

Quality of Maternal and Newborn Health Services in Selected Urban Informal Settlement in Nairobi, Kenya



Introduction

Nairobi's rapid population growth and unregulated urbanization has led to an increase in people living in informal settlements. Lack of essential services has led to stalling maternal and neonatal mortality rates. While many births occur in healthcare facilities, disparities in the quality of care persist. This study assessed the quality of maternal and newborn health services available and accessible to mothers and newborns in Korogocho and Viwandani to understand the gaps in efforts to reduce maternal and neonatal mortalities.

Executive Summary

It's crucial to grasp the availability, accessibility, and quality of essential health services, especially for the urban poor populations. In Nairobi's informal settlements, maternal and newborn health services are accessible mainly through small private facilities, but their quality is often lacking due to minimal regulation. Public facilities face challenges like overcrowding and service delays, resulting in compromised maternal health outcomes in these underserved areas.

Person-Centred Maternity Care (PCMC) is crucial for enhancing client satisfaction and influencing community health-seeking behaviors. The World Health Organization (WHO) emphasizes dignity, respect, communication, autonomy, and supportive care during labour and childbirth as essential components of PCMC.

This study evaluated service quality by analyzing feedback from clients, healthcare providers, and facility readiness. It aimed to identify underlying issues contributing to past reports of low-quality services, with a focus on improving care for urban poor women. Exit and indepth interviews were conducted with 412 clients and 24 healthcare providers from 17 and 22 sampled facilities, respectively to gauge their experiences with PCMC. Additionally, comprehensive data from all the 38 facilities offering delivery services were collected to assess their readiness to provide essential maternal and newborn health services.



Client Experience and Perception of Person-Centred Maternity Care in Health Facilities Serving the Informal Settlements

The study results indicated a moderate overall experience of PCMC, with a median PCMC score of 69%. Notably, the dignity and respect domain comprised the primary component of PCMC, scoring at 83.3% suggesting that clients perceived being treated with dignity and respect during maternity care.

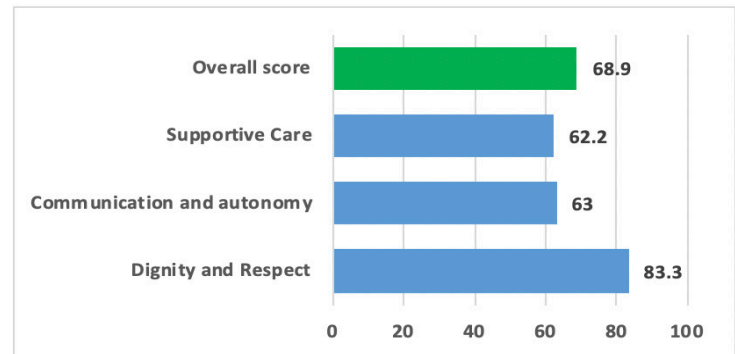


Figure 1: Experience of Person-centred maternity care in informal settlements by domain.

The high scores suggest that healthcare providers prioritize maintaining clients' dignity, fostering trust and positive relationships. However, communication and autonomy as well as supportive care scored poorly among clients, indicating a need for improvement in provider-client communication, client autonomy in decision-making, and providing adequate support during maternity care, including emotional and physical comfort.

Key communication and autonomy gaps include healthcare providers not introducing themselves to clients (47%) and clients not having the freedom to choose their delivery position (68%). Additional gaps in supportive care including clients not being allowed to have someone accompany them during delivery (88%) or labor 77%. Additionally, three out five clients also felt that the labor/postnatal ward was overcrowded.

County health officials emphasized the importance of educating healthcare providers about patient rights and responsibilities. They stressed the need for providing relevant information to empower clients to make informed decisions about their healthcare. This sensitization aims to ensure that clients are aware of their rights and can actively participate in decisions regarding their health.

"We need to do a lot of sensitizations for the clients to know their responsibilities and also their rights so the health care workers to also know the client's rights and how to treat them and how to have the right attitude to stand for the mothers..." KII Sub County official.

The importance of having a birth companion becomes evident when healthcare providers actively engage with clients who are unaccompanied, as this can involve other family members who can provide support in place of the absent partner. However, contrary to this necessity, findings from the client exit surveys reveal that almost 80% of the clients reported not being permitted to have a birth companion.

"They do not come with the companion as husband,, some will tell you it is my mum, it is my aunt, it is my friend. Unless given permission, what I will put to account is you (client) personally first." IDI Healthcare Worker.



Client Satisfaction of Maternity Care and Care Seeking Decisions

Most clients expressed high levels of satisfaction with the maternity care services they received. Specifically, 95% of clients reported satisfaction with the care they received during childbirth, indicating a strong confidence in the quality of care provided.

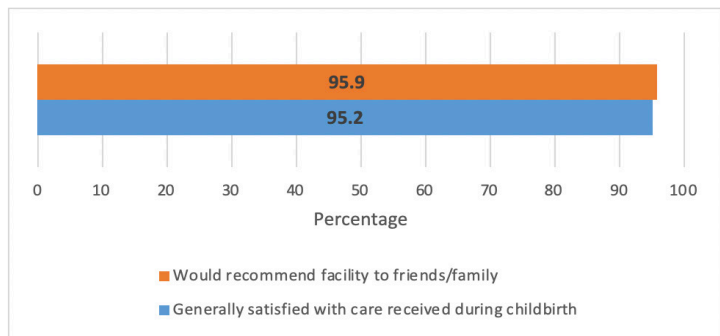


Figure 2: Satisfaction of care/care seeking decisions

Likewise, an overwhelming majority of clients (96%) expressed willingness to recommend the facility where they received care to their friends and family, indicating strong endorsement of the facility's services.

Among those dissatisfied, primary concerns included lack of assistance during childbirth (33%) and newborn care or postpartum counselling (22%).

Additionally, four out of five clients reported involvement in deciding on the choice of health facility for delivery (50% jointly and 35% individually).

Furthermore, a third of the clients opted for the facility closest to their home for delivery, indicating the influence of proximity in care-seeking decisions. While satisfaction with maternity care services is high, addressing concerns related to childbirth assistance and newborn care/postpartum counselling could further enhance the quality of care provided.

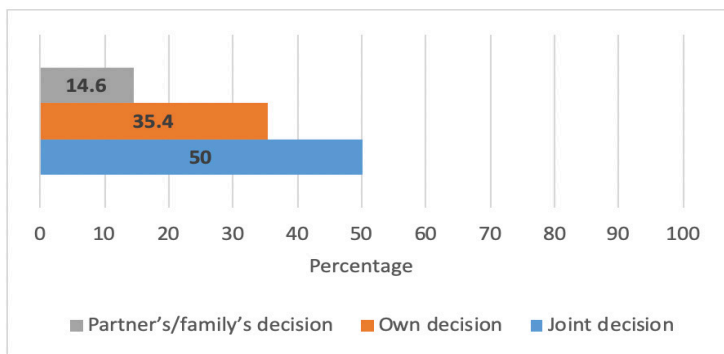


Figure 3: Decision to deliver in a health facility.



Health Facility Readiness for Provision of Essential Maternal and Newborn Health Services

- » Health facilities were well prepared and equipped to offer antenatal care services with an overall high availability (79%) of ANC services. ANC services were available in all public facilities and only in 70% among private facilities. Labor and delivery services were available in around half (47%) of facilities, with service available in 60% and 40% of public and private facilities respectively indicating a gap between facility readiness and the provision of these critical services and a need for investment in infrastructure, staffing, and training.
- » There was a universal availability of postnatal care services (100%) in facilities offering MNH services to the study area reflecting a strong facility readiness to support mothers and infants during the postpartum period. Facilities demonstrated high preparedness to offer comprehensive maternal and infant healthcare services. There was moderately low availability of care for small or sick newborns (18%), suggesting a potential gap in facility readiness to address the needs of clients. While facilities may possess some capacity to cater to small or sick new

newborns, there could be opportunities for enhancing readiness through improvements in infrastructure, equipment and staff training to better meet the needs of this vulnerable population.

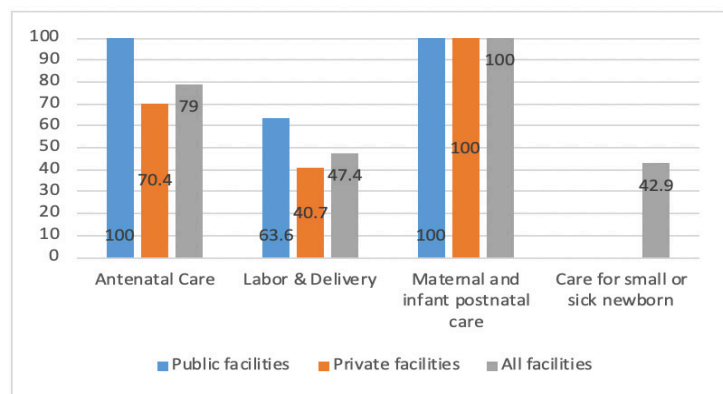


Figure 4: Availability of essential maternal and newborn health services in facilities by facility ownership.



Barriers to Accessing and Using Maternal, Newborn and Child Health Services

Inadequate staffing was a challenge in healthcare facilities, with a noticeable gap in the client-to-nurse ratio. Unformalized clinics in urban informal settlements, lacking proper qualifications, provide unsatisfactory services. This led to delayed referrals during emergencies, impacting client outcomes.

The absence of recognized facilities in the healthcare system exacerbated these challenges, with delayed ambulance services contributing to dissatisfaction and complications.

Conclusion

The findings revealed a fair overall experience of PCMC, with dignity and respect emerging as the main component of satisfaction, indicating that clients feel respected during maternity care. However, communication, autonomy, and supportive care scored low, suggesting a need for improvement in these areas.

Efforts to control pain were unsatisfactory, and most clients were not allowed to have a companion during birth. The decision-making process for selecting a health facility varied, with proximity playing a key role. While facilities seem well-prepared for antenatal and postpartum care services, there is a gap in labor and delivery services and care for small or sick newborns. Overall, addressing these gaps could further enhance the quality of maternity care in informal settlements.

Recommendations

- » Training healthcare providers to prioritize empathy fosters a supportive environment, building trust and ensuring responsive care tailored to unique client needs.
- » Collaboration between public and private healthcare sectors to ensure accessible and affordable maternal and newborn health services, addressing disparities in quality care.
- » Regular monitoring and evaluation of healthcare services to identify areas of improvement, with quality initiatives based on client and provider feedback to enhance the overall satisfaction and uptake of quality services.

Contributors

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