

# What does Kenya make of health?

## Perceptions and experiences of patients in Kenya



### 1. Introduction

There has been considerable progress in the Kenyan health sector in the past decade: the infant mortality rate has dropped from 67 deaths per 1000 live births in 2003 to 52 in 2008/09 (KDHS, 2008-09).

Despite this positive development, many Kenyans still do not have quality and affordable health care. Inequalities in healthcare fall along geographic, socio-economic and gender lines. In Nairobi, 90 percent of women deliver their babies in health facilities compared to 17 percent in North Eastern Province. In addition, stunting levels are higher for rural children: the prevalence of stunting varies by province from 29 percent in Nairobi to 42 percent in Eastern Province (KDHS, 2008/09; World Bank, 2010).

According to Article 43, Section 1 of the Kenyan Constitution (Constitution, 2010) every citizen has the right to the highest attainable standards of health. To assess the perceived quality of health service provision, the Ministry of Public Health and Sanitation (MoPHS) and the Ministry of Medical Services (MoMS) carried out a Customer and Employee Satisfaction Survey (CESS) in 2009. One of the objectives of the survey was to measure customer satisfaction at different levels of the health care system so as to inform health sector professionals and support them to improve service delivery.

The CESS survey was conducted in both public and faith-based facilities for all levels of health care (level two - dispensaries to level six - national referral health facilities). This brief uses data from CESS health facility exit interviews. The interviews are a source of information on customer experiences at 2018 health facilities, both public (85 percent) and faith-based (15 percent). This brief presents five findings on customer satisfaction with health services in Kenya from the CESS Survey of 2009.

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## 2. Five facts about health in Kenya

### Fact 1: Proximity and quality are the key determinants in choice of health facility

Only 12 percent of respondents indicate that the facility they visit is their only option; in other words, a large majority of respondents access care from different providers. What do they choose? The CESS data show that quality of service and proximity to residence were major factors considered by patients in choosing a health facility. 45 percent of respondents indicated that proximity was the major factor in their choice while 44 percent cited the level of service.

The CESS supports differentiation of the data according to type of facility (public or faith-based). Figure 1 below suggests a difference between public and faith-based health facilities: the latter are perceived to offer good services by more respondents but public facilities are seen as less costly. (Note: This was a multiple choice question so percentages above may not add up to 100).



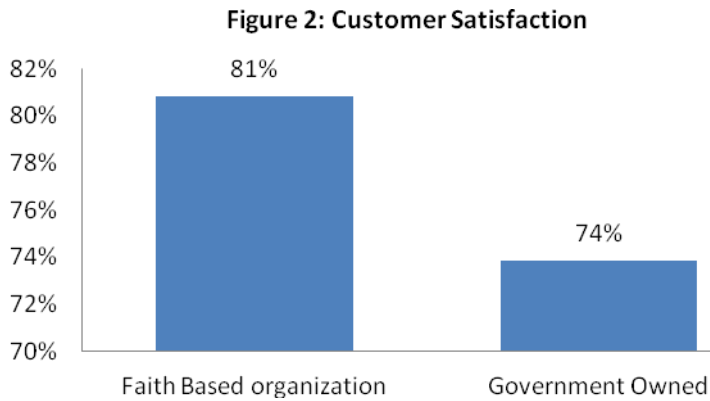
**Source of Data:** CESS 2009, Ministry of Health

### Fact 2: Satisfaction rates are high

Satisfaction surveys are important in understanding the quality of care and measuring the effectiveness of health care delivery. To measure satisfaction, scores ranging between 1 and 100 points were computed, where 100 is delight.

Satisfaction rates are over 70 percent on average. Analysis by ownership of health facilities reported in Figure 2 below shows a seven percent difference in satisfaction rates between patients

who visited health facilities owned by faith-based organisations (81 percent) and those who visited public health facilities owned by the government (74 percent).

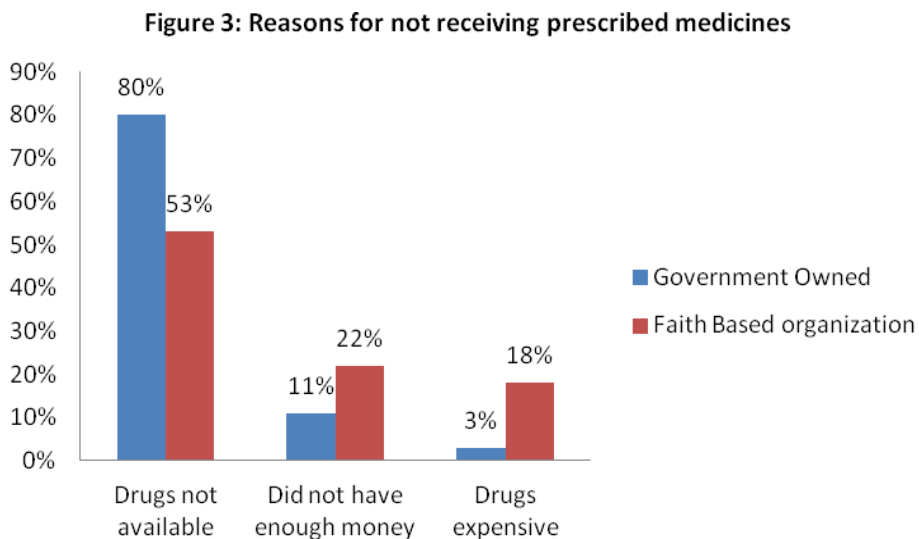


**Source of Data:** CESS 2009, Ministry of Health

**Fact 3: Unavailability of drugs is common**

In the exit interviews, 67 percent of patients reported having been prescribed medicine during their last visit to health facilities. The findings further reveal that for every five patients who received prescriptions for medicine only three received the medicine (63 percent); while two out of five patients (37 percent) either received none or part of the medicines prescribed.

For those patients who did not receive medicine, Figure 3 provides reasons for not obtaining the prescribed medicines, by facility type. The most cited reason is unavailability or stock-out.



**Source of Data:** CESS 2009, Ministry of Health

Although government expenditure on medicines increased slightly up to 2008/09, availability of drugs at healthcare facilities remains a challenge. Unavailability of drugs was reported more in government-owned facilities, while incidences of drugs being too expensive for patients was reported more in facilities owned by faith-based organizations.

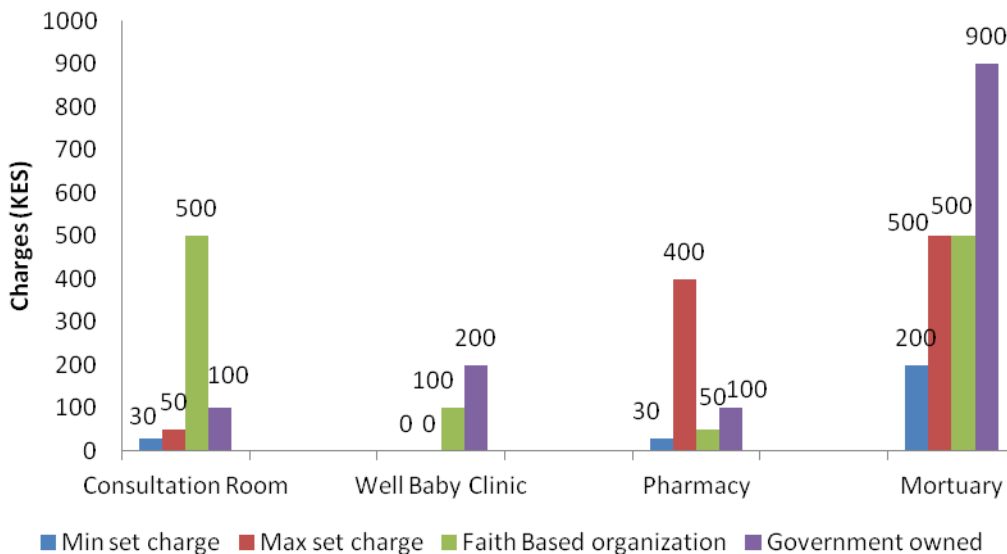
**Fact 4: Non-adherence to health service charter guidelines on cost of service is common**

The health service charter produced by the Ministry of Health in 2008 provides a guide on the range of charges that health facilities should abide by for the various services rendered. Findings from the exit interviews show that various service delivery points charge amounts that match those stipulated.

However, disparities exist between facilities owned by the government and those by faith-based organisations. For instance facilities owned by faith-based organisations charge higher rates for consultation – ten times more than the maximum rate provided in the service charter; while government owned health facilities charge high rates for mortuary services, exceeding those in the service charter guideline by KES 400 (Figure 4).

Services offered under the Well Baby Clinic (a clinic providing diagnostic and preventive services for infants) are expected to be free but the findings reveal that government facilities charge KES 200 and faith-based facilities charge KES 100 respectively. These costs are in addition to that of obtaining a registration card that is given at a standard rate of KES 50.

**Figure 4: Charges for selected services**



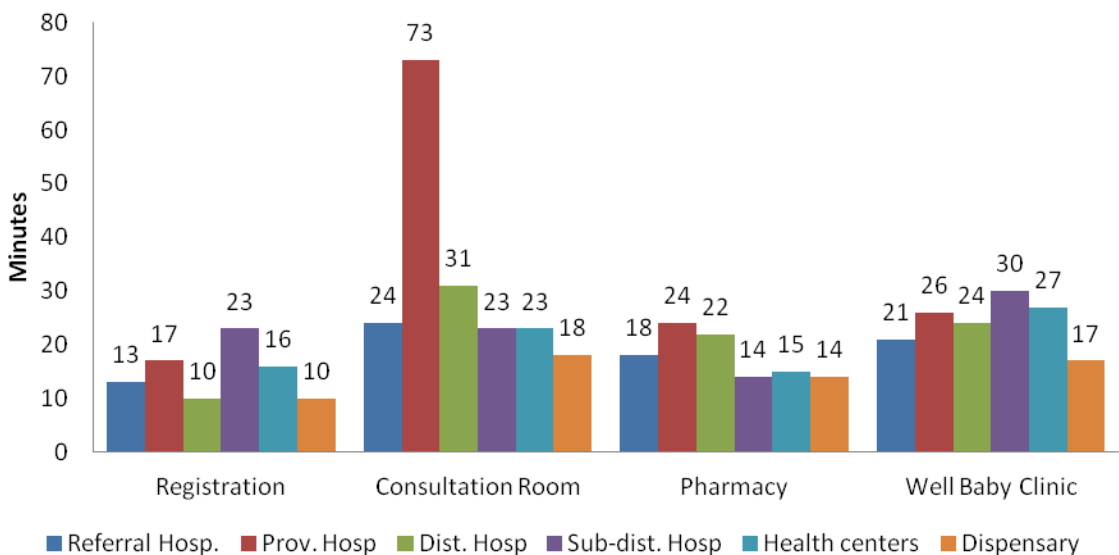
**Source of Data:** CESS 2009, Ministry of Health

## Fact 5: Service provision times differ between facility levels

The health service charter of 2008 also provides guidance on the time that should be taken in provision of care at the various health service delivery points. Findings from the exit interviews show that, on average, most facilities have timings that largely match the time set in the service charter. However, differences emerge dependent on ownership and level of the facilities (Figure 5).

For instance, it takes about nine minutes more for a patient to see a doctor in government facilities compared to the same service point in faith-based facilities. Overall, patients wait the longest at provincial level hospitals (more than an hour).

Figure 5: Waiting times for services at different types of health facilities



Source of Data: CESS 2009, Ministry of Health

## 3. Conclusion

The purpose of this brief is to provide insight into the quality of health service provision in Kenya as experienced by patients visiting the different levels of the health care system. Data from the Ministry of Medical Services (MoMS) Customer and Employee Satisfaction Survey (CESS) were used. The fact that such a survey was carried out by the Ministry is encouraging since it shows an interest in the quality of its own service delivery.

Findings in this study have shown that the quality of services offered at health facilities and proximity to the home are key determinants of choice for consumers (patients). The satisfaction rates reported by respondents are fairly high, which is good news. At the same time, however, government health facilities are rated somewhat lower than those run by faith-based organizations.

The brief also points to key issues that need to be addressed: unavailability of drugs in various health facilities, and financial costs incurred by patients as they seek health care. As the authorities strive to meet the Vision 2030 goal of providing an efficient and high quality health care system, these are important challenges.

The finding that two out of five patients cannot obtain prescribed drugs at their health facility is worrisome and it is important to find out why stock-outs occur. The fact that for a number of services Government facilities do not adhere to the health service charter points to a governance issue in the sector. These CESS findings should now be used to inform the responsible health sector regulators to take action. The next survey findings can then be used to report progress on these issues and thus provide accountability to customers, employees and citizens alike.

## 4. References

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