

# The status of our healthcare sector A citizen diagnosis

# 1. Introduction

Constitutionally, county governments are responsible for managing health facilities, pharmacies, ambulance services and promoting primary health care at the local level. The national government is in charge of national referral facilities. Three years into this division of responsibilities, the outcomes have been mixed. More points of access for health services have been opened up, and county health referral facilities have been refurbished. On the other hand, tension and dissatisfaction among both healthcare service providers and consumers continues to be observed.

Several counties continue to experience goslows leading to the suffering of patients, as doctors and nurses go on strike to demand better terms of service and, previously, promotions that were supposedly long overdue.<sup>1</sup> Though various county governments have invented different return-to-work formulae, the situation remains unsettled. The most recent strikes were in Nyeri and Machakos<sup>2</sup>. Through the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU), health workers have previously stated that county governments are inefficient<sup>3</sup> with regards to stocking of equipment and medicine at the health facilities, and in improving staff terms of service. Tensions also exist between national and county governments; there have even been proposals for a constitutional amendment to return health management to the national government.

- Patients suffer as doctors, county bosses engage in blame game over strike, Daily Nation Web. 27 Aug. 2015 http://www.nation.co.ke/counties/nairobi/health-strike-counties/-/1954174/2847684/-/ x3xg5nz/-/index.html
- 2 We will demonstrate if you don't solve doctors' strike, Mutua warned, Hivisasa Web. 19 Aug. 2015 http://www.hivisasa.com/machakos/health/162922
- 3 Crisis looms as 200 doctors resign. Standard, Web. 1<sup>st</sup> Sep. 2015 http://www.standardmedia.co.ke/ health/article/2000106818/crisis-looms-as-200-doctors-resign

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Sauti za Wananchi



When presenting the Budget Statement for the fiscal year 2016/2017 in June, the Cabinet Secretary for The National Treasury Henry Rotich highlighted the success so far in providing counties with state of the art equipment in partnership with county governments. A total of KES 35.6 billion was allocated to healthcare.<sup>4</sup> While both county and national governments say that healthcare is a priority, the budget allocation for the sector is much lower than that for education (KES 130 billion).

So, what do Kenyan citizens think about the country's health-care sector? Is it in crisis or in acceptable health? What are the main challenges? Do Kenyans know what services are available and how to access them?

Data for this brief comes from Twaweza's flagship *Sauti za Wananchi*, a nationally-representative, high-frequency mobile phone panel survey. Information on the survey methodology is available at www.twaweza.org/sauti. For this brief data were collected from 1,783 respondents from the Kenya *Sauti za Wananchi* panel. This was the fourth round of calls to the panel, conducted between June 7 and 28, 2016.

The key findings are:

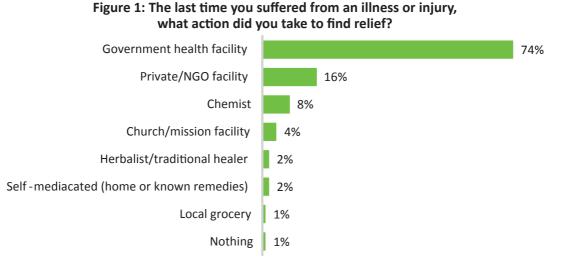
- Three out of four Kenyans rely on public health facilities for healthcare services
- Half of citizens feel that Kenya's health care system has major problems with the cost and availability of drugs cited as significant challenges
- Half of citizens do not know of an ambulance that can be called to their village/ area for an emergency situation
- Two thirds (68%) of Kenyans do not have health insurance
- Health workers are the main sources of health-related information for citizens
- One in four households report having members screened for specific noncommunicable diseases (NCDs)
- Male adults dominate family health care decisions at the household level

# 2. Eight facts about healthcare in Kenya

#### Fact 1: Three out of four Kenyans rely on public health facilities

The last time they were ill or injured, 74% of Kenyans sought treatment from a government health facility. Very few Kenyans rely on private or NGO facilities (16%), chemists (8%) or church facilities (4%). Even smaller proportions of Kenyans visit herbalists (2%), self-medicate / use their own remedies (2%), go to the grocery store for medicine (1%) or do nothing (1%).

<sup>4</sup> http://www.mygov.go.ke/wp-content/uploads/2016/06/2016-BUDGET-STATEMENT\_Final.pdf Web. 17 Aug 2016



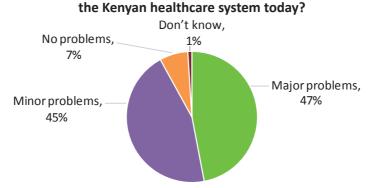
**Source of data:** Sauti za Wananchi Mobile Phone Survey – Round 4 (7 – 28 June 2016). **Base:** All respondents, n=1,783

## Fact 2: Half of citizens feel that Kenva's health care system has major problems

Almost all Kenyans think the health sector has problems; half (47%) say it has major problems and the other half (45%) say the problems are minor. Only 7% of citizens think the health sector does not have any problems. This varies little between groups; for example those who do and don't have health insurance, and for those who have (or have not) recently visited a public health facility. The results are similar for urban and rural settings although rural citizens are more likely to report major problems in health care.

of health (74%).

Figure 2: Which of the following do you think best describes



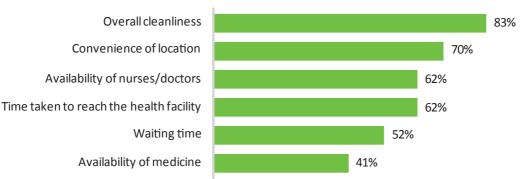


When asked about specific aspects of healthcare, citizens are most unsatisfied with the cost

Fact 3: Half of Kenyans are unsatisfied with the availability of drugs

When asked whether they were satisfied or not with a number of aspects of healthcare, a majority of Kenyans are satisfied with the cleanliness (83%) and location (70%) of hospitals, as well as the availability of staff and the time they wait before being seen (62%). However availability of medication appears to be a challenge as half of citizens (52%) are unsatisfied with this.

#### Figure 3: How satisfied are you with the following at your main health facility? % saying satisfied and very satisfied

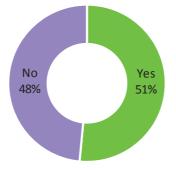


**Source of data:** Sauti za Wananchi Mobile Phone Survey – Round 4 (7 – 28 June 2016). **Base:** All respondents, n=1,783

# Fact 4: Half of citizens do not know of any local ambulances that they can use in emergencies

Half of Kenyans (48%) do not know of an ambulance that can be called to their village/area for an emergency. This service is supposed to be provided by county governments. Among citizens who are aware of local ambulance services available to them, 86% report that these are provided by the county government; 10% by private entities, 2% by non-profit/religious institutions and 1% by the national government.

#### Figure 4: Do you know of an ambulance that can be called to your area?



**Source of data:** Sauti za Wananchi Mobile Phone Survey – Round 4 (7 – 28 June 2016). **Base:** All respondents, n=1,783

### Fact 5: Seven out of ten Kenyans (68%) do not have health insurance

Three out of ten Kenyans (31%) say that they have health insurance. By far the most popular provider is the National Health Insurance Fund (NHIF, 88%). Other options include insurance cover from employers (14%). One in twenty Kenyans (4%) have other types of cover<sup>5</sup>.

For Kenyans who are uninsured, unaffordability (53%), lack of awareness (13%), lack of understanding (12%), lack of service providers in the locality (7%) and the feeling that it is unnecessary (7%) were all mentioned as barriers to health insurance.

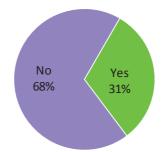
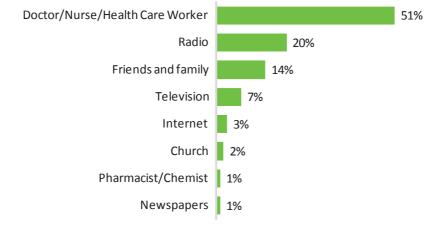


Figure 5: Do you have health insurance?

### Fact 6: Half of citizens (51%) get health information from health workers

Health practitioners (doctors/nurses) are the main source of health-related information for citizens (51%). Other sources mentioned are radio (20%), friends and family (14%), television (7%), the internet (3%), the church (2%), pharmacists (1%), and newspapers (1%).

#### Figure 6: In general, where do you get most of your health related information?



**Source of data:** Sauti za Wananchi Mobile Phone Survey – Round 4 (7 – 28 June 2016). **Base:** All respondents, n=1,783

5 Multiple responses were possible

**Source of data:** Sauti za Wananchi Mobile Phone Survey – Round 4 (7 – 28 June 2016). **Base:** All respondents, n=1,783

# Fact 7: One in four households report having members screened for specific non-communicable diseases

Among Kenyan households, 42% report having a member who has been screened for blood pressure, 29% for diabetes, and 25% for cancer in the past year.

The recent Kenya Demographic and Health Survey (2014) found that 14% of women have had a breast cancer exam and 14% had screened for cervical cancer. For the men, 3% had screened for prostate cancer. Screening for cancer can aid early detection which increases the likelihood of successful treatment.

# Figure 7: Has anyone in your household been tested for the following? % saying yes

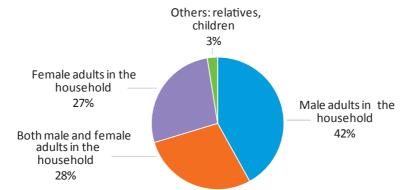


**Source of data:** Sauti za Wananchi Mobile Phone Survey – Round 4 (7 – 28 June 2016). **Base:** All respondents, n=1,783

#### Fact 8: Men dominate household health care decisions

When asked to state the primary decision makers for their families on health care issues, 42% of respondents mention men, and 27% mention women. Three out of ten citizens (28%) say these decisions are made jointly by men and women in the household.

#### Figure 8: Who is the primary decision-maker in the family for healthcare decisions?





# **3.** Conclusion

These data shed light on citizens' views of the challenges facing Kenya's health sector. Citizens definitely feel concerned about their healthcare system, with almost all of them saying that there are problems in health. At the same time it seems that a majority of Kenyans are satisfied with a number of aspects of health services including health worker presence, the state of the facilities and the amount of time they have to wait. In fact, access to and cost of drugs are the main issues about which a majority of Kenyans are unsatisfied.

The Government of Kenya is currently focused on providing access to diagnostic equipment at the county level. Although this can be applauded, it seems that there are other challenges in the health sector that will also need to be addressed. In particular recent discontent from health workers appears to be the outcome of wider budgetary and coordination issues between national and county governments. If national and county governments cannot establish strong and effective partnerships to manage their responsibilities in health, Kenyans may continue to endure challenges in healthcare.

Although these data were collected prior to some of the major strikes by health workers, the inter-related questions of motivation and accountability among health care staff will also need to be addressed. Motivation of the frontline providers of health services is a critical aspect of how Kenyans experience their health services. Although the current strikes may be addressed, a long term solution around health worker remuneration and promotion will be required. Otherwise improved quality of life for all Kenyans as articulated under the social pillar of Vision 2030 may remain stubbornly elusive.