



# **Kericho CIDP Health Sector (2013-2017) Rapid Evaluation: Joint Initiative of MED/ESK – Funded by World Bank**

M&E Week

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# Executive Summary

- ❖ The purpose of the evaluation was to assess health service delivery in Kericho, for the period under review (2013-2017); compared to before Devolution
- ❖ Reinforces the multi-stakeholder efforts of promoting the evaluation vis-à-vis monitoring of the Sustainable Development Goals (SDGs), in alignment to the Vision 2030 - under the EvalSDGs Vision
- ❖ A mixed approach was employed characterized by team effort and stakeholder participation with a special focus on community voice during data collection

# Context

- ❖ The County has 13 hospitals, eight sub-district hospitals, 15 health centres, 162 dispensaries, 30 private clinics and two nursing homes
- ❖ Diseases, including malaria,, flu, stomach-ache, TB, hypertension and HIV and AIDS at 5.6% in 2012 and 3.4% in 2017 were prevalent
- ❖ Malnutrition was a public health problem and there was a rise in diet-related non-communicable diseases

# Findings

## Key Achievements

- ❖ **General health outcomes for the citizenry improved** compared to the period before Devolution. Resultantly, high Customer Satisfaction was reported by citizens on health sector service delivery
- ❖ **Installation of critical health infrastructure had far-reaching life-saving and improved quality of life for citizens.** These included two CT Scans, renal dialysis unit, and an Intensive Care Unit (ICU, A standard new-born unit and ISO standard level laboratory
- ❖ **Increased staffing.** Over 500 new medical staff were recruited and contributed to improved service delivery
- ❖ **County's health facilities are commendably above the standard requirements of WHO recommendations at 70.** The health facility density is 2.2/10,000 population while the WHO recommendation is 2.0/10,000 population

# Health service delivery outcomes 2012 and 2017

Indicator	2012	2017	Comments
% Children <5years fully immunized	69%	67%	Due to fewer outreaches
% HIV pregnant women receiving preventable ARVs	60%	98%	Consistent supplies
Number of eligible clients on ARVs	60	96	Consistent supplies
% targeted children < 1 year provided with ILITNs	42.8%	62%	Supplies by partners
% targeted pregnant women provided with ILITNs	50%	60%	Supplies by partners
% 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 <sup>st</sup> ANC	84%	73%	Low promotion & outreaches
% ANC clients attending $\geq$ 4 ANC visits	33.6%	38%	Low promotion & outreaches
% WRA receiving family planning coverage	51.2%	37%	Low outreach

# Achievements Contd.

- ❖ **Collaborations with Kenya National Bureau of Statistics (KNBS)** in terms of statistics and data collection
- ❖ **Kericho county experienced the least level of industrial unrest** amidst a surge of widespread strikes in the country. The relative calm and contentment is attributed to the deliberate effort to effect promotions, training opportunities, and other incentives essential in sustaining a motivated human resource base
- ❖ **Commendably, the election of health committees in dispensaries and health centres was representative and democratic in terms of** gender equity and inclusivity of both the youth and vulnerable populations. However, involvement of the committees in design, planning and implementation of CIDP projects was minimal

# Community Perceptions of involvement in health projects

Type	Involved in deciding on health project (N=14)	Engaged in CIDP project implementation and supervision (N =14)
Committee members	9 (64%)	3 (21%)
Community leaders	2 (14%)	1(7%)
Community members	7 (50%)	0
Community <b>NOT</b> involved	2 (14%)	12 (86%)

Table

# Notable Gaps

- ❖ **More focus on curative than promotive and preventive services**
- ❖ **Irregular medical supplies and decreased outreach services** compared to the period before devolution
- ❖ **The existence of a health service bill that is yet to be endorsed by the county assembly.** Constraining this among others, is the establishment of a **centralized coordinating unit** for harmonized oversight towards improved institutional efficiency and effectiveness
- ❖ **Lack of health financing legislation.** Occasioning untimely and irregular release of funds (including from Treasury) delays in project implementation, including inadequate supply of commodities at the health centres and dispensaries, in both curative and preventive health services

# Notable Gaps Contd

- ❖ **Political inclination in some projects' prioritization and identification** with skewed public participation and not informed by evidence-based needs on the ground
- ❖ **Low public participation.** The Finance and Economic Planning have "Project Implementing Committees" filled with technical staffs' only with no community participation, who feel left out. Nonetheless, it was noted that sometimes government calls for their participation has been met with low responsiveness. Potentially, owing to limited capacities
- ❖ **Limited deployment of technology.** The health management information system is installed; however, it is only being used for outpatient & not optimally used because of lack of computers
- ❖ **Gap in M&E, including baselines such as the status of equipment before devolution.** Projects planned for the health sector were in the form of activities and not "projects."
- ❖ **The sustainability of some installations was a challenge.** For example, some maternity wings/ staff houses/theatres in several facilities were constructed but were yet to be used several years after completion. Maintenance costs, equipment

# Top Line Recommendations

- ❖ **Strengthen preventive and promotive** health care services
- ❖ **Streamline and facilitate the timely and regular acquisition of commodities** in the health centres and dispensaries and build staff capacity for example, through soliciting of more stakeholder support, in terms of commodity management
- ❖ **Increase community outreaches** similar to the pre-devolution period for enhanced access to services such as immunizations through diversified funding from partners. Employ strategies that ensure families use **National Hospital Insurance Fund**

# Top Line Recommendations Contd.

- ❖ **Hasten endorsement of the health services management bill by county assembly** towards the entrenchment of a legal framework on financing, and staffing. Empowered by that establish a **central multi-disciplinary coordinating unit** for oversight with a special focus on results and quality service
- ❖ **Enhance policymakers including MCAs level of engagement and capacities** on the Public Finance Management Act and budgeting to improve resource allocation and use in the county to achieve intended outcomes
- ❖ **Develop deliberate and structured political, technical, and community participation** in project identification, design, implementation, reporting, monitoring & evaluation. E.g, by operationalization of the CIMES Guidelines “Public Participation For a”, within which to build community capacities for participation

# Top Line Recommendations

- ❖ **Facilitate support supervision**, especially in health centres and dispensaries, for improved service delivery by potentially tapping into more stakeholder support towards the provision of utility vehicles, equipment and other requirements
- ❖ **Deploy comprehensive technology health care management**, including purchase of more computers and related equipment
- ❖ **Strengthen capacities for health committees and staffs** on project management
- ❖ **Operationalize robust gender and social-equity-responsive M&E Systems** with adequate budgetary allocations, technical support and public participation to track progress and provide progressive feedback on project implementation

# Top Line Recommendations

- ❖ **Strengthen existing collaborations with KNBS:** to harness its rich data resources in tracking of monitoring indicators. For example, through its annual survey program and towards informing future evaluations
- ❖ **Review the current CIDP** with the aim of making projects results focused
- ❖ **Rationalize facilities** by upgrading some dispensaries to health centres for quality service delivery
- ❖ **Undertake Rapid evaluations for key sectors** towards lesson learning and improvement by corrective actions to inform planning and budgeting

# Kilifi – Common Notable Gaps

**Across the 2 Counties were common and cross-cutting notable gaps such as limited:**

- ❖ Project budgetary allocations and timely disbursement
- ❖ Citizenry participation in project implementation and M&E
- ❖ M&E capacities
- ❖ Staff capacities

# County Response

- **The county agreed with the evaluation’s findings.** This is demonstrated by the following response, “.....*On the overall, the report is excellent. In my view the findings are factual and well captured. The recommendations are well spelt out. What is even more interesting is that though this is Health Sector assessment, its findings speaks to cross cutting issues on all departments over the period reviewed.....*” – (Kericho County Rapid Evaluation Focal Person).
  
- *“The Report is an eye opener.. Once the final report is shared, we shall hit the ground running in implementation of recommendations.....”* (Kericho-Pre-Dissemination stakeholder meeting).