

Influence of Financing Promotion Activities As a Component of Sanitation Financing Program on Community Livelihood in Urban Informal Settlement of Obunga, Kisumu County, Kenya

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Abstract:- The study sought to investigate the influence of financing promotion activities as a component of sanitation financing programme on community livelihood in urban informal settlements of Kisumu County, Kenya. The purpose of the study was to assess the influence of financing promotion activities on community livelihood in urban informal settlement of Obunga, Kisumu County Kenya. The study adopted inferential analysis and descriptive survey research design with sample size of 384 households and 10 key informants. The study sample was obtained through stratified simple random, and purposive sampling strategies. Quantitative data was analysed using means, standard deviations, frequencies, and percentages. Qualitative data was transcribed and analysed in emergent themes and sub-themes. Results were interpreted and requisite recommendations made. Results showed that there is a statistically significant positive correlation between financing promotion activities and community livelihood since p value $< .05$; coefficient of determination showed that financing promotion activities accounted for 64.7 % of the changes in community livelihood. Findings from the study established that there was statistically significant correlation between financing promotion activities as a component of sanitation financing program and community livelihood. The study recommends that financing promotion activities should be sustained in sanitation financing program for purposes of improving community livelihood. The study concluded that financing promotion activities as a component of sanitation financing programme in Obunga urban informal settlement of Kisumu County, Kenya has a positive influence on community livelihood. The study calls for further research on the influence of financing promotion activities as a component of sanitation financing program on community livelihood using other predictors of community livelihood as well as influence of financing promotion activities as a component of sanitation financing program on community livelihood; a comparison between formal and informal urban settlements.

Keywords:- Sanitation financing, promotion activities, Community livelihood.

I. INTRODUCTION

A. Background of the Study

Sanitation financing programme since its inception has grown to become a global movement which aims to offer financial inclusion to low-income population as noted by (Annamraju, Calaguas and Gutierrez, 2001). United Nations International Decade for Drinking Water and Sanitation heightened global awareness to the severity of the Sanitation problem and created innovative solutions to the provision of water and sanitation, increased financial commitments to the sector and improved the absolute number of people with access. In addition, the 2030 Agenda for Sustainable Development introduced a new level of ambition for water, Sanitation and hygiene (WASH) services, encouraging countries to aspire to even higher levels of service and thus greater health, economic, social, and environmental benefits as noted by (World Bank Group, 2017). According to Geissler, Goldberg and Leatherman (2016), numerous strategies have been attempted by national and international aid organizations to promote access to household latrines; including community led total sanitation, subsidies for latrines or installation and the development of functioning markets for low-cost latrines (Knapp and Mehta, 2004).

Globally, 40% of the world's people don't approach an essential level of sanitation program; one out of five practices open defecation (WHO/UNICEF, 2015). This emergency in sanitation has clear outcomes. Diarrhoea murders more than 1.5 million children every year, and 88 percent of these deaths are credited to faecal contamination from deficient sanitation, cleanliness, and water supply; absence of sanitation spreads numerous different sicknesses, dirties both water and land, and burglarizes the poor of essential respect. The cost of these issues is high in financial and additionally human term (World Health Organization, 2014). Levels of funds for WASH services flowing in currently services are in line only with the capital costs of meeting basic WASH services. The costs of achieving safely managed WASH, on the other hand, are a multiple of the costs of achieving basic WASH (Fonseca and Pories, 2017). According to World Bank \$114 billion per year in overall global investment is needed annually to meet SDG targets 6. In essence, feasibility of achieving the SDG WASH

targets depends on the ability to mobilize and redirect significant additional resources if services are to reach poorer, harder to reach populations (World Bank Group, 2017). Aside from the staggering social contentions, there are likewise effective economic and environmental explanations behind enhancing WASH services for poor people. Human waste is a big polluter of waterways and groundwater resources. As water demand rises unyieldingly with social and financial advance, shortage of water turns into a noteworthy thought being development planning. Industrialization and food security may both be undermined unless water resources are protected and conserved. For every one of these reasons, enhanced WS&S services have been viewed as a high priority need by the development community for over 20 years (WELL, 1998).

According to World Health Organization; UN-Water (2014), at the Fourth African Conference on Sanitation and Hygiene (Africa-San) in Dakar, Senegal, May 2015, the Ngor Declaration was adopted by African Ministers responsible for sanitation and hygiene. The declaration includes a target for allocating 0.5 percent of GDP to sanitation and hygiene by 2020. At the moment, urban sanitation is being mainly funded through household own contributions or tariffs, and through transfers (aid), leaving the single most important source of funds taxes untapped as a financial source. In the last GLAAS survey (World Health Organization; UN-Water, 2014) 80 percent of country respondents stated that there was a significant funding gap for WASH, especially for sanitation. According to United Water Global Analysis & Assessment of Sanitation and Drinking Water (GLASS, 2014). There is room for public finance to contribute to ending the global sanitation crisis, but funds must be mobilized through effective governance, taxation mechanisms and accountability.

In India perspective, estimates indicate that in 2006 inadequate sanitation costs the country approximately \$54 billion or 6.4% of the GDP. Health related issues accounted for over 70% of this economic impact or about \$38.5 billion was health-related, with acute lower respiratory infections accounting for 12% of the health-related impacts (WHO, 2004). Sectorial demand for water in India is increasing rapidly owing to urbanization; estimates show that over 50% of the country's population will be leaving in cities and town by 2025. in cities and towns. Population increase, rising incomes, and industrial growth are also responsible for this dramatic shift. National Urban Sanitation Policy 2008 was the recent development in order to rapidly promote sanitation in urban areas of the country. India's Ministry of Urban Development commissioned the survey as part of its National Urban Sanitation Policy in November 2008 (UNICEF and WHO, 2008). In rural areas, local government institutions in charge of operating and maintaining the infrastructure are seen as weak and lack the financial resources to carry out their functions. In addition, no major city in India is known to have a continuous water supply and an estimated 72% of Indians

still lack access to improved sanitation facilities (Habib and Jubb, 2015).

Sub-Saharan Africa region faces water and sanitation challenges that are most severe than any other region in the world. More than 1 in 3 Africans residing in urban areas lack access to adequate water and sanitation services; in rural areas, the situation is even worse. Direct economic losses related to treatment of water related disease and loss of economic activity total \$28.4 billion annually, about 5% of region's cumulative GDP. It is least likely region of the world to meet the (MDGs) for water or sanitation (Africa water and sanitation, 2008). However, according to Salami, Stampini, Kamara, Sullivan, and Namara (2014), in the face of heterogeneous performance in the water and sanitation sector by different countries in Sub-Saharan Africa, investment in water and sanitation comes from in-country publicly funded projects, and from international loans and aid.

According to UNICEF (2015), within the East Africa the provision of sanitation services in low-income urban areas is one of the greatest challenges in development. Population growth in developing countries currently outpaces sanitation growth, especially in urban areas. (Hutton, 2013) noted that, in urban areas where poor people reside, and where 'formal' sanitation services are not available to them, they experience the compounded effect of serious economic disadvantages such as high risk to public health; a dirty and contaminated environment; no basic human dignity and safety risk for a large part of the world's population, especially for adolescent girls and women. However, Series of interventions have been undertaken by the governments with support from the World Bank and other development partners, to improve access to microcredit finance in the water and sanitation sector in order to enhance the living condition of the people in slums. According to Statement (2015), household connections are financed with a combination of subsidies from WSP, up-front customer deposits, and loans through the local utility. According to WSP report, (Financing sanitation for cities and towns, 2014) , the poor are more willing to take loans if they have the option to pay more frequently and in small amounts that reflect the micro-economy in which they operate.

Kisumu County in particular, several measures have been taken from all the stakeholders anchored towards providing sanitation funds to help solve the socioeconomic issues arising from lack of sanitation. Umande Trust for example is currently promoting a cooperative movement amongst groups involved in water, sanitation and solid waste management services. For example the bio-centres are providing vital avenues for testing alternative schemes that involve profit-sharing and community shareholding models in basic urban services which demonstrates that with appropriate financing, urban communities have the capacity to mobilize their own resources and establish a Sanitation Development Fund (SANDEF) (Umande Trust, 2016). This study therefore, examines the influence of sanitation financing on

socioeconomic stability of the community households in Kisumu, Kenya.

B. Statement of the Problem

Sanitation financing program can result in to improved social status and dignity (Jenkins and Scott, 2007), benefits in gender-equity (Mahon and Fernandez, 2010) and increased number of girls in schools. Much progress has been achieved over the past years in the sector (World Health Organization; 2014) where, through sanitation credit, 2.3 billion People gained access to improved drinking-water between 1990–2012 (Who and Unicef, 2014) The number of children dying from diarrhoea diseases which are strongly associated with poor water, inadequate sanitation and hygiene has steadily fallen over the two last decades from approximately 1.5 million deaths in 1990 to just above 600,000 in 2012 (WHO,2014). Kenya, urban slums like Kibera in Nairobi, Obunga, Manyatta and Nyalenda in Kisumu, Community households for example where through the bio sanitation facilities are constructed, jobs have been created and lives improved through provision of improved and dignified sanitation services adding up to improved health (Omotto, 2013). Despite the substantial amount of resources being allocated to sanitation financing worldwide, developing countries of which Kenya is part are struggling and pressed with huge debts obtained to provide basic services such as sanitation especially for the continued mushrooming of urban slums (Republic of Kenya, 2016). This has escalated crippling economies amongst other socio-economic challenges (Annamraju et al., 2001), huge financing gap between budget allocation for sanitation and planning for appropriate use of the funds, with 80% of countries indicating insufficient financing for the sector (WHO, 2014). Significantly, less private capital has been committed into water and sanitation than other infrastructure sectors, long-term financial resources are required to support infrastructure development while commercial finance is needed to support short- and medium-term sanitation rehabilitation, operating expenses and bridge financing gap.

Therefore if efforts are not put in place to fill this gap in order to stimulate household investment in sanitation at a larger scale, then Kenya is bound to face serious crippling economies amongst other socio-economic challenges. Furthermore, studies have established that Sanitation financing innovation is more successful in developed countries. Thus need to establish reasons for success which can be adopted to improve growth in developing countries as asserted by Garg (2017) and WHO (2014). This way Kenya will find a way to leverage household and community resources to sustainably close the sanitation financing program challenges gap as noted by Knapp and Mehta (2004).

C. Purpose of the Study

The Purpose of this study was to establish the influence of funding activities as a component of sanitation financing Programme on Community livelihood in urban Informal Settlement of Obunga, Kisumu County, Kenya.

II. REVIEW OF RELATED LITERATURE

Financing Promotion Activities and Community Livelihood in Urban Informal Settlements According to WSP (2004), sanitation promotion is communication with consumers about the product or service. This includes advertising, mass media, word of mouth, and anything in between. It can also include many other means to get customers' attention and convince them to buy the product: demonstration latrines, time-limited special offers, coupons and vouchers, competitions and prizes, door-to-door sales, credit sponsored by local traders and mutual help schemes to help the poorest with the cost and the elderly with the digging. Sanitation promotion describes a number of different activities that make up an effective approach to improving sanitation. These include creating demand for better sanitation in communities through programs which raise awareness about why sanitation is important, providing consumers with information about a range of sanitation options, building and upgrading existing toilets, promoting health awareness and safe hygiene practice, providing users with information about their toilets to ensure that they are well maintained, monitoring and evaluation to assess the impact of programs and suggest changes where necessary (Environment health, 2003).

World Bank (2007) noted that there is no point in trying to sell, or even give; a sanitation facility to a household that does not want it Sanitation has been part of development projects for many years but with mixed success. Low priority and inadequate funding can only be part of the failure of many sanitation projects. A more critical problem is probably poor program design and insufficient site-specific investigation with target populations to determine what kinds of sanitation facilities they want and are willing and able to maintain. Therefore there is a need to understand both existing consumer demands and requirements for sanitation, and to stimulate new or latent demand for sanitation. Sanitation services need promotion which frequently focuses on the attractiveness, usefulness and convenience of having and using household sanitation facilities. Successful approaches will vary in different geographical contexts, and between rural and urban settings. The scale of the implementation implied by the Millennium development goals (MDG), target on basic sanitation requires an enormous increase in the number and use of sanitation facilities funded. However, past experience in sanitation suggests that a supply driven strategy to simply build more toilets with household subsidies may result in unused facilities. For example in Maharashtra, India, 1.7 million rural toilets were constructed with subsidies from the state government over a four-year period, but only 57 per cent were actually used (WSP-SA 2002c). Similarly, a three-country study in East Asia suggests that despite high coverage, only about 12 per cent of the poor households in Vietnam and Cambodia had effective access to toilets (Mukherjee, 2001). Many cities in developing countries have similar problems with urban sewerage systems and this has led to the growing

consensus on the importance of sanitation promotion to ensure that the facilities are actually used and the intended health benefits become a reality in order to enhance socio-economic stability of the community households.

Ministry of Health (2007) asserted that effective sanitation promotion involves teamwork and co-operation within a municipality where Key people there include: The Environmental Health Officer (EHO) - an outreach worker in communities who is responsible for education about, and protection of, public health, the Community Development Officer (CDO), who is responsible for community liaison and community development. Development facilitators play a critical role in strengthening and clarifying relationships between individual household members, local government and all other role players involved in achieving better sanitation, the District Primary Health Care team, which is responsible for disease prevention and health promotion, technicians and engineers, who plan and oversee the development of sanitation infrastructure, municipalities need to establish local sanitation teams to help co-ordinate sanitation activities, maximize resources and improve communication.

The health sector can play an important role in promoting sanitation within environmental health plan, because increased demand and sustained use of sanitation of households especially in rural areas can only come as a result of behaviour change. Most promising large-scale sanitation programmes in Africa are focussed on demand creation and are both spearheaded and delivered by the Ministry of Health and its associated structures (Jenkins and Curtis, 2005). Sanitation can be promoted by the health sector through a stand-alone programme such as sanitation marketing or CLTS or included in disease-specific control programmes such as the 'SAFE' approach to trachoma (Mariotti and Prüss, 2000). Alternatively, it can be incorporated into a wider integrated community health package such as Ethiopia's HEP (Health Extension Programme), which was developed in 2004 to prevent the five most prevalent diseases in the country (Welle 2008 and Knapp 2007) safe sanitation and hygiene became a major focus within HEP because of the recognition that these diseases are all linked with poor environmental health.

Review which was done to explore the impact of water treatment, hygiene, and sanitary interventions on improving child health outcomes such as absenteeism, infections, knowledge, attitudes, and practices and adoption of point-of-use water treatment (Joshi, Amadi, Joshi, and Amadi, 2013). The study revealed four major outcomes, of the effect of water and sanitation hygiene practices in children. These included absenteeism, infections (diarrhoea/acute respiratory), knowledge/attitudes/practices, and adoption of point of use water treatment conclusively; Further research was required to assess the long-term impact of such interventions in different settings (Joshi et al., 2013). The review identified a gap in assessment of nutrition practices which is a key factor related to the various outcomes studied especially diarrheal infections

(Joshi et al., 2013). This study will therefore give attention by investigating the influence of investing in sanitation promotion as a component of sanitation financing where nutrition practices are part of targeted issues of sanitation on community household.

Study carried out on Promoting Hand washing and Sanitation: An Impact Evaluation of Two Large-Scale Campaigns in Rural Tanzania (Ziegelbauer et al., 2012). The outcomes uncovered that an extensive scale sanitation battle can be compelling in advancing lavatory development and diminishing open defecation – vital intermediate steps toward the ultimate objective of positive health results, particularly for children. An expansive scale hand washing effort, then again, can be powerful in expanding individuals' information about hand washing with cleanser, yet is more hard to convert into noteworthy social change, an intermediate advances for children to remain healthy and grow tall and strong. The author suggested the future projects could investigate how to make hand washing conduct change and how to enhance the moderate impacts of sanitation campaigns (Ziegelbauer et al., 2012). This study will address the gap by looking at the influence sanitation campaigns as one of the indicators of sanitation promotion which is a component of sanitation financing on influence of community households.

The study carried out on looking back: The long-term impacts of water and sanitation projects (Adugna, Dery, Gomme, Kalimuthu, and Kashililah, 2001) by Water Aid in 1999/2000; Looked at a number of water supply and sanitation projects carried out by Water Aid and its partners in Ethiopia, Ghana, India and Tanzania over the period 1991 to 1993. The study sought to test the belief that water and sanitation projects bring about fundamental, sustainable changes to people's health, livelihoods, their relationships, and the way in which they perceive themselves (Adugna et al., 2001). The report revealed that water supply and sanitation interventions can have significant and often unexpected positive impacts on people's lives and lessen the deprivation they experience. It provides evidence that improvements in access to water and sanitation should form the cornerstone of any poverty reduction strategy. It also argued that involving community members in assessments of their own projects is essential if the true impacts are to be appreciated and for future projects to reach their full potential (Adugna et al., 2001). The gap highlighted on involving community members will be addressed through participatory feedback session as a component of sanitation promotion.

III. METHODOLOGY

The study adopted a descriptive survey research design which was used in communities to establish the extent of range of issues such as education, health, which needs to be addressed Mugenda and Mugenda, (2008). The target population focused on residents of households within the selected slum of Kisumu amongst whom government or donor

funded water, sanitation and hygiene (WASH) projects are implemented. The selected informal settlement was Obunga. The target population comprised of 3,553 households. This was informed by the population of households in the informal settlement and targeted household heads. The study further targeted all the sanitation projects within the study area that were funded by either the government of Kenya, donor agencies like NGOs, civil society organizations, intergovernmental institutions, international organizations and other foreign agencies. Sample size of 384 households was selected using a combination of stratified and simple random sampling strategies. The data was analysed using the Statistical Package for Social Scientists (SPSS) Version 24. Descriptive and inferential statistics was analyzed using the software. Descriptive statistics included the means, standard deviations, and frequency percentage. For inferential statistics, simple linear regression analysis including the Analysis of Variance (ANOVA), correlation and regression analysis was computed to determine the relationship or associations between the independent variables and the dependent variable a number of ethical issues were considered in this study. In order to ensure confidentiality of data received from respondents, a unique identifier was used while recording the same. Additionally, neither names nor phone numbers were requested for from respondents. Information that was obtained from other sources has been acknowledged in the reference section of this project. The researcher explained to all respondents the purpose of the study and sought their consent to participate in the study while explaining to them that their participation was purely on voluntary basis.

IV. RESULTS

A. Questionnaire Return Rate

The response rates for quantitative and qualitative researches were considered excellent. Of the 384 questionnaire distributed, only 341 questionnaires were returned with 6 having some questions unanswered; hence, considered incomplete. This means that only 335 were used representing a response rate of 87.2%. On the other hand, of the 10 interviewees, 1 withdrew from the study along the way due to numerous calls resulting into a response rate of 90%. According to Mugenda and Mugenda (1999), a response rate of 50% is adequate to conduct analysis and report in research, with a response rate of 70% and over being excellent.

Questionnaire issued	Questionnaire returned	Incomplete Questionnaires	Complete Questionnaires	Response rate
384	341	6	335	87.2%

Table 1. Questionnaire Return Rate

B. Demographic Characteristics of Respondents

This section presents the Bio Data of the respondents who participated in the study. The respondents characteristics examined include Age, Gender, Education status and occupation. Bio data of the respondent always serves a great

purpose in giving a grim light as far as the sample population and the research topic is concerned. These sub-thematic areas are further discussed as follows.

C. Distribution of Respondents by Gender

The researcher was interested in the gender composition of the respondents. The respondents were asked to state their gender and the results are shown in Table 2.

Gender of Participants	Frequency	Percent
Male	168	50.1
Female	167	49.9
Total	335	100

Table 2. Distribution of Respondents by Gender

Table 2 depicts that 168 (50.1%) were male while the remaining 167 (49.9%) were female. This implied that sanitation programme financing challenges affect both men and women (Water Aid, 2011). On the other hand, of the 9 interviewees, 5 (56%) were male whereas the remaining 4 (44%) were female giving the same implication that both men and women are equally involved in issues relating to sanitation programmes. Despite having more males than females, these findings reveal that representation in terms of gender was almost 50-50% for both males and females, which is in line with the Kenyan constitution embracing the idea of at least a third of either gender.

D. Distribution of Respondents by Age

The study sought to establish the age of the respondents who participated in the study. The information was important in studying the population. One's age is always related to experience and understanding of a given issues of interest. Individuals of different age groups usually have different opinions of a given topic of study and this provides comprehensive data on the topic from all dimensions. The findings were as summarized in Table 3.

Age Bracket	Frequency	Percentage
Between 18 - 30 years	143	42.7
Between 31- 35 years	71	21.2
Between 36 - 40 years	50	14.9
Between 41 - 50 years	43	12.8
Between 51 - 60 years	21	6.3
Above 60 years	7	2.1
Total	335	100

Table 3. Distribution of Respondents by Age

Most of the respondent ages ranged between 18-30 years which comprised of 143 (42.7%), 71 (21.2%) were aged between 41-50 years, 21 (6.3%) were between 51 and 60 years and 7 (2.1%) were over 60 years. Table 4.2 shows that Majority of the respondents 143 (42.7%) were in the age bracket of 18-30 years old. This was followed by those aged between 31 and 35 years with 71 (21.2%). Those who were aged between 36 and 40 years were 50 (14.9%), those with 41 - 50 years were 43 (12.8%) while those between 51 - 50 years

were 21 (6.3%) and above 60years were 7 (2.1)%. It can be concluded that majority of the households heads were between the ages of 18-30 years.

The implications of the findings are that apart from all ages being affected by issues to do with water and sanitation, the youths are the majority. Given that 264 (78.8%) were in the age bracket of 18 – 40 years, the implication is that majority of individuals that are affected or influenced by sanitation financing programmes are young adults as opposed to children and the elderly. This is the largest proportion of population in Kenya according to KNBS. As a result, majority of Kenyans can be identified as being influenced or impacted on by various sanitation programme financing.

E. Distribution of Respondents by Level of Education

The Level of education was operationally defined using four intermediate variables mainly none, primary, tertiary and university. There was no problem in the statement of one’s level of education therefore all respondents disclosed this vital information. One’s level of education provides a good picture of how one understands the topic of study. Furthermore education level can provide a clue on how individuals are willing to contribute to the development of research knowledge on a given area. In to find out the influence of level of education on Sanitation financing, the respondent were asked to indicate their level of education and the results are shown in Table 4.

Education Level	Frequency	Percent
None	46	13.7
Primary	114	34.0
Tertiary	90	26.9
University	85	25.4
Total	335	100.0

Table 4. Distribution of Respondents by Level of Education

The statistics showed that Majority of the respondents had a primary level of education. This was ascertained by 114 (34.0%) of the respondents, 90 (26.9%) had tertiary, 85 (25.4%) university and 46 (13.7%) never went to school. This implied that most of the respondents were able to understand how the water and sanitation projects would have influenced their livelihood. In addition, the findings imply that if community livelihood is being influenced negatively, then there is something else other than level of education, which in this case could have been issues around water and sanitation.

F. Distribution of Respondents by Occupation

The study sought to establish the occupation of the respondents as indicated in Table 5.

Occupation	Frequency	Percent
self employed	120	35.8
Employed	44	13.1
casual work	58	17.3
Unemployed	113	33.7
Total	335	100

Table 5. Distribution of Respondents by Occupation

Table 5 showed that majority of the respondents 120 (35.8%) were self-employed, 113 (33.7%) of the respondents were unemployed. 58 (17.3%) were casual workers and finally 44(13.1%) of the households were employed. his implies that most of respondents were low income earners depending on temporary jobs and small scale businesses. The findings imply that there is a 33.7% unemployment rate in urban settlements. This is a reflection of the whole country in which unemployment has continued to be one of the major challenges. From the findings, 67.3% of the respondents have some form of employment that earns them a living. In this respect, the implication is that there is some form of livelihood. Therefore, in a situation where the community livelihood is being influenced negatively, unemployment, though at 33.7% cannot be identified as the main factors since there are more people employed than unemployed. Therefore, water and sanitation could be identified as other reasons for negative community livelihood in the urban informal settlements.

G. Descriptive Analysis of Financing Promotional Activities and Community Livelihoods in Urban Informal Settlements

The objective of the study was to establish the influence of financing promotion activities on community livelihood in urban informal settlements of Kisumu, Kenya. In order to achieve this objective, a number of statements relating to advertisements, campaigns, and motivation were identified and respondents asked to state how much, in scale of 1 to 5 (1 = strongly disagree, 2 = disagree, 3 = not sure, 4 = agree, and 5 = strongly agree) they agreed with the statements. Responses obtained from the participants are summarised in the following Table 4.12.

Item	Statement	1	2	3	4	5	Mean	SD
Q4.1	There is no regular encouragement to access sanitation improvement funds	11 3.3%	52 15.5%	42 12.5%	156 46.6%	74 22.1%	3.69	1.081
Q4.2	It is necessary to be reminded of sanitation improvement always	14 4.2%	29 8.7%	75 22.4%	160 47.8%	57 17.0%	3.65	.998
Q4.3	Access of information touching on sanitation financing is very irregular	0 0.0%	2 0.6%	27 8.1%	140 41.8%	166 49.6%	4.40	.663
Q4.4	Community newspapers relating to sanitation services can avail more information to community members	0 0.0%	0 0.0%	24 7.2%	194 57.9%	117 34.9%	4.28	.587
Q4.5	Receiving rewards for having good practices in sanitation feels good and fulfilling	0 0.0%	0 0.0%	24 7.2%	194 57.9%	117 34.9%	4.39	.495
Q4.6	Campaigns will attract good sanitation practices to community	0 0.0%	0 0.0%	34 10.1%	230 68.7%	71 21.2%	4.11	.550
Composite mean and standard deviation							4.09	.290

Table 6. Promotion Activities and Community Livelihood in Urban Informal Settlements

Results in 6 indicate that based on composite mean and standard deviation ($M = 4.09$, $SD = .290$) it can be concluded that on average the respondents agreed to the statements on promoting activities and community livelihoods of people living in Obunga urban informal settlements. With respect to specific items, the findings indicated that on average irregular access of information touching on sanitation financing ($M = 4.40$, $SD = .663$), community newspapers relating to sanitation services can avail more information to the Obunga community members ($M = 4.28$, $SD = .587$), receiving rewards for having good practices in sanitation feels good and fulfilling ($M = 4.39$, $SD = .495$), and that campaigns can be used as a tool for attracting good sanitation practices to the community ($M = 4.11$, $SD = .550$) all have a significant impact on the dependent variable, which is community livelihoods. This is because their means were greater than composite mean of 4.09. The implication is that these aspects have a direct influence on community livelihoods of Obunga urban informal settlement.

On the other hand lack of regular encouragement to accessing sanitation improvement funds ($M = 3.69$, $SD = 1.081$) and necessity for them to be reminded of sanitation improvements ($M = 3.65$, $SD = .998$) have lower means than the composite mean of 4.09. The implication is that it does not influence the dependent variable. However, in the event that they are, then something should be done in order to enhance community livelihoods within Obunga urban informal settlement.

Qualitative results from the interviewees also noted that promoting activities are likely to be very instrumental when changing the livelihoods of members in an urban informal settlement. Both Interviewee 1 and 3 had similar sentiments when they stated that through promoting activities, members of a community are made aware of different ways to improve on sanitation, which then influence their livelihoods. Interviewee 2 noted *“I believe that with adequate promotional activities, community members within urban informal settlements are likely to receive adequate information relating*

to sanitation, which then makes it easier to enhance their livelihoods.” According to Interviewee 4, *“individuals living in urban informal settlements rarely get the chance of being informed concerning sanitation funding”*.

From a different perspective, Interview 5 indicated that:

I believe that to a large extent, sanitation financing are not accessed by community members in urban informal settlements due to lack of information. With adequate information, such communities will be able to not only access financing but also learn how it is done (Interviewee 5).

Interviewees 6, 7, and 8 also had similar sentiments noting that every community that wishes to enjoy benefits or advantages of adequate, effective, and high quality sanitation should have access to information regarding financing activities. According to Interviewee 9, sanitation financing is a significant component in the improvement of community livelihoods. The best way would be for individuals to be informed through various forms of media on the available financing activities.

The study agrees with the findings of Mukherjee (2001) and Jenkins and Curtis (2005) that many cities in developing countries have similar problems with urban sewerage systems and this has led to the growing consensus on the importance of sanitation promotion to ensure that the facilities are actually used and the intended health benefits become a reality in order to enhance socio-economic stability of the community households and Sanitation promotion is one of the most important roles the health sector can have in environmental health planning, because behaviours must be changed to increase householders' demand for and sustained use of sanitation, especially in rural areas where the pressure for change is lower. This study further agrees with the findings of Mariotti and Prüss (2000) that sanitation can be promoted by the health sector through a stand-alone programme such as sanitation marketing or Community led total sanitation or included in disease-specific control programmes.

H. Inferential Analysis of Financing Promotional Activities and Community Livelihoods in Urban Informal Settlements

Apart from the descriptive analyses, the study also conducted an inferential analysis using Pearson correlation to establish how financing promotional activities relate to community livelihood. The results of correlational analysis are illustrated in Table 7.

		Community Livelihood	Financing Promotional Activities
Community Livelihood	Pearson Correlation	1	.647**
	Sig. (2-tailed)		.000
Financing Promotional Activities	Pearson Correlation	.647**	1
	Sig. (2-tailed)	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Table 7. Correlations between Financing promotion Activities and Community Livelihood in Urban Informal Settlements

Based on the findings in Table 7, at 5% significance level, there is a statistically significant positive correlation between financing promotion activities and community livelihood since p value $< .05$. With $r = .647 > 0.50$, the implication is that the correlation between financing training activities and community livelihood is very strong

V. CONCLUSION AND RECOMMENDATIONS

The objective established the influence of financing promotion activities on community livelihood in urban informal settlements of Kisumu County, Kenya. Results showed that there is a statistically significant positive correlation between financing promotion activities and community livelihood since p value $< .05$; coefficient of determination showed that financing promotion activities accounted for 64.7 % of the changes in community livelihood. Findings from the study established that there was statistically significant correlation between financing promotion activities as a component of sanitation financing program and community livelihood. The study recommends that financing promotion activities should be sustained as an aspect of sanitation financing program for purposes of improving community livelihood in urban informal settlement of Kisumu county Kenya. The study concluded that financing promotion activities as a component of sanitation financing programme in Obunga urban informal settlement of Kisumu County, Kenya has a positive influence on community livelihood. The study calls for further research on the influence of financing promotion activities in sanitation financing program on community livelihood using other predictors of community livelihood as well as influence of financing promotional activities on sanitation financing program on community

livelihood; a comparison between formal and informal urban settlements.

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