**Methodology**

Data from the four health care facilities was pooled for further analysis. The signs and symptoms were classified into major groupings according to the EDL classification. Data was analyzed using EpiInfo Version 3.3. Comparative analyses of groups of data was done using Analyses of Frequencies and p values of less than 0.05 were reported as significant

**Results**

The demographics of attendees were clustered in higher frequencies around ages 1 to 6, 11 to12, 20 to 24, 30 to 35 and 53 to 60 with spikes at 28 and 45.  Most clients were seen by PHC trained Professional sisters, followed by Professional sisters and the least proportion of patients are seen by medical doctors.

The leading causes of morbidity at the informal settlements health care facilities were found to be respiratory problems, urogenital infections and cardiovascular problems.

All prescribed drugs were EDL listed, however, of the drugs prescribed 49% were by generic and 51% prescribed by brand name.

Antibiotics were the most commonly prescribed drugs at the informal settlements health care facilities.

**Conclusions**

The demographic presentation at informal health care facilities is tightly linked to the conditions and symptoms observed in clients. There are distinctly age-specific presentation of certain conditions. Informal settlements health care facilities are mainly staffed by primary health care trained professional sisters.

The majority of prescriptions contained paracetamol, indicating coexistence of pain with other conditions. Non generic prescription by health care workers could lead to over prescription of the same drug substance. This pattern of prescribing could lead to escalation of costs of medical care.