Conclusion and Recommendations

As evidenced from Nairobi, and other rapidly urbanising contexts, the health issues faced by urban informal settlements are not only multifaceted, but also complex. This suggests that the approaches taken towards improving health outcomes for residents of such settlements should be holistic, and not narrowly focused on a single aspect of health (such as nutrition). Instead, a multi-sectoral approach is required, involving partnerships with a range of different stakeholders, including government agencies, non-governmental organisations, and local communities themselves. This would involve identifying and addressing the key challenges facing residents of informal settlements, and developing and implementing effective strategies to address these challenges. Such an approach would require strong leadership and political will, as well as sustained funding and support from multiple sources. It would also require ongoing evaluation and monitoring to ensure that programmes are effective and that resources are being used efficiently.

Recommendations

1. Strengthen surveillance systems to ensure that data on health indicators for urban informal settlements is collected and analysed in a timely and accurate manner. This would involve working with local communities to identify key health issues and priorities, and then designing and implementing appropriate monitoring and evaluation systems. It would also involve sharing data and information with other stakeholders, such as government agencies and non-governmental organisations, to ensure that the results of surveillance activities are used to inform policy and programme development.

2. Explore partnerships with employers to improve workplace health and safety. This would involve working with local employers to understand their needs and challenges, and then developing targeted interventions to improve health and safety in the workplace. It would also involve identifying and addressing the key drivers of health and safety issues in the workplace, and then developing and implementing effective strategies to address these drivers.

3. Strengthen health information systems to ensure that data on health indicators for urban informal settlements is collected and analysed in a timely and accurate manner. This would involve working with local communities to identify key health issues and priorities, and then designing and implementing appropriate monitoring and evaluation systems. It would also involve sharing data and information with other stakeholders, such as government agencies and non-governmental organisations, to ensure that the results of surveillance activities are used to inform policy and programme development.

4. Explore partnerships with employers to improve workplace health and safety. This would involve working with local employers to understand their needs and challenges, and then developing targeted interventions to improve health and safety in the workplace. It would also involve identifying and addressing the key drivers of health and safety issues in the workplace, and then developing and implementing effective strategies to address these drivers.

5. Strengthen health information systems to ensure that data on health indicators for urban informal settlements is collected and analysed in a timely and accurate manner. This would involve working with local communities to identify key health issues and priorities, and then designing and implementing appropriate monitoring and evaluation systems. It would also involve sharing data and information with other stakeholders, such as government agencies and non-governmental organisations, to ensure that the results of surveillance activities are used to inform policy and programme development.

6. Explore partnerships with employers to improve workplace health and safety. This would involve working with local employers to understand their needs and challenges, and then developing targeted interventions to improve health and safety in the workplace. It would also involve identifying and addressing the key drivers of health and safety issues in the workplace, and then developing and implementing effective strategies to address these drivers.
There was little mention of the lack of integration of health services by health determinants are factors influencing the ability to use health services at individual, household or community level. To understand the myriad barriers that exist in accessing health services, an analytical framework was employed. This review was commissioned by Concern Worldwide, in collaboration with Nairobi County and Sub-County Health Management Teams. The review was prompted by concern over the low coverage of nutrition services – specifically integrated management of acute malnutrition (IMAM) – in Nairobi’s informal settlements. Concerning nutrition services, informal settlements are frequently availability of operating hours, among other presence, competing tasks of caregivers. Access to health and nutrition services is a challenge since there is little public health facilities serve as informal child care, especially for those of working age. The lack of integration of services for children and the proximity to primary schools and clinics serves little integration of health services. A whole of facility approach to the promotion of nutrition would improve mothers and caretakers in informal settlements, particularly those in the informal settler dwellers. County and Sub-County Health Management Teams therefore requested in-depth research on maternal and child health (MCH) services.

Methodology and Analytical Framework

The review employed key informant interviews with County and Sub-County Health Management Team members as well as health workers and caretakers in high volume public and faith-based, organization staff through interviews. The current study included informal settlements, within and on the periphery of informal settlements in eight sub-counties: Kariobangi South, Makadara, Embakasi, Kibera, Roysambu, and Riara. In total 21 health facilities were visited and 25 health workers and caretakers interviewed respectively. The site visits were conducted in the month of July, 2015 by the author and two research assistants.

Unqualified health workers, staff absenteeism, and opening hours: There is a shortage of skilled health workers within informal settlement MCH clinics. The static position is to use Community Health Extension Worker as “declared” health workers, this fact is well reflected in the Community Health Worker (CHW) training curriculum. Dual practice was not reported during the field work although it is understood that the

Findings

Findings were emerging by caretaker as well as their supply and demand side orientation based on the analytical framework. The most robust of these have been highlighted.


Accessibility – supply side

Service location: The majority of public health facilities located are situated on the periphery of the informal settlements. This situation is compounded by the relatively few health facilities on the PDS clinics are situated are immediate as well as distant. There is a perception by health workers and managers that utilization of MCH services from one facility over another is based on the reputation of the facility. “Emergency” utilisation as well as “any time” emergency patterns cause demand to be high in settlements, create challenges for follow up, jack of health care teams, as well as health service organization.

Accessibility – demand side

Indirect costs to household: Costs of transportation were not cited by caretakers attending MCH facilities, however it could be assumed that this is a factor for those that do not attend. In the informal settlements, this factor is greater as there is no public transport available and that it is up to them to find their way. It is observed that it was reported by health workers that attendance at the MCH clinic is surprisingly affected. In particular, attendance is low in the rainy season when the roads in the informal settlements become quagmires, making travel difficult.

Waiting times: As many MCH clinics operate in “bursts of energy” for just a few hours in a day, this pattern can lead to lengthy queues and long waiting times before caretakers and their children are attended to in a PDS clinic. The caretaker had no time to wash their hands with cold water before she saw the doctor and was still not attended to at the time of interview while in a Health Centre in Makadara Sub-County, after 3 hours of waiting. In another case, mothers from informal settlements were attending the MCH clinic in the rainy season when the roads in the informal settlements were not passable. As a result they were not open. And yet I need to bring my child to the hospital. It is not a hospital in Nairobi (Mother, Health Centre in Embakasi Sub-County).

Waiting times:

Drugs and other consumables:

A review of barriers to the utilisation of maternal and child health services in Nairobi informal settlements, the future of basic health services in informal settlements and other government facilities.

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