



Striking an unhealthy note: Citizens' views on health and health services

1. Introduction

The past eighteen months have seen major challenges in Kenya's health sector, most notably a series of labour disputes that have seen long periods of strike action by both doctors and nurses. While the issues raised by the health professionals have been solved amicably, albeit temporarily, after protracted negotiations with the government, the labour disputes are symptomatic of a troubled and fragile health sector.

This brief presents data on citizens' experiences and views on health matters. How do they assess the overall state of the sector, and what specific problems do they see and experience? Are people insured? Where do they turn to first for medical help? Is government policy being practiced?

Data for this brief comes from Twaweza's flagship *Sauti za Wananchi*, which is a nationally-representative, high-frequency

mobile phone panel survey. Information on the overall methodology is available at www.twaweza.org/sauti. For this brief, data were collected from 1,705 respondents from Kenya's *Sauti za Wananchi* panel in the fourteenth round of calls, conducted between 9 July and 2 August 2017. The poll has a +/- 2.4% margin of error at 95% confidence level.

The key findings are:

- The number of citizens seeking treatment from public/government facilities has dropped, while those seeking services from non-state facilities has increased
- Citizens' satisfaction with the health facility they visit most often has dropped since 2016
- Health service providers usually explain their diagnoses and prescriptions, but many don't give patients the opportunity to ask questions

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P. O. Box 13784-00800, Nairobi, Kenya
t: +254 715 563720, +254 786 563722
e: info@twaweza.org | www.twaweza.org/sauti

Sauti za Wananchi



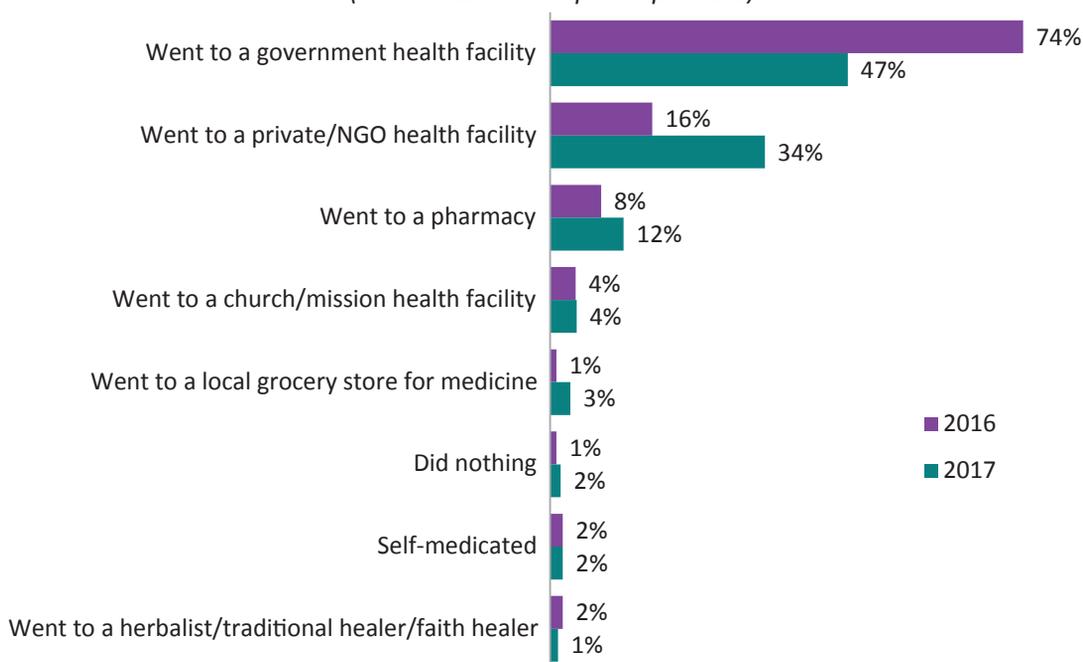
- Many pregnant women and children under five are not receiving their entitlement to free medical services
- One in three citizens has health insurance, this number is much lower among the poor
- Citizens' understanding of how NHIF works is limited
- One in four citizens has sought help from a traditional healer

2. Eight facts about health services in Kenya

Fact 1: Far fewer citizens are using government health facilities

Fewer than half of citizens (47%) sought assistance from a government health facility the last time they suffered from an illness or injury, down from three in four (74%) a year earlier. So more citizens are seeking help from alternative sources, NGO and private facilities were named by 34% of people in 2017 compared to just 16% in 2015.

Figure 1: The last time you suffered from illness or injury, what action did you take to find relief?
(More than one response possible)

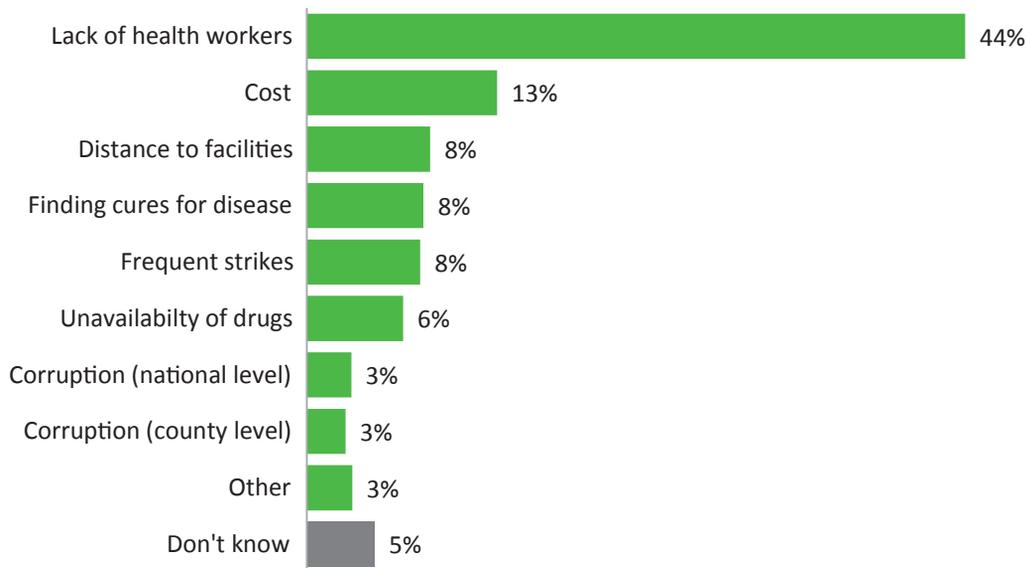


Sources: *Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705, and Round 4 (June 2016), n=1,783*

This stark shift in use of government health facilities might be linked to eight out of ten citizens thinking the health system is in crisis (20%) or facing major problems (59%). For the largest

proportion of citizens, the problem is the lack of health workers (44%). Other common problems cited are cost (13%), distance to facilities (8%), finding proper cures and strikes (8%).

Figure 2: What would you say is the most pressing problem facing the health sector today?



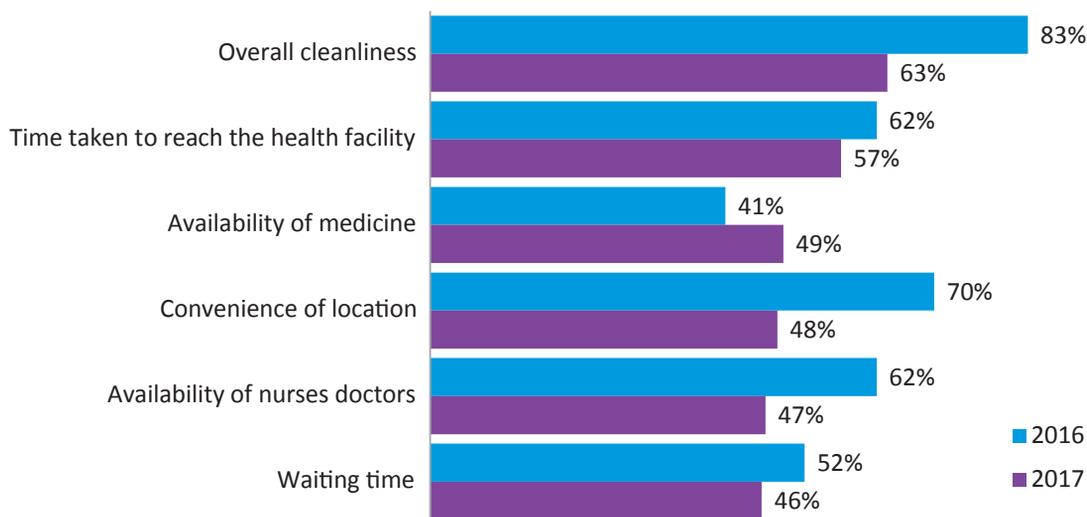
Source: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705

Fact 2: Citizens are less satisfied with their health facilities

When rating key area of health services at the facility they have attended the most over the past year, citizens are generally less satisfied than they were in 2016. Citizens are less happy with the overall cleanliness (decline from 83% to 63%), the availability of medical staff (decline from 62% to 47%) and waiting times (decline from 52% to 46%).

The sharpest drop in satisfaction is for convenience of location (decline from 70% to 48%), perhaps suggesting that patients are having to seek treatment further from home. In one area, satisfaction has increased: the availability of medicines (41% to 49%).

Figure 3: Patient satisfaction with health services
(% saying they were satisfied/very satisfied)

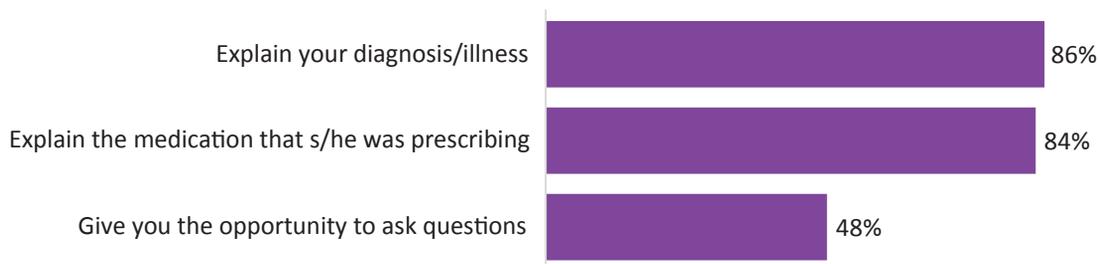


Sources: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705, and Round 4 (June 2016), n=1,783

Fact 3: Health workers often explain their diagnosis and prescriptions but many don't give patients the opportunity to ask questions

Five in six citizens who visited a health service provider say the providers explained their diagnosis (86%) and the medication they were prescribing (84%). Half (48%) say they were given the opportunity to ask questions.

Figure 4: During your/encounter, did the health service provider do any of the following things?
(% answering yes)

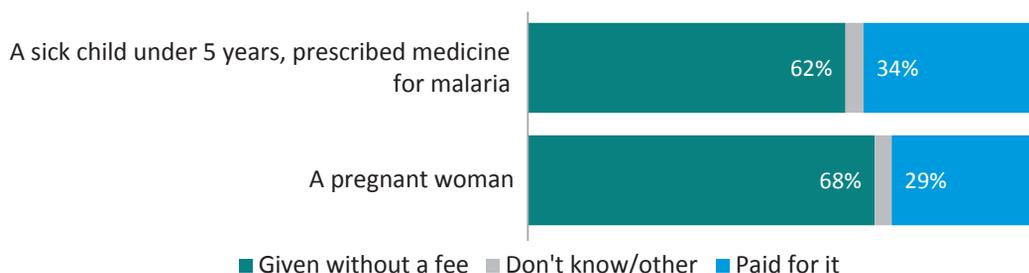


Source: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,461; those saying that they have recently sought health services

Fact 4: Contrary to policy, pregnant women and young children are paying for services in public health facilities

Many of those entitled to free medical treatment in policy are not receiving it in practice. One in three children (34%) under five had to pay for malaria medication and a similar number of pregnant women (29%) were also charged.

Figure 5: The last time you or someone you know went to a government health facility with the following patient, did you/they receive treatment for free or pay for it?



Source: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705

Fact 5: One in three citizens has health insurance

One in three citizens (32%) says they personally have health insurance. This is almost the same as in 2016, when 31% said the same.

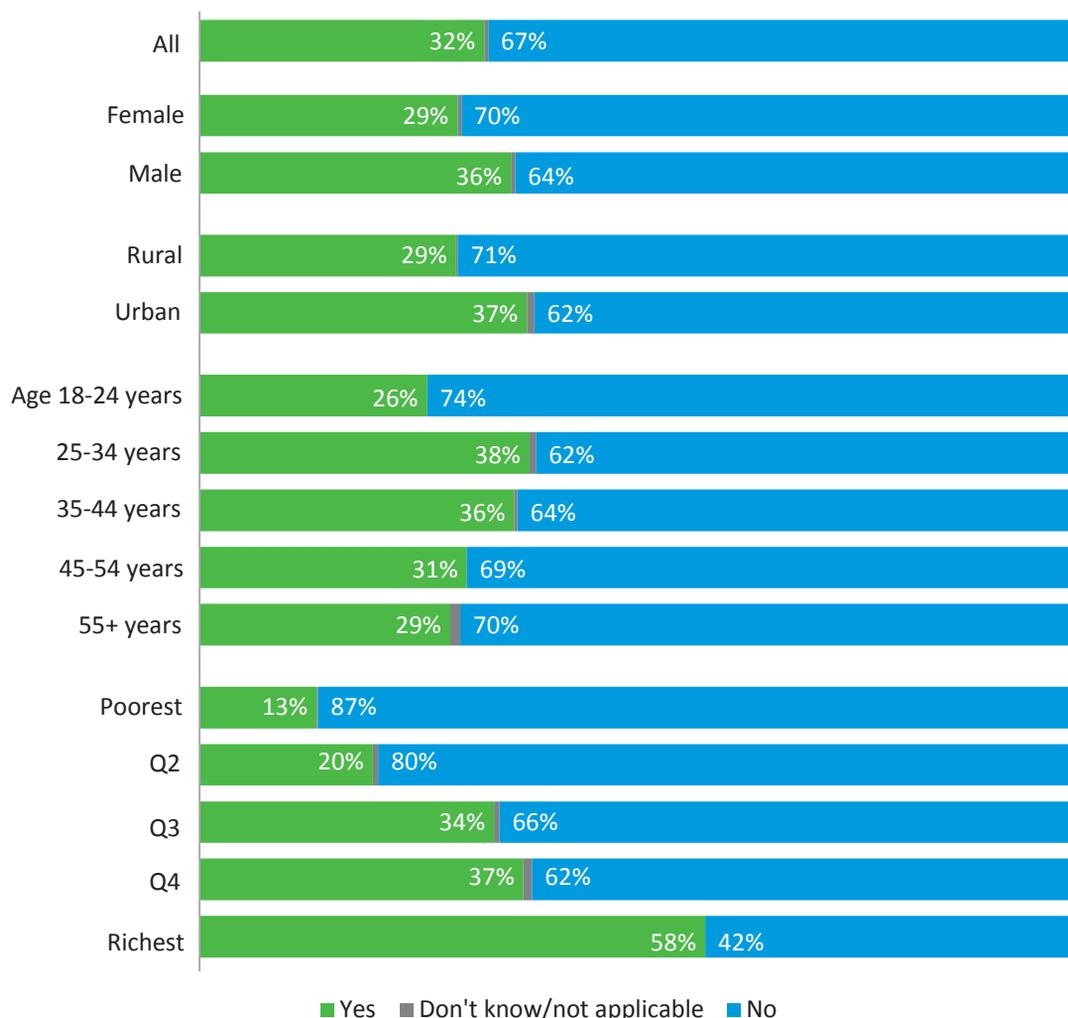
Figure 6: Do you have health insurance? (2016,2017)



Sources: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705, and Round 4 (June 2016), n=1,783

There are some clear demographic patterns in health insurance cover. Men (36%) are more likely than women (29%) to have cover, and those in urban areas (37%) are more likely than their rural counterparts (29%) to be insured. There is no clear relationship between age and health cover, but there is a very strong link with wealth: the wealthiest are more than four times as likely to have health insurance as their poorest compatriots (58% compared to 13%).

Figure 7: Do you have health insurance? (demographics)¹



Source: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705

Many citizens (40%) cite cost as a reason for not having health insurance. Other reasons given include not knowing how health insurance works (8%) and confidence that it is unnecessary (6%) (not shown in charts).

Three in ten citizens (30%) are covered by the National Hospital Insurance Fund (NHIF), making it the most popular choice of provider. A further 4% say they are covered by private insurance provided by their employer. This includes a small number who are covered by more than one scheme (not shown in charts).

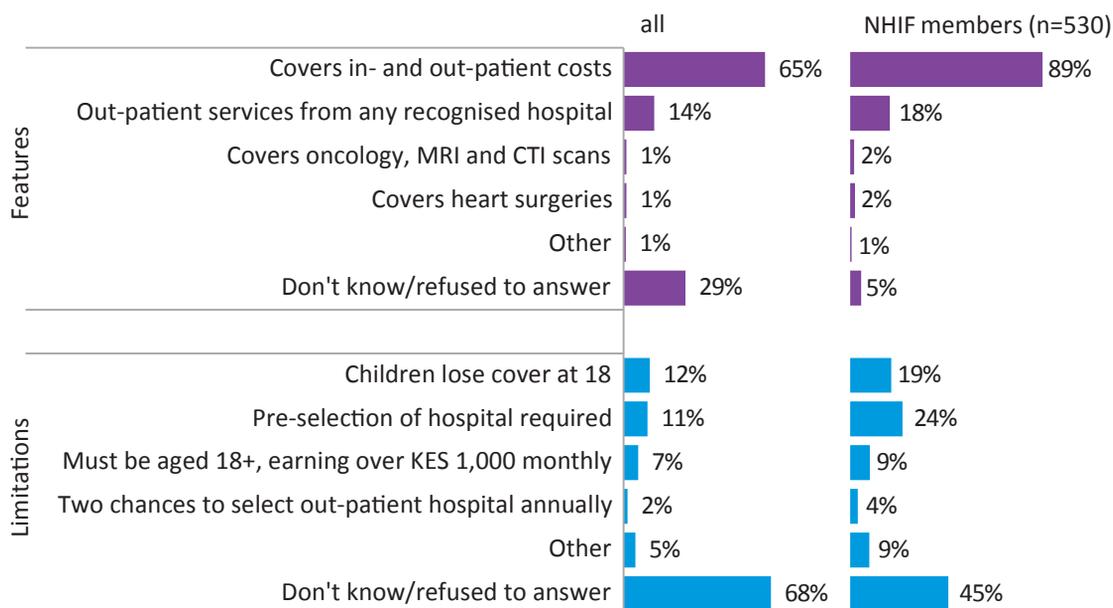
1 Percentages may not add up to 100% due to rounding

Fact 6: Citizens have limited understanding of how the NHIF works

Overall citizens do not know how the NHIF works. Two in three citizens (65%) know that NHIF can be used to cover both in-patient and out-patient costs. However, only around one in ten citizens can name any other features or limitations of the fund including the possibility of seeking services from any recognised hospital (14%) or that a child loses cover when they reach the age of 18 (12%).

Among members of the NHIF, understanding of its' features and limitations is, as expected, higher. Nine out of ten (89%) know that it covers both in- and out-patient costs, and one in four (24%) know that you can seek services from any recognised hospital.

Figure 8: Features and limitations of NHIF
(multiple responses allowed)



Source: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705

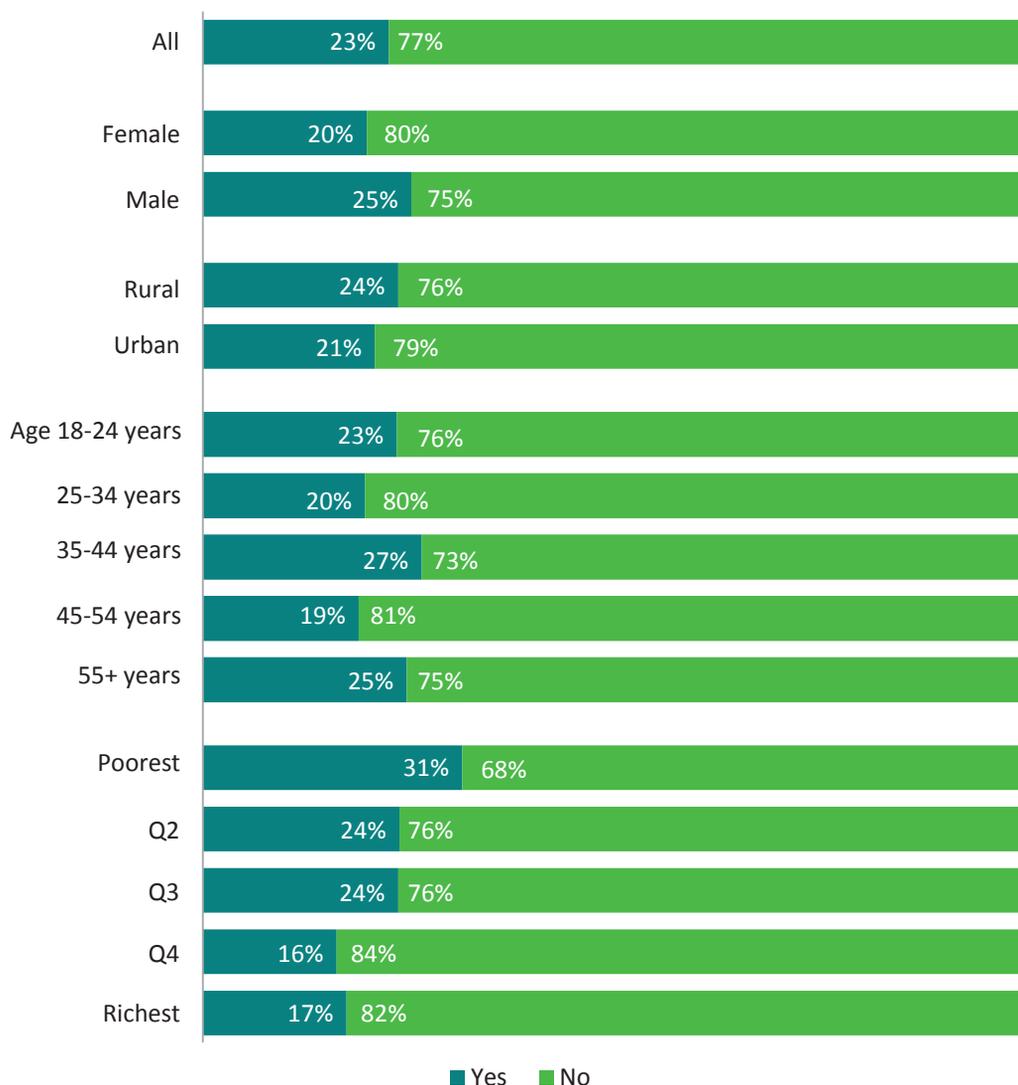
Most NHIF members (67%) say they are up to date with their monthly payments. One in six members say they have called on NHIF to cover medical expenses in the last three months (not shown in charts).

Fact 7: One in four citizens has sought help from a traditional healer

Although only 2% of respondents mentioned using traditional healers the last time they had an injury/illness, one out of four citizens (23%) report having sought help from a traditional healer at some point. This figure is slightly higher among men and in rural areas, but these differences are small. More noticeable, however, is that poorer people are twice as likely as the rich to have

turned to a traditional healer for assistance (31% compared to 17%). There is no link apparent between a citizen's age and whether or not they have ever sought the help of a traditional healer.

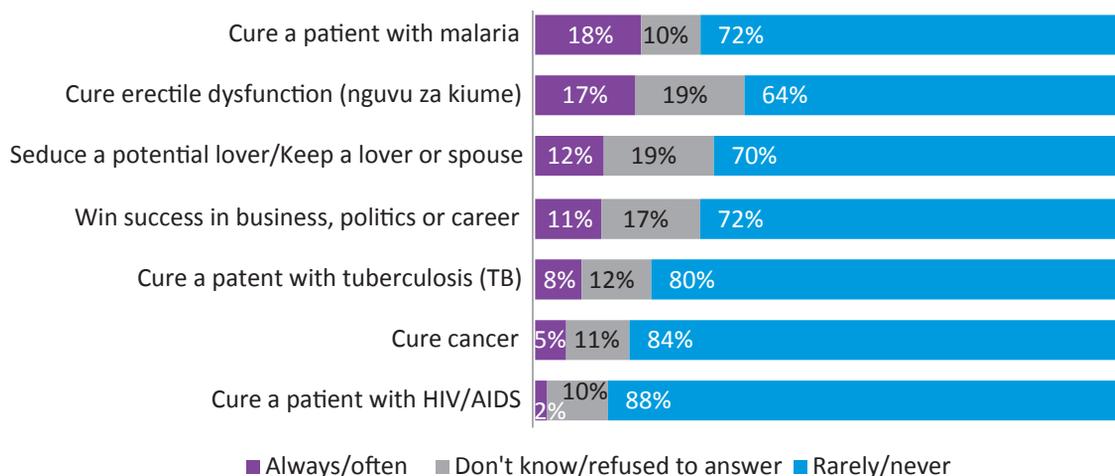
Figure 9: Have you ever sought help from a traditional healer?



Source: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705

A significant minority of citizens have confidence that traditional medicine and traditional healers can always or often cure a patient of malaria (18%) and cure erectile dysfunction (17%). One in ten think traditional medicine can ensure success in love (12%) or in business, politics or career (11%). Confidence is lower in traditional healers' ability to cure TB (8%), cancer (5%) and HIV/AIDS (2%).

Figure 10: To what extent can traditional medicine do the following?

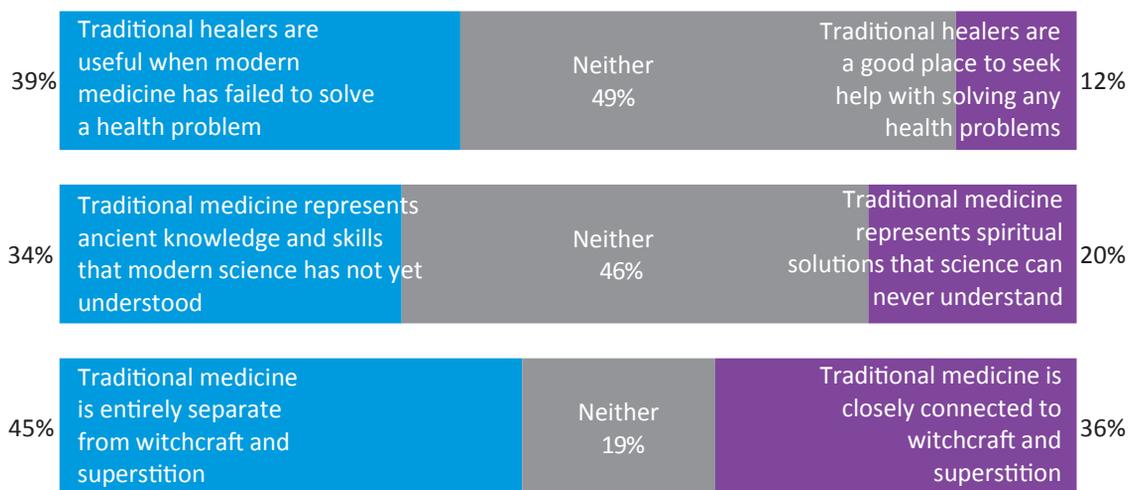


Source: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705

Citizens are very unsure about how traditional medicine fits in society. More people see traditional healers as useful when modern medicine fails (39%) than see them as a good place to seek help solving any health problem (12%), but the largest group (49%) declined to support either position. Similarly, close to half (46%) would not say whether traditional medicine represents ancient wisdom that modern science is yet to understand (34%) or spiritual solutions that science cannot ever understand (20%).

On whether traditional medicine is related to or separate from witchcraft and superstition, citizens are more willing to express a view, but those views are divided. Those who say traditional medicine is entirely separate from witchcraft (45%) slightly outnumber those who say the two practices are closely connected (36%).

Figure 11: Which of the following statements do you agree with more?



Source: Sauti za Wananchi Mobile Phone Survey, Round 14 (9 July – 2 August 2017), n=1,705

3. Conclusion

This brief has highlighted a number of critical policy challenges with regards to healthcare in Kenya. From the citizens’ perspective, the shortage of staff is the most critical issue. This could be both a cause and a symptom of the recent strikes and citizens do mention the strikes directly as a major challenge.

Relatedly, there appears to be a sharp drop in the proportion of Kenyans using government health facilities when they become ill or are injured. Furthermore, this change has happened over the last year. Similarly, citizens report lower levels of satisfaction with certain quality indicators in the health facilities they use most often. Their concerns point to deep challenges within the sector.

The National Hospital Insurance Fund represents a major pillar in the government’s strategy for ensuring access to health services for Kenyans. Yet there has been little increase in uptake of NHIF services between 2016 and 2017. In addition, many citizens are unaware of the basic principles or rules of NHIF services. Cost is the most commonly cited reason why people do not use health insurance policies. This is borne out by the large gap between wealthier and poorer citizens using these services.

And finally, there is evidence of those policy directives about groups that are exempt from paying for health services, being ignored. These groups are offered free treatment and care because they are among the most vulnerable in society. However, it appears that the government’s commitment to guarantee their free access to medical care is not being fulfilled.



Kenyans see many problems in their health sector and describe it as in crisis or big trouble. Perhaps the major concerns demonstrated here from citizens' own perspectives can provide a solid starting point for the incoming administration to start addressing Kenya's ailing health sector.

