various entry points for health in UTP. 3. Assessment and feedbacks

6. Methodology

- Instructional Resources:

TARGET	COURSE MATERIALS	FORMAT	PREREQUISITE CONDITIONS FOR RECEIVING THE MATERIALS
Participants	Handouts	via email Electronic/soft copy	Good internet connection
	Assessment guide	hard copies	Good printer/ active participant
Instructors	Instructor's guide	Soft and hard copies	Good computer and printer
	PowerPoint presentation	Soft copy	Good projector
Administrator	Assessment guide	Hard Copy	Good computer and printer
	Evaluation guide	Hard Copy	Good computer and printer

- Development Requirements: Resource needed to develop the training product: Computer software, manuals, documentation, video production equipment or crew, in-house personnel, consulting services
- Delivery requirements: Computer software, course manuals, documentation, project team members, meeting facilities, projectors, white board, makers, wipers, pens, note pads.
- Production requirements: Resources required for producing materials for the training product are: Computer software, network managers, media designers, video duplication services, printers.
- Delivery schedule:

TOPICS	DURATION (MAX)
Introduction and Lesson 1	5 mins
Lesson 2	10 mins
Lesson 3	10 mins
Lesson 4	10 mins
Lesson 5	10 mins
Assessment and Feedback	15 mins
Conclusion and wrap up	5 mins

- Supplies and materials

PowerPoint presentation

Projector, Computer, White board and related accessories (Marker, wiper)

Module handout

Assessment guide

7. Duration of Course: 70 minutes maximum

8. Participants (number, prerequisites, and profile):

- The course is designed for a Minimum of 15 and maximum 35 participants.
- Minimum qualification of a high school

diploma plus at least 3 years of practical experience in a related professional setting, undergraduates and persons with related professional background after high school.

- Professionals involved in; municipal environmental management, hygiene and sanitation, town planning and social affairs; Government Services concerned with public health, urban and territorial planning and related training institution, NGO's working to promote urban development and community health.
- Participants should have completed module 1 to 6 of this training course.

9. Course Content

9.a. Course outline

TOPICS	CONCEPTUAL DESCRIPTION
Lesson 1: Introduction and summary on entry points	An introduction to the module and generally understanding entry points for health in UTP
Lesson 2: By setting	Understanding and identifying settings or locations as entry points of health in UTP
Lesson 3: Entry by Outcome	Understanding and identifying impacts or outcomes as entry points of Health in UTP.
Lesson 4: Entry by principle	Understanding and identifying various concepts or principles as entry points of health in UTP.
Lesson 5: Entry by sector	Understanding and identifying the different sectors as entry points of health in UTP
Assessment Exercises and Feedback	Evaluating the general participation and understanding of the module.
Conclusion and wrap up	General remarks, observations and way forward

9.b. Structure of material

TOPICS	CONTENT/PURPOSE	LINK TO OTHER PARTS	DURATION (MAX)
1: Introduction and summary on entry points	To introduce the module and ensure participants generally understand entry points for health in UTP	Introduction and guide on participation.	10 mins
2: Entry by setting	To understand and identify approaches of entry points by settings for health in UTP	Approaches of entry points by settings	10 mins
3: Entry by Outcome	To understand and identify approaches of entry points by outcome or impact for Health in UTP.	Approaches of entry points by outcome	10 mins
4: Entry by Principle	To understand and identify approaches of entry points by principle for health in UTP.	Approaches of entry points by principle	10 mins
5: Entry by sector	To understand and identify approaches of entry points by sector for health in UTP	Approaches of entry points by sector	15 mins

6: Assessment exercise and feedback	To evaluate the general understanding of the module.	Assessing the effectiveness of the different lessons of the module	
Conclusion and wrap up.	Conclusions	Concluding on all aspects discussed in the module.	5 mins

10. Course Assessment and Evaluation:

10.a. Feedback on the training from participants;

- Feedback forms for participants to assess or grade various aspects related to the logistic organization of the training (venue, number of participants, duration, course materials, facilitation etc.) as well as stating likes and what should be improved in subsequent sessions.
- Feedback forms and or open session that enable participants to indicate their perceived level of learning in the following aspects:
 - New aspects learned and how they will integrate it in their work
 - Issues that were ignored which will be better considered as they carry out

their work

- Level of satisfaction with the training content and what else should be considered or adjusted
- How participant's previous knowledge and experience has facilitated understanding of the course

10.b. Assessing understanding of course objectives;

- Short quick questions at the end of the module
- Questions that enable participants to bring out aspects that relate to their understanding and identifying the different approaches to entry points for Health in UTP

11. Tips and recommendations



MODULE 8: HEALTH APPRAISAL, ANALYSIS AND DATA TOOLS

1. **Module Title:** Health Appraisal, Analysis and Data tools health appraisal, analysis and data tools for effective assessment
2. **Training Scope:** Examining appraisal, analyses and data tools of Health in Urban and Territorial Planning (UTP)
3. **Background and Rationale:** Integration of health and urban and territorial planning requires the availability of effective assessment tools for different assessment elements. This module elaborates on the
4. **Learning Objectives:**
 - General Objective: Participants understand assessment tools for health in UTP
 - Specific objective: Examining and understanding the different assessment dimensions and tools for health in UTP.
5. **Expected outcomes (Course and Performance Objectives):**

COURSE OBJECTIVE	PERFORMANCE OBJECTIVES
Participants understand assessment tools for health in UTP.	1. Examining health impact assessment tools 2. Examining cumulative risks and comparative risk assessments tools 3. Examining online analytical tools 4. Examining spatial epidemiology assessment tools 5. Examining citizen science tools 6. Assessment and feedbacks

6. Methodology

- Instructional Resources:

TARGET	COURSE MATERIALS	FORMAT	PREREQUISITE CONDITIONS FOR RECEIVING THE MATERIALS
Participants	Handouts	Via email, Electronic/ soft copy	Good internet connection
	Assessment guide	hard copies	Good printer/ active participant

Instructors	Instructor's guide	Soft and hard copies	Good computer and printer
	PowerPoint presentation	Soft copy	Good projector
Administrator	Assessment guide	Hard Copy	Good computer and printer
	Evaluation guide	Hard Copy	Good computer and printer

- Development Requirements: Resource needed to develop the training product: Computer software, manuals, documentation, video production equipment or crew, in-house personnel, consulting services
- Delivery requirements: Computer software, course manuals, documentation, project team members, meeting facilities, projectors, white board, makers, wipers, pens, note pads.
- Production requirements: Resources required for producing materials for the training product are: Computer software (data analyses), network managers, media designers, video duplication services, printers.
- Delivery schedule:

TOPICS	DURATION (MAX)
Introduction	5mins
Lesson 1	10 mins
Lesson 2	10 mins
Lesson 3	10 mins
Lesson 4	10 mins
Lesson 5	10 mins
Lesson 6	10 mins
Assessment and Feedback	15 mins
Conclusion and wrap up	5 mins

- Supplies and materials
- PowerPoint presentation
- Projector, Computer, White board and related accessories (Marker, wiper)
- Module handout
- Assessment guide

7. Duration of Course: 85 minutes maximum

8. Participants (number, prerequisites, and profile):

- The course is designed for a Minimum of 15 and maximum 35 participants.
- Possessing a practical experience in a related professional setting, or undergraduates and persons with related professional background after high school.
- Professionals (architect, urban developer

or planner, landscape architect, mayor, engineer, researcher or public health professional, medical doctor, nurse, community health worker or local community activist) and different NGOs and CBOs who work on different planning and service delivery related issues including

health and well-being.

- Participants should have completed module 1 to 7 of this training course.

9. Course Content

9.a. Course outline

TOPICS	CONCEPTUAL DESCRIPTION
Lesson 1: Introduction and summary on assessment tools for health in UTP	An introduction to the module and generally understanding several assessment tools for health in UTP
Lesson 2: Health impact assessment	Understanding and examining health impact assessment tools for health in UTP
Lesson 3: Cumulative risks and comparative risk assessments	Understanding and examining cumulative risks and comparative risk assessment tools for Health in UTP.
Lesson 4: Online analytical tools	Understanding and examining analytical assessment tools for Health in UTP.
Lesson 5: Spatial epidemiology	Understanding and examining social epidemiology assessment tools for Health in UTP
Lesson 6: Citizen science	Understanding and examining citizen science assessment tools for health in UTP
Assessment Exercises and Feedback	Evaluating the general participation and understanding of the module.
Conclusion and wrap up	General remarks, observations and way forward

9.b. Structure of material

TOPICS	CONTENT/PURPOSE	LINK TO OTHER PARTS	DURATION (MAX)
1: Introduction and summary on assessment tools for health in UTP	To introduce the module and ensure participants generally understand the bases of assessment tools for health in UTP	Introduction and guide on participation.	10 mins
2: Health impact assessment	To understand and examine health impact assessment tools for health in UTP	Assessment tools for health impacts	10 mins

3: Cumulative risks and comparative risk assessment	To understand and examine cumulative risks and comparative risk assessment for Health in UTP.	Assessment tools for cumulative risk and comparative risk	10 mins
4: Online analytical tools	To understand and examine online analytical tools for health in UTP.	Assessment tools for online impacts	10 mins
5: Spatial epidemiology	To understand and examine spatial epidemiology tools for health in UTP	Assessment tools for spatial epidemiology	10 mins
6: Citizen science	To understand and examine citizen science tools for health in UTP	Assessment tools for citizen science	
7: Assessment exercise and feedback	To evaluate the general understanding of the module.	Assessing the effectiveness of the different lessons of the module	15 mins
Conclusion and wrap up.	Conclusions	Concluding on all aspects discussed in the module.	5 mins

10. Course Assessment and Evaluation:

10.a. Feedback on the training from participants;

- Feedback forms for participants to assess or grade various aspects related to the logistic organization of the training (venue, number of participants, duration, course materials, facilitation etc.) as well as stating likes and what should be improved in subsequent sessions.
- Feedback forms and or open session that enable participants to indicate their perceived level of learning in the following aspects:
 - New aspects learned and how they will integrate it in their work
 - Issues that were ignored which will be better considered as they carry out their work

- Level of satisfaction with the training content and what else should be considered or adjusted
- How participant's previous knowledge and experience has facilitated understanding of the course

10.b. Assessing understanding of course objectives;

- Short quick questions at the end of the module
- Questions that enable participants to bring out aspects that relate to their understanding and health appraisal, analytical and data tools in UTP

11. Tips and recommendations



MODULE 9: BUILDING OUT MOSQUITO-TRANSMITTED DISEASES IN DEVELOPING COUNTRIES: THE DELIVER MNEMONIC

1. INTRODUCTION

Training Name

Building out mosquito-transmitted diseases in developing countries: the DELIVER mnemonic

Training Scope
Reducing mosquito-transmitted diseases through practical interventions: preventing mosquito house entry and reducing mosquito production around the home

Training Materials

Chapter in training manual, slide deck in PowerPoint

Duration of Course

Three hours: one hour lecture, two hours break out groups (Depending on where this is to be hosted there could be a site visit included)

Number of Participants

Optimum 30, minimum 6, maximum 250

Prerequisites

None

Participants

The course is aimed primarily at anyone with an interest in reducing the threat from mosquito-transmitted diseases through improvements to the built environment. Specifically we hope to bring together vector control experts with a wide range of stakeholders. The course would benefit professionals who already have some role in health, housing, infrastructure and/or

environmental management.

Course Objectives

This is part of a curriculum is designed to facilitate the integration of health into urban & territorial planning.

Objectives

- 1) To describe the threat posed by mosquito-transmitted diseases
- 2) Using the DELIVER mnemonic, describe simple best practices to mitigate the threat

Promote the additional benefits of good quality housing and environmental management

Explain the benefits of a multi-sectoral approach and community engagement

Benefits

- 1) Up to date knowledge of current best interventions
- 2) Understanding of the additional benefits of this approach i.e. healthier, more comfortable houses, improved infrastructure and peri-domestic environment, greener option
- 3) Understanding of the importance of a multi-sectoral approach and community engagement
- 5) Opportunity to network with participants with a diverse range of knowledge and experience

Successful achievement

- 1) Participants formulate concrete ideas on how to put the recommendations into practice

in their own situation, especially who else they will need to involve and work with

2) They will have access to the IG-UTP training manual which will include case studies, links to key documents etc.

3) Encouraged to join the BOVA Network (<https://www.bovanetwork.org/>) to become part of a coalition of likeminded practitioners

Course assessment and evaluation

Multiple choice questions

2. CONTENT OUTLINE

Instructional Resources

PowerPoint presentation

Training Manual: Integrating Health into the IG-UTP

Structure of Material

Three hours: one-hour lecture, two hours break out groups

Course and Performance Objectives

As above

Instructional Sequence and Activities

One topic: reducing the threat of mosquito-transmitted diseases through simple improvements to the built environment

Content

One-hour lecture: Building out mosquito-transmitted diseases in developing countries: the DELIVER mnemonic (see attached draft chapter)

Delivery Schedule

Three hours: one-hour lecture, two hours break out groups

Development Requirements

PowerPoint + equipment for delivering presentation, venue of a suitable size to host the talk and then divide into breakout groups of six; alternatively, this could be delivered remotely by Zoom or similar platform.

Delivery Requirements

See above

Production Requirements

PowerPoint, printer



MODULE 10: SPATIAL EPIDEMIOLOGY

1. Module Title: Spatial Epidemiology of respiratory viral epidemics: Case Study of COVID-19

2. Training Scope: This is an introductory course for spatial epidemiology regarding basic concepts and methods in spatial data, spatial statistics and models, and GIS tools (e.g. ArcGIS, GeoDa, and R) applied in epidemiological and public health studies. The course is structured to move from spatial exploration of health data, to quantifying spatial patterns and clusters, to spatial exposure assessment and, finally, to methods for assessing risk. Broadly, the spatial epidemiology part of the course focuses on:

- assessing exposures through the use of a geographical information system (GIS)
- analyzing spatio-temporal propagation of diseases, and visualizing spatial data, disease surveillance and the use of spatial scan statistics in cluster detection.

3. Background and Rationale: Spatial epidemiology is one of most important branches in Epidemiology to investigate spatial distribution of diseases and related determinants of health. The increasing availability of geographic information systems (GIS) and spatial data are contributing to this re-emergence, as are such techniques as multi-level modeling, which provide new opportunities to integrate individual and population level health

determinants. This module elaborates on usefulness of spatial epidemiology in urban health.

4. Learning Objectives:

- Recognize when—and why—a spatial approach is required and the assumptions, strengths, limitations, and interpretations of different spatial methods used in urban health research.
- Identify geospatial technologies and methods for epidemiology and cluster detection.
- Choose an appropriate study design to address a specific spatio-temporal epidemiological question.
- Visualize patterns of health and disease in place and time.
- Analyze clusters and diffusion of disease to identify outbreaks.
- Conduct small area and individual spatial epidemiology studies.
- Critically interpret spatio-temporal epidemiology and outbreak detection methods.
- Apply spatial epidemiology and outbreak detection methods to Covid-19.

5. Expected outcomes (Course and Performance Objectives):

COURSE OBJECTIVE	PERFORMANCE OBJECTIVES
Participants understand the relevance of spatial epidemiology in urban and territorial planning, and are able to highlight technical developments and opportunities to apply spatial analytic methods in epidemiologic research, focusing on methodologies involving geocoding, distance estimation, residential mobility, record linkage and data integration, spatial and spatio-temporal clustering	<ul style="list-style-type: none"> understand basic concepts in spatial data, methods, and GIS terminology and methods used in spatial epidemiology; search and process spatial and health data available from governments and other open resources. conduct exploratory spatial data analysis for disease mapping using ArcGIS, GeoDa, and R. employ spatial modeling approaches to inform/generate policy recommendations for disease control and prevention; <p>Assessment and feedbacks</p>

6. Methodology

- Instructional Resources:

TARGET	COURSE MATERIALS	FORMAT	PREREQUISITE CONDITIONS FOR RECEIVING THE MATERIALS
Participants	Handouts		Good internet connection
	Assessment guide	Online tools, hard copies	Good printer/ active participant
Instructors	Instructor's guide	Soft and hard copies	Good computer and printer
	PowerPoint presentation	Soft copy	Good projector
Administrator	Assessment guide	Online tools, Hard Copy	Good computer and printer
	Evaluation guide	Hard Copy	Good computer and printer

- Development Requirements: Resource needed to develop the training product: Computer software, manuals, documentation, health data, video production equipment or crew, in-house personnel, consulting services
- Delivery requirements: Computer software, course manuals, documentation, project team members, meeting facilities, projectors, white board, makers, wipers, pens, note pads.
- Production requirements: Resources required for producing materials for the training product are: Computer software (data analyses), network managers, media designers, video duplication services, printers.
- Delivery schedule: two types, ie lessons and panel

TOPICS	DURATION (MAX)
Introduction	5mins
Lesson 1	15 mins
Lesson 2	15 mins
Lesson 3	15 mins
Lesson 4	15 mins
Lesson 5	10 mins
Lesson 6	15 mns
Assessment and Feedback (Panel)	10 mins
Conclusion and wrap up (panel)	5 mins

- Course delivery includes voiceover, Power Point information with associated reference guides, web links and online tutorials using sample datasets accessed through Population Data, Remote Training Lab (RTL), Module handout, Assessment guide
- Proven GIS skills through approved coursework (including short PopData Geospatial courses) or work experience
- Working knowledge of epidemiology and biostatistics fundamentals, including regression, rates, risk ratios, and standardization

7. Duration of Course: 90 minutes maximum

8. Participants (number, prerequisites, and profile):

- The course is designed for a Minimum of 15 and maximum 25 participants.
- Possessing a practical experience in a related professional setting, or undergraduates and persons with related professional background after high school.
- Professionals (architect, urban developer or planner, landscape architect, mayor, engineer, researcher or public health professional, medical doctor, nurse, community health worker or local community activist) and different NGOs and CBOs who work on different planning and service delivery related issues including health and well-being.

9. Course Outline

TOPICS	CONCEPTUAL DESCRIPTION
Lesson 1: Introduction to spatial epidemiology	<ul style="list-style-type: none"> oDefining spatial epidemiology oThe concepts of place and neighborhood oRole of geographic information systems in spatial epidemiology
Lesson 2: Spatial health and covariate data	<ul style="list-style-type: none"> o Health database o Health indicators and spatial data o Grouped data and ecological study design
Lesson 3: Methodologies	<ul style="list-style-type: none"> oGeocoding and uncertainty oDistance estimation oResidential mobility oData linkages oOverview of spatial and spatio-temporal clustering oSpatial clustering oSpace-time clustering oSmall area estimation oBayesian approaches to disease mapping oSpatial regression models
Lesson 4: Study design perspectives	<ul style="list-style-type: none"> oSpatial exposure assessment: principles and limitations oAnalysing spatial distribution of diseases oBias, confounding and exposure misclassification
Lesson 5 : Case study of Covid-19	<ul style="list-style-type: none"> o Presenting few studies that demonstrate how landscape composition (urban forms or urban morphology) and configuration (spatial positions of urban elements) influence disease risk or incidence suggest that a true integration of landscape ecology with epidemiology will be fruitful.

<p>Lesson 6 : Preparedness on recovery for covid-19</p>	<ul style="list-style-type: none"> oDefining Emergency Management (emergency management activities, including response, planning, training, testing and exercising). oReview of WHO’s countries and technical guidance on response and recovery for COVID-19 oCritical preparedness, readiness and response actions for COVID-19 oNational capacities review tool for viral infections oOperational considerations for case management of COVID-19 in health facility and community oPractical actions in cities to strengthen preparedness for the COVID-19 pandemic and beyond (Strengthening Preparedness for COVID-19 in Cities and Urban Settings) oConsiderations in adjusting public health and social measures for urban dwellers in the context of COVID-19 oAssessment of risk factors for coronavirus disease 2019 (COVID-19) in urban informal workers: protocol for a case-control study o Controlling the spread of COVID-19 at ground crossings o Cleaning and disinfection of environmental surfaces in the context of COVID-19 o COVID-19 recovery strategy in housing, transport, and other urban issues
<p>Assessment Exercises and Feedback</p>	<p>Evaluating the general participation and understanding of the module.</p>
<p>Conclusion and wrap up</p>	<p>General remarks, observations and way forward</p>

10. Course Assessment and Evaluation:

10.a. Feedback on the training from participants;

- Feedback forms for participants to assess or grade various aspects related to the logistic organization of the training (venue, number of participants, duration, course materials, facilitation etc.) as well as stating likes and what should be improved in subsequent sessions.
- Feedback forms and or open session that enable participants to indicate their perceived level of learning in the following aspects:
 - New aspects learned and how they will integrate it in their work
 - Issues that were ignored which will be better considered as they carry out their work
 - Level of satisfaction with the training

- content and what else should be considered or adjusted
- How participant's previous knowledge and experience has facilitated understanding of the course
- Questions that enable participants to bring out aspects that relate to their understanding of the relevance of spatial epidemiology in urban health and the spatial aspects of modelisation in epidemiology.

10.b. Assessing understanding of course objectives;

- Short quick questions at the end of the module

PHASE 3. AFTER THE TRAINING SESSION OR WORKSHOP

Though the closing ceremony along with road map for the next steps should be considered, this last phase should also be focused on evaluation. The evaluation strategy is an integral part of the workshop activity so that timely evaluation information is available for decision-making and to ensure that the organiser of the workshop is able to demonstrate accountability to stakeholders. Evaluation strategy on how to measure the impact of the workshop can be done at three different levels :

- Level 1: the trainer may have access to a standard questionnaire. Its objective is to assess the participants' satisfaction in order to improve the perception of the quality of training.

- Level 2: In a second stage, participants can be questioned through a series of standard questions in order to assess whether they have learned what they were supposed to learn. This will give additional information on whether the learning objectives were achieved or not. (see Annex 3).

- level 3 : a short follow-up survey is distributed to participants, to send out 6 months after the workshop. This information will provide more detail about the effective implementation of the lessons learned based on the practical manual (see Annex 4).

In addition to the instruments we advise for these three levels, we suggest that the trainers undertake a post-training survey, ie an **after-action review** right after the training, together with the participants and the resource persons. Apart from the more structural feedback through the different questionnaires, the results

of the after-action review can be used to adjust and optimize the workshop for the next round. The after-action review by the participants involved in the workshop is a structured facilitated process that can be used to debrief the workshop, to analyse what happened, why it happened, and how it can be made better.

1. What were our intended results?
2. What were our actual results? (What really happened?)
3. What caused our results? (Why did it happen?)
4. What will we retain or improve? (What can we do better next time?)
5. when and how the lessons of this training will be incorporated in to next training ?

ANNEXES

ANNEX 1 : PRE-TRAINING SURVEY (LEARNING NEEDS ANALYSIS)

1. INTRODUCTION

Dear participant,

We invite you to fill in this pre-training survey in relation to the upcoming Urban health workshop. This information will allow us to adapt the workshop better to your learning needs and expectations.

2. RESPONDENT'S DETAILS

1. SEX: Female Male

2. AGE: Less than 30 30-39 40-49 50-59 More than 60

3. COUNTRY YOU WORK IN:

4. TYPE OF INSTITUTION YOU WORK FOR:

- Workers' organization
- Employers' organization
- Government/public administration
- Non-governmental organization
- Private enterprise
- International organization
- Other (please specify)

5. YOUR CURRENT POSITION:

Job title:

Main responsibilities:

Main field of work:

6. YOUR WORKING EXPERIENCE IN "Urban planning and/or Health":

- More than 5 years 2-5 years 1-2 years Less than 1 year No experience

7. IF YOU HAVE WORKING EXPERIENCE, PLEASE BRIEFLY DESCRIBE IT:

.....
.....

8. AS A PARTICIPANT, HOW CAN YOU CONTRIBUTE TO THIS COURSE TO MAKE IT AN ENRICHING EXPERIENCE FOR ALL? PLEASE BE SPECIFIC.

.....
.....

9. HAVE YOU PARTICIPATED IN OTHER TRAINING INITIATIVES ON “ URBAN PLANNING AND/OR HEALTH ” IN THE LAST FIVE YEARS?

Yes No

10. IF SO, PLEASE BRIEFLY DESCRIBE THEM (TITLE, YEAR, TRAINING ORGANIZATION, ETC.)

.....
.....

11. DOES YOUR JOB REQUIRE YOU TO TRAIN OTHER PEOPLE?

Yes, very often Yes, sometimes Yes, but very rarely No

3. PREFERENCES CONCERNING MODALITY AND TIMING

1. What is the maximum time you are ready to devote to a face-to-face course?

1 to 3 days Up to 1 week Up to 2 weeks More than 2 weeks

2. Please indicate your preference for the timing of the courses:

January – March April – June July – September October - December

4 LEARNING EXPECTATIONS

1. What are your main expectations from this course?

.....
.....

2. Please indicate three learning objectives that you would like to achieve through this course

a.

b.

c.

3. Please indicate three skills that you expect to acquire through this course

a.

b.

c.

4. How do you intend to use the knowledge and skills acquired from the course in your current job?

.....
.....

5. Are you participating in this course on your own initiative or by the decision of your organization?

On my own initiative By decision of my organization

6. What are the main expectations of your organization from your participation in the course?

.....
.....
.....

ANNEX 2 : ENTRY SELF-EVALUATION

UN-HABITAT/WHO will evaluate the effectiveness of the training activity that you are attending. To help us, we ask you kindly to complete this self-evaluation form. As well as this form, we will ask you to complete another one at the end of the training. Your answers to all questions are anonymous. However, so that we can group your evaluation forms together while maintaining your anonymity, we would like you to create a code and use it on every form. To create your own personal, confidential evaluation code, please write the following:

The first letter of the city where you work:

The first letter of your mother's first name:

The year that you were born:

For example, a participant who works in Accra, whose mother name is Carla, and who is born in 2000, would have the code A-C-2000. The items on the next sheet cover the main contents of the upcoming training sessions. For each item, you will find a short question and a scale on which you can indicate your level of knowledge about specific topics. Please take your time to answer each question and then, on the scales that follow, use an X to indicate what, in your opinion, is your level of knowledge about the specific topic.

If you don't know the answer to a question, please leave it blank. The purpose of this questionnaire is not to test you, but to evaluate our effectiveness in providing you with quality training.

1. What is your general knowledge about urban health Implementation?

poor weak high strong

2. What level do you consider is your knowledge of urban health tools and concepts?

poor weak high strong

3. Which organizations are relevant for urban health Implementation?

a).....

b).....

c).....

4. What is your knowledge about the different urban health domains?

(insert specific domain) : poor, weak high strong

(Insert specific domain) : poor, weak high strong

(Insert specific domain) : poor, weak high strong

5. What is your level of familiarity with the participatory and learner centred methodology?

poor, weak high strong

ANNEX 3 : END OF WORKSHOP EVALUATION QUESTIONNAIRE

Please complete the questionnaire below. This will help us to improve the workshop. Please be totally frank, as we are interested in your opinion, whether it is positive or negative, and we shall take it into account in planning future workshops.

This questionnaire is anonymous. To help us analyse the evaluation results, we have added a space for you to indicate your gender and the type of organization you work for. If you prefer not to provide such details, simply leave the space blank.

Please give each aspect of the course set out below a mark from 1 to 5, with 1 being the minimum and 5 the maximum. On this scale, the average mark is 3.

If you think that a question does not apply to you, or that you do not have the information needed to answer it, check the "no opinion" option. You can give only one answer to each question.

A - Please indicate:

Sex : Female Male

Type of organization (Please indicate only one response. If you are involved in more than one type of organization, please select)

Government ministries/agencies Business organization

Customs UN organizations

Intergovernmental organization

Consulting firm Non-governmental organization

Private enterprise Training/academic institution

Other

B - Information received before the training

Before participating in this activity, were you clear about its objectives, contents and methods?

1 2 3 4 5 No opinion

C – Information received before the training sessions

Before participating in this training, were you clear about its objectives, contents and methods?

1 2 3 4 5 No opinion

D – The way training sessions were delivered

	1	2	3	4	5	No Opinion
1. Before participating in this activity, were you clear about its objectives, contents and methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II - THE WAY THE ACTIVITY WAS DELIVERED

Objectives						
2. Having participated, are you now clear about the objectives of the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To what extent were the activity's objectives achieved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contents						
4. Given the course's objectives, how appropriate were the activity's contents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Given your level of prior learning and knowledge, how appropriate were the activity's contents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have gender issues been adequately integrated in the training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods						
7. Were the learning methods used generally appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource persons / Tutors						
8. How would you judge the resource persons' overall contribution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group of participants						
9. Did the group of participants with whom you attended the activity contribute to your learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials/Media						
10. Were the materials/media used during the activity appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization						
11. Would you say that the activity was well organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Would you call the Secretariat efficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III - USEFULNESS OF THE ACTIVITY

13. Are you satisfied with the quality of the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How likely is it that you will apply some of what you have learned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D – Usefulness of the workshop

Are you satisfied with the quality of the training workshop?

1 2 3 4 5 No opinion

How likely is it that you will apply some of what you have learned?

1 2 3 4 5 No opinion

How likely is it that your institution/employer will benefit from your participation in the workshop?

1 2 3 4 5 No opinion

E - Please use the grid below if you wish to comment on a particular question.

NUMBER OF THE QUESTION	COMMENTS

F - Specific expectations for additional support in the follow up phase

.....

.....

.....

.....

.....

.....

.....

Thank you for filling in this questionnaire!

ANNEX 4 : FOLLOW-UP SURVEY

This questionnaire has been designed to collect information about the impact of the Workshop and to monitor your efforts in using the tools and contents in your organization. The questionnaire looks at the ways in which you have applied what you learned to your job, the action you and/or your institution have taken to apply what was learned, and the constraints and the opportunities you faced in doing so.

To provide responses, you will need to reflect on the workshop activity and think about specific ways in which you have applied what you learned from it. In order to do that properly, it may be helpful for you to review the workshop programme and materials provided during the activity, together with any action plan that you drew up.

Please be as candid as possible in your answers. Thank you very much in advance for taking the time to complete this questionnaire!

A - RESPONDENT'S INFORMATION

Please give the following information:

1. Name and surname :

.....

2. SEX:

Female

Male

3. COUNTRY you work in:

.....

4. Type of organization: Please select the type of organization you represented during the training activity

Government ministries/agencies

Business organization/Consulting firm

UN organizations

Intergovernmental organization

Non-governmental organization

Private enterprise

Training/academic institution

Other (please specify)

B - APPLICATION OF LEARNING

5. To what extent did your competencies improve as a result of your participation in the training activity?

- No improvement
- Slight improvement
- Moderate improvement
- Large improvement
- Very large improvement

6. Please select the competencies that you have improved the most as a result of your participation in the training activity:

- Analysing
- Synthesizing data and concepts
- Making decisions
- Identifying problems and providing solutions
- Researching
- Counselling
- Training others
- Networking
- Management
- Persuading and leading, Negotiating
- Planning and organizing projects and/or people
- Other (please specify)

7. To what extent did your job performance improve as a result of your participation in the training activity?

- No improvement
- Slightly improvement
- Moderate improvement
- Large improvement
- Very large improvement

Please provide concrete examples, such as attitudes, tasks, activities, products and services:

.....
.....

8. Since the training activity, have you made use of:

The training materials and documents distributed during the activity?

1 Never....5 always

The networking opportunities you had during the activity?

1 Never....5 always

9. Which activities have you engaged in as a result of your participation in the training activity?

Please provide concrete examples:
.....

10. What are the main factors, if any, that have contributed to the concrete use of the competencies you acquired?

- The general situation in our cities
- The priorities within my organization
- Availability of financial resources and human resources
- Support from my colleagues and supervisors
- I had enough authority to influence consideration of ideas and their application
- No particular factor

11. What are the main constraints, if any, that you have faced in using the competencies acquired during the training activity?

- I have NOT faced any constraints
- The general situation in my city and country
- The priorities within my organization
- Lack of financial resources and of human resources
- Lack of support from my supervisors and my colleagues
- I had enough authority to influence the application of new ideas
- The course content proved irrelevant
- Other (Please specify):

C - ORGANIZATIONAL IMPACT

12. To what extent has the performance of your organization improved as a result of your participation in the training activity?

- No improvement
- Slightly improvement
- Moderate improvement
- Large improvement
- Very large improvement

List up to three changes that have occurred within your organization as a result of your participation in the training activity:

.....
.....

13. How large was the impact outside your organization due to the training?

- Very small
- Medium
- Very large

Comments:

.....
.....

14. In which of the following areas did you detect a significant impact of the training?

Establishment of new and more relevant initiatives, projects and programmes

- Networking
- Training
- Capacity building
- Human resources management
- Organization and processes
- Overall performance
- I have not detected a significant impact of the training
- Other (Please specify):

15. With hindsight, to what extent was your participation in the workshop activity a good investment?

- Not at all
- Partly
- Moderate
- Mostly
- Completely

16. What recommendations would you make for improving the workshop activity?

.....
.....
.....

17. If you wish to add any further comments, please use this space:

REFERENCES

- Barton, H., Mitcham, C., & Tsouros, A. (2003). Healthy urban planning. *World Health*, 31(4), 208. Retrieved from <http://eprints.uwe.ac.uk/8626/> .
- Barton, H., & Tsourou, C. (2000). *Healthy urban planning*. London: Spon Press.
- Bentley, M. (2014). An ecological public health approach to understanding the relationships between sustainable urban environments, public health and social equity. *Health Promotion International*, 29(3), 528–537. <https://doi.org/10.1093/heapro/dat028>
- Bolay, J.-C. (2012). What sustainable development for the cities of the south? Urban issues for a third millennium. *International Journal of Urban Sustainable Development*, 4(1), 76–93. <https://doi.org/10.1080/19463138.2011.626170>
- Carmichael, L., Barton, H., Gray, S., Lease, H., & Pilkington, P. (2012). Integration of health into urban spatial planning through impact assessment: Identifying governance and policy barriers and facilitators. *Environmental Impact Assessment Review*, 32, 187–194. <https://doi.org/10.1016/j.eiar.2011.08.003> .
- Chang, M., Jukes, A., & Egbutah, C. (2015). *Public health in planning: Good practice guide*. London: Town & Country Planning Association. Retrieved from <https://www.tcpa.org.uk/healthyplanning> .
- Corburn, J. (2004). Confronting the challenges in reconnecting urban planning and public health. *American Journal of Public Health*, 94(4), 541–546. <https://doi.org/10.2105/AJPH.94.4.541>
- Dannenberg, A., Frumkin, H., & Jackson, R. (Eds.). (2011). *Making healthy places*. Washington: Island Press.
- Dye, C. (2008). Health and urban living. *Science*, 319(5864), 766–769. <https://doi.org/10.1126/science.1150198> .
- Frumkin, H., Frank, L., & Jackson, R. (2004). *Urban sprawl and public health: Designing, planning and building for healthy communities*. Washington: Island Press.
- Galea, S., & Vlahov, D. (2005). URBAN HEALTH: Evidence, challenges, and directions. *Annual Review of Public Health*, 26(1), 341–365. <https://doi.org/10.1146/annurev>
- Gray, S., Barton, H., Pilkington, P., Lease, H., & Carmichael, L. (2010). *Review 3 Spatial Planning & Health Identifying barriers & facilitators to the integration of health into planning*. Bristol: University of the West of England.
- Haines, A., Bruce, N., Cairncross, S., Davies, M., Greenland, K., Hiscox, A., Lindsay, S., Satterthwaite, D., & Wilkinson, P. (2013). Promoting health and advancing development through improved housing in low-income settings. *Journal of Urban Health*, 90, 810–831.
- Harpham, T. (2009). Urban health in developing countries: What do we know and where do we go? *Health & Place*, 15, 107–116.
- Hasan, A. (2010). *Participatory development: The story of the Orangi Pilot Project-Research and Training Institute and the Urban Resource Centre, Karachi, Pakistan*. Oxford: Oxford University Press.
- International Making Cities Livable. (n.d.-d). Principles for designing successful neighbourhood squares. Retrieved June 4, 2017, from <http://www.livablecities.org/blog/principles-designing-successful-neighborhood-squares> .

- Kent, J., & Thompson, S. (2012). Review article health and the built environment: Exploring foundations for a new interdisciplinary profession. *Journal of Environmental and Public Health*, 2012, 958175. <https://doi.org/10.1155/2012/958175>.
- Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *The Lancet*, 372(9650), 1661–1669. [https://doi.org/10.1016/S0140-6736\(08\)61690-6](https://doi.org/10.1016/S0140-6736(08)61690-6).
- Nieuwenhuijsen M. and Khreis H. (eds.), (2019). *Integrating Human Health into Urban and Transport Planning: a framework*. Springer, 720 p. https://doi.org/10.1007/978-3-319-74983-9_34
- Phillips, G., & Green, J. (2015). Working for the public health: Politics, localism and epistemologies of practice. *Sociology of Health & Illness*, 37(4), 491–505. <https://doi.org/10.1111/1467-9566.12214>.
- Pike RW, (2003). *Creative training techniques handbook: tips, tactics, and how-TOS for delivering effective training*. 3rd edition, Amherst, Massachussets.
- Rosie Riley and Audrey de Nazelle, (2019). *Barriers and Enablers of Integrating Health Evidence into Transport and Urban Planning and Decision Making*. In Nieuwenhuijsen M. and Khreis H. (eds.). *Integrating Human Health into Urban and Transport Planning: a framework*. Pp 641-654
- Sallis, J. F., Bull, F., Burdett, R., Frank, L. D., Gri, P., Giles-corti, B., & Stevenson, M. (2016). *Urban design, transport, and health*. 3. Use of science to guide city planning policy and practice: How to achieve healthy and sustainable future cities. *The Lancet*, 388(10062), 2936–2947. [https://doi.org/10.1016/S0140-6736\(16\)30068-X](https://doi.org/10.1016/S0140-6736(16)30068-X).
- United Nations/United Nations Economic Commission For Europe, 2015. *Facilitation and Implementation Guide (Manual)*. New York and Geneva, 45 p.
- WHO/Regional Office for the Eastern Mediterranean, 2007. *Training manual for the healthy city programme*. Document WHO-EM/CBI/058/E/08.07/1000
- WHO/Regional Office for the Eastern Mediterranean, 2006. *Training manual for community-based initiatives: a practical tool for trainees and trainers*, Cairo, 60 p.
- WHO and UN-Habitat. (2016). *Global report on urban health: Equitable, healthier cities for sustainable development*. http://www.who.int/kobe_centre/measuring/urban-global-report/en/
- Wooten, H. (2010). *Healthy planning in action*. *Planning*, 76, 20–23.

**A better quality of life for all
in an urbanizing world**

UN HABITAT
FOR A BETTER URBAN FUTURE

UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME

P.O. Box 30030, Nairobi 00100, Kenya

unhabitat-info@un.org

www.unhabitat.org

   @UNHABITAT

