Policy Interventions in Decentralized Governance Systems to Address RH Commodity Bottlenecks at Primary Health Care Facilities in Bungoma County, Kenya

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Outline

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3. About devolution and health
4. Challenges in the context of devolution
5. Challenges in the context of procurement of RH commodities
6. Programmatic intervention
7. Procurement at Primary Health Care facilities
8. Results
## Key indicators for Bungoma

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
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<tbody>
<tr>
<td>CATCHMENT POPULATION</td>
<td>1,670,570</td>
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<tr>
<td>Women of Reproductive Age (WRA) - 15 – 49 years</td>
<td>23.9%</td>
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<tr>
<td>CPR</td>
<td>52.12%</td>
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<td>WRA receiving FP commodities.</td>
<td>45%</td>
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<td>Women obtaining modern method from public health facility.</td>
<td>89%</td>
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<tr>
<td>Estimated number of pregnant women</td>
<td>4%</td>
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<tr>
<td>No. of Health facilities</td>
<td>152</td>
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</table>
The Kenyan Constitution 2010 provides that Kenyans are entitled to the highest attainable standards of health, which includes the right to healthcare services including reproductive health care (Article 43).

It creates two independent and interdependent levels of governments (national and 47 counties).

The Fourth Schedule of the Constitution provides specific guidance on the specific functions of the County and national governments.

Health care including stocking of health products and technologies in primary health facilities became one of the largely devolved functions managed by counties.
Why devolve the health system?

- To promote access to health services throughout Kenya
- To address discrimination of the “low potential areas”. Urban areas have had better health services than a rural area
- To address problems of bureaucracy in matters of health service provision especially on procurement-related problems
- To promote efficiency in the delivery of health services
- Address problems of low-quality of health services
Challenges in procurement of RH commodities

- Inadequate strategic and supply chain management skills among health department staff
- Centralized procurement of life saving commodities led to confusion thus affecting quality of procured products; time taken for delivery thus undermining service delivery
- No clear procurement plans in place for the purchase of commodities
- County under no obligation to procure from the Kenyan agency for drugs supply (KEMSA)
- Reported corruption in supplies procurement
E4A interventions to help address challenges

- Support grassroots CSO Coalition to initiate advocacy dialogue with Bungoma County health managers and stakeholders for policy interventions to address challenges
- Participation in taskforce set by health department
- Involvement in drafting Health Bill for county assembly enactment
- Act allows facilities to collect and spend funds at source including procurement of RH commodities
- Guidelines on facility procurement planning, budgeting and approval issued
- Facilities receiving commodities supplies directly based on memorandum of understanding with medical supply agencies
- The Act also streamlined planning and budgeting processes at the County level

Results & interventions
47. (1) The Department of Health shall be a procuring entity for the purposes of procuring medical supplies and goods and services utilized for the purposes of implementing this Act.

(2) Notwithstanding subsection (1), a hospital classified as County Teaching and Referral Hospital, County Referral Hospital, County Hospital and Sub-County Hospital under section 8 shall be a procuring entity.

(3) For purposes of Sub-Sections (1) and (2), a procuring entity shall adhere to the Public Procurement and Asset Disposal Act.
Procurement at Primary Health Care facilities

- Funds collected/received are retained at facility accounts
- Coalitions advocated for autonomy of PHC facilities and County government provided a memo

Procurement procedure for PHC facilities

- On quarterly basis, facility committees develop plans and budgets to utilize the funds
- Plans consist of forecasted basic life saving commodities for procurement
- The plans and budgets are submitted to the Chief Accounting Officer for approval through the County Director of Health in line with PFM Act
- Upon approval, facilities procure commodities from a supplier with an MOU with government for utilization
- Signatories for facility accounts include the facility in charge, the Committee Chair and Treasurer
Impact of policy

**Enhanced financial management**
Provided steady, regular and predictable funding for health facility operations

**Autonomy in procurement**
All public health facilities generate their own revenue, plan, forecast, budget and spend the cash at source

**Need-based Commodity forecasting and procurement**
Enhance pull system, where facilities determine the types and quantities of lifesaving RH commodities needed and place orders with their suppliers

**Lawful expenditures**
All moneys spend by facilities are guided by law or by structures/institutions empowered in law to do so. In line with PFM Act 2012 and the Public Procurement and Asset Disposal Act (Revised edition 2022)

**Improved Service delivery**
Tamed tedious government bureaucratic procedures, reduced wastage, assured populations of security
Reference

Kimathi L, (2017), Challenges of the Devolved Health Sector in Kenya: Teething Problems or Systemic Contradictions?