

Elgeyo Marakwet's OGP Vision for Greater Access to Healthcare for her Citizens

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Background

Elgeyo Marakwet County is a participant in the Open Government Partnership (OGP) Local program in 2016. [OGP is a global multilateral initiative that aims to concrete commitments from national and subnational governments to promote open government, empower citizens, fight corruption, and harness new technologies to strengthen governance.](#) The county developed its pilot Action Plan (I) in 2016 and implemented through 2017 and developed Action Plan (II) in 2018 for implementation through August 2020.

As a signatory and participant in the Open Government Partnership (OGP) Local program, the county government of Elgeyo Marakwet has promised her citizens [several improvements in health service delivery](#). Even as collaboration to implement, monitor and evaluate progress in the implementation of the Action Plan II commitments intensify through collective action between government and civil society organizations, it is good to pause and remind ourselves of the original vision.

“Re-engineer public healthcare service delivery processes and, disclose medical drugs supply chain management decisions and updates” is the third of the county’s five commitments. In making the promise, the county’s primarily objective was to address poor public perception of health services, especially inaccessibility of medical drugs and long waiting time spend by patients while seeking health service from health facilities.

To address these issues, the commitment is expected to automate key service delivery systems and process to improve on efficiency and, to adopt need-based apportionment of medical drugs and other supplies for the county’s health facilities in a way that was in tune with the ability of the facility to meet the needs of the population in serves. This is particularly relevant considering the wide geographic variations, and therefore unique disease prevalence in the country.

So, what exactly does this vision mean for wananchi in Elgeyo Marakwet?

Chelagat, is a farmer and a mother of four children, a boy and three girls. Her farming is the main economic activity from which she provides for her family and pay her kids’ school fees. She needs to spend much time looking after her dairy cows, crops and to look for markets for her farm produce. For medical needs, she usually visits either the Dispensary or the Health Centre closest to her home. Her children were born in the Sub-county hospital. Her family is mostly healthy, except for her youngest child who falls sick often, for no specific reason. She has little spare time, and even little extra cash to spend on non-essentials.

Therefore, efficiency of public health service delivery systems is very important both in terms of affordability, quality and timeliness for Chelagat.

To begin with, as a user of health facility, the time Chelegat will spent seeking health services from the facility should be minimized to accord her much time to spend on her farm and related



economic activities she undertakes. This means, the administration of her nearby health facility is expected to put in place systems for recording and to make continuous efforts to minimize long-delays in serving Chelagat and her village-mates.

Second, Chelegat should find it easy to move from one department of the facility to another. For example, once Chelagat has been listened to and assessed by the doctor, and prescribed drugs for her treatment, she should easily find her way to the pharmacy to collect her prescribed medication because the health facility should have clear signages to the various departments, so that she knows and uses the shortest time possible to navigate across various departments of the health facility.

The vision for signage is that all health facilities in the county will have the same design and color, therefore as a patient, Chelagat would feel comfortable and confident in navigating the different departments of the facility.

Third, there should be a service charter displayed in a prominent place and written in language, that Chelagat can easily understand. This will help her have full knowledge of the services offered at the level of the facility and, to understand the time it takes to access each of the various service (e.g. 10 minutes for lab test reports etc). This will help her plan her day and distribute her time effectively across her various chores of the day with less inconveniences.

As she waits for her turn to be seen by the doctor in the waiting area, the waiting room is envisioned to be comfortable. The waiting area will have newly improved siting benches that are comfortable enough to make her wait worth the time while an installation of Television (TV) set for entertainment entertains her and fellow patients.

Through the TV, Chelagat will get informed on current affairs including updates agricultural farm produce prices, new farm crops, framing technics and related on opportunities for women, youth as well public notices from county and national government. The TV will also inform her of morbidity information i.e. the diseases that are most prevalent in her region and from which people suffer most. All this information is useful for her as she develops keen interest in the efficiency of service deliver through her participatory and civilian oversight responsibilities.

In additional to entertainment, the TV and public notice boards will inform her of the stock of drugs available (quantity) at the health facility, both a daily and quarterly summary. Through this information, when she is prescribed medical drug(s), she will be able to know whether the particular medical drugs are available in the facility or not. She will not have to depend on the pharmacist to tell her this information (which may or may not be correct information).



If Chelagat needed more detailed information on medical drugs or morbidity data (disease prevalence and burden) or if she just has a doubt over the information given to her by health facility pharmacists and other medical personnel, she has the website and automated drugs management system to consult for more accurate information.

In the automated drug management system, Chelagat can create a user account to access and inspect information such as medical drug budgets, spending and supplies as well as stock levels at the time, for each of the county's 132 health facilities.

In case her [Chelagat's] prescribed medication is not available at her visited facility and, she has no money to buy the medical drugs as is the cases for many citizens, Chelagat can opt to go to nearby health facility to obtain the commodity. Using the medical drug management system, she can identify all facilities with the prescribed drugs and choose to visit the nearby facility.

Should there be any problems, or if she has a complaint or just a particularly unpleasant experience in the in the process of seeking services or using the medical drug management systems or any systems available, Chelagat can leave a complaint (or a compliment for good service delivery) at the help desk located in the facility. The help desk will have a publicly accessible register where she can note down her complaints and subsequently receive feedback. There is also the helpline **0704 220 220** for the whole county and specific contacts for each facility as well where Chelagat can call and report her complaints directly, in case she feels the management of the facility are not able to handle them.

To make her complaint(s) (and compliments) more specific, Chelagat can use a newly designed service charter that is prominently placed at the facility as a reference point. She will be able to pinpoint inefficiencies and other weaknesses in service quality – be it a delay or just an inefficiency she may have noticed or experienced. This will help the facility's administration to review and take swift action to address such concerns in continuous efforts to improve the delivery of healthcare in the county.

An active health facility user committee is envisioned to be established to help shape the facility's management and delivery of service to achieve more citizen-responsive standards. Chelagat and her village-mates have equal chance to be elected to serve in the health facility user committee. Collectively, they can get more involved in the health facility management through the user committee. Even if Chelagat is not selected to be part of the health facility user committee, she has the right to participate in the activities organized by this committee including – to demand for information and greater accountability in the management of the health facility.

The health facility user committee and the facility administration are responsible for conducting participatory quantification of medical drugs and other supplies as well as other development planning for the facility. Chelagat can and must get involved in this process if she desires more efficient and effective delivery of healthcare. She will get a chance to give her input on the kind



and quantity of drugs required for her health facility using her seasoned experience as well as data from the facility showing disease burden.

Finally, Chelagata will participate in regular client satisfaction surveys conducted by the facility administration or community groups such as civil society, to assess her levels of happiness (satisfaction) with service delivery using her personal experiences. The responses given by Chelagat and her village-mates are particularly useful for the facility administration to take into account as they make efforts in developing and improving service delivery structures and systems in the facility.

With participatory opportunities in the delivery of healthcare, Chelagat's voice and that of her village-mates, will always count in ensuring that public services are accessible, of satisfactory quality and are efficient.

How is this vision to be achieved?

To deliver the vision, the county government of Elgeyo Marakwet has commitment to her wananchi to implement the following milestones from September 2018 to August 2020:

1. Automate outpatient department (OPD), Medical Drugs Management and establish staff performance management system in all the County and Sub-county hospitals;
2. Design and adopt standardized health facility brand design including same color, patient flow and navigation across departments of health facility, service charters (with digital service charters for county and sub-county);
3. Publicly disclose medical drug information including quantities supplied, quantity dispensed and quantity in stock drugs as well as morbidity data (disease prevalence);
4. Design and expand 'patient experience' initiative to address patient perception on waiting time by designing new and comfortable sitting benches, installation of Television (TV) for entertainment and convey important content and information at the waiting areas across all facilities;
5. Conduct regular satisfaction surveys to assess levels of satisfaction by patients and collect important feedback for continuous improvement;
6. Apply participatory quantification of medical drugs to assess needs of all health facilities and use such data and information as basis for planning and budgeting.

Role of wananchi in achieving the vision

Wananchi as individuals and organized interest groups, including civil society, must own the vision and hold government accountable for the delivery of the vision. To do this, we are developing an assessment tool to help wananchi to monitor and assess progress of the implementation of the above milestones. The assessment tool is designed for use by groups of citizens and CSOs while OGI Kenya stands to offer technical support whenever such groups of wananchi desiring to use the tool require technical support. We will update this post once the tool is ready.

