MURANG'A COUNTY ASSEMBLY

THIRD ASSEMBLY-FIRST SESSION

HEALTH SERVICES COMMITTEE

A REPORT ON A TRAINING THEMED STRENGTHENING OF HEALTH SYSTEMS IN KENYA; THE ROLE OF HEALTH SERVICES COMMITTEES IN THE COUNTIES UNDERTAKEN AT EASTERN AND SOUTHERN AFRICAN MANAGEMENT INSTITUTE(ESAMI), NAIROBI

CA HBRC
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Table of Contents

Abbreviations and Acronyms

CECM	-County Executive Committee Member
ESAMI	-Eastern and Southern African Management Institute
KDHS	-Kenya Demographic Health Survey
MMR	-Maternal Mortality Ratio
UHC	-Universal Health Coverage
OSR	-Own Source Revenue
PPP	-Public Private Partnership

1.0 Preface

On behalf of Members of the Health Committee, I hereby table the Committee's report on training regarding strengthening of health systems in Kenya; the role of health services committees in the counties undertaken at Eastern and Southern African Management Institute(ESAMI), Nairobi.

1.1 Committee Mandate

The Committee on Health Services was established under Standing Order No.204 and is responsible for all matters related to county health services, including county health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, cemeteries, funeral parlours and crematoria.

1.2 Committee Membership

The Committee comprises of the following Members:-

1. Hon. John Mwangi Kamau **-Chairperson**
2. Hon. Boniface Ng'ang'a Mbau **-Vice Chairperson**
3. Hon. Liz Muthoni Mbugua -Member
4. Hon. Morris Thuku -Member
5. Hon. Elizabeth Wambui -Member
6. Hon. Steven Muigai Kimani -Member
7. Hon. Caroline Wairimu Njoroge -Member
8. Hon. Grace Nduta Wairimu -Member
9. Hon. Kenneth Kamau Mwangi -Member
10. Hon. James Karanja Kabera -Member
11. Hon. Julian Njiri -Member
12. Hon. Peter Munga Njuguna -Member
13. Hon. John Ngugi Kibaiya -Member
14. Hon. Moses Macharia Mirara -Member

1.3 Acknowledgement

The Committee leadership wishes to sincerely thank the Offices of the Honorable Speaker and the Clerk of the County Assembly for the support and services extended to them towards attending the training.

The Chairperson of the Committee takes this opportunity to thank all participants for their profound contribution through dedication of time and efforts towards the realization of the mandates of the Committee.

SIGNED: .....

HON. John Mwangi Kamu
Chairperson, Health Services Committee

DATE.....13/2/2023.....

2.0 Background

The Eastern and Southern African Management Institute (ESAMI) is an international university located in Arusha, Tanzania but also serving several member states in the region.

The institute was established in 1980 on the foundation of East African Management Institute which was created by the Government of Kenya, United Republic of Tanzania and Republic of Uganda. This was as an inter-governmental institution designed to provide specialized top-level management training, research and consultancy services to its members.

It is estimated that over 60,000 middle and top-level personnel in government, public, private and civil organizations have attended various development programmes offered by the institution. This has placed it as a premier Regional Management Development Institute. Its target clients are National and County/local Governments, regional and international institutions, Non-Governmental Organizations (NGOs), executive agencies, parastatals, private sector and national training institutions in the continents

The programmes offered are tailor made and based on emerging needs of clients throughout the continent. The programmes package includes the following among others;

1. Executive MBA Programme
2. Master in Business Administration (MBA) -Human Resource Management, Customs Management
3. Master in Public Administration
4. Master of Science in Project Management-Transport Economics and Logistics Management
5. Bachelor of Business Administration
6. Bachelor of Public Administration
7. Diploma in Human Resource Development
8. Diploma in Management and Administration
9. Full time certificate and diploma programmes in management

3.0 Training objective

The overall objective is to increase the capacity of the county health committee through know-how to effectively play their role in providing oversight and thereby increasing accountability of the institutions which they oversee thereby steering counties towards Universal Health Coverage (UHC).

4.0 Rationale of the training

Health outcome indicators in Kenya observed to have been deteriorating in the 1990s have improved overtime as demonstrated in the Kenya Demographic Health Survey(KDHS 2014). There was a reported decline in Infant mortality rate from 52 to 39 with respect to children under five declining from 74 to 52 per 1000 live births in the period between 2009 and 2014.

Despite the above improvements however, some indicators have not shown much improvements especially prevalence on stunting which remains high with over a quarter of Kenyan children stunted. The maternal mortality ratio (MMR) also remains high at 362 per 100,000 live births.

The Country is facing challenges such as geographic and gender disparities in health indicators and significant threat from effects of COVID-19 on the health system.

ESAMI therefore in light of the above shortcomings developed a programme dubbed strengthening health systems in Kenya tailor made for county assemblies committees on health. This was in order to capacity build them towards playing a pivotal role in ensuring that health services are not only effective and equitable but also cost-effective. This would ensure value for money, resilient and sustainable system amidst shocks such as COVID-19 pandemic.

5.0 Training methodology

The training was conducted through the following methods;

- ✓ Interactive and participative sessions
- ✓ Case studies presentations
- ✓ Assignments that responses were issued through presentations
- ✓ Experiences sharing.

6.0 Opening remarks-Paul Ooga, ESAMI Country Co-ordinator, Kenya

Mr. Paul Ooga welcomed the participants who were the Chairpersons and Vice Chairpersons for Health Services Committee from Murang'a, Nakuru, Nyeri, Embu and Nyandarua Counties. He further indicated that once the participants were equipped with relevant skills as per the programme, then they would advise their respective County Executive Committee Members (CECM) in managing affairs of County departments of health well.

Training areas

7.0 Health care financing-Dr. Shadrack Gikonyo

This was defined by the facilitator as a function of health system concerned with financing, mobilization, accumulation and allocation of money to cover health needs of people individually and collectively in a health system.

Dr. Gikonyo informed participants that there are six (6) building blocks;

1. **Human Resources**-Health workforce should have relevant knowledge, skills and attributes
2. **Leadership and Governance**-This is enhanced through generating strategic policy frameworks, ensuring oversight and accountability on the use of resources.
3. **Information Technology (IT)**- This is a health system that ensures production, analysis, dissemination and use of timely and reliable information.

4. **Service delivery**-Services should be accessible, of good quality, safe and have wide coverage
5. **Medical products, vaccines and technologies**-Procurement programs should ensure equitable access, quality and cost-effective use of procured items such as drugs and reagents
6. **Financing**-This refers to a financing system that raises funds for health, allocates resources in an effort to promote quality, equity and efficiency.

Key focus for Universal Health Coverage (UHC)

Health care financing reforms towards UHC; Kenya Journey

The facilitator on health care financing history indicated that;

- ✓ Kenya has witnessed multiple reforms from-1963
- ✓ Kenya sets-up a centralized national health service. There was no user fees. NHIF established to provide inpatient cover to formal sector employees.
- ✓ User fees re-introduced in all public health facilities-1988
- ✓ NHIF becomes mandatory for everyone in theory but in practice informal sector households can opt in-1998
- ✓ User fee exemptions and waivers introduced. There were no reimbursements for facilities 1990s
- ✓ 10/20 policy introduced -capping fees to 10 and 20 shillings at public dispensaries and health centres-2004
- ✓ Health Sector Support Fund mechanism set up with donor support to compensate public facilities for user fees forgone-2009
- ✓ Devolution commences Free Maternity Services and user fee removal at primary health care facilities and counties given conditional grants-2013
- ✓ NHIF expands benefit package to include outpatient services-Health insurance subsidy programme launched-2015
- ✓ MOH gives NHIF responsibility to operate Linda Mama-2017
- ✓ Afya care, the UHC pilot programme launched in 4 counties & user fees abolished in level 4 and 5 hospitals-2018
- ✓ Launch of UHC policy and health financing strategy-2021

Launch of Afya Care in 2022

Dr. Gikonyo introduced the following as health care financing reforms towards Universal Health Coverage;

- ✓ Revenue raising mechanism-based on the notion that the rich subsidize the poor while the healthy subsidize the sick.
- ✓ General taxes for instance through NHIF premiums which is on an upward trajectory

- ✓ Private insurance and donations
- ✓ Grants/Aids for instance through USAID and DANIDA which are dwidling
- ✓ Households inform of out-of-pocket payments

Emerging issues on revenue mobilization

The following were highlighted in regards to the sub-topic;

- ✓ Low allocation
- ✓ Over-reliance on government to fund health care which is currently at 90%
- ✓ Own source revenue currently at 10% in the counties which is insufficient to compliment other sources
- ✓ Inadequate fiscal discipline
- ✓ Low OSR for indigenous primary health care attributable to low participation in prepaid schemes such as NHIF

Tailor made approaches for sustainable resource mobilization

Pooling

The facilitator indicated that according to WHO, compulsory pre-paid and pooled public resources are central to making progress towards Universal Health Coverage. It reduces operational costs hence sustainable.

Main pools to public health in Kenya

The following were listed as main pools to public health in Kenya;

- ✓ Ministry of Health
- ✓ NHIF
- ✓ Sub-pools for instance through Linda Mama programs
- ✓ 47 County Governments

UHC Insurance Scheme Roll Out Plan

Emerging issues in pooling

The facilitator provided the following as emerging issues in pooling;

- ✓ High inequalities-27% of the population especially the poor and vulnerable are exposed to impoverishment
- ✓ High inefficiencies-There is need to create bigger pools rather than fragmented ones at the county level
- ✓ Low investments by centres

Purchasing Health Services

Dr. Gikonyo indicated that purchasing refers to allocation of pooled funds to providers that deliver healthcare goods and services. There should be value for money while purchasing health services. Purchasers need to send signals to providers to promote better health outcomes.

- ✓ Passive purchasing-It refers to using limited information to decide how to allocate funds to providers
- ✓ Strategic purchasing-Playing an active role in purchasing, utilizing information to guide buying decisions.

Provider payment mechanisms in Kenya

The following were listed as provider payment mechanisms in Kenya;

- ✓ Line-item budget
- ✓ Global budget
- ✓ Case based budget
- ✓ Fee for service
- ✓ Capitation

8.0 Health System by Bildad Mwanga

Mr. Bildad Mwanga defined health system as a means of organized social response to health conditions of a population.

Health system strengthening

The facilitator indicated that this was about building capacity in critical components of health systems to achieve more equitable and sustainable improvements across health services and outcomes.

Principles of a health system

Mr. Mwanga outlined the following as principles of a health system;

- ✓ People centered through enhancing equity and fairness
- ✓ Results oriented-quality management system for continual quality improvement
- ✓ Evidence based-It should involve all the experts in various fields
- ✓ Community driven-Leadership should enhance stakeholder participation
- ✓ Context specific-Matching needs to available resources
- ✓ Ethically sound-It should uphold huma rights and dignity plus safety for client, community and environment
- ✓ Systems thinking-This is holistic view of the health system

Types of health systems

The following were explained as types of health systems;

- ✓ Top-down approach-It is bureaucratic as authority is concentrated at the top. It has minimal community involvement
- ✓ Vertical programming-They have quantitative, specific and defined objectives and target small group of health programs
- ✓ Bottom-up approach-There's active participation of community actors. The approach has ownership and sustainability
- ✓ Horizontal-Services are delivered through financed public health systems through comprehensive primary health care
- ✓ Decentralization-It includes deconcentrating, delegation and devolution

Components of a health system

The facilitator explained the following as components of a health system;

- ✓ **Service delivery**-Delivery of effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources
- ✓ **Health workforce**-A human resource that is responsive, fair and efficient in order to achieve the best health outcomes possible, given available resources and circumstances
- ✓ **Health information**-Refers to a system that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status by decision makers at all levels of the health system
- ✓ **Medical products and technologies**-Involves ensuring equitable access to essential medical products and technologies that provide scientifically sound, quality, safe, efficacious efficient and cost-effective. The medical products include medicine, reagents, among others
- ✓ **Leadership and governance**-Refers to the stewardship that involves ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design, transparency and accountability

Characteristics of a functional health system

The following were listed as characteristics of a functional health system;

- ✓ Access to services
- ✓ Quality of care and service delivery
- ✓ Safety
- ✓ Coverage
- ✓ Equity

- ✓ Efficiency
- ✓ Effectiveness
- ✓ Sustainability of services
- ✓ Ethics and regulator-based approach

The Social determinants of health

The facilitator indicated that social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

- ✓ Income and social protection
- ✓ Education
- ✓ Unemployment
- ✓ Work-life conditions
- ✓ Food insecurity
- ✓ Housing and basic amenities

Conditions under which people grow

The following were identified as conditions under which people grow;

Geographical
Areas where health facilities are inaccessible negatively affect health seeking behaviour.

Socio-economic status
Lifestyle diseases may culminate as a result of luxury consumption by the rich.

Social-cultural
FGM practices, traditional birth attendants, circumcision using unsterilized scalpels results into health hazards

Education
Education affects health seeking behaviour and influence health practices such as hygiene.

Religion
Some religious cults fail to for instance vaccinate children.

Role of the assembly

The facilitator highlighted on the role of assembly in regards to strengthening health systems as follows;

Legislative

In an effort to undertake its legislative role, the assembly should make laws and policies especially on ring-fencing of health funds. This would ensure that they are self-reliant in facilitating their health needs.

Oversight

County Assemblies Health committees should strive to ensure that there is health systems and processes audit. This would promote accountability and transparency towards achieving primary health care goals.

Representation

Members of County Assembly are peoples' representatives at the county level. They should thus ensure their interests are catered for especially in budget making process where facilities improvement are catered for.

9.0 Closing remarks

Hon. Kawanjiku, Chairperson, Health Services Committee, Nyeri County Assembly

The Hon. Member made the following remarks;

- ✓ The training had achieved its overall objective of consolidating together Health Services Committees representatives from Nyeri, Murang'a, Embu, Nakuru and Nyandarua. This was in an effort of collective lobbying for better health facilities in the said counties.
- ✓ That the training was informative and an eye opener
- ✓ He thanked members for their active participation during the training
- ✓ The other subsequent sessions would follow through his co-ordination.

Madam Lora, Administrator-ESAMI

Madam Lora made the following remarks;

- ✓ She congratulated Members of County Assembly for both election and re-election to their positions
- ✓ She really appreciated the interaction from the county assemblies represented
- ✓ There was need to strengthen health systems and identify social determinants of health

10.0 Findings

1. From July 2021 onwards, there were only 9,084,780 individuals and 2,319,439 households with health cover and 38,479,515 individuals, 9,824,223 without health cover countrywide.88.8% of the above who are in formal sector are under NHIF.
2. There should be a fund to cater for medical insurance of county residents who are not able to enroll for National Hospital Insurance Fund (NHIF).
3. Majority of county departments of health have budgets with high recurrent expenditures higher than development expenditures.
4. Medical personnel and other staff in public health facilities are faced with low morale while performing their duties. This contributes to poor performance of their duties especially when attending to patients.
5. County health facilities incur costs while referring patients for advanced treatment in other health facilities.
6. There has been prolonged bed stays for patients in public health facilities. This has been resulting in congestion in wards hence sharing of beds phenomenon.
7. County hospitals have a lot of equipment not under active use. This is despite heavy investment on the same especially during acquisition.
8. There are treatment guidelines for medical practitioners in every health facility.
9. Private health facilities also play a key role in health process of any county. If facilitates in filling of the gaps that the county may have pertaining service provision and human capital.
10. There were identified challenges of perception whereby some county medical practitioners felt that they were not part of county governments especially the ones seconded from the National Government.
11. There were cited challenges in procurement of medicine and other pharmaceuticals in the counties.
12. Members of County Assembly representing various Wards were not accommodated as ex-official members to county hospital boards. They were therefore unable to follow on operations of these facilities serving their electorates.
13. County level 3 hospitals are not accredited by NHIF to offer various services despite receiving referrals from level 2 hospitals.
14. There lacked a vigorous community participation on health matters spearheaded by Members of County Assembly and a corresponding budget on the same.
15. There lacked health facilities in counties which could be used as centers of excellence. This is where other facilities could visit to learn on the best practices.
16. Health Services Committees of County assemblies had not conducted numerous benchmarking exercises to best performing counties in matters health care.
17. Most of the health departments in various counties are centrally located in level 5 hospitals.

18. Community Health Volunteers are vital in attending to health needs of the local people owing to their proximity and accessibility. Their welfare therefore should be enhanced by the county.
19. There are various social determinants of health that has high impact in various sectors of county economy.
20. The county health allocation has steadily grown threefold against MOH allocation from Kshs.42 billion (2013/2014) to Kshs.131 billion (2020/2021).

11.0 Recommendations

1. The County Executive Member for Health should ensure the following is undertaken;
   i. Making National Hospital Insurance Fund (NHIF) contributions mandatory amongst residents in the county. They should be further requested to seek treatment services from county public health facilities so that the facilities benefit from the fund which would facilitate in improvement of their services.
   ii. Hold consultations with the County Executive Member for Finance and Economic Planning to ensure that a fund is set aside in every annual budget. This would be to provide insurance medical fund to county residents who are unable to enroll for one due to financial challenges.
   iii. Uphold prudent utilization of funds allocated under development expenditure to undertake priority projects to enhance value for money on every project undertaken.
   iv. Spearhead adoption of Tele Medicine which could be attained through Public Private Partnership. This is a technique whereby a doctor examines a patient online and proposes treatment procedures. This would help to avoid unnecessary travels to referral hospitals which is sometimes costly.
   v. Encourage undertaking tests on patients prior to admission in an effort of curbing prolonged bed stays. Patients should only be admitted when results are interpreted and a recommendation for admission is made.
   vi. Medical practitioners adhere to treatment guidelines set universally so as to achieve Universal Health Coverage of affordability, accessibility and quality health care.
   vii. Hospitals are empowered to procure independently. The Member should also work towards ensuring that other medical suppliers other than KEMSA are sought so as to improve on efficiency and effectiveness in procurement process.
   viii. Members of County Assembly representing various Wards were accommodated as ex-official members of county health facilities within their localities. This would facilitate them in following up on the operations of these facilities.
   ix. Strive to ensure that county level 3 hospitals are accredited by NHIF to offer various services. This is due to the fact that they receive many referrals from level 2 hospitals.

x. Work harmoniously with private health facility providers. The member should maintain a database for the same and strive to liaise with them to address some of the gaps that may be experienced.

xi. That there is set aside funds through creation of a vote head in the budget for community participation. Members of County Assembly representing various Wards could utilize the budget to dialogue with residents on health matters affecting them.

xii. That there is decentralization of some health departments such as child health in sub county hospitals. The specialists for the same should be flexible to serve in these facilities.

xiii. Identifying social determinants of health that has high impact in the county. This would help in less straining of the environment and resources as well.

2. The County government should offer incentives to staff of especially local health facilities so as to boost their morale in improved delivery of their roles.
3. The County Executive Members for Health and Sanitation especially in the central region should look forward to establishing a diagnostic center for instance a common regional laboratory among others. This would cut costs on personnel operating in other facilities which are part of the region.
4. Counties medical practitioners should be regularly trained on the roles that they should play while working in their facilities. This will facilitate them accepting that they are part of the health system that should be responsive to peoples' needs.
5. The County Government should elevate some of its health facilities to be centers of excellence. This would facilitate the other facilities to have a chance of learning on some of the best operating practices.
6. Health Services Committees of County assemblies in collaboration with county departments of health should conduct numerous benchmarking exercises to best performing counties in matters health care.
7. The County Governments should empower Community Health Volunteers in terms of trainings and remuneration. This is to facilitate them undertake proper outreach services to the local community.

Report adoption

The following Honorable Members of the Committee adopted the report;

S/NO	HON. MEMBER	Designation	SIGNATURE
1	Hon. John Mwangi Kamau	**Chairperson**	
2	Hon. Boniface Ng'ang'a Mbau	**Vice Chairperson**	
3	Hon. Liz Muthoni Mbugua	Member	
4	Hon. Morris Thuku	Member	
5	Hon. Elizabeth Wambui Mwangi	Member	
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12	Hon. Peter Munga Njuguna	Member	
13	Hon. John Ngugi Kibaiya	Member	
14	Hon. Moses Macharia Mirara	Member	