REPUBLIC OF KENYA

GOVERNMENT OF MAKUENI COUNTY

DEPARTMENT OF HEALTH SERVICES

MAKUENI COUNTY UNIVERSAL HEALTH CARE POLICY

2020

Contents

Abbreviations

ANC-Antenatal Care

CDoH-County Department of Health

CEC-County Executive Committee Member

CHA-County Health Accounts

CHMT-County Health Management Team

CT-Computed Tomography

FY-Financial year

GMC-Government of Makueni County

HIV/AIDS-Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HIS-Health information system

HSSF-Health Sector Services Fund

HMT-Hospital Management Team

KEMSA-Kenya Medical Supplies Agency

KHHEUS-Kenya Household Expenditure and Utilisation Survey

KSH-Kenya Shillings

MoF-Ministry of Finance

MoH-Ministry of Health

MNCH-Maternal, Newborn and Child Health

NHA- National Health Accounts

NHIF-National Hospital Insurance Fund

PFM-Public Finance Management Act

PHC-Primary Health Care

PNC-Postnatal care

SDGs-Sustainable Development Goals

TB-Tuberculosis

THE-Total Health Expenditure

THS-UCP- Transforming Health Systems for Universal Care Project

UHC-Universal Health Coverage

USD-US Dollars

Definition of concepts

Building blocks of a Health system- This refers to a WHO framework that describes the health systems in terms of six core components; service delivery, health workforce, health information systems, access to essential medicine and technologies, health financing and leadership/governance.

Catastrophic health expenditure- This is out-of-pocket spending for healthcare that exceeds a certain proportion of household's income with the consequence that households suffer the burden of disease (WHO, 2000).

County Health Accounts – This is used to describe the methodology used to describe the systematic financial flow of the consumption of healthcare goods and services.

Prepaid Schemes – This refers to a prepayment mechanism with pooling of health risks and of funds taking place at the level of community or a group of people who share common characteristics (WHO, 2012).

Primary Health Care- This is an approach to health and well-being centred on the need and circumstances of individuals, families and communities (WHO, 2019).

Purchasing – This refers to the process by which funds are allocated to healthcare providers to obtain services on behalf of identified groups (e.g. insurance scheme members) or the entire population (Kutzin, 2001).

UHC-Universal health coverage means that all people have access to the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship (WHO, 2019).

FOREWORD

In the era of Sustainable Development Goals, the Human Capital plays a pivotal role in promoting Universal Health Coverage (UHC). To realize quality services and improve health coverage, Makueni County has embarked on implementation of performance based management with the aim of enhancing performance, accountability and improve service delivery by putting in place an Institutional Framework that includes, performance contracting, staff performance appraisal, strategic planning and Citizen Service Delivery Charter. The County has also undertaken Human Resource Development Initiative that is directed towards improving organizational performance through the creation of a more effective and efficient workforce. Towards this end, the County Government has put in place measures to mitigate the problems of perennial staff shortages at the Public Health facilities in the County through recruitment of more staff at various cadres, training of staff for skills and competencies development, post basics and advanced post graduate trainings.

The County Government has further embarked on implementation of a Comprehensive Framework on staff motivation through reward of performance, promotion of staff, Comprehensive Health Insurance Cover and provision of the necessary working tools, improvement of work environment through refurbishment of health facilities and revitalization of Health Management Systems.

County Executive Committee Member
HEALTH SERVICES

AKNOWLEDGEMENT

Makueni County is one of the counties that have been implementing the Universal Health Care Coverage Initiative since 2016. The county government has taken all the necessary measures to make the programme a success. I am glad to say, three years down the line, the residents of Makueni County can access inpatient and outpatient health services across the County public health facilities at no fee at the point of service delivery.

The County Government has allocated significant resources of its budget to the health sector for the last six years of devolution. This has enabled the department of Health Services to initiate drastic changes in the sector. This has seen great improvements in infrastructure including the Mother and Child Hospital and the Makindu Trauma Centre and other health facilities across the county were renovated and more infrastructures constructed.

More healthcare workers have been recruited to handle workload and improve service delivery. Besides, modern medical equipment including CT- scan, oxygen plant and a renal centre were purchased, installed and operationalized.

The operationalization of several sub county hospital theatres, improved diagnostic services across all health facilities, improved medical supplies, revamping of referral and emergency services and management transformation under the thematic areas of Curative and Rehabilitative, Preventive and Promotive, Administration and Logistics and Planning, Monitoring and Evaluation formed key milestones in the implementation of the Makueni Care. Over 60 percent of the target population in the county were registered since inception of the UHC and are now receiving affordable healthcare services.

We shall continue working as a team together with our stakeholders to overcome any challenges, current and future, that may hinder the realization of universal health coverage of all in Makueni.

Chief Officer

HEALTH SERVICES

CHAPTER 1: BACKGROUND

1.1 Introduction

Kenya's adoption of the universal health coverage stems from the 58th World Health Assembly of 2005, which urged member countries to aim at providing universally accessible health care to all members of the population based on the principles of equity and solidarity. Universal health care means that all people have access to promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. It addresses three interrelated objectives: equitable access to health services, quality health services and protection against financial risk (World Health Report, 2010). Kenya is also committed to achieving 'Health for All' as part of the Declaration of Alma Ata underpinning the importance of primary healthcare. Universal health coverage is a means to achieve Sustainable Development Goals (SDGs), one (No poverty) and three (Good health and well-being). In line with Africa Agenda 2063, the African Union encourages member states to prioritize social protection policies including health care.

Article 43 of the Kenyan constitution 2010, all Kenyans have a right to the highest attainable standard of health. The Kenyan Government economic blueprint vision 2030 outlines Health as one of the important investments under the social pillar. The Kenya Health Policy 2014-2030, provides direction and framework towards the achieving UHC.

In 2013, Kenya implemented the Constitution of Kenya 2010 that introduced a significant change in governance by establishing the 47 devolved county governments. The mandate to deliver health services was devolved with counties managing primary health facilities and county referral hospitals. The national government retained the mandate of national policy, research and development, training and capacity building and health service delivery at the national referral hospitals.

The government of Kenya is committed to delivery of UHC as articulated in the big four agenda and the medium-term plan 3 (2018-2022). This has led to the rolling out of the national UHC program progressively throughout the country. Numerous efforts by the national government have been made to ensure a steady rise towards UHC by designing and implementing health care policy reforms, yet more can be done. To increase access and demand

for services, initiatives like provision of free PHC services for all; free maternity services at all public health facilities; health insurance subsidies for the poor, vulnerable, the old; development of a health financing strategy that will ensure that the entire population is covered with some form of insurance; increase in staff and equipment through the managed equipment services at all levels, and expansion of maternity wings; have been done.

The government of Makueni County prioritizes health as part of her key development agenda. From 1st of May 2016, the government piloted a universal health coverage program for her population aged 65 years and above. The pilot ran for six months. It is from this pilot that key lessons were learned that helped the County Government to design a population-wide universal health coverage scheme that enables all eligible citizens of Makueni to access secondary level care without incurring out of pocket expenditure at the point of care in all public hospitals within the county. The scheme runs two sub-programs where those households headed by persons below the age of 65 pay a renewable annual registration fee of KSh 500 while the elderly access services without any payment.

1.2 Vision policy statement and goal

Vision

To have all residents of Makueni County access the highest attainable standard of health without incurring financial barrier.

Policy statement

The policy aims to guide Makueni County Government to implement Universal Health Coverage programme to achieve the goal of ensuring equitable access to quality health services for the poor with the overall benefit of contributing to the county's socio-economic development.

Goal

Acceleration of attainment of universal health coverage

1.3 Guiding Principles

The following principles will underpin this policy:

a) **Equity:**

Equity in financing means contributions are made on the basis of ability to pay. Equity in access means everyone benefits based on their need not on the ability to pay

b) **Effectiveness:**

Evidence-based interventions form the basis of determining health priorities and decisions.

c) **Efficiency:** Utilizing resources for maximum benefit by removing duplication, fragmentation and promoting coherence.

d) **Quality:** This refers to providing services based on scientific knowledge, avoiding harm, responsive to individual patience preference and values, ensuring timely provision of services, reducing waste and guaranteeing inclusivity.

e) **Social solidarity:** ensure financial risk protection for the population with sufficient health and risk cross subsidization between the rich and poor, sick and healthy and young and old.

f) **Sustainability:** improving the health system's financial viability by ensuring alignment between the services covered and available financing streams and by lowering long-term health expenditure growth.

This policy strives to define the path to universal health coverage in Makueni County, and address catastrophic health expenditure which leaves many households in abject poverty. With the financial barrier to accessing healthcare removed, families will be able to address health challenges and spare income for other development activities.

1.4 Rationale for the Policy

1.4.1 Inadequate financial risk protection

According to the national health accounts (2015-2016), the out-of-pocket expenditure for health was 32.8% and an estimated 450,000 Kenyan households are pushed into poverty every year as a consequence of health expenditure (Barasa *et al*., 2017). Such expenditure should not push families and individuals to poverty and or extreme financial hardship. It is imperative therefore for access to health services to be based on need and not on ability to pay. In Makueni County, the percentage of the population below the poverty line is 34.6% (Economic Survey (KNBS, 2018). According to NHIF, only 9.6% of the county population is covered leaving 90.4% not covered by any form of prepayment scheme. Subsequently, a high proportion of the population use out of pocket payment to access health services putting families at the risk of catastrophic and or impoverishing expenditure.

Low health pre-payment translates to low health uptake. For example, only 16 counties reported health utilization rates higher than the national average (Maina, T., A. Akumu, and S. Muchiri. 2016. Kenya County Health Accounts). Counties like Uasin Gishu, Makueni, Kilifi, Tana River and Baringo each reported very low utilization rates, less than 55% compared with the national average of 75. Utilisation of Outpatient Services in Makueni was at (59%) compared with other counties with higher NHIF coverage.

1.4.2. Financial protection and equity in finance

Past efforts to ensure health insurance for each household have marginalized the poor. WHO encourages the use of prepaid schemes as a means of increasing coverage.

1.4.3. Sources of funds for the county

The county sources of revenue include equitable share from the national government, user fees (NHIF schemes and cash payments), conditional grants (THS-UCP, HSSF and user fees foregone for primary facilities) as tabulated below. The financing modalities that the county has adopted include recurrent financing to the hospitals and the primary health care facilities, the sub-county health management teams and the ambulance services.

Table 1: Health Budget

Item	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/2019**	**2019/2020**
Total Budget	4,717,623,056.26	6,971,128,728.91	9,449,929,067.79	10,652,442,847.95	9,674,896,011.15	10,651,722,006.85	11,179,640,781.72
Health Budget	1,458,575,274.94	1,819,108,571.87	2,569,195,885.12	2,996,161,191.04	2,697,467,807.66	3,564,386,796.04	3,438,854,405.47
Percentage	**30.92%**	**26.1%**	**27.2%**	**28.1%**	**27.9%**	**33.5%**	**30.8%**

(Source: County Treasury)

Table 1 show that Makueni County has prioritized the health sector by allocating between 26.1-33.5% of total budget in the last seven years.

1.4.4 Pooling arrangements

Health insurance coverage in Makueni is at 9.6% for NHIF (NHIF, MAKUENI) and 56% for Makueni Care program totalling to 65.6% (Idsight, 2019). The remaining 34.6% of the population are not covered by any form of prepayment scheme consequently exposing them to financial hardship.

1.4.5 Purchasing

The health services in the county are provided by both public and private facilities. Primary health care services are provided at levels 2 and 3 while secondary health care services are provided at level 4 facilities.

The County has 12 level 4 public hospitals with Makueni County Referral Hospital as the only County Referral facility. The rest are levels 2 and 3 as shown on the table below:

Table 2: Health facility numbers and ownership

Ownership	**Number of facilities**
County Government	235
Private	39
Faith-based	24
Other non-governmental	9
Total number facilities	**307**

(Source: DHIS)

Table 3: Description of Purchasing Mechanisms in Makueni County

Purchaser	**County Government**	**National Government**	**National Hospital Insurance Fund**			**Out of pocket**
Scheme	**Makueni Care**		**SupaCover**	**Linda Mama**	**EDUAF YA**	
What services are purchased?	In and out-patient services	Vertical programs (e.g. HIV/AIDS/TB/Malaria and FP) and conditional grants including those which are donor-supported (THS-UCP for RMNCAH services, HSSF, User fees foregone, medical equipment scheme	In and out-patient services	ANC, PNC and deliveries. In and out-patient services	In and out-patient services	In and out-patient services
Who uses the services?	Registered Makueni	Residents of Makueni	All registered	Pregnant and Post-	Public secondar	Self-sponsored-

	residents (below 65 years) and all senior citizens above 65 years.			NHIF members	partum women & neonates	y school students	not registered in any programme and non-residents
How are services paid?	Budget allocations from the County budgets, In-put based financing to pay staff salaries, procure commodities from KEMSA or alternative procurement agencies and general administrative costs.	Fees for service	Vertical programs paid via in-put based financing from general tax revenue e.g. commodities	Capitation for outpatient. Fixed fees for service for inpatient	Differentiated fixed fees by level and type of the provider	Fixed fees for service.	Fixed fees for service

(Source: DHIS)

1.5 Policy Development Process

This policy was developed through an evidence-based and consultative process. Under the stewardship of the county government, an extensive consultation process with stakeholders.

A comprehensive and critical analysis of the status, trends and achievement of health goals in the county was undertaken. These informed the definition and development of this policy's objectives and orientations.

CHAPTER 2: HEALTH CARE IN MAKUENI

Background

Makueni County is one of the forty-seven counties in Kenya. It is situated in South Eastern part of the Country and lies between Latitude 1 º 35´ and 3° 00´ at the South and Longitude 37 º 10´ and 38 º 30´ to the east. It borders Machakos County to the North, Kitui County to the East, Taita Taveta County to the South and Kajiado County to the West.

It covers an area of 8034 km², out of which 474.1km² is occupied by the Tsavo West National Park and 724.3 km² by the Kyulu Game Reserve. Climatic conditions are generally arid and semi-arid region, with distinctive highlands of Kilungu and Mbooni and the rest of the regions are dry lowlands.

The County is divided into six Sub-Counties namely; Makueni, Mbooni, Kibwezi East, Kibwezi West, Kaiti, and Kilome. The six Sub- Counties are further subdivided into 30 electoral wards and 60 sub wards. The projected population for 2018 based on 2009 census is 978,932 (Kaiti 132,936; Kibwezi East 146,305; Kibwezi West 183,639; Kilome 97,242; Makueni 214,484; and Mbooni 204,319) out of whom 488,378 are males and 514,601 females. The population density in the county is 125 persons per Km^2. Table 4 below summaries the estimated population description and demographics respectively as at 2018.

Table 4: County Population Demographics

	Description	**Population segment estimates (%)**	**County population (2019)**
1	Total population in county	100	987,653
2	Total number of households	4.1	240,891
3	Males	49.6	489,876
4	Females	50.4	497,777
5	Children under 1 year (12 months)	2.0	19,753
6	Children under 5 years (60 months)	9.8	96,790
7	Under 15 years	34.9	344,691
8	Women of child bearing age (15-49 Years)	24	237,037
9	Estimated number of pregnant women	2.3	22,716
10	Estimated number of deliveries	2.2	21,728
11	Estimated live births	2.1	20,741
12	Total number of adolescents (15-24 Years)	26.2	258,765
13	Adults (25-59 Years)	35	345,679

14	Above 60 Years	9.4	92,839
15	Elderly (Above 65)	6.5	64197

(Source: KNBS 2019)

The county has made significant progress in improving the well-being of the citizens as shown by the health indicators summarised below.

Table 5: Selected Health Indicators

Area	**Indicator**	**2013/14**	**2017/18**	**2018/2019**	**National 2018/2019**
Child Health	Child Mortality rate	35/1000	32/1000	31/1000	36/1000
	Fully immunized	85%	90%	92/100	
	Neonatal Mortality rate	31/1000	29/1000	27/1000	33/1000
Mental Health	Maternal mortality rate	488/100,000	362/100,000	362/100,0000	400/100000
	Under five mortality	49/1000	45/1000	43/1000	47/1000
	Skilled delivery	35%	62%	64/100	60%
	4th ANC	32%	53%	54/100	42%
	FP uptake	54%	56%	56/100	62%
Public Health	Latrine coverage	86%	91%	93/100	90%
Nutrition	Stunted children	25.1%	22%	22/100	26 %
	Wasting in children	2.1%	2.5%	2.5/100	4%
	Vitamin A Coverage	45%	67%	75/100	65%
	Underweight children	10.2%	8%	8/100	10%

(Source: KDHS 2014, KNBS and DHIS2 (2019)

The disease burden summarized as shown below:

Table 6: Inpatient Data

	Condition	2013/14	2017/18	2018/19
1	Spontaneous vertex delivery	11958	13691	14483
2	Delivery by caesarean section	3237	3528	3772
3	Accidents (Fractures, wounds and trauma)	3190	3464	3681
4	Anaemia	2742	2955	2828
5	Hypertension	2006	2297	2410
6	Pneumonia	825	1046	980
7	Diabetes	411	592	681
8	Heart Failure	403	429	568
9	Diarrhoea and gastroenteritis of presumed infection	458	427	520
10	Bacteria Sepsis of new born	437	381	408

(*Source:* KHIS; Extracted Oct 2019)

Table 7: Leading Causes of Inpatient Deaths

No	Diagnosis(Cause of Death)	No Dead		
		13/14	17/18	18/19
1	Pneumonia Unspecified	142	123	128
2	Anaemia Unspecified	106	91	91
3	Congestive Heart Failure	69	51	89
4	Essential Hypertension	35	42	60
5	Stroke	32	39	57
6	Acute renal failure	34	31	40
7	Other low birth weight	41	32	39
8	Septicaemia Unspecified	45	24	37
9	Bacterial Sepsis of new born	40	37	35
10	Diarrhoea	40	29	32
11	Tuberculosis of lungs	29	26	30
12	Diarrhoea and gastroenteritis of presumed infection	39	26	22
13	Acute Kidney Failure	12	16	19

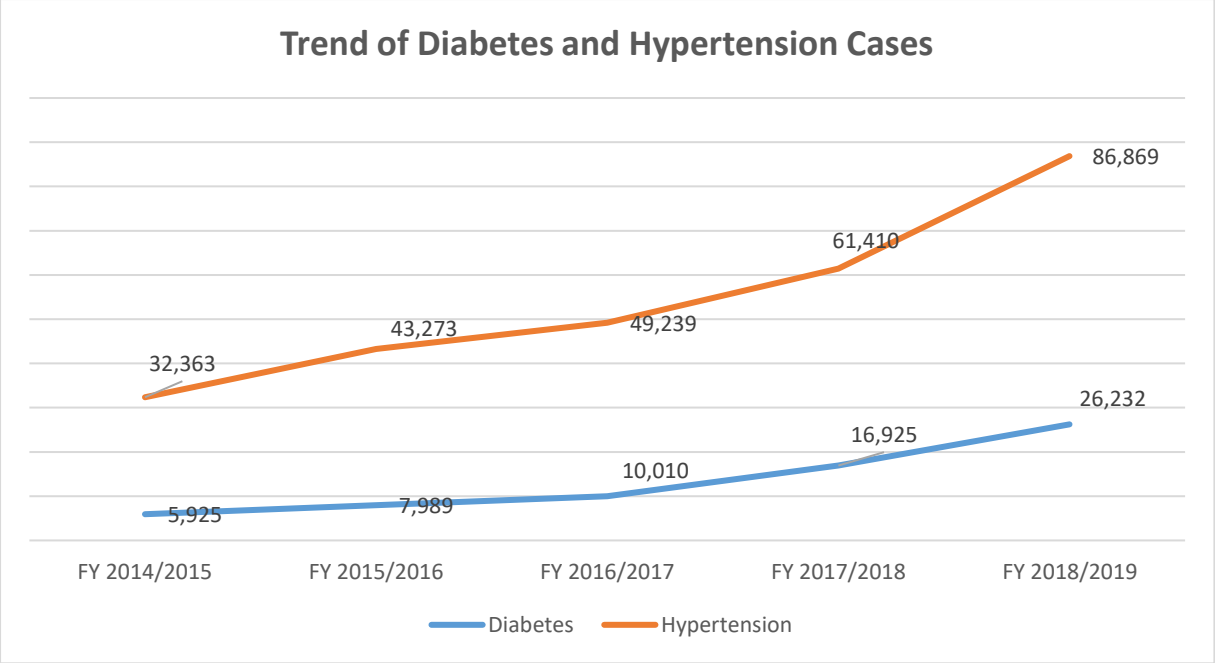
14	Pressure Ulcer	25	20	18
15	Gastritis	21	18	16

Source: KHIS 2019

Table 8: Causes of Morbidity in OPD Departments

Causes of Morbidity among Under Five Years,2018					**Causes of Morbidity among Over Five Years, 2018**				
No	**Disease/Condition**	**% of total diagnosis made**			**No**	**Disease/Condition**	**% of total diagnosis made**		
	Disease	**13/14**	**17/18**	**18/19**			**13/14**	**17/18**	**18/19**
1	Upper Respiratory Tract Infections	118365	125739	123504	1	Upper Respiratory Tract Infections	246550	266290	241191
2	Diseases of the skin	31374	28945	27481	2	Diseases of the skin	104331	101604	99580
3	Diarrhea	29015	25894	23803	3	Urinary Tract Infection	69711	67551	65773
4	Other Dis. of Respiratory System	20389	22802	19598	4	Arthritis, Joint pains etc.	48229	59013	56807
5	Fevers	16360	14159	9430	5	Hypertension	50072	54130	50394
6	Pneumonia	8263	10106	8275	6	Other Dis. of Respiratory System	41648	45117	48075
7	Intestinal worms	10477	9632	7422	7	Diarrhea	38041	36835	34937
8	Eye Infections	8052	6241	6454	8	Other injuries	23168	27351	32905
9	Tonsillitis	4309	3955	4769	9	Pneumonia	12004	15216	18951
10	Ear Infections/Conditions	2967	3874	4759	10	Intestinal worms	14608	17738	16514

(*Source:* KHIS; Extracted Oct 2019)



(*Source:* KHIS; Extracted Oct 2019)

Figure 1:

Figure 1 above shows the trend of the emerging non-communicable conditions which has led to an increase in the demand and access to health services.

The Makueni Care Universal Health Coverage programme

This programme is intended to provide a set of essential healthcare services at all levels of care to ensure that patients benefit by getting their preventive, curative, palliative care and other clinical services conducted within the county facilities free of cost at the point and time of service delivery.

In 2016, the County Government of Makueni launched Makueni Care, a universal health program that aims to improve access to promotive, preventive, curative and rehabilitative health services and reduce the population's high out-of-pocket expenditure. The program is meant to complement the other existing programs in the county and country.

Program Beneficiaries

The target population of Makueni Care are residents of Makueni County, as verified using the national identity card. People who reside in the county, but whose national identity card reflects otherwise must show a proof of six months of continuous residency in the county. The policy proposes that birth notification slips should be accepted where birth certificates are unvailable

during registration. Households have been annually subscribing at KSh 500 (USD 4.87) fee for the program. This is in contrast to the current NHIF monthly premium of KSh 500 per family (in 2020). However, the policy intents to raise the annual fee to Ksh 1000.00 to ensure efficiency and effectiveness in the service delivery.

The County Government may from time to time waive the annual subscription fee or lower it for vulnerable groups within Makueni County depending on prevailing circumstances.

Annual registration can be done at a facility, which is continuous, or during grassroot campaigns organized by the county department of Health. Household registration under UHC programme to be done at lower levels e.g Health Centres to avoid congestion at level 4 and County Referral hospitals. In the first year of operation of Makueni Care, 49,776 households registered under this program. The number of registered households almost doubled in the following year, reaching 90,422 households. In FY 2018/19, 110,982 households registered under this program. The County Government has now adopted an automated system for registering households and expects to reach more households in FY 2019/20.

Households registered in a given calendar year are not automatically registered for the following year. Given the manual registration system used in the first three years, it is difficult to track continuation across multiple years versus new families registered every year. Currently, all households except the elderly above 65 years pay the annual premium of 500 shillings.

The budget allocated to this program is approved by the County Assembly. In FY 2016/17, the County Government's contribution was around 87% of total funds for Makueni Care. As the number of recorded households has increased in subsequent years, the County Government's contribution decreased to 77% in FY 2017/18 and to 75% in FY 2018/19 (see table 9). In FY 2019/20, the County Government has committed KES 280 million (approximately USD 2.7 million) up from Ksh 166 million (approximately USD 1.6 million) in FY 2018/19 to the program. It also expects to raise another Ksh 50 million (approximately USD 0.5 million) from registration fees.

Table 9: Makueni Care Program Funds, FY 2016/17 – FY 2018/19 (KES)

Financial Year (FY)	County Government contribution	Premiums	Total
2016/17	168,731,706	24,888,000	193,619,706
2017/18	151,165,533	45,211,000	196,376,533
2018/19	166,000,000	55,491,000	221,491,000

Source: (Makueni CDOH 2019)

Package Benefits

The development of the Makueni Care benefit package was guided by various national and county plans and policies including the Kenya Health Sector Strategic and Investment Plan 2014-2018, Kenya Health Policy (2014-2030), Kenya Essential Package for Health, Makueni County Vision 2025, and the County Integrated Development Plan. The County Government also considered criteria such as cost-effectiveness, cost, burden of disease, fiscal impact etc. The benefit package includes both inpatient and outpatient services as follows:

- **Inpatient services:** Nursing care, daily bed fee, ward consumables, drugs, daily consultations, investigations (both laboratory and radiological) and blood transfusions;
- **Outpatient services:** Dental services, minor operations, ambulance services from community to county hospitals, laboratory services, occupational therapy, counseling services, physiotherapy, routine orthopedic services, pharmacy services and imaging.
- **Mortuary services**: eligible for persons for 10 days after which standard daily charges apply. The fund does not cover professional fees for autopsies/postmortems, filling of P3 forms, medical reports and other related services.

Makueni Care does not cover auxiliary devices and cost of surgical implants, forensic services, post-mortem services and specialized services such as computerized tomography, intensive care unit services, dialysis and non-routine medical reports. Referrals to hospitals outside the outside the county are not covered as well

Currently, MNCH services are provided through NHIF programs such as Linda Mama. If NHIF will not cover these services anymore, the County Government is committed to include them in the Makueni Care benefit package.

Further, the policy intents to exempt those with severe disability and without regular income and vulnerable groups like children headed household from paying the registration/subscription fee for the UHC programme.

Providers

Once registered under Makueni Care, households can access services free of charge at government-owned county hospitals (12 level 4 facilities) and the county referral hospital (level 5). All public hospitals are automatically qualified to offer services under this program. Upon successful implementation of this program, the same can be cascaded to faith based and private facilities.

Primary care facilities (level 2 and 3) are not included in the program, as health care services in these facilities are provided free of charge.

Provider Payment mechanism

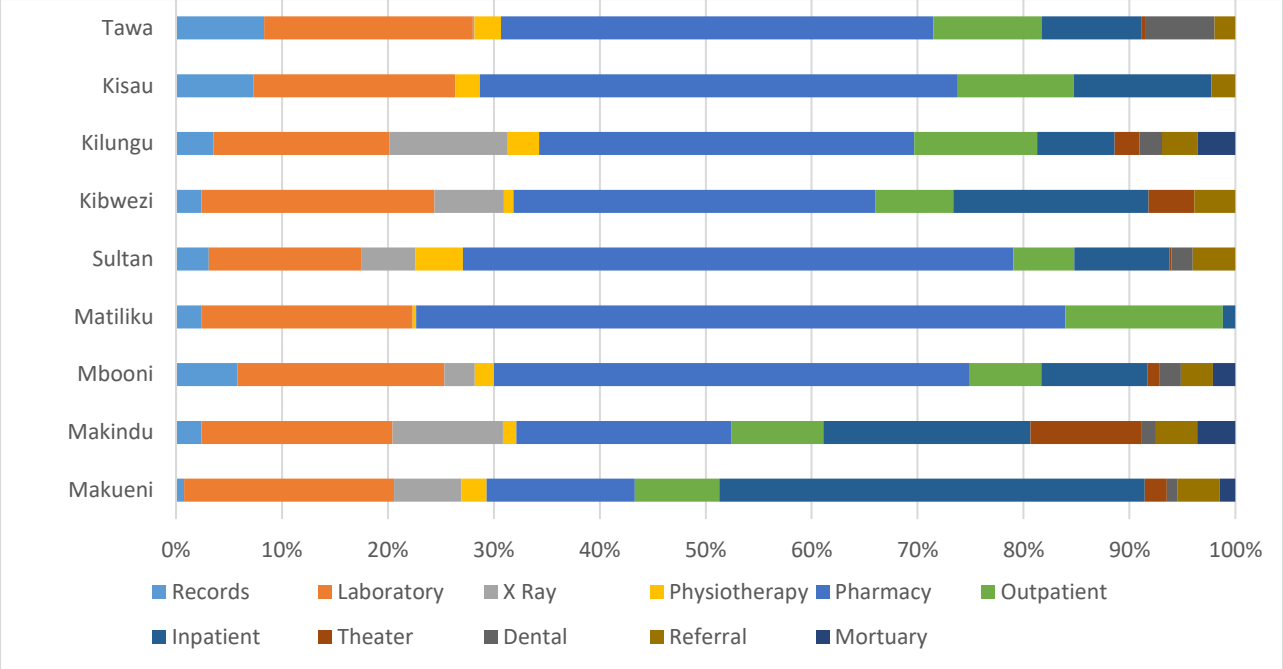
Makueni Care uses a fee-for-service mechanism to reimburse the cost of services delivered by hospitals. Providers propose a reimbursement rate, which is validated by the County Assembly. The rate varies due to differences in workload at facility level.

The largest share of this amount was spent on pharmaceuticals (30%), followed by inpatient services (21%), laboratory work (19%) and outpatient services (9%). Makueni Referral Hospital received a third of reimbursements.

Figure 2

Hospital Expenditure by Type of Services Provided Under Makueni Care, FY 2017/18

Note: All hospitals are sub-county hospitals, except Makueni, which is a referral hospital.



Source :(Makueni CDOH 2019)

Challenges

While the program has been a success in expanding access and quality of care as well as cushioning citizens from catastrophic out of pocket expenditure, there are challenges which include:

i. Adverse selection for beneficiaries that exposes the scheme to risk of unsustainability.
ii. New users of the scheme register when they are sick and require treatment and this affects planning in the scheme.
iii. The current premium is not adequate to carter for treatment as indicated in the benefits package.

CHAPTER 3: POLICY OBJECTIVES AND STRATEGIES

3.1 Introduction

Effective implementation of the UHC and the realisation of the intended benefits depends on the establishment of appropriate mechanisms for tackling the identified challenges. Therefore, this chapter outlines the policy objectives and strategies for addressing the issues identified in the first two chapters in relation to the goal of fostering equitable access to health services by Makueni County residents.

The policy will focus on six thematic areas for effective and efficient delivery of health care services under the Makueni Care program.

The objectives of the Makueni Care program include:

a) ***Health Outcomes:*** improving population health
b) ***Financial Protection:*** limiting the burden of health care costs borne by patients
c) ***Quality:*** improving the quality of care
d) ***Efficiency:*** improving the cost-effectiveness of health care services
e) ***Equity:*** ensuring that priority health services of good technical quality are available for all those in need, irrespective of economic, geographic, gender, ethnic, or other characteristics.
f) **Sustainability**: improving the health system's financial viability by ensuring alignment between the services covered and available financing streams and by lowering long-term health expenditure growth.

Policy Domains

To accomplish the policy objectives, the department has come up with a benefits framework which is grouped into six domains:

a) Generating Demand
b) Financing: Mobilizing and Pooling Resources
c) Financing: Payment Mechanisms
d) Supply-side Strengthening
e) Protocols and Pathways
f) Accountability Mechanisms

The table below summarizes the policy areas and strategic interventions which are further expounded under specific strategic objectives in the follow up section.

Table 10: Policy Area and Strategic Interventions

Policy Area	Definition	Strategic interventions
Financing: Mobilizing and Pooling Resources	The strategy for generating adequate financial resources to finance service delivery	a) Introduce premiums (monthly, quarterly, or annual contributions from beneficiaries of the benefits package) into the coverage scheme for PHC services b) Optimizing different revenue sources c) ring fencing health resources e.g. NHIF reimbursements d) Increase allocated a share of government health spending to fund PHC services e) Increased coverage of the population in prepayment schemes, f) Create coherence and reduce fragmentation of the UHC related programs
Financing: Purchasing Mechanisms	Move towards evidence-based purchasing on healthcare services	a) Costing to determine reimbursements rates b) Review of the provider purchase mechanisms c) Introduction of contracting for accountability on quality of care, health outcomes
Strengthen PHC	Mechanisms that create incentives for providers to offer PHC services	a) Introduce provider payment mechanism for PHC to achieve desired objectives b) Introduce incentives based on PHC performance c) Strengthening gatekeeping at the PHC facilities d) Designing appropriate incentives for facility based preventive and promotive health services e) Create primary, secondary, and/or tertiary referral networks
Supply-side Strengthening	Government spending to improve provider capacity to deliver high-priority PHC services	a) Enact laws to change the scope of practice for various medical specialties to enable task shifting b) Assess provider readiness to deliver benefit package and fill gaps in training, staffing, and equipment

		c) Build, equip, and staff new PHC facilities in places with limited physical access to care d) Build strategic partnership with providers to deliver benefits package services not available in the public facilities
Increase coverage of prepaid schemes	The strategy for educating the public about the health advantages of enrolling in the scheme and seeking PHC services	a) Conduct outreach and education campaigns to inform the population about benefits package services and enrollment b) Create and fund mechanisms to promote enrollment in the scheme c) Engage civil society organizations when determining the composition of the benefits package in order to promote awareness of the new or modified set of services
Strategic information for decision- making	Collect, collate, analyze and use data for decision -making	a) Develop and implement portable electronic medical records b) To automate data collection and synthesis
Quality assurance and improvement	Improve the quality and efficiency of service delivery	a) Provide oversight of accreditation b) Develop or update standard treatment guidelines c) Link payment with provider adherence to protocols and pathways
Legal and regulatory framework	To provide legal and policy framework that enable implementation of the UHC scheme	a) Develop guidelines, norms, standards operating procedures, b) Develop and operationalize the laws as may be deemed appropriate from time to time
Accountability Mechanisms	The institutional framework for monitoring financial investments	a) Ensure a transparent process for setting priorities in accordance with the budget cycle and the PFM act. b) Provide government oversight of compliance with expenditure guidance c) Publish data on the use, cost, on health care financial resources d) Prepare and file routine financial reports

3.1.1 Policy Objective 1:

Increase Coverage for Prepaid Services/Reduce Out-of-pocket Health Expenditure

Strategies

a) Promote enrollment in the Makueni Care scheme e.g. Conducting outreach and education campaigns to inform the population about benefits package services and enrollment
b) Strategic public-private partnerships e.g. Engaging civil society organizations to create awareness of the new or modified set of services
c) Promote enrollment in the National Health Insurance schemes.

3.1.2 Policy Objective 2: To strengthen the supply-side for universal health coverage

Key Result Area: 80% of Hospitals meet human resource and infrastructural norms.

This policy recognises that successful implementation of the universal health care is not possible without proper equipping of the County health care facilities with appropriate number of qualified personnel as well as medical equipment and drugs.

Strategies:

a) Develop requisite human resources for health as per the current staffing norms (GOK, 2014).
b) Invest in essential and specialized medical equipment and health infrastructure.
c) Strengthen drugs, medical commodities and vaccines supply chain.

3.1.3 Policy Objective 3: Strengthen Financing for Universal Health Coverage.

Key Result Area: Financial resources for UHC progressively increased

The policy recognizes the need for sustainable financing for health towards universal health coverage.

Strategies:

a) Ring fence financial resources for UHC. A minimum amount of 35% of the total County budget should be allocated to the health services department, of which at least 10% shall be expended on UHC activities.

   Progressively, the health budget shall be increased by 1% per annum up to a maximum of 45% per annum to cater for health services.
b) Optimize resources generation from external sources e.g. NHIF schemes, National government vertical programs.

c) Progressively review Makueni Care premiums as appropriate.
d) Promote efficiency in management of UHC resources.
e) Progressively achieve a healthy mix of administrative and service delivery expenditure.

3.1.4 Policy Objective 4: Strengthen accountability mechanisms

Key result area: Accountability mechanisms institutionalized within the County Department of Health (CDoH).

The policy intends to strengthen accountability within the county department of Health in cooperation with the county treasury to ensure prudent use of resources for UHC. This will be achieved through mainstreaming transparency and fiscal responsibility from the lowest administrative unit.

Strategies

a) Strengthen financial reporting from the lowest administrative and service delivery units.
b) Strengthen community engagement through the establishment and capacity building of hospital boards
c) End to End automation of Hospital financial system to ease operations and accountability and also networking of the County Health Facilities so that health records of a patient are available at any facility across the County.

3.1.5 Policy Objective 5: Strengthen quality assurance and improvement mechanisms

Key result area: Quality for health care services progressively improved.

Quality for health care services is critical in achieving universal health coverage. Further, the constitution of Kenya 2010 article 43 guarantees all Kenyans the right to the highest attainable standard of health care. This policy therefore proposes strategies that will promote quality delivery of health services in Makueni County.

Strategies:

a) Promote adherence to standards, guidelines, procedures and treatment algorithms across all levels of the health care delivery system.
b) Institutionalize quality management structures at all levels.
c) Routinely review treatment outcomes to inform practice.
d) Invest in health research and innovation development.
e) Institute client experience reviews.

3.1.6 Policy Objective 6: Promote development and or review of legal and regulatory framework for UHC

Key result area: Legal and regulatory framework for UHC developed and enacted.

The policy aims to develop progressive legal and regulatory framework to guide operationalization of UHC.

Strategies:

a) Enact existing relevant laws to give force to various enablers for UHC.
b) Develop and or adopt necessary policies, standards and guidelines relevant for effective implementation of UHC. The policy intents to have a Universal Health Services Bill.

3.1.7 Policy Objective 7: Strengthen primary health care for UHC

Key Results Area: Quality primary health care services provided to the residents of Makueni County.

Strategies:

a) Institute quality improvement mechanisms at primary healthcare level
b) Invest in all the building blocks for health at primary health care level.
c) Strengthen linkages between the community and primary health care facilities to increase uptake of primary health care services.
d) Strengthen preventive and Promotive function of primary health care services.

3.1.8 Policy Objective 8: Strengthen health strategic information for decision making

Key Results Area: Strategic information systems for decision making strengthened.

UHC programs are largely evidence driven in order to respond to the needs of the population while monitoring performance; it is therefore imperative that health information systems are robust enough to provide information needed for decision making.

Strategies:

a) Automate service delivery.
b) Develop Electronic Medical Records for all clients.
c) Develop HIS data collection and synthesis.

CHAPTER FOUR: IMPLEMENTATION FRAMEWORK

This framework for actualising the policy objectives identified herein.

Monitoring and Evaluation

The monitoring and evaluation framework is intended to measure the progress in the implementation of this Policy. The framework (***Table 11***) reflects the Policy's overarching objectives as well as objectively verifiable indicators, actors and timelines within which each strategy is to be achieved. Makueni Care will be monitored through the county M&E directorate in conjunction with departmental M & E unit as well the external M& E consultants.

Progress Reports

The Directorate of Makueni Health Planning shall prepare quarterly and annual M&E reports on implementation of the Policy. The Directorate shall also commission a midterm evaluation, to be conducted by an independent agency to measure outcomes and impacts of the Policy and inform its review. M&E studies will be undertaken jointly with relevant stakeholders.

Feedback Mechanisms and Stakeholder Consultation

The department of health services shall hold a County Health conference annually in order to monitor progress in implementation of the Policy and receive feedback from the public, national government, other county governments and other stakeholders.

Timelines for Policy Review

The policy shall be operational for a period of five years and shall be subjected to a mid-term review after two and half years.

Implementation Matrix

Table 11: Policy Implementation Framework

Objectives	Strategies	Indicators	Actors	Timelines
Increase coverage for prepaid services/Reduce out-of-pocket health expenditure	a) Promote enrollment in the Makueni Care scheme e.g. Conducting outreach and education campaigns to inform the population about benefits package services and enrollment	90% of Makueni county residents enrolled on prepaid health services by 2025.	CDoH County administration	2025

	b) Strategic public-private partnerships e.g. Engaging civil society organizations to create awareness of the new or modified set of services c) Promote enrollment in the National Health Insurance schemes.		MoH	
To Strengthen the supply-side for universal health care	a) Develop requisite human resources for health. b) Invest in essential and specialized medical equipment and health infrastructure. c) Strengthen drugs, medical commodities and vaccines supply chain.	80% of Hospitals meet human resource and infrastructural norms.	GMC Partners MoH	2025
Strengthen financing for universal health coverage.	a) Ring fence financial resources for UHC b) Optimize resources generation from external sources e.g. NHIF schemes, National government vertical programs etc. c) Progressively review Makueni Care premiums as appropriate d) Promote efficiency in management of UHC resources e) Progressively achieve a healthy mix of administrative and service delivery expenditure	Financial resources for UHC progressively increased	GMC MoH	2025

Strengthen accountability mechanisms	a) Strengthen financial reporting from the lowest administrative and service delivery units. b) Strengthen community engagement through the establishment and capacity building of hospital boards whose members are drawn from the community c) End to End automation of Hospital financial system	Accountability mechanisms institutionalized within the CDoH	GMC MoF MoH	2025
Strengthen quality assurance and improvement mechanisms	a) Promote adherence to standards, guidelines, procedures and treatment algorithms across all levels of the health care delivery system. b) Institutionalize quality management structures at all levels c) Routinely review treatment outcomes to inform practice. d) Invest in health research and innovation development. e) Institute client experience reviews	Quality for health care services progressively improved	GMC MoH	2025

Promote development and or review of legal and regulatory framework for UHC	- Enact relevant laws to give force to various enablers for UHC. - Develop and or adopt necessary policies, standards and guidelines relevant for effective implementation of UHC.	Legal and regulatory framework for UHC developed and enacted	GMC MoH	2025
Strengthen primary health care for UHC	a) Institute quality improvement mechanisms at primary healthcare level b) Invest in all the building blocks for health at primary health care level. c) Strengthen linkages between the community and primary health care facilities to increase uptake of primary health care services. d) Strengthen preventive and promotive function of primary health care services. e) Increase and regularly train all Community Health Volunteers in all the units. f) Recruit Community Health extension workers to supervise the Community Health Volunteers	Quality primary health care services provided to the residents of Makueni County	GMC MoH	2025
Strengthen health strategic information for decision making	a) Automate service delivery b) Develop Electronic Medical Records for all clients c) Develop HIS data collection and synthesis	Strategic information systems for decision making strengthened	GMC MoH	2025