In Search of Better Health

A BASELINE SITUATION ANALYSIS ON POPULATION NEEDS FOR UNIVERSAL HEALTH COVERAGE IN NYERI COUNTY, KENYA

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EXECUTIVE SUMMARY

Disease burden on human life exacerbates situations for populations living in low income countries like Kenya where vagaries of nature continue to exert untold pressure not only to national governments but also to individuals at the family level. The 2019 World Health Day theme: **Health for all – everyone, everywhere"** is a calling by the World Health Organization for countries to promote the healthcare sector by ensuring everyone obtains the healthcare they need,

Study Brief

when they need it wherever they live in the community.

In an effort towards realizing the WHO call and as a way of enabling and preparing its population to access better quality healthcare to face other challenges in life, the Kenya government launched the Universal Health Coverage in December 2019. The government put the necessary resources and measures and rolled out the implementation of UHC program through the Ministry of Health on a pilot phase in the selected Counties of Isiolo, Machakos, Nyeri and Kisumu. The Kenya Medical Research Institute, is therefore providing this part of the bargain by contributing to the pool of data and information on the implementation processes of UHC with the intention of supporting government make the sufficient strides in ensuring that success in UHC by the time it is rolled out to all the country.

In order to better understand the implementation process, The Kenya Medical Research Institute explored population-driven needs for an effective UHC program with a view to identifying gaps that require improvement and subsequently inform roll out of the implementation of UHC program in the county. This report provides key findings of the study conducted in January to February 2019.

This report has highlighted successes view and opinions, challenges and opportunities and even made feasible recommendations which we strongly trust that, with enough resources and commitment of all relevant stakeholders, can be explored further for effective delivery of quality health service to save human lives.

Introduction

Kenya rolled out Universal Health Coverage a pilot in four counties as a deliberate effort to ensuring populations receive health services and quality services free of charge to cushion the poor, the most marginalized and vulnerable populations who have had to bear the heavy brunt of the effect of diseases resulting in high prevalence, morbidity and mortality rates. The main objective of this research was to explore population-driven health needs to inform decision markers regarding provision of high quality and appropriate package of healthcare for the population for an effective UHC program in the counties that the Government of Kenya had selected based on their unique health burden representation.

Materials and methods

This was an exploratory study that employed a qualitative approach. It targeted various segments of population within the community and healthcare professionals in Nyeri County. Both in-depth interviews and focus group discussions were conducted with the purposively selected groups. A total of 10 FGDs were conducted, with one in each population category, and 22 IDIs conducted amongst various healthcare professionals. Analyses were manually done based on emerging themes for each of the study objectives. All relevant approvals (including ethical) and letters of support were obtained prior to commencement of data collection. Consenting to participate was done at the individual level.

Findings:

Understanding of Universal Health Coverage

There were mixed reactions on the understanding of the populations interviewed regarding UHC mainly informed by social and professional backgrounds. Most health professionals noted that UHC was providing all health services which are supposed to be offered depending on the level of the facility. This understanding was based on the activities and services that they provide.

The community gave mixed interpretation as to the services that are covered under UHC but the majority of them did not conceptualize on them with few of them having reservations on the availability of all the services especially drugs.

The community perspective is informed by the advantages associated with general uptake of health services. For instance, majority of the youth and married men understand UHC as a sure forum where the marginalized members can receive health services. This understanding depicts a picture of hope on what UHC will cover in terms of meeting the cost of healthcare.

Majority of respondents could not adequately pinpoint specific types of services offered or covered under UHC. This to them is nothing new but an attempt by each of stakeholders in health playing their own part as expected. Few women who had visited certain facilities for different services noted that they were made to pay for certain services.

Preparations for UHC implementation

Various approaches were used in planning, sensitization and registration in preparation to UHC implementation in the County. Majority of the relevant stakeholders who play essential roles in strengthening provision of health services in the County including key populations were either partially involved or not totally engaged in all stages.

Planning

Majority noted that planning went on well though fast and not adequately executed. Relevant stakeholders who play essential roles in strengthening provision of health services in the County including key populations were either partially involved or not totally engaged in all stages.

Key challenges during implementation

There was a limited engagement of members of county assembly. At health facility service delivery level barriers included inadequate supervision, poor (or lack of) facility infrastructure, limited availability of equipment and supplies, and shortages of workers while at County Health Management level, barriers included delays disbursement / trickling down of funds to lower level health facilities and unpredictable supply and delivery of essential medical commodities and drugs. At the community level, limited marketing and promotional approaches plus insufficient coordination with community network was found. The main fear raised was that essential commodities and other supplies that are delivered such as drugs may be stolen by healthcare personnel who have their outlets outside facilities in the neighboring towns.

Interlinking equity and population

The out-of-pocket expenditure on health services had been removed from consumers and improvement of commodities and Human Resources plus enhanced access of basic and essential services by consumers of the same.

Access

Introduction of UHC has improved access to health services that were previously not accessible in some facilities. Services such as palliative and renal care were cited as being accessible due to UHC.

Road infrastructure was noted to be a key enabler and barrier to accessing health services

This has an implication on the indirect cost associated with health service provision through transport costs

Quality of Services

Many facilities had received sufficient supply of medical commodities and they were therefore offering the necessary services. Facilities had received sufficient supply of medical commodities and they were therefore offering the necessary services. There was a notable upsurge in number of patients seeking care following the launch of the UHC initiative.

Due to the increased number of patients as a result of *"free"* access to hospital services, there were concerns on the constant potential for commodity shortages. Increased workload and subsequently high rates of burn-outs among healthcare staff as increased number of patients stretch the patient-doctor ratio thus compromising quality of service and care.

Governance and Leadership

The role played by various structures and essential stakeholders in the overall management of health services (including service delivery) was found to be very crucial. For instance, the legislative arm in the County (the County Assembly represented by the Health Committee) was not engaged at all stages despite their immense role in health policy formulation, oversight, accountability and political will. However, disconnect on the mechanisms for engagement especially between the stakeholders was noted to be missing a great deal.

Conclusions

The challenges found can constitute opportunities towards provision of quality health services to the general population.

There are various structures and key stakeholders including the community that, together, play essential roles in the overall management of health services in the County.

Recommendations

- For effective implementation of UHC elaborate strategies should be put in place to draw common pathways for continued engagement of relevant stakeholders in the County.
- Appropriate, feasible and elaborate monitoring and evaluation measures which are acceptable to key stakeholders in the County need to be put in place.
- Empower and strengthen facilities at the lower levels as a deliberate way of not only decongesting levels 4 and 5 but also reducing accessibility gap a great deal
- Alternative plans to address heavy reliance on national government in meeting financial obligations for the supply of commodities, equipment and other essential supplies plus human resource development