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HOW AVAILABILITY OF HEALTH FACILITIES MOTIVATES THE IDPS DECISION TO SETTLE IN SELFHELP SETTLEMENTS GILGIL DISTRICT, KENYA

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ABSTRACT: *Displacement causes loss of access to basic services and infrastructure such as health, education and housing facilities. Access to health facilities is paramount in that without proper health care individuals cannot be productive and can therefore not participate efficiently in economic development. Infrastructure acts as either a push or pull force to or out of the settlements. If the infrastructure is good the IDPs are pulled to remain in the self if help settlements but if it is poor it pushes the IDPs out of the self-help settlements. The study was motivated by the fact that despite the growing emphasis on return and resettlement of IDPs the rate of successful return and resettlement has been very low. The objective of this study is to investigate how availability of health facilities motivates the decisions of IDPs to settle in self help settlements. The study was guided by two theories; Improvement Risks and Reconstruction model (IRR) for population displacement and the Rational Choice Theory. The study was carried out in Nawamu self help settlement which is in Gilgil District, Mbaruk Sub- Location. The sub- location and the self help settlement where the research took place was purposively sampled. The study carried out a census interviewing all 45 household heads. The data was collected using interview schedules, focus group discussions and key informants interviews and analyzed using descriptive and inferential statistics. Key informants were purposively sampled while FGD participants were randomly selected. Statistical Packages for Social Sciences (SPSS version 17) was used for analysis. To make reliable inferences from the data, all statistical tests were subjected to a test of significance at coefficient alpha (α level) equal to 0.05.The study found that there was a significant relationship between the health facilities and the decision by the IDPs to settle in self help settlement. The study found that, majority of the household heads, (71%) were female and that 75.6% of them were motivated to settle in self help settlements. To motivate IDPs to leave the SHS, the government has to improve the health facilities in places of original residence.*

KEYWORDS; health facilities, motivates, self-help settlements, IDPs

INTRODUCTION

After the 2007 post election violence, the government of Kenya in line with the 30 guiding principles on internal displacement sought to resettle the internally displaced persons. Under agenda no 2 of the Kenya National Dialogue and Reconstruction Commission (KNDR) agreement, the committee agreed to bind the government to undertake various measures to address the humanitarian crisis affecting the victims of violence and displacement and assist and encourage the displaced persons return to their places of original residence prior to displacement (KNCR, 2008-2009). In response to this the government launched Operation 'Rudi Nyumbani' (ORN) with

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the aim of encouraging the IDPs to return to their homes of original residence prior to displacement (OCHA, 2010). A report by Integrated Regional Information Network (IRIN, 2008) states that although most IDP camps in Kenya were closed, such closure was not successful as transit camps and self help settlements emerged. The pieces of land in self help settlements turned out to be unsustainable since they were small ranging from 23 x70 sq feet to 50 x100 feet (USIP, 2008). Conditions in the return area must be attractive and secure enough to motivate the IDPs to return home and/or the conditions in the camps must be sufficiently unattractive to discourage the IDPs away from home (Fischer, 1990). According to IDMC (2012), Even though the GOK and the international humanitarian organization responded to the problem of the 2007-2008 displacement, a number of serious concerns have gone unaddressed. The office of high commission of human rights as reported in IDMC (2012), noted that the assistance offered to IDPs basic services such as schools, medical clinics and shelter was quite inadequate. According to Fagen (2011), infrastructure acts either as a push or pulls force out or into the self-help settlements. These includes housing, medical facilities, education, transport and electricity. If the infrastructure is better in the places of origin, it will act as a push force motivating IDPs to leave the self help settlement. It is against this background that this study sought to establish how availability of health facilities motivates IDPs to settle in self help settlements.

Problem analysis

Despite the launch of *Operation Rudi Nyumbani* which spent close to 10 billion Ksh with the view to encourage the IDPs to return to their places of original residence, some IDPs declined to return. This raised concern since the IDPs continued to live under deplorable conditions and could therefore not participate fully in development yet they form an important part of the human capital. ORN used a lot of the taxpayers' money and since not all internally displaced persons returned home, it was important to find out what motivated the IDPs to resettle in SHS.

METHODOLOGIES

This study carried out a census. Although, this type of inquiry involves a great deal of time, money and energy, this did not significantly affect the study since the population was already less than the proposed sample size implying that it was not difficult to adapt (Kothari, 2004).

RESULTS AND DISCUSSION

Distance to the nearest medical centre

Majority (57.8%) of the respondents were situated 6 to 10 kilometers from the nearest medical centre. This was closely followed by respondents who were situated between 1 to 5 kilometers away from the nearest medical centre from the settlement as represented by 22.2%. However, there were some respondents (20.0%) who were situated above 10 kilometers away from the nearest medical centre. This is shown in table1.

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Table 1: Distance to the nearest medical centre from the settlement

Distance	Frequency	Percent
1-5 kilometers	10	22.2
6-10 kilometers	26	57.8
Above 10 kilometers	9	20.0
Total	**45**	**100.0**

These results imply that majority (a cumulative of 80.0%) of the IDPs in the SHS have to travel only 10 kilometers or less to access medical services. Distance away from the nearest medical centre may influence a person on a preferred choice of settlement because it involves an important service to human life.

Some of the difficulties cited by IDPs encountered in accessing of medical centers are listed in figure 1. The most serious problem encountered was cited as poor roads as represented by 79.6%. Other difficulties encountered were lack of money (16.3%). A few respondents indicated not to be sure of the difficulties encountered in accessing the medical centre from their settlement.

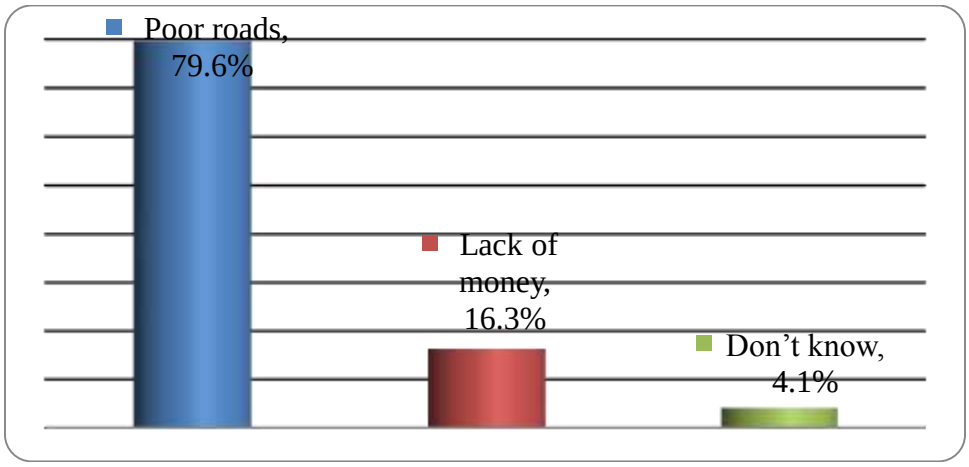

Figure 1: Difficulties encountered in accessing the medical centre

The above results imply that general poverty and lack of roads acts as a major hurdle for the IDPs in their access to medical services and may have an implication on their decision to resettle in their places of residence

Some of the services offered at the medical centers' situated within the vicinity of the IDPs settlement SHS involved in this study are shown in table 2.

Table 2: Services offered at the medical centre

Services	Frequency	Percent
Prenatal	1	2.2
General medical care	2	4.4
All (prenatal, antenatal and general medical care)	41	91.1
Don't know	1	2.2
Total	**45**	**100.0**

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Majority (91.1%) of the respondents indicated that the medical services offered at the available medical centers are of all types (prenatal, antenatal and general medical care). A small portion (4.4%) argued that the available services are just general medical care. A population of 2.2% indicated to be aware of just prenatal services as the available services in the medical centers while a similar portion (2.2%) indicated not to know about the services offered at the medical centers.

Most of the IDPs indicated that the quality of health services offered to them at the health facilities within their vicinity was good. The respondents rating of the immunization a service offered at the medical centers within the vicinity of the SHS is shown in table 3. Majority of the IDPs rated the services as good (42.2%) and was closely followed by those who rated the services as excellent (28.9%) and average (22.2%). However, a few respondents were of the opinion that the services are poor (4.4%) while others did not know (2.2%).

Table 3: Rating of the immunization of children in the settlement

Rating	Frequency	Percent
Excellent	13	28.9
Good	19	42.2
Average	10	22.2
Poor	2	4.4
Don't know	1	2.2
Total	**45**	**100.0**

The respondents' ratings on the quality of immunization services offered to pregnant women and children by medical centers within the vicinity SHS in the study area are shown in table 4.

Table 4: Rating of the immunization of pregnant women

Effectiveness ratings	Frequency	Percent
100%	24	53.3
75%	8	17.8
50%	5	11.1
Don't know	8	17.8
Total	**45**	**100.0**

Majority (53.3%) of the respondents were of the opinion that the immunization service to be 100% effective. This was closely followed by respondents who rated the immunization services as 75% effective. About 11.1% of the respondents rated the services as 50% effective. However, about 17.8% of the respondents did not rate the immunization services offered by the medical centers available within their vicinity.

Since majority of the IDPs in the studied SHS were women and children, immunization services are very critical and may have an implication on their decision to settle in self help settlements. The situation may be much serious if the immunization services in the original places of residence may have been of lower quality and standards.

Due to congestion in the SHS with the pieces of land measuring from 23 x70 sq feet to 50 x100 feet and two small rooms regardless of the number of occupants coupled by competition for the

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limited resources such as water, food and shelter, the problem of waterborne diseases is anticipated. Some of the common waterborne diseases experienced within the IDPs settlement covered in this study are listed in table 5.

Table 5: Frequency of Waterborne diseases

Waterborne diseases	Frequency	Percent
Typhoid	40	88.8 %
Cholera	4	10 %
Dysentery	1	4.2%
Total	**45**	**100.0%**

The most serious waterborne disease experienced in the SHS was typhoid as mentioned by 88.8 % of the respondents. The second most serious waterborne disease was cited by 10 % as cholera. The other waterborne disease experienced in the SHS was dysentery (4.2%). The common living situation among the IDPs in which they are normally congested and with limited amenities (clean water, toilets) may be responsible for a number of waterborne diseases witnessed in SHS.

Airborne diseases

There are a number of airborne diseases experienced in the IDP settlements studied as recorded in figure 2.

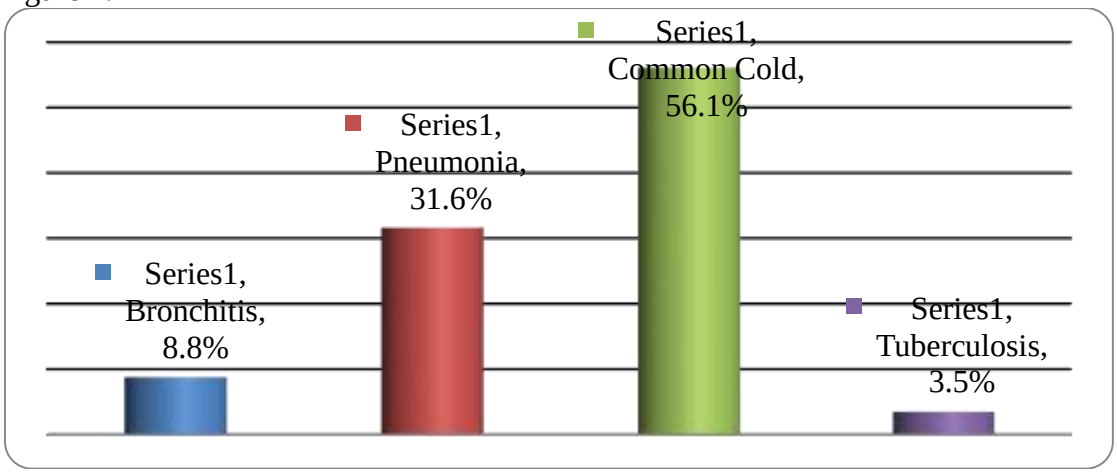

Figure 2: Airborne diseases

According to the respondents the most common airborne disease in the IDP settlement covered in this study was noted to be common cold (56.1%) and was closely followed by pneumonia (31.6%). Other airborne diseases experienced in the SHS are bronchitis (8.8%) and tuberculosis (3.5%).

The health of many of those living in the SHS is severely compromised by the poor living conditions. The incidences of airborne diseases such as common cold are high due to living in such close proximity to others. Pneumonia was also quite common, due to the state of the houses that people were living in; the houses get very cold at night and when it rains some houses are flooded as the SHS lacks adequate drainage.

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Living in close proximity also has the danger of contraction and spread of communicable diseases such as skin diseases. Table 6 shows some of the communicable diseases that respondents reported to ever contract while in the SHS.

Table 6: Communicable diseases

Skin Diseases	Frequency	Percent
Scabies	3	6.7
Fungal infection	7	15.6
Skin disease	27	60.0
Chicken pox	1	2.2
Pimples	1	2.2
Itching skin	1	2.2
None	5	11.1
Total	**45**	**100.0**

Skin diseases (60.0%) were the most popular communicable diseases affecting the IDPs in the SHS. Other communicable diseases were fungal infection (15.6%), scabies (6.7%), fungal infection and chicken pox (2.2%), pimples (2.2%) and itching skin (2.2%). About 11.1% of the respondents indicated not to have suffered from any communicable disease while in the SHS.

Most respondent (68.9%) indicated that the health facilities in their neighborhood were operational 24 hours. However, about 24.4% of the respondents indicated that the health facilities are not operational throughout the day (24 hours). A few respondents (6.7%) did not know about the number of operational hours of their nearest health facilities.The quality of health facilities available near the IDP SHS can be gauged through the number of operational hours with 24 hours being an indicator of better services available to the IDPs.Majority (88.9%) of the respondents who indicated that the health facilities available in their neighborhood did not operate 24 hours but obtained health assistance from provincial hospitals while 11.1% indicated that they obtain emergency help from the same health facilities but had to wake up the staff.

Generally, majority (71.1%) of the respondents indicated that the health facilities available in the SHS do not affect/influence their decision to stay in the self-help settlements as indicated in table 7. However, about 15.6% of the respondents indicated that the state of health facilities available motivate them to stay and was closely followed by 13.3% of the respondents who indicated that the health facilities influence them to leave the self-help settlements.

Table 7: How Health Facilities influence Decision to stay in the Self-Help Settlement

Influence	Frequency	Percent
Not affected	32	71.1
Influenced me to stay	7	15.6
Motivates me to leave	6	13.3
Total	**45**	**100.0**

The government efforts to distribute the health facilities equitably throughout the country should be such that it improves the state of health facilities available to IDPs not to affect their decision to

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stay in the self-help settlements. However, the influence of private hospitals that often are able to offer superior services for 24 hours per day may be responsible for IDPs decision to stay in the camps since as long as one has money they can access the services.

Some of the other reasons advanced for the failure of the state of health facilities to affect the IDPs decision to settle in the self-help settlements include; the fact that most people don't go to hospitals daily (21.1%), that they just needed to settle (18.4%), that they did not have alternatives to choose from (13.2%), that their main reason for preferring to stay (or otherwise) in the self-help settlements is influenced by the state of security and not health (7.9%) others were of the opinion that availability of health facilities is not an issue since with money, one can access good health care (5.3%). Some respondents were influenced by the state of health facilities to stay since they were not near hospitals before (7.9%) and that the doctors in the current settlement are good in listening, even when one does not have money (2.6%).

Table 8: Explanation on how Health Facilities Influence the Return Decision

Influence	Explanation	Frequency	Percent
Not affected to settle or leave the camp Motivates to leave	Don't go to hospital daily	9	21.1
	Just needed to settle	1	18.4
	Security is paramount	4	7.9
	With money you can access good health care	2	5.3
	No alternative	6	13.2
Influenced me to stay	Wasn't near a hospital before	4	7.9
	Doctors listen even if you don't have money	1	2.6
Not applicable	N/A	18	40.0
	Total	**45**	**100.0**

Majority (37.8%) of the IDPs rated the health facilities in the self help settlement as better compared to the facilities that were in place before displacement. However, a sizeable portion (35.6%) of the IDPs rated the health facilities in the SHS as same when compared to the facilities in places of residence before displacement. Some (24.4%) of the IDPs considered the health facilities in the SHS as worse compared with those in places of residence before displacement. About 2.2% of the IDPs did not know how to compare the health facilities in the settlement and former places of residence before displacement.

Table 9: Comparison of health facilities in the SHS to facilities before displacement

	Frequency	Percent
Same	16	35.6
Worse	11	24.4
Better	17	37.8
Don't know	1	2.2
Total	**45**	**100.0**

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The researcher was interested in determining the influence of IDPs accessibility of health facilities on decision to settle in the self-help settlement. Table 4.22 below shows that a cumulative of 55.5% of the total respondents considered the influence of health facilities on IDPs decision to resettle as strong and strongest. Specifically, 33.3% and 22.2% of the respondents indicated that health facilities have a strong and strongest influence on the decision to resettle respectively.

Table 10: How accessibility of health facilities influenced decision to settle in SHS

Influence to Return	Frequency	Percent	Cumulative percent
Strongest	10	22.2%	22.2%
Strong	15	33.3%	55.5%
Weak	16	35.6%	91.1%
No influence	4	8.9%	100.0%
Total	**45**	**100.0%**	

These results can be attributed to the fact that health services are considered crucial to human beings. About 55.5% of the respondents considered it to have a strong influence on their decision to settle. It was just 35.6% and 8.9% of the respondents who considered the influence as weak and no influence at all, respectively.

In evaluating how health facilities influence the IDPs decision to settle in self-help settlements, the use of Pearson's chi-square was employed. Below is a contingent table showing the relationship between respondents' perception of the state of health facilities in the settlement compared to the facilities in places of residence before displacement and IDPs decision to return.

Table 11: Relationship between state of health facilities in the SHS and decision to settle

Decision to Return	How health facilities in the settlement compare to the facilities in places of residence before displacement				Total
	Better	Worse	Same	Don't know	
No	15 (46.9%)	4 (12.5%)	12 (37.5%)	1 (3.1%)	32 (100.0%)
Yes	1 (7.7%)	7 (53.8%)	5 (38.5%)	0 (.0%)	13 (100.0%)
Total	**16 (35.6%)**	**11 (24.4%)**	**17 (37.8%)**	**1 (2.2%)**	**45 (100.0%)**

Pearson Chi-Square = 10.865, Degrees of freedom = 3, P-value = 0.012

Table 11 shows that the distribution of the respondents whose decision was not to return to their former place of residence with regard to their perception about how health facilities compared to that in their former places of residence was as follows: those that considered the health facilities as better were 46.9% and were closely followed by those who considered the facilities as the same (37.5%). However, about 12.5% considered the health facilities as worse while 3.1% were not sure how to compare the health facilities. There is a significant relationship between state of health facilities and the IDPs decision to return to their former places of residence. The Pearson's chi-square value of 10.865 (computed at 3 degrees of freedom) is significant at 5% level since the p-value (0.012) is less than 0.05.

On the other hand, the distribution of the respondents whose decision was to return to their former place of residence with regard to their perception about how health facilities compared to that in

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their former places of residence was as follows: those that considered the health facilities as worse (forming the majority) were 46.9% and were closely followed by those who considered the facilities as the same (38.5%). However, about 7.7% considered the health facilities as better.

During the FGD with the selected participants, it was clear that the state of health facilities significantly influence the IDPs return decision. A very interesting argument came up as the participants compared the state of health facilities in the SHS with those available to them in their former places of residence. One participant summarized the all situation as state below:

Here at the camp we have good access to health care and sanitation facilities. A few illustrations will suffice. Near the settlement, we have a local clinic which is supported by the government and other actors. It is run by a network of local community volunteers. We are relatively advantaged in that we are not very far from the district health government hospital. Despite the problem of poor roads for the access of the main hospitals we at least get general medical care from the dispensary. Our women benefit a lot from the current prenatal and postnatal services provided in these dispensaries. Likewise, our children get immunized as recommended. In summary, the medical services available here are basically superior to those available to us in our former places of residence. However this does not influence us much to settle or not to settle since one does not visit the hospital daily and with money one can visit a hospital of their choice.

This narration is important to the study in that it shed more light on the importance of health facilities and that the IDPs appreciate the accessibility. This strengthened the empirical results that there is a significant relationship between access to health facilities and the decision to settle in SHS.

CONCLUSION

There was a significant relationship between state of health facilities and the IDPs decision to return to their former places of residence. Majority of the IDPs who were not willing to return considered the current health facilities as better (followed by the same) while majority of the IDPs who were willing to return considered the current health facilities as worse (followed by the same).

Recommendations

i) Efforts to improve the existing education, health and housing infrastructure in the IDP former places of residence should be given priority in order to succeed in resettling them. Most IDPs make their resettlement decision with keen attention to the state of infrastructure.The Government must ensure affordable and quality education services for IDPs and all citizens. Considering return to places of original residence as the most durable solution, this study established that health care form part of major motivations on where IDPs choose to settle. The findings of this study that indicate that there is a significant relationship between acess to health facilities and the decision of IDPs to settle in self help settlements. Based on this results this study recommends that health facilities be improved in places of original reidence to pull the IDPS back to their original homes.

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