

The Effect of Post-Election Violence on the Health System in Kenya



This fact sheet summarizes the assessment, sponsored by HERAF, of the effect of the 2008 post-election violence on the health system in Kenya. The report sought to 1) examine and document the effects of post-election violence on health care workers, and 2) determine the level of preparedness of the health system to provide services in emergency conflict situations.

Major effects of post-election violence on health workers in Kenya:

Displacement

While it was not possible to establish facility level statistics on the actual number of people affected, unconfirmed reports indicate that overall, close to 1,200 health workers were displaced from their places of work due to insecurity, lack of transport, or other related factors. Violence was not limited to residential areas; health facilities in several locations were targeted for attack. Critically, for health workers to fulfill the responsibility of saving lives, they must be assured of a basic minimum of security. The Geneva Convention, international law and the ethics of medical practice under conflict situations stresses the need to uphold medical neutrality, which entails the protection of health workers, patients and health facilities by all combatants during conflict situations.

Lack of mobility

Access to health care services was further compromised by the inability of health workers to report to their duty stations. The breakdown of public transport, especially in areas prone to violence, kept most health workers *and* patients away from health facilities. Critically, the lack of staff accommodation in the majority of the health facilities in areas hit by violence meant that health workers had to commute on a daily basis in the prevailing insecurity and with an unreliable transport system. Staff rotation and shifts were severely interrupted, and many health care workers were on duty for extended hours without replacement. The lack of prioritization for the safety and wellbeing of staff led to shortages that most likely directly affected the availability and accessibility of health care services.

Loss of trust

Ethnic animosity found its place in the workplace, and even colleagues who had worked amicably before reportedly became uncomfortable with colleagues from other ethnic groups. Mistrust and suspicion was reported to have eroded collegiality among health workers and to have greatly reduced productivity, social support and the delivery of services. Furthermore, ethnic tension also affected the relationship between patients and providers. The development of fault lines within the patient-provider relationship on one hand, and the breakdown of collegiality among health workers on the other indicates a serious issue that must be addressed by the health care system before it becomes entrenched in service delivery.

Trauma and the psychosocial health of health workers

Health workers were not immune to the trauma and violence of the post-election period; they were also in need of care and support. While some counseling and psychosocial support was provided on an ad hoc basis, it's clear that the welfare of health workers was not initially seen as a necessary component of the emergency response. The failure of the emergency response to address the needs of health workers and ensure the availability of services demonstrates the extent to which the health system was unprepared to deliver critical services within an emergency situation.

Geographic focus: Nairobi, Kisumu & Eldoret

Methodology: 21 qualitative, in-depth interviews with health workers, health care managers, key policymakers at the MoH headquarters and CSOs involved in the provision of care during the period of January - February, 2008.



Supplies of medicine ran low at many health facilities
Photo by J Carrier / www.j-carrier.com

What weaknesses did the post-election violence reveal, and what is the way forward?

Major effects of post-election violence on the health system in Kenya:

The combination of the three major effects described below severely limited the health care system's ability to provide equitable, accessible and quality health care services as outlined under the Kenya Essential Package for Health and as required by international human rights standards.

Breakdown in the continuum of care

The combined effects of the massive displacement of people, including health workers, had a major impact on access to and delivery of health care services. Freedom of movement was the most important determinant of access to care among people who were confined to displacement camps. As regards HIV&AIDS services, while there were no shortages of ARVs, many people simply could not access them due to the destruction of their homes and the loss of critical contact information and medical records. In many instances the only option was to organize mobile health facilities within IDP camps; however, these outreach services faced several major challenges, including staff shortages, ethnic animosity and the effects of HIV-related stigma and discrimination.

Insufficient capacity

Inevitably, the provision of health services is fundamentally premised on physical access. However, Kenya's health care system is unable to deliver services outside the health facilities even under normal circumstances. The failure of health facilities to take services to where patients were concentrated, the inability of the patients to venture out of the camps and the insecurity posed even to those not living in camps meant that access to health care services was severely limited. The lack of capacity to bring services to the community level—no matter where that community may be located—illustrates how a pre-existing weakness in the health system can dramatically undermine access to health services during times of crisis.

Disruption of logistics and supply chain coordination

It was reported that most health facilities had enough basic supplies to cope with the situation for at least two weeks, but shortages of drugs and other medical supplies started having a major impact after the transport network was thrown into disarray. The ability of KEMSA to serve the periphery is not only dependent on the amount of stocks it can deliver, but also the proper functioning of other systems, such as security and transport infrastructure. The centralized nature of the medical and drug supply chain forced all health facilities in a certain locality to suffer from the effects of insecurity in another locality.

Moving forward: conclusions and recommendations

The health care system in Kenya was not adequately prepared to deliver health care services during *both* emergency conflict and non-emergency situations. While the period of post-election violence caused many negative effects on health workers and the health system, it also revealed pre-existing weaknesses and directs advocates towards useful solutions.

Recommendations:

- Develop workplace support mechanisms addressing the welfare of health workers.
- Improve the training of health workers on the rights-based approach to health service provision at their places of work.
- Increase the capacity of health workers to address issues related to psychosocial and sexual and gender based violence health needs.
- Prioritize the recruitment and improved distribution of health workers throughout the country.
- Lobby for a policy that institutionalizes a psychosocial health unit within the Ministry of Health, and also guides the organization of psychosocial services offered by health workers in public facilities, including the standardization of counseling training and quality assurance.
- Harmonize of the various strategies that seek to promote the right to health, including the development of a Capability Assessment for Readiness (CAR) tool to form the basis for self-evaluation among key actors in the healthcare system.

“Across the region, clinics shut down. Health workers stopped visiting rural homes and clinicians who remained began treating the wounds of conflict victims. But often the victims and their healers came from opposite sides of the ethnic divide.”

(Health worker, Eldoret)