African Population and Health Research Center

COVID-19 and Community Healthcare

Access and utilization of healthcare services in Nairobi's urban slums

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Introduction

Since the detection of the first COVID-19 case in Kenya, the government has been working to prevent further transmission of the virus. It has enforced COVID-19 containment measures as recommended by the World Health Organisation (WHO) such as keeping social distance, regular hand washing and keeping away from large gatherings. These measures were further enhanced by the declaration of a nationwide curfew, cessation of movement in and out of cities which were epidemiological hotspots, and the mandatory wearing of masks in public spaces. The Ministry of Health also recognized COVID-19 as a major public health issue by invoking the Public Health Act following the confirmation of the first case of the virus in the country.

With increased mass testing, the daily updates from the Ministry of Health have revealed a rise in the number of infections in a fairly fragile health system. Various steps have been taken to strengthen the healthcare sector in anticipation of case overload, for instance the plan to increase the bed capacity in each county. This is particularly crucial in counties that have large urban poor populations. Urban informal settlements (slums) are not only at an increased risk of community

transmissions due to limited space, overcrowding, constrained sanitation facilities and water supply, but are also characterized by high levels of poverty and insecurity which make access to and utilization of healthcare services more difficult. Thus, more questions are raised as to the responsive capacity of the healthcare system to handle COVID-19 emergencies in slum communities and to continue delivering regular healthcare services.

Approach

To understand the effect of COVID-19 on health service delivery in slum communities, we assessed the challenges in access and utilization of healthcare services for slum residents prior to and during the pandemic. This was part of the NIHR-funded 'Improving Health in Slums' study that the African Population and Health Research Center (APHRC) is currently implementing in two informal settlements in Nairobi.

The project seeks to develop viable models for improving health service delivery in slums through linking data from household surveys, health facility surveys and observations, geospatial mapping and stakeholder engagement. By engaging stakeholders at the community level- such as seekers of care, local health providers, decision makers and key partners- the study seeks to understand national and local policy-drivers, queries, and concerns that affect healthcare service delivery. Healthcare service delivery was considered within the domain of availability of healthcare services as well as the demand for and supply of services.

Prior to the pandemic, face-to-face interviews and workshops were conducted, exploring issues such as access to healthcare for slum residents, common illnesses and opportunities in improving healthcare delivery in slums.

However, following the outbreak of the virus, there was a shift to a three-week cycle of phone interviews with the different stakeholders, exploring the implementation of COVID-19 measures and the effect on healthcare service delivery access and utilization in the slums.

This brief highlights the effect of COVID-19 and the different control measures on healthcare service delivery, access to and utilization of health services in two slum sites in Viwandani and Korogocho slums in Nairobi.

Availability of healthcare services

There are various health facilities that serve these communities including two public health facilities, private-for-profit, faith- based, not- for-profit health facilities/clinics, and chemists which are widespread in the slums.

- *Operating hours*

Prior to COVID-19, community members reported that many private facilities and clinics operated on a 24 hour-basis, as opposed to the public ones that only operated from 8 am to 5 pm, with the exception of maternity clinics which operate round the clock.

"There are more chemists than these public hospitals…public hospitals don't operate twenty-four hours,"

~Community member, pre-COVID

Owing to the COVID-19 pandemic, both public and private health facilities have had to reduce their operating hours mainly because of the nationwide curfew. Besides maternity clinics, private facilities and chemists no longer run for 24 hours and all facilities within the slums are closing earlier.

"The curfew has had an impact on the operating hours of the health facility. Initially, the day shift would end at 5pm but now it ends by 4pm... this means that by about 3.30pm we start reducing the queue,"

~Healthcare provider, following the outbreak of COVID-19

- *Essential medicines and supplies*

The lack of essential supplies such as medicines, lab reagents and some basic equipment in public facilities has been a recurring complaint among community members. This has led to frustrations and inconvenience as they have to seek care at private facilities or facilities outside the slums which tend to be more expensive.

"Recently I went to the hospital pharmacy [to get a prescription filled] and there were some drugs which I did not get. So I was told to buy them at a chemist or go to a private hospital,"

~Community member, pre-COVID engagement

Though movement of essential services and goods is permitted during this COVID-19 period, there have been delays in the delivery of medical supplies. As a result, healthcare workers have become increasingly distressed.

'COVID-19 has disrupted supply of essential commodities such as some medicines, vaccines etc. Our current stock is low and we are afraid because our request for supplies from our regular suppliers has been delayed,'

~ Health worker, following the outbreak of COVID-19

Utilization of healthcare services

Following the issuance of COVID-19 guidelines by the Ministry of Health, the health facilities within the slums continued to offer healthcare services. Despite this, there has been a reported reduction in the demand for services.

This has been attributed to the perceived fear of contracting the virus from facilities, fear of being suspected to have the virus and the stigma associated with it, and lack of understanding of the parameters within the 'Stay Home' directive. This means that many community members do not seek healthcare services unless it is an emergency.

'People are afraid of going to health facilities as they will be taken to quarantine in case they have a fever…,"

~ Community Member, following outbreak of COVID-19

Earlier on in the pandemic, healthcare workers reported a reduction in the number of who sought routine care such as chronic care management, immunization, antenatal and postnatal care. The decreased demand for these services poses a threat to the gains made in improving maternal and child health. With increased sensitization and mobilization by the Community Health Volunteers and healthcare workers, more women are visiting the facilities.

Additionally, as the health facilities within the slums adhere strictly to the directives, this has meant that the queues and waiting times have increased. As a result, more community members are opting to visit chemists (and self-medicate), even more than before.

"A key thing that has changed is that the public facility in the community is not handling as many patients as it used to. Due to social distancing, many people go to the facility and find long queues so they opt to either go home or get medicine from a chemist,"

~ Health worker, following the outbreak of COVID-19

Management of underlying conditions

The management of underlying conditions for known patients during the pre-COVID period was through routine monitoring and appointments. For cases such as tuberculosis (TB), Community Health Volunteers (CHVs) conducted follow- ups at the household level to provide guidance and support to ensure adherence to treatment and other recommended lifestyle practices.

Most Diabetes, hypertensive and cancer patients had always been referred to facilities outside the slum for regular specialized checkups, while some attended local health facilities for medications and regular blood pressure and glucose monitoring. With the outbreak of the pandemic, the management of TB and HIV continues through household level follow- ups, with intensified evaluations which include weight monitoring, diet counselling and general follow up.

Some private health facilities have adopted the use of mobile phone consultation where patients are given health care providers' contacts that they can call and report any health concern thus ensuring continuity of care.

'Health services for chronic illnesses are reassessed based on individual case by case and their appointments reviewed. Trained CHVs have been assigned to visit chronic patients weekly and take vital measures which are analyzed daily by the clinicians,"

~ Health worker, following the outbreak of COVID-19

Call to Action

Specific and timely approaches are required in defeating the COVID-19 pandemic without compromising the continuity of care provision especially in slums. We recommend the following actions:

1. In adapting to the new normal, the government should leverage on digital health and mobile phone consultation (mConsulting) to increase access and utilization of healthcare services by adopting remote consultation as an option. There is an urgent need to develop practical guidelines beyond the existing policies to safeguard the users, ensure efficiency and quality of remote consulting. This should also include building the capacity of healthcare workers though training on how to effectively conduct remote consultations.
2. Greater efforts should be made to ensure that those with underlying conditions continue to receive care. The government's Community Health Volunteer guidelines for COVID-19 action should be used as an opportunity to continue following up with known patients for continued care. Also, key messages should be curated to ensure women and children continue to utilize maternal and child health services.
3. Health facilities should continue sensitizing the community on the importance of seeking healthcare services, and provide linkage to health facilities within and outside the slums where they can access care outside of the operating hours.
4. Build capacity for COVID-19 case management in the slums including more isolation centers to mitigate effects of community transmission.

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