

**Title: Devolution and Healthcare services provision for women small scale traders in informal settlements in Nairobi Kenya**

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In the current Kenya political dispensation, health care is a devolved function. At the same time, the Kenya government is moving towards universal health coverage. Both situations, if implemented would guarantee access to healthcare by all Kenyans in all regions. This paper focuses on devolution and healthcare services provision for women small scale traders in urban informal settlements in Nairobi. The paper examines whether women informal sectors workers have access to formal healthcare benefits that would guarantee them access to care when in need. The paper is based on a study conducted in five urban informal settlements in Nairobi (Kibera, Mukuru, Mathare, Korogocho and Kawangware). Data was collected through interviews with 398 women small scale traders (WSSTs), eight focus group discussions and 34 key informant interviews. Results showed that only 28.4% WSSTs had enrolled in formal medical insurance schemes such as the National Hospital Insurance Fund (NHIF) and other private medical schemes. This low enrolment meant that most WSSTs relied on themselves and informal systems to meet their health needs. Despite this, the WSSTs were willing to join formal health insurance schemes if they were informed about them and if the service providers agreed to go to the informal settlements to enrol them and collect contributions. The paper concludes that the constitutional right to health can be achieved if there is strategic focus on population groups in informal settlements. Mechanisms for working with informal sector workers and other marginalised groups should be developed to enhance inclusiveness.

**Keywords:** Devolution, Health care services, Women small scale trader, Informal settlements, Kenya

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