RAPID ASSESSMENT ON SERVICES AVAILABLE IN THE SLUMS OF BWAISE AND KABALAGALA

STRENGTHENING SOCIAL COHESION AND STABILITY IN SLUM POPULATIONS, KAMPALA

OCTOBER 2018
IOM’s appreciates the financial support from the European Union delegation in Uganda towards the implementation of the project, Strengthening Social Cohesion and Stability in Slum Populations, (SSCoS) Kampala. Through which the rapid assessment was conducted.

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FOR ASSESSMENT DONE BY ANTI CORRUPTION
COALITION UGANDA (ACCU)

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CHAPTER ONE

BACKGROUND

1.0 Project Background

The International organization for Migration (IOM) in partnership with Action For Fundamental Change And Development (AFFCAD) is implementing a 42 months project titled Strengthening Social Cohesion and Stability in Slum populations focusing on 4 slums in Kampala namely; Bwaise, Kisenyi, Katwe and Kabalagala funded by the European Union.

The project is community-based, designed to specifically provide employment opportunities and basic services to targeted beneficiaries while at the same time preventing conflict among slum communities of Kampala. The project directly targets marginalized communities especially the vulnerable urban youth. The activities herewith are geared towards improved socio-economic status and access to employment opportunities, access to basic social services for a more cohesive society with strengthened capacity to resist radicalization and acts of violent extremism. In addition, state agencies are particularly targeted at intermediate level for improved capacity in terms of addressing Violence and Extremism but also building trust with slum populations “through participatory planning, responsive service delivery and conflict- sensitive community policing”

Accordingly, IOM in partnership with AFFCAD conducted a rapid assessment on the services available in urban slums of Kampala focusing on Bwaise and Kabalagala to identify service gaps to develop a roadmap for intervention on supply side accountability including advocacy and sensitization.
1.1 Introduction

Poor service delivery has an impact not only on the lives of slum-dwellers, but also impacts the social cohesion and peace of communities and countries. In a recent publication, the Royal United Services Institute confirms that government failure to provide basic services such as health and education allows extremist groups to meet these needs and build support because of this provision. More specifically the study mentions that:

“...a governmental failure to provide basic services potentially creates a vacuum that extremist groups can fill to build support and legitimacy which might not otherwise have been forthcoming because of their violent tactics”

With the exception of Kampala, several refugee settlements have been set up in different regions of Uganda i.e. Adjumani in Adjumani district, Rhino Camp in Arua district, Kyirandongo, Kyangwali in Hoima district, Kyaka II in Masindi district, Nakivale in Mbarara district amongst other settlements. However, there are certain places within the capital where refugees from the same country of origin concentrate: for example, Somali refugees in Kisenyi, Congolese refugees in Katwe and Ethiopian refugees in Kabalagala (Interaid, 2009).

The influx of refugees in Uganda, places enormous pressure and protection challenges in service delivery in the social sectors1 in areas where there are high numbers of refugees. This therefore calls for inclusive, resilient, nondiscriminatory and conflict sensitive service delivery purposed on strengthening community coping strategies and positive interactions between various groups.

Inter-communal conflicts tend to arise in the struggle for the limited services. According to IOM baseline report, 2017, Inter-communal conflict occurs when warring factions fail to agree on issues related to resource allocations, political power sharing or even un equitable distribution of scarce resources including employment opportunities. If not well managed or resolved, inter-communal conflicts may result into an escalation of violent acts including warfare between the competing communities.

1.1 Social Cohesion and Stability in Slum Populations

According to IOM baseline survey on Strengthening social Cohesion and Stability in Slum Populations in Uganda, 2017, urban slum communities are prone to various acts of violence, inter-communal conflict and unprecedented levels of crime that compromise stability. Domestic violence, mob justice, and rape or sexual harassment was ranked highest with 47%, 46% and 33% respectively. Other violent acts reported include human sacrifice (17%), suicide (10%) and acid attacks (7%). To the report, sources of grievances remained widespread with poverty ranking highest (52%), unemployment (38%), family disputes (27%), political extremism (23%) as well as religious extremism (10%). Drug abuse, tribalism, injustice, land wrangles, devil worship, and unfavorable government policies all contribute to grievances in slum areas.

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1 health, education, livelihood, security, financial services and human rights
2 Inter-Communal Conflict refers to disagreement, or heated argument characterized by failure to agree.
Inter-communal conflict refers to conflict that happens between two or more communities or competing groups within a state.
The UNHABITAT country working document 2016-2021 highlights that, growth of slums and informal settlements, dilapidated housing, and poor sanitation is one of the greatest challenges facing urbanization in Uganda. It further cites opportunities amongst which include; 
Strengthening capacity of local, central, and regional institutions and key stakeholders in settlement and slums by applying good governance and management approaches. This therefore contributes to Uganda’s commitment towards SDG 11; Making cities and human settlement inclusive, safe, resilient and sustainable.

Accordingly, IOM in partnership with AFFCAD and other implementing partners, desire to address the root causes of inter-communal conflict in slum populations by addressing sources of grievance and by strengthening community cohesion around shared development assets. This directly informed a rapid assessment that was conducted in Kabalagala and Bwaise respectively.
Health is a universal human right that is nationally and internationally recognized. Uganda has ratified a number of international and regional human rights instruments related to the enjoyment of the highest attainable standard of physical and mental health (‘right to health’). These include:


The country has further domesticated international commitments to human rights including; the right to health. This has been made through providing a guiding framework for legislation, policies and programming at national level. On the same note, the Constitution of the Republic of Uganda (1995) provides among its social and economic objectives that the State shall ensure that all Ugandans enjoy rights and opportunities, and access to health services. While the right to health is not incorporated among its operational articles, the Constitution protects the right to health within other articles of the bill of rights. The Constitution includes provisions against discrimination to specific groups such as; women, children, persons with disabilities amongst other groups.

The Constitution also protects the right to a clean and healthy environment, which is an underlying determinant of health. The Constitution further emphasizes that Uganda’s binding international obligations still remain in force and it’s important to note that the right to health is one of those obligations.

Uganda has also put in place policies that protect the right to health and provide a framework for realizing the same right. The National health policy (2010) notes that universal Access to Uganda National Minimum Health Care Package includes promotive, preventative, curative, rehabilitative and palliative care as key priority areas.
The initiative for social and economic rights (ISER) provides that a right to health is not a standalone but also has other underlying determinants of health such as right to a clean and healthy environment, access to shelter, safe water, safe food and nutrition, healthy occupational and environmental conditions and health related education and information. It requires participation of the population in all health-related decision-making at the community, national and international levels. It is linked with principles of equity and non-discrimination and prioritizes the needs of the poor and vulnerable groups. Similarly, health care must be accessible and provided without discrimination on account of health status, race, ethnicity, age, sex, sexuality, disability, language, religion, national origin, income, or social status among others.

The Ugandan government has expanded health infrastructure through construction of more health facilities in a bid to bring services closer to the people. As a result, the health trends indicate a general improvement over the years. For instance there has been an overall decline in under-5 mortality rates from 177 deaths per 1,000 live births during the 5 years immediately preceding the 1988-89 UDHS, to 128 deaths per 1,000 live births in the 5 years prior to the 2006 UDHS, to 64 deaths per 1,000 live births in the most recent 5-year period (2011-2015). Infant mortality decreased from 98 deaths per 1,000 live births, to 71 deaths per 1,000 live births, to 43 deaths per 1,000 live births over the same periods (Uganda Demographic and Health Survey Report, 2016). However, a significant number of the health facilities are neither manned with the right cadre of health workers nor adequately equipped with health supplies. (NDP, 2010).

While the Government of Uganda strives to have an effective and functional health care system, it is hard to ignore the fact that its efforts are severely inhibited by a less productive health workforce characterized by absentee staff and the double work strategy where public health workers engage in for-profit health care delivery alongside their government jobs. Drug and medical supply stock outs remain a common occurrence in most health centers. The allocation to health as percentage of the total Government budget reduced from 9.6% in 2003 to 8.6% in 2014/15 as opposed to the Abuja Declaration target of 15%. There is also an outcry among young people, especially those living with HIV, about limited financial support for adolescent and youth-friendly programs and services. Furthermore, young people continue to face considerable social and cultural barriers to accessing comprehensive sexual and reproductive health information and services because sex and related matters is a taboo in many cultures.

Uganda’s health sector continues to experience considerable workforce challenges arising from numbers, skills and motivational factors. The ratio of doctors to the patients in Uganda is 1:24,725 which is significantly lower compared to Kenya at 1:7,100 in 2000. The ratio of nurses to the population in Uganda is 1:1,634, compared with 1:877 in Kenya in 2002. This is coupled with the non-conducive work environment such as unhygienic and hazardous work environment which is risky to people’s lives.

On a positive note, all settlements in Kampala central have access to health services and facilities where residents can receive medical attention and care. These facilities range from general clinics, drug shops, pharmacies, maternal homes amongst other facilities. However, informal settlements are reported to have unconventional and unhealthy sanitation practices like open defecation and the bucket system brought about as a result of acute lack of adequate sanitation facilities. These categorically exacerbate the healthy situation of the slum residents.

During sickness, slum dwellers seek for medical care from different health facilities. However, public health service points are to the contrary challenged by lack of sufficient equipments such as incinerator for medical waste disposal in some health units, continued drug stock-out, congestion in public referral hospital such as Mulago and limited community participation and support

2.1 Education Service Delivery In Uganda

Uganda’s education system aims at promoting citizenship, ethical and spiritual values; scientific, technical and cultural knowledge, skills and attitudes, literacy and citizens that can contribute to the building of an integrated, self-sustaining economy. The Government of Uganda has put in place programs which contribute to education availability, accessibility, affordability and quality. These include; Universal Primary Education (UPE), Universal Secondary Education, Students’ Loan Scheme BTWET, Government Scholarships, Skilling Uganda amongst other programs.

Since 2000, enrollment levels have increased from 2.5 million to 8.5 million in primary, 26% in secondary and 5.4% in tertiary and university education. Despite the improvements, the sector is still marred by a number of challenges. These include; quantity and quality of the human resources inadequate funding and ineffective implementation and supervision mechanisms to ensure effective service delivery.

Additionally, teachers are not well remunerated. Furthermore, crowded classrooms remain a problem impeding the quality of education with the national pupil-teacher ratio in primary schools being at 48 in 2011. Further still, practical courses like agriculture and entrepreneurship taught in secondary schools are still theoretical resulting into secondary school graduates with limited skills to initiate and invent. The sector still grapples with the challenge of inclusion of students with special needs. The infrastructure in majority of the schools is not adapted to meet the needs of these students. Assistive devices for such students are also very expensive making it difficult for many of them to access and own them. Majority of human.

Resource in the sector do not have the relevant skills to handle students with disability which makes is extremely difficult for them to be fully included.

Without an effective universal school system, that provides relevant education and equips our youth for the challenges of the global economy, Uganda will never reach its full potential. We must ensure that we provide quality education in our schools in order to prepare our youth for the competitive knowledge economy of the 21st century.

"Most of the parents living in slum areas are poor and live on less than a dollar a day, so it is very difficult for them to facilitate their children to access better education.” Juliet Kigongo, 2017

Youth Aid Uganda asserts that despite Uganda government providing free universal primary and secondary education, many urban slum children drop out of school due to inability to meet school requirements like scholastic materials, lunch etc.
2.2 Social Cohesion in Slum Areas

World Bank (2002) highlights that information is power. Informed citizens are better equipped to take advantage of opportunity, access services, exercise their rights, and hold state and non-state actors accountable. It further highlights that opportunities for poor people and other excluded groups to participate in decision making are critical to ensure that use of limited public resources builds on local knowledge and priorities, and brings about commitment to change. However, sustaining inclusion and informed participation usually requires changing the rules so as to create space for people to debate issues and participate in local and national priority setting, budget formulation, and delivery of basic services.

Participation in government decision-making means an opportunity for the citizens, CSOs and other stakeholders to influence the development of policies and laws that impact them. While decision-making is the process of identifying and choosing alternatives based on the values, preferences and beliefs of the decision-makers it is the act or process of deciding something especially with a group of people. The thought process of selecting a logical choice from the available options.

There are various levels of civic participation in decision making and these may include; information sharing, consultations; dialogues, capacity building arrangements, participation in government programs amongst others.

The challenges to effective youth participation in decision making emanate from poor education and training where youth are not prepared for such engagement. They do not develop the necessary analytical skills for critical thinking or problem-solving through participatory, active learning, and appropriate information that enables them to make informed decisions.

Many youth especially those in rural areas don’t have access to information on government policies and programs. This is further compounded by limited space for engagement. While there has been quite a lot of both political and civil society attention to gender issues in Uganda, this has not translated into a high increase in young women’s participation in decision-making which is majorly caused by their position in community and family which is one of very little authority. For example, out of the District Youth Chairpersons (2011 – 2014), only two were female.

Another challenge comes with weak and fragmented systems in Uganda where young people lack direct access to institutional systems and structures within government, the media and private sector. This severely impedes their ability to advocate for their rights. In the rare cases where young people have been able to influence or make decisions, barriers such as patronage and patriarchy within complicated structures have tended to limit implementation. This erodes young people’s confidence and trust in such mechanisms.

Addressing inequality and the social exclusion of particular groups of young people is a big challenge within the youth sector, even for youth organizations. Creative mechanisms, such as the use of radio, to reach out (to rural illiterate youth in particular), must always be prioritized and reviewed. Harnessing the potential of new and social media tools to improve access to information and expand space for civic engagement is equally vital to improving youth participation. The cost of non-participation is high because then youth will fall through the cracks of the government programs and policies. As a result, there are less employment opportunities, increase in crime, vulnerability and uncertainty.

5 http://www.monitor.co.ug/News/Education/Rights-activists-up-arms-poor-education-slums/688336-3941560-ghi4d8z/index.html
CHAPTER THREE

METHODOLOGY

3.1 General objective of the Rapid Assessment

The general objective of the rapid assessment was to evaluate the services available to the target populations of Kabalagala and Bwaise as well as making recommendations to service providers, policy makers and politician on conflict sensitive and non-discriminatory public service delivery.

3.1.1 Specific objectives of the Rapid Assessment

The specific objectives of the rapid assessment were:
1. To assess the services available to slum communities in Bwaise and Kabalagala.
2. To identify service delivery gaps in the specified sectors in Bwaise and Kabalagala.
3. To make recommendations to policy makers, politicians and service providers on providing conflict sensitive and non-discriminatory public service delivery.

3.2 Overall study methodology

The study used a mixed method design approach where both qualitative and quantitative methods of data collection were employed. Both primary and secondary data was collected for this rapid assessment. For primary data, interviews were conducted with respondents in the target areas. Key informant interviews were also conducted with participants including; local council leaders, Police, Community Based Organizations refugee community, youth leaders and religious leaders. A structured pre-designed questionnaire was used for the survey, while an interview guide was used for key informant interviews.

3.3 Primary Methods of Data Collection

3.3.1 Respondent Interviews

The rapid assessment conducted 160 interviews with randomly selected respondents in Kabalagala, Bwaise I, Bwaise III and Bwaise III. A pre-designed questionnaire was designed and administered during the interviews. The questionnaires were administered by a team of 4 research assistants who were assisted by 4 research supervisors. The research assistants were trained on administering the questionnaire, as well as on the social, political and economic set-up on the study areas prior to the training. Ethical standards were made known to the research assistants at the onset of the assessment to guarantee integrity and reliability of the data. The questionnaires were administered between August and September 2017 in the four selected parishes in Kawempe and Makindye divisions.

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6 Education services, Health services, Security services, Financial services, Civic Participation, Media and access to information.
3.3.2 Key Informant Interviews (KII)

Key informant interviews were conducted with 20 interviewees in the targeted areas of Kabalagala, Bwaise I, Bwaise II and Bwaise III.

Below is a summary of the key informant respondents:

<table>
<thead>
<tr>
<th>Parish</th>
<th>Division</th>
<th>Respondent Category</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bwaise I</td>
<td>Kawempe</td>
<td>Local Council Chairperson II</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Religious Leader</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth Leader</td>
<td>1</td>
</tr>
<tr>
<td>Bwaise II</td>
<td>Kawempe</td>
<td>Local Council Chairperson II</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Religious Leader</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth Leader</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refugee Community</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Police</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>KCCA - Makindye Division</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Based Organisation</td>
<td>1</td>
</tr>
<tr>
<td>Bwaise III</td>
<td>Kawempe</td>
<td>Local Council Chairperson II</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Religious Leader</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth Leader</td>
<td>1</td>
</tr>
<tr>
<td>Kabalagala</td>
<td>Makindye</td>
<td>Local Council Chairperson II</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Religious Leader</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth Leader</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refugee Community</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Police</td>
<td>1</td>
</tr>
<tr>
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<td></td>
<td>KCCA - Makindye Division</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Based Organisation</td>
<td>1</td>
</tr>
</tbody>
</table>

Total 20

3.4 Secondary Methods of Data Collection

3.4.1 Document Review

A comprehensive review of documents related to the study was conducted. The reviewed documents included:
3. Relevant laws and policies.

3.5 Sampling Methodology

For survey respondents, systematic random sampling was used to determine the interviewees. Respondents in the targeted areas of Bwaise and Kabalagala were selected from a larger group using a random starting point, with a fixed interval of 10. This sampling method provided an equal probability for all residents to be included in the study hence the selected sample was representative of the study population. A total sample of 160 was
selected in the study areas of Bwaise I, Bwaise II, Bwaise III and Kabalagala. For key informant interviews, purposive sampling was used to select the 20 respondents. Purposive sampling is the selection units including individuals, groups or institutions based on specific purposes associated with answering a research study’s question (Teddlie and Yu, 2007, p.77). Bryman (2012) also notes that purposive sampling is a non-probability form of sampling. The sample is selected based on its purpose and suitability rather than probability.

3.6 Data Collection Tools

The data collection tools used included a structured questionnaire which was used to conduct 160 face-to-face interviews in Bwaise I, Bwaise II, Bwaise III and Kabalagala. Questions asked included; background information and specific questions related to the key areas of; health, education, Financial Services, Citizen participation and security. The questionnaire also provided for issues of discrimination in service delivery and recommendations. For KIIs, a semi-structured interview guide was used during data collection. The interview guide look at the key areas of the rapid assessment which included; Health, Education, Financial Services, Citizen Participation and Security. Both the questionnaire and interview guide are attached in the appendices.

3.7 Data Entry and Analysis

Both qualitative and quantitative data was collected and analyzed. Quantitative data collected using questionnaires was entered into an Excel sheet by a team of 4 data entrants. The Excel sheet was specifically designed to capture all the information on the questionnaires and to provide a basis for analysis. All the 160 questionnaires were entered into one Excel sheet. Data entrants were trained and closely supervised to ensure accuracy of the data. During this process, data checked and cleaned for accuracy.

Qualitative data collected using interview guides was typed and entered into a MS Word document. The data was coded and analyzed into themes, quotes and patterns, categorizations. Different variables were compared for correlation. At this level, both qualitative and quantitative data was checked, cross-checked, a process that culminated into report writing. The report was written based on the pre-determined areas of interest; Health, Education, Financial Services, Citizen Participation and Security. The report writing also took into consideration the objectives of the rapid assessment. Report writing, proofreading and correcting grammatical errors provided a final chance of analysis.

3.8 Quality Control

Quality control measures were put in place to ensure the validity and integrity of the collected data. During data collection, the team of research assistants was closely supervised by research supervisors to ensure that the right data was collected. Continuous verification of data was done during data collection, entry and cleaning to further ensure integrity of the data. Errors which were identified in the process were immediately rectified at the different levels.
CHAPTER FOUR

FINDINGS

4.0 HEALTH

Health is a fundamental human right. All Ugandans should enjoy equal rights and opportunities as regards to enjoyment of health services (National Health Policy 2016). Constitutionally, the government is obliged to provide basic health services to its people and to promote proper nutrition and healthy lifestyles to the citizenry. The health of people is the greatest ingredient to catalyze economic progression and development. Whenever people are healthy, then they are able to work and stimulate development.

According to the field findings, 43% of the respondents have access to government health centers while 57% of the respondents do not have access to health services in Bwaise and Kabalagala. This is attributed to the long distances moved to get access to the health facilities since there are no government owned health facilities in the areas, even those that can be accessed offer minimal services due to the fact that they are under equipped in terms of both human resource and medical equipments.

“There is no government health facility in the area as people have to go to private clinics; this is worsened by the challenge of affordability of such services”.

Furthermore, the available health facilities are always overcrowded and offer very limited services for free to the slum dwellers. The survey further revealed that 70% of the respondents had never accessed a government health facility while 6% had accessed the facilities in a week’s time. The table below is a summary of what the respondents’ opinions.

**Table showing citizens response on the period of access to the health facility.**

<table>
<thead>
<tr>
<th>Period</th>
<th>One week</th>
<th>One month</th>
<th>One year</th>
<th>2 years</th>
<th>4 years</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bwaise I, II &amp; III</td>
<td>6</td>
<td>5</td>
<td>11</td>
<td>8</td>
<td>4</td>
<td>84</td>
</tr>
<tr>
<td>Kabalagala</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>28</td>
</tr>
</tbody>
</table>
Respondents were asked, when was the last time you accessed a government health facility?

Further still, the field findings stipulated that people find it challenging to access the health services provided in government health facilities. 28% of the respondents highlighted that it’s hard to access the services while 23% said it’s very hard. Only 14% found it easy and 5% very easy. It’s also worth noting that 31% were not certain on whether the services were easily accessible or not. This could imply that they either aren’t interested in seeking health care from government owned health centers or lack trust for them as a whole.

The reasons behind hardships in accessing the health services included corruption in the sector as services meant to be free have to be paid for leaving the penniless stranded in lines. Respondents highlighted that health services have remained for the rich since the poor portion of the community cannot afford paying a bribe, even the government facilities looks more of private due to the financial attachments during the process of accessing the services.

Similarly, walking long distances to access the health facilities in the neighboring parishes challenges the health seeking behavior of people in the slums of Bwaise and Kabalagala as well as access to health services. Further still, the health worker -- patient ratio in slum areas is also alarming. The KCCA health centre which serves the most residents of Bwaise was reportedly noted to be small compared to the population it’s meant to serve, hence leaving many with no option but head home without getting the services.
Similarly, walking long distances to access the health facilities in the neighboring parishes challenges the health seeking behavior of people in the slums of Bwaise and Kabalagala as well as access to health services. Further still, the health worker -- patient ratio in slum areas is also alarming. The KCCA health centre which serves the most residents of Bwaise was reportedly noted to be small compared to the population it’s meant to serve, hence leaving many with no option but head home without getting the services.

“...Despite health facilities and wards being marked with words like services are for free, people end up being charged”

4.1 Rating of services provided in government health facilities.

Health care quality is the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes. Health care quality is usually measured to identify problems caused by overuse, underuse, or misuse of health resources. Quality of care is a key component of the right to health. Respondents were asked to rate the services provided in the government health facilities and findings revealed that they are still very poor.

Rating of health services provided in government health centres.

Respondents were asked, on a scale of 1-5, how would you rate the health services provided in government health centers in the area? (1=very poor, 2=poor, 3=fair, 4=good, 5=very good)
Majority of the respondents rated the services to be in a sorry state. 46% of the respondents rated the services to be very poor, 46% noted that they are poor and 20% rated as fair. Only 6% respondents rated the services as good and % as very good. This implies that achieving the desired health outcomes in the slums of Bwaise and Kabalagala for the already apathetic citizens needs more deliberate efforts from both government and non-government organizations.

4.2 Access to information from government health facilities by citizens

Majority of the respondents identified announcements over radio and on mega phones by community leaders as the most convenient and frequently used channels which they use to access information about health issues. Other means used to access information included notice boards on health facilities, through VHTs who reach out to people and deliver information, Interpersonal by talking to a health worker, use of public address, newspapers, village meetings and announcements on television.

Findings revealed that 77% of the respondents had never experienced any kind of discrimination in accessing health services while 20% respondents expressed having experienced it. The most common form of discrimination highlighted by 46% respondents was economic and/or financial, followed by gender at 39%, while others accounted for 15%. Respondents highlighted that the poor can hardly access health services as they have to pay before being served by the medical personnel.

“There is an issue of nepotism, even when people have paid the same amount as a bribe, some get services easily as a result of favors”.

Similarly, the health facilities which can be accessed attend mostly to health issues of females than males. Findings also showed some discrimination based on nationality. One respondent was quoted saying,

“Once they detect that you’re not a Ugandan, they only write for you the drugs and send you to private pharmacy to buy the drugs”.

4.3 Recommendations for improving health service delivery.

Health workers motivation. Design strategies for motivating health workers i.e. capacity building to improve on public relations, attitude and behavioral change and avail education upgrading opportunities like giving scholarships to health workers. Also government should make efforts to ensure adequate compensations like better salaries and allowances. Also benefits such as such as housing, transport, medical insurance for them and their families should be catered for, ensuring access to financial services by health workers i.e. loans with low interest rates.

Awareness creation to change health seeking behavior amongst stakeholders. Efforts should be made by the different stakeholders in health service delivery including CSOs to sensitize community members about the availability of health centers, free medical services available in different health centers and the importance of seeking early medical care. Similarly, there should be initiatives to change the community perspective about free medical services provided since findings revealed that most of them consider such services to be of poor quality and ignore them.

Health centers should be established within slum communities these health facilities should be equipped with qualified and motivated staff, adequate drugs and other medical equipments. The services in these health centers should be made completely free so that they can be affordable. Ensuring effectiveness in service delivery in these health centers will require regular monitoring by the concerned authorities and the citizens themselves.
Stimulating the Anti Corruption Fight in the health sector service delivery. There should be collective efforts and community members should be called upon to come together for the same cause. Public foras for debate about the different health service delivery mechanisms should be upheld. Similarly, cultural and religious leaders can be used for massive mobilization since people see them as their role models and believe in them.

Encourage mobile clinic services as a short term remedy. These will supplement services offered at health facilities especially in communities where these are few and hard to access. These services will be very beneficial to disadvantaged populations such as the poor in slum areas. With a range of services offered at these mobile clinics, the population would immensely benefit from them. Improving the frequency of mobile clinic services and strengthening the community health workers strategy will increase access to health care.
5.0 EDUCATION

Education is the key to unlocking the golden door of freedom for all Ugandans and it is the bedrock of social and economic development. The quality of education received by children is largely affected by the supporting environment. Such an environment includes but not limited to access to essential learning materials - books and school supplies. The existence of a school itself cannot be ruled out. The constitution of the republic of Uganda provides that all persons have a right to education. Also the Education Act (2008) states that “basic education shall be provided and enjoyed as a right by all persons”.

Graph showing access to education services

Despite the provisions in Uganda’s legal and policy frameworks, majority of the respondents highlighted that it’s very hard to access government education services in Bwaise and Kabalagala. 37% of the respondents attested that very hard to access the services, 34% hard, while 4% noted the easiness in accessing education services and 2% said it’s very easy.
Respondents mentioned that Government aided education is more challenging to access as it’s expensive. Findings unveiled that children have to pay some money to be admitted to such schools and the selection process does not favor children from poor marginalized families since they favor those from families which are better off who can afford to pay a bribe. This is due to the fact that so many children enroll in the few government schools creating room for competition in access. For those who cannot afford paying the requested funds and at the same time cannot afford private schools are left with no option but to quit education. It was observed that children from poor families are much more likely to be out of school than children from rich families.

Such scenarios force girls to go in for prostitution as women engage to get money and pay school fees for their children. The boys engage in robbery, theft, and gambling and drug abuse amongst other acts after quitting school.

"Conditions force girls to go in for prostitution as women engage to get money and pay school fees for their children".

5.1 Affordability

The figure below presents responses on whether services in government aided schools are free.

Graph showing peoples’ response on free education services in government aided schools

Respondents were asked, are education services free in government aided schools?
37% of the respondents said that services are partly free while 32% who claimed it’s not free. Only 1% of the respondents attested that services are completely free while the remaining 32% had no idea. Though UPE is deemed free, there are hidden costs which make the programme not absolutely free and at times out of reach for poor parents. Students are required to pay examination and photocopy fees plus extra cash for development literary known as “PTA”. Students also pay for school uniforms, lunch amongst other fees. Given the high cost of living, unemployment and meager resources, so many promising learners from poor families are locked out of school due to numerous levies.

“Financial challenges such as the cost of school fees is high and requirements requested by schools are many yet people have other needs to meet given their low incomes. However, parents do negotiate with schools so that they pay in installments”.

5.2 Availability of education services

In spite of the fact that every parish in Uganda is supposed to have a UPE school by standard, respondents expressed their disappointment of not knowing any school which is government aided especially in the three parishes of Bwaise. The only school which was there was also closed under unclear circumstances. As for Kabalagala, findings revealed that there is just one primary school which also threatened for closure due to the land wrangles that are ongoing. A respondent was quoted saying:

“There is just one government aided primary school called St John in Kikuba mutwe zone”.

To this effect, children of the poor go to neighboring parishes to access education of which they have to move for long distances.

5.3 Quality of education services in government aided schools.

Findings show that education services especially in government aided schools is of very poor quality. The figure below illustrates the ratings of the respondents:

Rating of education services in government aided schools.

Respondents were asked, on a scale of 1-5, how would you rate the education services in any government aided schools? (1=very good, 2=good, 3=fair, 4=poor, 5=very poor)
Findings indicated that education services in government aided schools is very poor as rated by 24% respondents, 19% rated the services as poor and 9% as fair. 11% of the respondents rated the services as good and 13 as very good. 24% of the respondents interviewed did not rate the services.

Findings reveal a learning crisis where a great number of children enroll and attend school but many do not learn the basic skills during their schooling time. This implies that most of the children who access education services from government aided schools are not well prepared for life, their knowledge not expanded and have less hopes of having a brighter future given the poor quality services received.

5.4 Challenges encountered in accessing education services

The survey revealed challenges faced in accessing education services in the areas of Bwaise and Kabalagala. These ranged from absence of government aided schools in the areas in Bwaise and Kabalagala making children move to neighboring parishes to access the schools. The schools accessed are also always packed due to ever increasing numbers of children enrolling for them. Despite all those financial and technical challenges faced, the situation is worsened by the fact that children have to move for longer distances to access the schools which are always in isolated places far from their residences. Sometimes it necessitates incurring costs for transport and those who cannot afford catering for daily expenses end up dodging some days which affects the quality of output.

The teacher-pupil ratio is alarming. This is coupled with teachers not minding about their work due to limited supervision and working under demotivating conditions. Similarly, corruption has posed a threat to the children of the poor as some schools charge illegal fees which are not stipulated in the policy and sometimes not agreed upon by the parents. Such extortions force those who cannot afford to quit schooling. Respondents revealed that this is very common especially in the selection processes of whom to admit and whom not to. These barriers exclude slum primary school age children from school and deny them a fair chance to reach their full potential. Worst, exclusion from school not only thwarts children’s individual potential but also fuels intergenerational cycles of poverty and inequality in the slums. It robs societies of a source of dynamic growth and development, and a chance to build social cohesion and reduce tensions that can spark violence.

Amidst all the above hurdles, parents have tried to devise mechanisms to overcome the barriers and ensure that their children attain education some of which have failed flat. Findings from the survey indicated that some parents try to report issues of corruption and overcharge to the relevant authorities but all in vain since there is always no positive action taken to help them. Others attested that they take their children to private schools and then negotiate with school administrators to allow them pay in installments after making some savings. Children from the poorest of the poor who have no choice were said to walk to school irrespective of the distance moved to reach there while others just abandon schooling due to failure to meet the school levies. These efforts have not reduced the problems since they are not sustainable solutions and so still a gap in service delivery that needs redress.
5.5 Discrimination in accessing the services

The constitution provides that “basic education shall be provided and enjoyed as a right by all persons”. Discrimination in access to education creates a situation that threatens the future lives and livelihood of children. The survey identified discrimination in provision of education services in the areas of Bwaise and Kabalagala as seen in the graph below.

**Graph showing response levels on whether there is discrimination in accessing education services**

Based on the survey, 68% of the respondents interviewed have experienced some kind of discrimination in accessing education services and only 21% have never experienced this kind of discrimination, 11% of the respondents interviewed did not know whether they have ever experienced discrimination. This implies that not all people in the four parishes have equal access to universal education.

5.6 Forms of discrimination experienced in accessing education services

The most common form of discrimination experienced is economic discrimination (83%) followed by political (11%) and lastly gender (6%). Most of the respondents who attested to have experienced economic discrimination claim to have been charged illegal fees. However, irrespective of the numbers, even the minority who are discriminated are entitled to equal access to fundamental education. Those who are victimized by acts of discrimination end up confused and disheartened thus resorting to alcoholism, theft, prostitution amongst other inhuman acts and develop hatred for others. This if not addressed can be a source of
5.7 Recommendations for improving education service.

- The school inspections and monitoring was limited, largely because of poor facilitation. Regular monitoring, inspection and support supervision should be given priority in terms of funding and issues identified be acted upon by relevant authorities.

- There is need to sensitize parents and as well the children on the value and need for education. This is because sometimes children drop out of school not only because of financial constraints but also due to peer influence and lack of proper guidance. It was evident that parents’ financing can fill-up wide financial gap since some children drop out due to limited support from their parents.

- Set up schools which are government aided to increase access education services since private schools are expensive. Emphasis should be put on improving the quality of the services provided in these schools, this should be coupled with ensuring adequate equipment of these facilities with sufficient instructional materials and learning facilities and well qualified and motivated staff.

- Reducing taxes imposed on private schools. Findings of the research revealed that most of the time schools increase school fees based on increases in the taxes imposed on them. These should be coupled with regular supervision of schools both private and public to ensure that quality standards are adhered to and parents are not cheated.

- Make more rigorous engagements with decision makers to increase budgetary allocations to the education. Focus should be put on increasing funding for purposes of monitoring and inspection. This will ensure that public resources are efficiently and effectively utilized and the private service providers do not over cheat people.
6.0 FINANCIAL SERVICES

Strengthening Social Cohesion and Stability in Slum Populations, Kampala has three thematic focus areas which include Health, Education and Livelihoods. Hence financial services are categorized under the livelihood component. This study went ahead to understand issues surrounding accessibility to the available financial services as well as the associated challenges encountered by the slum populations in both Bwaise and Kabalagala.

Slum communities just like any other communities in Uganda have needs that ought to be met. Amongst the many needs is the desire to run businesses or take responsibility; this has a direct connection to accessibility to financial services to aid survival.

“As Kampala grows, these communities either become hotbeds of innovation and business opportunities, or hotbeds of unemployment, frustration and crime. The youth in Kampala’s slums must not lose hope, nor become stigmatized as ‘radicals’. They deserve support, to unleash their potential, to run a business, get a job or take responsibility for their communities.” The EU’s Head of Delegation to Uganda, Ambassador Kristian Schmidt

Findings from the rapid assessment conducted in Kabalagala and Bwaise reveal that a number of financial services are available in their areas and among them include:- Governmental financial services, Savings and credit cooperative organizations, Banks, Village savings and loaning associations as well as others/Money lenders.

Graph showing access to financial services.
The Graph above shows citizens' response on access to financial services

- Respondents in both Bwaise and Kabalagala highlighted the challenges associated with accessing financial services and these included;

- Hectic application process; too many documents are required interest rates charged by financial institutions are too high.

- Loan application fee is high, the process of acquiring loan is tiresome (it involves many stages).

- Harsh lending conditions that sometimes our property is grabbed in the process of repayment especially by the money lenders.

- The need for guarantors who must be having an account with the same bank.

- One of the respondents further said that it depends on the kind of business one is doing to access financial service.

- Getting loans necessitates collateral which the poor cannot raise corruption as local council leaders ask or a bribe to give you a letter to be used in accessing a loan.

- The taxes levied on the loans are too high so you don’t exactly get what you expect from the financial institutions.

6.1 Suggestions from the respondents on how to overcome the above challenges to improve access to financial services

- **Government intervention to reduce the exorbitant interest rate;** this will enable the youth and other groups to access small loans to start small and medium enterprises which will ultimately improve their livelihood.

- **Monitoring of these SACCOs** by the government responsible body; Government should scale up their supervisory role to these SACCOs to avoid manipulation and exploitation of the slum populations.

- **Enforce minimum lending rates:** Government to enforce the minimum lending rates and ensure that the financial services providers comply to them.

- **Provide start-ups and alternative livelihood options:** Government to extend income generation activities in the area; to catch up with the skyrocketing cost of living.
Regulation of financial services providers: Government should set up laws that govern increasing number of SACCOs; Government should regulate the mushrooming of SACCOs, Money lenders within a specific locality. Government should also register all village savings initiatives as a way of protecting citizens

Government should initiate credit schemes that help the citizens more so the youth. This is anticipated to reduce on the rate at which youths get involved in crime related issues like drugs and extreme violence. These interventions should target youth especially those out of school.

Intensify public financial awareness and education campaigns. Rollout sensitization and training of community members on financial issues with the motive of instilling the virtue of financial discipline into them. Focus should be put on honesty and trustworthiness among community members.

Advocate for the effectiveness of livelihood programmes. Most of the respondents had no access to livelihood funds like SAGE, Youth Livelihood Fund, and Women Funds CDD among others not because they didn’t know about it but because they could not access either due to harsh conditions or discrimination by those giving approvals. CSOs should advocate for non discriminatory service delivery under livelihood projects.
7.0 SECURITY

Access to Security Services

Majority of the respondents responded in the affirmative when asked whether they had any form of security. In essence, 81.6% of the respondents in Bwaise I, II & III responded that they had at least one form of security. Only 8.3% noted that they didn’t have any form of security. Other respondents had no response. In Kabalagala, 77.5% of the respondents noted that they had access to security services while 10% noted that they had no access to security services. The graph below summarizes the findings on access to security;

Graph showing access to security services.

Some respondents opined that Police has done relatively a good job in keeping law and order since they once in awhile make some abrupt supervision and check-ups within communities. However, other respondents noted that Police sometimes doesn’t take it’s work seriously.

“...Police most of the time comes around when something has happened to scare people. Also they become serious when foreign visitors are coming since Kabalagala harbors so many criminals” one of the community leaders in Kabalagala.”
7.1 Forms of Security Available to Community Members

Most respondents identified Police as the leading form of security they have in their communities. 49% and 54% of the respondents in Bwaise and Kabalagala respectively identified Police as the main source of security. Police was followed by Local Defense Units, with 39% of the respondents in Bwaise and 32% in Kabalagala identifying it as a source of security. The other sources of security are; military, private and personal security.

Graph showing different types of security services.

7.2 Challenges in Accessing Security Services

Respondents identified a plethora of challenges impeding their full access to security services. The main challenges identified included; incessant requests for money from Police before any service is offered, extortion by Police officers and crime preventers, and corruption at Police which is manifest through giving bond to repeat criminals, and framing innocent people with the aim of extorting money from them. In this regard, three of the respondents noted that;

“Criminals are released and not adequately punished; these are not taken to court most of the time. This is an incentive for increased crime as criminals fear nothing”.

Respondents further noted that it very expensive to hire private security to guard them. On several occasions they have sought help from Police to no avail. There were also reported incidents of Police conniving with criminal elements to terrorize communities. Some respondents especially in Bwaise reported that criminal element especially Kifeesi had the full protection of Police.
Police officers ask for money when you take there your case. They also release criminals immediately without trying them. A respondent in Kabalagala.

The other challenges identified were: poor attitude of police officers when seeking help, local defense unit shielding criminals because who are children from within the communities they leave, inaccessible police stations, lack of enough personnel at Police, police patrols not being effective since they don’t go deep into the slums, torturing innocent civilians by local defense units and unpaid crime preventers who are increasingly becoming a security threat.

From the Police perspective, police officers interviewed for this study noted that they face a plethora of challenges in course of their duties. There is lack of facilitation to do investigation in terms of transport, and there is always no money for tracking simple cases like phone theft and robbery. There is also limited information from the masses to facilitate investigation of cases. The other challenges identified were; limited knowledge on the laws among citizens, and failure by citizens to differentiate the roles of police from other agencies like Kampala Capital City Authority (KCCA) and National Water and Sewerage Cooperation (NWSC). There is also a challenge of foreigners who take long to comply with laws of the country, and have often been caught on the wrong side of the law.

7.3 Discrimination in Accessing Security Services

A few respondents noted encountering discrimination while seeking security services. In Bwaise, 15.8% of the respondents noted encountering discrimination, compared to 30% of the respondents in Kabalagala.

Graph showing response levels on where there is discrimination in accessing security services by area.
7.4 Main Forms of Discrimination

Economic challenges were identified as the main form of discrimination when it comes to accessing security services. Most respondents noted that they had been asked money to access services at Police, which they couldn’t afford. Some of the services they were asked to pay for were as basic as filing cases and arresting criminals. In this regard, one of the respondents in Kabalagala noted;

“When you report a case to Police, the officers will ask for money even before entering the case. They also ask for fuel to go and apprehend the suspect. This is even made worse by the attitude they show you”.

The other forms of discrimination identified during this study were; political, tribal and gender based.

Different kinds of discrimination faced by citizens in the process of accessing security services.

7.5 Suggested Solutions to Addressing these Challenges

Respondents in both Bwaise and Kabalagala made suggestions on what ought to be done to increase accessibility to security services.

Awareness creation: there is need for awareness creation on the available security services for people and how to access them. People also need to be sensitized on their responsibilities in maintaining law and order. Initiatives like community policing and neighborhood watch should be encouraged. CSOs should also sensitize the public on their rights and obligations in ensuring security.
Monitoring of police officers: some respondents were of the view that police are not doing a good job and hence suggested close monitoring of police officers especially by the Professional Standards Unit to ensure they provide security services to the people. They is also need for regular transfer or police officers, as a measure to ensure they don’t over familiarize with the community. When Police officers stay at one station for long, the easily get corrupted, one respondent noted.

Better facilitation for police officers: It was very evident in this study that poor facilitation affected the work of Police. In this regard respondents suggested that the welfare of police should be improved. There is need to increase the pay, accommodation and logistics as well as increasing the number of personnel at police stations. There is also need for setting-up more police posts especially in deep slum areas.

Re-constituting local defense committees: Uganda last held local council elections in 2001, meaning that the mandate of the local councils expired in 2006. Over a period of 16 years most local council members have passed on while others are dysfunctional. Local councils played a important role in detecting and preventing crime especially at village level. Most respondents suggested that local council defense committees should be re-constituted.

Parenting: many incidents of crime were blamed on youth and children who were born and have grown up in those communities. Respondents blamed the increasing spate of crime on systematic failure at parenting. They suggesting sensitizing parents on the basic skills of parenting and inculcating moral values in their children.

Enforcing anti-corruption laws: corruption was a re-current impediment to access to security. To address this challenge, respondents suggested strict enforcement of anti-corruption laws. Police should follow ethical principles and code of conduct without discriminating in terms of economic status and tribe, respondents further urged.

Strengthen the investigative arm of police: respondents suggested that there is need for training to sharpen the investigative arm of Police to deal with hard-core criminals. Police can also work with other security agencies to tackle hardcore crime.

Improve relationship with community members: much as the police has community liaison officers at every police station, their work was not felt during this study. To counter the negative sentiments against police, the community liaison officers need to double their efforts, leave their comfort zones and reach out to the communities. Police should be more responsive and improve its relations with the citizens.

Prioritizing self defense: some respondents suggested that since police cannot be everywhere, there is need to train citizens in personnel security and defense skills. Respondents suggested that this can help especially with petty and home-grown criminals. There were however concerns that these skills can be misused for criminal activities.
8.0 INFORMATION SHARING

8.1 Access to Information on Government Programs

Majority of the respondents (89.1% in Bwaise and 87.5% in Kabalagala) noted that they regularly receive information on government programmes. A small percentage (7.5% in Bwaise and 12.5% in Kabalagala) noted that they have no access to information on government programmes. Their responses are summarized in the graph below;

Levels of response on the access to information about government programmes

8.2 Channels for Accessing Information

27% and 33% of the respondents and Bwaise and Kabalagala respectively reported that they use radio as the main source of information on government programmes. Radio is closely followed by television with 25% of the respondents in Bwaise saying they use television as a source of information, compared to 27% of the respondents in Kabalagala. The other sources of information identified were; newspapers, phones, social media, community radio, interpersonal communication and visits by leaders to communities.
In terms of the frequency in using the above communication channels, most of the respondents noted that they use radio, television, phones and social media on a daily basis. Respondents also noted community meetings are held at least monthly, through which information on government programmes is passed on. In terms of the channel used, most respondents noted that they mainly listen to Radio Simba, Central Broadcasting Services (CBS) Radio, Capital Radio, Radio Akaboozi and Radio one in that order. For television, the most watched channels as per the rapid assessment are Bukedde, Nation Television (NTV) Uganda, Nile Broadcasting Services (NBS) Television. Majority of the respondents also noted they own phones and can receive information through the telephones. Facebook and WhatsApp were the most used social media channels.

### 8.4 Discrimination in Access to Information

93.3% and 92.5% of the respondents in Bwaise and Kabalagala noted that they hadn’t experienced any form of discrimination in accessing information on government programmes. However, a small percentage (3.3% in Bwaise and 7.5% in Kabalagala) noted that they had encountered discrimination in accessing government information.
Different kinds of discrimination faced in accessing information about government programmes.
REFERENCES


Strengthening Social Cohesion and Stability in Slum Populations, Baseline Study for the Project.


ANNEXES

Annex one: Rapid Assessment Form

Annex two: Key Informant Interview (KII) Questions for Rapid Assessment

Introduction

1. Organization: keep to one sentence about AFFCAD no need to include your history or TER (except where you think it is necessary)
3. Objective: can crunch in one line on the objective of the project
4. Relevance of their participation: this will change for each respondent
5. Data handling: anonymity and permissions
6. Clarify we are talking with a wider sample size: just so they know there are other people who are contributing
7. Introduce yourself and role on the project:
8. Talk quickly about length of the interview and that you will be taking notes

General Questions

1. Tell me about your institution/organization, what does the institution/organization do?
2. What is your role in the organization?
   a. How long have you worked here?
   i. What are the things you prioritize within your role?
Cluster 1: Civil Society, Opinion leaders and Local council leaders
1. Who do you work with in your kind of work?
2. How do you assess the following services in your area?
   a) Education
   b) Health
   c) Employment
   d) Financial Services
   e) Community participation
3. How do community members receive information in this area?
4. What challenges do community members face in accessing the above services?
5. How do you think these challenges can be addressed?
6. Have they experienced scenarios of discrimination in accessing these services? Please explain.
7. How can social cohesion be improved in this area?

Cluster 2: Government Officials
1. Which services are you supposed to provide to citizens?
   a) What services do you actually provide to citizens?
2. What informs the services provided to the citizens?
3. What challenges do you face in availing these services to the people?
4. How can these challenges be addressed?
5. Do you have special considerations for people in slum areas? Please specify.
6. Do you have special consideration for special interest groups? (Gender, People with disabilities, Nationality etc)

Cluster 3: Police
1. How do you enforce security in your area? Please specify?
2. What challenges do you face providing security services in your area?
3. How do you overcome such challenges?
4. What do you propose addressing these challenges?
5. Do you have special considerations for slum communities? Specify
6. Have you handled any cases of discrimination in slum communities?
   a) What kind of discrimination? How do you handle it?
DEVELOPMENT OF A ROADMAP FOR THE SUPPLY SIDE & DEMAND SIDE ACCOUNTABILITY

Scoping Report for Katwe and Kisenyi settlements
CHAPTER ONE:
INTRODUCTION

1.1 Introduction

The UN – Migration agency, IOM is implementing the project “Strengthening Social Cohesion and Stability in Slum Populations” (SSCoS) the three and half year’s initiative is a venture between International organization for Migration (IOM) with AFFCAD as an implementing partner working with the youth. The project is funded by the European Union for a period of 42 months starting in August 2016 and expected to end in February 2020. The project implementation focuses on 4 slums in Kampala namely; Bwaise, Kisenyi, Katwe and Kabalagala.

The SSCoS project is working to mitigate the social disruption resulting from urbanization, increased competition for scarce resource and spill-over of conflicts from neighbouring countries. The partnership aims at addressing the root causes of inter-communal conflicts in slum populations by addressing sources of grievances and strengthening community cohesion around shared development assets. This will be addressed through six interrelated results:

a. Increase Knowledge of radicalization and violent extremism in Uganda amongst relevant stakeholders
b. Strengthening the capacity of AFFCAD to combat politics, social and economic drivers of conflicts and radicalization, provide socio-economic opportunities for youth in slum communities and to monitor the delivery of social services.
c. Increased capacity and resilience of most at risk communities to resist radicalization and combat violent extremism
d. Increased capacity amongst relevant security agencies in Kampala to combat radicalization and violent extremism and to respond to human rights abused in line with international best practices.
e. Relevant government authorities in the education, health, urban infrastructure and JLOS sectors have the capacity to provide conflict sensitive and discriminatory public services.
f. Vulnerable youth in the targeted communities have access to employment opportunities and financial services.

Uganda Debt Network was contracted to Develop a Roadmap for the Supply side & Demand side Accountability. As part of the process, UDN conducted a scoping exercise in Katwe and Kisenyi settlements, to map out key actors and service providers as well as to identify key service gaps. The scoping exercise will also provide input in the designing of training manuals as well as serve as a tool for mobilizing key actors who will be trained.
1.2 Approach and Methodology

The scoping Study employed both qualitative and quantitative techniques. The mixed approach helped to enrich UDN’s understanding of the context through triangulation.

Some of the qualitative techniques applied included: Focus Group Discussions; Key Informants Interviews; Observation; and Semi-Structured Interviews. A mix of the various participatory methods facilitated triangulation of information collected.

For the quantitative approach, a questionnaire was used to capture quantifiable data. 400 households in the two settlements of Kisenyi and Katwe were sampled randomly, and 392 household responded and provided their views to UDN investigative team.

The scoping study participants included: KCCA Officials in health, Education and community development. Other government actors included; Uganda Human Rights Commission, Uganda Police, the Centre for Conflict Resolution. At community level, UDN received the views from key opinion leaders including religious leaders, Buganda Kingdom Officials, Local Council Leaders and general community users of services. The discussion focused on sharing experiences of community members about their rights and how they are able to claim such rights as well as duty bearers’ capacity to respond to such demands from citizens.


1.2.2 Survey Questionnaire; Quantitative data was collected using a household questionnaire, which among other things, sought information about the socio- demographic characteristics of the individual respondents, Knowledge of Human Rights and access to basic services. The major focus of the survey was to generate people’s perceptions and attitudes on their rights and their ability to demand for such rights.

1.2.3 Data Analysis; Uganda Debt Network employed various methods to analyse both the quantitative and qualitative data collected.

1.2.4 Quantitative Data; the quantitative data collected was analysed using SPSS and Ms Excel to obtain frequencies or measures of central tendency. Cross tabulations accompanied by tests notably the Chi-Square test were performed to assess the strength of the relationship between given variables.

1.2.5 Qualitative Data; Qualitative data generated from focus group discussions and in-depth interviews was analysed using the master sheet analysis based on the key themes.

1.2.6 Data Triangulation; Information gathered from the survey, key informants interviews, focus group discussions and document review was analysed and triangulated (compared and contrasted with other sources) based on the themes under investigation.
CHAPTER TWO:

FINDINGS

2.1 Context

Kampala City Council Authority strategic plan recognizes 62 informal settlements with an estimated population of 560,000 households. KCCA strategic plan also recognizes that every socio-economic challenge the city faces is epitomized by slum settlements. KCCA also recognizes that most households in such settlements do not comply with the minimum humanitarian standards set for access to basic services such as water, shelter and sanitation. The KCCA Slum upgrade Project recognizes the challenge of complete eradication of such settlement and proposes a gradual process starting with addressing immediate living standards to supporting integration and involvement of residents.

Katwe and Kisenyi Slums are some of the densely populated and mainly host urban refugees from Somalia, Southern Sudan, Democratic Republic of Congo and Burundi. Most of the urban refugees enter Kampala with or without fast passing through formal refugee camps. Many of these are attracted to urban settlements by the existing opportunities to trade and to use their skills to offer services to city residents as provided for by the Uganda refugee policy.

The above settlements are also dominated by Ugandans who have migrated from other parts of Uganda in search for better opportunities but who cannot afford to stay in decent settlement due to their low levels of income. Government through KCCA has tried to offer basic services to the two settlements but is overwhelmed by the growing numbers.

2.2 Service gaps in slum settlements

2.2.1 Slum resident’s understandings of their rights and obligations

There is a considerable understanding of human rights amongst slum residents. The household survey findings indicate that 72% are aware of their rights, but a 67% even when aware of such rights have not taken a step to demand for them. Many of the people have resigned feeling that there is nothing that can be done and neither can their voices and views be considered. The transformation of Kampala from Local Government to corporate entity as provided for by the Kampala Capital City Act, 2010 has not been fully understood.
by residents including political leaders. Consequently, even when one is aware of their rights, avenues for claiming such rights as well as spaces for citizens’ participation within KCCA have not been explored much. This has been amply evidenced by the conduct of some operatives especially KCCA enforcement team whose operations intimidate residents. Provision of social services and key projects are subcontracted with limited provision for citizens to engage in implementation of such projects.

Consequently, this has created a gap between KCCA as a key service provider and the citizens. The widening gap between citizens and KCCA as a key service provider is reflected in the following gaps in service delivery.

392 (220 Female And 172 Male) responded to household survey
2.2.2 Incidences of crime and lawlessness in the settlement

The two settlements of Katwe and Kisenyi are characterised by several petty criminal activities perpetuated by the youth especially, many of whom are unemployed due to lack of skills or limited skills, and school dropout due to inability to complete the education cycle. There has not been a strategic intervention to help address youth unemployment in such informal settlements.

Justice Centres have helped to decongest prisons by helping some youth many of who cannot afford to pay a private advocate. Justice Centres Uganda has contributed to release of youth who have been detained on charges of Rogue and vagabond. The challenge is however that even when courts are willing to grant such youth bail or sentence them to community service, such youth do not have a place of aboard and hence challenging. Working with other JLOS members, we have come to consider their vulnerability and help them.

Police report indicate that 73% of Lockup Cells in Katwe police station are dominated by youth many of who are arrested on petty offenses. Youth involvement in petty offences in Kampala has contributed to police and prison congestion. The Police and other JLOS members including the Uganda Human Rights Commission and Justice Centres have tried to raise awareness on the rights of youth and other slum dwellers through radios, Barazas but have yielded limited reduction on such cases. This however has contributed to a number of youth and women seeking legal redress; Justice Centres Uganda receive an average of 20 calls on 0800100210 daily from Kampala slums, and at least 10 walk-in clients seeking legal advice and representation. The Human Right Commission toll free line receives an average of 13 calls daily on 0800100766, this positive development is attributed to awareness created by JLOS actors in the slum communities.

2.2.3 Poor Communication and Ineffective Administration Structure

Overall, the findings from this scoping indicate that service demand and supply accountability in the two settlements of Katwe and Kisenyi is very poor. Demand for services in low even when citizens are aware of their rights, this is coupled with the lack of knowledge on how to demand for such services and the uncertainty of response of the duty bearer on such demands if any.

The people do not know their rights because there is poor communication between the top and the bottom. Information from the top is not reaching the bottom and vice versa. The communication channels are poor and ineffective. This leads to ineffective service demand and delivery. As leaders, sometimes we are called upon to mobilize the community for KCCA projects, We however feel powerless to compel people to participate because we do not have incentives to attract people’s.
Administratively, the Local Councils (LCs), who are responsible for the direct oversight of service provision at community level are supposed to be supervised by Kampala Capital City Authority (KCCA) through the LC1, 2, and 3 structures; in effect, there is very little connection between KCCA and the LC structure. KCCA has its own service implementation structure whereby the projects are implemented by KCCA staff or sub contracted firms. Whereas this is how the KCCA has planned to operate as a corporate entity, citizens have not yet understood the structure of the authority and its operations. Councillors still feel KCCA should operate like any other Local Government yet it is not the case. Unless this is cleared, suspicion will continue from within and outside the authority, thus will continue to stifle service delivery and trust between KCCA and citizens.

Somali communities are difficult to provide services for because they don’t associate with other community members. Strict religious and cultural practices ensure that contact with other community members is limited. Language barriers make communication even more difficult. Most of them speak only the Somali language, and very few of them speak some English or Swahili.

The small Karamojong community (mostly women, girls and children) is also hard to communicate with as very few of them speak some Swahili besides their native language.

As a result such people do not come for services and even when they do, we do not have provision for interpreters.

Local leaders feel ineffective and underutilized. Even when they collect the views of citizens and take them “up there”, these views are not included in the implementation plans by KCCA. Over time, the community members have stopped bringing their issues to the Local Leaders. They simply live with the status quo. As a result, there are still high levels of disease, unemployment, poverty, insecurity and drug abuse which continue unmitigated because no particular office is adequately addressing them. The cultural and orientation background of some residents especially those who have migrated from other countries (Somalis, South Sudanese, Congolese) and Karajongs pauses a challenge to local leaders to listen to them especially due to language barriers.

2.2.4 Access to Clean Water

Access to clean water is one of the key rights entitled to citizens. Whereas it is easier to provide clean water to citizens in rural areas, it’s challenging in Kampala city where most of the water is paid for, this is coupled by the fact that many residents in Kisenyi and Katwe cannot afford to pay to access clean and safe water. The household survey indicated that 58% of respondent’s access water from the public stand taps. And more than half - 54% of those who access water from public stand taps indicated that they do not always have money to pay for water. There is inadequate clean water supply in the settlements.
The only source of clean water is piped water but these water points are privately owned and the water is sold to users at 200shs per 20 litre jerrycan of water. In Kisenyi, many people cannot afford to buy water for household use. They depend on the few protected springs where they collect water for domestic use. The same water is also collected and sold to residents by water vendors. This water is believed to be contaminated because of the generally poor sanitation in these densely populated settlements. The two settlements also suffer frequent outbreaks of cholera, when the outbreaks occur, the City Authority puts in place a few stand pipes from which the people collect free water. These taps are removed when the epidemic abates and the people go back to buying water or using spring water.
2.2.5 Availability of Sanitation Services

There are very few public toilets in the settlements; (KCCA has tried to set up public toilets in each Zone but the authority requires a community contribution to operate them and maintain them. Many households however are not able to contribute to such maintenance. In addition, private sectors have been encouraged by KCCA to operate public toilets at a fee, and many households are not able to pay. The New Vision survey in 2016 indicated that 2,000 people in Kisenyi share one stance of a pit latrine. Part of the problem is that these settlements are in low lying areas where the water table is high and construction of pit latrines is very difficult. Household latrines are built a few feet upwards above the water level, when they fill up, it is a common practice to empty them into the open sewers during the rainy season, thus contaminating the springs. There is a sewer line running through the settlement, but most landlords prefer to construct septic tanks which are emptied by a cesspool emptier. Landowners who construct new commercial buildings in the area flout construction laws by refusing to add toilets and water connections for the tenants. The LCs cannot enforce the laws on construction.

“We do not even know the owners of these buildings....we don’t even see them. We just see buildings going up behind iron sheet barriers and soon they are filled with tenants who, as long as they pay rent to the landlords and tax to KCCA, we have no control over....It is the responsibility of KCCA to approve the plans and supervise construction, thus ensuring that the buildings have toilets and proper water and sewerage connections. But they never do”. says Mande of Kiganda Zone.

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1 Ronald Mugabe: Toilet sharing in slums: The silent killer of a woman's pride; The New Vision; 22nd December 2016
2.2.6 Health Services:

There is a Health Centre VI in Kisenyi that serves both Kisenyi and Katwe Communities. The AIDS information Centre in Kisenyi also operates a small clinic that offers only basic services especially screening and counselling for HIV/AIDS clients. However, the only service available at the centre is laboratory services and prescription. Patients are usually told that there are no drugs and are referred to private clinics to buy the drugs. Community members claim that they are not aware why there are always drug stock outs in KCCA clinics. Even when there are drugs, the conduct of health centre staff pushes away patients. One has to offer an incentive to a health worker to be attended to. The community seems not to be involved in the management of the health centre. The only time they are involved is during routine immunisations where key leaders are requested to mobilise communities to embrace child immunisation.

The specific gaps in the health services include;

- Constant drug stock out especially on key essential medicine. This is not only for the KCCA health Centre but a general challenge country wide. In cases when there are no drugs, clients are referred to private pharmacy with clear prescription.

- Motivation of health Centre staff is inadequate and this partly contributes to the behaviour and conduct of health staff towards clients.

- The health Centres mainly offers services to outpatient clients. On average, Kisenyi Health Centre IV serves 100 patients daily many of who come for antenatal and postnatal care services. Cases that require specialised treatment are referred to Kirudu Hospital 2 and other private hospitals in Kampala.

- There is limited community interface in the management of the health centres and this has made the community not to appreciate the challenges faced by the health Centre. Kisenyi and Katwe Communities only interface with healthCentre staff during routine outreaches especially for immunisation.

2.2.7 Education Services:

There are only two public schools in Kisenyi namely; Nakivubo Settlement Primary School and Nakivubo Blue Primary School. Nakivubo Blue Primary school alone has a population of 1,437 pupils. Of these 20% are refugees from Somalia, Sudan, Congo, Congo, Eritrea and Rwanda. It is a general opinion in the community that the standard of education in these schools is poor partly because of being over populated but also because the schools are overburdened by refugees, lack adequate facilities, have limited security and get little support from the government. The private schools like St. Anthanasius Primary School run by the Catholic Church provide better services, but are expensive. The only other school (Nabagereka Primary School) which provided better education services and was cheaper was closed by the government.

Kirudu Hospital in Makindye Division, is a public general Hospital built to decongest Mulago National Referral Hospital.
Once a year, schools invite parents for meetings but mainly to share the proposed increase in school fees and school requirements. Parents are given a few minutes to ask questions and not all questions are responded to. When you ask questions challenging school management, they dodge to respond and for others they tell you to write your concerns on a piece of paper. I no longer attend such parents meetings. The only meetings I attend are class days where I know I can interact with the teachers of my children on a one on one basis.

Noted Salongo Ali Kato

The household survey findings indicate that more than half - 57% of the households take their children to Government aided schools where they are able to afford some school requirements. It was also noted that parents who take their children to government aided schools indicate that they are involved in school management and that they are consulted and participate in school management processes, this was however not the case for those who take their children to private schools as reflected in Salongo Ali’s experience above.

Other issues faced by the education service providers include:

- There is much violence, among refugee children, probably because of the violent nature of their backgrounds. They need special psychosocial support from teachers, which skills the teachers are not equipped with.

- Refugee children do not come from single denominational (Muslim) countries e.g. Somalia or countries that have sharp denominational differences (Muslim/ Christian) find it difficult to cope with other religious denominations in school. The differences in cultures and languages also affects their learning.

- Many children in these schools come from poor families who often can’t afford the basic necessities under UPE. These are children of street vendors whose parents spend their days illegally peddling their wares on the street often fighting running battles with KCCA enforcement officers to avoid arrest. Often when such parents are arrested (often for indefinite periods), the children have no one to go back to. The teachers are faced with the problem of placing them in child care homes or linking them to relatives if known.

- Because of the transient nature of refugees, pupil population fluctuates, enrolment is high as new numbers of refugees settle in the area, but drop when refugee families are repatriated to other countries.

- KCCA is the immediate supervisor of all public schools in the area, but provides inadequate supervision to the schools. It neither pays for water, electricity nor buys desks. The parents bear this burden. KCCA only appears when it receives donor funds to implement a project in the schools.

- The shortage of water is a big problem due to the high numbers of muslim children (about 50% in Nakivubo Blue) and girl pupils who need water for ablution and ghusl (bathing) as a precursor for Salah (prayer).

- LCs appear at the schools when called to functions, but mostly do not engage in how the schools are run.
2.2.8 Slum dwellers’ Livelihoods

Most of the dwellers of these settlements are poor. They survive on vending small items on the streets (women and men), vending food and drinks in the business area of the settlements (women and girls), shop attendants (mostly girls), mobile money kiosk operators and airtime vendors (mostly girls, but also boys; they don’t usually own these kiosks as they can’t afford the cost of setting up a mobile money business), grinding mill operators (mostly men and boys), street begging (children and Karamojong settlers), brewing and selling local brews (women and men). Some youth engage in selling marijuana (highly consumed among the youth and drinking joints) i.e. drug abuse. There is a high rate of prostitution (women and girls, but recently also boys).

Most of the landlords, tenants and/or business owners do not live in the settlements, but come there during the day to operate their different businesses or send their agents to collect rents. Very few of the business premises in Kisenyi and Katwe are owned by residents of the settlement.

Residents noted that Refugees generally live better lives than locals. They receive support from government and international organisations enabling them to afford to rent homes to live in, pay medical services at private clinics, open and operate own businesses and send children to school.

“They are richer than us....they can pay for all the services that we locals cannot afford. But they keep to themselves employ only their fellow refugees”, says Busulwa Fred of Kasato Zone.

The Karamojong live an isolated life. They are openly discriminated against and they take this with quiet resignation. Most of them (women and girls) provide labour in the mills and domestic labour (cleaning, washing, and digging) for very little pay. The children are sent to the streets to beg.

Every police post in this community has a poster indicating that bail is free and no one should pay for bail. But the practice is different, when our children are arrested, to get them out you have to pay not less than Sh.100,000. Recently, changes in telecom companies require police report to replace a lost sim card, you have to pay for photocopy and O/C’s stamp and yet this money is not receipted. Because most people are in dire need, and with the intimidation of police, there is no option but to pay.
2.2.9 Corrupt practices affecting service delivery:

The scoping study had a deliberate interest in finding out residents’ perceptions on corruption and whether it affects service delivery. 67% of household survey respondents indicated that corrupt practices are common in the community especially when accessing services. 85% of Household respondents indicated that corruption has affected the quality of services mainly health and police. Corruption is endemic in these settlements.

The general understanding is that one needs to pay a bribe to get a service from a government official, for example;

1. KCCA officials get kickbacks from the local leaders for the projects KCCA implements in the areas.
2. KCCA officials do not release all the money given for provision of services as planned. They retain some and ask community leaders to account for it.
3. KCCA officials are given big bribes by landlords to avoid inspection of buildings so that landlords can alter building plans without hindrance.
4. Police officials and some LCs also do take bribes.

The focus group discussion with women indicated that their major challenge in accessing health services especially at KCCA clinics include; drug stock out and low motivation amongst health workers, one has to be good to a health worker to get better service through bribes. They do not see the difference between private and public health service provision because one must pay to access the service on many occasions. They indicated that it’s worse for expectant mothers who have to pay right from attending antenatal care and the cost increases at delivery. If you have not been good to a nurse during antenatal then expect the worst at delivery period.
CHAPTER THREE:

CONCLUSION AND RECOMMENDATIONS

Conclusion

The scoping study noted the following as key issues that need to be addressed.

The two settlements of Katwe and Kisenyi are inhabited by different people from different backgrounds with some residents having migrated from neighboring countries as a result of wars and insecurity. This has paused a challenge due to different orientations and cultural backgrounds that affects working relationships and trust amongst residents of these communities.

Residents are aware of their rights but hardly claim for them. 67% of the respondents in the household survey indicated that they have lost trust in government and donot see any hope in government helping them out.

The transformation of KCCA to a city entity has come with new structural and operational changes and yet this has not been explained to citizens and leaders on how the authority operates now and the role of citizens and residents in its operations.

There is a willingness amongst key actors such especially religious leaders, Councilors and LC 1 executives that the challenges faced in the two communities can be addressed but avenues to address such challenges are minimal.

Residents have continued to blame the local leaders for poor service delivery, local leaders also have put a blame on residents not cooperating with city authorities. The lack of collaborative relationship between citizens and local leaders have fueled tension between the two.

Suggestions for Improvement of Service Provision

Government/KCCA should work more closely with school staff to improve supervision and facilitation for better service provision in the schools, especially public schools as they bear the burden of poor families and refugee children.

Community Development Officers and local leaders should conduct community awareness campaigns regularly to educate the communities and community leaders about their roles and responsibility for improved service delivery.
KCCA should induct and train local leaders (LCI, II and councillors) to fulfil their mandate to monitor implementation of government programmes for improved service delivery in health and education sectors.

KCCA and Division officials should involve communities and local leaders in planning and budgeting processes that will ensure participation and ownership of development interventions.

Educate leaders and communities on their rights and responsibilities (knowledge, demand and supply of services)

KCCA should review remuneration for Community leaders and service providers as a way of motivating them to minimize corruption in service delivery.

KCCA should establish mechanisms and Channels for residents to easily report incidences of corruption and receive feedback on actions taken against such officials.

KCCA and Division authorities should embrace and implement Barraza accountability mechanism being promoted by OPM under the directorate of monitoring and evaluation to foster public accountability.

DOCUMENTS REVIEWED

4. The Kampala Capital City Act, 2010
5. IOM February 2017: Strengthening social cohesion and stability in slum populations, baseline study, Kampala Uganda
OCTOBER 2018
RAPID ASSESSMENT ON SERVICES AVAILABLE IN THE SLUMS OF BWAISE AND KABALAGALA
STRENGTHENING SOCIAL COHESION AND STABILITY IN SLUM POPULATIONS, KAMPALA

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