This briefing note is based on exploratory research in two informal settlements in Nairobi: Mathare and Kibera. It makes recommendations for engaging health workers in peacebuilding processes in urban informal settlements in Kenya. The recommendations are based on study conclusions showing that health care systems, especially community-centered primary health care services and workers, have great potential to promote peace and security in Kenya. Violent conflicts constitute a public health challenge because of their adverse effects on health, social, and economic systems, which lead to declines in population well-being. Thus, peace and health are mutually reinforcing, and development cannot take place without good health. Despite this health-peace nexus, Kenya’s National Policy for Peacebuilding and Conflict Management (2015) and National Cohesion and Integration Commission (NCIC, 2008)¹, both formulated in a volatile political climate, have not recognized the contribution of the health system to peacebuilding. In 1998, the World Health Organization (WHO) adopted “Health as a Bridge for Peace (HBP)” as a policy framework on the premise that the role of health care providers in promoting peace is significant for the attainment of “Health for All.”² This study suggests that health care systems in Kenya can be part of the multifaceted peacebuilding effort in urban informal settlements that experience a range of violence—political, ethnic, extremist, resource-related, gender-based—and vicious cycles of retaliatory attacks.

### HEALTH CARE SYSTEMS AS INFRASTRUCTURES FOR PEACE

This study finds that quality and accessible community-centered health facilities and services may promote feelings of security and belonging to a common citizenship. This is because quality health provision meets individuals’

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common needs and facilitates interactions that strengthen the social fabric. Community residents interviewed gave accounts of poorly serviced public health clinics and lethargic staff—compared with private health clinics—which caused negative attitudes toward health provision, thereby making services inaccessible to many community members. Some study participants felt that some health workers and facilities favored members of specific ethnic groups. Such perceptions of ethnic bias in access to health care services are a lost opportunity to create a sense of cohesion, belonging, and inclusion among community members.

Findings also suggest that the unique features of health care, such as altruism, neutrality, accessibility, permanence, and legitimacy can be leveraged for peacebuilding purposes. For instance, some health workers interviewed suggested that the altruistic nature of health care allows them to interact with people of all social categories, including ethnic backgrounds. Legitimacy implies that health workers are often accorded high levels of acceptance and access within a community. This characteristic of health work, coupled with the longevity of health clinics in informal settlements, places health workers in a good position to observe and understand factors and structures that breed violent conflicts. This understanding may be tapped into to help repair broken social relations and transform conflict into peace. It may also be useful for building cohesion and solidarity in the communities, thereby preventing violence and promoting long-term peacebuilding. The study established that some community health workers and volunteers, whose programs are entrenched in these communities, performed a lot of “invisible” peace work. In addition to visiting sick patients in their homes and conducting public health education, they reconciled families, reported on violence, and worked in other multiple roles in education and development. They did this despite the fact that community health volunteers (CHVs), unlike community health workers (CHWs), are at the periphery of formal health systems, which makes their position fragile and unsustainable.

The study shows that for primary health clinics (typically private clinics) that have other integrated programs, such as economic empowerment, education, advocacy, water provision, sanitation, and hygiene, the peace dividend may be amplified due to the improved community interaction. Study participants, especially those who benefited from these initiatives, noted that such programs provided platforms for building positive social relationships and created solidarity against the social exclusion and marginalization that intensifies ethnic, gender, class, political, and religious divides.

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