Policy Brief
July 2025

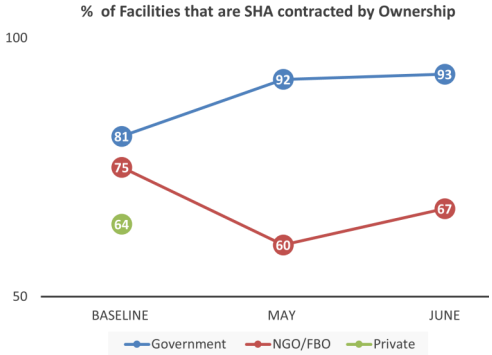
Performance of Primary Healthcare in Nakuru County
Findings and progress

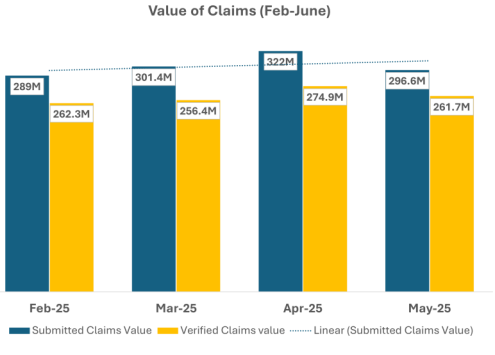
The Primary Health Care Performance Management project implemented through a collaboration between Nakuru county's Department of Health and Hecta Consulting aims to institutionalize performance management for primary healthcare at the county level. Strengthening health is part of the Governor`s agenda and the County Department of Health (CDOH) has been strategic in leveraging PHC as a means to achieving this. This brief provides key insights on the capacity of the PHC system to provide essential healthcare services, based on a baseline and follow-up assessment conducted in February, May and June 2025 respectively.

Financing - Social Health Insurance (SHI) and Revenue Tracking

The capacity of facilities to submit quality claims is integral in improving their revenue for procuring of commodities and equipment. From February to June, there has been a slight increase in the value of claims submitted (289M in Feb to 296.6M in May). More facilities are now e-contracted and hence can claim from the SHA funds. More facilities are also tracking their revenue which is important for raising and utilizing own sourced revenue.

CDOH working with Hecta and other partners has implemented several household registration drives and facility mentorship to improve their claiming processes and quality.





Facility Financial Autonomy

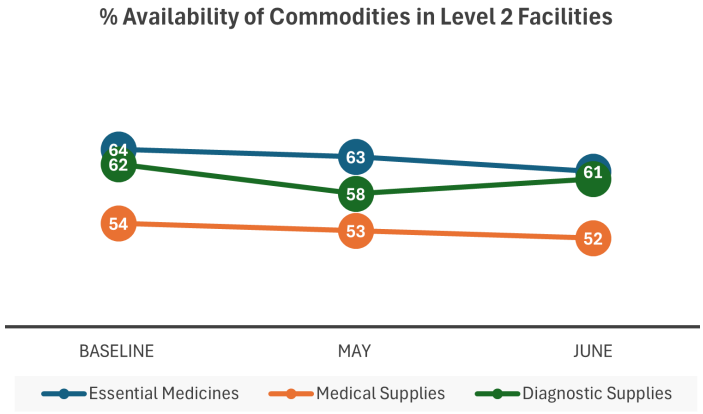
The county has accorded facilities autonomy to retain their own sourced revenue which can be utilized to procure commodities. There`s ongoing process to domesticate the National FIF Act which will be instrumental in operationalizing and improving this autonomy.

Key Messages

- Improvement in SHA contracting of government facilities from February (81%) to June (93%).
- Increased total amount of SHA claims submitted from February to May: 289M to 296.6M.
- Facilities have improved in tracking their revenue sources.
- Apart from redistribution, additional actions such as enhancing lower level facility autonomy is still required for improvements in commodity availability.
- Improvement in the number of facilities that have received PCN notification letters.
- County PHC-PM core team has been instrumental in conducting Root Cause Analysis (RCA) and Action Plans to address identified PHC gaps.

Tracer Commodities

The county conducted a commodity redistribution in April. However, there have only been slight changes in the availability scores in Level 2 facilities. In addition to redistribution, facilities need to focus on their ability to procure essential commodities using their own revenues.

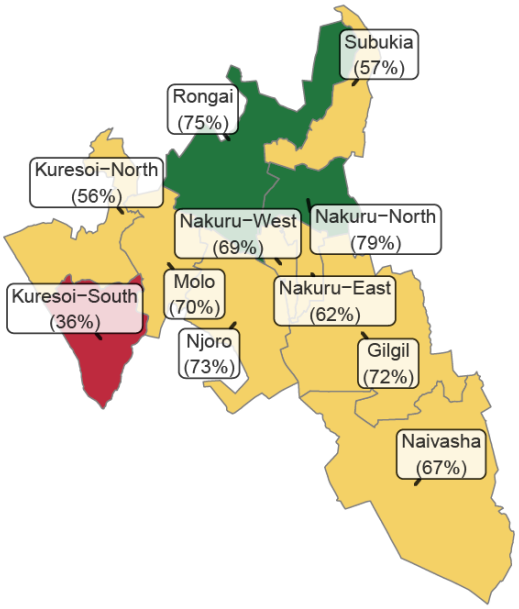


Revenue tracking in dispensaries and health centers remains low across the three assessments with slight changes. These facilities previously relied on Sub-county commodity managers to place orders and would need their capacity built to effectively use their own revenues to prioritize and address commodity availability gaps.

> *"Money for allocation for PHC was supposed to come (to) the hubs (Sub-counties) …to do commodities as per the PCN priorities."* ***KII10, Baseline Assessment.***

Some of the important commodities that are still in short supply include; **Chlorhexidine (46%), Tranexamic Acid (27%), Pediatric nasal prongs (22%), Hb cuvettes (26%) and Urinalysis 10 parameter strips (34%).**

The distribution across sub-counties is as shown below.



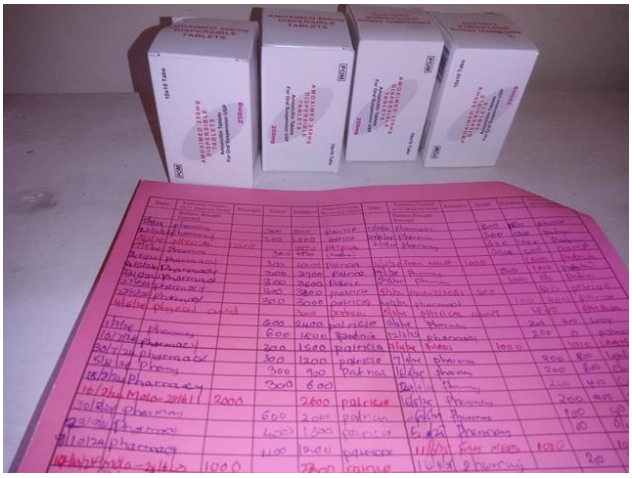


Photo from the June data collection in Satewa Dispensary, Molo, showing essential commodities arranged on shelf with a stock card available for regular updating of stock movement. This is an example of good inventory management practices at the dispensary level, using their stock consumption patterns to ensure that they don't run of out of stocks.

Primary Care Networks

There is an increase in the percentage of facilities that have received PCN notification letters from 43% in May to 53% in June. These numbers are set to increase in the July assessment as the subcounty leads continue to issue out these letters to lower level facilities.

Infrastructure

There was good availability of essential infrastructure including waste management. In cases where the dispensary did not have the capacity to incinerate, arrangements with a higher level hub were evident. For example, in Ndabibi dispensary, the public health office truck collects and takes the medical waste regularly to Naivasha Subcounty hospital where they are safely incinerated. With increased facility receipt of SHA resources, its anticipated that such infrastructural improvements can be done at the dispensary level.

Wins

Performance targeting and monitoring: The county core team has developed action plans from the identified capacity gaps in the assessments, set targets and took steps to implement them.

Adaptive improvement cycles: Implementation of the action plans are leading to targeted technical assistance and performance improvements such as the improved SHA e-contracting and commodity availability.

Peer to Peer learning: Two quarterly meetings have included group discussions that include county and subcounty team leads, facility managers and PHC technical partners who bring their experiences and expertise in joint root cause analysis and action planning.

Data informed decision making: The county core team and the health department are progressively considering the collected data to inform decision making e.g activities and investments towards SHA sensitization campaigns and commodity redistribution.

Looking Forward

The county core team will start **using the PHC performance management dashboard** in their monthly meetings for decision making.

Continue monthly core team meetings to discuss and evaluate the indicators.

Continue monthly data collection working closely with the Sub county HRIOs.

County core team and Hecta to **Plan for the next quarterly peer learning workshop** in September.

Policy Actions

Social Health Insurance

- Continue facility sensitization on contracting and lodging of quality claims
- Continue SHA sensitization for household registration process

Commodities

- Strengthen commodity availability through redistribution that factors in the understocked commodities
- Ensure facilities are lodging claims to utilize SHA and PHC funds, accountability and autonomy to use this revenue in purchasing commodities

PHC Financing

- Mentor and train facility managers at level 2 and 3a to improve the accuracy of PHC fund claims.

Autonomy Reforms

- Operationalize facility autonomy reforms and support facilities in setting up the necessary processes to allow them to utilize the funds to purchase essential commodities.