# Challenges of NGOs in Facilitating Access to Health Care Services for the Urban Poor in Slums during the COVID-19 Pandemic: A Case Study of Kampala, Uganda

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# ความท้าทายขององค์กรนอกภาครัฐในการช่วยเหลือการเข้าถึงบริการรการดูแลสุขภาพ สำหรับคนจนเมืองในชุมชนแออัดในช่วงการระบาดของโรคติดเชื้อไวรัสโคโรนา 2019 กรณีศึกษา กรุงกัมปาลา ประเทศยูกันดา

น.ส.เบรนด้า เคียวเทเรคีร่า



วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาวิทยาศาสตรมหาบัณฑิต
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| Thesis Title | Challenges of NGOs in Facilitating Access to Health Care Services for the Urban Poor in Slums during the COVID-19 Pandemic: A Case Study of Kampala, Uganda |
| By | Miss Brendah Kyaterekera |
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เบรนด้า เคียวเทเรคีร่า : ความท้าทายขององค์กรนอกภาครัฐในการช่วยเหลือการเข้าถึงบริการการดูแลสุขภาพสำหรับคนจนเมืองในชุมชนแออัดในช่วงการระบาดของโรคติดเชื้อไวรัสโคโรนา 2019 กรณีศึกษา กรุงกัมปาลา ประเทศยูกันดา. ( Challenges of NGOs in Facilitating Access to Health Care Services for the Urban Poor in Slums during the COVID-19 Pandemic: A Case Study of Kampala, Uganda) อ.ที่ปรึกษาหลัก : สุธี อนันต์สุขสมศรี

งานวิจัยนี้ศึกษาความท้าทายที่องค์กรนอกภาครัฐ (NGO) เผชิญในการช่วยเหลือการเข้าถึงบริการการดูแลสุขภาพกับคนจนเมืองในช่วงการระบาดของโรคติดเชื้อไวรัสโคโรนา 2019 (COVID-19) โดยใช้กรณีศึกษาของชุมชนแออัดในกรุงกัมปาลา เมืองหลวงของประเทศยูกันดา การระบาดของโรค COVID-19 ส่งผลกระทบอย่างรุนแรงต่อประชากรกลุ่มเปราะบาง ซึ่งรวมถึงผู้ที่อาศัยอยู่ในชุมชนแออัดที่มีความหนาแน่นของประชากรสูง โครงสร้างพื้นฐานไม่แพงพอและขาดแคลนการให้บริการขั้นพื้นฐาน โดยเฉพาะการเข้าถึงบริการสาธารณสุขซึ่งเป็นสิทธิขั้นพื้นฐานของประชาชน ในช่วงปีที่ผ่านมา โรคระบาดได้ทำให้การเข้าถึงบริการสาธารสุขที่ขาดแคลนให้กับคนจนเมืองมีสถานะการณ์ที่ลำบากมากขึ้น

ระเบียบวิธีวิจัยหลักที่ใช้การศึกษานี้ คือ การวิจัยแบบกรณีศึกษา ที่ใช้การสัมภาษณ์เชิงลึก การสังเกตุการณ์ และการศึกษาเอกสาร กรณีศึกษาของ NGO 6 แห่งถูกเลือกใช้ในการวิเคราะห์ด้วยการวิเคราะห์เนื้อหาจากการสัมภาษณ์ผู้มีส่วนเกี่ยวข้อง 33 คนจากชุมชนแออัด NGO และกระทรวงสาธารณสุข ผลการศึกษาแสดงให้เห็นว่า ความท้าทายหลักที่ NGO เผชิญเผชิญในการช่วยเหลือการเข้าถึงบริการการดูแลสุขภาพกับคนจนเมืองในช่วงการระบาดของ COVID-19 คือ การขาดแคลนเงินทุนและทรัพยากร ความยากลำบากในการขนส่ง กำแพงวัฒนธรรม ข้อจำกัดทางกฎหมาย และข้อกำหนดขององค์กร

การศึกษานี้ยังชี้ให้เห็นถึงประเด็นสำคัญที่มีมีสถานการณ์เลวร้ายลงในช่วงโรคระบาดที่ชุมชนแออัดต้องเผชิญ ผลการศึกษายังแสดงให้เห็นความสำคัญของการตระหนักรู้ถึงบทบาทของผู้นำชุมชนในการประสานงานกับชุมชนเพื่อสร้างการมีส่วนร่วมและการตัดสินใจของชุมชน นอกจากนี้ยังแสดงให้เห็นว่าการปรับใช้รูปแบบที่หลากหลายของการให้บริการสาธารณสุขจำเป็นต้องมีความร่วมมือของภาครัฐและผู้มีส่วนได้ส่วนเสียจากหลายภาคส่วน ผลที่ได้จากการศึกษานี้จะเป็นส่วนสำคัญในการสร้างความเข้าใจความซับซ้อนของการให้ความช่วยเหลือการเข้าถึงบริการการดูแลสุขภาพที่จำกัดให้กับคนจนเมือง

งานวิจัยนี้แสดงให้เห็นถึงความจำเป็นของรูปแบบการดำเนินการที่มีประสิทธิภาพที่รับประกัน



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This study investigates the challenges NGOs face in providing healthcare access to the urban poor during the COVID-19 pandemic, using cases of slum communities in Kampala, the capital city of Uganda. The COVID-19 pandemic has disproportionately affected vulnerable populations, including those living in slums characterized by overcrowding, inadequate infrastructure, and limited access to basic services, especially access to healthcare, a fundamental right of people. During the past years, the pandemic has further restricted the already limited accessibility to healthcare services for the urban poor.

The primary research methodology employed in this study is case study research, using in-depth interviews, observations, and document reviews. Six cases were selected and analyzed using content analysis, involving thirty-three respondents from slum communities, NGOs, and the Ministry of Health. The findings reveal critical challenges NGOs face in supporting healthcare access for the urban poor during the COVID-19 pandemic, including limited funding and resources, logistical difficulties, cultural barriers, government restrictions, and organizational constraints.

The study also highlights the issues exacerbated during the pandemic faced by slum communities. It emphasizes the importance of recognizing the role of local leaders in facilitating community engagement and decision-making. Adopting a multi-faceted healthcare approach involving the government and relevant stakeholders is crucial. The insights gained from this research contribute to a better understanding of the complexities of supporting the urban poor in accessing adequate healthcare.

The study emphasizes the need for comprehensive approaches to ensure healthcare is accessible to all, irrespective of socio-economic status, thus fulfilling the fundamental right to healthcare. By understanding these challenges, NGOs, policymakers, and other stakeholders can develop more effective and inclusive strategies to improve healthcare access and outcomes for vulnerable populations in Kampala and urban settings worldwide.



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## CHAPTER ONE: INTRODUCTION TO THE STUDY

This chapter discusses an introduction to the research by describing the background of study, the research problem, the research objectives, the research questions, the significance of the research and the scope of research.

Globally, NGOs are tools of development and are considered valuable options, especially in resource-strapped countries of the world, with African countries being the leaders (WHO, 2002). In most countries, governments began to formally acknowledge the importance of NGOs, which have contributed to an increase in public–private partnerships. In Uganda, this recognition led the government to initiate subsidies to the private not-for-profit health sector in the late 1990s (Giusti et al. 2002), and this trend has also been seen in other countries (Gaist, 2010).

NGOs have an important and constructive history of contribution to global public health, as they play an important role in successfully supporting health and public health goals, thereby driving the quality of life on which we rely. They are also essential providers of humanitarian aid and social assistance in fragile contexts and crises. For instance, during the COVID-19 pandemic, NGOs were confronted with the critical threat to the health, safety, psychological well-being and dignity of the populations especially the vulnerable (Dominic, 2021) but they stepped in and supported the populations.



In Uganda, NGOs played an important role in reaching out to the vulnerable during the pandemic period (NGO Forum, 2020) amidst the country's adoption of COVID-19 containment measures as early as March 2020 which caused an unprecedented

economic and health shock (Okumu et al., 2021). However, they faced a lot of challenges that limited their operations to maximum capacity.

*"I have been working with NGOs for over 30 years however, the COVID-19 time was a trial period that caught us off-guard and sent many of the poor into worse states but as a member of NGOs, we strived to reach out to these people especially the sick and the poorest. Though, there were many challenges that were encountered during that period, and this limited our operations" Teddy Amito Bongomin – Social worker, Meeting point International, Uganda (01/10/2022).*

NGOs' roles have evolved in response to market gaps left by the government and the commercial sector. In some cases, the failings in public service provision and delivery have led NGOs to complement or fill the voids left by the public sector. In Uganda, they have always been seen as viable alternatives to community development in urban areas (Republic of Uganda, 2010b) however, less is documented about the challenges they face, especially during the COVID-19 period regarding ensuring health access for the poor.

## 1.1 BACKGROUND OF STUDY

### 1.1.1 URBANIZATION

Urbanization is a key feature of this century, and the developing world is the locus of this demographic transformation (World Bank, 2009). It is estimated that more than half of the world's population is now urban and it is expected to grow by 2.5 billion dwellers by 2050, with the Asian and African countries accounting for almost the 90 per cent increase, and much of the growth is expected in small and medium-sized cities (DESA, 2014).

Africa has been witnessing rapid urban growth as a result of migration (Awumbila, 2017) and Sub-Saharan Africa, in particular, has often been regarded as the world's fastest-urbanizing region. Urban areas in this region contain over 472 million people and this number is expected to double over the next 25 years (Saghir & Santoro, 2018). The growth has increased the strain on already insufficient infrastructure and services which has brought about new urban governance challenges (Moshi, 2018).

Uganda like most developing countries in Sub-Saharan Africa, is experiencing rapid urbanization and the rapid process is happening not only in the setting of a confliction history, high levels of poverty and shrinking economies but also in the context of high population growth which is straining the already limited and unreliable resources available for locals (Amis, 2004). The country also has a large population base and a high population growth rate of 3.2% making it one of the fastest-growing populations in Africa. This has had serious implications in terms of demand for land, housing, water, health, education, jobs and other services (MLHUD & UN-Habitat, 2016).

Urbanization is a vital driver of economic development to rapidly draw societies out of mass poverty but at its worst, it results in concentrations of squalor and disaffection which instigate political, social and economic instability (Collier, 2016). The growth of cities is a result of several factors, such as natural increase, migration from rural areas, annexation and reclassification of previously rural areas as urban. Identifying the relative contributions of each of these factors to urban growth has implications for policy and planning (Atta-ur-Rahman et al., 2016; KU Leuven, 2015).

Africa's urbanization faces enormous development challenges that are characterized by a proliferation of unplanned habitats, poor access to essential services, insecurity and poverty (AfDB, 2011). Hence, it is argued that in an increasingly urbanized world, the development challenges of the 21st century will be met in Africa's cities and towns (Moshi, 2018). Urbanization of the global population also has fundamental ramifications for the economy, society and the environment since urban centres currently cover only 0.51%, a small part of the world's total land area. Consequently, poorly managed urban growth and development can exacerbate inequalities, exclusion and vulnerability, especially among the marginalized (UNDP, 2016).



### 1.1.2 URBAN POVERTY

Urban poverty is growing, and it is estimated that, by 2035, most of the world's extremely poor will be found in urban areas (Baker & Schuler, 2004). Urban poverty is defined as the combination of economic and social difficulties arising in industrialized cities, resulting from processes such as the establishment of comfortable living standards, increasing individualism, social fragmentation and the

dualization of the labour market. It is considered to be a type of poverty with the primary characteristics that occur in industrialized societies (Cano-Hila, 2020).

Urban poverty is a dynamic condition in which people can move in and out. It is also complex and multidimensional, extending beyond the lack of income or consumption, where its numerous dimensions relate to the vulnerability of the poor due to their inadequacy of access to land and housing, physical infrastructure and services, economic and sustaining sources, health and education facilities, social security networks and voice and empowerment (Baharoglu & Kessides, 2002).

Urban poverty has become a common phenomenon worldwide and in Uganda it is widespread, increasing and serious because the distribution of urban income is very unequal and the majority of urban residents are impoverished, with an estimated 60% of Kampala's population living in slums (Brown, 2014). Several indicators exist given the unique characteristics of different cities around the world, however, income is the most commonly used indicator of poverty (Baharoglu & Kessides, 2002).



In Uganda, the indicators of urban poverty include lack of money resulting in not being able to buy necessities, stress from helplessness at not being able to solve his or her problems, inability to borrow from financial institutions, large families, poor latrines and garbage collection and lack of access to roads. While the causes of urban poverty are equally diverse and include high taxes, lack of education or skills resulting in low-paid jobs, ill health, limited or no land, poor planning and policy and excessive competition from the sale of the same commodity (The Republic of Uganda, 2002b).

Many urban poverty issues are established in a complication of resource and capacity, insufficient government policies at both the central and local levels, and a lack of planning and management of urban growth (Baker, 2008). Despite numerous efforts, the scale and depth of poverty have been underestimated by most governments and international agencies and this is exacerbated by low-income urban dwellers' lack of a voice and influence within governments and aid organizations (Walnycki, 2014). Eradicating urban poverty in all its forms remains one of humanity's most difficult challenges, owing to poor economies and rapid urbanization, which has accelerated the growth of squatter settlements (Cano-Hila, 2020).

### 1.1.3 THE URBAN POOR

The urban poor especially slum dwellers are often the poorest people in cities in the developing world. The urban poor are a very diverse group as they represent different groups with diverse needs and levels/ types of vulnerability (Baharoglu & Kessides, 2002). This is due to the huge differences in living standards around the world (Acemoglu & Robinson, 2012). These differences may be traced to gender, physical or mental disability, ethnic or racial background, household structure, and people in long-term poverty and temporary poverty (Baharoglu & Kessides, 2002).



The significant characteristics that identify the urban poor are that insecurity penetrates all aspects of their life and most slum dwellers depend upon precarious employment in the informal sector, characterized by low pay and poor working conditions. Illegal settlements are often located on hazardous land in the urban periphery. Perhaps most alienated in city slums are growing youth populations whose

unmet needs for space, education, health, and jobs can lead to social problems, further undermining security in urban areas (Garland et al., 2007).

They also tend to face several common deprivations which affect their day-to-day life what is more substantial is that residents especially those of high-density urban slums face further struggles connected to security, health and stigmatization (Baker, 2008). These issues are visibly a result of the rapid urbanization of cities however, several efforts are geared by governments towards the reduction and eradication of urban poverty with an example being the inclusion of the urban poor in city planning (Baker & Schuler, 2004) but with the exclusionary policy gaps, the higher the rate of urbanization has only meant that the poorest, most vulnerable people will move into large, highly distressed informal areas (Richmond et al., 2018). Therefore, better urban governance is a necessary condition for empowering the urban poor and improving their opportunities and security (Baker & Schuler, 2004).

### 1.1.4 HEALTH OF THE URBAN POOR

Health is one of the most crucial factors in determining the lifestyles of slum dwellers. The health needs of the urban poor are always high, yet they do not have access to healthcare. This is due to various reasons which include exclusion from urban planning, extreme poverty, and many others (Shetty, 2011). Since the health consequences of urban living differ for everyone in the urban setting, the urban poor are usually left behind when it comes to receiving healthcare. This is also due to the health inequalities that prevail in the healthcare system which leaves the urban poor behind (UNDP, 2022).

### 1.1.5 NGOS AND THEIR ROLES

NGOs are defined as organizations that pursue a public interest agenda, rather than commercial interests (Hall-Jones, 2006). These organizations have moved from being in the background to having a presence amid world politics and, as a result, are exerting their influence and power in policymaking at a global scale. They are usually unfettered, not answerable to specific agendas, and, in many instances, can act independently (McGann & Johnstone, 2005). NGOs have contributed to the development of communities around the world and are important partners of many governments, while simultaneously remaining independent from governments (Delisle et al., 2005).

NGOs have been increasingly advocated as a means through which the gulf between citizens' needs and existing services can be bridged. Where states cannot provide sufficient goods, services or enabling environments that help citizens in securing livelihoods or where disadvantaged groups are excluded from existing state institutions. It is this gap that NGOs have neatly fitted. Early criticisms of NGOs persist and their difficulties in promoting long-term structural change have led to the recognition of broader civil society organizations within the good governance agenda, given their stronger position for transforming state-societal relationships (Banks & Hulme, 2012).



In health, NGOs interact in a variety of ways and at different levels indicating a vibrant mixed context of actors encompassing government and private sectors. Their primary focus has been establishing healthcare institutions, fulfilling the health and social needs of groups like women, the elderly, and vulnerable local communities,

dealing with specific health issues such as alcoholism, promoting health rights, performing preventive health programs, and managing health finance and administration (PHFI, 2016).

Due to shifts in the attitudes of governments, international agencies, the media and the public towards the activities of civil society. It is argued that NGOs are central to raising the living standards of the poor and furthering processes of democratization in partnership with the state (UN-Habitat, 2003). Therefore, for NGOs to continue playing this key role of supplementing government efforts in health and elsewhere, they must be performing well in delivering their projects on time, within budget and to the satisfaction of stakeholders. Furthermore, they must be strengthened for timely response to the crises like COVID-19 (Sayarifard et al., 2022).

## 1.2 PROBLEM STATEMENT

The COVID-19 pandemic has led to a growing awareness of its contribution to a record level of need. Despite its global impact, the poorest have been most affected (Dominic, 2021). In addition, ensuring access to healthcare for this population was critical to prevent further illnesses and deaths, especially during this period (Núñez et al., 2021). However, NGOs strived to reduce suffering and saved lives as they witnessed and dared to confront the complexity of human distress and essential needs, particularly those of the vulnerable groups who are mostly left behind in terms of social protections, rights, and dignity. Through their engagement, they invited us to constantly think about what it means to be human and part of a shared humanity, and to rethink the notion of public good and well-being for all (Dominic, 2021)

In Uganda, there seems to be no viable alternative for community development in urban areas other than through the works of NGOs (Republic of Uganda, 2010b). Despite less support and recognition (Barbelet et al., 2021), NGOs express dissatisfaction with their view that excessive government supervision impede their freedom of action (Republic of Uganda, 2010b). Besides that, they also faced a lot of other challenges while trying to achieve support for the poor especially healthcare during the Covid-19 pandemic a period that involved severe restrictions and impositions by the government (NGO Forum, 2020).

Moreover, existing research on NGOs predominantly focuses on their roles and organizational characteristics, paying limited attention to the contextual factors, experiences and specific circumstances in which NGOs operate (Ungsuchaval, 2016). Furthermore, given the emergence of global dynamics such as the ongoing COVID-19 pandemic, the available literature fails to comprehensively address the state and challenges faced by NGOs during this critical period. This indicates a significant research gap that necessitates further studies and in-depth analysis. Additionally, the concepts of urban poverty and access to healthcare demand more extensive research as they remain pressing issues in urban cities worldwide.



**1.3 PURPOSE OF THE STUDY**

The Covid-19 pandemic distinguished itself from other crises due to its unprecedented global scale and its simultaneous impact on many countries. Despite the challenges posed by the pandemic, NGOs have remained at the forefront of humanitarian responses and have played a crucial role in meeting the urgent needs of the affected populations. This increased recognition of NGOs and the urgency around their roles

has created a new impetus for understanding and responding to the pre-existing requirements imposed on them (Barbelet et al., 2021).

In this context, the aim of this study was to thoroughly investigate the specific challenges faced by NGOs in their efforts to assist urban poor in accessing health care during the Covid-19 pandemic. Focusing on this specific context, the study was aimed at generating interest in further studies on the aspects of pandemic, urban poor situations and NGO health activities. It also aimed to highlight the unique obstacles and complexities encountered by NGOs in providing health services to the urban poor, who were particularly vulnerable during this difficult period. To better understand these challenges, the study sought to contribute to the development of effective strategies and interventions that could improve access to healthcare and health care for the urban poor, even in the midst of a global crisis such as the Covid-19 pandemic.

## 1.4 RESEARCH OBJECTIVES

During this research, the following objectives are considered.



- To examine the challenges of NGOs' work in helping the urban poor access health care during the pandemic
- To assess NGO involvement in healthcare accessibility for the poor during the pandemic.

## 1.5 RESEARCH QUESTIONS

This study sought to answer the following as the key research question under consideration.

- What challenges have been faced by NGOs in helping the urban poor have access to health care during the pandemic?

Other questions that were explored include the following.

- What are the key barriers to healthcare access for the urban poor during the pandemic?
- How was the healthcare access coping capacity for the urban poor during the pandemic?
- How have NGOs been involved in supporting healthcare access for the urban poor?
- What policies and measures should be taken to increase NGOs' health involvement in communities?

## 1.6 SIGNIFICANCE OF THE STUDY

The work of NGOs in urban areas is demanding an increasing amount of attention as it is sufficient to convince any doubters that these organizations can be key tools of urban development (Thomas, 1995). The state is no longer viewed as having a natural monopoly on development initiatives and NGOs are regarded as viable actors in development practice. The work of NGOs in mobilizing communities, policy advocacy, innovation in programming, developing work and income-generating activities has received admiration and shown significant potential to support the vulnerable (Dupuits, 2016).

One of the key strengths of NGOs lies in their ability to establish connections between beneficiaries, government entities, donors, and local financial institutions. This networking function facilitates the delivery of services and supports the urban poor

(Thomas, 1995). Given the current global context, it is crucial to explore deeper into the role of NGOs during the Covid-19 pandemic and their ability to respond to emerging challenges.

Conducting this research not only generates interest in exploring other aspects of the pandemic and NGO activities but also identifies research gaps in existing literature related to healthcare access, NGO responsibilities, and challenges. The analysis from this study aims to shed light on the obstacles faced by NGOs while carrying out their responsibilities and the key barriers to healthcare access for slum dwellers in Kampala. Additionally, it seeks to uncover valuable information about the operational methods of NGOs, which can serve as reference points for policymaking and implementation of effective interventions.

### 1.7 SCOPE OF THE STUDY

This study focussed exclusively on answering the research questions by investigating the challenges faced by NGOs in facilitating healthcare access for the urban poor in Kampala during the pandemic. In addition, the research context defined the pandemic as the COVID-19 period which provided an opportunity to explore the immediate and evolving challenges that arose during that time.

Kampala was selected as the case study area due to its history of NGO presence and activities (NGO Bureau, 2023), as well as its less robust healthcare system (Onen & Hodgson, 2021) and a significant population of urban poor who were highly affected by the pandemic. By examining this specific context, the research aimed to provide a clear and detailed understanding of how NGOs' work was impacted in urban areas, with a specific focus on their capacity, existence, and activities.

## 1.8 STRUCTURE OF THE THESIS

Chapter One of the thesis introduces the research topic and discusses how rapid urbanization has affected the world, with Uganda in particular. It further discusses urban poverty, the health of the urban poor and the role of the NGOs in supporting the urban poor to access health care. The chapter highlights the challenges faced by NGOs in supporting healthcare access as the key problem statement and clearly states the study objectives, research questions and significance of the study. Chapter two discusses the relevant literature that relates to the research topic, analyses the previous studies, and reviews previous methodologies, key themes, literature findings and gaps in the literature. It further discusses the theoretical frameworks that support the study.

Chapter Three provides a more detailed description of the research design used which is the case study research design, the research approach, the sample size and selection. The chapter further describes the key data collection and analysis methods. To ensure reliability, the chapter examines the ethical considerations, reliability and validity measures taken during the study. Chapter Four provides a detailed description of the information that was collected and used during the research. Chapter Five identifies the patterns in the research and presents the findings of the study. Chapter Six summarizes the main findings of the study and discusses the implications for addressing the challenges of NGOs in healthcare access for the urban poor. It further highlights the limitations of the study and the contributions of the study, and it provides recommendations for future studies as well as the key discussions about the study.

## 2.0 LITERATURE REVIEW

This chapter provides a thorough review of the existing literature related to the challenges faced by NGOs in helping the urban poor access healthcare. It explores the various dimensions of urbanization, urban poverty, urban health, urban governance, and NGO roles. By examining previous research and scholarly works, this chapter aims to build a theoretical foundation for understanding the difficulties of healthcare access for the urban poor and the role of NGOs in addressing these challenges.

### 2.1 URBANIZATION

#### 2.1.1 GLOBAL SCALE OF URBANIZATION

The world is changing rapidly however, urbanization is one of the most important change processes (Haase et al., 2018, p. p13). Due to the high rates of economic growth in some areas or countries, the process of urbanization has been closely linked to and depends on the increase in population as a result of rural-to-urban migration along with the growth of some industrial urban centres (Tiwari, 2020). This has also been the highest contributor to the high rates of population growth, especially in urban centres which are estimated to be over 4.4 billion inhabitants worldwide. The shift in population is continuing and it's expected to double its current size by 2050 to a point where almost 7 out of 10 people will be living in cities (World Bank, 2022).

The global urbanization rate veils important differences in the urbanization peaks across geographic regions with North America being the highest urbanised continent (DESA, 2018). In North America, the United States is the most urbanized country with approximately 80 % of its population living in urban areas, an urbanization rate of 0.25% and an annual population growth rate of 0.7%. While in Asia, China, Japan

and India have undergone the fastest urbanization rates. China's urbanization has been complicated. The country has over 860 million people living in urban areas with over 100 cities having over one million population. However, it is estimated that over one billion people are expected to live in urban China by 2050 (Hamnett, 2021). On the other hand, India has approximately a third of its total population living in cities and this number is growing by 2.3% each year while Japan is one of the most densely urbanized nations in the world. Its degree of urbanization has flattened off to 91.7% in the last decade (Hein et al., 2007; O'Neil, 2023; Urbanet, 2018) but continued growth is expected in the later years. Cities are continuing to grow worldwide, especially in the Global South and Africa is considered to be the fastest-urbanizing region in the world (Campbell, 2018; ECA,2018).

### 2.1.2 URBANIZATION IN AFRICA

Urbanization in Africa takes its beginnings in pre-colonial times. The continent is considered to be the fastest urbanizing in the world. Its cities are expected to be homes to additional 950 million people by 2050 and much of this growth is expected to take place in small and medium-sized towns. Sub-Saharan Africa (SSA) in particular is often regarded as the world's fastest-urbanizing region. It currently contains more than 472 million people moreover, this number is projected to double over the next 25 years. The global share of African urban residents was projected to grow from 11.3 per cent in 2010 to 20.2 per cent by 2050 (Kanos & Heitzig, 2020). Africa's transition to urbanization is one of the most significant and dynamic transformations taking place, potentially bringing enormous benefits, but also bringing along consequences of considerable proportions.

Although the rate of urbanization growth varies from one subregion to another, the total urban population of Africa is expected to triple in the coming 50 years which will change the profile of the region hence making strategic planning and management of urbanization a priority if the continent is to achieve sustainable and inclusive development.

The diverse nature of urbanization in Africa can be seen from the subregional dimension where North Africa is the most highly urbanized region, with most of its cities unevenly spread along the Mediterranean coastline, West Africa, the most rapidly urbanizing subregion in Africa after East Africa, and it hosts several urban centres along the coastline, stretching from Côte d'Ivoire to Nigeria. Southern Africa, the second most urbanized region after North Africa was projected to reach an overall region-wide urban majority by the end of 2020. By contrast, Central Africa is rapidly urbanizing but is not expected to reach a region-wide urban majority until approximately 2030. East Africa is the world's least urbanized but fastest-urbanizing subregion and by the end of 2050, the urban population of East Africa will have increased by 50 per cent (ECA, 2018).



As Africa consolidates its efforts to accelerate structural transformation, it faces increasing challenges, along with new opportunities brought about by rapid urbanization and it is how African countries manage the process of urbanization individually and collectively will be a determining factor in whether the continent achieves structural transformation for sustainable growth and inclusive development. However, to respond effectively to urbanization, the continent needs strategic, cross-sectoral and multi-scale approaches with effective policies and institutions together

with planned coordination between local, national and regional actors (Cormann et al., 2022).

### 2.1.3 URBANIZATION IN UGANDA

Uganda is experiencing high rates of urbanization estimated at 5.2% per annum (GoU, 2017). With the country's population growth being consistent at 3.3% for the past several decades, its urban population has been growing significantly from 6.9 to 26.2 % by 2022 making it one of the fastest-growing populations in Africa (Knoema, 2022). Most of this growth has mostly been in secondary towns such as Hoima at 10.7 per cent, Mbarara at 8.6 per cent, and Mukono at 10.4 per cent (UBOS, 2014) but the Greater Kampala Metropolitan Area (GKMA) has the highest urban population representing over 50% of Uganda's total urban dwellers and it is projected that by 2035, Uganda's population will have grown to 68.4 million of which 30% will be in urban areas (MLHUD & UN-Habitat, 2016).

As part of attaining Vision 2040 which is to achieve upper middle-income status, urbanization has been considered a prerequisite. The inevitable process is happening not only in the context of a history of conflict, widespread poverty and shrinking peasant economies but also in the context of growth constraining limited and unreliable energy supply and an acute scarcity of resources available for locals (Amis, 2004; Mbabazi & Kirungyi, 2020). This has had serious consequences in terms of demand for land, housing, water, health, education, jobs and urban services, as well as impacts on the environment leaving many city dwellers, especially those in slums on the edge in terms of access to social-economic opportunities (Williams & Bidandi, 2018).

### 2.1.4 UGANDA'S URBAN STATE DUE TO URBANIZATION

Uganda's urban cities have been highly affected by the rapid rates of urbanization. The country is experiencing unprecedented growth in its poorly unplanned cities. This kind of growth has continued persistently due to well-recognized push and pull factors (Isunju et al., 2011) such as the rapid expansion of the labour force due to demographic factors, the increasingly rapid transformation of agriculture, increased involvement in higher productivity non-farm activities and the expected commencement of the exploitation of oil amidst economic stagnation, inequality and urban decay that are attracting a greater proportion of the population towards the cities (Mbabazi & Kirungyi, 2020; Mukiibi, 2012).

The increase in the urban population in cities, Kampala in particular has put a burden on urban services and resources. This is attributed to the increase in urban industrial growth and rural-to-urban migration as well as migration from small towns, the reasons which are not any different from other cities around the world considerably because people assume that there is a good life, better employment as well as social-economic opportunities in cities. This context, continuously makes most urban residences unsuitable for human habitation due to congestion, poor housing, and poor service delivery including water, sanitation, health and hygiene (Kwiringira et al., 2021; Mbabazi & Kirungyi, 2020; MLHUD & UN-Habitat, 2016).



Additionally, urban planning is not yet up to the necessarily required standard due to poor coordination among government agencies and high levels of political influence. Cities and towns are not properly zoned to allow organized human settlement, economic centres and industrial areas to grow in an orderly manner. The unplanned

urbanizing nature without a clear picture of the underlying consequences such as population growth, spatial inequality and unemployment, among others have created enormous challenges that have become difficult to correct. Therefore, the government needs to build capacities of central and local urban authorities and urban poor communities to jointly manage the challenges, especially urban growth to overcome the inevitable formation of large slums that sadly characterise this country (Atukunda, 2020; MLHUD & UN-Habitat, 2016).

### 2.1.5 URBANIZATION CHALLENGES

The rate of urbanisation which is increasing rapidly every year with the lack of clear urban limits brings challenges such as meeting accelerated demand for affordable housing, and viable infrastructure including transport systems, basic services, and employment opportunities for the almost one billion urban poor living in informal settlements. Key issues include the creation of urban sprawl encroaching upon environmentally sensitive areas, major agricultural areas and areas which are not suitable for development (World Bank, 2022; Zhang, 2016), high population density which is by the heavy rate of migration from rural areas, heavy traffic and overcrowding leading to slow and inefficient flow which makes movement difficult and the growth of slums (Okorie, 2015) where it is estimated that nearly 40 percent of the world's urban expansion may be in slums, exacerbating economic disparities and unsanitary conditions (UNDP, 2017). Nonetheless, Uganda's rapid urbanization has not been matched by similar growth in the capacity of local authorities to plan and manage urban growth. This has led to the proliferation of slums and informal settlements (GoU, 2017).

## 2.2 URBAN POVERTY

### 2.2.1 GLOBAL VIEW OF URBAN POVERTY

Urban poverty is growing and the World Bank estimates that by 2035, most of the world's extremely poor will be found in urban areas (UNDP, 2016). Urban poverty is one of the most challenging issues in urban development (Cities Alliance). It refers to the set of economic and social difficulties that are found in industrialized cities and that are the result of a combination of processes such as the establishment of comfortable living standards, the increase of individualism, processes of social fragmentation, and the dualization of the labour market, which translates into social dualization (Cano-Hila, 2020).

Across the Global South, urban poverty is increasingly becoming an urban challenge because most urban residents are dominantly working in the informal economy in low-paying unstable positions that provide limited opportunities for upward mobility. In addition, they live in congested slums that are characterized by inadequate shelters, poor sanitation, insecure land tenure and worsening health conditions of residents (Rains & Krishna, 2022). Many of these problems are rooted in the complexity of resource and capacity constraints, inadequate government policies and a lack of planning for urban growth (Ravallion et al., 2007).

Urban poverty is complex and multifaceted extending beyond the lack of income. Its many dimensions relate to the vulnerability of the poor on account of their inadequate access to land and housing, physical infrastructure and services, economic and livelihood sources, health and education facilities, social security networks, and voice and empowerment. Although most countries use monetary value to determine the

poverty line(ADB, 2014), the dimensions of poverty vary from region to region and require different approaches for measurement.

Nevertheless, an estimated one-third of all urban residents are poor, which represents one-quarter of the world's total poor (Ravallion et al., 2007). Many of these are in small cities and towns where the incidence of poverty tends to be higher than in bigger cities. While these proportions have not changed dramatically in the last ten years, with continued urbanization, the numbers are predicted to rise (Baker, 2008) and eradicating it in all its forms remains one of the greatest challenges facing urban development (Cano-Hila, 2020).

### 2.2.2 URBAN POVERTY IN UGANDA

In Uganda, urban poverty is highest in the Karamoja region at (21%). Urban poverty in Uganda is not just a lack of income but the inability to satisfy a range of basic human needs and it originates from powerlessness, social exclusion, ignorance and lack of knowledge, as well as a shortage of material resources. This has created a difference in the dimensions of poverty observed in various urban areas in the country. The different dimensions of poverty as in Figure 1 reinforce each other which is why it is difficult for individuals and families to break out of a poverty situation (The Republic of Uganda, 2002a).

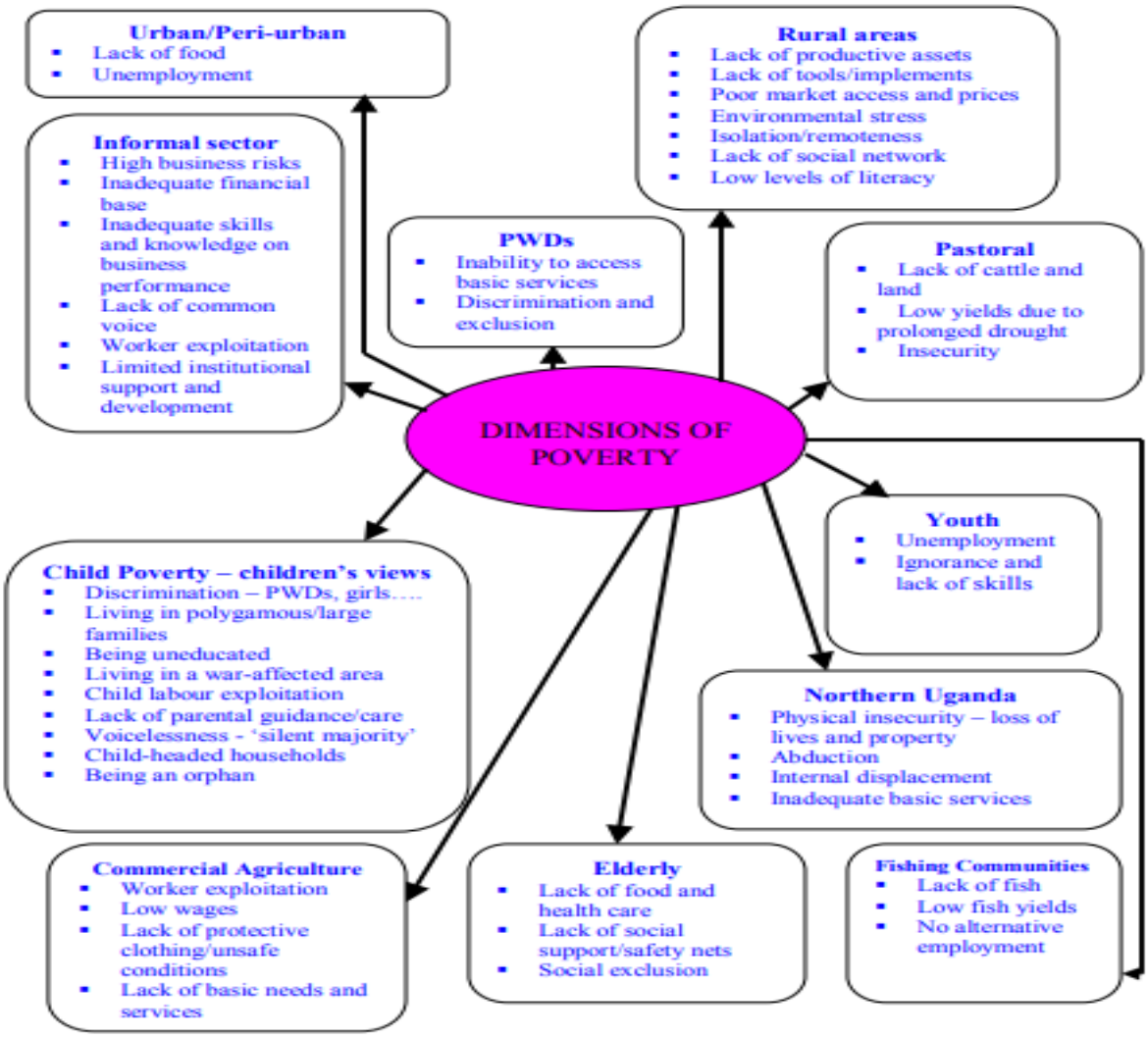




Figure 1: Dimensions of Urban Poverty in Uganda (The Republic of Uganda, 2002a).

Additionally, the importance of a state of helplessness linked to an inability to survive in the urban environment was recognised as an important synthesis of different viewpoints on Uganda's urban poverty (The Republic of Uganda, 2000, p. 13). This is primarily involved in having access to cash. Therefore, money is also the underlying factor in what constitutes urban poverty because everything in the urban centre is monetized hence survival revolves around money (The Republic of Uganda, 2000, p. xvi).

Overall, the causes of urban poverty in Uganda are large families, gender inequalities, especially with the fact that most families that are headed by women are the poorest, political insurgencies, distress sales, evictions and high rental values in urban areas (The Republic of Uganda, 2002a). And the indicators of poverty include lack of money resulting in not being able to buy basic necessities such as food, education, clothes, shelter and medical care, stress from helplessness at not being able to solve their problems, inability to borrow from financial institutions, large families with limited income, poor latrines and garbage collection and lack of access to roads (The Republic of Uganda, 2000).

**2.2.3 SLUMS**

According to the UN-Habitat, slums are contiguous settlements where the inhabitants are characterized as having inadequate housing and basic services, a slum is often not recognized and addressed by public authorities as an integral part of the city whereas slum houses are a group of individuals living under the same roof that do not meet one or more of the following conditions: improved water access, improved sanitation access, sufficient living area, durable housing and housing security. (UN-Habitat, 2003, p. 10).



Slums are a clear manifestation of poorly planned and mismanaged urban governance and as the urban population increases globally, many of the urban poor are living in slums or informal settlements. The growth of slums in the past years has been unprecedented. In many of the developing world's cities, slums are emerging as a dominant and distinct type of settlement. In Sub-Saharan Africa, slum growth is

uncontrollably high, with the highest annual slum and urban growth rates almost identical to 4.53% and 4.58%, respectively (Isunju et al., 2011; UN-Habitat, 2003).

In addition, over 200 million people are living in slums in sub-Saharan Africa and this number represents 61.7% of the region's urban population making it the highest in the world for urban poverty (Ganz, 2020). Some of the largest slums in the region include Khayelitsha in Cape Town with a population of over 400,000, Ashaiman in Tema, Ghana which hosts over 150,000 people (Renzaho et al., 2020), Kibera in Nairobi, which hosts a population of nearly 186,000 people (KNBS, 2019), and the slums of Makindye, and Nakawa Divisions of Kampala in Uganda which have populations of over 400000 and 320,000 people respectively (UBOS, 2017).

Uganda's capital city Kampala houses more than 57 slum settlements in the city which are spread across the five divisions of the city. The central province of Kampala has the highest number of people living in urban areas and the last decade has seen the number of people living in urban areas increasing by an average of 300,000 people per year. If current patterns of growth continue, Kampala will become a mega-city with a population of more than 10 million people within the next 20 years (Pyke, 2019).

According to Chaudhuri (2015), one of the important characteristics of the urban poor is that a large number work in the informal sector where entry is easy, requiring less skill, less education and less capital. Being neglected, being victims of misguided policies and having endured poor health are some of what permeates slums. Slums also emerge in developing countries as unplanned informal settlements where access to services is minimal to non-existent and where overcrowding is the norm. Some of

the root causes of slum development include the long-term failure of governments to implement structural plans to enforce development control and to provide effective municipal services (Isunju et al., 2011).

## 2.3 URBAN HEALTH

Urban health was not the main focus of public health policies in most developing countries and most of the population lives in rural areas. It was often assumed that the heavy concentration of health facilities and personnel in urban areas, particularly in the private sector, would automatically take care of the increasing urban population and its health needs (Gupta et al., 2009). However, the global increase in urbanization is creating new health challenges (WHO, 2016) and urban health has been compromised by the nature of urban development that exposes a majority of urban dwellers to disease outbreaks primarily due to inadequate infrastructure and sanitation facilities, especially in the informal settlements (World Bank, 2012).

The major challenges affecting urban health systems are the lack of resources to recruit, deploy, motivate and retain human resources for health, particularly in remote localities; ensuring the quality of the health care services delivered; ensuring the reliability of health information in terms of the quality, timeliness and completeness of data; and reducing stock-out of essential/tracer medicines and medical supplies. (WHO, 2017).

### 2.3.1 GLOBAL VIEW OF URBAN HEALTH

Worldwide, cities have been challenged by the triple threat of infectious diseases exacerbated by poor living conditions, noncommunicable diseases and conditions fuelled by tobacco use, unhealthy diets, physical inactivity, the abuse of alcohol,

injuries, road accidents, violence and crime (WHO, 2010b). Urban health reflects the results of the physical and social environment that affect the well-being of residents and communities and the quality of life within an urban environment. The physical and architectural environment also affects urban health, especially when there are water quality problems, wastewater or air pollution (Wuerzer, 2014).

Urban health is dependent on multiple factors influencing humans and their living conditions as well as the interrelations between them. Behavioural, biological, cultural, economic, social, physical, and political factors are all needed to achieve a comprehensive understanding of urban health. Much of urban health variability relates to living conditions, housing quality, and poverty. The association of ill health with areas of high deprivation in towns and cities is in part a reflection of the state of the urban ecosystem, of the habitat niches in which humans live. Densely populated urban environments may exacerbate the transmission and impacts of diseases (Vearey et al., 2019).

Urban public health services also suffer from inadequate manpower, infrastructure and supplies, weak referral systems, and sub-optimal allocation of resources. There is a diversity of services for primary healthcare and no standards for regulation. Physical proximity to healthcare infrastructure does not guarantee access; legal, social and economic barriers are faced by the urban poor (WHO, 2010b).

The relationship between the provision of health and social services and urban living is complicated and varies between cities and countries. In wealthy countries, cities are characterized by a rich array of health and social services. Even the poorest urban neighbourhood often has dozens of social agencies, each having a distinct mission and

providing different services. Many of the health successes in urban areas in the past two decades, including reductions in HIV transmission, teen pregnancy rates, tuberculosis control, and new cases of childhood lead poisoning, have depended in part on the efforts of these groups. In addition, many urban areas serve as referral centres for surrounding communities, and as such, there is often greater availability of health and social services in urban areas. In general, there are far fewer physicians and hospitals in nonurban areas, and the travel time to health care providers is greater than in nonurban areas (Galea & Vlahov, 2005).

Urban health deals not only with the complex causal relationships between the urban form and its influence on health outcomes but also with underlying processes and politics that influence the decisions about the shape and qualities of cities. This may lead to differences in interpreting the urban health field and to diverging practical, political and design solutions to urban health issues (Lawrence & Gatzweiler, 2017).

The current state of urban health shows disparities between the urban poor and urban nonpoor for indicators such as child mortality, disease morbidity, and child nutritional status. Poor urban slum dwellers tend to suffer more from environmental and infectious illnesses. Death rates for diarrhoea, measles and TB among urban poor children can be up to 100 times higher than counterparts in industrialized countries. In many of the towns and cities in Africa, Asia, and Latin America which are the so-called developing countries, only an urban minority lives in healthy living conditions and has access to good health services, education, and employment. Health services are often inaccessible to the urban poor not because they are at a long distance, as in rural areas, but because poorer people in low-income settlements often do not have

the financial means to access them. Therefore, trying to improve health in such cities is a complex task which involves coordination across sectors, over time, with different areas of focus. In order to have the most impact, some health issues that affect people living in cities disproportionately must be emphasized and sorted (Wuerzer, 2014).

### 2.3.2 HEALTH IN UGANDA

Uganda's health system has been evolving over the last years to handle emerging concerns and challenges to the health situation in the country. However, it has been criticized for being inequitable, with the poor receiving fewer services than needed, and the rich receiving more than needed. The wide disparities in health status across the country are closely linked to underlying socio-economic, gender and geographical disparities.

The major challenges affecting the health system are the lack of resources to recruit, deploy, motivate, and retain human resources for health, particularly in remote localities; ensuring the quality of the health care services delivered, ensuring the reliability of health information in terms of the quality, timeliness and completeness of data and reducing stock-out of essential/tracer medicines and medical supplies. The emergence of antimicrobial resistance due to the rampant inappropriate use of medicines and irrational prescription practices and the inadequate control of substandard, spurious, falsely labelled, falsified or counterfeit medicines are also key problems in the sector.

Uganda's national health system is decentralized and incorporates the public and private sectors, with the public sector accounting for 44% of the services. The private sector is composed of private not-for-profit healthcare providers, private health

practitioners, and traditional and complementary medicine practitioners. Health services are delivered through decentralized entities including facilities managed by 112 local government institutions, 22 municipalities, 181 counties, 1,382 sub-counties and 7,241 parishes (WHO, 2018).

Uganda's disease burden is dominated by infectious diseases, which account for more than 50% of mortality and morbidity. Malaria, HIV/AIDS, tuberculosis, respiratory disorders, diarrhoea, epidemic and vaccine-preventable diseases are the main causes of disease and death. The burden of non-communicable diseases (NCDs), including mental illness, is also increasing. Maternal and perinatal conditions also contribute to the high mortality rate (FSD Jinja, 2022). Neglected tropical diseases (NTDs) are still a major problem in the country, mainly affecting poor rural communities. The country is also considered as a 'hot spot' for emerging and re-emerging infectious disease epidemics. The country has experienced several epidemics including Ebola, Marburg, plague, Rift Valley fever, yellow fever and Crimean Congo haemorrhagic fever which have overwhelmed its health systems, devastated the economy, and caused health insecurities (Kolaczinski et al., 2007).



These health issues have posed a serious threat to individual economic well-being and most importantly the lack of medical resources needed has led to individuals having difficulties accessing health services (Andraski, 2014). As in many African countries, the Ugandan health sector is largely dependent on external support, of which NGOs contribute an integral, albeit modest, portion. Today, health and public health-oriented NGOs are identifying health issues and concerns, delivering services to address them,

and providing training and infrastructure to maintain and sustain prevention and care approaches that will be needed in the foreseeable future (Gaist, 2010).

### 2.3.3 HEALTH ACCESS IN UGANDA

Access to health care is a key topic of discussion worldwide where many countries face a number of health challenges, from the growing number of patients with several chronic diseases during the ageing of the population to access to new innovative treatments that are also cost-effective (The Economist). Potential health effects of low healthcare access include poor management of chronic disease, the increased burden due to stable income & job security discrimination Access to Care Educational Opportunities affected by preventable diseases and disability, and premature death. Therefore, access to comprehensive, quality health care is vital to promote and maintain health, prevent and treat diseases, reduce unnecessary disabilities and premature deaths, and achieve health equity for all. (ACHD, 2018).

Health care access is a complex concept, and there is no generally agreed definition or unique approach to access. However, Levesque et al. (2013) defined access to healthcare as “the opportunity to identify healthcare needs, to seek healthcare services, to reach, to obtain or use healthcare services and to have the need or services fulfilled.” One of the biggest threats to the accessibility of healthcare services in the country is the privatization of health services and the corresponding underfunding of healthcare due to an increase in commercialization and commodification of the health sector. Approximately 55% of all health facilities in Uganda are private or community-owned with the Ugandan government having actively promoted so-called “public-private partnerships” in the health sector. The Ugandan public health system

is poorly funded and underequipped, in part as a result of this trend towards privatization. A large proportion of those accessing health services in the country have to pay for their healthcare services.

During the pandemic and at the request of private health actors, the government opened up the testing and treatment for COVID-19 to private actors, accrediting some private health facilities to treat COVID-19. However, a report by the Initiative for Social and Economic Rights characterized the pandemic as a "cash bonanza for the private sector", documenting that the private sector overcharged for testing, treatment, and hospital admissions with even those COVID-19 patients with medical aids being charged exorbitant out of pocket expenses (Onen, 2021). Therefore, the health impacts of COVID-19 in urban areas especially slums were intensified by poor access to health services within those settings. In locations where there is no universal health coverage and access to primary health care is already a challenge, slum residents infected with the virus, or those requiring medical attention for other conditions struggled to seek accessible and quality health care and may be turned away due to lack of resources (Tampe, 2020).



## 2.4 URBAN GOVERNANCE

### 2.4.1 CONCEPT OF URBAN GOVERNANCE

The concept of governance is not clearly defined, but it generally refers to how society, or groups within it, organise to make and implement decisions. It can involve a continuous process of negotiation over the allocation of power and resources. In theory, governance makes no assumption about which actors are most central in the process, however, whenever it concerns a form of democratic governance, political

institutions and elected bodies are always assumed to play a leading role (Peter & Pierre, 2012).

Effective urban governance is democratic and inclusive, long-term and integrated, multi-scale and multilevel, territorial, proficient and conscious of the digital age. It requires better integration across the different levels of government policymaking processes. Greater decentralization and devolution of power using a multilevel governance approach also increase responsiveness and efficiency. Government agencies, in particular line ministries, and other national actors, public and private, are implementing their strategies and plans at the local level, where policies meet people. Hence, the government's choice of policies, programmes and plans should be based on people's demands and coordinated across the different levels of governance. It is also important to foster cooperation amongst actors that operate at the local level, based on local demand. This helps to prevent the risk of fragmentation and overlap of actions and to build complementarities among actors and coherence between local processes and national strategies (UNDP, 2016).



Good local governance is critical to the achievement of the Sustainable Development Agenda, and countries in particular at low and middle incomes must create and continuously improve physical and social environments, strengthen community resources to enable each other to carry out all the tasks of life and to develop to maximum potential (WHO, 2022).

Uganda's decentralization program is considered to be one of the most far-reaching in Africa. This also has an effect on the way cities function. In Kampala, 80% of services were devolved to the city level, to the degree that all services except national

roads and secondary/tertiary education fall within its remit. In theory, this far-reaching decentralization should bring greater autonomy to the city and have a positive impact on the way in which the city is governed, processes of accountability should be greatly improved, as the city authority is directly responsible to the wider community. Yet, throughout the years, the governance of Kampala city has been confronted with major problems, which affect processes of regulation and accountability (KU Leuven, 2015).

Conflict of interest between politicians and bureaucrats in urban local governments makes the running of urban affairs difficult. Decentralization has enhanced the process of unplanned growth of urban areas as Local Governments barely have the capacity required to effect orderly urban development and rapid urbanization. The level and quality of services do not match the needs of the population in many urban areas in the country (Atukunda, 2020).

Additionally, Uganda has had local government budgets either reduced or intentionally kept low in the face of deepening urban challenges. Lack of resources and institutional support limits local public agencies' capacity to plan for and respond to health crises and in their work coordinate and collaborate with other actors whether they are in civil society, social movements, or the private sector. Local governments often lack the financial resources, time, and capacity to work with and support neighbourhoods and households, particularly in rapidly growing urban areas (Wuerzer, 2014).

### 2.4.2 CHANGING ROLE OF URBAN GOVERNANCE

Together with the growing democracy, the governance system in many countries has been changing to a decentralized system. This change has led to a change in the structure of power of the government and the civil society, where the governmental power is diminished and the civil society power is increased (Cent et al., 2013). Furthermore, the shifting to the decentralized system has removed the barriers to civil society participation in the governance practice, which was limited in the previous system (Kronenberg et al., 2018).

In Africa, the responsibility for major issues of urban governance is often split between a large number of government stakeholders with limited capabilities and contradictory interests. Therefore, key stakeholders in urban governance need to cooperate in the collaborative process to develop and implement new strategies based on a broad range of broad approaches range of interests and meet a wide range of needs. However, in order to achieve this, it is crucial to understand the actual urban governance process, which is essentially about the interaction of different actors in making and operationalizing decisions. The growing power of civil society has led to the proliferation of NGOs in many countries of the region (Smit, 2018).



However, Brown (2012) observes that in Uganda, the planning of the National Urban Policy for Uganda (UNUP) does not pay attention to the full participation of the different key stakeholders, including NGOs, CBOs, the academic community, the private sector and the different levels of government. This means that UNUP as a guiding document needs to be revisited since its implementation appears not to be practical. Collaborative governance across jurisdictional and sectoral boundaries is

necessary for “an urban system– and all of its constituent socio-ecological and Sociotechnical networks on a temporal and spatial scale– maintaining or rapidly returning to the necessary functions in the face of disturbance, adapting to changes and quickly changing systems that limit the capacity of current or future adaptive adaptation.”

NGOs are considered to be actors with countervailing power to the government. While individual citizens might have less power to influence governmental policies, NGOs can give more pressure on the government by lobbying, protesting, negotiating, demonstrating, and shaping public opinions through mass. They can also use their network at the local, national or international level to advocate for policy change (Sedlacek, 2014).

## 2.5 NGOS AND THEIR ROLES

### 2.5.1 NGOS AND THEIR CONTEXT

NGOs are a group of players that are actively engaged in international development and in increasing the well-being of the poor people in resource strapped countries. NGOs work both independently and alongside bilateral aid agencies from developed countries, private-sector infrastructure operators, self-help associations, and local governments (Werker & Ahmed, 2007). They have played a critical role over many years in shifting political will to put community issues on the global agenda (Bond, 2021).

Across the developing world, states with limited finances and riddled with poor governance and corruption have failed to lead to development for all of their citizens. Within this context, alternative forms of development have been pursued, and since

the 1980s, nongovernmental organizations (NGOs) have been increasingly advocated as a means through which the gulf between citizens' needs and existing services can be bridged. Seen to offer participatory and people-centred approaches to development that were both innovative and experimental, NGOs rose to prominence based on their strengths as local, grassroots-level development organizations offering the potential for innovative bottom-up agendas reflecting the needs and wants of local communities and disadvantaged groups.

The tremendous growth of NGOs over the past few decades has been the result of the interaction of secular trends, ideas and technologies. Governments have outsourced more development aid to non-governmental organizations, as there is a trend among all organizations to outsource non-core functions, and especially as a result of the perceived failure of government development aid (Barr & Fafchamps, 2007).

### 2.5.2 NGOS IN UGANDA

An NGO in Uganda is a legally established organization, whether a private voluntary group of individuals or associations or any part of the community which provides voluntary services but is not for profit or commercial purposes (Republic of Uganda, 2016). There are different categories of NGOs recognized in Uganda and these include Community based organizations (CBOs) and these operate at the sub-county level and below, and their objective is to promote the well-being of members of the community. Indigenous organizations which are fully controlled by Ugandan citizens, regional organizations that are established in one or more partner countries of the Eastern African Community and partly or entirely controlled by citizens of one or more partner countries of the Eastern African Community. are operating in Uganda

under the authority of the permit issued by the Bureau; Continental organization is one that has its original incorporation in any African country and is wholly or partially controlled by citizens from such state and operating in Uganda under the authority of the Bureau; International and Foreign organizations are those that do not have any original incorporation in any country and are operating under the Bureau (Ninsiima, 2021).

There are several non-governmental organisations (NGOs) and civil society organisations (CSOs) working in Uganda's education sector. NGOs play an important role in providing relief and other basic facilities to people suffering from extreme poverty. These non-governmental organizations have initiated several empowerment programmes for men and women (Sara & Mridha, 2021). Urban-development experts believe that NGOs can help squatter settlements through community organisations and mobilisation (Keivani & Werna, 2001). NGOs' programmes are concentrated mainly in the areas of health, education, water and sanitation, and credit.

Traditionally, NGOs have not been looked upon as significant alternative providers of services to the state sector or as representing alternative policy frameworks to the state or private sector in Uganda. However, in recent years, NGOs have come to play a significant role. Since 1986, the NGO sector has seen tremendous growth, attributed to factors including, an enabling political environment, people's response to the harsh economic environment, easy access to donor funding, a spirit of voluntarism increases in interest groups such as women, youth, disabled and the willingness of government to incorporate some NGOs in some governments' strategic plans (Makara, 2000).

### 2.5.3 ROLES OF NGOS

NGOs contribute highly to communities especially those of the vulnerable. They play vital roles right from service delivery to lobbying to the government for inclusive policies. Significantly, NGOs have played and will continue to play an important role in the formation and implementation of participative democracy. Its reliability lies in the significant role they play in society (Salamon & Anheir, 1992).

For instance, NGOs are a host of functions that can include the provision of basic services and enhancing access by using local accountability mechanisms, and they also play advocacy functions for the poor and marginalized. For NGOs to attain their full potential in terms of the contribution they bring to the table, it is necessary to promote effective communication and cooperation between all actors involved in public service networks, i.e. international organizations, national and local governments and non-governmental organizations (Salamon & Anheir, 1992).

However, given the change in public administration and the outbreak of the pandemic of Covid-19, NGOs will be required to devise new ways that would allow them to collaborate and cooperate with other actors in a meaningful way. Above all, NGOs should adapt and come up with a communication strategy that can assist them in communicating well among themselves and initiate fruitful collaboration with other actors (Tshiyoyo, 2022).

#### 2.5.3.1 ROLES OF NGOS IN CITIES

NGOs are considered as intermediary organizations which are facilitating grassroots development by providing services or implementing a program of activities to support urban households and individuals. They forge links between beneficiaries and levels

of government, donors and local financial institutions. NGOs, in particular, are not only at the forefront of distributing aid and offering technical solutions, such as food, clean water and shelter, but they are protecting vulnerable people with medical and psychological care, as well as providing education in emergencies, livelihood programs, preparedness and other supporting services (Dominic, 2021).

In Vietnam, NGOs play an important role in service delivery such as relief and welfare, education, and public policy advocacy. Their existence has led to the development of various sectors of the country. Key contributions of NGOs/NPOs include the development of a standard library and librarian policy in collaboration with the government and the Library Associations of Vietnam. The government and NGOs have encouraged Library and Information Science (LIS) education by opening new LIS departments in tertiary institutions throughout the country. This has improved the education sector (Hossain, 2013).

Whereas in Ghana, the major advantages of NGOs are that they bring flexibility, the ability to innovate, grass-roots orientation, humanitarian versus commercial goal orientation, non-profit status, dedication and commitment. NGOs by their structures and missions are key agents of development. They have come to be to complement the jurisdictional roles of governments and the collective efforts of individuals towards human development and environmental sustainability (Asamoah, 2003).

In Pakistani, NGOs played a good role in the uplifting of rural communities. According to the feasibility and access, both sectors did their best, yet a lot of work needed to be done. Perceived effectiveness is just one step toward development while several more successful steps are needed for the development of the entire population.

Based on the findings, it is suggested that both sectors needed to work together through collaboration for maximum benefits (Naeem et al., 2014).

In Africa, NGOs are indispensable in the current economic dispensation. Independent nongovernmental not-for-profit organizations have risen to fill the development gaps that have been created by the current trend. But these organizations have neither contributed much to tackling the key issues of development nor in creating sincere and objective governance structures. However, there is an urgent need to reexamine the way NGOs generally work all over the world, to make them regain appropriate institutions for sustainable and equitable development (Ezeoha, 2006).

**2.5.3.2 ROLE OF NGOS IN UGANDA**

Non-governmental organizations (NGOs) play a strong role in the development process in Uganda. A large number of NGOs are focusing mainly on providing services to communities in the fields of health, education, social protection and poverty alleviation. Since the colonial period, the sector of NGOs has been relatively small and has been dominated mainly by humanitarian and evangelical organizations (Love Uganda Foundation, 2017).



In recent years, there has been a pyrogenic development of NGOs, which have finally been recognised as an alternative to the government's excessive efforts to address population needs, particularly those not met by official development programmes. Most NGOs replaced some social services provided to indigenous peoples by the state, which quickly extended these services to the country's poorest (Love Uganda Foundation, 2017).

Almost all NGOs in Uganda are involved in raising awareness in one way or another. This is because educated and well-travelled Ugandans, with limited financial resources, seek to take immediate action to eliminate poverty by sharing some of their knowledge with the poor. However, few Ugandan NGOs go beyond these activities and, when they do, they usually consider them part of a broader concern. Almost no non-governmental organization is seen as a provider of a particular service. They are all holistic, giving them more flexibility to respond to the needs of the population they serve, but presumably limiting the benefits of experience and specialization (Barr et al., 2003).

**2.5.3.3 ROLE OF NGOS IN HEALTH**

Health systems are made up of all the organizations and institutions, which act to improve, maintain or recover health. They consist of activities from the field of healthcare, disease prevention, health promotion, and collaboration of various ministries. NGOs operating internationally, despite important achievements, are not able to perform all the tasks at the same time, that is they are not able to be providers of services, managers, protectors of rights, political activists, the alternative to government, etc. In national health systems, NGOs related to healthcare face several problems such as limited resources, and unskilled staff which negatively affect efficiency and the quality of service (Piotrowicz & Cianciara, 2013).



NGOs have been at the forefront as key actors to support countries during the pandemic. However, there are several high-impact recommendations for improving the ability of NGOs to assist healthcare systems with COVID-19 and future pandemic response, including increasing financial and medical equipment support, improving

training across all responding organizations for better alignment and integration, and publicly requesting support for health-care systems that are particularly fragile. Other actions that nations should take include improving registration systems for NGOs, sharing communication systems with all responders for effective coordination, and increasing collaboration between all responders to enhance the effectiveness of healthcare system response (Mohseni et al., 2021).

Several studies on healthcare and the role of NGOs have been conducted. In Kampala, a study to assess the unintended social economic and health effects of COVID-19 and response activities among slum dwellers revealed limited access to healthcare services and worsening of some health conditions. Studies in other countries have reported reduced healthcare utilization and disrupted healthcare services. Reduced healthcare seeking leads to poor health results for other diseases and increases the risk of the spread of COVID-19 and other infectious diseases by communities due to cases not reported to health facilities. The negative consequences of COVID-19 and its associated restrictions were therefore very severe among the residents of the slums, emphasizing the need for comprehensive preparedness strategies and response plans that address socio-economic needs, particularly for the most vulnerable populations (Nuwematsiko et al., 2022).



The negative social impact of COVID-19 can be life-threatening to vulnerable people. People with different occupations were affected in various ways. Their resilience and social assistance allow them to cope with the crisis to varying degrees. Social exclusion is common among urban slum residents. It inhibits slum residents to benefit from social protections. This study highlights that experienced CSOs should be

involved in order to effectively provide social protections to urban slums residents. It is important to find the balance between preventing death from COVID-19 and preventing suffering and death from an economic crisis. This evidence also emphasizes the importance of a holistic approach to the COVID-19 crisis to mitigate the suffering (Pongutta et al., 2021).

Additionally, many healthcare systems around the world have struggled to manage and control the COVID-19 outbreak without outside assistance. In response, numerous countries have made efforts to use the capabilities and capacities of other sectors, such as the military, private sector, and public volunteer organizations, the most important of which are NGOs. NGOs have contributed to the development of communities around the world and are important partners of many governments, while simultaneously remaining independent from governments (Mohseni et al., 2021).

NGOs have also been identified as crucial societal actors and play an important role, especially in providing healthcare to the most vulnerable in resource-constrained or poorly governed states. Research further showed that S-NGOs played and continue to play a crucial role in providing surgical care in underdeveloped and under-resourced health systems. With an increased focus on health systems strengthening, the s-NGO sector can play a critical and catalytic role in the achievement of the Sustainable Development Goals (SDGs) (Jumbam et al., 2020).

NGOs are part and parcel of the global health landscape and play an important role in addressing health-related issues globally and nationally through various means. We present the experience from Mali where Santé Diabète, an NGO based in Mali since

2003, has implemented a variety of projects and programs. The lessons from this experience are that to be effective in changing the management of diabetes in a context like Mali, NGOs have to play a variety of roles, and these may evolve with time. This example suggests that to address the global diabetes burden, local NGOs should be empowered to be a force for change in addressing this challenge in their local contexts (Gooding, 2017).

Although all countries should respond to COVID-19, those in the existing humanitarian crisis are particularly vulnerable and lacking adequate equipment. Humanitarian needs also occur in other countries as a result of excessive pressure on health systems and the overall delivery of essential services, as well as secondary effects on employment, the economy and mobility, the rule of law, protection of human rights, and possible social discontent and unrest (OCHA, 2020).

## 2.6 GAPS IN LITERATURE

Many studies have been conducted on the roles of NGOs however, existing literature on healthcare access for the urban poor lacks emphasis on the perspectives and experiences of NGOs in addressing these challenges, especially during the Covid-19 period. Additionally, the literature provides insights into the healthcare challenges faced by the urban poor, but there was a gap in adequately examining the influence of socioeconomic and cultural factors on healthcare access in slums specifically those in Kampala.

Furthermore, there are also no studies on the impact of NGOs on the health of the urban poor during Covid-19 and the challenges they face in their work of health support for the urban poor. There are no in-depth studies that focus on the specific

slum area and the challenges faced by NGOs in that context, Therefore, this research is based on original work which aims to bridge the above gaps.

## 2.7 THEORETICAL FRAMEWORK

### 2.7.1 SOCIAL DETERMINANTS OF HEALTH FRAMEWORK (SDH)

The World Health Organization defines the social determinants of health (SDH) as the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. The SDHs have a major influence on health inequalities and accessibility (WHO, 2010a).

During the Covid-19 period, the inequalities in SDHs were unveiled visibly which led to inequities in health outcomes between population groups, partially through differences in the capacity to adhere to public health and social measures that reduce viral transmission. Many people were subjected to institutional discrimination, being in poor health, low income, in insecure work and living in crowded conditions hence leading to them being at much higher risk (WHO, 2021). However, several frameworks have been developed to discuss how SDHs influence health accessibility and inequalities as well as actions that can be taken against them (Morteza et al., 2017).

A framework developed by WHO examines how social, economic and political mechanisms lead to a set of socioeconomic positions where populations are graded according to income, education, occupation, gender, race/ethnicity and other factors.

These socioeconomic positions in turn shape specific determinants of health status reflective of people's place within the social hierarchies based on their respective social status hence individuals experience differences in exposure and vulnerability to health-compromising conditions. The framework further conceptualizes the health system itself as a social determinant of health. The role of the health system becomes relevant through the issue of access, which incorporates differences in exposure and vulnerability, and through intersectoral action led from within the health sector.

Additionally, the health system plays an important role in mediating the distinction consequences of illness in people's lives. The SDH framework emphasizes the interventions and policies to reduce health inequities which must not limit themselves to intermediary determinants but must include policies specifically crafted to tackle the social mechanisms that systematically produce an inequitable distribution of the determinants of health among population groups (World Health Organization, 2010a).

The framework can help to analyse how the social determinants of health contribute to the challenges faced by NGOs in improving healthcare access for the urban poor in slums. For instance, the inadequate healthcare facilities and the unavailability or limited access to healthcare services in slum areas can pose challenges for NGOs where they may have to incur large budgets to meet the health needs of the slum dwellers.

On the other hand, the SDH framework developed by Audrey Danaher examines how social determinants play upon each other given that impact is not direct but mediated. It emphasizes reducing health disparities and improving population health through contributions such as engagement, advocacy and service delivery from a responsive

community sector such as a not-for-profit organization and other community engagements (Danaher, 2011).

### 2.7.2 SOCIAL CAPITAL

Social Capital comprises of norms, trust and cultures that enable individuals & groups to collaborate & work together to achieve shared goals. Social Capital theory emphasizes the active involvement of community members. Social networks establish portals turning resources into capital and this can be through social ties and networking where actors can gain additional resources by accessing the resources from direct and indirect ties. Many networks are formed because of shared processes and experiences in institutionalization and these form the basis of other shared interests or experiences (Lin, 2004).

Accordingly, social capital provides insights into the role of solid relations and the importance of boding & linking in a community especially through community engagements & NGO involvement. Social capital is also a relationship immanent capital that provides useful support when it is needed. Stable relationships create honour and reputation among their members and are, thus, most effective for building and maintaining trust (Bourdieu, 1984, p. 204). Social capital and community empowerment are important aspects of NGOs' development activities. Institutions are seen as the organizing principles of interaction, and can simply be defined as rules of the game (North, 1990, p. 3) in a community.

NGOs demonstrate social activity and express rank-and-file initiatives. They draw attention to social problems, which are troublesome and uncomfortable for politicians or producers. They perform an invaluable and indispensable job supporting

marginalized people in difficult life situations. Social capital describes the patterns and intensity of people-to-people networks and the common values generated by those networks (Islam, 2016). Islam (2015) explained that NGOs' contributions use social capital development to develop social networks, social trust, and community empowerment among vulnerable people. Social capital is inherently functional, and it is whatever allows people or institutions to act more effectively to pursue shared objectives.

### 2.7.3 CONCEPT OF NGOS

Brown and Korten (1991) explain that state failure creates a situation in which NGOs emerge as innovative responses to diverse types of problems. While Maggio and Helmut (1990) explain that NGOs are capable of providing services more economically than the government and can stimulate the participation of the underprivileged. Therefore, the role of NGOs has been increasing in the present world and NGOs have remained as partners in development. The roles of NGOs are diverse and complex. Uganda has an NGO Statute as part of its legal system and nearly all Ugandan NGOs are involved in raising awareness in one way or another (Barr et al., 2003).



## 2.8 REVIEW OF METHODOLOGIES

Various research methodologies have been employed to investigate complex issues however, a review of these methodologies on related literature provided insights into the approaches used and informed the selection of an appropriate methodology for research. For this research, a review of methodologies on related literature was done as illustrated in Table 1 and most of the reviewed studies incorporated qualitative case

study research methodology which informed the selection of case study research as the methodology for this study.

| Author & Date | Research Topic | Methodology | Findings |
|---|---|---|---|
| (Jivani, 2010) | What are the Impacts of Non-Governmental Organizations on the Lives of the Citizens of Tanzania? | - Literature Review<br>- Qualitative research<br>- Quantitative research | NGOs have made a positive impact on the lives of citizens. Non-governmental organizations have a direct and indirect impact on beneficiaries in seeking sustainable solutions in various sectors such as finance, education and health care. |
| (Munirwan, 2018) | The Role of NGOs in Urban Green Space Governance | - Case study research | Decentralization is not the only factor influencing UGS governance practice in the selected cases in Banda Aceh city, but also the interaction between actors such as the involvement of NGOs as they are highly capacitated actors in terms of knowledge, expertise, experience, and network, to assist them in the plan making |
| (Wamai, 2004) | Recent International Trends in NGO Health System Organization, Development and Collaboration with Government in Transforming Health Care Systems. The Case of Finland and Kenya | - Case study research | NGO systems in both countries are largely dependent on user fees either paid directly by the patients, the statutory health insurance or by municipalities with the latter being dominant in Finland and the former two in Kenya. It is clear then that in none of the countries are NGO health providers dependent on government grants any longer. |
| (Anunda, 2016) | Factors Influencing the Performance of Projects Implemented by NGOs in the Health Sector: A Case of HIV/AIDs Projects in Nairobi County, Kenya. | - Qualitative and quantitative research | Stakeholder involvement to a significant extent impacts the performance of health projects working in HIV/AIDS services in Nairobi County. Therefore, a good and clear stakeholder involvement programme is of great importance in ensuring the smooth implementation of HIV/AIDS projects in Kenya |

| | | | |
|---|---|---|---|
| (Ahmed et al., 2020) | Impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria and Pakistan: results of pre-COVID and COVID-19 lockdown stakeholder engagement | - Comparative case study analysis | Faced with COVID-19, slums are a challenge to control the pandemic for the benefit of the local and broader population, and they are a challenge to countries to protect the most vulnerable in their societies. Strengthening their fragile health care would help mitigate the impact of COVID-19 and future epidemics and contribute to the achievement of the health-related sustainable development objectives |
| (Ishaku et al., 2021) | Research within international non-governmental organisation programmes in low and middle-income countries: challenges amid opportunities | - Literature Review | INGO–academia collaboration in research would promote quality evidence generation and dissemination on pertinent global health challenges in both HICs and LMICs, thereby reducing inequality in research outcomes. |
| (Cent et al., 2013) | Roles and impacts of non-governmental organizations in Natura 2000 implementation in Hungary and Poland | - Case study research | NGOs' impact on N2000 implementation was considerable, and without their involvement, the area under the N2000 designation would have been less extensive. This indicated the growing importance of NGOs in biodiversity conservation. |

Table 1: Review of methodologies from previous literature.



In the study to identify the impacts of NGOs in Tanzania several methods of research were involved. Qualitative research was conducted, and it involved carrying out in-depth interviews with five NGOs, quantitative research where 55 beneficiaries of NGO microcredits were surveyed, and a prior literature review was conducted to come to conclusive results (Jivani, 2010).

In a study by Munirwan (2018), the qualitative research design was employed where in-depth interviews using semi-structured questionnaires were used for data collection

and the multiple case studies method was employed as a technique for analysis to gain a great understanding of the role of NGOs in urban green space governance.

In another study, a comparative case study analysis of Kenya and Finland was employed to identify the trends of NGOs in health systems. The method aimed at comparing the differences, similarities and changes in health systems and the nature and scope of health systems. An in-depth study of both countries' health systems was conducted (Wamai, 2004).

A study by Anunda (2016), employed both qualitative and quantitative research to examine the influence of NGO projects on the health system. The method involved the collection of qualitative data through questionnaires from staff and managers of NGOs while quantitative data was collected from 77 respondents that were determined by Yamane's formula. Data analysis was done using SPSS and descriptive analysis using frequency distribution tables.

A study by Ahmed et al. (2020), a comparative analysis of seven slums from Nigeria, Pakistani, Bangladesh and Kenya was used to explore the impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities. The methodology involved a literature review and pre-COVID-19 stakeholder engagements that were conducted through face-to-face workshops and individual meetings. The collected data was coded into Excel for further analysis.

A literature review was used to identify the challenges of opportunities and challenges of research within international non-governmental organisation programmes in low and middle-income countries. The method involved a review of multiple publications, archives, and several documents (Ishaku et al., 2021). A study on the role of NGOs in

Natura2000 utilized qualitative research which consisted of in-depth interviews and a desk study. Comparative case study analysis of Hungary and Poland was conducted to gain conclusive results (Cent et al., 2013).

Another study employed qualitative research while relying on data collected from semi-structured questionnaires from 14 NGOs to examine the role of NGOs in Northern Uganda (Kelly, 2013). Multiple studies aimed at examining the role and impact of NGOs have employed qualitative research as the most dominant method of research.

# CHAPTER THREE: METHODOLOGY

This chapter presents the methodology employed in the research. It provides a detailed explanation of the research design that was employed for the study, data collection methods and data analysis procedures used to address the research objectives and answer the research questions. The selected methodology ensured and enabled the systematic examination of the research topic which facilitated the generation of reliable and valid findings.

## 3.1 RESEARCH DESIGN

A qualitative case study research design was employed for this research, and it aimed at exclusively answering the research questions that were under consideration. The case study research design was identified as an appropriate research method to clearly define the research questions broadly as it does not narrowly cover the contextual or complex multivariate conditions and does not rely on multiple or single sources of evidence (Cohen et al., 2007).

According to Stake (1995), case studies gather information from multiple sources or perspectives and they aim to portray the feelings and perceptions of the participants under study (Stake, 2005). Furthermore, case studies deal with the processes that take place and their interrelationship and they locate the factors that account for the behaviour patterns of the given unit as an integrated totality (Kothari, 2004).

Yin (2014), explained that case study designs explore programs as they naturally occur which makes it an appropriate method to investigate the livelihoods of the urban poor. He further justified that to make case studies stronger and easier to

conduct, potential research models for case studies can be adopted and they can be based on the 2x2 matrix which is illustrated in Figure 2 below (Yin, 2013).

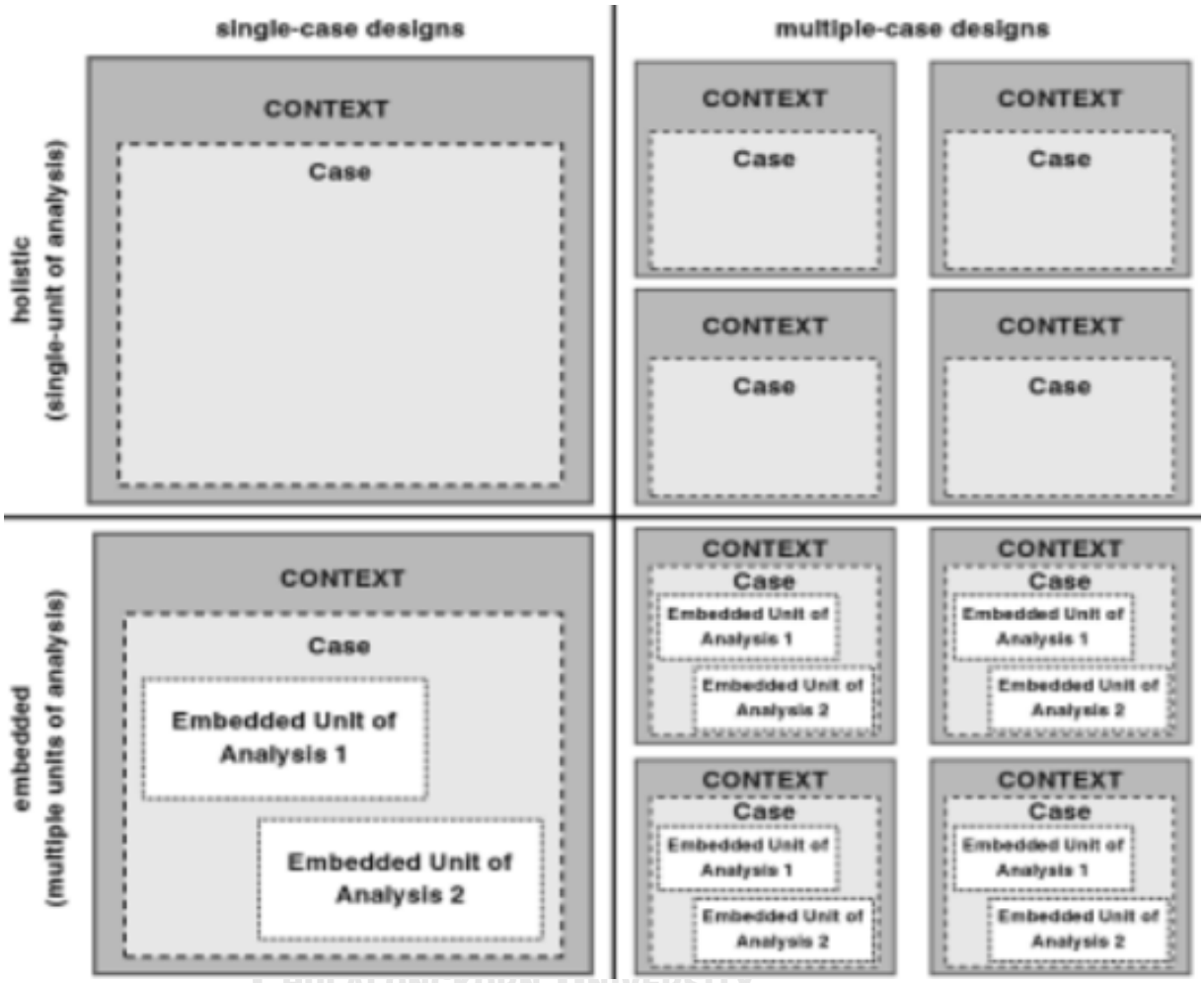




Figure 2: Case study Framework (Yin, 2013).

The above 2x2 matrix illustrates a case study research framework which of four types of case studies designs and how every type of design includes the desire to analyse contextual conditions in relation to the cases (Yin, 2014, pp. 90-91). Of the four types, the multiple case study design in the second upper quadrant of the matrix was selected to thoroughly investigate the challenges faced by NGOs in providing healthcare services to the urban poor in slums from a broader point of view. Using the multiple

case study design incorporates the principle of replication which allows the assessment of reliability and validity of findings (Yin, 2014).

Additionally, using multiple case studies for this research, can help to thoroughly obtain real and informed record of various personal experiences which would reveal the people's inner strivings, tensions and motivations that drive them to take action along with the forces that direct them to adopt certain patterns of behaviour (Kothari, 2004).

## 3.2 STUDY AREA

The study was conducted in Kampala City which is the capital city of Uganda. The area is centrally located and was selected purposefully. Kampala has five divisions and it houses over 57 slum communities (Richmond et al., 2018) and studies were conducted in all five divisions of Kampala. The city has solid evidence of the works of NGOs that reached out to the vulnerable during the pandemic period (Putthasri et al., 2021). NGOs in Uganda are also part of the country's legal system, and their work has been recognized as supplementary to that of the government (Republic of Uganda, 2010a).



## 3.3 VARIABLES AND UNITS OF ANALYSIS

### 3.3.1 UNITS OF ANALYSIS

The NGOs were selected as the units of analysis. NGOs as support agents for the government especially at the community level were heavily impacted by Covid-19 a situation that caused many of the urban poor to live in shock and worsening conditioning especially those that heavily relied on support from NGOs. Since their primary mission is focused on achieving community development, empowerment and

supporting the government, NGOs should be assessed effectively to evaluate the results of their interventions (Kareithi & Crick, 2012) and in a more focused perspective on their experiences, strategies, and challenges in delivering healthcare in these marginalized communities.

Additionally, NGOs' works vary from one community to another and the research questions focussed on investigating the work of NGOs, therefore, studying NGOs can identify successful interventions, models, and strategies that can be adopted or scaled up to improve healthcare access in slums as well as identify key areas that the government and other institutions can use for efficient collaboration and partnerships to strengthen healthcare systems and improve access for the urban poor. Furthermore, focusing on NGOs' efforts and other characteristics narrowed the scope of research and provided enough time for conducting reliable evidence-based studies within the required period.

### 3.3.2 VARIABLES

The variables for the research included NGOs' capacities, collaborations and partnerships, the scope of operation, their activities, performance, and NGO characteristics as illustrated in Table 2 below. Examining the NGOs' characteristics and activities provides a great understanding of how they effectively deliver their services to the community and how they cope in case they are faced with challenges. It also helps to provide insights into their capacities, area of operations and community engagement strategies, and responsiveness to changing healthcare needs of the society.

| Variables | Description | Level of measurement | Objectives |
|---|---|---|---|
| Basic Information on NGOs | • Name of the NGO<br>• Number of employees<br>• Head<br>• Years of experience<br>• Size of the NGO<br>• Location of the NGO<br>• Number of beneficiaries<br>• Target beneficiaries | Nominal / interval | To identify organizational capacity to provide health services, resource limitations, organizational strengths, and areas for improvement.<br><br>To examine their reach and coverage in service delivery as well as potential gaps in service delivery |
| Roles and functions of the NGOs in health | • The primary and secondary focus of NGOs<br>• Service delivery | Ordinal | To examine the visible impact in addressing the needs of the society and the target population |
| Scope and areas of operation or service coverage | • Description of the communities they work in | Ordinal | To assess the credibility and capacity of the NGOs<br><br>To assess the trustworthiness and ease of functionality and service delivery to target populations |
| Organizational performance | • Funding models<br>• Service delivery models<br>• Adaptability and flexibility | Ordinal | To examine the quality-of-service delivery<br>To assess the NGOs' level of efficiency, transparency and accountability |
| Level of functionality during Covid-19 | • Level of flexibility<br>• Performance during covid-19<br>• Level of continuity during the pandemic<br>• Collaborations and partnerships | Ordinal | To assess the level of flexibility and turnaround during unprecedented events. |
| Health support efforts during Covid-19 | • Health support efforts during Covid-19 | Ordinal | To study and assess specific actions that can be taken by NGOs to address the healthcare needs during a crisis |

Table 2: The variables and corresponding research objectives.

### 3.4 SAMPLE SIZE AND TARGET POPULATION

Selecting a sample size and target population are important steps for research and can be great factors that affect the validity and reliability of the application the data collected. Furthermore, the involvement of respondents contributed to the overall rigor of the research and was used to validate the analysis of the cases. The validation process aimed to identify gap or alternative perspectives that may enhance the analysis and provide a more comprehensive understanding of the research.

For this research, an optimal sample of 33 respondents was selected. The number aimed at fulfilling the requirements of efficiency, representativeness, inclusion, reliability and flexibility (Kothari, 2004). The selected sample population included government employees, a representative from an umbrella organization for NGOs, NGO representatives and key informants from slum communities.

The sample size was selected purposefully. Unlike other methods, purposeful sampling was used because it provides an in-depth analysis of a case and since the respondents were considered to be knowledgeable of the subject matter in question unlike choosing a large population that may be ignorant of particular issues and unable to comment on the research questions under investigation. The sampling strategy enabled the building of a satisfactory sample for the specific needs of the research questions (Cohen et al., 2007).

Additionally, slums have almost similar features that defined them however, they are characterized by a diverse and heterogeneous population with differences in socio-economic status, healthcare needs, and accessibility to healthcare services (UN-Habitat, 2003). Selecting key informants in slum communities narrows the scope of

research and allows space for purposeful and knowledge-rich research. Key informants from the various selected slums provided key insights into the unique situations and needs of each slum as well as the factors that influence healthcare access in slums and the healthcare-seeking behaviours of slum dwellers. Selecting respondents from the government helped to investigate the policy frameworks, government collaborations, the potential opportunities and challenges in partnerships with NGOs and service delivery models as well as future insights.

NGO representatives were selected as respondents because they are always at the forefront of implementing organizational initiatives and have diverse knowledge about their areas of expertise. The selected respondents were able to provide valuable and reliable information about the strategies, activities and future interventions of NGOs for healthcare service delivery. The approach of selecting multiple stakeholders enhances the depth and applicability of the research findings and ensures capturing all sides of the research.

### 3.5 DATA COLLECTION METHODS

The goals of the research relative to the research scope were achieved by employing the key principles of case study research which include creating a case study database, using multiple sources of evidence and maintaining a chain of evidence (Yin, 2018). The selected methods collected information on slum situations and healthcare experiences of slum dwellers during Covid-19 and NGO experiences during the same period. Data was collected from both primary and secondary sources. Primary sources included observations and in-depth interviews through semi-structured questionnaires. The secondary sources included documents and archival review.

### 3.5.1 DOCUMENT REVIEW

A document review was carried out to obtain information about the research questions that were not provided by the respondents and other methods. The research method involved a review of some of the key information, and analysed policies and guidelines related to healthcare access in slums. The method also identified gaps in research and assessed the extent to which policies and other documents catered for the specific needs. Reports, journals, magazines, surveys, and other archival records that were relevant to the research were reviewed. to the research topic. Analysing existing data sets can provide valuable information on the health status, healthcare utilization patterns, and health outcomes of the urban poor in slums. It helps in understanding the existing evidence base and identifying gaps in knowledge that the research can address. Additionally, the document review validated and augmented evidence from other sources (Yin, 2018). The method uncovers private information that could influence the subject's life adversely should it come to public light (Mills et al., 2010).



### 3.5.2 OBSERVATIONS

Observations were used in the research and they involved systematically watching, consulting and recording the behaviours of events and the areas in their natural settings (Mills et al., 2010). Observations provide first-hand information about what is happening, how it is happening, and the context in which it occurs. The method provides access to information and perceives reality from an internal point of view which may be inaccessible in the study while using other methods (Yin, 2018).

During the research, observation was carried out by visiting the NGOs and slum communities and taking field notes of what was visibly present, documenting the actions and events of the area, and consulting with the residents of slums. An observation checklist was designed to cater for all questions that could arise during the process and it acted as the guideline for the whole process (Mills et al., 2010).

### 3.5.3 INTERVIEWS

In qualitative research, interviews are widely recognized and valuable data collection instruments since they provide researchers with an opportunity to engage in direct and in-depth conversations with participants, enabling the exploration of complex topics, capturing unique perspectives, and generating rich and contextualized data (Cohen et al., 2007; Yin, 2009). Merriam (2009) also explained that interviewing is a necessary tool when the researcher cannot observe behaviour, feelings, or how people interpret the world around them. In this research, in-depth interviews using open-ended semi-structured questionnaires were carried out to explore the complexities in slum settings, capture participants' unique perspectives, and uncover in-depth insights.



Using semi-structured questionnaires enhanced the ability to gain rich empirical data needed for high-quality studies and allowed respondents as much time as they wished to answer and discuss the questions. Questionnaires remove interviewer bias and permit respondents’ answers to remain anonymous. They are also less time-consuming and allow for consistency (Mills et al., 2010). To avoid bias and enhance reliability, the questionnaires were developed by linking the research topic to the literature review, and research questions. They were also created with clear descriptions of what is required from the research and each category of respondents

had a questionnaire structure that is tailored to collect relevant data which allowed the respondents to be able to portray their feelings and experiences in a much more detailed way. The questionnaires were also divided into different sections where each section addressed the needs of the research questions and achieved a specific set of research objectives and were administered individually by the researcher.

### 3.6 DATA ANALYSIS

Content analysis was the primary data analysis method used for this research. Content analysis is a systematic and objective approach to analysing qualitative data that involves categorizing, coding, and interpreting textual content. It is commonly used to examine patterns, themes, and relationships within a large volume of data (Mills et al., 2010). Initial or predicted themes were developed before data collection and were compared with final themes after data collection. The aim was to compare an empirically based pattern (Trochim, 1989).

To create a strong foundation for content analysis, strategies such as relying on theoretical propositions, setting up frameworks based on rival explanations, and developing case study descriptions (Yin, 2018) were also done. The units of measurement focussed on communication, especially the frequency and variety of messages, and the number of times a certain phrase or speech pattern was used (Mills et al., 2010).

## 3.7 RESEARCH PROCEDURE

### 3.7.1 LINKING VARIABLES, LITERATURE REVIEW AND RESEARCH QUESTIONS

The procedure involved linking the importance of variables, research questions, literature review and the questionnaires as in the Table 3 below. Establishing a connection between variables, research questions and the literature review was aimed at creating reliable and clear questionnaires. They also acted as a base for creating a clear case study database with a solid and reliable chain of shreds of evidence (Yin, 2018). Linking research questions to other elements helped to establish a clear focus and purpose of the investigation and also helped to identify the research gaps as well as provide a logical flow of the research.

| **Units of Analysis** | **Research Questions** | **Questionnaires** | **Literature Review** |
|---|---|---|---|
| NGOs | What challenges have been faced by NGOs in helping the urban poor have access to health care during the pandemic? | NR-Q18<br>NR-16<br>KI-Q13<br>KI-Q14 | Existence of NGOs in urban poor communities<br>Ways of operations of NGOs<br>Roles of NGOs |
| | What are the key barriers to healthcare access to the urban poor during the pandemic? | NR-Q14<br>KI-Q5-6 | Urban health<br>State of urban health in Uganda<br>Health access for the urban poor |
| | How was the healthcare access coping capacity for the urban poor during the pandemic? | KI-Q7<br>NR-14 | Urban poverty<br>Urban Health |
| | How have NGOs been involved in supporting healthcare access for the urban poor? | NR-Q15<br>NR-Q17<br>KI-Q8-12 | Role of NGOs |

| | | | |
|---|---|---|---|
| | What policies and measures should be taken to increase NGO involvement in communities? | NR-Q20 – 21<br>KI-Q16 | Urban governance |

Table 3: Link between the units of analysis and other research elements.

In addition, linking variables to the questionnaire was a key aspect in determining the reliability of the data collection method. The developed questionnaires were linked to the variables as illustrated in Table 4 below to achieve a logical flow of the research and focus on the key issues under investigation.

| **Variables** | **Question number** |
|---|---|
| Basic Information on NGOs | NGO questionnaire: Questions 1 to 10 |
| Roles and functions of the NGOs in health | Key Informant Questionnaire: Question 14<br>NGO questionnaire: Question 13 |
| Scope and areas of operation or service coverage | Key Informant Questionnaire: Questions 12, 13<br>NGO questionnaire: Question 8-9, 11-12 |
| Organizational performance | Key Informant Questionnaire: Question 15<br>NGO questionnaire: Question 14 |
| Level of functionality during Covid-19 | Key Informant Questionnaire: Questions 15, 17<br>NGO questionnaire: Question 15, |
| Health support efforts during Covid-19 | Key Informant Questionnaire 16, 18 to 21<br>NGO questionnaire: Questions 20, 21 |

Table 4: Link between the variables and the questionnaires.

### 3.7.2 SWOT ANALYSIS

SWOT analysis was incorporated into the research to provide a comprehensive range of variables for investigation. The internal and external factors that impact the NGOs' effectiveness and capacity to provide services were thoroughly explored and this provided a strong and systematic foundation for examining the cases under study,

developing strategies and recommendations to improve NGOs' involvement and healthcare access for the urban poor in slum communities.

SWOT analysis takes a narrower focus by centring on specific goals of the research and it was developed by synthesizing the collected data (Gürel, 2017) and the case studies were carefully examined accordingly. The variables for NGOs as the units of analysis and other indicators were used in the SWOT analysis for NGOs and they were determined through a combination of methods, including reviewing available information about the NGOs, conducting interviews or surveys with key stakeholders, and analysing relevant documents or reports as explained below.

**Strengths and Weaknesses**

To exclusively identify the NGOs' strengths, information about the NGO's resources, expertise, and capabilities was analysed through reviewing organizational documents, analysing the NGO's mission and vision statements, strategic plans, annual reports, program descriptions and other available written works. While NGOs' track records and experience were analysed through reviewing NGOs' history of successful implementation of healthcare initiatives, outstanding achievements, and partnerships. Additionally, interviewing key personnels like NGO representatives played a big role in gathering insights on each of the selected organization's strengths and what sets it apart from others.



To identify weaknesses, the factors that hinder NGOs' performance and also limit its capacity to operate fully were examined by evaluating each organization's capacity, resources including staff size, skill gaps, and other structural and operational

challenges. Furthermore, analysis of in-depth interviews from NGO respondents and key informants in the communities that the NGOs work was conducted.

**Opportunities and Threats**

To analyse the opportunities of the NGOs, indicators were identified through conducting stakeholder interviews especially with NGO representatives, representatives from umbrella organizations and from the Ministry of Health. Emerging trends, technological advancements and innovative approaches that can be adopted by each of the NGOs were reviewed. Community needs were also assessed to understand the changing needs through key informants from the communities. In addition, current and emerging policies on NGO operations were also reviewed to identify prospective opportunities that NGOs can leverage.

Threats were examined by assessing the political, economic, social, and technological context in which NGOs operate. This involved analysing regulatory constraints and current policies patterns of donor funding and trends were also analysed for NGOs who depend on donor funding. Additionally, possible external crises such as occurrences of epidemics were also anticipated since they may lead to diversion of NGO resources.



**3.8 VALIDITY AND RELIABILITY**

The validity and reliability of the research is an important aspect of research. In qualitative case study research design, the choice of respondents, data collection instrument and the knowledge of subject matter is very crucial (Cohen et al., 2007). To ensure the validity and reliability of the research, data triangulation was applied and cross-validation of data findings from multiple sources was done. Reflexivity was

ensured and it involved documenting and reflecting upon the own biases and perspectives that could influence the study outcomes hence addressing potential subjectivity in the interpretation of data (Silverman, 1993).

Furthermore, the preparation of hypothetical cases of the likely responses and providing detailed descriptions of the cases, comparing findings with existing literature as well as establishing a causal relationship between variables and ruling out alternative explanations were done. The choice of informants was very key in data collection. There was careful consideration of the respondents and factors such as having a vast work experience in the field under investigation were considered. For key informants, the local council and other slum leaders were selected due to having a vast knowledge of the slum situations. Additionally, highly structured open-ended questionnaires with the same format and sequence of words were created to avoid leading questions and alterations in data collection (Cohen et al., 2007; Oppenheim, 1992, p. 147).

### 3.9 ETHICAL CONSIDERATIONS



The research followed the principles of ethical practice (Leavy, 2017). A duly signed introductory letter from the university through the department of regional and urban planning was presented to all the selected respondents along with consent forms that were seeking participants' will and volunteerism to take part in the research. Informed consent was done by fully explaining the purpose and all relevant information of the research to participants, this involved explaining the purpose of the research, duration, potential use of the research and their importance as respondents for the research.

All disseminated information was clarified before data collection and follow-up requests were done to make sure that the respondents fully understood the information about the research. Confidentiality and protection from harm were ensured by informing respondents of their rights to withdraw at any stage of the data collection process. The respondents were formally assured of privacy protection, confidentiality, and anonymity and this was done through both parties signing the consent forms that fully explained the subject matter.

## CHAPTER FOUR: DATA

This chapter is the heart of the research process, and it presents and discusses the data that was collected and analysed for this study. The data serves as the foundation for exploring and understanding the intricacies of the research and addressing the research questions.

### 4.1 STUDY AREA

The study was conducted in Kampala city which is the capital city and by far the most urbanized city of Uganda. The city is located at 00°18′49″N and 32°34′52″E. The city is divided into five administrative divisions, and it covers a total area of 189 square kilometres with a population of over 1.7 million persons.

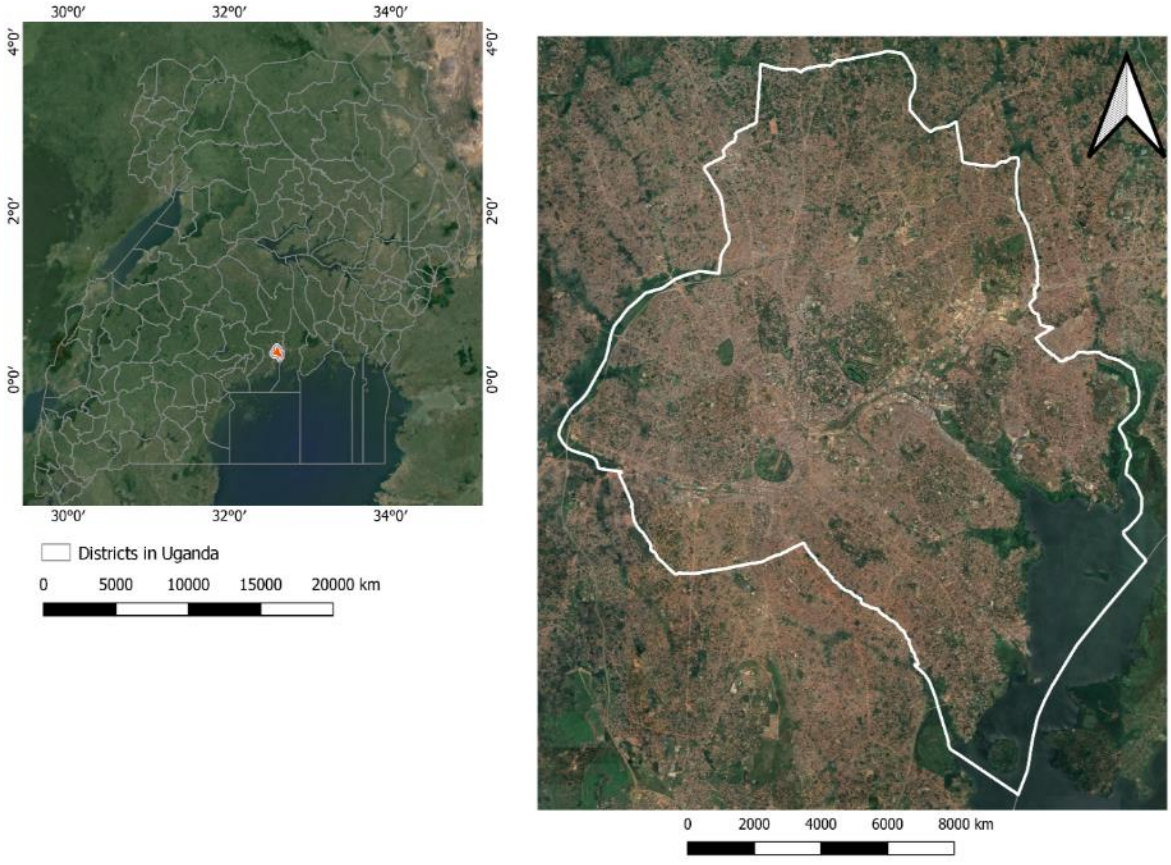


Figure 3: Location of Kampala, the study area.

### 4.1.1 URBAN SITUATION IN KAMPALA

The urban situation in Kampala city is similar to many other fast-growing cities around the world. The city is characterized by a mismatch between the demand and available supply for service provision (Kwiringira et al., 2021) with the demand side weighing more heavily than the supply side. Kampala is also plagued by high levels of informality that has been rated at 60% of the total urban population living in the city with most of these slums being trapped in poverty and extremely poor living conditions (UBOS, 2020).

Contrary to the normal conditions, Kampala city underwent a total lockdown for a period of two years between 2020 and 2021 as an operational strategy to prevent the spread of Covid-19. The lockdown measures included a total closure of all educational institutions, a limited number of employees per workplace, restrictions from mass gatherings, suspension of all non-food markets, total ban of interdistrict travels and unnecessary movements without travel permits and a total ban on the movement of public and private transportations with exemptions on cargo and emergency service vehicles (Kamusiime, 2020). However, the impact of the stringent measures taken was evident in how the operations of the city authorities and public service delivery were affected. Furthermore, there was a direct heavy impact on the livelihoods of all city dwellers with the slum dwellers being the most affected populations (NPA, 2020).



### 4.1.2 UNPLANNED DEVELOPMENT AND SLUM GROWTHS IN KAMPALA

The challenges of urban planning are evident in the city, especially with the rapid slum growth. Kampala city is characterized by a large base of informality and slums

make up at least a quarter of the total city area housing approximately 60% of the total city population. According to National Slum Upgrading Strategy and Action Plan (NSUSP), the 60% Kampala citizens live in over 57 unplanned and under-serviced slums of Kampala. The population in these areas is heavily affected by sanitation-related diseases, polluted water sources, poor access to water and other worsening living conditions which have had long-lasting and damaging social, economic, and environmental effects. The lack of access to dependable and affordable medical facilities has made it more difficult to overcome easily treatable diseases (Archipovaitė et al., 2009).

Slums in Kampala are characterized by overcrowding with many people living together in a single unit of house close quarters which made the practice of isolation and social distancing, a critical prevention strategy in combating COVID-19 very challenging Additionally, slum areas lack access to the most basic necessities which increased their vulnerability during the Covid-19 period (Kwiringira et al., 2021).

### 4.1.3 URBAN PLANNING POLICIES FOR SLUM DWELLERS IN KAMPALA



There have been several government efforts geared towards improving the livelihoods of slum situations in Kampala. In 2008, the government under the Ministry of Lands, Housing and Urban Development established the National Slum Upgrading Strategy and Action Plan (NSUSP) as a direct response which recognizes that slums are a development issue which needs to be faced that calls for coordinated policies and actions related to slum-upgrading (The Republic of Uganda, 2008, p. vi). NSUSP calls for affordability inclusiveness, and partnerships with various stakeholders and

seeks to slow down the growth of slums as well as stop the creation of new ones through the use of legal and land market reforms, revamping planning and improving zoning regulations (The Daily Monitor, 2019; The Republic of Uganda, 2008).

The government has partnered with several private organisations to construct affordable housing units. Furthermore, Kampala Capital City Authority launched a participatory urban plan campaign in 2020 which aims at using residents and citizens as decision-makers. The campaign crowdsources low-cost innovative ideas for urban problems to improve livelihoods as well as change urban governance operations (UNDP, 2020). However, these projects have been criticized because they don't serve their goals and the constructed housing units are highly priced and way above the reach of the slum dwellers (The Independent, 2019).

Other government interventions include income-generating avenues and skilling opportunities for poverty alleviation in slums. However, despite all the necessary government efforts, upgrading of slums in Kampala is still a challenge due to land ownership challenges, unlawful and unfair eviction policies that send most slum dwellers who have raised families for several years in slums to homeless and other prejudicial policies that don't account for slum dwellers' situations.



### 4.1.4 NGOS INTERVENTION IN KAMPALA

Kampala city has a strong base of NGOs with over 200 NGOs in the city operating and tirelessly working to make a difference in the communities of the needy (NGO Bureau, 2023). The organizations operate legally according to the NGO Act of 2016 and have made various interventions to improve the quality of life among slum dwellers. And it has been evident that most slum dwellers are reliant on and surviving

on the efforts of NGOs' operations due to service delivery gaps left by the government (Republic of Uganda, 2016).

### 4.2 RESPONDENTS

The thirty-three target respondents were from ten slum locations, six NGOs, two NGO umbrella organizations and the Ministry of Health as visualized in Table 5. The criteria for selection included expertise in the subject matter. All the respondents voluntarily took part in the research with a response rate of 100% per question. Additionally, during the interview process, there were no cases of missing information and all respondents reported and answered every question in thorough detail.

| **Category of respondents** | **Number of respondents** |
|---|---|
| Government Official | 1 |
| Representatives from Umbrella Organizations of NGOs | 2 |
| NGO representatives | 8 |
| Key informants from slum communities | 22 |
| **Total** | **33** |



Table 5: The number of respondents and their corresponding categories.

From the above table, the government official was selected from the department that catered for Covid-19 health operations as well as health partnerships with NGOs and other stakeholders, the representatives from the NGO umbrella organizations were executive and founding members who also have previous experience working for various NGOs, the key informants were primarily local council leaders (LC1s) and village health workers (VHTs) whereas the NGO representatives were executive members and social workers who had vast experience in the operations of NGOs.

## 4.3 DATA COLLECTION

### 4.3.1 OBSERVATION

During the study, key observatory guidelines demonstrated in Table 6, were developed for slum communities and NGOs to help answer the research questions. For NGOs, the location of the NGO, physical structures, physical size, number of employees, level of operationality and the primary activities of the NGOs were the key factors that were considered during observation while the following were the key factors that were considered for slum communities.

| **Slum Name** | |
|---|---|
| **Slum Location** | |
| **Key Observatory Guidelines** | |
| The appearance of the slum | Search for neglected buildings, and deteriorated structures and examine the physical appearance of the slum.<br>Need for attention to improve their livelihoods |
| Health centres in slums | Availability of public health centres in the slum<br>Proximity to the nearest public health centres<br>Availability of private health centres<br>Affordability of the health centres<br>Physical characteristics of the health centres<br>Level of accessibility to health services |
| Other public amenities | Availability of water, electricity and other basic amenities |
| Road network | Accessibility levels to other areas |
| Disposal and drainage mechanisms | Disposal Management Mechanisms in Slums |
| Housing characteristics | Overcrowded housing,<br>size of structures<br>Number of persons per household |
| Population | Level of youth occupancy |

| | |
|---|---|
| | Population density |
| Income | Level of Unemployment in Slums<br>Available income-generating methods |
| NGO interventions | Presence of an NGO based in the slum.<br>Reliance on NGOs<br>Visible NGO efforts |

Table 6: Observation template for slum communities.

### 4.3.2 THE INTERVIEWS

The interviews were conducted in all the ten selected slum communities, selected NGOs, umbrella organizations, NGOs and government offices. Discussions on the subject matter were undertaken with the government ministries and umbrella organizations and the representatives were requested to provide their insights on the research. Open-ended questionnaires were designed to investigate the research questions in slum communities and NGOs.

#### 4.3.2.1 QUESTIONNAIRE DESIGN

Two sets of questionnaires were designed and separated into sections. Each section sought to answer the research objectives and was tailored towards the needs of the research. The length of the questionnaires was designed to be focused and concise for respondent engagement and the questions were to be answered within fifteen minutes however, many of the respondents willingly took over an hour. The question wording was clear and unbiased. For effectiveness, pre-testing and a pilot study were conducted with a small number of participants. The feedback was used to check for clarity and test for the relevance of the questions as well as to make the necessary changes before final administration.

Section one of the NGO representatives' questionnaire was about the basic information of the NGOs, and it sought to answer the name of the NGO, size, location, number of sub-offices, the name and designation of the respondent, the years of establishment of the NGOs, the scope of operation, the communities they work in, how they reach out their services and the primary activities of the NGO. Section two investigated the reasons why NGOs worked in these communities, the kind of health-related activities that they undertake, the level and status of the organizational performance towards health support and their health efforts towards health support for the vulnerable communities. Section three investigated the key health issues that NGOs are tackling, the NGO interventions during Covid-19, the main challenges and barriers that NGOs face as well as those faced during the pandemic period. The section also included the proposed solutions, recommendations that the NGOs sought as better remedies to their challenges and possibly additional information.

Section one of the slum key informants' questionnaire aimed to investigate the health situations in slums, the key health issues in the slums, the Covid-19 experience in slums as regards health, the level of healthcare accessibility, healthcare coping measures and the key limiting health access factors in slums. Section two investigated the level of government intervention in slums, and this involved investigating the health roles played by the government and the critical health gaps left by the government. Section three tackled NGO interventions in these communities and it involved questions that investigated the role of NGOs before and during the Covid-19 pandemic, the challenges that NGOs faced during their health support and other additional related information.

## 4.4 CASES

During the study, six NGOs that operated in the ten selected slum communities were considered as cases for examination.

### 4.4.1 LIVING GOODS

**Background**

Living Goods is a global humanitarian organization whose aim is to save lives at scale by supporting digitally empowered community health workers. The organization has been in existence in Uganda since 2007 and it has its headquarters in Kampala with several sub-offices in almost every community nationwide. Living Goods has its base in almost every selected slum and has a large number of trained field-based employees, many of whom are community-based.

**Key Activities**

Living Goods is primarily a health-based NGO however it also carries out poverty alleviation initiatives through methods such as cash transfers to vulnerable populations. The organization collaborates with governments and partners to leverage smart mobile technology, rigorously strengthen performance, and relentlessly innovate to cost-effectively deliver high-quality, impactful health services.

The organization works side-by-side with committed governments, implementers, and funders, we aim to ensure there is a digitally empowered community health workers in every community. The local women and men are trained and transformed into frontline health workers who can deliver on-demand, life-saving care to families in need. They go door-to-door treating sick children, supporting pregnant mothers,

counselling women on modern family planning choices, educating families on better health, and delivering high-impact medicines.

**Health Support during Covid-19**

During the pandemic period, Living Goods worked alongside the government and other NGOs. The organization supported the Village health workers (VHTs) to maintain the provision of essential health services. It further encouraged the early uptake of vaccinations, especially in high-risk populations and vulnerable communities through door-to-door awareness as well as establishing health campaigns. The organization also carried out mass medical camps aimed at reaching out free health services to those who couldn't afford them, adopted a flexible health working model which included health workers' training, provided the SOP measures and developed digital management applications to track the number of beneficiaries. Furthermore, the organization worked to interrupt the Covid-19 cycle by developing a two-way SMS platform to reach out Covid-19 related information to the community and they assisted the government's efforts to disseminate physical information, education, and health communication materials such as brochures and posters in high-risk communities.



### 4.4.2 ADVENTIST DEVELOPMENT AND RELIEF AGENCY (ADRA)

**Background**

Adventist Development Relief Agency (ADRA) is a faith-based global humanitarian NGO that has its bases in over 107 countries. Its strengths lie in partnering with local communities, organizations, and governments from which the organization can deliver relevant programs and build local capacity for sustainable change. ADRA has

many locations in Uganda with its headquarters located in Kampala. The headquarter has proximity to the Kinawataka, Banda and Mbuya slums. ADRA's operations are mainly mass based which aim to target vulnerable communities and its mission is to work with people in poverty and distress to create just and positive change through empowering partnerships and responsible action.

**Key Activities**

ADRA carries out several activities and it is changing lives through education, health, and livelihoods. It empowers and speaks out for those at-risk and forgotten to achieve measurable, documented, and durable changes in lives and society. Furthermore, the organization finds sustainable ways to improve access to nutrition, clean water, and health resources that are mainly tailored to the needs of the community.

**Health Support during Covid-19**

During the Covid-19 pandemic, the organization was very active in supporting the vulnerable with the necessary services and these included health awareness campaigns, and medical camps that targeted a large number of people especially those from slum communities. Additionally, the organization donated to charities as well as funded by the Uganda government to accelerate its efforts against Covid-19 and partnered with large public hospitals to reduce the cost of healthcare access.



### 4.4.3 PREVENTIVE CARE INTERNATIONAL (PCI)

**Background**

Preventive Care International (PCI) is a national health-based organization that was established in 2013 and has headquarters located in Kanyanya slum in Kampala. The organization's mission is to have a community that is free of the burden of HIV,

Sexual and reproductive health challenges, other diseases, and social and economic vulnerabilities and their target populations are the priority groups such as the slum dwellers, women, and the youth. They also aim to enhance the capacity of the community to access prevention, care and economic empowerment through advocacy, research and training. PCI has its base in all slum communities around Kampala and its efforts are recognized in all the selected slums.

**Key Activities**

The organization's activities are primarily health-related with a priority focus on HIV prevention, ender-based and health reproductive issues and other health issues. PCI also focuses on training and research in public health, reproductive health and environmental health in collaboration with different universities, colleges and hospitals and they with experts from these institutions to reach out to the community, especially fishing communities, slum areas, Plantation areas, incarcerated people and displaced people.

Additionally, PCI offers constructive dialogues and engagement of policymakers, policy implementers, advocates, researchers and the general community by providing an opportunity for sharing information about HIV prevention, public health, and Reproductive and Environmental health information. PCI's service delivery model involves collaborations with multiple stakeholders such as the government, other NGOs, the local authorities, public hospitals and health professionals.

**Health Support during Covid-19**

During Covid-19, PCI's efforts were solely focused on catering for the health needs of the slum dwellers in Kampala whose health was severely affected during that period.

The organization trained all LC1s and provided all the necessary healthcare services to these people. It further collaborated with the main public hospitals around Kampala to help increase access to health services. PCI extended its services by carrying out mass awareness campaigns in slum communities and developed digital communication modes that could help to ease service delivery.

### 4.4.4 NORWEGIAN REFUGEE COUNCIL (NRC)

**Background**

Norwegian Refugee Council **(**NRC) is an independent humanitarian NGO supporting vulnerable populations around the world. The organization has its headquarters in Kampala and a few sub-offices in the suburbs of Kampala. The organization has been in existence since 1997 and it has a solid employee base who map out and ensure efficient service delivery in their target communities. NRC's target populations are refugees however, during the Covid-19 period, the organization geared its efforts towards supporting the urban poor.



**Key Activities**

The organization's activities are tailored around refugees as their target population. Many of these populations are located in refugee camps and some slum communities such as Kisenyi and Acholi quarters. NRC's activities include the aim to improve education services and attendance rates in school, especially among girls, information, counselling and legal assistance, improve livelihoods and food security through cash-based interventions, offering vocational skills development for refugees and nationals and support communities to access agricultural tools and seeds. The organization further ensures efficient supply and access to clean water and health care services.

NRC's programs in Uganda have a community-based approach and use protection analysis to inform the response and target the most vulnerable refugees and host communities. The programs are multisectoral and anchored mainly on cash-based interventions, with expertise in education, livelihood, health and food security, WASH, and shelter.

**Health Support during Covid-19**

During Covid-19, NRC's model changed to supporting slum communities with health-related necessities and emphasizing that the Covid-19 Sops were followed. The organizations also supported slum communities with Covid-19 prevention equipment and supported specific slum communities with cash-based support. NRC also collaborated with slum local leaders to emphasize the prevention of the spread of Covid-19 and other diseases through quality training and supply of community-based healthcare incentives.

### 4.4.5 MEETING POINT INTERNATIONAL (MPI)



Meeting Point International (MPI) is a division-based NGO that was established in 1992 and had its legal operations in 2003. The organization has its headquarters in Kitintale and a sub-office in Kireka all in the Nakawa division. The organization's operations are majorly focused on improving the livelihoods of the surrounding slums especially the slums in the areas of Naguru, Kireka, Kasokoso and Ntinda slums.

**Key Activities**

MPI directly offers healthcare services, educational services, vocational training and economic empowerment, especially to women and children. MPI has a unique approach to HIV/AIDS and other problems, which places a person's inherent value

and dignity above any of his/her circumstances. They disseminate HIV/AIDs related information to communities, and they have become solely involved in improving the lives of all the affected.

MPI activities are carried out through a peer-based approach in which their staff utilize home visits, community talks, drama performances and songs to reach out to the sick and the needy. This has helped to support several slum dwellers and a total of over 16000 people who solely depend on the services of the NGO. MPI's main focus is to eradicate stigmatization, empowerment and health care services for the poor especially those with HIV/AIDs through partnerships with the AIDs Information Centre and the AIDs Support Organisation (TASO).

**Health Support during Covid-19**

During the pandemic, MPI's operations were distorted due to the stringent lockdown measures however, they continuously supported their members through health awareness campaigns, door-to-door health support to severely ill patients, home visits, continuous counselling and health education as well as provision of the Covid-19 prevention equipment, nutritional foods support, tracking the sick and reach out to them with immediate healthcare services and health camps.



### 4.4.6 COALITION FOR HEALTH PROMOTION AND SOCIAL DEVELOPMENT (HEPS-UGANDA)

**Background**

Coalition for Health Promotion and Social Development (HEPS-Uganda) is a national NGO that promotes the health and socioeconomic rights of vulnerable people. The organization was registered in 2000 and it is a membership organization, consisting of

individuals and institutions that identify with its values and support the rights of all people to healthcare, education, decent work, housing, and other social goods that are necessary for the exercise of their well-being.

HEPS-Uganda has its headquarters in Kampala with its operations stretching out across all regions of Uganda majorly at community, district as well as national levels. The organization's main mission is to promote access to health and socio-economic resources through research, capacity building, advocacy and collaboration. Furthermore, the organization aims to advocate for consumer-friendly health, health-related laws and policies.

**Key Activities**

HEPS-Uganda's activities are primarily health-based and involve increasing government accountability to people's health and social needs through advocating for pro-people health policies and laws and advocating for the realization of universal health coverage. Additionally, the organization carries out research, policy analysis, creation of an information hub, documentation, capacity building, continuous monitoring and evaluation to increase documentation of health and socioeconomic best practices and learnings, generation of new knowledge, creating and sustaining partnerships with academic institutions, creation and maintaining a diversified pool of research associates and linking researchers to policymakers and communities.



HEPS- Uganda also improves the financial ability of the vulnerable populations, and the financial growth of the communities and improves economic opportunities for vulnerable youth and women through pooling resources, partnerships, training, resource mobilization and investment. The organization aims for effective

organization governance, development and enforcement of institutional policies for the benefit of the vulnerable.

**Health Support during Covid-19**

During the Covid-19 pandemic, HEPS-Uganda collaborated with the Ugandan government and was at the forefront of supporting vulnerable populations, especially through inclusive health policies. The organization adopted a community-led monitoring approach aimed at improving client accessibility and utilization of HIV/AIDs and TB services. Additionally, it collaborated with various NGOs to implement Covid-19 awareness campaigns and programs aimed at combating the spread of the Covid-19 pandemic. HEPS-Uganda accelerated the adoption of the Covid-19 vaccination program in various vulnerable communities, and it advocated for low-quality drug availability in public health institutions.

## 4.5 SELECTED COMMUNITIES THEY WORK IN

The selected NGOs work in various communities around the country however, for this research, ten slum communities were selected all of which had NGO operations. The selection criteria for the slums involved selecting slums in which NGOs are actively engaged with the community, slums that have limited access to healthcare services, slums that are heavily infested with diseases, and those which have sufficient data such as healthcare indicators, and demographics. The selection criteria also involved choosing slums with varying population densities and different geographic locations within Kampala as portrayed in Figure 4.

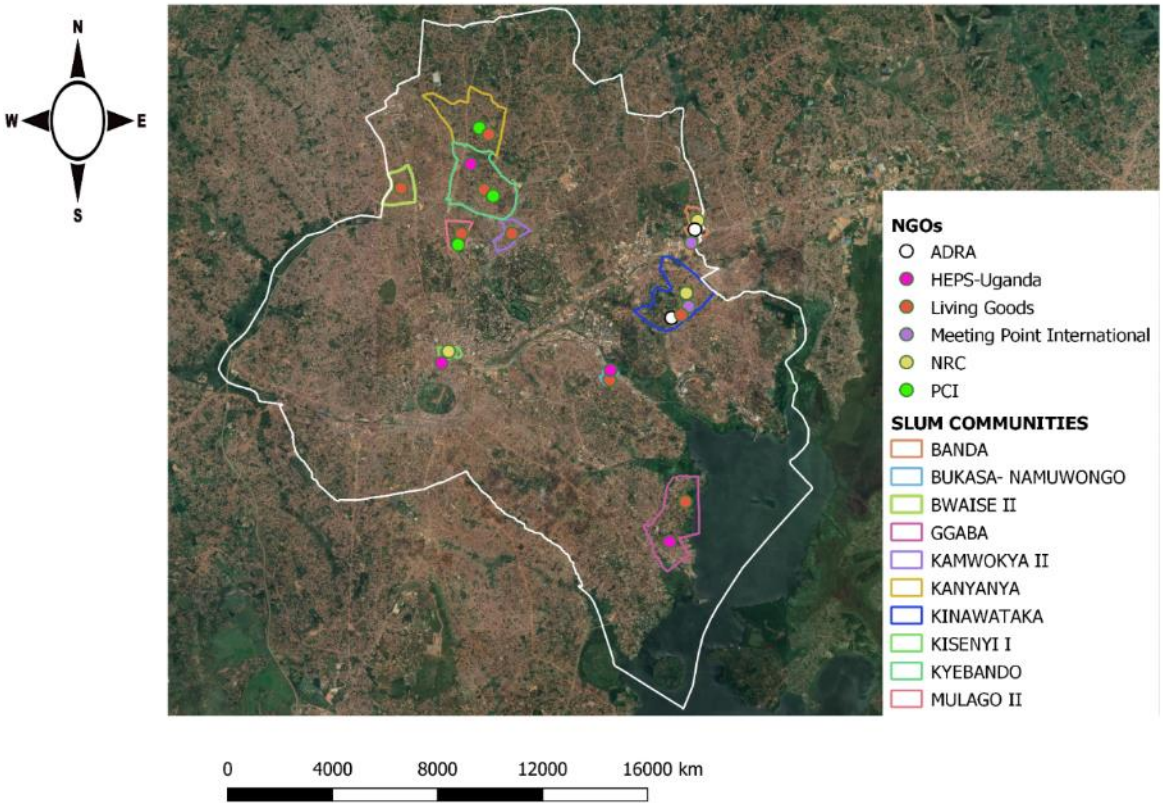


Figure 4: Map of Kampala showing NGOs and the slum communities they work in.

The map in Figure 4, shows the geographical distribution of the ten selected slum communities and highlights specific locations where each NGO works in these communities. The objective of the map is to provide a clear representation of the spatial relationship between the slum communities and the corresponding non-governmental organizations working within them. This is further illustrated in Table 7.

| **NGOs** | **Selected Communities they work in** |
|---|---|
| Living Goods | Kanyanya, Bwaise II, Ggaba, Bukasa-Namuwongo, Kinawataka, Kamwokya II, Kyebando, Mulago II |
| Adventist Development Relief Agency (ADRA) | Banda, Kinawataka |
| Preventive Care International | Kanyanya, Kyebando, Mulago II |

| | |
|---|---|
| (PCI) | |
| Norwegian Refugee Council (NRC) | Kisenyi I, Kinawataka, Banda |
| Meeting Point International (MPI) | Banda, Kinawataka |
| Coalition for Health Promotion and Social Development (HEPS - Uganda) | Kisenyi I, Ggaba, Bukasa, Kyebando |

Table 7: Table showing the communities in which the NGOs work.

**Descriptions of the Selected Communities.**

Below is a description of each of the 10 selected slums. This includes information about land size, ownership, population density and the key issues that affect each slum. The information was derived from the National Slum Dwellers Federation of Uganda (2014) and key informants from the slum communities and the maps were extracted using GIS.

1. **Banda Slum**

Banda slum is found east of Kampala about 5 km away, along the Kampala-Jinja Road. It is located at latitude 0° 21′ 10. 79″N, longitude 32° 37′ 31. 79″ E with an elevation of 1,240 m. It covers a total area of approximately 150 acres of land. The land is owned by the Municipal Council, Private Owners, the Uganda Railway Corporation, and the Royal Kingdom of Buganda. The slum houses over 60000 persons and it has over 10000 households. The slum identifies eviction threats as their key issue moreover they have been faced with more than five evictions that have come abruptly with the most recent one happening in June 2023. Additionally, the area is faced with poor drainage systems, high levels of unemployed youth

encroachment, the existence of high-risk diseases such as HIV/AIDs, lack of public toilets, poor sanitation, health inaccessibility and high levels of insecurity.

**2. Kinawataka Slum**

Kinawataka is close to Banda slum. It covers a total area of approximately 157 acres of land which is owned by the municipality, the church and the Royal Kingdom of Buganda. The slum has over 40000 households with a dense population of over 80000 persons and an average household size of 5 to 8 persons. The slum is highly infested with waterborne diseases and has improper drainage systems which pose as their hugest challenge. The slum has also been faced with two eviction threats, poor road inaccessibility, especially during rainy seasons and a high level of insecurity.

**3. Kanyanya Slum**

Kanyanya slum is one of the biggest slums in the Kawempe division. It covers a total of 387 acres of land whose ownership is by private individuals and the Royal Kingdom of Buganda. The slum has over 9000 households and houses over 21000 people with an average household size of three to five persons. The slum is majorly affected by constant flooding due to its location whereby water flows into households. This has weakened their housing structures and limited accessibility to proximal areas, especially during the rainy seasons. The slum is also affected by poor drainage systems and poor solid disposal mechanisms.



**4. Bwaise II Slum**

Bwaise II Slum is located in the Kawempe division of Kampala and sits on approximately 190 acres of land that is owned customarily under the Buganda

Kingdom. Many of the residents of this slum are accountable to the Royal Kingdom of Buganda. The residents have received one eviction threat in the past and there hasn't been any since then. The slum houses over 7000 structures and a population of over 42000 residents. The slum is faced with problems of poor drainage, extremely poor housing structures, poor sanitation and sewerage management and unsafe water sources.

**5. Kyebando Slum**

Kyebando slum covers 63.9 acres of land, and it is owned by private individuals that are under customary use under the legalization of the Royal Kingdom of Buganda. There are 5,000 households with an average size of 6 and the total population is 30,000 people. The slum is characterized by poor health, poor road network, poor drainage and poor sanitation management practices.

**6. Mulago II Slum**

Mulago II Slum is located in the Kawempe division, and it covers approximately 100 acres of land. The land is owned by the Royal Kingdom of Buganda and private individuals. There are over 1,500 households in the slum with an average size of 5 and a total population of 7,500 persons. The key issues that affect the slum are unsafe and unclean water sources, poor health, poor solid waste management and poor sanitation.

**7. Kamwokya II Slum**

Kamwokya II slum is located in the central division of Kampala. The slum covers approximately 127 acres. 95% of this land is owned by private individuals while the

rest is owned by the municipality. There are 1,276 households with an average size of 5 and a total population of 6,380 people. The slum has a high level of unemployed youth occupancy, high rates of disease spread and high levels of insecurity.

**8. Ggaba Slum**

Ggaba slum covers approximately 20 acres of land. The land is owned by the municipality, private individuals and the church. There are over 10,000 households with an average size of 5 persons and a population of 50000 people. The key priority issues in this slum are the poor water drainage systems that cause constant flooding, poor health and poor solid waste disposal.

**9. Kisenyi I Slum**

Kisenyi I slum covers approximately 51 acres of land and it is owned by private individuals and the Royal Kingdom under the Mailo land Tenure system. There are 400 households with an average size of 6 and a total population of approximately 2,400 people. The slum has been faced with actual evictions at the expense of development. In addition, the slum has a high level of unemployed youth occupancy, overcrowded houses, poor drainage system and high levels of crime rate and insecurity.



**10. Bukasa- Namuwongo**

Bukasa Slum is located near Katongole Stage and Bukasa stone quarry. It covers approximately 72.4 acres in size and its land is owned by private individuals and the Royal Kingdom of Buganda. There are over 5,000 households in Bukasa with an average size of 5 persons and a total population is 25,000. The slum has been faced

with three eviction threats. Additionally, the slum is affected by poor sanitation, poor education facilities, poor road networks, lack of land tenure security and constant flooding due to poor drainage systems.

## 4.6 PROBLEMS IN SLUM COMMUNITIES

From the in-depth interviews, the respondents expressed concerns about the major issues that affected their communities, as described below. The community challenges heavily dictate the lifestyles of the slum dwellers and also influence their quality of health.

### Overcrowding

Most of the slum houses are predominantly single rooms. The structures are built in such a way that there is virtually no space between them. There is always a corridor between them which sometimes acts as a pathway to access the nearby road. According to the LC1s of the slums, these houses are shared by three to more than five persons due to a large number of family members. The houses also have poor-quality ventilation. Overcrowding intensifies the strain on resources, especially in large families. The respondents also expressed a lack of privacy and also identified that the situation has increased disease spread and compromised the need to practise hygiene.

Figure 5: Housing structures in Banda Slum.

**Poor Drainage**

Most of the slums are located in reclaimed wetlands and swamps. They are further characterized by poor drainage systems which leave the areas with stagnant water around their housing as well as constant flooding during rainy seasons. The drainage systems are also blocked by rubbish a significant sign of poor hygiene and sanitation practices. Most of the respondents expressed that the poor drainage systems have led to the spread of waterborne diseases such as cholera, typhoid, diarrhoea and dysentery.

Furthermore, the stagnant water can mix with wastes and forces its way into open water sources, especially in the rainy season. Respondents also explained that there is always an accumulation of stagnant water in alleys and pathways on rainy days. Flooding also happens in their houses a situation that disrupts daily life and exposes them to risks of infections.

Figure 6: Blocked drainages in Kanyanya and Banda Slums.

**Land Tenure**

Land ownership varies per slum however, most of the slum land is owned by the municipality or Kampala Capital City Authority (KCCA), the churches, mosques, the Uganda Railway Corporation and the Royal Kingdom of Buganda. The residents of the slums have no land ownership powers and many of them are subject to eviction threats. Many of the key informants of the slums expressed their concern about the never-ending eviction and displacement threats that they receive. One of the respondents highlighted that they have been faced with a displacement of people even during the night.

*"Every day seems like a nightmare when living here because we don't know which area is to be cleared next. As you can see many of those people were evicted in the night without warning. By the end of the night, all those houses were down and most of the people's property was destroyed." Respondent KI R6.*

Figure 7: Picture showing evicted land in Ggaba Slum.

**Water**

Most of the slums are characterized by limited sources of tap water which is deemed expensive. The most dominant water sources are wells and springs most of which are contaminated. The wells are usually more contaminated and inaccessible during rainy seasons and the average walkable distance from the water source to residential households is five to seven minutes which makes it hard for the elderly and priority populations to access. Additionally, the structure of the water sources is poor which makes it difficult to fetch water from them hence creating insecurity, especially for people who have young children.

Figure 8: Unsafe water source in Ggaba and Kamwokya II slums and a contaminated water stream during a rainy day in Kamwokya slum

**Health**

Most of the slums are characterized by poor health due to limited access to medical services. Furthermore, the high rates of poverty have a high relationship to unaffordability and inaccessibility to health services. Most of the slum dwellers have a high disease burden with high risks of HIV/AIDs, malaria, malnutrition and other chronic diseases. This is due to disparities that arise from rapid urbanization.

Some of the slum communities also lack access to adequate healthcare facilities and the respondents highlighted that the scarcity of clinics, hospitals, and pharmacies within proximity to their residences forces residents to travel long distances making it challenging for them to seek timely medical attention. Additionally, the shortage of

healthcare providers in slum areas was mentioned, resulting in long waiting times and limited availability of specialized medical care such as efficient drugs.

**Poor Sanitation**

Poor waste disposal is the biggest challenge of slums. This is evident with the presence of rubbish in almost every pathway and drainage area in these areas. Waste disposal is a challenge due to the high expenses charged by waste collectors and the poor disposal habits of the residents. Respondents highlighted the unreliability of waste collectors. Furthermore, many households lack appropriate sanitation facilities such as proper rubbish disposal kits and proper latrines. They further highlighted that most of the available toilets are shared by multiple households and are in poor condition. In addition, their disposal units are usually connected to drainage systems and large waterways.

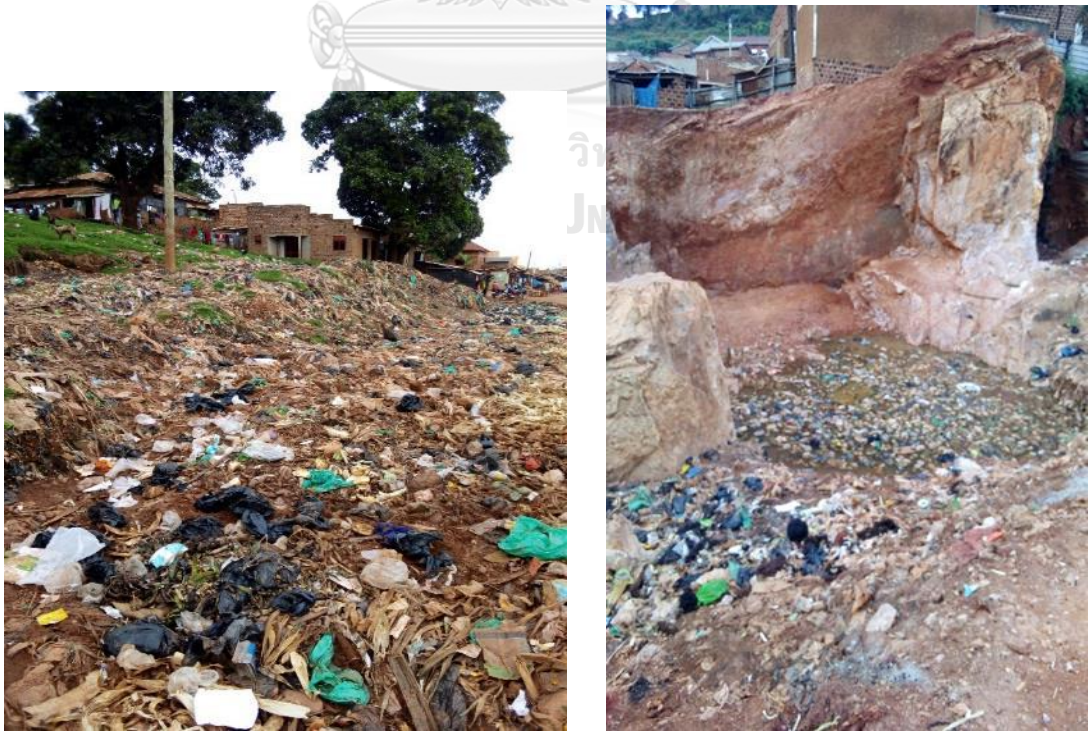

Figure 9: Poor disposal of rubbish in Kinawataka Slum.

## 4.7 SLUM ISSUES THAT WORSENED DURING COVID-19

Slum dwellers are affected by several problems some of which were mentioned above however, there were key issues in slums that worsened during the COVID-19 pandemic and had a destructive impact on their health, and these include the following.

### Increased Health Vulnerability

The Covid-19 pandemic worsened the health status of slum dwellers. Many of the respondents expressed concerns about the increased risk of contracting and spreading the virus due to overcrowded living conditions and the inability to practice physical distancing. Additionally, the lack of access to clean water and sanitation facilities hindered proper hand hygiene. The pandemic further accelerated the existing health disparities where the slum dwellers were faced with high levels of health inaccessibility due to worsening financial burden and strict lockdown measures that limited movements.



*"During covid-19 and lockdown time, it was hard to access the nearby health centres because of fear to be retained and also, they were operating at limited capacity. It was also very hard to get movement permits which were got through the RDC. Even when the chairman tried to explain all could be in vain. Sometimes, we had to bribe middlemen to reach up there but how long can a poor person sustain such a life, so people opted for home remedies. We really lost a lot of people" Respondent KI R11.*

Additionally, the respondents highlighted that many healthcare facilities were overwhelmed and strained due to increased demand and limited resources. Participants reported difficulties in obtaining medical consultations, accessing

medications, and receiving necessary healthcare treatments. Moreover, the travel restrictions on public transportation hindered their ability to reach nearby health facilities yet the available private facilities were expensive and others who adopted self-medication ended up over or under-dosing themselves.

*"I lost my dad due to such conditions. He had diabetes, COVID-19 and high blood pressure. We didn't have money for private hospitals because they were charging millions of shillings, so I tried to use my authority as the LC1, but all was in vain, and it wasn't easy to access the public health facilities however free of charge they were. The most painful part was the struggle I went through and just after my dad was in the comma stage, the government admitted him to Namboole health facilities where we were told that if we had come earlier, he would have survived. It is an unforgettable experience and each time I remember, at some point I wonder how other people managed to get by. I guess staying silent was another thing to do. We really had a hard time, but I blame everything on the unplanned lockdown."*

*Respondent KI R4.*



The findings from the interviews also indicated that the COVID-19 pandemic had a significant impact on the mental health of the urban poor in slums. Participants reported increased stress, anxiety, and feelings of isolation during lockdowns and periods of social distancing. The loss of social support networks, limited access to mental health services, fear of infection and stigmatization of patients contributed to the deterioration of the mental well-being of the dwellers.

**Worsening Poverty Conditions**

During the Covid-19 pandemic, many businesses were closed in a bid to prevent the spread of the Covid-19 virus however, the measure left many slum dwellers in worsening livelihood conditions. Many of the respondents reported a loss of livelihood due to hunger, high rates of malnutrition in their areas, reduced incomes and high rates of unemployment especially among the youth populations. The respondents reported that many slum dwellers were unable to afford nutritious foods which worsened their overall health and wellbeing, especially for individuals living with diseases like HIV/AIDs.

*"We were not prepared for COVID-19 so for people who live on everyday income, our major focus was on how to survive through the day and how to feed our families. Most households in this area have a lot of single mothers and many females including me as the family heads. Survival is really hard especially if you are illiterate. We also have other youth who have been unemployed so just imagine how to survive in a situation we were unprepared for" Respondent KI R7.*

Figure 10: Dominant sources of income in slums that were shut down during the pandemic period.

**Educational Disruption**

The closure of schools increased the population density of the slum areas a factor that only exacerbated the spread of contagious disease due to overcrowding. Furthermore, schools play an important role in disseminating health-related information a factor that limited access to preventive healthcare practices and proper hygiene knowledge. Educational institutes in Uganda often act as public venues for health screenings or outreach programs organized by NGOs or healthcare providers. The closure of schools reduced opportunities for health screenings, vaccinations, and other preventive healthcare interventions for school-age-going persons and nearby families. This negatively impacted healthcare-seeking persons especially those who relied on such opportunities.

**Social Exclusion, Marginalization and Stigma**

Key informants reported that the existence of the pandemic accelerated the rate of social exclusion, discrimination and stigmatization. They further stated most of the affected persons were those living with HIV/AIDs, Covid-19 and others living in extreme poverty conditions. The lack of inadequate representation during that time marginalized their freedom of expression which led to policies that did not cater for their needs.

*"This slum has a lot of HIV/AIDs patients so when there was a lockdown due to Covid-19, many of these people feared to reach out for medical services. Also, people who had Covid-19 were extremely isolated and discriminated against. I have had a case where the residents tried to force one of the Covid-19 patients out of the area" Respondent KI R3.*

## 4.8 HEALTH ROLE OF GOVERNMENT DURING COVID-19

The role of the government during the Covid-19 pandemic was very crucial in determining the way of life of the slum dwellers. During that time, the government of Uganda under the Ministry of Health (MOH) embraced partnerships and adopted combined efforts such as partnering with private stakeholders from various sectors, collaborating with the NGOs, establishing a qualified rapid response task force and utilizing the knowledge of local councils.

The government implemented several measures, such as mandating a nationwide lockdown aimed at combating the spread of Covid-19. It further aided the fast dissemination of accurate health information, raising awareness, and educating slum

communities about COVID-19 prevention measures, symptoms, and testing protocols. This was through the use of trained and qualified village health workers.

The government, through MOH focused on strengthening the health system and improving sanitation and hygiene practices in slum areas to prevent the spread of Covid-19. This involved providing Sop equipment, access to clean water, handwashing facilities, and promoting proper waste management in most slums. They further conducted radio talk shows and information campaigns in local languages aimed at reaching all citizens.

*"Government played a central role in sensitization, food for the disabled, drugs for children, especially immunization. Doctors monitored our area very much. There were emergency contacts from MOH, and each time we had a casualty, they were always on standby to take over the situation. We also had standby ambulances from MOH, and at the time we had our first case, the patient was evacuated quickly." Respondent KI R1.*

*"Government played its part in sensitization and also kept VHTs alert during the pandemic to report any cases of critical illnesses. SOPs were also given out, so every area was fully equipped, especially public areas like the markets, abattoir and other areas" Respondent KI R4.*

The local council leaders also played a more significant role during the pandemic as they offered social support assistance to vulnerable individuals, and they reached out to the slum dwellers more readily and effectively during that time. They also quickly traced all the slum dwellers who were in need of health services, and they smoothly coordinated with responsible professionals to provide service to their residents.

Additionally, they acted as middlemen to the smooth flow of government aid. However, during that time, the government left several gaps that arose, and many of them were addressed by NGOs. Furthermore, the role of the local leaders was limited and undermined, which led to inadequate community participation, poor service delivery and poor coordination due to limited knowledge and poor expertise of the slum areas by the service providers.

# CHAPTER FIVE: FINDINGS

This chapter presents the findings from the data collection based on the research questions under consideration and the themes derived from content analysis. The study's findings highlight several challenges NGOs encountered in their pursuit to facilitate healthcare access for the urban poor. Furthermore, the study identifies critical barriers to healthcare access for the urban poor during the pandemic, and the coping capacity of healthcare access for the urban poor during the pandemic and highlights the vital role played by NGOs in supporting healthcare access for the urban poor during the COVID-19 pandemic.

## 5.1 SWOT ANALYSIS FOR THE NGOs

The works of the selected NGOs are visible and appreciated across various communities however, each of them is affected by multiple internal and external factors that heavily dictate their operations. These have been analysed through the SWOT analysis framework as illustrated below.

| NGO | STRENGTHS | WEAKNESSES | OPPORTUNITIES | THREATS |
|---|---|---|---|---|
| Living Goods | ◦ Robust network and strong volunteer base.<br>◦ Strong partnerships and collaborations.<br>◦ Highly mission-driven.<br>◦ Extensive experience and expertise in healthcare service delivery.<br>◦ Effective community engagement and participation strategies.<br>◦ Adequate funding and resources | ◦ Governance and decision-making processes<br>◦ Limited capacity to scale up services to meet the growing demand.<br>◦ Limited influence on policy-making and systemic changes.<br>◦ Potential gaps in monitoring and evaluation processes | ◦ Policy reforms that favour the operations of NGOs<br>◦ Public sector operational gaps<br>◦ Increasing recognition of the importance of healthcare access for the urban poor.<br>◦ Adoption of innovative technology solutions to enhance health service delivery.<br>◦ Opportunities for advocacy and influencing policy decisions. | ◦ Limited funding budgets are allocated for specific programs.<br>◦ Strong government interventions<br>◦ Worsening Socio-economic disparities within the urban poor communities.<br>◦ External shocks such as the Ebola epidemic and other health emergencies<br>◦ Limited public awareness of the health services provided by the organization. |
| Adventist Development and Relief Agency (ADRA) | ◦ Extensive experience in community health promotion and education.<br>◦ Well-established partnerships with local community organizations.<br>◦ Strategic alliances | ◦ Challenges in reaching marginalized areas.<br>◦ Limited coordination and collaboration with other NGOs<br>◦ Governance ad decision-making | ◦ Policy reforms that favour the operations of NGOs<br>◦ Strong support from faith-based organizations<br>◦ Potential for funding opportunities from international donor | ◦ Strong government interventions<br>◦ Socio-cultural barriers and stigma associated with seeking healthcare services.<br>◦ Low budget allocation to health care access<br>◦ Changing health needs |

| | | | | |
|---|---|---|---|---|
| | especially with different church organizations and public hospitals<br>◦ Financial certainty<br>◦ Tailored healthcare access programs | challenges | agencies.<br>◦ Growing recognition of the role of the NGO in healthcare access | of the urban poor communities |
| Preventive Care International (PCI) | ◦ Deep understanding of healthcare needs.<br>◦ Successful track record.<br>◦ Effective community mobilization and participation strategies.<br>◦ Well-developed monitoring and evaluation systems.<br>◦ Innovative, creative, and digital approaches<br>◦ Strong research and data analysis on health issues | ◦ Limited financial resources to scale up programs and reach a larger population.<br>◦ Dependency on government funding<br>◦ Constraints in recruiting and retaining skilled healthcare professionals. | ◦ Policy reforms that favour the operations of NGOs<br>◦ Huge public sector operational gaps<br>◦ Creative and flexible working models<br>◦ Increasing recognition and support from local authorities.<br>◦ Potential for strong partnerships with corporate entities and government<br>◦ Adoption of technology solutions for efficient service delivery. | ◦ Stigma<br>◦ Perception of their health role<br>◦ Lack of awareness of the NGO's operations<br>◦ Government restrictions<br>◦ Changing health needs of the urban poor communities<br>◦ Reliance on government funding which is unreliable.<br>◦ Legal and regulatory challenges<br>◦ Lack of efficient collaborations |
| Norwegian Refugee Council **(**NRC) | ◦ Financial stability<br>◦ Strong operational model | ◦ Service delivery is for a specific category which is | ◦ Collaborations with other stakeholders<br>◦ Potential for funding | ◦ Ineffective support from local authorities and community |

| | | | | |
|---|---|---|---|---|
| | ◦ Tailored healthcare access programs for the urban poor.<br>◦ Effective advocacy | refugees<br>◦ Limited coordination and collaboration with the government.<br>◦ Challenges in sustaining long-term impact and ensuring continuity of services.<br>◦ Challenges in accessing remote and underserved areas.<br>◦ Potential gaps in technical expertise. | opportunities from international donor agencies.<br>◦ Collaboration with the government. | leaders.<br>◦ Public trust and perceptions<br>◦ Government restrictions<br>◦ Political instability<br>◦ Political and bureaucratic challenges that may impede program implementation.<br>◦ Limited public awareness of the role of the NGO<br>◦ Strict budgetary allocations |
| Meeting Point International (MPI) | ◦ Strong understanding of the healthcare needs and challenges of the urban poor.<br>◦ Strong focus on healthcare access for the urban poor.<br>◦ Effective partnerships with local healthcare facilities.<br>◦ Successful community | ◦ Potential gaps in technical expertise and training.<br>◦ Limited coordination and collaboration with the government<br>◦ Socio-cultural barriers and stigma associated with seeking healthcare services<br>◦ Government | ◦ Increasing support from local authorities and community leaders.<br>◦ Policy reforms that favour the operations of NGOs<br>◦ Public sector operational gaps<br>◦ Strong community engagement<br>◦ Potential for partnerships with | ◦ Government restrictions<br>◦ Limited financial resources to expand programs and reach more beneficiaries.<br>◦ Constraints in recruiting and retaining skilled healthcare professionals.<br>◦ Potential gaps in capacity building and |

| | | | | |
|---|---|---|---|---|
| | engagement and participation strategies.<br>◦ Vast expertise and knowledge<br>◦ Grassroot connections and individual approaches<br>◦ Strong record of impact<br>◦ Efficient knowledge sharing and capacity building for members | restrictions<br>◦ Worsening economic instability<br>◦ Limited geographic reach<br>◦ Strong dependency on external funding | corporate entities for funding and resources.<br>◦ Growing public awareness of the importance of healthcare access for the urban poor. | training for staff<br>◦ Donor scepticism and earmarking donor-motivated performance criteria<br>◦ Donor shifting priorities |
| Coalition for Health Promotion and Social Development (HEPS-Uganda) | ◦ A strong influence on policy-making and systemic changes.<br>◦ Successful track record in implementing healthcare access programs.<br>◦ Strong advocacy power and policy influence<br>◦ Effective communication channels<br>◦ Strong research and | ◦ Limited public awareness of their operations and existence<br>◦ Limited reach to the target population | ◦ Collaboration with academic institutions for research and knowledge sharing.<br>◦ Policy reforms that favour the operations of NGOs<br>◦ Strong government partnerships<br>◦ Potential for funding opportunities from diverse sources.<br>◦ Adoption of technology solutions | ◦ Targeted government restrictions<br>◦ Partnership constraints and motive-driven collaborations<br>◦ Unplanned health emergencies<br>◦ Limited public awareness and understanding of the role of NGOs in healthcare access. |

| | | | | |
|---|---|---|---|---|
| | analytical insights<br>◦ Strong partnerships and collaborations with local healthcare providers and the government<br>◦ Effective advocacy and policy influence.<br>◦ Well-developed monitoring and evaluation systems. | | for improved service delivery.<br>◦ Potential for replication and scaling up of successful models. | |

Table 8: SWOT analysis for the six selected cases.

After conducting SWOT Analysis, strengths, weaknesses, opportunities, and threats were analysed and categorized to identify emerging patterns and themes that would be able to exclusively answer the research questions which are discussed in the next sub-sections.

## 5.2 KEY BARRIERS TO HEALTHCARE ACCESS FOR THE URBAN POOR DURING THE PANDEMIC

The key barriers to healthcare access for the urban poor were identified by analysing the threats and then validated using the participants' responses. The identified barriers include the following.

### Limited Awareness and information

Inadequate dissemination of accurate health information: The findings indicated that the closure of schools which was a source of health information, especially for school-going children, highly impacted the dissemination of accurate healthcare information. Findings indicated that slum residents had limited knowledge and awareness about available healthcare services, prevention measures and the importance of seeking medical care during this period. Respondents from Banda and Kinawataka slums also highlighted that solid beliefs and cultures also exacerbated low health literacy and inadequate dissemination of accurate health information.



*"Some residents have TVs and radios while others use their phones to source information. We also receive information in the form of brochures, but it doesn't reach everyone effectively because some people don't have the communication tools, and in most cases, the information they receive from their neighbours, colleagues and friends is always not accurate." Respondent KI R10.*

Dissemination of wrong health information: Respondents also highlighted that myths and wrong health information constantly circulated faster than accurate healthcare information. This happened due to the existence of language barriers which led to misinterpretation of data.

**Financial Constraints**

Loss of income: Respondents identified extreme poverty due to lack of income during the pandemic as one of the barriers to healthcare access. The lockdown measures led to high numbers of job losses, reduced working hours, reduced work capacity per workplace and economic instability, which highly affected the urban poor.

*"It was horrible, people lost their jobs, and up to now, they haven't regained them, so they couldn't afford private means and public health centres that were near but also inaccessible due to restrictions by the government. This was the main reason why many people died in this area." Respondent KI R5.*

Expensive private facilities and drugs: The pandemic led to an increase in healthcare costs due to additional expenses associated with testing, treatment, and personal protective equipment. Respondents highlighted that the slum dwellers were already constrained financially and found it challenging to meet the healthcare costs.

Increased Healthcare Prioritization: Due to financial constraints, the slum dwellers were forced to prioritize their limited resources for essential needs such as food, rent, and utilities, often deprioritizing healthcare. This led to delayed or forgone healthcare-seeking behaviours, jeopardizing their health and well-being.

*"We were not prepared for COVID-19, so for people who live on daily income, our major focus was on how to survive through the day and how to feed our families. Most households in this area have a lot of single mothers and many females, including me, as the family heads. Survival is tough, especially if you are illiterate. We also have other youth who have been unemployed, so imagine how to survive in an unprepared situation. Automatically, healthcare would be the last thing to think about after food, rent and others." Respondent KI R22.*

**Geographical Accessibility**

Distance to Healthcare Facilities: Some respondents explained that slum residents resided far away from the nearest healthcare facilities. This required them to walk long distances to access medical care, which posed several challenges, especially for the elderly and chronically ill patients.

*"Public health centres are quite far to reach, especially for residents of communities like Banda. Also, it would mean death for people descending from hilly communities." Respondent NR5.*



Transportation barriers: The lockdown measures hindered the movement of public transportation, which limited access to healthcare. Additionally, the respondents highlighted that the available transportation measures were expensive at that time, while the free or low-cost ones were hard to access due to heavy restrictions and authorizations imposed on them.

**Health System Capacity**

The attitude of health practitioners: Many health practitioners lacked empathy and understanding of patients' situations. Respondents highlighted that some doctors and health professionals were rude, while others asked for bribes and deterred slum residents from accessing healthcare.

*"Many slum dwellers raised concerns regarding the attitude of health workers, but they were not acknowledged at all. This led to some sick residents refusing to go to public health centres" Respondent KI R20.*

Overburdened healthcare facilities: During the pandemic, most health facilities were operating at limited capacity, which contributed to limited healthcare access. Respondents highlighted that the health facilities had a limited number of health personnel who operated at reduced working hours. Additionally, the health facilities only allowed a specific number of patients with the aim of preventing the spread of Covid-19 infection.



*"This area is very close to the main referral hospital, but people don't go there. And those who go there don't get the desired medication. Many of them just receive a diagnosis and are always told to buy the prescribed medicines, which wasn't helping at all, especially for some residents who were living on drugs." Respondent KI R7.*

**Stigma and Fear**

Stigmatization: Slum areas were considered hotspots for the spread of infections which led to health-seeking slum residents from accessing health services.

Respondents highlight that the extreme fear of discrimination, isolation and unfair treatment could not raise their concerns as regards health access.

*"People with Covid-19 and HIV/AIDs suffered most during this time because they couldn't speak out because they feared being isolated. We had a case where one of our residents was being forced to leave the community because he had contracted Covid-19." Respondent KI R12.*

Fear of infection: Many slum residents refused to access healthcare services from health centres due to the fear of contracting Covid-19 because they were considered as hot spot areas for the rapid spread of Covid-19. Additionally, rumours and misinformation about healthcare access and Covid-19 accelerated the deliberate refusal to receive health services.

*"Many residents feared going to hospitals because of the rumours that they heard from the Covid-19 referral centres. Others just didn't want to get out of their homes even when they were sick because they were scared of getting sick." Respondent NR5.*



**Political Intervention**

Socio-political Priorities: Political intervention driven by socio-political priorities and agendas hindered specific health care programs. Respondents highlighted that politicians used the pandemic period to the best of their personal agendas rather than communicating the specific healthcare needs of the urban poor. This led to limited healthcare access, which exacerbated their poor health conditions.

*"Our MPs (Members of Parliament) could come to our area just to talk about what was already known and what they wanted us to hear. They used to come with a lot of*

*media and could not allow us to voice out our health needs. Other times they could come with about 100 masks, and it would require the attention of several media platforms just to access those." Respondent KI R14.*

In addition, some of the leaders politicized most health-related interventions, especially the dissemination of Sops such as masks, social distancing, and vaccination which created confusion and mistrust among populations as regards to access to healthcare services, especially those who are followers of the leaders.

*"What I hated most was that some of those politicians were always against government interventions which increased the presence of myths in health, especially in vaccine uptake and health care access in public health centres." Respondent KI R17.*

## 5.3 HEALTHCARE ACCESS COPING CAPACITY FOR THE URBAN POOR DURING THE PANDEMIC

The strengths and weaknesses of the NGOs were analysed to identify emerging patterns related to the healthcare access coping capacity for the urban poor. The findings examined that the health coping capacity of the urban poor during the pandemic was strained due to various factors which include the following.



### Reliance on public healthcare Services

Slum residents sought public healthcare services. Due to financial constraints, respondents relied on services provided by the government even when they weren't readily available and contained several gaps. Some respondents further highlighted that the government played a crucial role in supporting their communities, especially through equipping the nearest public health facilities.

*"The health of this area has always been poor to start with, and even now, it is still the same case. We have a population that has chronic infections and communicable diseases, but they go to designated public treatment areas." Respondent KI R8.*

*"As always, people were used to the issues in health, and they always survived. But generally, as you see, we tend to rely on public health centres. Even though they don't fit our needs." Respondent KI R4.*

**Utilization of alternative healthcare providers**

Due to inaccessibility to health facilities and other health access barriers, residents chose to seek medication from alternative health practitioners such as traditional healers. These alternative sources of healthcare played a crucial role in bridging the gap in access to formal healthcare services. However, some of these practitioners are not qualified, and their diagnosis wasn't proven valid, which poses a great danger to the lives of the slum dwellers.

**Social Capital**



Respondents highlighted that most residents relied on community networks. The residents of these slums often came together to support each other, sharing information about available healthcare resources and providing assistance in accessing medical care which increased the solidarity in healthcare support.

*"Our VHTs played a huge role in mobilizing the masses and creating health awareness campaigns. Also, neighbours played a significant role in disseminating information." Respondent KI R2.*

**Self-medication and home remedies**

Slum residents often relied on self-care practices and home remedies to manage their health conditions. Due to limited access to healthcare facilities and worsening financial constraints, individuals resorted to using over-the-counter medications, traditional remedies and other home-based care strategies as the most typical health coping mechanism to alleviate symptoms and treat minor illnesses.

*"Aloe vera, ginger, paracetamol, and vitamin C were the most common home medicines found at almost every home. People also used the internet for other medications, which was very harmful to their lives. Indeed. we witnessed some people die because of overdosage and wrong prescriptions." Respondent KI 15.*

**Support from NGOs and the private sector**

NGOs played a significant role in enhancing the healthcare coping capacity of the urban poor. Through their interventions, NGOs provided essential healthcare services conducted health awareness campaigns and facilitated community engagement to address the specific needs of the urban poor population.



*"We relied on individuals, churches and NGOs like Living Goods as well as home visits from trained health personnel. The challenge was the aid from NGOs was limited and could not cater for the community." Respondent KI R6*

**5.4 NGOs' HEALTH INVOLVEMENT DURING COVID-19**

The strengths identified in the SWOT analysis of the cases helped to shed light on the ways NGOs were involved in supporting healthcare access for the urban poor during the Covid-19 period. During the pandemic time, NGOs played a crucial part in slum areas and were always at the forefront of supporting the slum dwellers to achieve healthcare access. NGOs disseminated information and raised health awareness

among slum dwellers. They also recognized the importance of raising self-awareness among the dwellers as well as eliminating the possibility of stigmatization among their beneficiaries. This was through home visits from NGOs like Meeting Point International and membership rollouts through phone calls.

NGOs like HEPS-Uganda were at the top of lobbying for inclusive health policies and driving for the adoption of universal health services. They advocated for the rights and needs of slum residents by engaging policymakers, government agencies and other stakeholders. Advocacy efforts were further evidenced by raising health disparities issues to responsible persons.

NGOs further provided disease preventive equipment such as masks, and nutritional foods to children, the elderly and high-risk populations and they developed and distributed health educational materials. NGOs provided health training and capacity-building programs to slum residents, especially the village health teams and empowered them to protect themselves against infections. They further established medical camps, and standby health facilities and collaborated with public and private health facilities to offer free to low-cost medical services.



NGOs actively involved the slum dwellers to participate in health response activities and this was through mobilizations by the local leaders. This helped to foster community ownership and strengthen their social networks.

*"NGOs played the biggest role in counselling worried people, reducing stigma, and reaching out to victims' homes. NGOs like living goods offered health services to children under 5 years so it saved some parents the cost of buying medication. They*

*also partnered with LCs to carry out sensitization as well as channel the little aid they had." Respondent KI R21.*

*"NGOs partnered with LCs and VHTs to carry out sensitization for covid and other health services. They also advised people to always visit health centres and told people to stop using home mixtures as they contributed to people's deaths. There was massive awareness. NGOs like Living Goods and NRC played a big role in disease prevention by providing hygiene kits, and training the local community and up to now, we still receive its help." Respondent KI R2.*

## 5.5 CHALLENGES FACED BY NGOS DURING COVID-19

The weaknesses and threats observed in the SWOT analysis of the cases were used to identify emerging patterns and themes related to challenges faced by the NGOs in supporting the urban poor to have health access during the pandemic period and these are described below.

### Governmental Challenges



### Lockdown Measure

The lockdown measure was the biggest barrier and challenge that NGOs faced during the pandemic period. It not only restricted the movement of NGO employees but also affected their daily operations. NGOs had challenges in reaching out to their beneficiaries at appropriate times which hindered the ability of the slum dwellers to access health services from NGOs.

*"When NGOs were banned from providing services, people who relied on them suffered the most because they could no longer receive their necessary help." Respondent NU 2.*

Lockdown measures also led NGOs to shift from their normal routine to digital platforms. This influenced their service delivery models since most of the slum dwellers do not have relevant devices for connectivity. In addition, the lockdown restrictions meant limitations in staff shortages due to transportation difficulties, hence increased workload.

**Regulatory Barriers**

NGOs operating in slum areas encountered regulatory barriers imposed by the government, most of which were biased. This hindered their ability to deliver healthcare services to their beneficiaries. The barriers included strict scrutiny of NGO operations, strict bureaucratic processes, or restrictive regulations that impede timely and efficient service delivery. Additionally, the imposed laws hindered funding support both from the government and donor agencies.



*"Our organization is majorly based on donor funding. Because of Covid, we received other stricter rules that hindered our operations." Respondent NR4*

*"I think at that time, capable organizations would have been given a chance but many of them were operating under strict rules to the extent of having interventions from the RDC. "Respondent NU1.*

### Poor Collaboration with the Government

NGOs that supported the vulnerable faced several hardships especially when they were trying foster collaborations with the government. In addition, poor collaborations hindered some programs and projects that were intended for vulnerable populations to be carried out. They were also denied influencing health policies that could protect the vulnerable.

### Corruption

Most NGOs representatives reported that corruption was also a major challenge that hindered their operations. Multiple attempts always occurred right from when they leave their homes for their workplaces. They further explained that the government transferred most of the powers to the Resident District Commissioners (RDCs), the RDCs and intermediaries always asked for large sums of money before they were allowed to carry out their operations. Furthermore, the goods meant to be received by the beneficiaries were lawfully channelled through the RDCs to the LCs, but these essentials weren't reaching the vulnerable instead the beneficiaries always received nothing or part of it.



### Community Challenges

### Perception of NGOs

The perception of NGOs and their operations in slum communities varied from slum to slum. Some NGO representatives expressed their concern about how some community members viewed and negatively considered their work while others attacked them directly. This hindered their operations. Additionally, some cultural

beliefs and misconceptions affected service delivery. One respondent explained that there were a number of people from some religious sects and cultural sectors who rejected aid because they deemed it unworthy.

*"Some of the community members have questioned our operations, others think that we have other motives while others think that we make large sums of money through these organizations." Respondent NR2.*

Some slum respondents highlighted that NGOs brought aid that was not suited for their communities. This made them doubt their motives for helping them.

*It is true that we need help, but some NGOs could bring aid that doesn't meet our problems at all. In this community, we have a lot of high-risk patients where I think that their needs should be considered first" Respondent KI R1.*

**Stigma**

Stigma was identified as the biggest community barrier. During the Covid-19 period, many people were unable to seek healthcare due to fear of isolation and discrimination. This hindered NGOs' operations as they were not able to reach out to high-risk patients who reluctantly refused to seek aid from them. Additionally, NGOs could not map out the real health needs of the communities as the real people who needed health care services did not reach out to them.

**Inaccessibility**

Most slum areas lack proper road networks which made it difficult for the NGOs to reach certain parts of the communities. Most respondents also reported that it was difficult to help critically ill patients because they had to station their vehicles far

away from the patient's residences a situation that delayed health access. In addition, some slums are too overcrowded which made it hard to reach out to critical people because it could require local knowledge and if no one reported such a person then they would miss out on healthcare services.

Figure 11: A typical road and a pathway in a moderately sized pathway in Kinawataka slum.



**Organizational Challenges**

**Corruption**

Corruption within the organizations was experienced. Some respondents explained how they had situations where many of the employees were dismissed due to such acts. Within a wider context, NGO operations were undermined by the communities which caused a lot of mistrust, misconceptions and negative perceptions against the organizations. Additionally, the corruption within the organizations led to the compromisation of the organization's programs.

*"Many of our employees especially the new ones were sacked because they always turned in the wrong numbers of aid recipients." Respondent NR 1.*

*"In our community, we saw some NGO workers who could bring us products and they would tell people to sign that they received double or an incorrect number. We had no choice because we wanted the little stuff that was brought." Respondent KI R3.*

**The Working Attitude of Employees**

The perception of the pandemic by the employees affected their ability to work effectively since many of them were scared and feared the risk of being infected. Some respondents explained that some of the employees avoided areas especially slums since they were deemed as high-risk areas. Other respondents expressed their concern about the low morale, lack of commitment and self-dismissal that occurred. This left a huge load of work for the few active employees to the extent that they could strike a balance between official and field operations.

**Supply Logistics**



NGOs depend on supply chains and logistics to deliver health services and other kinds of aid to the beneficiaries. However, during the Covid-19 period, NGOs were faced with transportation difficulties where they required authorization permits that would take longer to get from authorities. Additionally, most of the transportation means were under total ban while others had a travel limit. This hindered the timely and efficient delivery of supplies.

*"Even when we had supplies to deliver to our beneficiaries, we couldn't bypass the strict security measures on transportation modes. This made service delivery almost close to impossible" Respondent NR 2.*

**Funding**

During the Covid-19, NGOs especially those that relied on donor funding experienced budget cuts from their funders. Respondents explained that the mode of funding changed where most of their donors tightened their budgets, but they continued to pressure NGOs to fulfil their missions and operate normally with what they had. Additionally, insufficient funding restricted the availability of resources which hindered NGOs to carry out their daily programs as well as expand on their roles to a large number of beneficiaries.

*"We were working under pressure to fulfil our donors' conditions and at the same time meet the needs of our members despite the limited funding that we received. It was and still is a trying time because we are still lobbying for funding" Respondent NR 4.*

# CHAPTER SIX: SUMMARY, DISCUSSION AND CONCLUSION

The chapter discusses the summary of the findings from the study, the limitations of the study, discussions, implications of the study and the proposed recommendations.

## 6.1 SUMMARY OF THE FINDINGS

The findings of the research from the investigations on the challenges faced by NGOs during the pandemic period are summarized as follows.

**Research Question 1: What challenges have been faced by NGOs in helping the urban poor have access to healthcare during the pandemic?**

The findings revealed several challenges faced by NGOs in assisting the urban poor in accessing healthcare during the pandemic. The key challenges identified include limited financial resources, logistical constraints, and increased demand for healthcare services. NGOs faced difficulties in mobilizing adequate funds to support their healthcare initiatives, especially due to the economic impact of the pandemic. Additionally, logistical challenges such as transportation restrictions and limited access to healthcare facilities in slum areas posed barriers to delivering healthcare services to the urban poor. The increased demand for healthcare services overwhelmed NGOs, making it challenging to meet the healthcare needs of the urban poor effectively.



**Research Question 2: What are the key barriers to healthcare access for the urban poor during the pandemic?**

The study identified several key barriers to healthcare access for the urban poor during the pandemic. These barriers include financial constraints, lack of awareness and health literacy, geographical accessibility, limited health capacity and the attitude

of health practitioners. Slum dwellers who faced these barriers experienced worsening health conditions and receipt of poor-quality medical services.

**Research Question 3: How was the healthcare access coping capacity for the urban poor during the pandemic?**

The findings indicate that the healthcare access coping capacity for the urban poor during the pandemic was strained. The urban poor faced challenges in accessing timely and affordable healthcare services. The increased demand for healthcare, coupled with overwhelmed healthcare systems and limited resources, impacted their ability to receive adequate care. The lack of healthcare infrastructure in slum areas further limited their access to healthcare facilities. The urban poor struggled with coping mechanisms such as self-medication, delayed treatment-seeking, and reliance on informal healthcare providers due to limited options and financial constraints.

**Research Question 4: How have NGOs been involved in supporting healthcare access for the urban poor?**



NGOs played a crucial role in supporting healthcare access for the urban poor during the pandemic. The findings highlight that NGOs employed various approaches, including community engagement, service delivery models, advocacy efforts, and collaboration with other stakeholders. NGOs actively engaged in raising awareness about healthcare services, preventive measures, and available resources. They utilized innovative, flexible service delivery models such as medical camps, VHTs and outreach programs to reach out to the residents of slum communities. NGOs also advocated for the healthcare needs of slum dwellers through lobbying for policy changes and resource allocation.

**Research Question 5: What policies and measures should be taken to increase NGOs' health involvement in communities?**

The opportunities identified in the SWOT analysis were used to provide insights into potential policies and measures that can be taken to increase NGOs' involvement in communities' health. The opportunities included leveraging and adoption of technological and innovative approaches, improving community engagement through local leadership partnerships, and addressing resource and funding challenges (Mehrolhasani et al., 2021).

In addition, respondents and SWOT analysis emphasized the key challenges that impede NGOs from operating at full capacity during their pursuit for healthcare access for the urban poor during the pandemic period. This highlighted the need for government support through prioritization and allocation of funding to support the works of NGOs. Furthermore, the role of community networks through effective mobilization from the VHTs and the LCs, as well as NGOs, proved to be important. Therefore, policymakers should prioritise the role of community participation in decision-making and the role of LCS.



Due to availability of NGOs' challenges such as misinformation and the circulation of wrong information, practical information platforms that are tailored to the communities' needs should be established to facilitate the exchange of best practices, lessons learned, and innovative health approaches that address healthcare issues.

Additionally, by incorporating the SDH framework in the literature review, policymakers, NGOs, and other stakeholders can gain insights into evidence-based policy and measure recommendations that are aligned with addressing the social

determinants of health and improving healthcare access for the urban poor. These recommendations can inform decision-making processes and contribute to the development of comprehensive strategies to enhance NGOs' health involvement in communities (Danaher, 2011; WHO, 2021).

## 6.2 IMPLICATIONS OF THE STUDY

The following are the implications of the study.

**Policies:** The study can inform policymakers about the specific barriers and challenges faced by NGOs during the pandemic. It highlights the slum situations and the need for regulatory reforms, streamlined processes, and inclusive policies that facilitate the operations of NGOs and enhance their ability to deliver services effectively. This will help to provide clear guidelines for NGO operations.

**Efficient partnerships:** The study can encourage improved collaborations between NGOs and the government. By identifying the barriers and limitations in their collaborations, the research can guide the development of frameworks for effective partnerships, shared decision-making, and coordinated efforts in addressing community needs. Additionally, the study identified that the role of local councils was highly undermined which led to poor coordination of healthcare services. The study can emphasize the role of community participation in health decisions through the active involvement of local leaders since they have vast knowledge about the community’s needs.



**Community engagement:** The study highlights the importance of the roles and contributions of NGOs. NGOs actively emphasize the involvement of slum dwellers in developmental activities. Furthermore, they highlight the need for strategies that

build trust, address misconceptions, and involve community members in the design and implementation of programs. The findings can guide the development of culturally sensitive approaches and communication strategies to effectively engage all residents of slum communities.

**Knowledge:** The study is original work, and it covers the literature gap which contributes to the existing knowledge about the challenges faced by NGOs. It can encourage further research in this area, explore additional magnitudes of the challenges, examine other case studies from different regions, countries and urban settings or investigate the long-term impacts of these challenges on NGOs and the communities they serve.

### 6.3 RECOMMENDATIONS TO THE STUDY

From the findings of the study, the following are the proposed recommendations.

The need for an integrated multifaceted approach to strengthen the health systems. "An integrated and multifaceted approach involves multiple institutions making simultaneous progress on various fronts towards the same goals" (HEPL). Adopting this approach will allow the different stakeholders to actively involve themselves in strengthening the health system through embracing public-private partnerships (PPP). Effective PPPs will reduce the budgetary pressure required to meet healthcare needs and help to strengthen health systems.



Recognize the importance of LCs. During the study, service delivery to the target beneficiary was hindered due to poor coordination with the local authorities. LCs have a full understanding of the community, they act as intermediaries between their communities and the government, healthcare providers, NGOs and other stakeholders.

They can single-handedly identify the needs of individuals in slums. In addition, LCs can also foster the active participation of their communities through advocacy and efficient mobilisation. Therefore, it is recommended that LCs' roles need to be recognized by the government, NGOs, and other relevant stakeholders.

## 6.4 CONCLUSION

This research has highlighted the various challenges faced by NGOs in supporting the urban poor with healthcare access in slum areas. The findings revealed a variety of issues that affect slum communities and those that impact the ability of the urban poor to have access to healthcare services. Additionally, the Covid-19 pandemic has worsened slum situations which highlights the need to address health vulnerabilities and reduce inaccessibility to healthcare services. To address the challenges faced by slum dwellers, a multifaceted approach that involves the role of various stakeholders is required to overcome their social issues and improve their way of living. Therefore, the government, NGOs and relevant stakeholders need to work collaboratively to enhance outreach activities in communities and improve service delivery.



NGOs need to tailor their aid to the specific needs of the slum communities. It is also essential for NGOs to advocate for policy changes and mobilize resources that address the systemic barriers that accelerate the challenges faced by the urban poor.

In conclusion, addressing the challenges of healthcare access for the urban poor in slum areas requires a concerted effort from NGOs, governments, healthcare providers, and the wider community. This can help to reduce healthcare inequalities and inequities that are readily faced by vulnerable populations, especially slum dwellers.

Furthermore, it will foster effective governance, transparency, and accountability to ensure equitable healthcare service delivery.

## 6.5 LIMITATIONS TO THE STUDY

Despite the significant insights gained from the study, certain limitations were recognized.

**Accessibility:** Some of the slum areas were considered to be characterized by high levels of insecurity and crime rates. Additionally, the existence of poor road networks made it hard to easily access the desired research locales.

## 6.6 FURTHER STUDIES

The aim of the study was to investigate the challenges faced by NGOs in their pursuit to support the urban poor to have access to healthcare and to exclusively answer the research questions. However, during the study, several unanticipated findings emerged the presented several gaps in knowledge in research around the context of healthcare access, NGO roles and stakeholders' engagements. The unanticipated findings presented an opportunity to recommend further studies and analysis.



**Comparative Analysis of the research topic:** Further analysis of the research topic in different contexts for instance examining how different NGOs in different urban settings, regions, cities or even countries faced similar or differing challenges could provide valuable insights on the context-specific challenges that NGOs face and factors that influence health access.

**Analyzing the impact of NGO Interventions:** Conducting an in-depth assessment of specific NGO programs and other NGO operations such as evaluating their effectiveness in improving health access can be important in formulating policies for

NGO works and stipulating environments in which NGOs operate. Additionally, there is a need to study the long-term impacts of NGOs' health interventions in slum communities to assess the effectiveness of NGO efforts in the communities they work in.

**Comprehensive analysis of different stakeholder perspectives and experiences:** During the study, knowledge gaps on the role and impact of the rapid response team, the role of health practitioners especially the public workers and other relevant stakeholders were presented. There is also a need to diversify the research and capture the perspectives of several relevant stakeholders.

# APPENDICES

## GLOSSARY

**Urban Poor**: The term "urban poor" refers to a specific segment of the population residing in urban areas who experience poverty and face socio-economic disadvantages. They typically have limited access to essential services, including healthcare, education, housing, and basic amenities (Bell, 1973; UN-Habitat, 2003). In relation to the research, the focus is on understanding the challenges faced by the urban poor population residing in slums in Kampala, Uganda, specifically in accessing healthcare during the pandemic.

**The Pandemic:** A pandemic is a disease outbreak that spreads across countries or continents. It affects more people and takes more lives than an epidemic (WebMD, 2022). In the context of this research, the term "pandemic" specifically refers to the COVID-19 pandemic, caused by the novel coronavirus (SARS-CoV-2). The COVID-19 pandemic presents unique challenges for NGOs working to improve healthcare access for the urban poor in slums of Kampala, Uganda.



**Challenges:** In the context of this research, challenges can be defined as obstacles or difficulties or barriers that NGOs encountered in their efforts to improve healthcare access for the urban poor population amidst the COVID-19 pandemic. The scope of challenges can be comprehensive however for this research, it relates to the specific context of NGOs' work in helping the urban poor access healthcare during the COVID-19 pandemic. These challenges include a range of factors that hindered NGOs from carrying out effective healthcare delivery, such as limited funding and

resources, bureaucracy, organizational hurdles, socio-economic disparities, and logistical constraints.

**Role:** The term "roles" refers to the specific responsibilities, functions, and contributions of different stakeholders with more focus on NGOs involved in addressing healthcare access for the urban poor.

## MAPS OF SLUM COMMUNITIES

### 1. Banda Slum

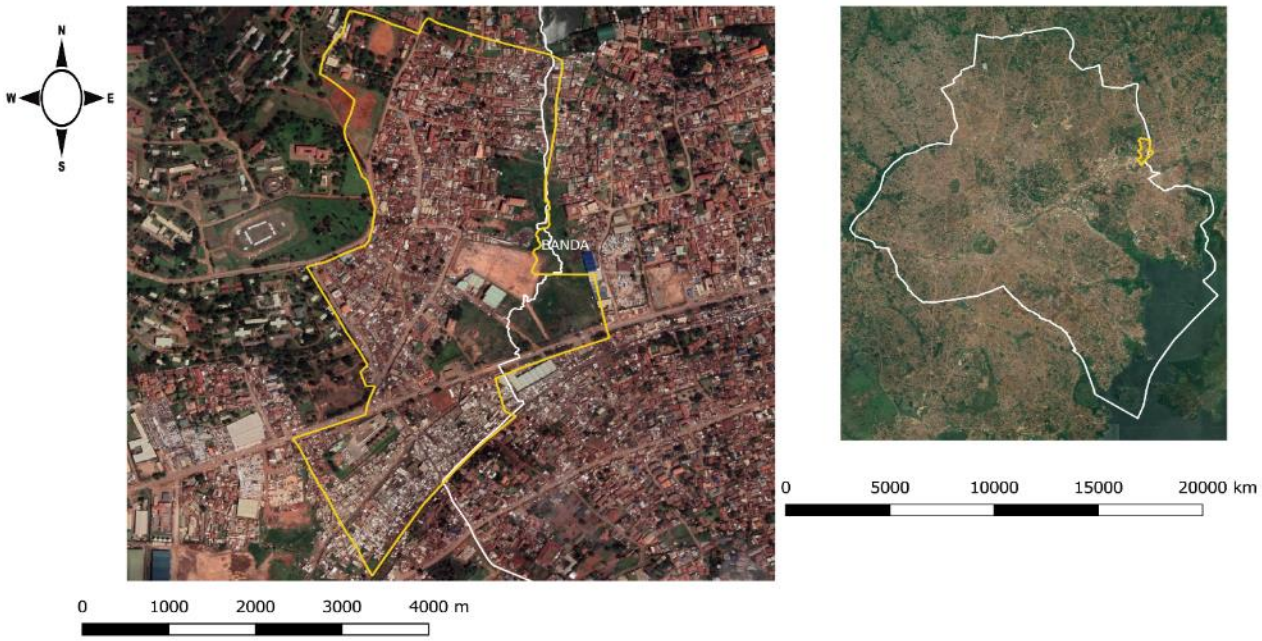


Figure 12: Map of Banda Slum.

### 2. Kinawataka Slum

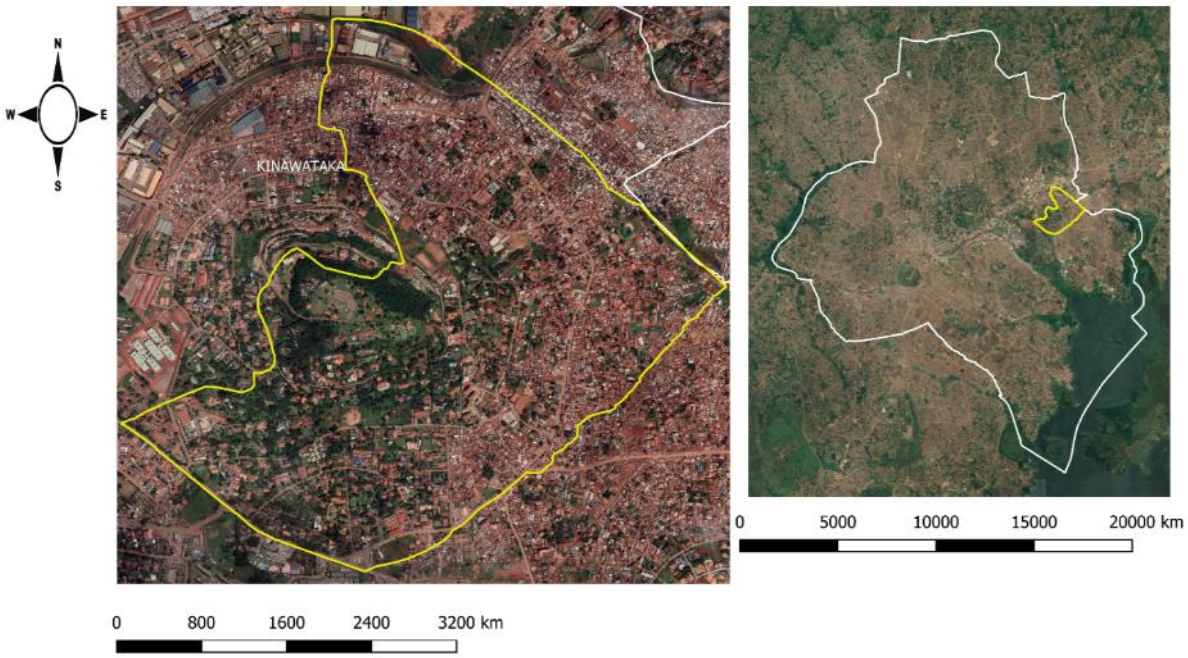


Figure 13: Map of Kinawataka Slum.

### 3. Kanyanya Slum

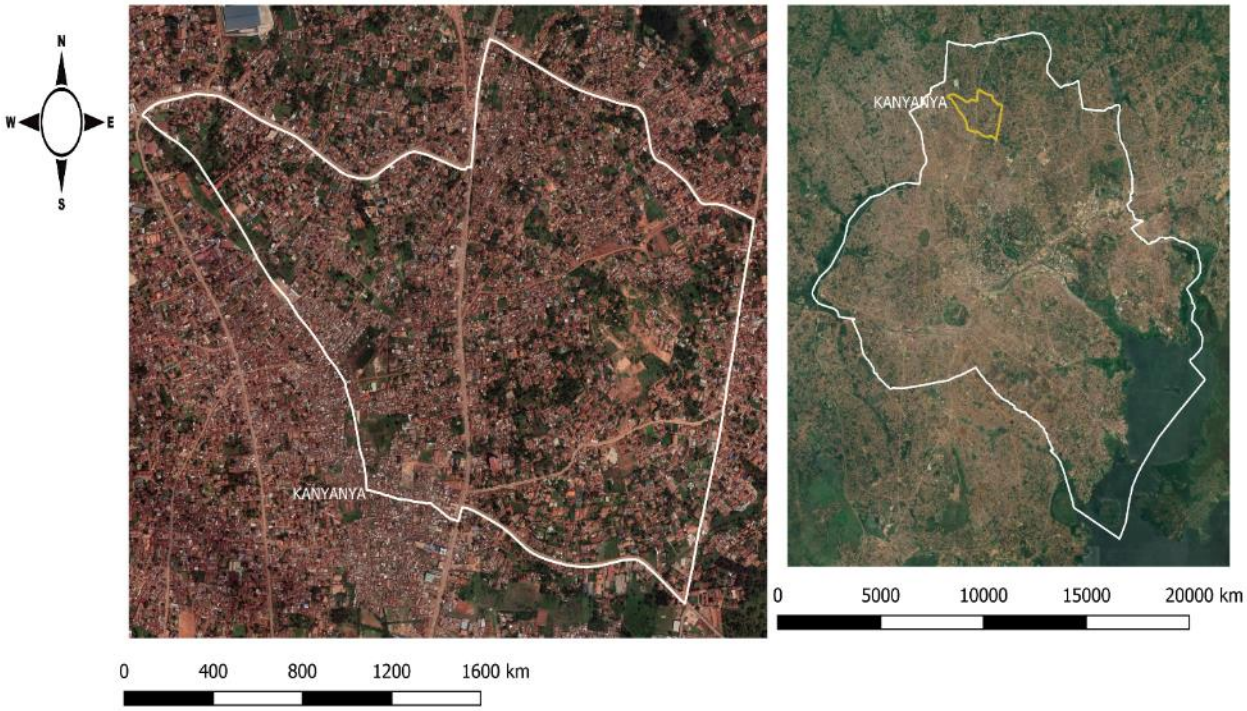


Figure 14: Map of Kanyanya Slum.

### 4. Bwaise II Slum

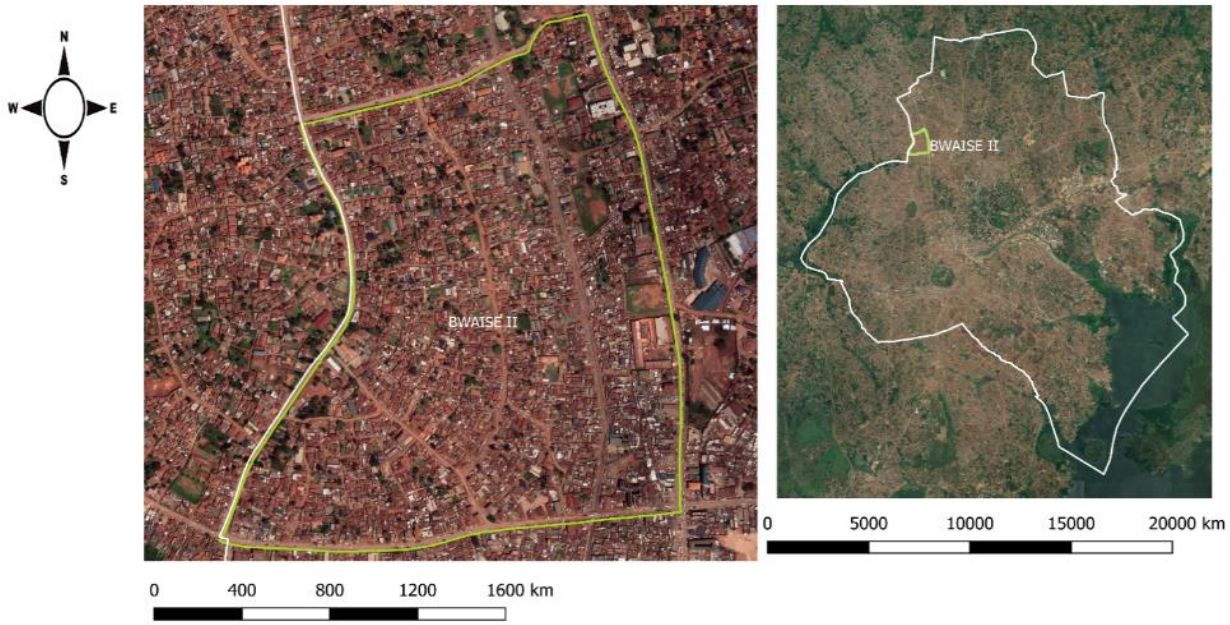


Figure 15: Map of Bwaise II Slum.

## 5. Kyebando Slum

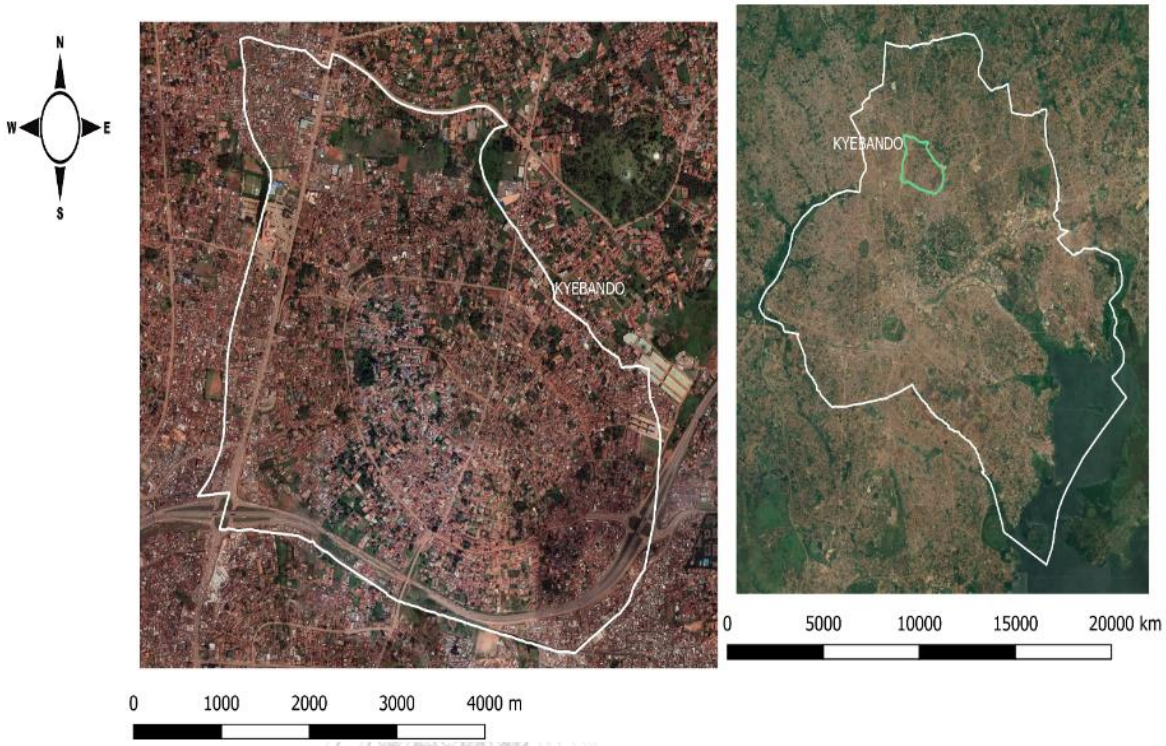


Figure 16: Map of Kyebando Slum.

## 6. Mulago II Slum

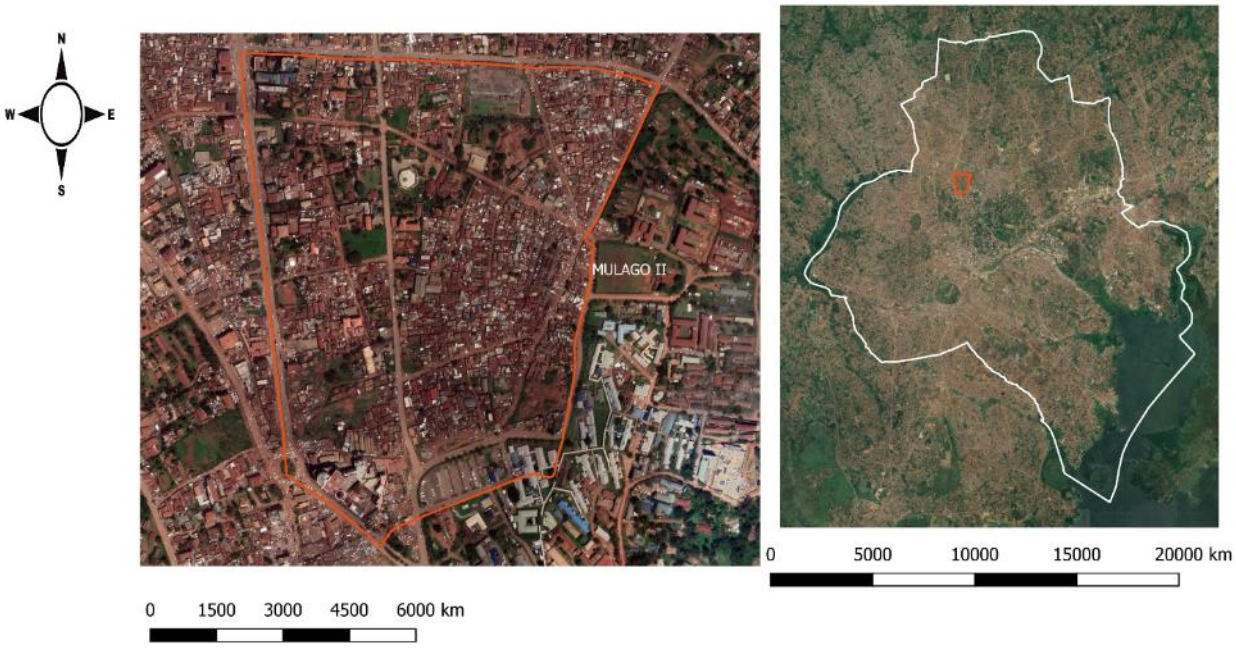


Figure 17: Map of Mulago Slum.

### 7. Kamwokya Slum

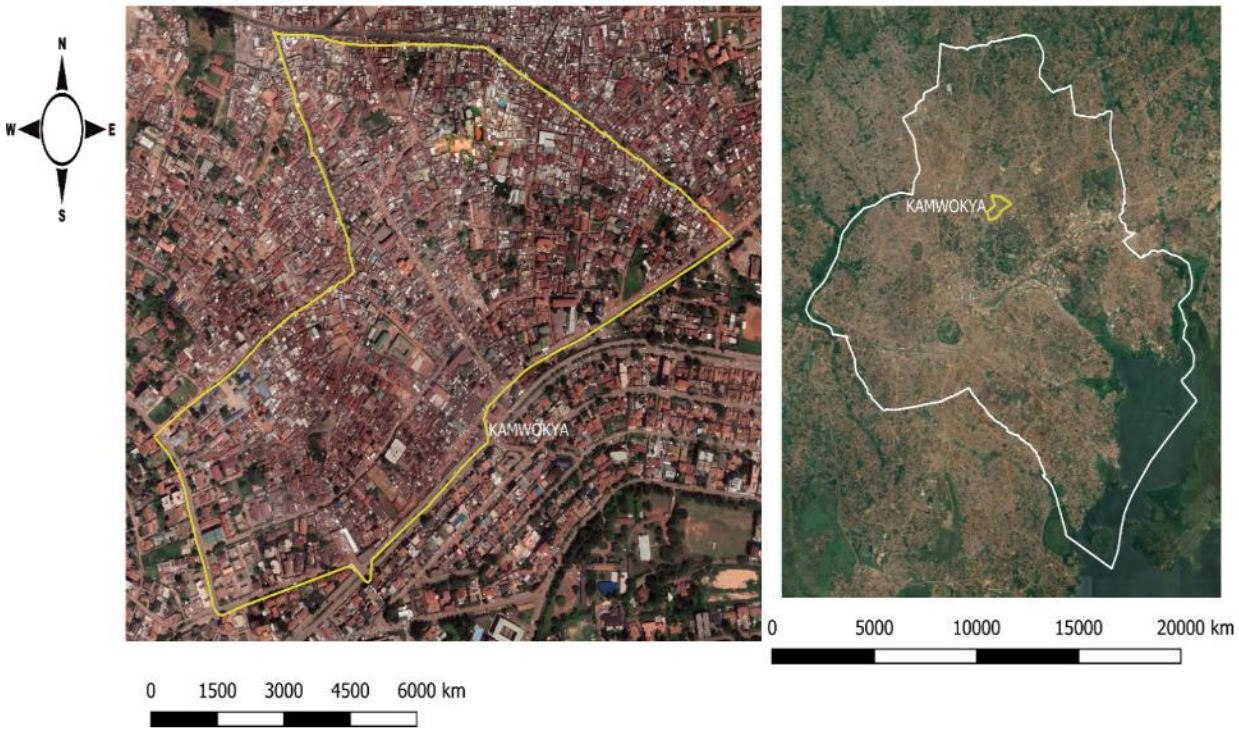


Figure 18: Map of Kamwokya II Slum.

### 8. Ggaba Slum

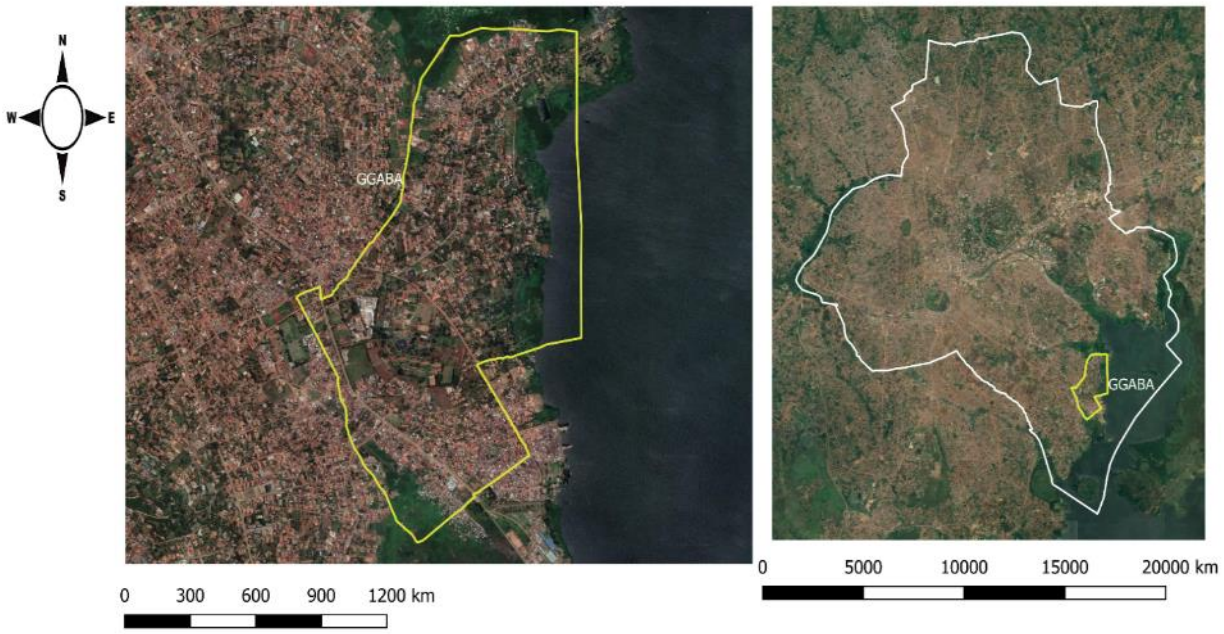


Figure 19: Map of Ggaba Slum.

**9. Kisenyi I Slum**

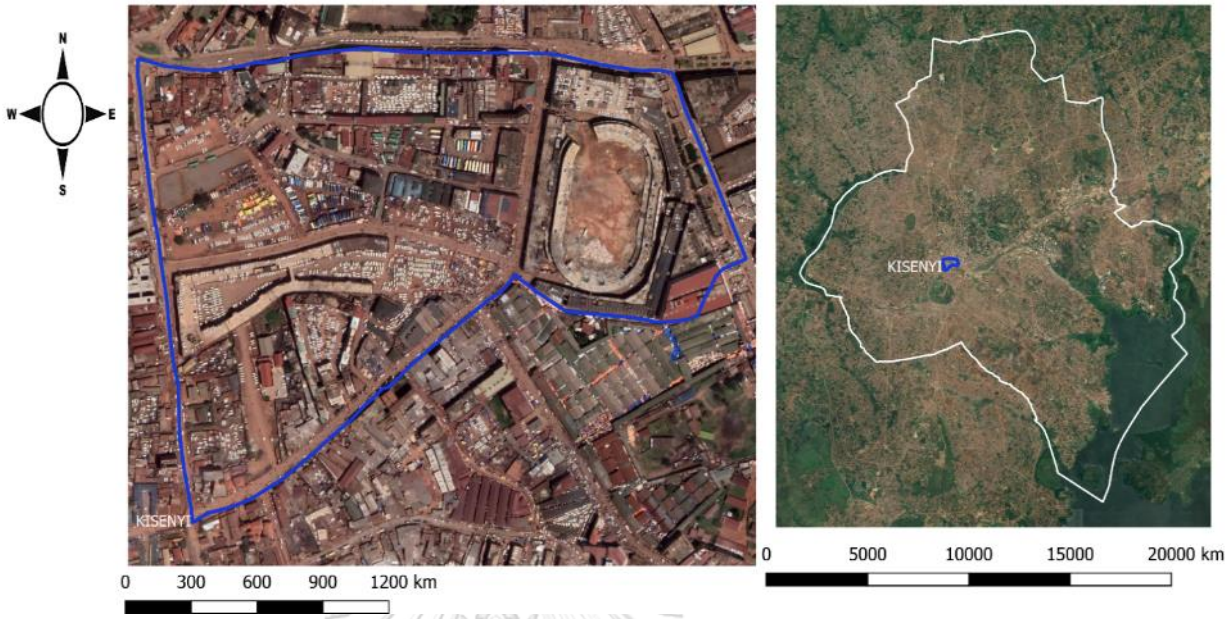


Figure 20: Map of Kisenyi I Slum.

**10. Bukasa – Namuwongo Slum**

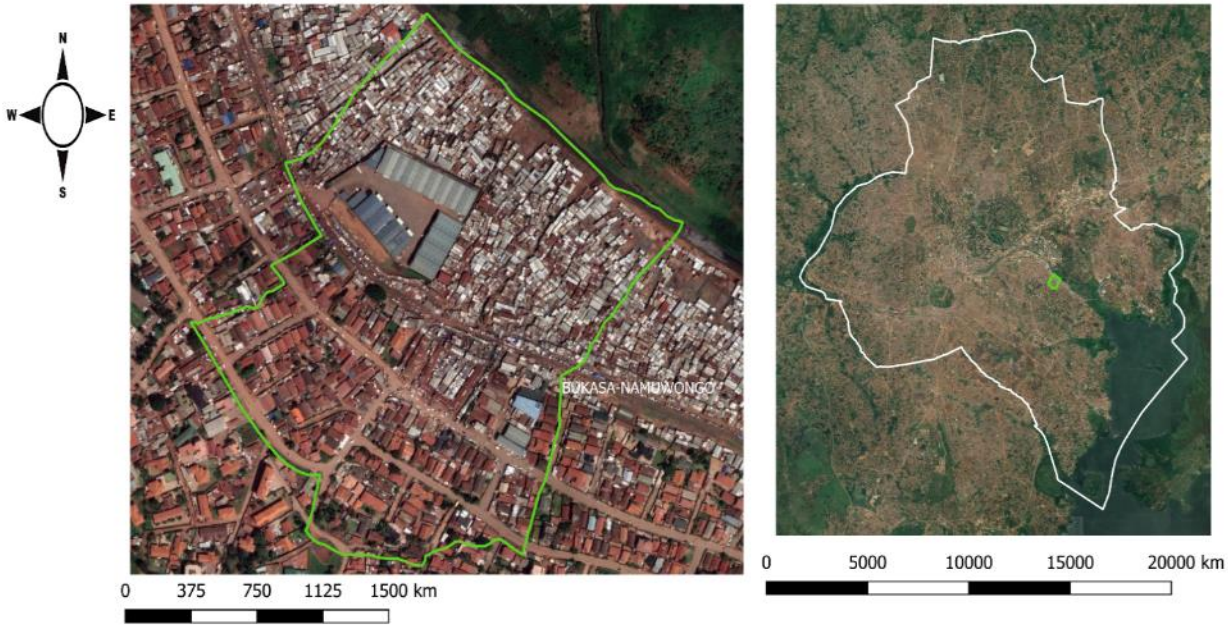


Figure 21: Map of Bukasa- Namuwongo Slum.

**PARTICIPANT CONSENT FORM**

Date:

**Title of respondent:**

**Title of the Research Study:** Challenges of NGOs' works in helping the urban poor access health care during the pandemic: A case study of slums in Kampala, Uganda

**Principle Researcher:** Kyaterekera Brendah, MSc. Urban Strategies, Chulalongkorn University

**Purpose of the research:** The purpose of this study is to investigate the challenges faced by NGOs' works in support for health access in slums during COVID-19. The data will be collected from NGOs working in Kampala slums as well as from key informants of slums in Kampala where these NGOs are working.

The main objective of this study is to gain a broader understanding as well as information of NGOs health works in slums during COVID-19, the role of government in health access and challenges of NGOs works during COVID-19.

**Participation:** Dear respondent, you are being invited to take part in this research study. The data collected will be used for educational purposes. The research instrument to be used will be a semi-structured questionnaire. Your participation to this study is voluntary. It is important you understand that if you change your mind and withdraw from the study at any time, you may simply inform the investigator. You also reserve the right to not answer questions that you deem harmful or may cause any form of discomfort.

**Confidentiality:** Every effort will be made to safeguard your privacy if requested. Your name will never be used or appear anywhere in the research reports. Following transcription and analysis, the questionnaires will be destroyed. However, a summary of the results will be availed upon request.

**Consensus:** I hereby acknowledge that I have read and understood the above information and that I don't have any questions above the subject matter. I have been assured that all information pertaining to me will be kept strictly confidential upon request and no information will be released or published that would disclose my personal identity.

I acknowledge that I have been provided with a copy of this consent form and description of the study. Having thoroughly read, understood, and have full explanation of this consent form, I voluntarily consent to participate in this research study.

Name of Participant :……

Signature & Date:……

I confirm I have explained the nature and purpose of the study to the respondent named above. I have answered all questions.

Name of Researcher:……..

Signature& Date:……...

**QUESTIONNAIRE FOR KEY INFORMANTS**
Position held: ……..

**SECTION ONE: HEALTHCARE ACCESS IN THE AREA**

1. How do you describe the health of your neighbourhood?

2. In your experience, what was the community's experience during COVID-19 regarding health?

3. How was healthcare accessibility for the community before COVID-19?

4. How was health accessibility for the community during COVID-19?

5. Please use a tick (√) in the provided five-point scale of 5 -1; 5= Very high/ Easily accessible 4= high/ Accessible 3= Moderate 2=Low/ Not easily accessible 1= Lowest/ Inaccessible to rate the following community health access statements during COVID-19.

| **Statements** | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Access to public health services and facilities | | | | | |
| Access to low-cost health services and facilities | | | | | |
| Ability to receive health services without financial hardship | | | | | |
| Transport costs to health facilities | | | | | |
| Distance to the nearby health facilities | | | | | |
| Extent of self-prescription | | | | | |
| Ability to receive treatment for disabled persons or other vulnerable | | | | | |
| Helping attitude of service providers | | | | | |
| Availability of health facilities | | | | | |
| Availability of satisfactory health services | | | | | |
| Knowledge of available health services provided | | | | | |

6. In your opinion, what do you think were the key factors limiting health access for your community during COVID-19?

7. What do you think were some of the health access coping measures that were undertaken by your community during COVID-19

**SECTION TWO: ROLE OF GOVERNMENT**

8 a). How has the government supported health accessibility for your community? List

as many as possible

b) Are there any critical gaps left? Describe them, please

c) What do you think should be done to close these gaps?

9. What role did the government play in health access for your community during COVID-19?

10. Do you think the government covered health access very well during COVID-19?

☐ Yes ☐ Somehow ☐ No ☐ Other;…….

11. If 'not yes', what should the government do to improve health access for your community?

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**SECTION TWO: ROLE OF NGOs**

12. Are you familiar with health support NGOs working in your area?

☐ Yes ☐ No

13. Do you think NGOs are vital players in your community as regards to health access?

☐ Yes ☐ No

14. In your opinion, please rate the role of NGOs' involvement in health support in your community

☐ Highly important ☐ Somewhat important ☐ Less important ☐ Other; ……

15. Please also rate the level of NGOs' involvement in health support during COVID-19 in your community.

☐ High ☐ Moderate ☐ Low ☐ Other; ……..

16. What were some of the activities or roles undertaken by NGOs in support of health access for your community during COVID-19?

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17. Have there been any key notable challenges faced by your community as regards to receiving NGOs' health care support?

☐ Yes ☐ No

If yes, please describe them

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18. Please describe any challenges and barriers that NGOs faced in support of health access during COVID-19 in your community.

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19. Do you think NGOs that support health access should continue to work in your community?

☐ Yes ☐ No



20. In your opinion, how well should they carry out their work to benefit the community?

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21. Is there anyone else in the community I should speak to as regards to this matter?

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……

Any additional thoughts, suggestions, or recommendations on the subject matter

**THANK YOU FOR YOUR PARTICIPATION**

**QUESTIONNAIRE FOR NGOS**

Name of Respondent

……

Designation of Respondent

…….

**SECTION ONE: ABOUT THE ORGANIZATION**

1. Name of the NGO

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2. Address (Phone, Fax, E-mail)

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3. Number of Sub-Offices

…….

4. Years of establishment/ service

☐ Under 5 years ☐ 5 – 10 years ☐ 10 – 20 years ☐ Over 20 years

5. What is the size of NGO?

☐ Small-sized ☐ Medium ☐ Large-sized

6. How far does the organization sponsor humanitarian actions (geographically)?

☐ Internationally ☐ Nationally ☐ Area based ☐ Other;
…….....

7. How do you reach-out to the people?

☐ Member based ☐ Out-reach ☐ Other; …….

8. In what ways was your organization's operations affected by COVID-19?

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**SECTION TWO: HEALTH ROLES**

9. What vulnerable communities do you work in as regards to health support? Please list them

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10. Why do you think these communities are your priority? Please list the reasons.

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11. What health related issues have been identified by your organization and are critical or prevailing in these communities?

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12. Describe the level and status of your organization's performance as regards to health support for the poor

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13. During the COVID-19 period, how much effort was geared towards health-related support?

☐ Full support ☐ Partial effort ☐ Less support ☐ Other

**SECTION THREE: OTHER INFORMATION**

14 a). What do you think are some of the health coping measures that have been undertaken by these communities?

☐ Public health services ☐ Private services ☐ Home remedies or self-medication

☐ Refrain from health measures/ stay at home ☐ NGOs like your organization.

☐ Others; ……..

b) In your/ organization's perspective, why do you think these communities choose these measures. Please describe your reasons.

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15. What roles have been undertaken by your organization as regards to health access for these communities?

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16. Describe the main challenges and barriers faced by your organization while ensuring the health access for the communities.

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17. What roles were undertaken by the organization in support of health access to the slum dwellers during COVID-19?



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18. What challenges and barriers did you face in your pursuit for health care access for the poor during COVID-19?

a) By the organization

b) Challenges from the Government

c) From Slum dwellers

d) Others





19. What COVID-19 specific interventions is your organization implementing to address these challenges?

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20. What solutions do you think will be viable for solving these challenges?

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21. What are your recommendations for NGOs involvement in urban health especially for vulnerable communities?

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22. Please describe or highlight any policy recommendations that can be key for harmonizing NGOs' works in urban areas

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……
……



**Any additional information, suggestions, and recommendations**

**THANK YOU FOR YOUR PARTICIPATION**

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