

Performance of Primary Healthcare in Trans Nzoia County

Findings and progress

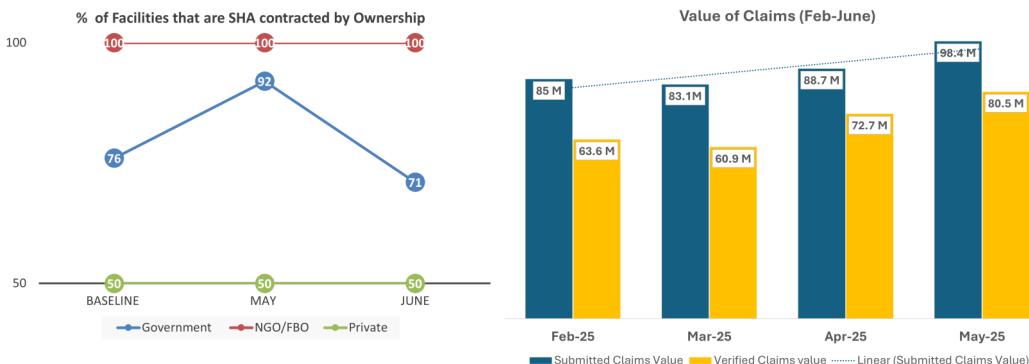


Primary Healthcare (PHC) ensures that everyone can access essential health services close to where they live, from prevention to treatment and recovery.

The Primary Health Care Performance Management project implemented through a collaboration between Trans Nzoia county's Department of Health and Hecta Consulting aims to institutionalize performance management for primary healthcare at the county level. 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

There have been improvements in facility SHA contracting and value of claims submitted (85M in February to 98.4M in May).



However, government facilities still lag behind in the total number of claims submitted across the 3 months. Sensitization and training on claiming process should continue, especially for Level 2 government facilities.

There is also an improvement in the number of facilities that are tracking their revenue. Contracting and better claiming process will be important in raising revenue. Facilities need to track and budget for this revenue, including the purchasing of commodities and the county should grant them the autonomy to do so.

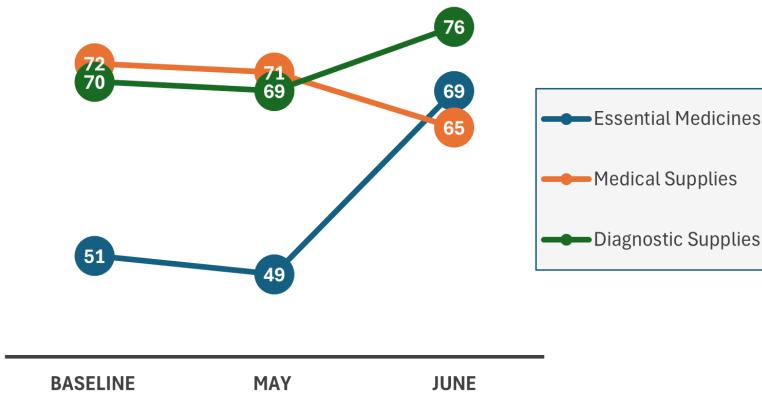
Key Messages

- Improvement in SHA contracting: All level 4 and 3 facilities sampled in June were e-contracted.
- Increased total amount of SHA claims submitted from February to May: 85M to 98.4M.
- Facilities have improved in tracking their revenue sources.
- Improvements in availability of essential medicines and diagnostic supplies but there are still acute shortages for some specific commodities.
- Shortage of emergency equipment
- 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 May 2025 resulting in **improvements in the availability of essential medicines and diagnostic supplies in government facilities in June compared to May.**

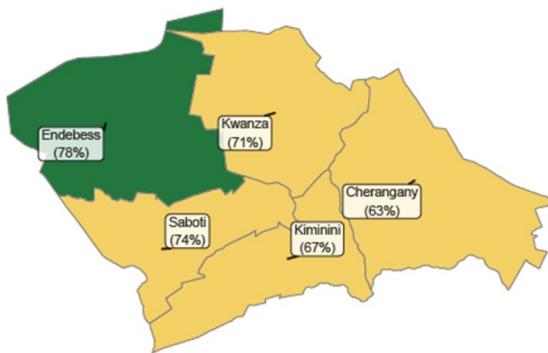
% Availability of Tracer Commodities



However, there are still continued shortages in key commodities required for the provision of essential services.

- Tranexamic acid used to manage bleeding disorders was only available in 29% of facilities.
- Magnesium Sulphate injection which is used to manage high blood pressure in pregnant women was only available in 38% of facilities.
- Pediatric nasal prongs used to deliver oxygen for children was only available in 25% while ORS Zinc which manages diarrhea in children was lacking in 33% of the facilities.
- Other diagnostic materials such as Lugol's iodine for cervical cancer screening, Urinalysis test strips and Hb cuvettes for hemoglobin measurements were all unavailable in close to 50% of the facilities.

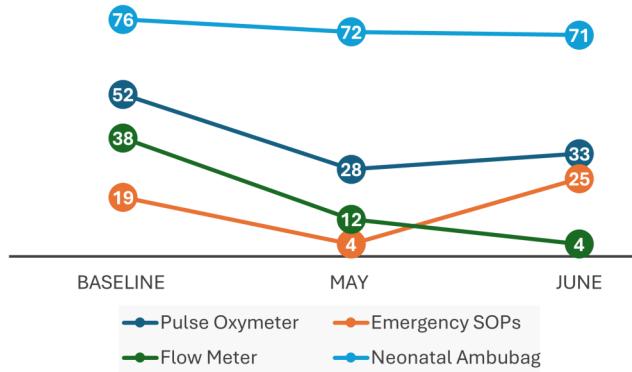
Across sub-counties, **Endebess** had the **highest** availability of all tracer commodities at 78% while **Cherangany** had the **least** availability at 63%.



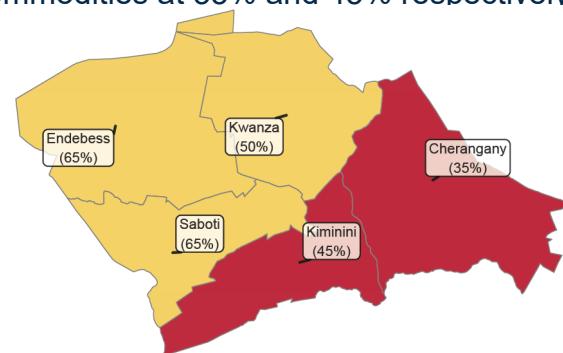
Emergency Equipment

While there are slight improvements in June, government facilities still have less than 50% availability of essential emergency equipment which include **Pulse Oximeters (33%)**, **flowmeters (4%)** and **Emergency care standards of practice (25%)**.

% Availability of Emergency equipment in Government Facilities

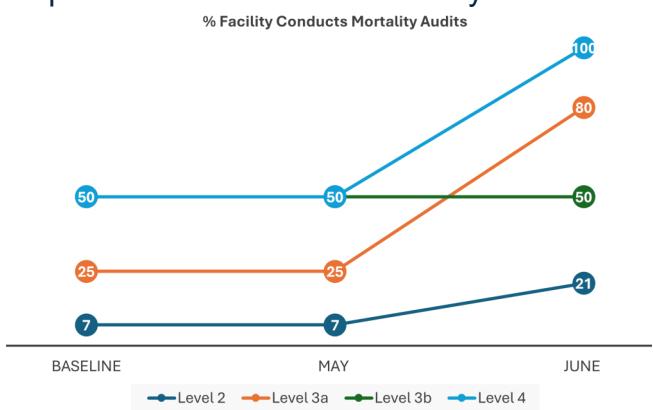


Cherangany and Kiminini sub-counties had the least availability of these emergency commodities at 35% and 45% respectively.



Data review and mortality audits

The percentage of facilities conducting data review and mortality audits has considerably increased since baseline. This is important in informing decision making and quality improvement efforts at the facility 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.

Looking Forward

Tracking of the selected indicators by the County core team on a monthly basis.

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

Emergency Care

- Compile and display SOPs for quality emergency care in outpatient departments
- Factor in the procurement of Pulse Oximeters and functional flowmeters in Health Products and Technology (HPT) budgets

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.

