Strengthening Primary Health Care Through Peer Learning, Accountability, and Sustainable Partnerships

2nd Bi-Annual PHC Peer-Learning Workshop

Nakuru County, Kenya | 29–30 September 2025

Table of Content

Acronyms

ADP – Annual Development Plan
ANC – Antenatal Care
BETA – Bottom-Up Economic Transformation Agenda
CCC – Comprehensive Care Clinic
CDP – County Development Plan
CEC – County Executive Committee
CHP – Community Health Promoter
CHMT – County Health Management Team
DHIS2 – District Health Information System 2
EMR – Electronic Medical Record
FIF – Facility Improvement Fund
FP – Family Planning
HPT – Health Products and Technologies
HRH – Human Resources for Health
HRIO – Health Records and Information Officer
ICCM – Integrated Community Case Management
ICHIS – Integrated Community Health Information System
IMPACT – Information Mobilized for Performance and Continuous Transformation
MDT – Multidisciplinary Team
MNCH – Maternal, Newborn and Child Health
MOH – Ministry of Health
NCD – Non-Communicable Disease
OVC – Orphans and Vulnerable Children
PCN – Primary Care Network
PFM – Public Finance Management
PHC – Primary Health Care
SHA – Social Health Authority
SHIF – Social Health Insurance Fund
SIPS – Sustainable Improvement of Procurement Systems
UHC – Universal Health Coverage
WASH – Water, Sanitation and Hygiene

Executive Summary

The 2nd Bi-Annual Primary Health Care (PHC) Peer-Learning Workshop, convened by Hecta Limited, brought together health leaders from Nakuru and Trans Nzoia counties, alongside facility managers, community representatives, and development partners, to share experiences and co-develop strategies for strengthening PHC performance management. The two-day workshop focused on practical innovations in financing, service delivery, supply chain management, accountability, and community engagement, providing a collaborative platform for learning and action.

Key Themes and Insights

- Counties identified Facility Improvement Funds (FIF) and Social Health Authority (SHA) reimbursements as essential mechanisms for sustainable PHC financing and service delivery.
- Data-driven tools, dashboards, and redistribution mechanisms were highlighted as critical for ensuring consistent availability and equitable distribution of Health Products and Technologies (HPTs).
- Community Health Promoters (CHPs) and Facility Management Committees were recognised as key drivers of community linkages, accountability, and health system responsiveness.
- Digital automation, including EMRs and integrated dashboards, was acknowledged as vital for enhancing transparency, forecasting accuracy, and efficiency in claims management.

Partner Innovations

- InSupply Health is strengthening county supply chains through IMPACT Teams, the SMART resource prioritization tool, and real-time performance dashboards.
- AMPATH is integrating HIV services within PHC, digitizing community systems through iCHIS, and expanding engagement via maternity open days and men's forums.
- AMREF Health Africa is institutionalizing Primary Care Networks (PCNs), multidisciplinary teams (MDTs), and piloting context-specific PCN models in both peri-urban and rural settings.

Field Visit

Participants visited Bahati Rural Health Centre in Nakuru County to observe PHC reforms in practice. The visit demonstrated strong community linkages through CHPs, seamless referral systems using EMRs and eCHIS, and innovative approaches such as private dispensing booths for confidentiality, hybrid referral models, and event-based disease surveillance. The facility exemplified how integrated systems, teamwork, and digital innovations can drive quality, patient-centred care.

Commitments and Next Steps

Participants reaffirmed that peer learning accelerates reforms, fosters accountability, and prevents duplication of mistakes. Sustaining these gains will require:

1. Establishing structured mechanisms for follow-up and monitoring implementation progress.
2. Creating a knowledge-sharing repository for presentations, tools, and best practices.
3. Strengthening partner alignment with county health priorities.
4. Embedding data-driven planning and community accountability in PHC delivery.

Opening and Keynote Addresses

The workshop opened with reflections from Dr. Isaac Babu, Director of Health, Trans Nzoia County; Dr. Susan Wanjiku, Chair of Multidisciplinary Teams (MDT), Nakuru County; Dr. Daniel Wainaina, Director of Medical Services, Nakuru County; and Ms. Roselyn Mungai, County Executive Committee Member (CEC) for Health, Nakuru County. Their collective remarks set the tone for a results-oriented engagement focused on peer learning, accountability, and data-driven innovation in Primary Health Care (PHC) performance management.

Dr. Isaac Babu highlighted Trans Nzoia's milestones in expanding Social Health Authority (SHA) household registration, from 17 to 30 percent, and strengthening governance structures through the gazettement of all Primary Care Networks (PCNs) and hospital committees. He underscored the role of digital dashboards in improving decision-making, procurement, and service delivery, attributing progress to effective partnerships with HECTA and InSupply.

"When data drives our decisions, accountability stops being an audit requirement—it becomes a culture." — ***Dr. Isaac Babu, Director of Health, Trans Nzoia County***

Dr. Susan Wanjiku reflected on Nakuru's efforts to institutionalize multidisciplinary teamwork and tailor PHC interventions to community needs. She explained how the county shifted from weekly to monthly outreach schedules to balance preventive activities with uninterrupted facility-based care, while maintaining community participation through dialogues and household follow-ups.

"PHC must be lived at the community level; when people shape their own health services, they protect them." — ***Dr. Susan Wanjiku, Chair, MDT Nakuru County***

Dr. Daniel Wainaina positioned the workshop as a continuation of the peer-learning exchange between Nakuru and Trans Nzoia under HECTA, emphasizing its alignment with the Bottom-Up Economic Transformation Agenda (BETA) and the County Integrated Development Plan (CIDP). He noted that Nakuru's integrated dashboard now tracks over 40 PHC indicators, supporting data-informed planning and investment.

"The success of PHC depends on consistency; data, teamwork, and political goodwill must move together." — Dr. Daniel Wainaina, Director of Medical Services, Nakuru County

Delivering the keynote address, Roselyn Mungai reaffirmed Nakuru's commitment to building sustainable and accountable PHC systems. She emphasized that while partners are vital, local governments must take ownership of planning, documentation, and financing to ensure reforms endure beyond project timelines. She highlighted key priorities such as ensuring every resident can access care within five kilometres, strengthening intersectoral collaboration, and improving referral systems, infrastructure, and human resources. She also called for the adoption of solar power in facilities and digital dashboards for real-time monitoring of service delivery.

"Partnerships are vital, but accountability and ownership must remain with us. We must build systems that outlive projects, sustainable, transparent, and grounded in community trust." — ***Roselyn Mungai, CEC Health, Nakuru County***

Donor Presentation

Presenter: Dr. Wangari Ng'ang'a, Senior Programme Officer, Gates Foundation

The donor presentation examined how Kenya's macroeconomic environment is shaping Primary Health Care (PHC) financing and service delivery. Rising national debt and fiscal constraints have significantly reduced the fiscal space for health, with debt repayments consuming a large share of the national budget. Counties are facing delayed equitable share disbursements, often released toward the end of the financial year, which disrupt operations and planning. Despite Nakuru allocating about 39 percent of its budget to health, delayed transfers have forced reliance on overdrafts, sustaining salaries but limiting funds for commodities and essential services. Facility Improvement Financing (FIF) has thus become a lifeline for maintaining service delivery, allowing facilities to hire staff and procure supplies. However, this has also created a dual system, where facility contracts increasingly outnumber formal county payrolls, raising concerns about sustainability and fiscal coordination.

The presentation highlighted that while PHC performance indicators show commendable progress, such as high antenatal care (93 percent), skilled birth attendance (75 percent), and full immunization coverage (80 percent), persistent financing and quality gaps undermine sustainability. Capacity assessments reveal that although many health workers possess adequate knowledge, fewer demonstrate the clinical skills necessary for quality care, emphasizing the need for continuous training and supervision. The donor urged counties to move beyond dependency on vertical programs such as HIV and malaria, which attract disproportionate investment, while maternal health, NCDs, and cancer care remain underfunded. Counties were encouraged to adopt smarter investments such as solarisation to preserve commodities and reduce costs and to strengthen oversight of both public and private providers. The session concluded with a call for counties to take ownership of building resilient, modern health systems that reflect Kenya's full potential.

"Counties must dream beyond maintaining outdated systems and take responsibility for building a modern, resilient health system that reflects Kenya's true potential." — ***Dr. Wangari Ng'ang'a, Senior Programs Officer, Gates Foundation.***

Plenary and Panel Sessions

Plenary 1: Health Financing and Public–Private Collaboration in PHC performance Management (Nakuru County)

Health Financing is a core strategic lever in driving PHC performance. Facilities need to have adequate finances and the accompanying autonomies to purchase needed commodities and supplies. Nakuru county has shown an appreciation of this interrelationship, and the county core team has spearheaded the implementation of several action plans on financing. This plenary focused on the County's progress in strengthening health financing and enhancing public–private collaboration in Primary Health Care (PHC) performance management. It explored how the county is aligning Facility Improvement Financing (FIF), Social Health Authority (SHA) reimbursements, and private-sector partnerships to sustain Universal Health Coverage (UHC). The session showcased experiences from public and private facilities, highlighting innovations in claims management, data systems, and accountability structures that are improving access, efficiency, and service delivery outcomes.

Moderator: Eric Tama (Health Financing Expert, HECTA)

Presenters

- Fiona Macharia, formerly economist at the Department of Health
- Bernard Bowen, Deputy County Health Records and Information Officer
- Patricia Kabana, Management representative, Lanet Health Centre
- Arnold Tunge, Management representative, South Lake Medical Centre

Presentation Summaries

Financial Management

The presentation on financial management outlined Nakuru County's transition from a consolidated health budget to individual facility budgets for levels 2–5, significantly enhancing autonomy, accountability, and financial discipline. This reform, aligned with the Public Finance Management Act (2012), has enabled better resource targeting, increased revenue generation, and improved service delivery outcomes, particularly in maternal health and immunization. The evolution of Facility Improvement Financing (FIF) has empowered facilities to plan, budget, and respond to local priorities more efficiently, supported by partners working on health financing and systems strengthening.

Overall Dashboard Performance

The county's Primary Health Care (PHC) dashboard serves as a comprehensive monitoring tool for facility performance across multiple domains, including financial management, commodity availability, and claims processing. Recent assessments show steady improvement, with financial performance scores rising from 57% in February to 77% in August, attributed to strengthened revenue tracking and claims management. Sub-counties such as Kuresoi, Molo, Rongai, and Njoro recorded the best performance, while Naivasha and Gilgil continue to face workload-related challenges. Nearly one million SHA registrations have been achieved, supported by strong county coordination, reduced claim rejections, and the active role of the SHA Optimization Committee.

Resource Mobilization Practices at Facility Level

The experience shared from a Level 3A facility demonstrated how effective use of SHA reimbursements and targeted community engagement can strengthen service delivery. With a structured quarterly budget, the facility conducts regular outreach in markets, workplaces, and worship centers, alongside health education sessions and Lamaze classes for expectant

mothers. SHA funds have supported significant infrastructure improvements, including sanitation, water harvesting, and digital connectivity. Despite barriers such as lack of identification documents and misinformation on SHA, the facility has built stronger community trust and improved both service quality and access.

Private Sector Role in Primary Care Networks (PCNs)

The case study of a private Level 4 facility illustrated the importance of private providers in extending PHC coverage and supporting PCN implementation. Through a hub-and-spoke model with nine satellite clinics, the facility combines SHA reimbursements, corporate accounts, and out-of-pocket payments to sustain operations. Digital health systems, youth inclusion, and community engagement were identified as key strengths in expanding access and improving care coordination. Persistent challenges include low SHA enrollment in rural areas and weak referral follow-up mechanisms. Recommendations included strengthening CHP capacity, enhancing digital health adoption, and deepening collaboration between public and private sectors to promote equitable access to quality healthcare.

Panel Discussion

Moderator: Eric Tama (Health Financing Expert, HECTA)

Panellists

- Gladys Wachira, Institute of Public Finance (IPF)
- Christine, Facility In-Charge, Lanet Health Centre
- Dr. Susan Wanjiku, Chair, Multidisciplinary Teams (MDT), Nakuru County
- Dominic Mburu, County Health Administrative Officer, Nakuru County
- Bernard Bowen, Deputy County Health Records and Information Officer
- Arnold Tunge, Management representative, South Lake Medical Centre

Nakuru County has made significant progress in strengthening its health financing and service delivery systems through innovation, decentralization, and strong collaboration between public and private sectors. Under the Universal Health Coverage (UHC) and Social Health Authority (SHA) model, all facilities are now empanelled and trained on claims management, with peer champions and digital platforms such as WhatsApp and Taifa Care supporting real-time troubleshooting and performance monitoring. Facility committees have become more active in resource mobilisation, and the integration of HIV services into routine care has cushioned the county against donor exits. Private providers like South Lake Medical Centre are adopting cross-financing models to balance equity and sustainability, while public facilities such as Molo Sub-County Hospital and Lanet Health Centre are leveraging SHA reimbursements and strategic partnerships to expand infrastructure, increase deliveries, and improve patient satisfaction. Data systems have become a cornerstone of accountability, informing planning, procurement, and outreach. The session underscored that digital innovation, fiscal discipline, data-driven decision-making, and strong leadership, supported by effective public–private collaboration, are key to sustaining and scaling equitable primary health care financing and improving access and efficiency across the county.

Recommendations and Conclusions:

1. Enhance workforce motivation and accountability by promoting staff morale and inclusion in the budget-making process
2. Strengthen financial management and sustainability by continuing training on SHA claims management, coordination with county accountants and innovations
3. Leveraging partnerships and digital innovations between public and private facilities to improve referrals, continuity of care and digital tools to enhance data accuracy, streamline claims, and reduce revenue losses.
4. Promote data-driven and community-centered health systems to guide resource allocation and strengthen efficiency.

Plenary 2: Optimizing Health Products and Technologies (HPTs) in Primary Health Care Performance Management– Trans Nzoia County

This plenary showcased Trans Nzoia County's progress in strengthening the management of Health Products and Technologies (HPTs) within the Primary Health Care (PHC) system. The session highlighted the County's efforts in improving commodity security, accountability, financing mechanisms, and digital innovation. Presentations from county officials illustrated how data-driven systems, consistent monitoring, and staff empowerment have contributed to improved performance. This was followed by a panel discussion exploring practical solutions, governance reforms, and strategies for sustainability.

Moderator: Leticia Bulima, InSupply Kenya.

Presenters

- Marvin Mmasi-Monitoring and Evaluation Officer, Trans Nzoia county
- Dr. Lucy Lasoi- PCN Coordinator, Endebess Subcounty
- Dr. Sheila Oluga- PCN Coordinator, Kiminini Subcounty

Presentation Summaries

Dashboard Performance of Trans Nzoia County

Marvin Mmasi presented Trans Nzoia County's PHC performance dashboard, which tracks data from 25 sampled facilities across five Primary Care Networks (PCNs). The dashboard monitors key indicators such as revenue, claims, commodity availability, and human resources. Current averages stand at 55% for revenue and claims, 82% for tracer drug availability, and 79% for the HR-to-patient ratio—figures that lag slightly behind Nakuru's performance. Commodity performance improved from 62% in May to 80% in August 2025, with Kiminini PCN leading at 88%. Diagnostic supplies rose from 50% to 90% after mid-year interventions, while Level 3 and 4 facilities outperformed Level 2 facilities. These findings reflect progress in data-driven monitoring, though Endebess PCN, at 66%, remains a priority for improvement.

Strengthening Commodity Management at Endebess Sub-County Hospital

Dr. Lucy Lasoi shared lessons from Endebess Sub-County Hospital, a Level 4 facility serving over 130,000 people, including cross-border clients from Uganda. Between February and June 2025, commodity availability rose from 57% to 100% before dropping slightly to 80% in August due to delayed funding. This success was attributed to prioritizing HPTs in budgeting, rigorous stock monitoring, timely reordering, and proactive redistribution of near-expiry items. Collaboration with nearby facilities and structured quarterly reviews further strengthened efficiency. However, irregular fund disbursements, limited staffing, and low staff motivation remain challenges. Sandra emphasized that timely Facility Improvement Fund (FIF) releases are critical to sustaining gains and called for stronger advocacy from partners to improve revenue tracking and documentation systems.

Enhancing Equipment Availability at Tulwet Health Centre

Dr. Sheila Oluga presented the case of Tulwet Health Centre, a Level 3 facility in Kiminini Sub-County serving over 221,000 people. Equipment availability improved from 50% in January to 100% by August 2025 due to deliberate planning, updated asset registers, and use of SHA reimbursements for equipment purchases. Staff engagement in budgeting and

mothers. SHA funds have supported significant infrastructure improvements, including sanitation, water harvesting, and digital connectivity. Despite barriers such as lack of identification documents and misinformation on SHA, the facility has built stronger community trust and improved both service quality and access.

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Moderator: Eric Tama (Health Financing Expert, HECTA)

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Partner Presentations

InSupply Health

InSupply Health is implementing a Gates Foundation funded workforce development program (2022–2027) to strengthen county health supply chains, improve data-driven decision-making, and enhance budgeting and procurement efficiency. Through operationalizing IMPACT Teams, developing KHIS linked dashboards for Integrated Tools and Health Products and Technologies (ITT, HPT), and introducing the SMART tool for budget-based prioritization, the program has significantly improved performance. In Trans Nzoia, data variance has fallen below 5 percent, 95 percent of facilities now meet reporting targets, and facilities with over three months of medicine stock increased from 11 percent to 48 percent. Nakuru County has reported zero stock-outs of key MNCH commodities since adopting the IMPACT model, with allocations now matching forecasts. The phased training approach, beginning with pharmacists and HRIOs and cascading to other cadres, ensures sustainability and inclusivity. To close systemic gaps, InSupply collaborates with ThinkWell on financial management and SIPS on procurement, aligning forecasting, financing, and supply planning for stronger health system performance.

AMPATH (Trans Nzoia)

AMPATH has been a key partner in Trans Nzoia County since 2005, supporting 68 facilities and approximately 20,000 HIV clients while progressively integrating HIV services with RMNCAH/FP, nutrition, WASH, OVC, and PHC systems. The organization played a central role in establishing all five Primary Care Networks (PCNs), training 2,227 Community Health Promoters (CHPs) on iCHIS to digitize community health data, and setting up a referral system that includes a laboratory hub and boda-boda sample transport network serving over 40 facilities. Community engagement is at the heart of AMPATH's work, with maternity and child open days, men's forums, and community dialogue sessions driving preventive care, immunization, and maternal health. Despite disruptions caused by recent health worker strikes, which affected continuity of ANC4 visits, early ANC1 uptake remains strong, and CHPs now use the INUA platform to track adolescent pregnancies for better follow-up. A standout achievement is the Big Tree community unit, ranked among Kenya's top performers, whose CHPs maintain daily household visits and real-time iCHIS reporting—an example of accountability and efficiency that sets a national benchmark for community health performance.

AMREF (Nakuru)

AMREF is supporting Nakuru County in implementing Primary Health Care (PHC) in alignment with Kenya's national strategy, establishing 16 Primary Care Networks (PCNs), multidisciplinary teams (MDTs), and PCN committees, while piloting learning sites in peri-urban Bahati and rural Kuresoi. Through the Project Thrive initiative, AMREF focuses on managing non-communicable diseases (NCDs), strengthening emergency PHC care, scaling integrated community case management (ICCM), facilitating specialist outreach and staff attachments, supporting Social Health Authority (SHA) registration, and building local capacity for data use and decision-making. Each PCN now operates with its own dashboard to track service delivery, preventive activities, and resource utilization, supported by trained Health Records and Information Officers (HRIOs). AMREF's experience demonstrates that effective MDTs depend on consistent monthly engagement, rotational task sharing, collaboration with facility in-charges, and regular after-action reviews. These teams, typically comprising 12–15 members across multiple health disciplines, have improved efficiency and accountability despite challenges related to scarce family physicians and administrative overlaps. By piloting both peri-urban and rural PCN models, AMREF is generating insights into how context influences service delivery, lessons that will inform future PHC scale-up across counties.

Plenary 3: Community Accountability in PHC Performance Management.

Strengthening community accountability is essential for ensuring responsive, equitable, and sustainable Primary Health Care (PHC) systems. This plenary explored how community voices, feedback mechanisms, and facility-level governance structures are reshaping service delivery and accountability in Kenya. Drawing on a community feedback video from Trans Nzoia County, the session examined how Community Health Promoters (CHPs) are linking households to facilities, how digital referrals enhance continuity of care, and how PHC reforms, anchored in the Social Health Authority (SHA) and Facility Improvement Fund (FIF), are fostering shared responsibility between communities, health workers, and county governments. Cross-learning between Nakuru and Trans Nzoia counties demonstrated how transparent communication, local leadership, and social mobilisation can strengthen trust and improve health outcomes.

Moderator: Pamela Semo – CFSP, Trans Nzoia County

Presenters

- SHA Coordinator – Nakuru County
- PCN Coordinator – Nakuru County
- PCN Coordinator – Trans Nzoia County
- Dr. Mary – AMPATH
- Solomon Mwaniki – AMREF

The plenary underscored that community accountability thrives where facilities maintain open feedback loops, transparency, and visible improvements. The community video from Trans Nzoia showcased CHPs as critical liaisons connecting households to care through digital referrals and follow-up systems that strengthen service continuity. Panelists agreed that facilities can enhance trust and perceived service quality through respectful care, clean environments, and active engagement with Facility Management Committees. Counties like Nakuru demonstrated how decentralized forums, community scorecards, and transparent budgeting have improved public confidence. Information-sharing through CHPs, local leaders, and social media was highlighted as vital to dispelling misinformation and increasing transparency. Financial accountability emerged as another key theme, with discussions focusing on how SHA enrollment, FIF utilization, and visible reinvestments drive community buy-in. Partners such as AMREF and AMPATH are training committees in financial management, promoting savings groups, and advancing gender-inclusive community financing models like ‘Chamas for Change.’ The session also called for greater inclusion of health workers in benefit schemes to increase their advocacy for SHA, balanced accountability between facility boards and managers, and continued peer learning across counties to sustain progress.

Recommendations and Conclusions

1. Institutionalize regular community feedback mechanisms such as scorecards, ward-level forums, and satisfaction surveys to strengthen two-way accountability.
2. Enhance transparent communication of service delivery updates through CHPs, social media, interfaith networks, and public announcements.
3. Ensure facility boards reinvest SHA and FIF revenues in visible service improvements to build public confidence and sustain enrollment.
4. Build the capacity of Facility Committees and CHPs in financial management, governance, and performance monitoring.
5. Encourage innovative community financing models such as savings groups and table banking to support SHA premium

payments and health access.

6. Introduce benefit packages for healthcare workers under SHA to enhance ownership and advocacy for community enrollment.

7. Maintain cross-county peer learning platforms between Nakuru and Trans Nzoia to scale effective community engagement and accountability models.

"Community accountability is not just about reporting, it is about listening, learning, and responding to the people who depend on our health system."

— Pamela Semo, CFSP, Trans Nzoia County

Facility Visit Update: Bahati Rural Health Centre (Nakuru County)

As part of the learning exchange, participants visited Bahati Rural Health Centre, a Level 3 facility in Nakuru County with a smart Primary Care Network (PCN), to observe how PHC reforms, community linkages, and automation are being implemented. The visit showcased service integration, the role of Community Health Promoters (CHPs), and the use of digital platforms such as electronic medical records (EMRs) and ICHIS for referrals and Social Health Authority (SHA) enrollment. Participants commended the facility's clean, landscaped environment with healing gardens, shaded waiting bays, and professional staff in uniform. Bahati oversees three community units, Birioni, Bahati Centre, and Bahati, with a total of 30 CHPs who demonstrated blood pressure monitoring and digital referrals through ICHIS. One live referral involving a hypertensive patient triggered a red alert that appeared immediately in the facility's EMR, allowing clinicians to anticipate the patient's arrival. The hybrid referral system combines digital and paper-based processes to ensure continuity during system downtime, while WhatsApp groups link CHPs and facility staff for real-time communication. The facility's digital systems were fully integrated across registration, outpatient, laboratory, pharmacy, and SHA services, ensuring end-to-end traceability of patient encounters. CHPs also supported enrollment of vulnerable groups such as adolescent mothers using temporary IDs generated in ICHIS and led community-based interventions such as mother-to-mother support groups, pregnancy tracking, and health surveillance.

The Bahati visit further highlighted the impact of teamwork, accountability, and patient-centered care. CHPs and facility leaders collaborate closely to mobilize transport for patients, follow up expectant mothers, and monitor event-based disease surveillance. The use of private dispensing booths in the pharmacy was recognized as a best practice that protects confidentiality for TB and HIV clients. Participants also discussed the ongoing integration of HIV services into outpatient departments, noting that while Comprehensive Care Clinics (CCCs) had operated separately, transition plans are now being implemented. The withdrawal of donor support following USAID's 2023 "stop work order" was identified as a challenge, with Trans Nzoia County exploring government-to-government (G2G) mechanisms to sustain funding. Overall, the Bahati Rural experience demonstrated how strong community–facility linkages, digital integration, and innovation in care delivery can enhance accountability, efficiency, and trust within PHC systems. Despite persistent challenges such as transport gaps and funding uncertainties, the visit illustrated that counties can achieve sustainable improvements in PHC performance through collaboration, digital transformation, and continuous community engagement.

Closing Remarks

The closing ceremony marked a reflective and forward-looking conclusion to the workshop, highlighting the spirit of collaboration and mutual accountability that defined the two days of learning. Partners, county officials, and facility representatives expressed gratitude for the depth of exchange and reiterated the need to transform lessons into tangible results. The partners, represented by Gladys Wachira, commended Nakuru County for its strong leadership and visible commitment to strengthening health systems, while also appreciating the Trans Nzoia delegation for their openness in sharing best practices. She proposed the creation of a knowledge repository to store presentations, tools, and reports, ensuring that peer learning continues beyond the workshop. Karen Baraza from HECTA emphasized that the objectives of the exchange had been met, noting that co-creation between counties and partners was the foundation of the workshop's success. She urged participants to move beyond dialogue to implementation and reminded everyone that the next peer-learning forum will be hosted by Trans Nzoia County in six months.

From the counties, Dr. Babu of Trans Nzoia praised the rare leadership example set by Nakuru's CEC, noting that such presence inspires health teams and reinforces the importance of political will in driving reforms. Speaking for Nakuru's health leadership, Dr. Kevin reminded participants that "the true measure of success will be in implementation," urging teams to sustain the momentum and uphold accountability. CEC Roselyn Mungai closed the session by celebrating the Bahati Smart PCN as a model of community-linked PHC while candidly acknowledging ongoing challenges such as maternal health and home deliveries. She called for stronger reproductive health collaboration and practical exchanges that drive real change, cautioning against enthusiasm fading after workshops. Dr. Susan delivered the final vote of thanks, commending Trans Nzoia's innovation in including service delivery staff, Nakuru's collective leadership, and partners' dedication. She concluded with a message of gratitude, unity, and renewed commitment to scaling the gains made during the workshop.

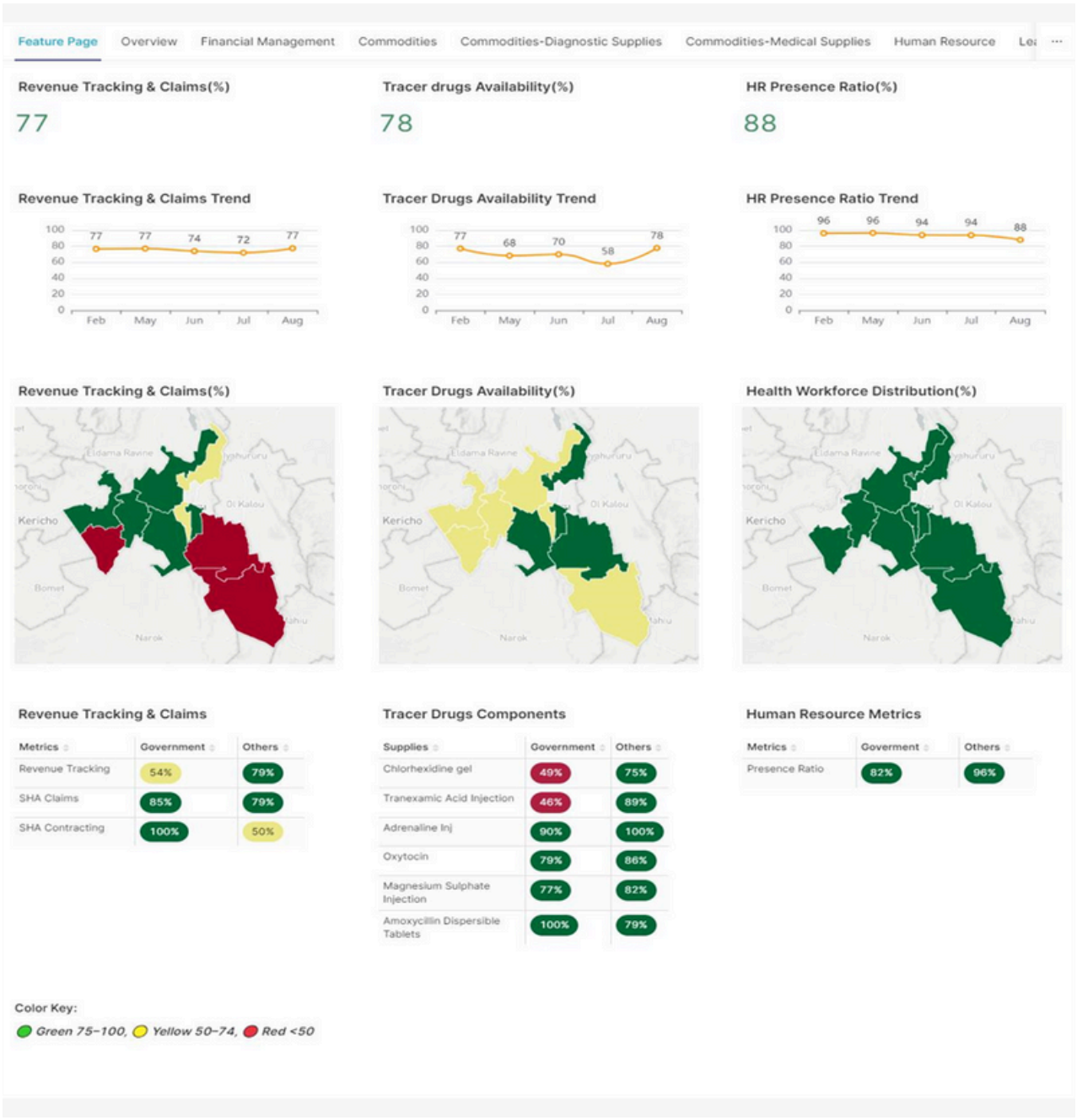
"Workshops end, but systems endure—let us each be accountable for turning these lessons into action." — ***Roselyn Mungai, CEC Health, Nakuru County***

Way Forward / Next Steps

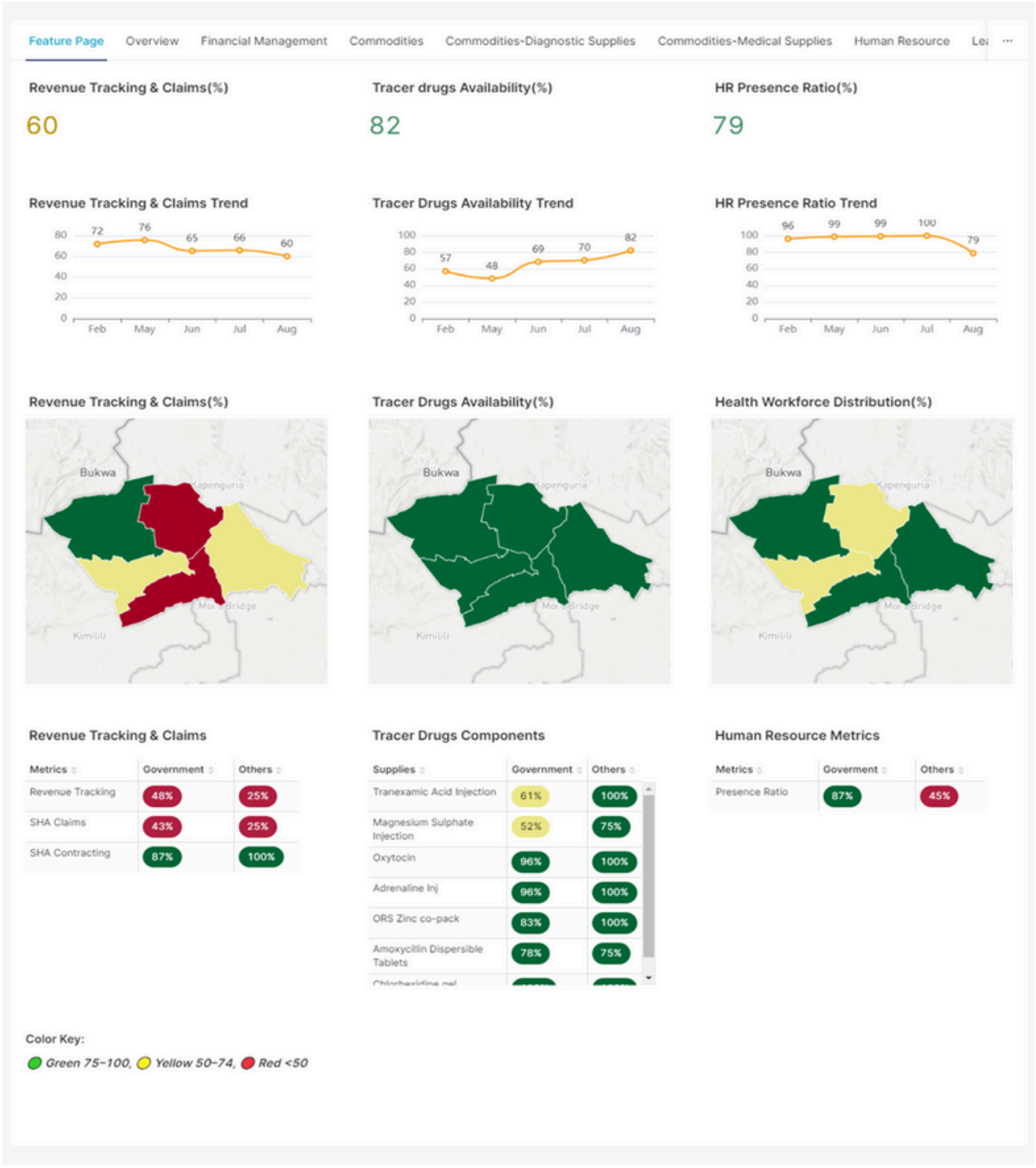
1. Establish a joint digital repository for all presentations, tools, and data dashboards to facilitate ongoing peer learning and knowledge exchange.
2. Track and review county action points quarterly to ensure lessons from the workshop are implemented and sustained.
3. Prepare for the next peer-learning session in Trans Nzoia County in six months, focusing on reproductive health, referral systems, and PHC financing.
4. Strengthen accountability mechanisms by introducing performance alerts and feedback systems linked to PHC dashboards.
5. Expand inclusivity in future workshops by involving frontline health workers, community representatives, and facility committees to bridge policy and practice.
6. Promote continuous co-creation and documentation, ensuring that partner-supported interventions are embedded into county systems for long-term sustainability.

Annexes

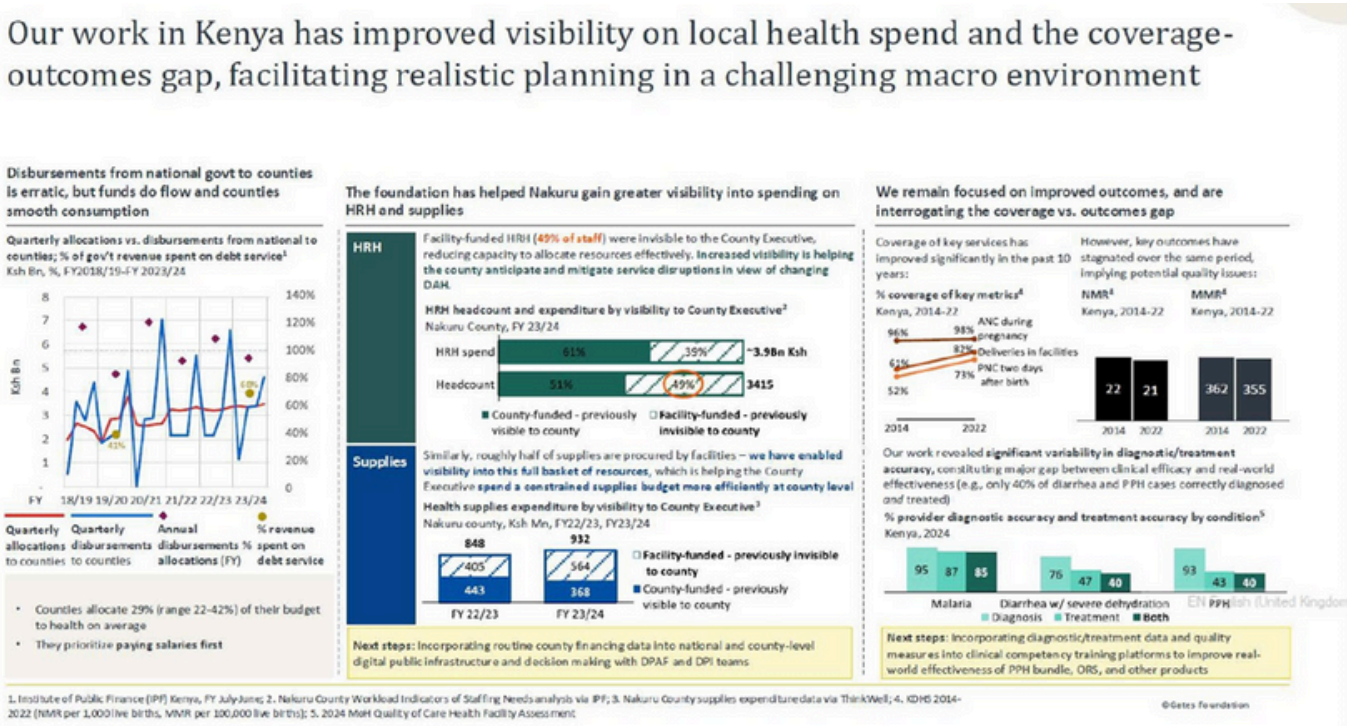
Nakuru Dashboard



Trans Nzoia Dashboard



Donor Presentation



Workshop Program

2ND BI-ANNUAL PHC PEER-LEARNING WORKSHOP, 29TH TO 30TH SEPTEMBER 2025, NAKURU.

OBJECTIVE: Allow peer-learning on PHC performance management across the counties, between the partners and with the community

DAY 1: Monday 29th September 2025

Time	Description	Presenter	Moderator
8.00 am	**Arrival and Registration**		
09:00 am	**Opening remarks** 1. Dr Isaac Babu Kisiangani- *Director of Health, Trans Nzoia County* 2. Dr Daniel Wainaina- *Director of Medical Services, Nakuru County* 3. Dr Joy Mugambi- *Director of Health Administration and Planning, Nakuru County* 4. Ms Elizabeth Kiptoo- *Director of Public Health, Nakuru County*		Elizabeth Kiptoo- *Director of Public Health, Nakuru County.*
09:30 am	**Objectives of the workshop and expectations**	Elizabeth Kiptoo- *Director of Public Health, Nakuru County*	
09:45 am	**Official Opening and Keynote Presentation:** PHC Performance Management through peer-learning and dashboard use	Roselyn Mungai (HSC)- *County Executive Committee Member of Health (CECM Health), Nakuru County*	
10:15 am-10:45 am	**Tea Break**		

10:45 am-11: 45 am	**PLENARY 1: Health Financing and Public-Private Collaboration in PHC Performance Management (Nakuru County)**		
	Panelists: *(1) Elizabeth Kiptoo (Director of Public Health), (2) Dr Joy Mugambi (Director Health Administration and Planning), (3) Lanet Facility In-charge, (4) South Lake Medical Facility In-charge, (5)* IPF *(Gladys Wachira), (6) Eric Tama (Health Financing Expert, Hecta to Chair).*		
	Introduction (10 Minutes) • Overall performance (dashboard): o *Feature Page* o *Financial management* o *Performance of private facilities*	Bowen- *Deputy County Health Records Information Officer*	
	Lanet Health Centre: Learnings on resource mobilization practices in the facility. **(15 Minutes)**	Facility In-charge	Eric Tama *(Hecta Health Financing Expert)*
	South Lake Medical Centre: Case study of a private facility as a hub in PCN: key lessons and best practices **(15 Minutes)**	Facility In-charge	
	Q and A and discussions (20 min)		
11:45am-12:00 noon	**Icebreaker**		

12:00-1:00pm	**PLENARY 2: Optimizing Health Products and Technologies in Primary Health Care Performance Management (Trans Nzoia County)**		
	Panelists: *(1)* Dr Zaietuni Mulaa *(PHC Coordinator), (2)* Dr David Wesaya *(County Pharmacist), (3)* Dr Lucy Lasoi *(PCN Coordinator Endebess Subcounty), (4)* Dr Sheilah Oluga *(PCN Coordinator Kiminini Subcounty), (5)* Dr Vintyn Mukwana *(Quality Assurance and Improvement), (6)* Dr Victoria *(InSupply) (Panel Chair).*		
	Introduction (10 Minutes) • Overall performance (dashboard): o *Feature Page* o *Commodities page* o *Equipment page*	Dr Zaietuni Mulaa *(PHC Coordinator)* Mavin Mmasi *(Monitoring and Evaluation Officer)*	
	Endebess Sub-County Hospital- Learnings on commodity management) **(15 Minutes)**	Dr Lucy Lasoi *(PCN Coordinator, Endebess Subcounty)*	Dr Victoria *(InSupply Representative)*
	Tulwet Sub-county Hospital- Learnings on equipment availability **(15 Minutes)**	Dr Sheilah Oluga *(PCN Coordinator Kiminini Subcounty)*	
	Q and A and discussions (20 min)		
1:00pm – 2:00pm	**LUNCH**		
2:00 pm	**Partner Presentations (15 Minutes each) * 10 minutes presentations, 5 minutes Q &A** 1. AMREF- *Enhancing Primary Care Networks in Nakuru* 2. Financing Alliance for Health- *Facility Budgeting in Nakuru* 3. InSupply- *Enhancing Commodity availability in Trans Nzoia and Nakuru*	Dr. Robert Simiyu	

3

	4. AMPATH KENYA- *Enhancing Primary Care Networks in Trans Nzoia*	
3:00 pm – 3:45 pm	**PLENARY 3: Community accountability in Primary Healthcare Performance Management**	
	Community Feedback Video Plenary Participants: Pamela Semo *(CFSP Trans Nzoia)*, SHA Coordinator Nakuru, PCN Coordinator Nakuru, PCN Coordinator (Trans Nzoia), Dr Mary (*AMPATH*), Solomon Mwaniki *(AMREF)*.	Pamela Semo *(CFSP, Trans Nzoia County)*
3:45 pm	**Reflections and Wrap up of Day 1**	
4:30	**Tea and End of Day 1**	

DAY 2: Tuesday 30th September

Time	Description	Presenter	Moderator
09:00 am	**Arrival and Reflection from Day 1** Highlights from Day 1 (5 minute video of highlights)	OneLens Media	Dr Kevin Awere *(County Pharmacist Nakuru)*
09:30-10:30 am	**Data use for decision making** • Role play/ case scenarios (comparing outcomes) followed by an open discussion (1 hour) ○ Facility that doesn't have data but still makes decisions ○ Facility that has data and uses data for decision making ○ Facility that has data but does not use data for decision making	Dr Sally and Harrison (HECTA) Bowen (*DCHRIO*, Nakuru County)	

4

10:30 am-11:00 am	**Tea Break**		
11:00- 12:00 pm	**Addressing County PHC gaps through Action Plans: Lessons and best practices** ***Gaps>Action plans>change;*** *What is working?; What is not working?; Partner contributions; How to align efforts*		Dominic Mburu, *(County Health Administration Officer, Nakuru County)*
	Nakuru County (15 Minutes)	Wendy Tirop *(County Chief Nurse, Nakuru County)*	
	Trans Nzoia County (15 Minutes)	Dr Zaietuni Mulaa *(County PHC Coordinator, Trans Nzoia County)*	
	Open plenary/ Q& A (15 minutes)		
12:00pm - 1:00 pm	**Poster Presentations**		All
1:00 – 2:00 pm	**LUNCH**		
2:00-3:00 pm	**Feedback from the facility visit and discussion**		
3:00-4:00 pm	**Closing session** ○ Workshop summary and highlights ○ Closing remarks	OneLens Media to share Video on workshop summary and highlights	Elizabeth Kiptoo *(Director of Public Health, Nakuru)* to give closing remarks.
4:00 pm	**Tea and Departure**		

Day 2 Tuesday 30th September: Facility Visit

09:00 am to 12:00 pm

Facility Visit by a small group of 10 people max.

Visit to Bahati Rural Health Centre: Smart PCN
- What is working well?
- What is not working well and why?
- Lessons
- Community feedback to the facility

Participants: Gates (2 people), Trans Nzoia (QI *Officer, 2 PCN Coordinators*), Nakuru (CFSP, DPH, 1 other person), Hecta rep (1 person), AMPATH representative *(Trans Nzoia)* and AMREF representative *(Nakuru)*.

Participants List

- Roselyn Mungai – County Executive Committee Member (CEC) for Health, Nakuru County
- Dr. Wainaina D.N – County Director of Medical Services (CDMS)
- Monica Muthoni – Senior County Public Health Nurse (SCPHN)
- Ritah Ochola – County Community Vocal Health Services Coordinator (CCVHC)
- Dr. Vyntine Mukhwana – County Health Quality Assurance Supervisor (CHQAS)
- Lucy Murithi – H Field Technical Admin (HFTA)
- Tunge Arnold – Administrator
- Cherotich Sharon – South Lake Medical Centre Outreach Officer
- Gladys Wachira – Research Analyst (RA)
- Marvin Mumasi – Health Records and Information Officer (HRIO), Trans Nzoia County
- Dr. Susan Wanjiku – Medical Superintendent, Molo Sub-County Hospital
- Dr. Sheila Olunga – Primary Care Network (PCN) Coordinator
- Mercy Kiminto – Nursing Officer (NO)
- Joyce Ejoi – Sub-County Emergency Preparedness Officer (SCEP)
- Tatiana Achieng – Data Analyst
- Eric Tama – Health Economist
- Fionah Macharia – Health Economist
- Sally Ndungu – Knowledge Management Specialist (KMS)
- Christine Nelat – In-Charge, Lanet Health Centre
- Wendy Tirop – Director of Health (DOH)
- Kevin Awere – Clinical Pharmacist (CP)
- Ancillarh Monari – Senior Government Liaison (SGL)
- Rogers Moraro – Project Coordinator (PC)
- Joanita Kisembo – Technical Partner
- Pamela Semo – County Community Vocal Health Strategy Coordinator (CCHSC)
- Benard Bowen – Deputy County Health Records and Information Officer (DCHRIO)
- John Gitahi – County Social Health Authority Coordinator (CSHAC)
- Margaret Chemusian – Sub-County Health Records and Information Officer (SCHRIO)
- Dr. Zaeituni Mulaa – Deputy County Director of Health (DCDH)
- Dr. Kisiangani Babu – County Director of Health (CDH)
- Michael Wamalwa – Primary Care Network Coordinator (PCNC)
- Len Chemirmir – Administrator
- Charlene Robi – Media Specialist, One Lens Media
- Mike Mulongo – Technical Lead, Hecta
- Elijah Sang – Sub-County Health Records and Information Officer (SCHRIO)

- Govanna Star – Analyst
- Beth Maloba – Rapporteur
- Elijah Sang – Sub-County Health Records and Information Officer (SCHRIO)
- Leticia Buluma – Resource Mobilization Officer (RM)
- Simiyu Robert – PCN Coordinator
- Wanjiku Chege – Program Delivery Manager
- Nelson Kamanda – Finance & Administration Manager
- Dennis Amunga – Program Associate
- Peter Nguhiu – Specialist, Performance Management
- Patrick Mwaura – Accountant, Hecta
- Georges Simiyu – Data Analyst
- Harrison Ochieng – Knowledge Management Analyst
- Annastacia Mugobwe – Project Officer
- Caren Nekesa – Program Associate
- Dominic Mburu – County Health Administrative Officer (CHAO)
- Joseph Kabiru – Driver
- Oscar Ndombi – Driver
- Eric Wasilwa – PCN Coordinator
- Lucy Lasoi – PCN Coordinator
- Mercy Kipchumba – PHC Officer
- Juma Lukanou – Clinical Pharmacist, Trans Nzoia County
- Joel Kilonzo – Videographer, One Lens Media (Hecta)
- Patricia Mukabana – Health Records and Information Officer (HRIO)
- Timon Ayeko – Program Analyst