



USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

Nutrition, Water, Sanitation and Hygiene (WASH) challenges faced by Poor Children and Adolescents Living in Urban Slums in Uganda

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Executive Summary

Background: Although the consequences of urbanization on diverse socio-economic groups are well documented, how to address the health and development needs of the most vulnerable is poorly understood. An urban health assessment was conducted to understand factors that contribute to poor nutrition/WASH among poor urban children and adolescents and the best approaches to addressing them.

Approach: Desk top review of available literature, datasets, policies, programs, and practices were done and a community case study was conducted in Katwe II slum.

Findings: A total of 28 papers (23 nutrition & 5 WASH) were identified. Five publicly available datasets that highlight nutrition and WASH challenges faced by children and adolescents were identified. Only one dataset was done among children in one Kampala slum. Ten policies that generally

address nutrition/WASH challenges were identified. None of the policies specifically targets the urban poor. The community case study showed that poverty is the underlying cause for poor nutrition and health outcomes among children and adolescents in Katwe II. There is poor access to health services, inappropriate solid and fecal waste management. However, residents of Katwe II have adequate access to water.

Conclusions: Poor urban children and adolescents are faced with various nutrition/WASH challenges that need urgent attention. There is urgent need therefore to conduct studies specific to the most vulnerable living in slums to generate data that will aid decision making; to strengthen the policy environment by revising the current policies to reflect the needs of the urban poor; to strengthen stakeholder engagement and involvement and significant investment in programs targeting the poor.

Like most African countries, Uganda is simultaneously faced with rapid population growth and rapid urbanization. Much as Uganda is mainly rural with only 18% urbanized, it is among the rapidly urbanizing countries in sub-Saharan Africa. Uganda's urban growth rate is estimated to be at 5.6% which is higher than the Africa average of 3.9%. Kampala the capital city of Uganda has a resident population of over 1.6million with a day- time population estimated at 3.5 million people. It is projected that the population of Kampala will grow to about 10million by 2030, making it one of the biggest urban areas in the world (Vermeiren, Van Rompaey, Loopmans, Serwajja, & Mukwaya, 2012). The rapid urban population growth is attributed to high rural-urban migration thus undermining the available arable land reducing the acreage available for food production from urban and peri-urban areas. Increasing urban population with reducing food production has resulted in food insecurity in Uganda due decreasing potential productivity from rural areas and increasing needs in urban areas.

According to the World Bank collection of development indicators, 53.6% of Uganda's urban population was living in slums in 2015 (World Bank,2015). The most recent Uganda Demographics and Health Survey (2016) indicated that prevalence of Global Acute Malnutrition in Kampala was at 3.9% while stunting was at 18.1% - both at acceptable levels; and that more than half (50.9%) of children were anemic. However, little about the characteristics of urban food insecurity and malnutrition and the associated vulnerability by the urban poor is known. Furthermore, stunting and acute malnutrition require attention of key actors due to the high absolute numbers resulting from higher population and density, even more so in the poorest neighborhoods where food access and WASH are very challenging.



This policy brief highlights results from review of available evidence and inputs from key informants to understand factors that contribute to poor nutrition and WASH among children and adolescents in urban slums in Uganda. Specifically, the results are from a review of available literature and datasets; policy and program review and a community case study of Katwe II slum.

We reviewed literature to document available evidence on nutrition and WASH challenges, services/ programs and identification of information gaps and interventions targeting children and adolescents living in urban slums in Uganda. A review of available datasets was done to help estimate nutrition and WASH challenges faced by children and adolescents. We identified and listed characteristics of datasets that could contribute to enhanced analysis and identification of nutrition-related vulnerabilities. We reviewed existing policies, programs and practices that address nutrition/WASH

challenges faced by children and adolescents. This was complemented by a stakeholder mapping exercise, which involved identification of programs targeting children and adolescents and challenges faced during program implementation. A community case study was conducted in Katwe II slum to gain in-depth understanding of the factors that contribute to poor nutrition among children and adolescents and to identify the best approaches to addressing these problems.

What evidence exists?

A total of 28 papers were identified (published and grey) of which 23 focused on nutrition and 5 on WASH:

Domain	Findings
Contextual and socio-economic and cultural factors	Women play a central role in child nutrition; Low parental education associated with poor nutrition; higher malnutrition among school going children; Micronutrient deficiencies common among children in residential homes; Overweight and obesity more common among children in private schools school (Berg, Magala-Nyago, & Iversen, 2018; Chebet, Nsibambi, Ojala, & Goon, 2014; Vogt et al., 2016)
Geography and environments	Slums are characterized by high housing density; lack of land tenure; poor drainage ; few toilets which often pollute water sources; cost of constructing a proper pit latrine in a slum is high(Dijk, 2016; Dimanin, 2012; Günther et al., 2011; Tumwebaze & Lüthi, 2013; Tumwebaze, Orach, Niwagaba, Luthi, & Mosler, 2013)
Decision making around food/behaviours of care givers	Food prices go up when food is scarce; single grandmothers care for several children but with limited access to finances; having access to rural family land is associated with food security; families that farm at home are able to diversify their food sources and are more food secure(Pottier, 2015).
Service and care vulnerability	Overall: Poor access and utilization of health facilities; maternal health affects utilization of health services Adolescents: Youth unfriendly health services

What Data is available to help estimate nutrition/WASH challenges faced by poor children and adolescents?

There are limited datasets related to nutrition/WASH among poor urban children and adolescents.

- Five publicly available datasets were identified: National Census (2002 & 2014); UDHS (2001,2011,2016); Nutritional Anthropometric Survey Children Under Five Years of Age Informal Settlements in Kampala City; National Panel Survey and the Uganda National household survey.
- Majority of the datasets are run by the Uganda Bureau of Statistics together with its partners such as the world bank
- Four of the datasets are not specific to urban settings except the Nutritional Anthropometric Survey done in one Kampala slum.
- No nutrition indicators could be obtained from any of the datasets but WASH indicators can be obtained from all datasets

What policies and programs address the needs of children and adolescents in urban informal settlements?

- Uganda's commitment to national and international nutrition initiatives manifested by Uganda National Nutrition Policy (UNAP II).
- There is well established institutional framework for policy coordination that engages all levels of government (Parliament, central and local)
- Government is in the process of finalizing multi-sectoral Uganda National Nutrition Policy (UNAP II)
- UNAP II highlights strategic objectives, strategies, and priority interventions to address causes of malnutrition at all levels

Ten (10) policies/strategies were identified (8 nutrition and 2 about WASH):

- Constitution of Republic of Uganda (1995)
- The National Water Policy (1999)
- The second National Health Policy (NHPII) 2010
- The Uganda Nutrition Action Plan (UNAP I) 2011
- The National Agriculture Policy (NAP) (2013)
- The National Policy on Monitoring and Evaluation 2013
- The Social Protection Policy (2015)
- The Male Involvement Strategy (2015)
- The National Integrated Early Childhood Development Policy (2016)
- The Education Sector Strategic Plan (ESSP 2017-2020).

What Programs, Stakeholders and Systems exist?

- All nutrition-related activities are coordinated by the nutrition unit in the Community Health department of the Ministry of Health.
- WASH activities are shared between the Ministries of Education (WASH in schools), Health (community sanitation), and Water and Environment.
- In order to improve access to services, development partners and the private sector work together with the government of Uganda.

Programs: An intervention matrix was created in which, we listed NGOs/organisations engaged in Nutrition/ WASH, indicating whether the activities were past/ ongoing, areas/districts where the interventions are being implemented and the specific interventions:

- Twenty-three (23) programs/interventions were identified
- Only one organisation is targeting children in Kampala district; not specific to those in slums

Stakeholders and Systems: Uganda uses a collaborative approach between government and partner organisations to address nutrition. The following stakeholders are contributing to this process:

- I. **District Nutrition Coordination Committee Initiative Partners** which include the Office of the Prime Minister, USAID/Uganda, Food and Nutrition Technical Assistance III Project (FANTA), FHI 360 and Wageningen Centre for Development Innovation.
- II. **Government Ministries, Departments and Agencies**
 - a. Ministry of Agriculture Animal Industry and Fisheries (MAAIF)
 - b. Ministry of Education and Sports (MoES)
 - c. Ministry of Finance, Planning, and Economic Development (MoFPED)

- d. Ministry of Gender, Labour, and Social Development (MGLSD)
- e. Ministry of Health (MoH)
- f. Ministry of Local Government (MoLG)
- g. Ministry of Trade, Industry, and Cooperatives (MTIC)
- h. Ministry of Water and Environment (MWE)
- i. National Planning Authority (NPA)

III. **Implementing Partners and Stakeholders**

- a. Communication for Healthy Communities (CHC)

A Community Case study to Assess Nutrition & WASH Assessment among Poor Children and Adolescents in Katwe II slum

Children and adolescents in Katwe II are faced with various nutrition/WASH vulnerabilities:

- Health is generally poor due to poverty, teenage pregnancy, flooding and high influx of refugees causing competition for limited resources
- There is poor access to health and nutrition services by children and adolescents because of: absence of public health facilities; long waiting hours; strong presence of herbalists; poor interactions with health staff, etc.
- Absence of adolescent friendly services due to lack of privacy; long waiting hours and adolescents feel stigmatized when they attend clinics with adults.
- There are various sources of information about nutrition/WASH but billboards were blamed for promoting preference of fast foods which residents said has caused poor nutrition among children and adolescents.

“My children do not want to eat the local food we cook at home, they want to eat chips (French fries) and chicken which they see on the billboard near home which we cannot afford because we are poor....”

FGD participant



Residents are exposed to dangerous environmental exposures due to lack of enough toilets, poor drainage systems and lack of solid waste disposal services.

- Much as residents have access to water, most of the time water from the wells contaminated by nearby pit latrines.
- Faecal waste management is a major challenge in Katwe II because there are more residents compared to the number of toilet facilities available.
- Landlords were blamed for constructing houses with no proper toilet facilities.
- When toilets fill up, they need to be emptied by either a sucker or manually with a bucket.
- Emptying toilets is very expensive so some residents wait for the rain to come and then empty their toilets in the open. The poor condition and general lack of toilets forces residents to improvise

“There is no toilet where I rent, I can’t afford that 300/- for public toilet for each child, so now when I child says mummy, I want to do pupu (defecate), I tell him/her to get a polythene, she does and then throws into the rubbish...”

Participant of FGD of primary care givers

- Socio-economic vulnerabilities such as mothers/caregiver age, type of work, gender and income levels influence child and adolescent nutrition and health in general.
- House maids or house play a critical role in child nutrition and overall health because they spend more time with the children and determine what and how to feed them.

“As a working mother, you can leave home having prepared milk for your child and tell the maid to feed the child but what they do is to eat what is meant to be for child....”

Community leader in community workshop



Man carrying buckets full of fecal sludge finds his way out of a crowded settlement in Tawo zone, Katwe, in Kampala. Photo by Benjamin Jumbe

There are no specific nutrition interventions targeting child and adolescent in Katwe II but there are various WASH- related interventions.

WEYONJE project which translates as “*Clean yourself*” was identified as the most successful community intervention so far in Katwe II.

What is good about WEYONJE?

- Effective sensitization using the door-to-door approach
- Allows community participation
- Evident reduction in number of full or improper pit latrines
- Sensitization of landlords and pit latrine owners

Recommendations for an ideal community intervention

- It should be responsive to the needs of the people while respecting the existing cultural and socio-economic set up.
- The community where the project is to be implemented should be adequately prepared and encouraged participate in the project.
- It should serve the interests of the people, not project staff interests.
- It should create employment opportunities for the community.
- If implemented in the context of slum dwellers, it should not be used to forcefully evict the slum dwellers.

Conclusions and policy implications

This low-cost urban health assessment has shown that children and adolescents living in slums are faced with various nutrition and health challenges that need urgent attention. We therefore recommend the following:

Improving Data for Decision-making:

- Intentional sampling of urban, label cluster in Demographic Health Surveys
- Larger scale slum surveys
- Making available other existing datasets on urban poor

Strengthening the Policy Environment:

- Revision of WASH/nutrition and agriculture policies to reflect the needs of the urban poor
- Involvement of urban poor in the policy development

Enhancing the Evidence Base:

- Gaps: WASH among children and adolescents (e.g. hygiene, IYCF dietary practices among adolescents)
- IS on promising approaches and multi-sectoral efforts e.g. innovations in waste management/drainage; Integration of ECD and nutrition; development of service delivery models for adolescents.

Strengthening Stakeholder Involvement & Cooperation:

- Need for integrated service delivery packages across sectors.

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