HR CRISIS IN KENYA

THE DILEMMA OF FBOs

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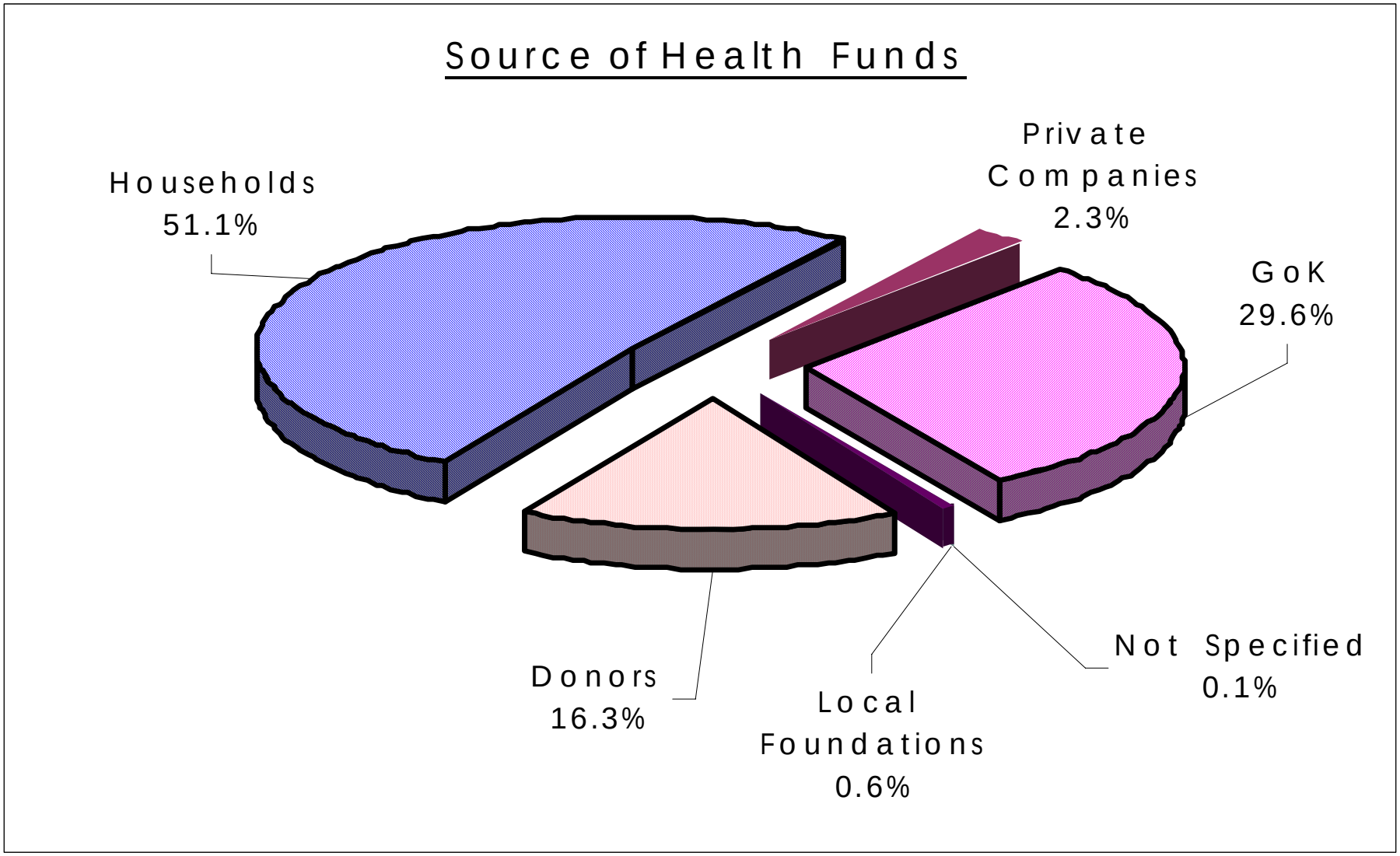
Introduction to Kenya

- Located in East Africa
- Total population = 33m
- Life expectancy = 46yrs (without HIV/AIDS would be 65yrs
- Per capita = US$320 (56% of the population below poverty line)
- GDP in 2005/6 = 5.8%
- HIV Adult prevalence rate of 5.9%

WHO PAYS FOR HEALTH SERVICES



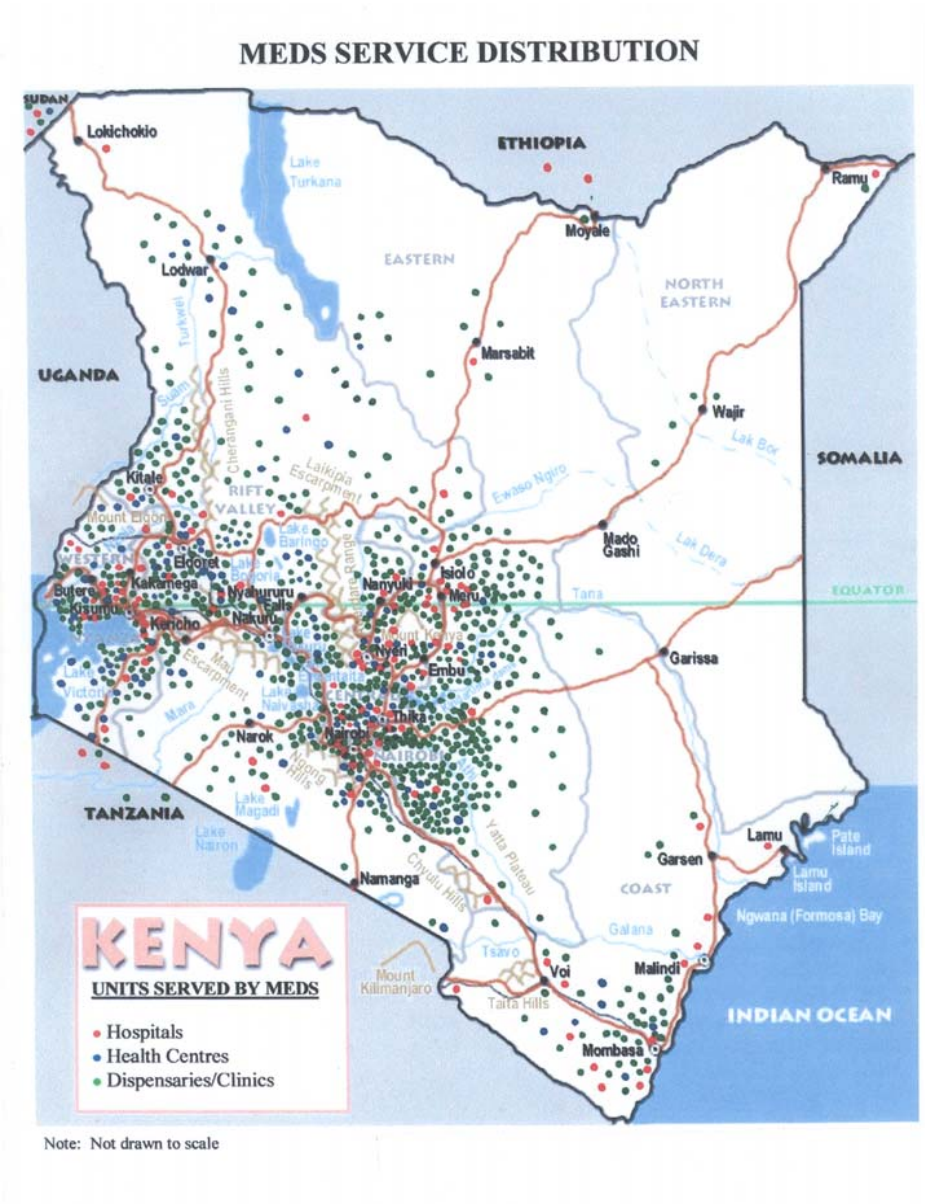
Church health services in Kenya = KEC + CHAK

- Health facilities = over 964
- In addition Churches run out-reach health programs & PHC activities
- Total contribution in health care is estimated at 40%
- Nationwide distribution often serving rural underserved areas
- Started as part of the holistic ministry of the Church with the objective of serving all those with need & particularly the poor & vulnerable.

FBO Health Facilities

	Large Hospital (Secondary Referral)	Medium Hospital (Primary Referral)	Health Centre	Dispensary	Training colleges	Programs (CBHC)	TOTALS
KEC	10	35	92	282	13	46	465
CHAK	7	19	47	317	10	52	442
OTHERS			4	23	-	40	67
TOTALS	17	54	143	622	23	138	974

FBO HEALTH SERVICES NETWORK



Scenario facing Church health services in kenya; a ministry under threat!

“Declined external support, dependence on user fees, HR crisis…declining utilization …uncertain future survival of the ministry..”

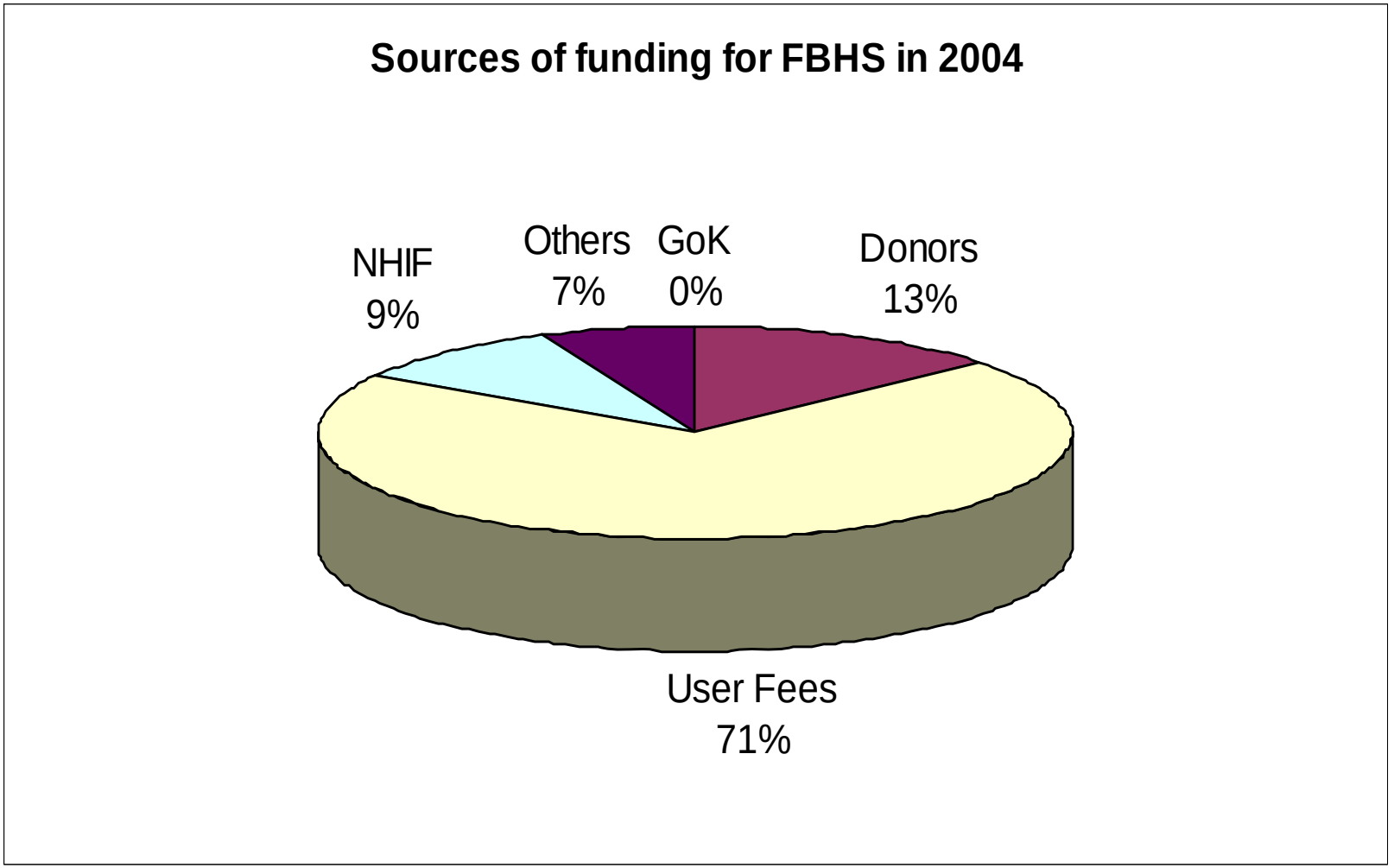
Historical sources of support for church health services in Kenya

1. Donations from local & sister churches abroad
2. Missionary expatriates eg
   doctors,nurses,administrators & paramedical staff
3. Government grants
4. Government seconded staff
5. Donated drugs, medical supplies & medical equipment
6. User fees/patient fees – was the least significant source of funding

Current sources of support

- User fees/patient fees – (contributes over 80% of recurrent expenditure)
- Donations – but now targeted to capital development or designated programs
- Missionary expatriate workers - (1-2% of total personnel establishment)
- Government seconded staff - (2% of the professional staff)
- Government supported Medical supplies eg vaccines, TB drugs, STI drugs, FP methods and HIV test kits & ARV drugs and occasional equipment
- Donations of drugs, medical supplies & equipment (very irregular)
- Financial sustainability is a major challenge (huge accumulated debt burden and declined utilization of IP services)

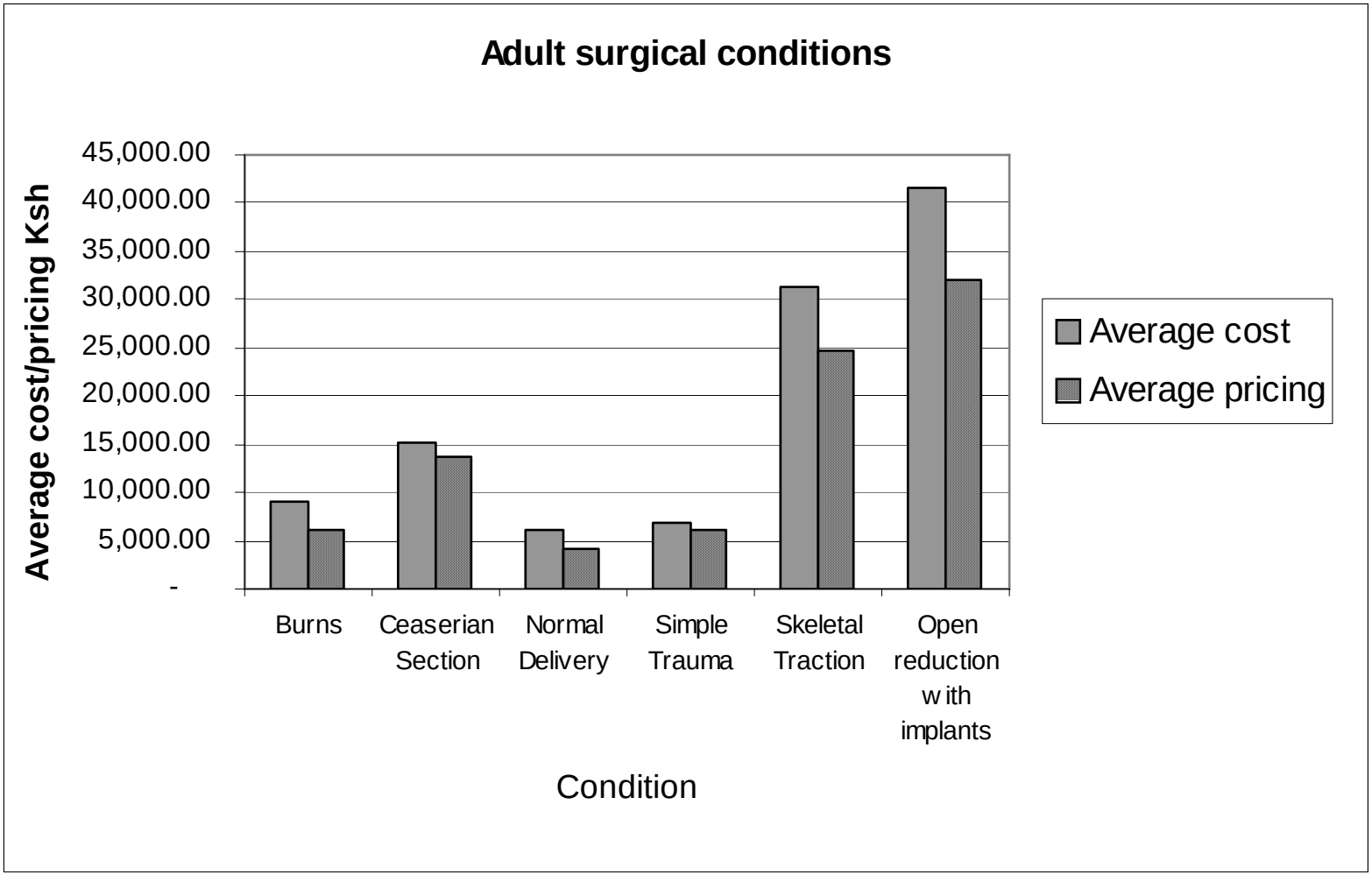
Resource Mobilization



Costing of essential medical services study in CHAK hospitals (source – CHAK costing study 2005)

Facility	Average inpatient cost per day. Ksh	Average inpatient cost per day. US $
PCEA Chogoria Hospital	1530	21
Maua Methodist Hospital	1552	22
ACK Maseno Hospital	1270	18
Lugulu Hospital	1625	23
Tenwek Mission Hospital	2558	36
AIC Litein Hospital	1750	24
Kijabe Mission Hospital	2850	40
PCEA Kikuyu Hospital	2675.	37
Matata Nursing Home	1234	17
Kendu Adventist Hospital	1567	22
PCEATumutumu hospital	1588	22

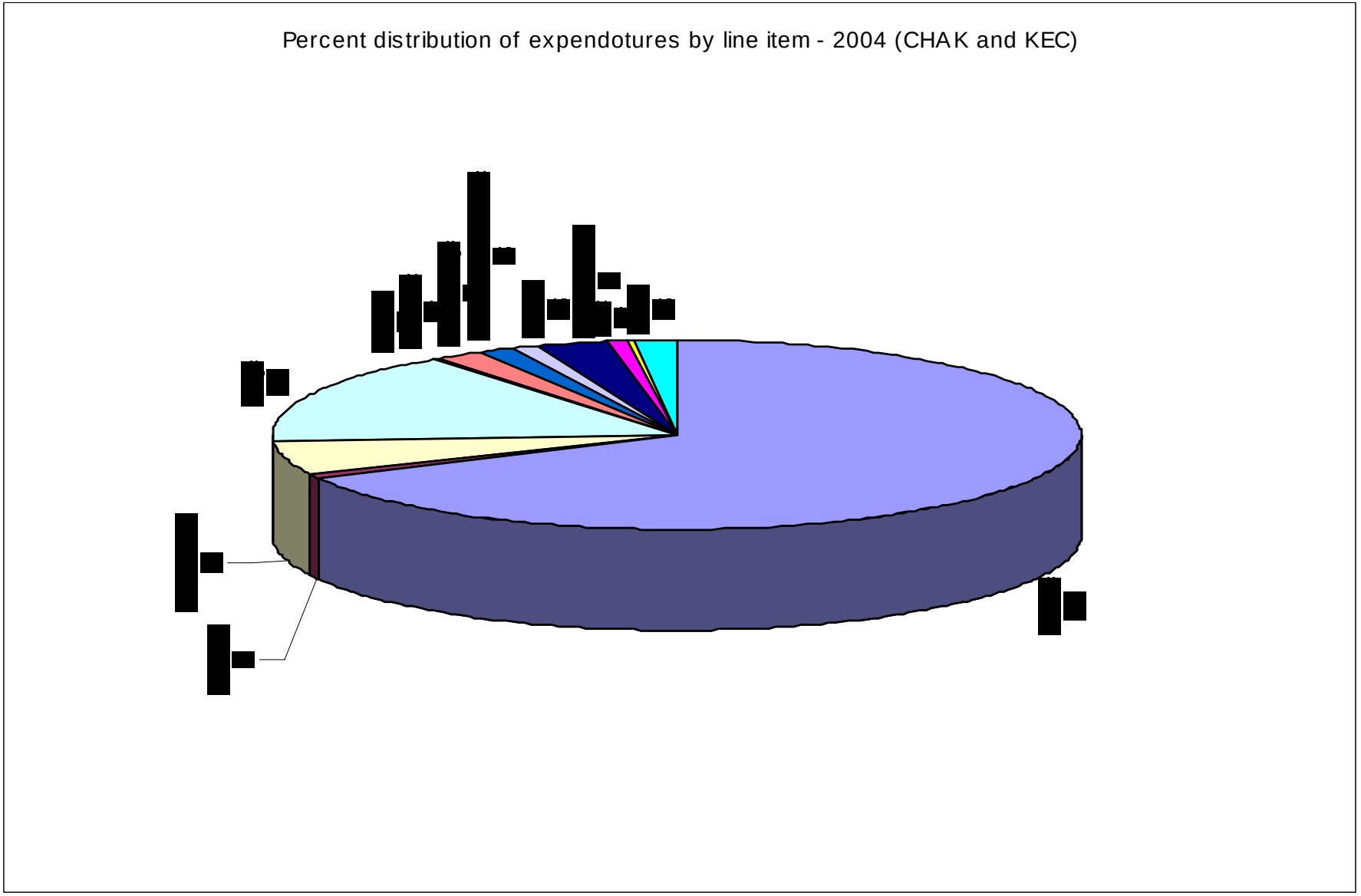
Costing study results



Inpatient costs, NHIF rebates, bed occupancy

Facility	Inpatient average bed day cost	NHIF Rebates	Bed capacity	Bed occupancy
PCEA Chogoria Hospital	1530	1400	312	57%
Maua Methodist Hospital	1552	1500	230	64%
Maseno Mission Hospital	1270	1200	160	10%
Friends' Lugulu Hospital	1625	1400	110	86%
Tenwek Mission Hospital	2558	1700	308	49%
AIC Litein Hospital	1750	1500	120	82%
Kijabe Mission Hospital	2850	1600	214	68%
PCEA Kikuyu Hospital	2675.	1500	228	51%
Matata Nursing home	1234	1400	80	50%
Kendu Adventist Hospital	1567	1300	136	68%
PCEA Tumutumu Hospital	1588	1500	166	49%

Utilization of Resources –2004



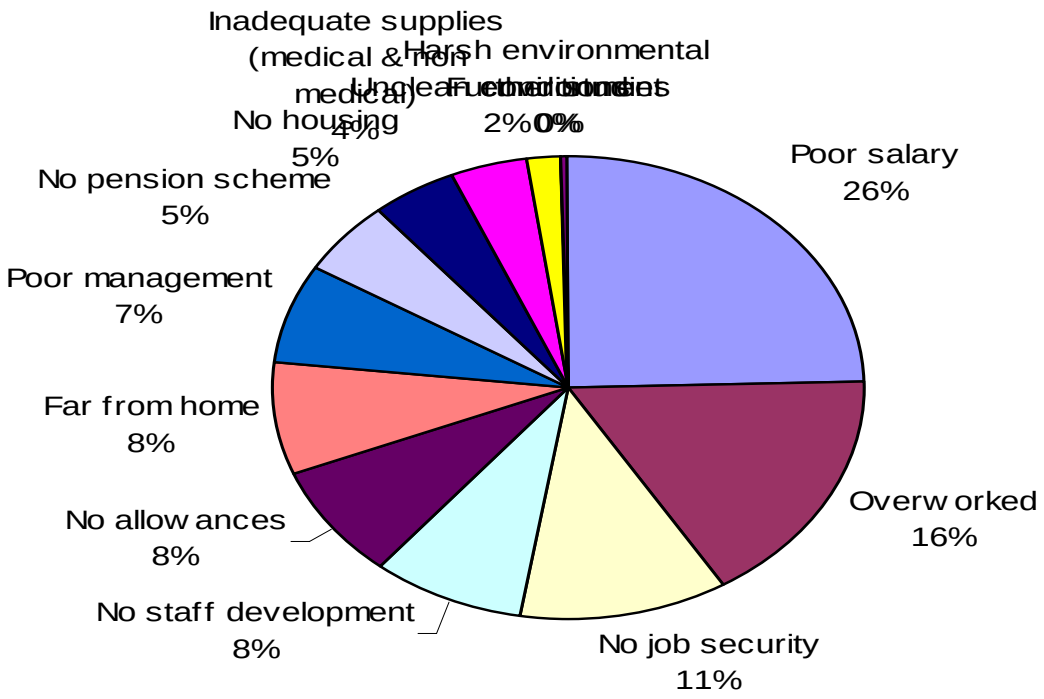
Human resource crisis

- The most acute challenge facing health service delivery in Kenya today
- High turn-over & HR migration – brain drain
- Imbalance in the terms & conditions of service between FBO, Govt, NGOs & private sector
- Inequitable distribution between rural & urban areas
- Heavy work load due to serious shortage

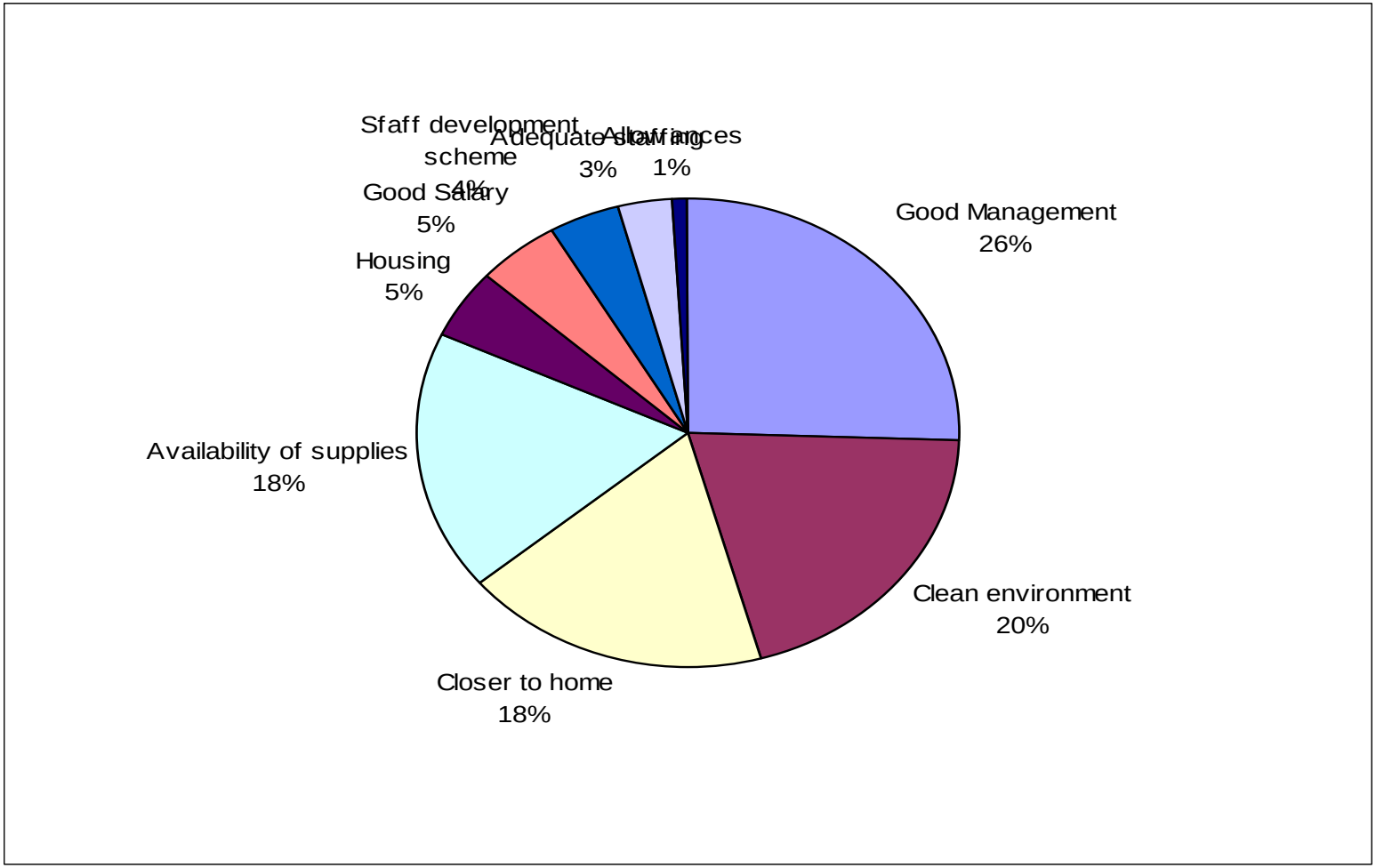
Exodus of health workers from Church health facilities to MOH

Hospital name	District	# of Nurses shortlisted by MOH	Total number of Nurses in facility	Percentage of shortlisted Nurses	# of Nurses recruited	Percentage of total nurses in facility
Kapsowar	Marakwet	19	24	79%	6	25%
Lugulu	Bungoma	14	29	48%	9	31%
Kendu	Migori	15	47	32%	10	21%
Maseno	Kisumu	10	31	32%	4	13%
Kikuyu	Kiambu	31	105	30%	22	21%
Litein	Buret	20	68	29%	10	15%
Githumu	Maragua	5	14	36%	5	36%
Mt Kenya	Kirinyaga	3	11	27%	2	18%
Kijabe	Kiambu	29	134	22%	8	6%
Tumutumu	Nyeri	14	72	19%	3	4%
Chogoria	Meru South	10	174	6%	4	2%
Maua	Meru North	6	174	3%	4	2%

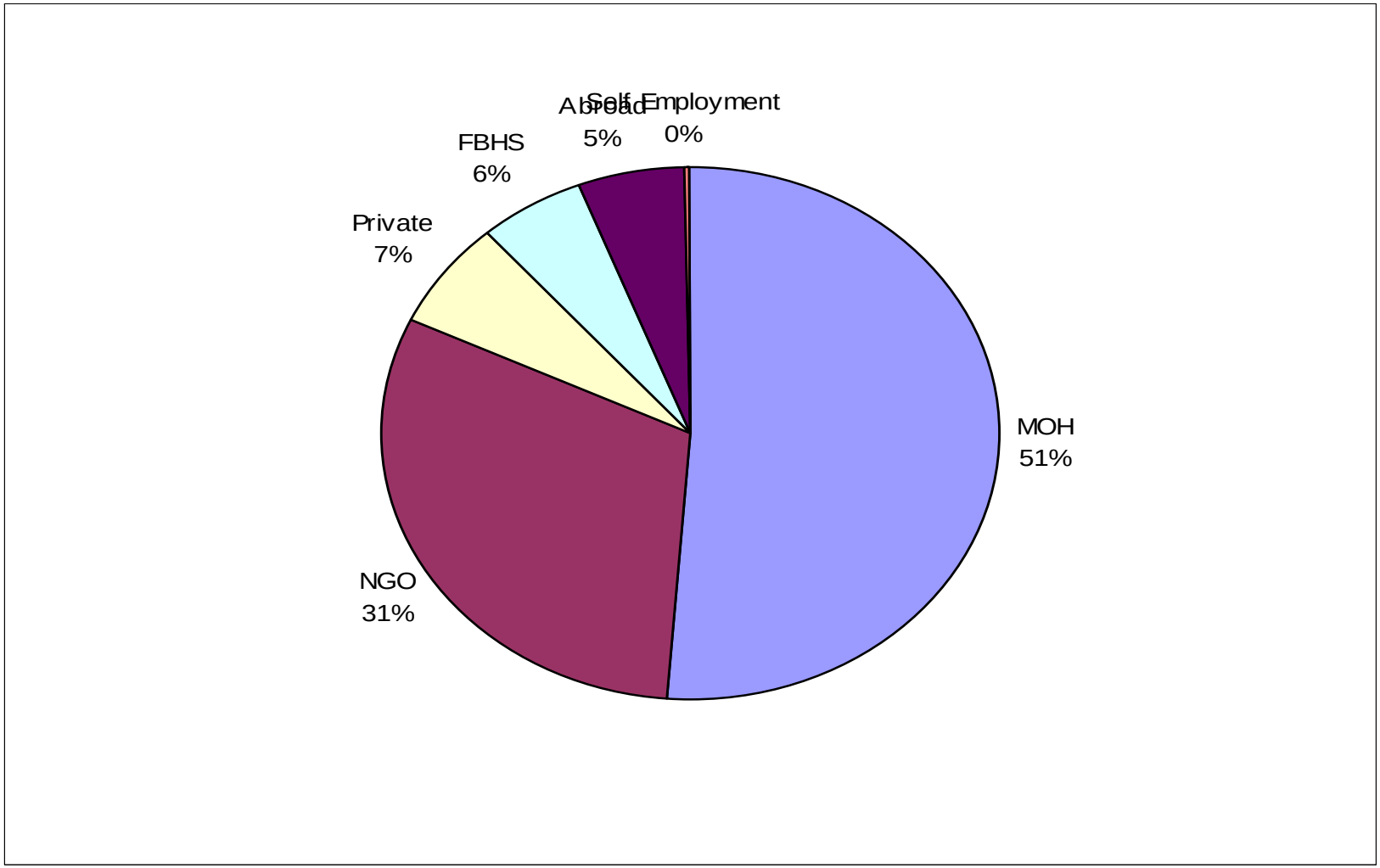
Reasons that would make staff leave their facility/employer



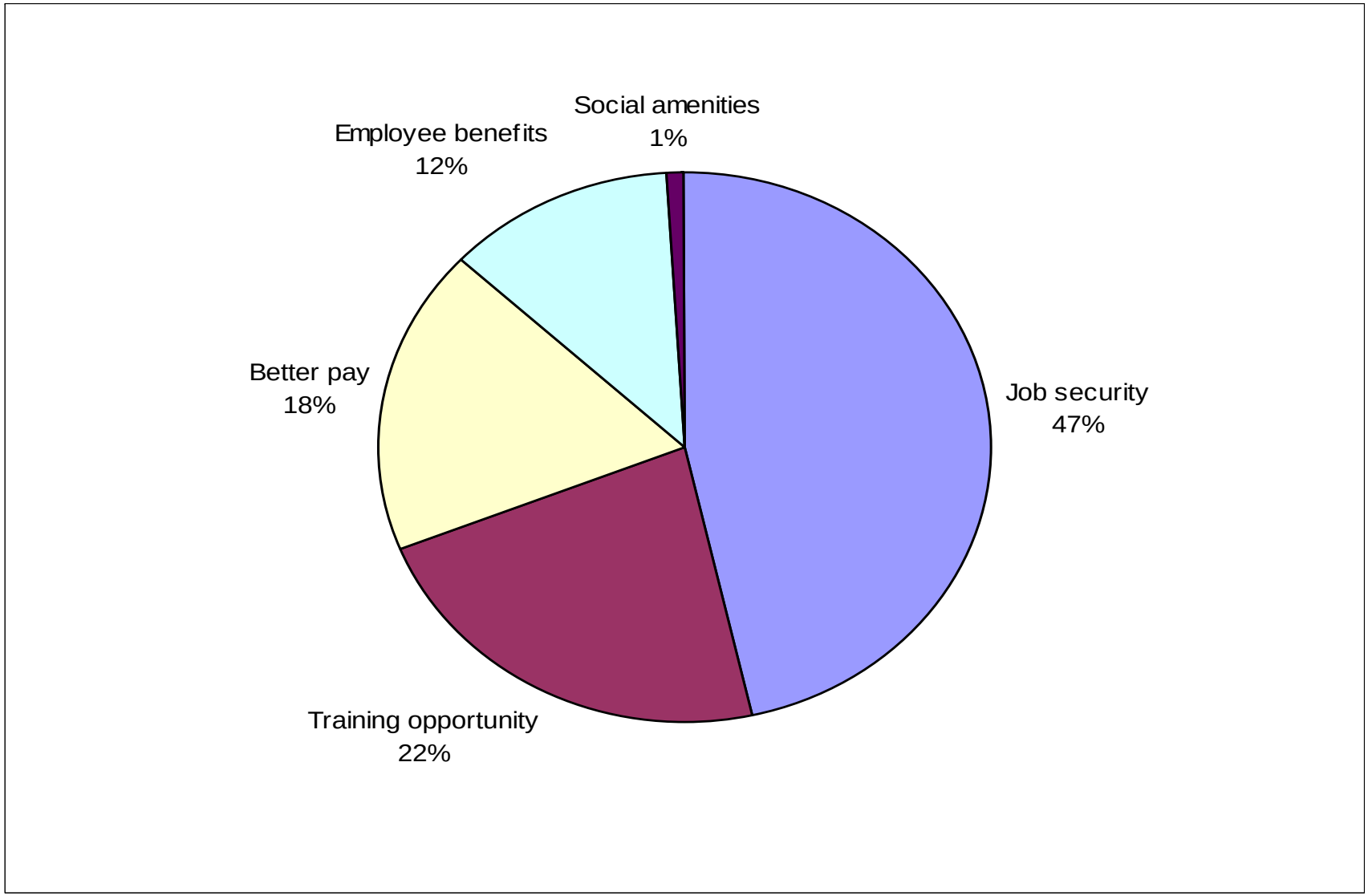
Reasons that would make staff continue working in their current facilities/employers –FBHS study 2006 preliminary results



Preferred employers by staff/employees



Reasons for preferring MoH as an employer



Advocacy for action to address the crisis

- CHAK & KEC gathered data from facilities
- Crisis appeal with analysis of the data was sent to PS-MOH and Health Development partners
- Engaged continually with technocrats at MOH through MOH-FBHS-TWG in a joint effort with KEC-CHC
- Closure of some Church health facilities in remote areas created pressure & urgency
- Church Leaders from Protestant Churches & Catholic Church held a crisis consultation with

  H E the President on 12/9/2006 in which they presented a memorandum highlighting the crisis and placed demands for action

Response to the crisis

- MOH took immediate action to lead consultations with CHAK & KEC on addressing the Memorandum whose output (generated through consensus) was submitted to the President
- The MOH accepted that health workers recruited from Church Health facilities would be retained in those facilities and future hires will include allocation to FBOs
- Government has committed to re-instate financial grant to Church health facilities and consultations with FBOs are ongoing through MTEF discussions
- A Partnership Policy Framework will be developed between Faith Based Health Services & Government
- MOH-FBHS-TWG is the mandated structured forum for engagement which is chaired by MOH & secretariat provided by CHAK
- SWAps development consultations has created an enabling policy environment for the ongoing dialogue
- The capacity of CHAK and KEC-CHC secretariats need strengthening to cope with advocacy demands particulary the generation & documentation of supportive data/information

HRH needs – presented to MTEF

CADRE	TOTAL HRH NEEDS	IN POST	MOH DEPLOYED	DEFICIT	SUPPORT REQUESTED (% of deficit)	COST PER MONTH	TOTAL ANNUAL (KSH)
DOCTORS	350	193	51	157	75%	75,775	107,297,401
NURSES	8,769	3,627	354	5142	50%	21,142	652,272,980
CO'S	797	213	-	584	50%	20,652	72,364,608
PARAMEDICS	778	420	-	358	25%	20,652	22,304,160
TOTAL							854,239,152

What does the future hold?

- It is critical that the health service system in Kenya undergo paradigm shift to include FBHS in the planning & resource allocation. Options will have to be created for the FBO facilities which are able to mobilize adequate funds
- A comprehensive national situational analysis of the FBHS vis-à-vis MOH has been conducted which includes mapping. This will create baseline information to guide categorization, prioritization, allocation of service targets and resources
- The NHSSP II 2005-2010 and the SWAps has created an opportunity for this engagement
- We seek to learn lessons from other countries and draw technical assistance to enable us strategize well and engage effectively

Thank you for your attention

We look forward to your support.