

## Abstract

Access to healthcare is fundamental to health. Access is the ability to get the required medical care from the health service providers when in need. The proportion of the elderly is increasing rapidly in informal settlement, Kenya. This comes up with many health problems. Whether the healthcare is prepared to take care of this elderly has not been extensively investigated. This was a descriptive cross-sectional study, targeting both elderly men and women aged 60 years and over, in Kibera informal settlement of Kenya, to identify enabling factors of access to healthcare by the elderly. The study adopted a mixed method approach encompassing qualitative and quantitative methods and multistage sampling approach based on probability proportional to size while at the village level sampling was systematic. Quantitative data was analyzed using Statistical Package for the Social Sciences version 20.0 while Manifest content analysis was used for qualitative data. The study found that access to healthcare services was low (40.4 %). Marital status, type of house, education were statistical significant in relation to access. The odds of access increased with those who lived in permanent houses (OR: 30.699, 95% CI 1.827-515.927  $P < 0.017$ ) when compared against those who lived in temporary houses. Availability of equipment & drugs, services at level one, and perception of healthcare services were significantly. The likelihoods of access increased among those who had never experienced lack of equipment (OR 0.093, 95% CI -0.017-0.503),  $P$  value=0.006) against those who were regularly affected. The odds of access decreased among those who had never been served by Community Health Worker (OR 4.467, 95% CI (1.164-17.146),  $P$  value=0.029) and those served occasional (OR 3.757, 95% CI (1.096-12.878),  $P$  value=0.035) compared to those regularly by CHWs. The findings denote availability and acceptability as major challenge to access of healthcare among the elderly. Friendly policy and services framework need to be developed to mitigate availability and acceptability concerns. Special and/or additional training for health workers in the area of geriatric health is paramount.

Key words: Healthcare access, elderly people.