

POLICY BRIEF

KERICHO COUNTY HEALTH SECTOR EVALUATION

Jointly by the State Department for Planning through the Monitoring and Evaluation Directorate through the Evaluation Society of Kenya with support from the World Bank



EXECUTIVE SUMMARY

The Kericho County Health Sector Rapid Evaluation was a joint initiative by the Monitoring & Evaluation Directorate (MED) in the National Treasury and Planning; and the Evaluation Society of Kenya (ESK). The rapid evaluation was supported by the World Bank's Kenya Accountable Devolution Program (KADP) with funding from the Danida, DFID, Finland, EU, SIDA, and USAID. The purpose of the evaluation was to assess health service delivery in Kericho county compared to before Devolution. The Council of Governors (COG) endorsed the evaluation to be undertaken in Kericho County. The review covered the fiscal years 2013-2017. The initiative was part of multi-stakeholders' efforts of promoting evaluation function as an integral part of national review systems for the Sustainable Development Goals (SDGs); and is aligned to the Government of Kenya's Vision 2030 and the EvalSDGs vision. Good progress was achieved but some challenges persisted.

CONTEXT










- The health sector in Kericho County provides primary health care and curative and rehabilitative services. For the period under review the County had 14 hospitals (includes 1 referral, 6 sub-county, 2 faith based and 5 private hospitals), 22 health centres and 178 dispensaries in 2017. These comprised 151 (70.5%) public, 38 (17.8%) private, 19 (8.9%) faith-based organisations and 6 (2.8%) non-governmental health facilities.
- Developed in 2013, the County Integrated Development Plan's (CIDP) was aligned to then Millenium Development Goals (MDGs 4/5/6). Equally, its implementation in the second half, aligned to the 2015 SDGs, with prioritization of the health indicators for Kenya on Goals 2/3/6.
- Kericho county health care system was responding to a number of challenging diseases, that included HIV/AIDS at a prevalence rate of 5.6% in 2012 and 3.4% in 2017. Malaria 21.4% and upper respiratory track infections at 19.5%.
- Other infectious diseases included stomach-ache at 3.6%, diarrhoea 3.0% and pneumonia 1.6%. Tuberculosis and non-communicable diseases (NCDs), such as diabetes and hypertension, were on the increase. Malnutrition remains of a public health problem and there was a rise in diet-related non-communicable diseases and injuries.

PARTNERS SUPPORTING KERICHO HEALTH SECTOR

Government of Kenya, World Bank, UNICEF, UNFPA, USAID, Global Fund, DFID, Danida, Japan International Cooperation Agency (JICA), Presidential Emergency Plan for AIDS Relief (PEPFAR), SNV, Brighter Communities Worldwide, Walter Reed, Health and Development Service (HANDS), Population Services Kenya (PSK), Christian Health Association of Kenya (CHAK), Supreme Council of Kenya Muslims (SUPKEM) and the private sector.

KEY ACHIEVEMENTS

General health outcomes for the citizenry improved compared to the period before Devolution. Table 1 shows some impressive improvements in some indicators, among other achievements, as outlined below.

-  **Maternal mortality, under-five mortality and infant mortality rates reduced** in the planned period from 488/100,000, 74/1,000 and 52/1,000 to 360/100,000, 39/1,000 and 22/1,000, respectively.
-  **HIV and AIDS prevalence rate declined** from 5.6 % in 2012 and 3.4 % in 2017.
-  **Percentage of pregnant women accessing preventable ARVs rose** from 60 percent in 2012 to 98 percent in 2017 and those attending four Ante- Natal Clinic (ANC) visits rose from 33.6 percent to 38 percent within the same period.
-  **In 2017, 62 percent of children < 1 year were provided** with Long-lasting Insecticidal Nets (LLINs) for malaria control, compared to 42.8 percent in 2012.
-  **First ever cardiology pacemaker implantation** procedures were conducted at Kericho County Referral Hospital free of charge benefitting 17 patients.
-  **Free eye surgery Medical Camp** benefitting 115 patients.
-  **Collaborations with Kenya National Bureau of Statistics (KNBS).** The Department of Finance and Planning collaborates with KNBS in terms of statistics, including data collection towards promoting of a health strategy and projects that are evidence-driven.
-  **Draft M&E Policy and M&E System (albeit, still weak) Exist.** Once endorsed by County Assembly, it is expected the policy will create a more enabling environment for a robust M&E System.
-  **Customer Satisfaction.** The County won Best Practice in Health Infrastructure Award in 2014 by JICA. Strategic display of service charters in most of the health facilities was backed by the practice of improved good service delivery reinforced, by user satisfaction surveys and feedback loop. During the FGDs and community meetings, high customer satisfaction was confirmed by many of the participants.

CONTRIBUTING FACTORS

As outlined below, transformative health service delivery, empowered hospitals in the County to offer better medicare, including major life-saving surgeries and dialysis. Prior to Devolution, such cases could only be handled by referrals to bigger hospitals in Eldoret, Nairobi or abroad.






-  **Free ARVs under the Global HIV 90 90 90 Strategy,** towards ending the pandemic that includes provision of free ARVs.
-  **Free out-patient and in-patient maternal care,** including on Intermittent Preventive Treatment for Malaria during Pregnancy (IPTp) offered by the NHIF.
-  **Construction of critical health care infrastructure.** Increase in Primary care facilities from 139 in 2013 to 156 in 2017, including 17 new dispensaries. Refurbishment of 103 Level 2 and 3 health facilities. The country's third largest ultra-modern ICU/HDU at a cost of KES 85M and standard new-born unit were established. A regional blood bank, a central drug store that improved the drug supply chain, ultra-modern 5-bed renal unit, 3 imaging blocks and 3 operating theatres were among the other new infrastructure at the Referral. A modern mortuary was also established alongside accident & emergency units in various health facilities, boosted by a state-of-the-art ISO standard level laboratory.
-  **Equipping of health facilities.** At the Kericho Referral hospital and Kapkatet hospital, there were installations of high resolution 64 and 32 slices CT Scan machines, respectively. The use of Compact Disks (CDs) in the Imaging Unit (instead of the old films), saved costs and increased efficiency. Moreover, the acquisition of 10 fully equipped ambulances in the County and the scrapping of emergency ambulance service fees, enhanced the referral system. Other impressive installations were Closed Circuit Televisions (CCTVs) at the Referral, Kapkatet, Londiani and Sigowet Sub-county hospitals.
-  **Increased staffing.** The County government recruited over 500 new medical staff. Nonetheless, more staffing is needed still as the evaluation found that some health centres did not have even a single clinical officer or were run by two or three nurses. Several dispensaries had only one nurse who handled all the cases at the facilities.

Table 1: Health service delivery outcomes 2012 Versus 2017

Indicator	2012	2017	Comments
*Maternal Mortality rate (MMR)	488/100,000	360/100,000	Declined due to improved skilled deliveries and free maternal services
*Under-five Mortality Rate (U5MR)	74/1,000	39/1,000	Declined due to strengthened capacity building on Integrated Management of Childhood Illness (IMCI), availability of rotavirus & other commodities like copper & zinc
*Infant Mortality Rate (IMR)	52/1,000	22/1,000	
*HIV prevalence %	5.6	3.4	Implementation of the global HIV 90 90 90 Strategy, that includes provision of free ARVs
***% HIV pregnant women receiving preventable ARVs	60	98	Availability of consistent supplies, staff capacity built, support supervision implementation
**Number of eligible clients on ARVs	60	96	
*** targeted children < 1 year provided with Long-lasting Insecticidal Nets (LLINs)	42.8	62	Improved supply & distribution by GOK/partners of LLINs and administration of IPTp in ANC, respectively
*** targeted pregnant women provided with Intermittent Preventive Treatment for Malaria during Pregnancy (IPTp) and LLINs	50	60	
*** Ante-Natal Care (ANC) clients attending ≥ 4 ANC visits	33.6	38	Improved after awareness creation in the first visit
Poorly-Performed Outcomes			
*** Children <5years fully immunized	69	67	Decline due to fewer outreaches
*** population with hypertension	3.1	18.8	Low nutrition & preventive services
*** population with diabetes	0.6	1.2	Low nutrition & preventive services
*** Pregnant Women attending 1 st ANC	84	73	Low promotion & outreaches
*** WRA receiving family planning coverage	51.2	37	Potentially due to low outreach and/or low supplies
*** Low birth weight infants <2500 gram	6.2	38	Low nutrition awareness

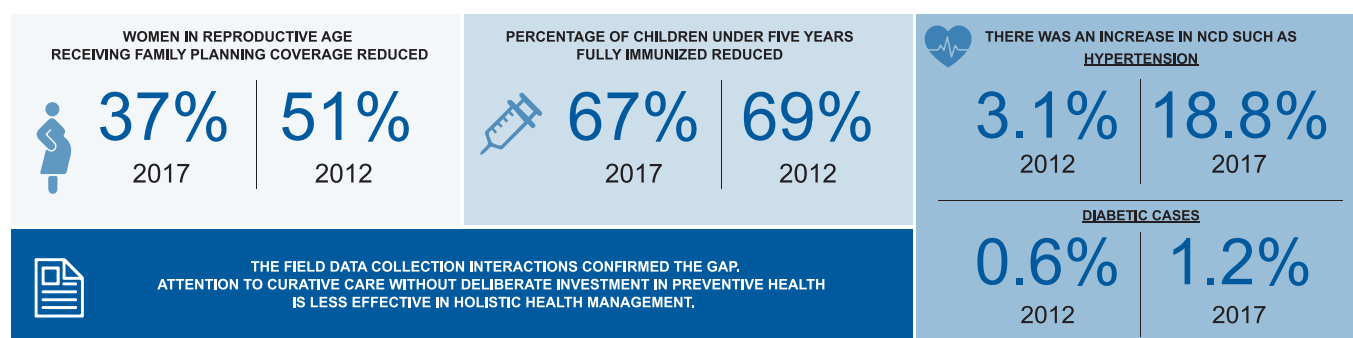
Source:

*MoH Health Sector Performance Review Report 2013-2017 & Priorities for Implementation of health services 2018/2019 for Kericho County

**MoH (2017) Kericho County Health at a Glance

KEY CHALLENGES

- 1 **Beyond partners' support, the main focus of the CIDP by the County government was on curative rather than promotive and preventive services.** This is demonstrated in the decline of some of the outcome indicators outlined below.



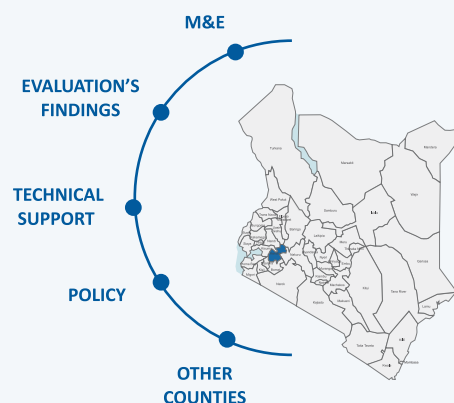
- 2 **Irregular medical supplies.** Compared to the period before Devolution, as reported in Focus Group Discussions (FGDs) and community meetings. Facilities suffered more dry spells of supplies, of an average two to six months.
- 3 **The existence of a draft health service bill that is yet to be endorsed** by the county assembly and which has hindered a more harmonized and coordinated approach to service delivery.
- 4 **Limited deployment of technology.** The Health Management Information System (HMIS) is installed. However, it is only being used for outpatient. At the time of evaluation, it was not operational due to a lack of computers.
- 5 **Low public participation** in project identification, implementation and M&E.
- 6 **The sustainability of some installations is evidently a challenge.** Some maternity wings/ staff houses/theatres in several facilities were constructed but were yet to be used several years later. That owing to inadequate personnel to offer services or lack of equipment to make them operational. The health staff stated that they were uncomfortable using some structures that were not in use due to poor workmanship.
- 7 **A gap in M&E to enable systematic tracking of progress.** There were base line data values for some selected outcome indicators (Table 1). However, for output indicators under the achievements' contributory factors, these were largely missing (including the status of equipment before Devolution). Annual targets for most outcome and output indicators were also missing. The projects planned for the health sector were in the form of activities and not "projects" with a clear M&E tracking mechanism.

MAIN RECOMMENDATIONS

- **Strengthen preventive and promotive health care services** to address non-communicable diseases and other public health problems through increased government and diversified funding from partners and community outreaches. This is for enhanced services success such as immunizations and nutritional care education.
- **Promote strategies geared towards more increased use of NHIF** by individuals and families such as more awareness creation.
- **Streamline and facilitate timely funds disbursement by Treasury and county government** towards the more regular acquisition and management of commodities in health centers/dispensaries and staff capacity strengthening. This could be augmented by soliciting more partners' support.
- **Hasten endorsement of the health services management bill by county assembly** towards entrenching a legal framework on streamlined financing and staffing.
- **Enhance policymakers (including MCAs) level of engagement and capacities** through awareness-creation and trainings on the Public Finance Management Act and budgeting to improve resource use in the county and development outcomes/impacts for the citizenry.
- **Ensure inclusive deliberate, structured political, technical, and community participation** in project identification, design, implementation, reporting, monitoring & evaluation. Means of these could include building their capacities through awareness creation and operationalization of the CIMES' Guidelines *Public Participation Fora*.
- **Deploy comprehensive technology health care management**, including purchasing more computers and installing an integrated computerized system.
- **County needs to finalize the draft M&E policy**, towards the operationalization of a robust climate, gender and social-equity-responsive sector-wide M&E Systems.
- **Develop a County Evaluation Plan (CEP) that includes rapid evaluations for key sectors**. Such findings could help answer important knowledge gaps for the Vision 2030's Medium-Term Plan (MTP) III implementation period.
- **Strengthen County M&E System** to provide a clear progress tracking plan that includes baseline and annual targets for outcome and output indicators.
- **Strengthen SDGs implementation through an evaluation mechanism** that assesses progress at higher outcome/impact results levels of related health indicators with reporting captured in the GOK/UN Voluntary National Review Report (VNR).

COUNTY RESPONSE

- ✓ **Kericho county agreed with the evaluation's findings.** They pointed out that they are not only an eye-opener but factual and cut-across other departments. The feedback was echoed by stakeholders at the annual M&E week and by the COG's technical team.
- ✓ **The county reported that it looks forward to technical support towards implementation of recommendations for improved and evidence-based policy decision-making, investment choices and planning as well as the nurturing of a robust M&E System.** It was also observed that sharing of the findings report with other counties will add value, towards peer-to-peer learning, experience sharing and consideration for potential replication.



SOURCES CONSULTED

Reports from Kericho health sector and others, advocacy and training events targeted at the various stakeholders (Governor /MPs/Senator/County Executive Committee/Members of County Assembly & Technical Officers at all levels for all sectors) as part of the project. Preliminary findings validation and follow-up pre-dissemination meetings with Kericho and COG teams as well as stakeholders at 2021 M&E national week. FGDs, community meetings and key informant interviews and observation of the projects during field data collection.

CONTACT DETAILS

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