

Hecta Consulting Newsletter



SUPPORTING HEALTH SYSTEMS

EDITOR'S NOTE

Primary Health Care Performance Management (PHC-PM) equips counties with the tools and practices to strengthen leadership, use data effectively and embed accountability in service delivery. In Nakuru and Trans Nzoia, this work is taking shape through peer learning forums, data reviews and action planning, showing that performance improves when leaders consistently engage with data.

A notable shift is the growing ownership of data processes, with county teams and facilities analyzing and responding to performance gaps directly, reducing reliance on external support. Partnerships are also emerging as central to sustaining reforms, with counties aligning public-private collaborations to health priorities. As we approach the Bi-Annual Stakeholder Meeting, the momentum is clear: quality, sustainable primary healthcare is within reach.

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Feature Story

SATEWA DISPENSARY: TURNING CHALLENGES INTO IMPACT

Satewa Dispensary in Molo Sub-County, Nakuru, is demonstrating how even small, resource-limited facilities can deliver measurable improvements in primary healthcare. Serving 5,600 outpatients annually, the dispensary has doubled early antenatal care attendance in six months, surpassing the county average and reflecting growing community trust.

The facility is also making strides in financial management, unlocking KES 55,600 from the Primary Healthcare Fund between April and June 2025, with potential for greater revenue through efficient claims submission. Its strong commodity management ensures essential medicines are well-stocked, organized, and accurately tracked in the Kenya Health Information System.

Challenges remain, including gaps in documenting facility management meetings and action items due to staffing constraints. Strengthening SHA claims management, reinstating oversight meetings and promoting peer learning can drive further improvements. Satewa stands as a beacon of resilience, showing that focused strategies and practical interventions can transform primary healthcare even in constrained settings.



SPOTLIGHT: QUARTERLY STAKEHOLDER EVENT

In the last quarter, Nakuru and Trans Nzoia Counties convened their quarterly peer learning forums with support from Hecta Consulting, bringing together over 87 county leaders, health workers, partners, and community representatives. These sessions provided space to reflect on findings from 81 facilities and commit to reforms that strengthen primary health care.

The reviews surfaced familiar challenges: limited use of EMRs, recurring stockouts of essential tracer drugs such as ORS, Chlorhexidine, and Tranexamic Acid, and staffing shortages in lower-level facilities. Yet they also highlighted promising gains. In Nakuru, infrastructure and equipment availability showed notable improvement and leadership engagement was robust, with the County Executive for Health moderating plenary discussions. In Trans Nzoia, Level 3B facilities completed their onboarding onto SHA contracting systems, more facilities documented management meetings and access to clean water and sanitation improved.

By the close of the forums, both counties had developed time-bound action plans with clear responsibilities, ranging from addressing mortality audit gaps to strengthening financial tracking and supply chains. The previous cycle reinforced a vital truth: when data, leadership, and community voices come together, peer learning becomes a catalyst for accountability and lasting change in Kenya's PHC systems.

CASE STUDY: NAKURU'S SMART PCN MODEL

Nakuru tackled fragmented primary care by rolling out the Smart Primary Care Network (PCN), linking community units, dispensaries and referral facilities. At Bahati Health Centre, the approach is already transforming how care is delivered. Community health promoters can now refer even critical patients directly to the nearest appropriate facility, with the patient's details reaching the in-charge in advance. This allows teams to prepare before arrival, ensuring timely, well-coordinated care. Patient information is also retained in the system for future follow-up.

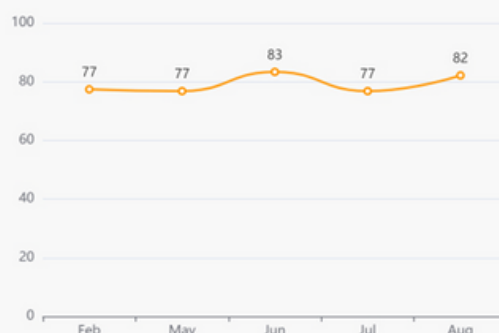
Facilities that once worked in isolation now share data, supervise together and solve problems as one network. Early results show shorter referral times, stronger records and faster feedback to frontline teams. All these point to a smarter, more connected system.

TRANS NZOIA: DATA-DRIVEN DECISIONS IMPROVING DIAGNOSTIC SUPPLIES

Trans Nzoia County is strengthening supply chain management by using the PHC performance dashboard to guide planning and decision-making. By consistently tracking trends, the county has ensured timely requisitions, close monitoring of stock levels and stronger coordination with facility managers.

These actions have kept diagnostic supplies stable, with notable improvements in June (83%) and August (82%) following targeted interventions. The dashboard has become a vital tool for highlighting gaps and enabling real-time responses that safeguard service delivery across facilities.

Diagnostic Supplies Trend





INSIGHTS AND LEARNINGS FROM OUR WORK IN PHC PM

One insight that is emerging clearly is that leadership and data use go hand in hand. Where leaders consistently engage with performance data, accountability improves, teams remain focused and execution is quick. This is true for both Nakuru and Trans Nzoia, where regular leadership reviews are shaping stronger management practices.

Another major insight is that ownership grows when counties drive their own data processes. By transitioning data collection to Sub-County Health Records and Information Officers, counties are building sustainability and reducing reliance on external support. Facility teams that analyse their own data are also becoming more responsive to performance gaps.

The key takeaway is that capacity building is most effective when combined with leadership commitment. In Nakuru, trainings for County and Sub-County Health Management Teams are enabling sharper analysis. In Trans Nzoia, County teams are using the dashboards to conduct Root Cause Analyses (RCAs), track trends and inform action planning.

With committed leadership, empowered teams and practical digital tools, institutionalizing primary health care performance management within reach.

PARTNERSHIPS IN ACTION: DEVOLUTION CONFERENCE 2025

Public-Private Collaborations (PPCs) are emerging as vital tools for sustaining health reforms. At the Devolution Conference in Homa Bay, counties showcased how structured partnerships are improving outcomes.

Examples from the Conference

01

Homa Bay launched telehealth services, extending specialist care to rural communities.

02

Tharaka Nithi modernized laboratories through PPPs, expanding access to reliable tests

03

Nakuru applied PPCs to improve health service delivery, with communities engaged in measuring results

These stories show that partnerships are most effective when counties set the agenda and partners align to county priorities. With transparent MoUs and coordination committees, counties can sustain innovation while strengthening accountability.



Roselyn Mungai, the Nakuru County Executive Committee Member, Health, gives a presentation on The Role of Partnerships for Effective Primary Healthcare



Clear lessons emerge for peers; structured partnerships, led by counties, can turn shared vision into measurable health gains.



REFLECTIONS FROM DEVOLUTION CONFERENCE 2025

As donor support for health declines, counties are charting a new path by investing in Public-Private Collaborations (PPCs) to sustain healthcare reforms. This shift was on full display at the Devolution Conference in Homa Bay on 15 August 2025, where Hecta Consulting and other public, private and developmental agencies co-hosted a side event on PPCs in healthcare led by Open Phences.

The event was anchored by the Homa Bay Declaration, a collective pledge by counties to scale and sustain PPP projects by progressively allocating domestic investments. Leaders framed this as a matter of urgency: without sustainable partnerships, hard-won gains in health risk being reversed.

At the national level, the Public-Private Partnerships Directorate underscored the need for counties to institutionalize PPCs through dedicated committees and stronger legal frameworks. This, they noted, is essential to ensure that partnerships remain effective and sustainable beyond political cycles.

For Hecta, the side event was more than visibility; it was validation of our role as a trusted technical partner.

Counties are actively building sustainable partnerships to deliver healthcare. For Hecta, this momentum confirms our strategic role in guiding counties to design, implement and sustain PPCs that transform health systems.



“

Health is a right and a cornerstone of societal progress. Partnerships are not acts of charity but productive engagements with mutual benefit - Hon Gladys Wanga, Homa Bay Governor

LOOKING AHEAD: BI-ANNUAL STAKEHOLDER MEETING

On 29th and 30th September 2025, The Bi-Annual PHC Stakeholder Workshop will be hosted in Nakuru, bringing together counties, facilities, and partners to reflect and plan.

What to expect:

- Facility presentations on SHA revenue tracking, data reviews, multi-disciplinary team outreaches, and commodity stock management.
- Group discussions to compare practices between high- and low-performing facilities.
- Partner presentations to showcase innovations and solutions.
- Facility visits to ground discussions in real experiences.

This will be an important moment for counties to deepen peer learning, strengthen accountability and chart the next steps in institutionalizing PHC performance management.

Effective Primary Health Care (PHC) systems can meet up to 90% of a person's health needs, from preventive services to treatment and rehabilitation.



With PHC performance management in place, counties can spot early gaps, boost accountability, and make sure every patient gets the right care at the right level.

DID YOU KNOW?

CLOSING NOTE

The past quarter has shown us that progress is possible when collective responsibility guides our actions. From cross-county peer learning in Nakuru and Trans Nzoia to renewed commitments at the Devolution Conference, the momentum for stronger PHC systems is real and growing.

As we look ahead to the Bi-Annual Meeting in September, let us carry forward the spirit of Ubuntu: health is everyone's responsibility. Together, counties, partners, and communities can ensure that quality, sustainable PHC is a reality for all.

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The real test now is for all players to collaborate rather than compete



ACKNOWLEDGEMENTS

