



Strengthening Universal Health Coverage Implementation: A Look at Primary Health Care Networks of the Lake Region and Western Counties

In 2023, the Primary Health Care (PHC) Act was enacted thereby establishing Primary Health Care Networks (PCNs) whose main goal is to facilitate delivery and access to primary health care services from the community, as well as coordinate with health facilities in order to

improve the overall County health service delivery. Between 11th November and 14th November, 2024, PHC Coordinators from the LREB and Western Region convened in Bungoma County, at Hunters Paradise to share their experiences in PHC implementation.



A Community Health Promoter (CHP) taking the blood pressure of a client in a household.

Several best practices and innovations emerged from this event as follows:

Use of digital tools to operationalize PCNs:

- i. Bungoma County has established a PHC Vital Sign Profile (VSP) dashboard that measures four main PHC indicators- financing, capacity, performance and equity. The dashboard can exhibit healthcare trends in the County, among others: nurses/doctors to population ratio; service coverage; and maternal mortality.
- ii. Kericho County is utilizing digital solutions that link PCNs to health facilities enabling down-up and department-department referrals.
- iii. Vihiga County's application of geo-mapping of PHC services is increasing efficiency and supporting informed decision-making. The County has developed a County Health Facilities dashboard.

2. Innovative practices to further enable access to services: Kisumu County has established mini-hubs that are connected to the main hub. These are called Ward Practice Groups (WPGs). A WPG Committee is led by a facility in-charge and composed of the Community Health Assistant (CHA), a laboratory technician, a clinical officer, a public health officer and relevant partners.

The field visits to the households and to the health facilities revealed several challenges that need to be addressed in order for full implementation of PHC to be realized. To illustrate, in Kimilili Sub-County, it emerged that there were only four (4) CHAs manning thirty-one (31) Community Health Units (CHUs). This means that some CHAs are managing more than five (5) CHUs whereas in an ideal situation, one CHA should only handle at most two (2) CHUs.

To promote PHC sustainability for quality, affordable and accessible healthcare, Counties will have to invest in: i) good governance and innovative financing models; ii) peer to peer learning and iii) partnerships and collaboration.

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