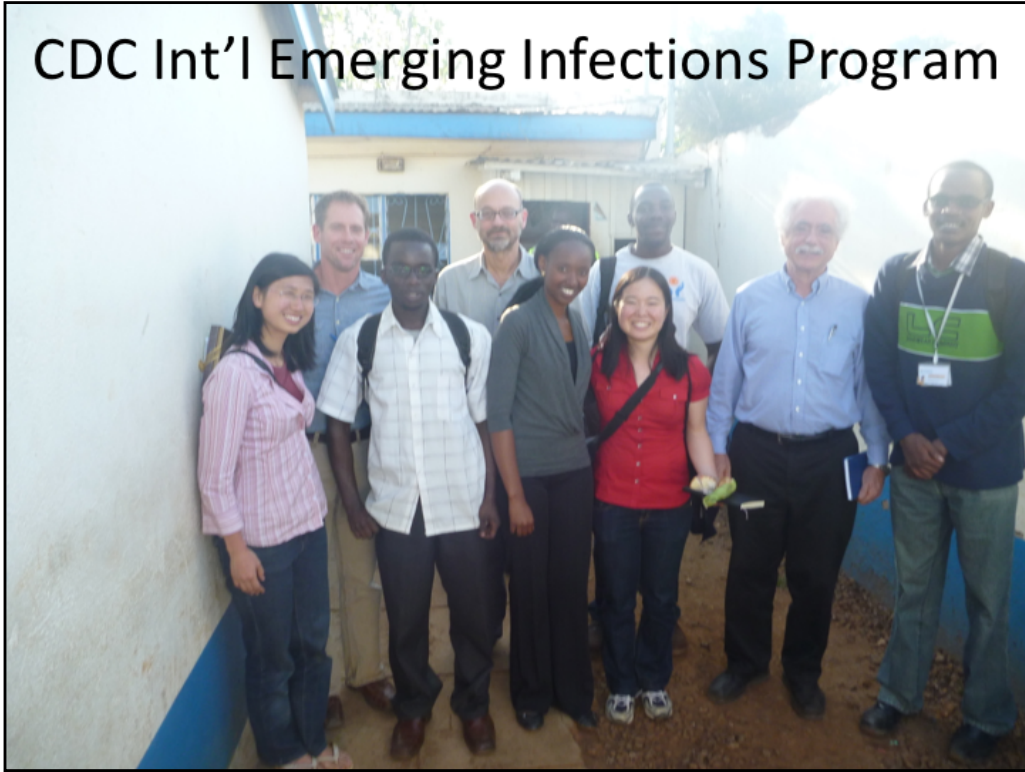


Healthcare in Kibera

A Summary of our Needfinding

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CDC Int'l Emerging Infections Program



Carolina For Kibera



Timeline

- Fri – intro to CDC & CFK
- Mon – interview CDC & CFK leaderships → establish five broad fields of study
- Tue & Wed – interview Kibera residents w/ Community Interviewers (CI's); divide & conquer
- Thu – (1) interview Kibera residents with Community Health Workers, (2) interview Kibera residents not in CDC encatchment population
- Fri – MIT team presentation, medical professionals at Tabitha, chemists, police officers, HIV+ activist

Health Education



- media: loudspeakers, neighbors/people, while waiting at clinics/hospital, repetition = good
- religion/tradition: pregnancy, vaccination, CFK/snakes
- huge difference between health awareness & education inside vs. outside CDC encatchment population
- for example, everyone we interviewed in the encatchment population were apprised of newly-arriving vaccinations and multi-dose vaccinations for their kids, but those not in the encatchment population were woefully ignorant



- local chemist, not doctor, is first point of contact for medical conditions
- chemist: varied qualifications, some are employed in a national hospital but many are HS leavers, i.e., dropouts
- patients: either (1) self-diagnose and tell chemist to give them X drug or (2) don't care about what illness, just go to get drug and leave



Fire

- jared: 44yo, father of 4, lost all possessions, only clothes on his back, residing with friend and under church roof, no money to rebuild
- common but unpredictable, frequent during dry spell of dec→feb
- widespread belief that cause: electric fault = unattended electronics / heaters
- no help from authorities/firefighters – those immediately impacted
- government supposed to provide blankets, etc. but unreliable
- no water source: illegally access water to extinguish fire
- difficult to access because of narrow & crowded roads / no roads!

Security



- 999 doesn't work
- police don't show up
- police are corrupted; side with muggers
- professional muggers: that's their jobs
- target: women
- unsecure: 10pm→6am
- mob justice
- 50% catch mugger
- nighttime insecurity → can't go to clinic → home deliveries

Emergency Medical Services (EMS)



Transport the injured: Carry people to main road and from there can get a car.



- encatchment vs. not
- mother's childhood vs. children's nutrition
- income [erdest?]
- typical meal

B: Mandazi (fried donut)

School 'githeri' a mixture of maize and beans

--Balanced diet? "I don't know what it is. I cook for my kids anything as long as its food."



causes of in-house delivery of children

(1) security: nighttime is unsafe

(2) cost: clinic open during day = 20 kshs versus clinic open during night = 2500 kshs for birth, 3000 kshs if complication

(3) traditional values

Women's Health



- PTC = Post Test Club
- police can't help unless have medical documentation
- child rape: misconception that that's the primary form of rape + what evokes the greatest vigilante mob justice
- major reason rapists aren't reported: they're known to the survivor: relative, neighbor, etc.
- story about girl raped by mother's boyfriend (not father) who's also breadwinner for the family

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