

East African Medical Journal Vol: 93 No. 5 (Supplement) May 2016

CHALLENGES IN MANAGING AND SUSTAINING URBAN SLUM HEALTH PROGRAMMES IN KENYA

E. R. Rajula, BScN, MBA, MPH, BBA (HCM), Lecturer, Community Health Thematic Unit, University of Nairobi P. O. Box 19676-00202, Nairobi, Kenya

CHALLENGES IN MANAGING AND SUSTAINING URBAN SLUM HEALTH PROGRAMMES IN KENYA

E. R. RAJULA

ABSTRACT

Objective: To evaluate the challenges in managing and sustaining urban slum health programmes.

Design: A cross sectional survey.

Setting: Kibera slum in Nairobi, Kenya

Subject: Two hundred and fifteen respondent.

Results: Out of the 215 respondents, 37.2% were aged between 25 and 29 years, 27% between 30 to 34 years with the least age groups of between 18 and 24 and 45 and 49 at 5.6%. The rest fell in the age group 40 to 44. From observations, Focus group discussions and examination of programme documents, from the project leaders hardly tallied with the findings in some aspects such as collaboration, duplication of efforts and capacity building. These were hardly implemented in the projects, according to the data gathered. The common responses on challenges included insecurity, inadequate funding, high donor demands and lack of trust from partners and community. These reports from the programme leaders tallied with those from the community members'. The community respondents cited lack of accountability by projects, inadequate or lack of capacity building, inadequate communication on progress and reluctance to hand over projects to the community, among others. They expressed the view that literally all programmes implemented in the area either continued on period extension managed by the same organisation or close at the end of programme life, thereby making them go back to where they started.

Conclusion: Land and income were big issues according to the responses. The other issue, which was of great concern to the community, was income. However, it was noted that a lot of efforts have not been made to diagnose these problems and address them. Capacity building in communities is key, and it may be the starting point in participation. This may ease implementation and go a long way to ensure sustainability. To scale up delivery, there is need for basic infrastructure services for safe water, sanitation, better affordable housing, waste removal and access to land tenure rights through collaborative effort with local /city authorities. There is need to support income-generating activities, and community managed savings and credit schemes that enable households to secure funds. Sharing of experiences and adoption of more pro-poor policies and practices for slum upgrading and land tenure at local and national levels. Security was highlighted as a major concern which requires to be seriously looked into.

INTRODUCTION

A slum is defined by UN-HABITAT as a run-down area of a city characterised by sub-standard housing and squalor and lacking in tenure security (1). Slums are often defined as buildings and areas that are environmentally and structurally deficient. A result of multiple deprivations such as; illegal land tenure, deficient environment and inadequate shelter and are as a result of the gap between the demand, the legal and formal supply in the housing market (2). People who live in slums are illegal occupiers of Government vacant land and are not entitled to any social safety

benefits of any public service. Sustainability refers to the broader concept of balancing the environmental, social and economic concerns relating to any issue (3). Rapid process of urbanisation has created extreme pressure on different governments, especially in developing countries where public institutions are not best placed to cope with such pressure. It has been observed that a rapid urbanisation process, lack of good national and urban policies, inadequate housing policies, legislation and delivery systems has led to the creation of slums and informal settlements in urban areas (4). This has necessitated the development of various programmes to address the needs of the slum

dwellers. The programmes, however, have largely not been sustainable, so the lives of the people continued to be in deplorable state.

Kenya has historically been the most stable and prosperous of the East African economies. However, it is now the twenty-second poorest country in the world with a per capita GNP of US\$ 280 (5). Between 1985 and 1995, with population growth of 2.7% and weak production growth, there was no rise in per capita GNP and the number of poor people increased as income disparities increased (6). Kenya has been experiencing rapid rural urban migration for over a decade. Most of whom live in urban slums. These slum dwellers are threatened by lack of access to the most basic human requirements such as water, sanitation, shelter, health and education (7).

The rapid growth poses an alarming challenges to slum dwellers in the near future, as the total population living in slums around the world is expected to reach two billion by 2030 (8). One of the most important effects of economic developments has been the rapid urbanisation of populations. Sustainable social and economic development requires comprehensive coverage of entire populace in respect to basic amenities like water, electricity and latrines (9). What is required is political will and ongoing commitment (10).

MATERIALS AND METHODS

This was a descriptive cross sectional study. There are approximately 2.5 million slum dwellers in about 200 settlements in Nairobi representing 60% of the Nairobi population and occupying just 6% of the land.

The study was conducted in Kibera slum, which has a population of approximately 650,000 people spread over nine villages. There are 46 slums in Kenya. Out of these, 32 are urban slums. Out of the 32 urban slums, 27 are in Nairobi. Kibera covers 325 hecters

of land with a population density of 2000 people per hectare. It is the most densely populated slum in Nairobi.

The three sampled villages had a population of approximately 110,000 people. The study population included household heads, programme leaders and youth representatives. There were focus group discussions with youth and village committee. The community members and household heads that were above 18 years of age and were willing to participate in the study were interviewed. Programme leaders of all the six randomly selected projects were interviewed. There were 215 respondents in the study. The sample size was based on the assumption that public awareness of and participation in the programme activities in the three selected areas is at 50%. Based on this assumption, the estimated sample size for each village was calculated using Dobson's formula for a prevalence study. Ethical approval and Permission from local Administration was given.

RESULTS

This study reports the findings based on quantitative and qualitative data obtained from 215 respondents who included household heads/members, key informants, programme leaders and focus group respondents in Kibera slum. All the respondents were captured.

Out of the 215 respondents, 37.2% were aged between 25 and 29 years, 27% between 30 and 34 years with the least age groups of between 18 and 24 and 45 and 49 at 5.6%. The rest fell in the age group 40 and 44.

There were different types of programmes being implemented in the three villages. These were NGO, CBO or missionary directed. The programmes were randomly selected by village for study purposes (Table 1).

Table 1
Health and Development programs in sampled villages

Village	Programme
Mashimoni	Kikoshep Nairobi family support centre – Feeding programme
Lainisaba	African Medical and Research Foundation (AMREF) Maji na Ufanisi
Makina	CBHC Child survival programme Family Planning Health Services

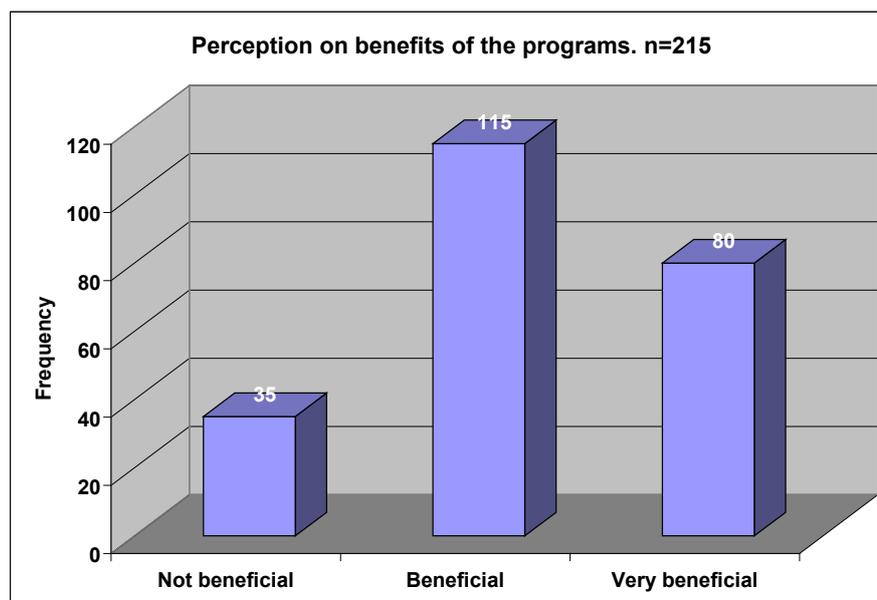
Nearly half 49% (102) of the respondents indicated that they sometimes participated in the programmes, while 15.4% (32) reported full time participation. The remaining 35.6% (74) never participated in any programme at all (Table 3).

Table 2
Participation distribution among respondents (n = 208)

Participation in the programme	Frequency	Percentage (%)
Never participated	74	35.6
Sometimes participates	102	49
Participate fulltime	32	15.4
Total	208	100

The most active age group in programme participation comprised of ages 18 to 24 years and 25 to 29 years at 33.6 and 28.8% respectively. The respondents who indicated that the programmes were beneficial were 115 (53.5%, n = 215), while a few, 35 (6.28%, n = 215) felt the programmes were not beneficial to them.

Figure 1
Perception on benefits of the programs



The programme leaders came up with a number of problems/challenges that they felt complicated the management and possible sustainability of their respective programmes. Most mentioned challenges included financial accountability demands by donors and suspicion on budgetary issues among others. A complete listing of problems/challenges cited by the programme leaders are shown in Table 3.

Table 3*Programme leaders' view on Challenges in programme management and sustainability (n=6)**

Challenges/Problems	Respondents
High donor demand on financial accountability	6
Suspicion on budgetary issues by community	6
Remuneration expectations by community and partners – not budgeted for	6
High disease prevalence/Burden – complicating participation and impact	6
Insecurity	6
Poor access roads	6
Squalid environment – staff uncomfortable	6
Unfavorable policies (particularly on land, water, roads, housing)	6
High poverty level	6
Inadequate funds to implement activities and pay suitable staff salaries	5
High crime rate	5
Irregular financial flow	4
High illiteracy level	4
Competition as opposed to complementary efforts by programmes	3
Disasters like fires and floods	3
Inadequate funds for research	2

* Responses were not mutually exclusive and each programme leader could list as many as possible. The maximum number of times each response could be cited could however not exceed 6

The respondents from community shared some of the programme leaders' views on challenges/problems, such as insecurity, but come up with others such as inability of programmes to pay volunteers, lack of accountability by programme staff, inadequate communication on programme activities and progress, among others (Table 4)

Table 4*Community's view on challenges faced in development and sustainability of programmes*

Main challenges/Problems	Respondents
Inability of programmes to pay volunteers who are themselves jobless	202
They view their residency there as temporary and seldom see a future in the local developments	200
Failure of programmes to incorporate income generating activities to boost their household income	180
Inadequate community capacity building to competently participate in the project	150
Lack of involvement of the community in programme planning	106
Need for Title deeds to be able to put up more permanent decent housing	105
Largely unregistered land and poor infrastructure.	100
High rate of crime	66
Lack of water and poor sanitation	60
Budgets which just end with projects	40
Duplication of programme activities	10
Lack of training on fundraising to enable program continuity	10
Some programmes do not reflect on community's priority needs like development of recreational facilities, better houses and water	10
Don't know	3

Responses were not mutually exclusive and each programme leader could list as many as possible.

Suggested alternatives to ensure sustainability: All the Programme leaders shared their views on best practices that could result in smooth programme management and sustainability. These included areas such as community involvement right from programme inception, building the capacity of beneficiaries for adequate participation and eventual takeover for sustainability. (Table 4).

Table 4
Programme leaders' suggested best practices for programme sustainability

<i>Best practices</i>	Frequency
Building capacity of beneficiaries	6
Community involvement from the start.	6
Establish fixed facilities such as hospitals and offices	4
Provision of suitable health policies for slums	5
Complementing each other's efforts.	6
Incorporate a revolving fund scheme such as microfinance	4
Transparency by staff in all dealings (both financial and non financial)	5
Ensuring regular flow of programme funds	3
Avoid duplication of efforts	6
Employing suitably qualified staff in programmes	3
Working in partnership/ collaboration with others	6
Replicating programmes	1
Handling beneficiaries with respect.	1
Establish multiple projects in a single site to address many related needs at the same time	4
Employing active fundraising strategies	4
Establishing good systems of communication and information management	6
Practicing active networking strategies	4
Involving political leaders	2

The FGDs involved Village elders (n=12) and Youth (n=12). The two groups were interviewed separately and their findings summarised as follows:

Both groups felt that on average, communication was adequate except some (25%, n = 24) who felt that they do not get any information on project budget and even how the budgeted funds are used. Both groups reported that modern communication technology was not being used much in projects. On being asked what they would have liked to be done differently, the youth suggested that computer training be incorporated in projects to address their need in this field. However, some reported availability of World space receiver, which enabled them to learn a lot in health matters. They however were all in agreement that they were usually informed of the various programmes events/ functions and actively participated in them.

Both groups reported that the projects usually end as soon as the donor funds end. They said that they know that even the current ones would just end with maturity of the projects. On asking for their opinion on suggestions on how the projects

could be sustained, the youth groups did not have any ideas. However some village elders suggested that by involving the community more and training them, thus enabling them to take over, community ownership would improve, resulting in smooth transition, which in turn would yield sustainability. Others said that the projects should be brought to the community based on the community needs and priorities. They said that most projects were brought with donors' mindset or interest area. If involved from the proposal development stage, the elders felt they could embrace the project better since they would be willing to support their own vision, like to live to their ideas. Some elders (40%, n = 12) felt that the projects should be handed over to them for continuity. They reported that most implementers don't like handing over the projects and usually wait until all the money is finished and then leave; leaving them much at the level they were at, when the project started.

Some village elders felt that Government-NGO partnerships would lead to project sustainability through provision of governmental expert support

upon handing over the projects to the communities. They said that, if the government is allowed equal involvement with the NGO staff, then the government might help in the sustainability on handing over to the community, through provision of expert support.

DISCUSSION

The findings identified the various reasons that try to explain why slum health programmes are difficult to manage and the inability of programme implementers to be sensitive to the beneficiaries needs. Some of these needs include, the very basic ones like access to community, cultural and leisure facilities, opportunities for local labour and training and better housing. Other problems, which hindered the communities from embracing the programmes, which are meant to help them, include insecurity, which is compounded by lack of such necessities like electricity. This has also been identified (8) Of great emphasis was shelter, which has to be temporary since it lies on government land, hence no title deeds. Many Community members, 150 (70%), and 6 (100%) programme leaders reported that capacity building is lacking. Other issues include need for land to be regularised and lack of involvement in program planning and implementation as demotivating and therefore a barrier to implementation and sustainability. Some respondents, 180 (83%) of community members reported failure of programmes to include microfinance activities to enable them get involved in business, especially loans on a revolving fund scheme, as one of the reasons for failure to optimally implement programmes and later sustain the programmes. This they said affected their participation since they have to look for money elsewhere to sustain their families (8,11).

Programmes leaders on the other hand reported high donor demands, limited budget, and inadequate support from the community, insecurity, high poverty and illiteracy level among community members and expectation of financial incentives on participation as some of the challenges of implementation and sustainability.

During the key informant interviews, it was revealed that a lot of internal politics in the programmes at times spilled over to the beneficiaries, resulting into unhealthy management ethics such as favoritism. The open mind with which both parties came up with the challenges and possible solutions clearly indicated that they valued the programmes and only yearn for change in some aspects to improve the existing situation. Programme leaders clearly know how best the problems could be addressed. However, they were not coming out clearly to explain why the challenges persist and why projects always end with cessation of donor funding.

Poverty, unemployment and age of the

beneficiaries clearly featured as important factors that affected participation in the programmes. The younger people tended to participate in the beginning with the hope that they could get employed. They try if there could be a job opportunity; hence participate a lot, especially at the beginning. The unemployed, older members of the communities shunned provision of free volunteer service as that they were busy with casual jobs to provide for their families. This featured a lot in the focus group discussions.

It also emerged that intermittent flow of funds brought about fluctuation in the programme performance. Programme leaders reported that sometimes funds do not get wired in time, thus delaying programme activities or even staff salaries. Some programmes leaders were reluctant to show their budgets, so it was difficult to relate programme success with funding level or arrive at the real programme portfolio.

In conclusion, it was necessary to implement development programmes, but land and income were big issues. However, it was noted that a lot of efforts have not been made to diagnose these problems and address them. There seems to be a disconnect somewhere, and both the implementers and the beneficiaries need to communicate better to address the issues. Capacity building of communities is key, and it may be the starting point in participation. This may ease implementation and go a long way to ensure sustainability. To scale up delivery, there is need for basic infrastructure services for safe water, sanitation, better affordable housing, waste removal and access to land tenure rights through collaborative effort with local / city authorities. There is need to support income-generating activities, and community managed savings and credit schemes that enable households to secure funds. Sharing of experiences and adoption of more pro-poor policies and practices for slum upgrading and land tenure at local and national levels.

It is recommended that further studies be done to establish the best way to work around the issues raised from this study.

REFERENCES

1. UN-Habitat Annual Report (2012). State of the world cities: Prosperity of cities. World Urban Forum Edition.
2. Sheth, Z. A. Slum Rehabilitation in the context of Urban Sustainability: a Case study of Mumbai. 2009. Loughborough University Repository
3. Ghoneim, S., Selem, R., Hassan, G. Slum Rehabilitation Projects: Their Sustainability and Beyond. 6th International Conference Proceedings. March 2014.
4. Ehigiator, P., Parker, P. Sustainable Urban Development: Slum Upgrading and Participatory Governance. Malmö University Nigeria. 2014.
5. Mehta, B., Dastur, A. (2008). Approaches to Urban

-
- Slums: A Multimedia Sourcebook on Adaptive and Proactive Strategies
6. strategic review of DFIEDW Kenya Urban Poverty programme. New path finding for the KUPP programme and the PAMNUP and NUPP project. March 2001.
 7. Ghoneim, S., Selem, R., Hassan, G. Slum Rehabilitation Projects: Their Sustainability and Beyond. 6th International Conference Proceedings. March 2014
 8. Mitra, I. Sustainable Slum Improvement Models. Terra Green Journal. Vol 7 Issue 12. 2015.
 9. Kostelny, et al (2013). Learning about children in the slums: A Rapid Ethnographic study in two urban slums in Mombasa of Community Based Child Protection Mechanisms and their Linkage with the Kenya National Child Protection System.