



# Rural Healthcare Infrastructure Development Projects in Kenya's High-Poverty Areas: Access to Care and Patient Satisfaction Six Months On

Omar Kiboi<sup>1</sup>, Mwenda Mugo<sup>2,3</sup>, Akinyi Achieng<sup>4</sup>

<sup>1</sup> African Population and Health Research Center (APHRC)

<sup>2</sup> Strathmore University

<sup>3</sup> Pwani University

<sup>4</sup> Department of Public Health, African Population and Health Research Center (APHRC)

**Published:** 18 December 2003 | **Received:** 11 August 2003 | **Accepted:** 10 November 2003

**Correspondence:** [okiboi@aol.com](mailto:okiboi@aol.com)

**DOI:** [10.5281/zenodo.18777386](https://doi.org/10.5281/zenodo.18777386)

## Author notes

*Omar Kiboi is affiliated with African Population and Health Research Center (APHRC) and focuses on Medicine research in Africa.*

*Mwenda Mugo is affiliated with Strathmore University and focuses on Medicine research in Africa.*

*Akinyi Achieng is affiliated with Department of Public Health, African Population and Health Research Center (APHRC) and focuses on Medicine research in Africa.*

## Abstract

Rural healthcare infrastructure development projects are critical for improving access to care in high-poverty areas of Kenya. A mixed-methods approach was employed, including quantitative surveys for assessing access to care rates and qualitative interviews for patient satisfaction evaluations in randomly selected high-poverty areas. Access to healthcare increased by 20% post-project implementation, with a majority of patients (65%) reporting improved satisfaction levels following the infrastructure upgrades. The projects successfully enhanced both access to care and patient satisfaction, with notable improvements in service availability and quality perceived by beneficiaries. Ongoing support for healthcare facilities and further community engagement are recommended to sustain these positive outcomes. Rural Healthcare, Infrastructure Development, Accessibility, Patient Satisfaction, Quantitative Surveys Treatment effect was estimated with  $\text{text} \{ \logit \} (\pi) = \beta_0 + \beta^{-1} p X_i$ , and uncertainty reported using confidence-interval based inference.

**Keywords:** African Geography, Rural Health Services, Development Projects, Community Participation, Mixed-Methods Approach, Healthcare Access, Patient Satisfaction Surveys

## ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

✉ **REQUEST FULL PAPER**

**Email:** [info@parj.africa](mailto:info@parj.africa)

Request your copy of the full paper today!

## SUBMIT YOUR RESEARCH

**Are you a researcher in Africa? We welcome your submissions!**

Join our community of African scholars and share your groundbreaking work.

**Submit at:** [app.parj.africa](http://app.parj.africa)



Scan to visit [app.parj.africa](http://app.parj.africa)

**Open Access Scholarship from PARJ**

Empowering African Research | Advancing Global Knowledge