

## ***Coordinator's Report:***

### ***GEGA visit to the Nairobi Gauge***

Visit dates: August 5-7, 2002  
Report: September 23, 2002

This information in this report is based on interviews with the Gauge team and on the observations of the GEGA Coordinator during site-visits.

#### **General**

The general equity problem being addressed is:

**There is a lack of social sector infrastructure and public knowledge to address the needs of those living in informal settlements in Nairobi, which has created an increasingly desperate situation and strengthened barriers to improving health for slum residents. The population of slums has increased dramatically over the last decade, but state planning has only recently, and is only gradually, recognizing the needs as well as legal rights and human rights of this population.**

#### **Primary objectives**

- ? **Measurement/monitoring focus.** Document the health situation of Nairobi residents living in informal settlements.
- ? **Advocacy Message/strategy.** Promote the legal recognition of populations living in informal settlements, that their needs may be addressed in state planning alongside the needs of more privileged residents. Advocate for policies that promote development of the slums and address the needs of residents. Increase awareness of the problem among decision-makers and the public.
- ? **Intervention strategy to support Community Empowerment.** Initiate activities through the local health clinics to raise awareness of

slum residents and youth of health issues, especially reproductive health, and to organize community improvements.

## **Challenges**

Although the initiation of the Urban Slums Development Project of the Nairobi City Council greatly improves the likelihood of support for improving the health situation of slum residents, there are inadequate human and financial resources available to significantly affect the health threats that residents face.

Additionally, although there are many NGO and CBO activities occurring within the slums, they are not sufficiently organized to have a maximum impact.

The upcoming elections in December have created special challenges for working with Parliament, which had been a goal of the gauge.

## **The context.**

### **Slum situation**

About 60% of Nairobi population is living in informal settlements, the majority of which are within 4 KM of the city center and occupy one-fifth of the residential land area. Slum residents are characterized by high mortality rates (IMR is higher in slums than rural area), low levels of general health, low access rates and high dropout rates for primary education.

Urbanization in Africa has the unique qualities of 1) a rapid rate and 2) the context of occurring without concurrent industrialization, which could have helped buffer the population from the dangers of slum living.



### **Historical lack of political recognition of slum dwellers**

As the Gauge notes, “Informal settlements are not formally recognized by the government and this has led to their exclusion in resource allocation in Nairobi.” In fact, some laws that do exist have created additional barriers: “the city by-laws prohibit construction of permanent structures in the informal settlements and this has hindered efforts made to improve housing and address related health inequities in these areas.” City council is beginning to try to improve conditions in slums rather than intentionally ignore them, and to that end the city council initiated the Urban Slums Development Project in 1991. An evaluation of this project five years later, in 1996, led to the formation of the Nairobi Informal Settlements Coordination Committee (NISCC) to address the lack of coordination between donor organizations, local implementing NGOs and government authorities that were active in the slums.

## Health

Much of Kenya's health development work in recent years has focused on maternal/child health and on reproductive health. Kenya has achieved a decreased growth rate and fertility rate, but much remains to be done to prevent adolescent health issues (e.g. STDs and unwanted pregnancies) from affecting drop out rates.

Prenatal care is free in Kenya, and 92% of the poor are reported to utilize prenatal care; but because actual delivery is cost-shared, the rate of attended births plummets among the poor. Other forms of care also involve user fees, so slum dwellers often cannot afford to visit clinics. There is some support for the idea of moving to social insurance to include non-formal sector workers with sliding scale premiums based on income.

Access to care is also limited by the geographic placement of health clinics. Because slums have only recently been legally recognized, the closest health clinics are outside the settlements, and were not intended to serve those communities.

The Nairobi Urban Health Equity Gauge's Consensus Building Seminar also recognized the following factors that drive inequities in this context:

- ? Development initiatives in slums are viewed with suspicion by residents, as they are often initiated by those with a political agenda to gain favor
- ? Increase in population has led to congestion in slums
- ? Lack of infrastructure: roads, houses, sewerage, garbage disposal, etc.
- ? Because not formally recognized by the government, slums have been excluded from city planning and resource allocation; city by-laws prohibit construction of permanent structures in informal settlements, which has hindered efforts made to improve housing and address related health inequities in these areas
- ? Literacy levels are very low due to limited access to education: very few primary schools, no secondary schools; especially limited for women
- ? Health is poor, due to living and environmental conditions, lack of access to even essential or basic health care, and lack of knowledge to protect health.
  - o Lack of and poor distribution of toilets
  - o Few health facilities in slums, since they are not legally recognized
  - o Low level of knowledge regarding reproductive and sexual health
- ? Corruption in Kenyan institutions and sectors, especially the health sector

- ? Quality of care in general is low in Kenya in terms of respect for patients, and is worse for slum dwellers
- ? Lack of project sustainability; dependent on donor funding and low sense of ownership by residents
- ? General poverty, which diminishes ability to meet basic needs, save or invest, and improve their lives in other ways. Structural Adjustment Programs and cost-sharing in health facilities has worsened ability of slum residents to access health care services.

## Primary partners

The Gauge is coordinated by three groups.

### **1. APHRC (African Population and Health Research Council)**

Alex Ezeh, PhD in demography, Director of APHRC, master's degree in sociology

Pierre Ngom, demographer

David Omollo Owuor, physician

Support personnel at APHRC also include:

6 PhDs; 3 in demography; 1 in health economics; 1 in anthropology; 1 MD/PhD in public health

4 master's; 2 in demography, 1 in public health, 1 in anthropology

In October, APHRC will gain someone with 12 years DHS experience

APHRC has two primary research agendas:

1. Urbanization, health, and poverty, which includes the Equity Gauge work and the Nairobi Urban Health and Poverty Project. This line of work focuses on effective health interventions.
2. Critical and emerging issues, including HIV/AIDS, adolescents, health and fertility transitions, and aging.

### **2. NCPD (National Council for Population and Development)**

Vane Nyonga, Senior Programme Officer.

The National Council for Population and Development is a department within the Ministry of Finance and Planning. The mandate of the department is to formulate population policies, coordinate population programs, and advise the government on population and development matters. The department was established in 1982, and its focus was on family planning and maternal & child health until 1994, when the Cairo Summit prompted the department to



refocus on reproductive health. The department works closely with different ministries, NGOs and international organisations in collecting population and health data and disseminating the findings to policy makers and programme managers. The department has trained personnel at the Doctoral and Masters levels in demography.

### **3. Urban Slums Development Project of the Nairobi City Council (USDP/NCC), supported by UNFPA**

Joyce Kinaro, Project Manager of the Urban Slums Project.

In 1989, the Nairobi City Council recognized a failed need to address the conditions in slums, and piloted the Urban Slums Development Project (USDP), which is now working in the 7 biggest slums in Nairobi (there are currently 83 slums in Nairobi, with populations ranging between 5000 and 500 000). The Project is funded by UNFPA.

The primary achievement of USDP to date has been to open City Council to health issues of slum development and to get community projects into the city's budget. The NISCC (Nairobi Informal Settlement Coordinating Committee), an output of the USDP was started in 1996 to address the above needs. The strategy to carry out the objectives was supported by UNFPA and was later adopted by policy makers in Nairobi.

The Project receives direct international support from DfID without having to go through City Council. Key players include

- ? NISCC (Nairobi Informal Settlement Coordinating Committee), with whom USDP is an active member
- ? Technical Committee (working with CBOs and NGOs) with working groups focusing on
  - o Rent (and security of land tenure);
  - o Planning and development of infrastructure and housing;
  - o Health, environment, hygiene and sanitation;
  - o Improving livelihoods via income generation activities;
  - o Education and Training (to link the informal schools in settlements with the formal education system);
  - o Safer Settlements (from Habitat's Safer Cities Initiative); and
  - o Food Security
- ? Various individual Slum-specific Coordinating Committees

### **Strategies for Measurement/Monitoring**

In April of 2002, APHRC produced a report of the Nairobi Cross-sectional Slums Survey, the first of its kind, and an important element of documenting and providing a baseline for monitoring the slum situation, since it has historically

been neglected. The NCSS sampled 5000 slum households, and focused on maternal/child health issues.

**Data Sources.** Information sources being analyzed include

- ? 1998 Kenya DHS
- ? 2000 APHRC's Nairobi Cross-Sectional Survey (NCSS)

In the future, potential data sets that may be of use to the project are the 1999 Kenya census and the APHRC's demographic surveillance system which covers about 100,000 slum dwellers with regular 3-month data collection waves starting October 2002.

## Activities for Advocacy and Public Participation and for Community Empowerment

1. **Data collection.** The team feels that the documentation of health inequalities itself has made a difference for advocacy of policy for slums.

2. **Fact sheets.** Fact sheets have highlighted drop out rates among adolescents due to health problems.

3. **Training materials.** APHRC is about to recruit a communication specialist. It is expected that he will devote some of his/her time developing the NUHEG IEC materials.

4. **Workshop.** A workshop of Stakeholders was held in June 2002, and included 55 participants representing divisional youth groups, women's groups, NGOs, religious organizations, the provincial administration, the Nairobi City Council, City Councilors, community development organizations, and government ministries (including Home Affairs, Heritage and Sports—Department of Social Services, Ministry of Health, Public Health, and Local Government). See appendix for the recommendations that resulted from the stakeholders' workshop.



5. **Press release.** An insert on health inequities in the national press will be produced in January or February. The December elections have delayed publishing, so that the work won't be mistaken for political action or misinterpreted/co-opted/politicized.

## Appendix—recommendations of the Stakeholders' Workshop

<b>Recommendations:</b>
Give official recognition to all informal settlements in Nairobi
Health institutions and NGOs ought to be accountable and

transparent in the provision of their services. To ensure this, health service providers should be closely supervised at all levels
There is need to change the land tenure system to accommodate ownership of plots in informal settlements. Also, the new system should give provision for social amenities such as social halls and sporting facilities
Political leadership should consider ethical approaches to development activities within the communities. Health issues should be put increasingly on the agenda
The government should provide cheaper education for slum residents
Information and education with regard to health and related issues should be made available to slum communities. This will encourage community participation in ensuring good health among slum residents
There is need for the government and the Nairobi City Council to avail health services in the informal settlements in Nairobi. In cases where private clinics operate, they should be vetted to ensure that only qualified service providers are licenses to operate
The Nairobi City Council should improve the garbage disposal and sewerage systems in the informal settlements. It is recommended that construction of toilet facilities within every residential structure be made mandatory
Feeding programs should be initiated to operate in the slums on a regular basis
There is need to involve the community in health matters. This will ensure that all resources channeled towards improvement of health in the informal settlements of Nairobi reach the community. The slums already have a superior organizational setup with the recognition of chiefs, identifiable target groups and committees for health and development at the village level. The youth and women should be encouraged to participate since they are among the most vulnerable groups
Co-ordination of all health-related activities in the slums is important for realization of the impact on the community. Co-ordination activities should include monitoring and evaluation of programs by all stakeholders. Regular feedback meetings to be held for community members, actors, and donors. Quality leadership at all levels is essential for a bigger and positive impact on the health of the community
For better constitutional representation, there is need for stakeholders from informal settlements to present their views to the Constitutional Review Commission
There is need to form partnerships and linkages for better effectiveness