KENYA - Partnership for a Healthy Nairobi

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Overview

Identification

ID NUMBER
APHRC-PHN-2006-1.1

Version

NOTES
Version 1.1, November 2014. Anonymized with DOI and Recommended Citation added.

Overview

ABSTRACT
Rapid urbanization amidst stagnating economies and poor governance have created a new face of abject poverty concentrated in overcrowded informal settlements, commonly called slums, in Africa's major cities. UN-HABITAT estimates that about 72% of urban residents in sub-Saharan Africa live in slums. Residents therein are often more unhealthy than their rural counterparts because they are deprived of basic public social services such as health care, water supply, sanitation and garbage disposal. Slum dwellers, exhibit relatively high mortality rates because they are less likely to access preventative and curative medical care despite their proximity to the best hospitals and clinics located in cities. The UN projects that more Africans will live in urban than rural areas by 2016 and that over 300 million urban Africans will live in slums by 2020. Evidently, poor health outcomes among slum residents will increasingly shape national indicators and frustrate overall progress in attaining the Millennium Development Goals. Slum dwellers have unique vulnerabilities. The absence of public health services in slums has resulted in a vibrant private health sector that offers cheap, but ineffective and sometimes dangerous treatments and procedures. The private sector is poorly organized and poorly regulated. Most private providers are under (or un)-qualified, operate in one-room structures, and lack basic equipment and supplies.

Moreover, most healthcare programs, which are mostly based on the rural public health sector, may not be readily transferable to urban slums. The delivery of primary health care (PHC) to slum residents has therefore failed because of government absence and lack of lessons on how best to utilize existing resources in the private sector. The African Population and Health Research Center (APHRC), Population Council (PopCouncil), AMREF-Kenya and JHPIEGO - an affiliate of Johns Hopkins University offered the Doris Duke Charitable Foundation's African Health Initiative this Letter of Interest. Under the name Partnership for a Healthy Nairobi (PHN), the team focused on overcoming obstacles that limit the capacity of both public and private health systems to deliver integrated primary health care (PHC) to residents in three slum settlements of Nairobi - Korogocho, Viwandani and Kibera. These settlements house at least 650,000 people in an area of only four square kilometers.

The objectives were:

i) To demonstrate the feasibility and cost-effectiveness of forging public-private partnerships to deliver integrated PHC in slum settings;

ii) To test the feasibility of implementing the Community Based Kenya Essential Package for Health (CB-KEPH) in a slum setting and its impact on health outcomes ;

iii) To evaluate the impact of integrated PHC on morbidity and mortality in slum settings.

UNITS OF ANALYSIS
The unit of analysis for various sections included:

Civil society organizations

Health Facilities and

Individual midwives

Scope

NOTES
The study targeted civil society organizations as well as government institutions such as hospitals

KEYWORDS
Partnership, Health, Nairobi

Coverage

GEOGRAPHIC COVERAGE
Three informal settlements, Korogocho, Viwandani and Kibera, in Nairobi City (the capital city) of Kenya.

UNIVERSE
Midwives

Health Facilities

Civil Society Organizations

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
African Population & Health Research Center	APHRC

OTHER PRODUCER(S)

Name	Affiliation	Role
Dr Catherine Kyobutungi	APHRC	Principal Investigator

FUNDING

Name	Abbreviation	Role
Dorris Duke		Funder

OTHER ACKNOWLEDGEMENTS

Name	Affiliation	Role
Institutions in Korogocho, Viwandani and Kibera Slums		Study participants
Government of Kenya		Partner

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
African Population and Health Research Center	APHRC	APHRC	Metadata Producer

DATE OF METADATA PRODUCTION
2013-11-12

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Version 1.1

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Sampling

No content available

Questionnaires

Overview

A total of six tools were administered. These include:
1. The Civil Society Organisation Assessment
2. Drug Store Assessment
3. Health Facilities Checklist
4. Health Facilities Assessment Tool
5. Community Midwifery Tool
6. Staff Training Tool

Data Collection

Data Collection Dates

Start	End	Cycle
2008-11-30	2008-12-22	N/A

Time Periods

Start	End	Cycle
2009-01-07	2009-01-20	N/A

Data Collection Mode

Face-to-face [f2f]

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Supervision

Throughout field work, the Research Officer and Research Assistant did spot-checks and sit-in interviews to ensure that the field staff were handling the questionnaires, consents and referral services appropriately. Weekly meetings were also held at the site offices with the field staff to ensure that issues arising from fieldwork and the questionnaire were adequately handled within the shortest time possible.

Data Processing

Data Editing

Data editing took place at a number of stages throughout the processing, including:
a) Office editing and coding
b) During data entry
c) Structure checking and completeness
d) Secondary editing

Detailed documentation of the editing of data can be found in the "Standard Procedures Manual" document provided as an external resource.

Some corrections are made automatically by the program (80%) and the rest by visual control of the questionnaire (20%).

Other Processing

Data entry was performed manually at APHRC's headquarters on desktop computers and was done using an in-house built system with a Microsoft Access Program.

Data were processed the following steps:

1) Questionnaire reception
2) Office editing and coding
3) Data entry
4) Structure and completeness checking
7) Back up of raw data
8) Export to STATA 10 in 12 files
9) Recoding of variables needed for analysis
10) Structural checking of STATA 12 files
11) Data quality tabulations
12) Production of analysis tabulations

Data Appraisal

No content available