



In Search of Better Health

A situation analysis of population needs for Universal Health Coverage (UHC) in Kisumu County

OUTLINE OF UHC STUDY KEY FINDINGS

1. UNDERSTANDING & PLANNING FOR UHC

- a) Financial Protection
- b) UHC sensitization
- c) Registration Process

2. BARRIERS TO UHC

- a) Misunderstanding and Misconception
- b) Human Resource for Health
- c) Equipment and tools

3. FACILITATORS AND OPPORTUNITIES

- a) Forecasting for Commodities and drugs
- b) Strengthen referral Structures
- c) Technology for data capture
- d) Role of PPP

Context

Introduction: Universal Health Coverage (UHC) is high on the global agenda as a means to ensure population access to quality health services and financial risk protection targeting specific communities, assessing their needs and addressing them in specific contexts. In response to this global push, Kenya Government launched Universal Health Coverage (UHC) in December 2018 on a pilot phase in four counties of Machakos, Isiolo, Nyeri and Kisumu. The four counties were selected based on identified disease burdens. The main objective of this rapid study was to explore population-driven needs for an effective UHC program in the four pilot counties, but also to bring forth the lessons for actions in the national rollout of UHC.

Methodology

A qualitative study was undertaken using in-depth interviews for partners, medical superintendents, facility in-charges, and departmental heads). While Community Health Volunteers, women of reproductive age, youth, men, elderly persons and members of health committees at the County Assembly (CAs) in each County were interviewed through Focus Group Discussions. The study was approved by Kenya Medical Research Institutes Scientific and Ethical Review Unit (SERU) and permission granted by Ministry of Health and County Governments while consenting to participate was individualized. Data was transcribed, translated to English and analysed based on emerging themes for each of the study objectives.

The findings highlighted in this brief are for Kisumu County and are presented under three domains; understanding and planning for UHC, Barriers to UHC and Facilitators and opportunities for Universal Health Coverage.

KEY FINDINGS

1. UNDERSTANDING AND PLANNING FOR UHC

It was important to know the level of involvement of various stakeholders in the UHC planning and implementation. Good planning and involvement of various stakeholders shows the preparedness for implementation and is important for optimal success of the program. At facility level some health workers were involved in the planning stage ensuring ownership of the UHC implementation process.

However, there were sentiments that not all health care providers were fully involved.

It was also noted that some youth were engaged to speed up the exercise.

Was also supported by including

Community health volunteers who had to be sensitized and trained.

“...The plans in place are to ensure that the system is ready for implementation. The second is to define the package of services that will be provided to the population as part of UHC in Kenya. Number three is to get the resources to implement the defined set of services across the country” IDI CHMT)

Financial Protection

This study was able to interrogate the understanding of Universal Health Coverage (UHC) initiative by various study populations and divergent views emerged. From the FGD conducted among Community Health Volunteers (CHVs) it was noted that it is the initiative of the Government to help the poor to access health care.

“In our opinion the government wants to help people within the community who are less fortunate and those who could not pay for health services” (CHVs)

Additionally, it was also envisaged as a program for those who cannot afford NHIF as elaborated in the following quote. *UHC is a pilot program that the government has brought to help those who cannot afford to pay NHIF so that they can get healthcare services (FGD-CHVs).* The health personnel understood it as a walk in-walk-out initiative and therefore non-discriminatory platform of accessing health.

From the healthcare provider perspective, UHC is about financial protection. The question to be answered, however, is clarity for the utilization of UHC.

Sensitization

Community sensitization is effective in providing first hand reliable information to those it's intended for. Participants affirmed that sensitization in Kisumu County was done at various levels. Compared to the other counties, Kisumu seems to have had better sensitization.

UHC was announced through various modes, including media such as radio TV, through healthcare providers, community health volunteers and local administration.

However, most participants acknowledge that they relate with the presidential

“...we heard about it when the president came to Kisumu and launched it officially” (Male youth)

announcement during it's launch and more-so because it was launched in Kisumu County.

However, being a new program, sensitization did not reach all community members adequately given the short timelines.

There was concern that the clarity on the programme was lacking as

alluded by CHVs who had been tasked to undertake registration and sensitization.

- BARRIERS TO UHC
Inadequate time for sensitization
- Poor understanding of UHC among CHVs involved in registration.
- Misconceptions and misunderstanding
- Human resource capacity shortage causing burnout and poor-quality services

Registration Process

It was noted that there were efforts to prepare for the implementation of UHC by putting up structures for the roll out and various personalities participated.

Overall, in Kisumu registration was done within the timelines as guided by the Ministry, however, lack of critical documents for registrations such as birth certificates and ID cards hampered the registration process affecting the reach during the registration process. Furthermore, misconceptions and misunderstandings were seen as barrier to the registration process and uptake of the UHC .

BARRIERS TO UHC

Although the initiation of UHC has positive prospects, there are barriers that need immediate attention and strengthening.

Misconceptions & Misunderstanding

It was revealed that the community had misunderstanding about the UHC concept as clearly stated by the CHVs reporting. There was a feeling that UHC was a means to steal votes because the community believes there can never be anything for free. This calls for more sensitization to the communities to dispel the misconceptions and promote the good of UHC.

“...When the people who were registering were walking around the community the people were coming to ask us as CHVs if it's legit or it's a scheme to steal other people's votes. Then later we were also involved in the registration and most of them agreed to be registered” (CHV FGD)

Shortage of Health workers

There were sentiments from various participants that most facilities are critically understaffed.

The facilities are still understaffed. Like now Katito is a sub county hospital but due to understaffing problem they don't offer services as from 5pm up to the following day”, (FGD-CHV).

The workload is also unmanageable: *“we are still experiencing high work load, with low staff. We have few staff”, (IDI-HW).*

Despite the challenge, at the time of the study, the county was putting in place mechanisms and structures to hire more healthcare staff to mitigate the shortage. Plan for human resources either through employment or redistribution and engagement of interns

to ease out the problem of time taken at the laboratories in the short term can be explored.

Shortage of Essential Health Equipment and Tools

Requisite equipment and tools are enablers of UHC provision. There is an urgent need for improvement in hospital equipment and tools to match the upsurge of patients in the various facilities.

FACILITATORS & OPPORTUNITIES

“...availability of essential equipment and tools, ties to human resources for health once you have the health work force in place you must have the requisite tools to enable them deliver on their functions (IDI-HW)

Forecasting of commodities

Ensuring that adequate supplies are delivered on time is an enabler for UHC implementation: “... Although there is indication that KEMSA has supplied most commodities, there is need for proper forecasting for adequate and timely deliveries. There is also need to increase facility infrastructure to cater for storage concerns:

Community Health Volunteers

Leveraging on CHVs is a resource that needs to be strengthened through the community strategy. Implementing partners site this as a major aspect

“...CHVs is a resource that needs to be tapped into, but again it is an area that we have to be careful in terms of the whole agenda of community health services. If you look at the history of community health services, first their primary role really is in terms of health promotion, creating awareness at the community level and being able to support community members be able to adopt better health seeking behavior. So I see that as being there primary role which at the moment I can't really say that is what we are engaging them to do.” (IDI_Implementing Partner)

“...we have the European society and National Public health Labs. We also have the royal university for pathologists of Australia. The calibration of equipment is sometimes done by our partners”, (IDI- HW)

“...one of the challenges am overseeing is the constant supply of commodities. There will be a time that there will be shortage. As UHC is rolled out the number of patients increases and if the commodities are not there it can bring commotion between the staff and the community”, (IDI-HW).

Strengthening Referral Infrastructure

There is need to strengthen the referral system to optimize facility utilization by patients. Therefore, total engagement of CHVs is an important component in primary health care loop especially for primary healthcare at level one to level two. The level two facilities need improvements on the staffing including specialized care services as well as requisite basic health equipment.

Advancement in data capture

ICT innovations in health—or e-health—can help ensure that resources mobilized in the health sector are used more efficiently and effectively. This means reduced waste of resources, maximized coverage, and better quality health care provided at a lower cost.

ICT solutions can also help empower patients and communities to engage at all levels of the health system, as well as efficiently link health systems with important social protection programs.

There is an opportunity to harmonize all health insurance platforms e.g. MTIBA, NHIF among others into one that would be appealing to the community financial constraints. There are obvious advantages of partnerships for both the parties involved. Governments are

Public Private Partnerships

Public and private partnerships have become a good alternative to help in achieving better access and coverage, especially when the governments are facing constraints. There are obvious advantages and partnerships for both parties involved. Governments are benefitting by lowering of financial burden and an ability to leverage managerial capabilities of the private sector. The private sector is benefited by getting an opportunity to expand and scale up operations in newer geographical regions.

Conclusions

1. Clarity UHC package is needed to help cost access care through the UHC programme.
2. Among the healthcare service providers, there was consensus that essential medicines availability had improved under UHC
3. Influx of patients to level 4 and 5 facilities have paused a challenge causing fatigue among healthcare workers leading to compromised quality of services
4. Sustainability of the UHC program has raised some concerns
5. Overall, the introduction of UHC though not clearly defined in terms of package has been welcomed by the community.

Recommendations

- Sustainability of continuous supply of essential medicines and medical commodities should be guided by county level monitoring of consumption curves as well as facility-based forecasting so as to promote equitable and access to care at all public health facilities.
- Improve on staffing of healthcare personnel and expand range of specialized services to the lower level facilities,
- Back to basics – Primary healthcare through Involvement of CHVs in UHC implementation by leveraging on community strategy
- Clarity on so many insurance platforms for possible harmonization purposes to ensure access to UHC is sustainable
- Strengthen technology especially with data capture and reporting
- There is need to Improve infrastructure for vulnerable groups such as persons with disability and the elderly to access care without difficulties
- Continuous sensitization and registration of UHC is encourage to dispel any misconception

Contributors

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