Absenteeism of Health Care Providers in Machakos District, Kenya

1. 0 Introduction and Background

1.1 Background and Policy context

The Millennium Development Goals (MDGs) call for major improvements in health in developing countries by 2015. Reductions in under-five and maternal mortality rates, by two-thirds and three-quarters, respectively, and a halt to the spread of the major diseases that include HIV/AIDS, malaria and tuberculosis are the main health specific MDGs' indicators. The delivery of health care services, however, is faced by numerous challenges that affect both the quantity and quality of health care services provided by the health system. For the health related MDGs goals to be achieved, considerable progress will need to be made outside the health sectors, for instance, through increased availability of clean water and sanitation, as well as investments in technological development at the global level. However, success will also depend heavily on adopting the right policies and institutions within the health sector, and in particular implementing measures that are aimed at enhancing the effectiveness and efficiency of public resources that are allocated to this sector.

In Kenya, public spending on health care has been and continues to rise without corresponding improvements in health outcomes. During 2006, the health budget alone as a percentage of GDP and total Government expenditure accounted for 7.92 per cent, and approximately 2 per cent respectively. Despite increased spending in health, there has not been a significant improvement in the health indicators in the country. Indeed, most of the health indicators have been worsening for a period of over two decades as shown by the rise in infant mortality rate from 65 to 77 per 1000 births, under-five mortality rate from 100 to 114 per 1,000 births and life expectancy from 57 in 1985 to 49 in 2003.

A number of factors attributed to increases in public spending on health fail to generate improvements in health outcomes. The most plausible one is that either there is ineffective transfer of funds among public sector agencies or that there is deficiency in the capacity of end users to translate funds into valuable goods and services along with wastages and corruption.

This policy brief highlights results from unannounced visits made to a sample of public health facilities in Machakos District with the intention of documenting the proportion of critical health care workers who were absent from their stations of operation during the two round. It also presents policy options that are available for implementation by the Ministry of Medical Services to address the problem of absenteeism of critical health providers in the health sector.

2.0 Key Findings

Evidence of the study on absenteeism conducted in Machakos District shows an absence rate of 25.2 per cent during the first round of sampling that took place at 8.30am. An absence rate of 24.9 per cent was computed for the second round of sampling that took place on the same day at 2.30pm. This gave an average of 25 per cent for both rounds. Of importance is the fact that the findings in Machakos are comparable to similar studies conducted in other developing countries.

When disaggregated by key health cadres, the absence rate is high for pharmacists (41.6 per cent), followed by laboratory technicians (39.1 per cent), doctors at 28.5 per cent, clinical officers at 21.5 per cent and Nurses at 18.9 per cent. The cost implication of absenteeism was estimated at Ksh. 3,136,781 (US$ 51,000) per month.

Doctors and pharmacists were more likely to be absent compared to other health care providers. They were reportedly associated with attending to private patients or running private chemists. Again, this finding is consistent with the view that the opportunity cost of health care staff time is an important determinant of public sector performance. Of major concern is the number of key staffs who were reported to be on official duties, albeit attending workshops from the same facilities and "Off Duty". In one facility, laboratory services had been completely suspended for the day simply because the laboratory technician was away attending a workshop. There are *unofficial (16 per cent) arrangements* among nurses to distribute days when some are to work and others to be absent. This was reported to be a common phenomenon.

It has been established that the variables that determine absenteeism include health care providers' place of residence, distance and time taken to the facility, job satisfaction, marital status, number of children, and length of service at the facility, remoteness of the location of the facility (with reference to major urban centres) and job stress. By contrast individual characteristics like gender, marital status, and education levels were not correlated with absence rates.

3.0 Policy Options

To minimise absenteeism, policy makers in the health sector should design health policies that take into account challenges experienced in addressing absence rate scenarios among key health care workers like pharmacists and doctors. Attractive remuneration regimes coupled with effective monitoring mechanisms may induce doctors and pharmacists to work in remote areas. To minimise absenteeism, the following policy options are recommended:

- Increase control at the local level either through empowering the district and facility-based management boards and committees to hire and fire health care workers;
- Upgrade facilities and construction of housing for health workers;
- Increase inspection frequencies and enhance local internal control measures that include the use of reporting registers and unannounced meetings, among others; and
- Review and implement attractive remuneration regimes aimed at taming absenteeism and retention of competent staff at health facilities.

4.0 Conclusions

Health care workers' absenteeism is driven by factors that include:

- Features of the health care facilities;
- Community environment; and
- Institutional environment.

Indeed, individual characteristics such as gender and education levels were found not to be strongly correlated with the absence rates. To reduce absenteeism of health care workers, will therefore depend, to some extent on addressing the present health care workers' less attractive remuneration packages; rather than targeting cadres of health care workers whose characteristics may be difficult to change. Further there is need for policy reforms aimed at taking into account the dynamics of absenteeism.

For a detailed discussion of the issues contained in this Brief, refer to IPAR Discussion Paper No. 108/2008: ***Absenteeism of Health Care Providers in Machakos District, Kenya*** by *Thomas Mutinda Muthama, Thomas Muchoki Maina, Justus Inonda Mwanje and Thomas Nzioki Kibua.* ISBN 9966-948-26-0.

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