



Health for All Now!

**People's Health Movement
Kenya**

UHC DISSEMINATION REPORT

SURVEY



DECEMBER 10, 2020

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LIST OF ABBREVIATIONS

PHM-K	People's Health Movement Kenya
PHC	Primary Health Care
UHC	Universal Health Coverage
CHMT	County Health Management team
WHO	World Health Organisation
CPHO	County Public Health officer
CTLC	County Tuberculosis and Leprosy Coordinator
CASCO	County AIDS and STIs Coordinator
CDSC	County Disease Surveillance Coordinator
COVID	Corona Virus Disease
KELIN	
KEMSA	Kenya Essential Medical Supplies Agency
ICRH	Isiolo County Referral Hospital
RCO	Registered Clinical Officer
NHIF	National Hospital Insurance Fund
HIV/AIDS	Human Immuno Virus/Acquired Immune Deficiency Syndrome
APU	Anti Poaching Unit
MEDS	Mission for Essential Drugs and Supplies
HERAF	Health Rights Advocacy Forum
ICU	Intensive Care Unit
HDU	High Dependency Unit
KNH	Kenyatta National Hospital
CECM	County Executive Committee Member
CDH	County Director of Health
CHV	Community Health Volunteer
IGA	Inter-Government Agreement
WRA	White Ribbon Alliance
JOOTRH	Jaramogi Oginga Odinga Teaching and Referral Health
NCPWD	
MEDS	

Introduction of PHM-Kenya

The People's Health Movement – Kenya (PHM Kenya) is an independent civil society network of health professionals in Kenya, including researchers, human rights defenders, health activists, legal advisors, nurses, doctors, and public health professionals. PHM Kenya is part of the global People's Health Movement, an international network of health activists, professionals, researchers, civil society organizations, and academic institutions concerned by growing health inequalities and motivated by the call "Health for All – NOW. PHM leads in national and global analysis of health and the systems that produce or undermine inequalities in health. Inspired by the People's Charter for Health, PHM-Kenya is committed to the promotion and realization of Comprehensive Primary Health Care and addressing the Social, Economic, Environmental, and Political Determinants of Health. PHM-Kenya believes that Primary Health Care (PHC) is the key to achieving healthcare for all, and challenges governments, partners, and all duty bearers to take steps towards reducing health and health-related inequalities.

PHM Kenya works to track, defend and promote the realization of the right to HEALTH FOR ALL, as enshrined in Article 43 of the Constitution of Kenya¹. Working with others in and beyond the health sector, PHM Kenya challenges the forces of health inequalities and advocates for the fulfillment of health as a fundamental human right for everyone in Kenya. They focus on vulnerable, poor, or marginalized people, including refugees and migrants, and especially women, girls, and youth whose rights to sexual and reproductive health is undermined.

Background Information

Universal Health Coverage (UHC) is a global program meant to ensure that all individuals and communities receive the health services they need without suffering financial hardship. It includes essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. UHC concept is from the 1948 World Health Organization (WHO) Constitution, which declared health a fundamental human right and commits to ensuring the highest attainable level of health for all. ²WHO is supporting countries to develop their health systems to move towards sustainable UHC.

Kenya launched its pilot phase on the UHC program in December 2018 as part of its effort to achieve Sustainable Development Goals 3 and Vision 2030. The pilot phase was launched in Isiolo, Machakos, Nyeri, and Kisumu counties through the Ministry of Health in anticipation to roll out the program to the rest of the nation. The government chose to roll out the Universal Health Coverage/Care in a phased strategy that involved two phases. Reasons for the pilot were to introduce the Programme in a controlled environment that presented less chances of failure and minimize risks of rolling out to the whole country without prior experience. The four counties were selected from the list of 47 counties after it was established that collectively, they

¹ <https://www.klrc.go.ke/index.php/constitution-of-kenya/112-chapter-four-the-bill-of-rights/part-2-rights-and-fundamental-freedoms/209-43-economic-and-social-rights>

² https://www.who.int/governance/eb/who_constitution_en.pdf

led in cases of non-communicable and communicable diseases, high maternal mortality, high road traffic injuries, and high population density.

Objectives of the UHC:

- Ensure that Kenyans have access to an explicit unified progressive health benefit package
- Expansion of the population under universal health insurance coverage
- Increasing the availability and coverage of quality essential interventions
- Ensure financial risk protection for Kenyans with a special focus on the poor and the vulnerable groups; and
- Ensure adequacy of health resources for the delivery of health services.

However, the pilot project faced several challenges, some of them being; exclusion of communities, human rights violations, inadequate information and resource allocation, corruption, and lack of strategic direction on its implementation.

In light of the above, The People's Health Movement- Kenya (PHM-Kenya) contracted Infotrak Research to conduct a study which sought to capture public views and perception on affordability, accessibility and quality of healthcare services, provision and payment of healthcare services, household expenditure on healthcare, distance from the nearest health facility and penetration of medical cover. PHM wanted to interrogate the UHC Pilot to understand if it is in line with the needs of the people consuming the services.

The survey employed the use of both qualitative and quantitative methods where a representative sample of 1200 respondents was interviewed in 24 counties and a boost sample of 1056 interviews was conducted in the 4 UHC pilot counties i.e. Machakos, Nyeri, Isiolo, and Kisumu. Additionally, 104 key informant interviews were conducted with healthcare practitioners and other stakeholders in the health sector. Also conducted were 15 Mystery Shopping across the 4 UHC pilot counties.

The results of the survey pointed to key governance issues including the lack of effective citizen participation, poor planning, policy gaps, accountability challenges, and resource utilization. PHM Kenya convened town hall meetings between September and November 2020 with stakeholders in Machakos County, Isiolo County, Kisumu County, and Nyeri County and additional two counties outside the UHC pilot, that is Mombasa and Makueni to disseminate the findings on the UHC perception by citizens. The meetings sought to devise a way forward on achieving a transparent, accountable, and people-centered Universal Health Coverage in Kenya.

245 participants were mobilized and participated in the meetings held in the 6 counties having key representation from civil society organization, media groups, and ministry of health, Community health Strategy Units, religious institutions and organizations, administration, and grassroots community members.

Workshop Objectives

All the dissemination meetings had the same objectives:

1. To disseminate the findings from the survey on citizens perspectives with UHC
2. To share experiences from clients on UHC, the challenges and expectations for the National rollout.
3. To hear from duty – bearers on the roll-out plan on UHC.
4. To come up with an action plan to jointly advocates for a rights-based, transparent, and accountable National roll-out

Opening Remarks

In every county, different people were engaged to give the opening remarks.

In Nyeri, this was done by Rachael Mathenge who is the County Executive Committee Member for health. She appreciated the cordial working relations that existed between HERAF, one of the PHM Network members, and that the study conducted by PHM will be critical in understanding UHC Public Perception in Nyeri County.

In Kisumu Dan Owala, the National Coordinator of PHM, talked about the efforts that the government working with various partners had made towards improving the situation of health in the country, including UHC whose pilot phase has given information on how it could be rolled out countrywide.

Christine Ajulu, HERAF program manager gave the opening remarks in Machakos County, she said that the workshop would be examining the surveys finding from the citizens within the four (4) pilot Counties which were covered by the UHC pilot phase to help achieve improved positive UHC-pilot implementation and roll out. Christine requested the participants to address critical issues on UHC within Machakos County, she emphasized that they needed to understand more from what happened during UHC pilot implementation and that the workshop would also open them to challenges and opportunities in the UHC rollout.

Mr. Guyo Abdi, the Deputy Director of Health in Isiolo highlighted that Isiolo is characterized by rough terrain with health facilities being far from each other. On UHC, Mr. Guyo reported that the county continues to benefit from free drugs given by KEMSA. He said that, through UHC, the county has been able to improve on infrastructure at Merti, Garbatulla as well as at ICRH. He reported that the county now has a mental health unit manned by a specialized RCO at ICRH.

In Makueni again, Dan Owalla, the National Coordinator for People Health Movement (PHM) Kenya, gave a brief of the global movement which was formed in 2000 to track gains achieved after the Alma Ata declaration of 1978 which purposed that by 2000 the world would ave achieved health for all. He pointed out that 42 years later the promise was yet to be fulfilled and

has since been replaced by UHC which seeks to achieve the same goal. He informed the meeting about the mandate PHM Kenya and informed them about the report.

Still in Makueni, Angela Nguku, the Executive Director of WRA Kenya, gave a brief of White Ribbon Alliance Kenya and its mandate to champion and advocate for the rights of women, girls, and newborns. She reminded the meeting that the health of women was integral for the well-being of the family, community, and country. In her welcome remarks, she urged for the need to ensure that UHC was accessible to women and girls and especially those living with disabilities. She reiterated that UHC was a basic human right and that everyone had the "right to voice their opinions when it comes to health."

Christopher Muthama, the Public Health Officer coordinating community health services in the County of Makueni, welcomed all to the meeting. He introduced his team which included officers from clinical services, reproductive health services, rehabilitative services, community health services, hospital sanitation, and public health. He informed the meeting that Makueni Care was piloted by a program offering care to those over the age of 65 years without a requirement for registration. He said that during this time, the county government invested in expanding facilities, from dispensaries and health centres to sub-county hospitals. Thereafter, Makueni Care was rolled out in 2014, he explained that at an annual subscription of KES 500 per household, Makueni residents were able to access primary healthcare at dispensaries and health centres. Free treatments (including inpatient and ambulatory services, at the 13 level four hospitals within the county, and if they had subscribed to NHIF, the patients would get free care at the referral facilities outside the county. He reminded the meeting that October was cancer awareness month and so he urged community members to avail themselves for screening. He also urged people be screened for other non-communicable conditions, because knowing one's status would aid ineffective management of the condition. In conclusion, he reminded the meeting to remain vigilant given the Covid-19 pandemic and to adhere to regulations provided.

Ms. Penninah Khisa the regional Coordinator in Mombasa talked about PHM global and PHM Kenya citing the objectives of the PHM as:

- To promote Health for all through an equitable, participatory and inter-Sectoral movement and as a Rights Issue.
- To advocate for government and other health agencies to ensure universal access to quality health care.
- To promote public participation in the formulation, implementation, and evaluation of all health and social policies and programs.
- To promote health along with equity and sustainable development as top priorities in local, national, and international policymaking.
- To encourage people to develop their solutions to local health problems.

- To hold local authorities, national governments, international organizations, and corporations accountable.

Presentation of the findings

The finding was presented in each county and below is a summary in terms of Awareness and Perception, UHC Concept and Attitudes



- A majority (69%) of Kenyans were not aware of UHC. Only 31% reported to be aware of the UHC program. Awareness of UHC was highest in regions with a UHC pilot county.
- There existed knowledge gaps/misconceptions on how UHC works. A majority (59%) believed with UHC, one can access healthcare services in any healthcare facility in the country. Another 52% believed with UHC, one had to be a member of NHIF to access healthcare services.



An overwhelming majority (82%) rated UHC as an important program. Rating of UHC importance was lowest in Nairobi and Coast regions.

- A majority wished the UHC programme covered both outpatient and inpatient services in both public and private healthcare facilities.
- A majority (75%) expressed their likelihood to register for UHC in the future.
- The costs involved (at 61%) was mentioned by a majority as the most determinant factor for UHC registration



Only about four in every ten Kenyans (42%) in the UHC pilot counties mentioned that they were registered for UHC. UHC registration was highest amongst the older age cohorts. Nyeri & Kisumu counties led with 48%

- Whereas 76% of the respondents have reportedly spent nothing while using UHC for treatment, some respondents reported having spent money on medical services while registered for UHC.
- A majority (73%) expressed their satisfaction with healthcare services received under the UHC programme mainly because of the free healthcare services.
- Dissatisfaction with the UHC programme was mainly driven by inadequate medicine (39%) and the duration it takes to receive service in healthcare facilities (37%)



UHC NATIONWIDE
PERCEPTION SURVEY

Report of the findings attached

Access to Health Services for Women and Girls with Disability in Makueni County'

In Makueni County, there was also a presentation of another study that was done on Access to health. The session was led by WRA Kenya who shared findings from a study they commissioned titled '*Access to Health Services for Women and Girls with Disability in Makueni County*'. The study sought to determine the factors that enabled or constrained access to health services for women and girls with disabilities in Makueni County. It aimed to identify community-based and facility-based enablers and constraints for women and girls with disabilities in accessing healthcare. Several factors affect the uptake and utilization of health services – availability, accessibility, affordability, and acceptability. The study sought to establish these dimensions of health service uptake and utilization in Makueni County.

Key Findings from the study are summarized as below:

Acceptability

Staff in administration at health facilities adopted a condescending, impersonal, and business-like attitude towards patients, and were particularly dismissive of women with disability.

Accessibility

Generally, most health facilities had the basic infrastructure in terms of waiting benches, examination rooms, examination tables, and toilets.

Higher-level health facilities in the county were much better equipped to handle women and girls with disabilities, than lower-level facilities.

Affordability

Community members referred to people with disabilities suffering from a double jeopardy of being poor, and equally stigmatized to the extent that most of them rarely visited health facilities. Most women and girls with disabilities relied on their families to pay for medical expenses.

Perception on the UHC implementation

The participants had an opportunity to share their feedback in terms of their perception of UHC, the successes of UHC, the challenges and recommendations. These sessions were facilitated in open plenary, breakout sessions, and in panels.

Nyeri County

Some participants felt that they would rather pay some money and get quality health care than contending with free services that are of low quality. They indicated that they would be willing to pay for quality health services as the free services had many challenges and they still ended up paying out of pocket. However, other participants felt that the poverty levels in the county were high, and as such, the residents were completely dependent on free health care services especially the elderly, persons living in colonial villages, and informal settlements. According to

the participants, UHC has failed because its 'free nature' only caters for primary health care and leaving out other health needs.

The participants noted that as much as Nyeri was in the pilot because of its high prevalence of Non Communicable diseases, UHC intervention were not adequately responding to the Non-Communicable Diseases in the County. The medicine and services offered at the pilot phase did not respond to those ailments, there was little technical expertise, poor infrastructure, and inadequate medicine to treat the various non-communicable diseases. The participants demanded from the County executive better services that would cater for everyone in



FIGURE 1: A PARTICIPANT IN NYERI SHARING ON UHC

the community and expanded coverage that would cater for non-communicable diseases in the County as opposed to the Primary healthcare services considered in the pilot phase of UHC. The participants expressed the need to undertake a comparative analysis to understand whether UHC had any impact against Non-communicable diseases and document success stories and failures in that regard.

UHC was instrumental in boosting service provision in the health department with many citizens including those in the public enjoying the services. There is a need for a comprehensive report of the functioning of all health facilities to understand the challenges and successes they faced in the pilot phase.

UHC has increased access to health care. The participants alluded that public medical appeals through fundraisers were on the decrease since people would access free medical services. In fact, during the Pilot phase, many people visited the hospital even though some never received treatment because there were long queues of patients but with few personnel to attend to them. The health centers grew in terms of numbers, especially at the Provincial General Hospital. People waited for long hours before receiving treatment and this made them think that UHC was not working.

A county Executive member, health emphasized that the concept behind UHC was to ensure that citizens did not get impoverished while seeking health care services. The immediate implication of UHC was that many county residents turned up in large numbers seeking services leading to long queues in all health facilities. She indicated that people were dissatisfied with the services for waiting long hours since everyone was waiting. Before UHC, health facilities were receiving

an average of 100 patients, with UHC the numbers shot up to 1000 without technological and human resources to respond to the influx. Industrial Action in neighboring counties also contributed to the influx since patients from those Laikipia and Kirinyaga sought services in Nyeri Facilities. High numbers of patients led to patients sharing beds, which gave the impression that UHC was not effective. With the high numbers, there were times when the county had to rent church space to serve as a health center.

UHC encouraged people to go to the hospital for ailments they could not treat at home, this helped people realize that public facilities offered quality services with competent infrastructure to handle certain diseases. The participants felt the need to ensure that people who accessed UHC do not fall through the cracks with the pilot phase ends.

The participants stated that the County executive should involve Non-State actors in future UHC roll-out. The CSO's are considered an asset in terms of community mobilization, dissemination of information, and data collection.

In the pilot phase, persons living with disabilities were able to access health services including rehabilitation services and psychotic for the mental patients. UHC eased health care service delivery especially among persons with disabilities living with chronic diseases. However, the participants stated that the County Executive needed to improve the rehabilitative department to assemble wheelchairs and white canes.

UHC has increased the affordability of health services. Before UHC, the cost of healthcare was high but the costs reduced during the pilot phase because of the subsidized services. Although the program has ended, there is a need for a collaborative effort between the assembly and executive to ensure the sustained provision of quality healthcare services.



FIGURE 2: PARTICIPANT IN NYERI

With the advent of UHC people stopped paying their NHIF contributions because UHC services were free. However, with the focus of UHC being primary healthcare services, there was reduced scope in terms of drugs offered and supporting health infrastructure. After UHC registration, many people did not respond to the public call to verify their

details hence their details were missed in the eventual database and as such, those patients could not enjoy the free services covered under UHC and were required to pay for the same.

UHC benefitted the county in terms of the addition of 3 ICU beds, opening of an extra High dependency unit, and mobile outreach programs such as medical camps that never lacked drugs.

There is enhance the use of technology to both register and communicate with patients in a bid to reduce the influx of patients in hospitals. This can work well in the area of booking appointments, mapping nearby health care facilities etc.

Open and streamlined communication channels between the executive and assembly have gone a long way in ensuring the delivery of health care services since both parties can engage on matters programs and financial allocation in the health departments the main challenge is the lack of finances to go into supporting UHC beyond the pilot phase.

It was noted that being a pro-regime County sometimes, it is hard to publicly critic the design and implementation of UHC; there was the feeling that they were expected to say it was good. It was proposed that financing should be done directly to the county to allow tailor-made prioritization of County needs as opposed to employing the money in paying suppliers like KEMSA.

There was emphasis that UHC should not be free for those who can afford, only the vulnerable, the poor, and those without insurance to be exempted from paying. As per the report, 47% percent of the respondents are concerned with the quality of healthcare offered therefore even as the financial burden is reduced, it is important to work on timely access to healthcare services. Funds generated from the healthcare facilities to be used in improving health infrastructure and human resources.

Kisumu County

Kisumu participants felt that digital healthcare should be considered during implementation.

There was a complaint that health management boards have been politicized leaving health facilities at the mercy of politicians. They proposed a redesign of the Kakamega road for easy access to JOOTRH in case of emergency. They also indicated that most deliveries have been happening at home and that proof could be obtained through the local Chiefs offices.

They questioned the level of preparedness in the County in dealing with the Teen Pregnancy crisis. They also wondered if the use of barbed wire attached on hospital benches to keep social distance was the best solution

Members of the County Assembly and Executives occupy all the spaces on public participation and the participants felt that social accountability is inadequately supported. It was indicated that there was a need to deliberate more on issues of health governance as a building block for health and keeping on pushing and questioning. There was a complaint that referrals are not done on time.

Implementation gaps on policies was noted. UHC hub and spoke models have failed according to the participants. Furthermore, UHC has failed in the pilot counties and it seemed like the Government is trying to roll out those failures nationally. Private players are advancing the for-profit ideologies in public health facilities and there are not advocates and not activists.



FIGURE 3: SHARING SESSION IN KISUMU

There was a proposal that the UHC conversations should be moved from hotels and taken down to the grassroots level that is to the common mwananchi" (mama mboga, house managers, kinyozi, youths Kwa mtaa). Community champions should be represented in all discussion forums to be all-inclusive. It is key to start thinking of community champions who can articulate issues on behalf of the community genuinely.

It was stated that the largest population in Kenya is of the youth and due to lack of jobs and mentorship, they suffer from a fatalistic attitude of "*liwe liwalo*" (Come what may). There is a need to reassure them that they can participate in nation building with results. This can be done by highlighting incidences where young people made a difference by their participation. Most citizens were not involved in the design of UHC, and for that reason, most citizens did not own it. There is however still room to change and improve on involving people on UHC

Platform for exposing the rot and successes in the system should be available. There should be a feedback mechanism for people to share information with the health facilities and even the relevant authorities.

It would be key to partner with other organizations like Red Cross, AAR, St. John to assist with ambulance services since there is a shortage to avoid maternal and neonatal deaths.

Death rates records are key with documentation on the causes of death, especially during this Covid 19 pandemic. Women Concerns Centre CBO is ready to mobilize the community to talk on issues of devolution. Kisumu County will do a follow up so that funds are allocated on the right areas such as county hospitals equipping are utilized as planned.

- **What are we going to do differently on the 12th December 2020 to mark UHC Day?**

Machakos

A CEC member emphasized that safeguarding of the UHC for present and future generations is required now more than ever. This member drew attention to a new departure to strengthen the links between Government and civil society organizations programs to help in the roll-out of the UHC in Kenya. Even though the rollout has been threatened by the covid-19 pandemic disease and challenges facing the health sector. He emphasized the mobilization of support from other stakeholders to help in the UHC rollout having worked with AMREF in support of training the Community Health Volunteers (CHVs).



FIGURE 4: DAN OWALA LEADING A SESSION IN MACHAKOS

County Government needs to be responsible for managing health facilities within their jurisdiction, however, it was revealed that this is contrary to what is happening according to the data.

Machakos citizens enjoy the UHC services greatly despite challenges. The CECM Health Machakos County who was the keynote speaker requested the County Assembly to consider the health budget as a

development budget rather than a recurrent budget, to support UHC in Machakos County.

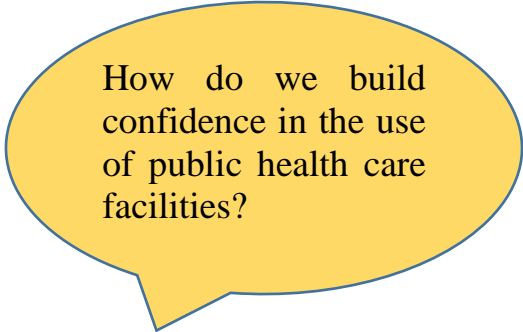
An MCA from the County Assembly informed the participants that there is a bill in progress called the Machakos County Health Services Bill 2019. This bill will help to enhance access to services and free health services and improve the management of health services delivery within the County. She recommended the use of Census and Huduma Number Data for UHC registration and planning.

A participant emphasized the need for serious monitoring and evaluation. This participant also added that in isolated cases, mentally disabled people should be included in the Universal Health Coverage by being registered as they were left out last time. She also mentioned the importance of quality health services and adequate financing.

The integration of WASH (water, sanitation, and hygiene) in the UHC for the provision of water, sanitation, health care, waste hygiene, and environmental cleaning infrastructure and service across all sections of the facility was emphasized. This would improve preventive and promotive primary care services to reduce the disease burden in Hospitals.

Isiolo

Abdi Guyo confirmed that the findings of the survey conform to what the community in Isiolo said. Whereby, 72% of Isiolo community members have registered for a form of insurance. HE said that there is a need to answer the main question:



How do we build confidence in the use of public health care facilities?

Makueni

There was the feeling that access, availability, and affordability should be cascaded from level 4 facilities to the household level.

The meeting requested that young mothers aged 10-13 years be targeted and included in the work that WRA Kenya was doing in Makueni.

There's a need for inclusive mechanisms in health policy and programming to ensure PWDs are adequately consulted and their issues explicitly addressed.

It was said that community health workers needed to be better supported because they are a vital link between health and community systems. The Public health officer pointed out that the Makueni Community Health Policy outlined that community health volunteers would receive performance-based stipends. This was expected to motivate them to perform their duties diligently.

It was reported that, through devolution, over 100 health facilities were built in Makueni County, this was considered an indication of the success of the devolution of health and as such, the meeting agreed that the devolution of health had been beneficial.

The meeting noted that media in Makueni was not substantively involved during the launch of Makueni Care and yet they played a key role in passing information on UHC. Media should be involved in the dissemination of information, especially during policymaking.

The successes highlighted from the study shared by WRA Kenya should be shared widely to cure the culture of over-reporting on failures. The meeting requested if the disability cards could expand the health package received by PWDs.

The County Government was invited to partner with the NCPWD who is equipped to provide technical support in auditing facilities, analyzing gaps, and make recommendations to ensure facilities are disability-friendly.

The meeting was reminded that issues around disability were captured in the constitution of Kenya and as such should be implemented at all levels. They should not be treated as a favor being handed to PWDs but rather as a human right.

Mombasa

Mombasa had an open plenary session after the presentation whereby they asked questions which the duty bearers in the meeting responded to.

A participant stated that the national health budget reduced by Ksh.1.6 billion from 2019/2020 to 2020/21, the implementation of the UHC in the pilot counties cost Ksh.3.97 billion, Considering the reduced financing, the participant sought to understand who is funding the UHC program in Mombasa County, was it from the county budgets or national government? It was clarified that, The Department of Health is running the UHC program and it is currently in its fourth year in Kenya. Furthermore, the World Bank is sponsoring the program in liaison with the County Government of Mombasa being its co-financier."

There was another question on how the county is solving the financial challenges they are facing since the implementation reports indicated that the World Bank Grant is not fully realized, for instance, in 2017/18, only 45 percent of allocated funds were received, while in 2018/19 only 54.9 percent was realized. The response was that financing has remained a major challenge especially with the bloated wage bill in the Department of Health Services. However, the county tries to utilize the available resources.

A participant asked to understand if the committee has done an audit on the funds that are going to be used in the UHC program and it was clarified that the committee has not yet conducted an audit on the contribution by the County Government of Mombasa to the UHC program

A participant asked, "How is the UHC program going to assist the community health volunteers and the people on the ground?". A doctor from the department of health services in Mombasa responded that currently, the county government does little to assist the community health volunteers and the people on the ground. A policy needs to be put in place by the county government to ensure that the community health volunteers are well taken care of due to the tremendous amount of work they do

It was noted that it was a challenge to pay CHVs because the county only receives 22% of the national proceeds, out of which 70% goes to wage bill and only 30% to operational services of the hospitals leaving the county with nothing more to pay the CHVs

There was clarification on the Mombasa County Health Bill, which is pending because it needs some amendments

A participant raised a concern with the payment method of Coast General Hospital, which uses the Pay bill MPESA option, and if it could instead use the Buy goods option. It was stated that the board runs the Coast General Hospital and the payment issue could be raised during a board meeting to see the way forward.

A participant needed to understand what the county has done to ensure the inclusivity of the key population. An official of the health committee responded that several health centers around Mombasa County looked after the needs of the key population.

When the county officials were asked what the county had done to ensure inclusivity of the persons with disability. A doctor stated that the county government needed to liaise with the

people living with disability groups to see how best they can make access to health services easier for them. The question was in the perspective of putting up ramps, availability of sign interpreters, and even assistance to ensure correct consultation and payment department

Successes of implementing UHC in the Pilot counties

During the dissemination meetings, the participants had the opportunity to discuss and share the aspects of UHC that were successful during the pilot in the various counties.

Nyeri County

In Nyeri, sick county residents who previously could not afford to pay for health services were able to access primary health care services in all public hospitals including county health centers and dispensaries. Government health care services became affordable in comparison with private health care institutions in the County.

In the county facilities, the funds facilitated the hiring of more health care staff, increase of ICU Beds from 3 to 6, expansion of renal units, and increased orthopedic medical camps across the county to offer specialized services.

Kisumu County

UHC has assisted the County Government of Kisumu to come up with a referral protocol.

Operating theatres are now available at other levels of health care courtesy of UHC.

UHC has done much by reducing the mortality rate that was high before its existence. Death rates have reduced

The Kisumu county governor is very accommodating as the county is ready on issues of dialogue and policy-making earmarked with numerous strikes by them going into emergency kitties to pay them whenever there are delays in counties' allocation of funds.

There is confirmation from the county that there will be no more strikes attributed to delayed payments as they have come up with a solution to remedy the situation.

There have been more deliveries and antenatal clinics since the inception of UHC and reduced child mortality through UHC.

Institutionalization of Quality of Health Care and good governance

UHC touched on the issue of mothers & children accessing the services.

Machakos County

In Machakos, registration of the UHC covered 1.2 million people out of the total population of the County of 1.4 million thereby covering 86% of the population through M-tiba online platform existing under Safaricom and NHIF.

Machakos level-5 Hospital is a regional referral for Lower Eastern Region, however there are plans to close outpatient services in level 5 and have a separate Health Centre (HC), to decongest the Hospital. The out-patient has close to 1,000 patients per day which is considered very high compared to the infrastructure and staff. In the period of UHC implementation, Machakos county was able to reach out to 34, 452 inpatients and 2,260,650 outpatients.

There has been an increase of healthcare facilities and upgrading of 6 Level 3 Hospitals to be level 4 Hospitals for Equity in access initiative.

The County is applying the MOH County Community Health Strategy (CHS) with 281 community health support units each unit having 10 CHVs (community health volunteer), equivalent to 2810 CHVs for strengthening health promotion and prevention services which has turned health into a development matter. The CHVs are not under employment but they are paid stipends through the Machakos County efforts and partners. Also important to note is that the County has increased the health care workforce to 3,000 employees. Within a population of 1.4 million in Machakos County, that is an average of one health worker to 467 population (1/467). The County has appointed Hospital managers who have administrative skills to manage and coordinate affairs at Hospitals.

The County has managed to Register and Gazette 50 existing health facilities during UHC piloting implementation and AMREF (African Medical Research Foundation) has supported the County Government call center system through the wheels of life program, which is an EU funded for Covid-19 interventions. The same program will support the fueling of County Ambulances.

Specialized Services in Machakos

The county also reported the milestones achieved in regards to specialized services.

A cancer center was set up in Machakos referral Hospital for cancer management program. The County has conducted Cancer awareness and screening at all the 8 sub-counties. The County has met the cost of chemotherapy and radiotherapy for all patients hence saving lives the reducing the financial burden affected families.

Machakos County was chosen under the UHC pilot program due to excellent response for emergency services and accidents and having procured 72 Ambulances before UHC initiation. They got 5 more improved and well equipped MCH ambulance for support to emergency response services. The County also acquired 62 triage kits to supplement the 72 ambulances for critical care, response.

After the Kazakhstan declaration at Pakistan world governments met under World Health Organization (WHO), which declared increase in health financing, the County has increased its health financing to 32% of budget allocation to support to free health care after approval by the Machakos County Assembly.

There are Ksh. 172,000 allocated for the poor of the poor people, to be paid for UHC, first phase of Ksh.68,000, 50% paid by County Government and 50% by National Government.

Isiolo County

Before the UHC rollout, there was always an erratic supply of drugs and non-pharmaceuticals but now there is consistency in the supply of drugs. 38000 households were registered for UHC

Through UHC, there is improved infrastructure in the hospital with the deployment of human resources. The county set up 5 health facilities to reduce the distances that clients had to travel to access health care services. Having had some facilities as far as 49kms apart from each other Through UHC, 4 facilities were upgraded from dispensary status to health centers. These are Ariemet, APU, Bulapesa, and Oldonyiro.

Challenges of implementing UHC

Nyeri County

- ❖ There were corruption cases where some health workers took advantage of patient influx to create fake shortages of drugs that were later sold to the same desperate patients through the backdoor. Furthermore, some patients reported paying bribes to be attended to in some health facilities.
- ❖ The county failed to increase the number of healthcare workers leading to staff being overwhelmed. UHC Pilot phase led to an influx of patients in county health facilities with the number of health workers remaining constant leading to long queues and patients waiting for hours to be treated. They also still bought medicine from private pharmacies and institutions and the quality of services was generally poor. Members of the public were paying to access health services in hospitals despite having registered for UHC. The participants felt that the Government need to bring back UHC but with improvements in terms of supply of medicine, increased personnel, and enhanced infrastructure. They indicated that the collapse of the tea and coffee sector in the County has led to increased poverty levels with many residents unable to pay for private health insurance schemes.
- ❖ There is no investment in a feedback mechanism from the public to the Government on the effectiveness of UHC. The participants felt that the study was helpful for them to understand the experience of people with UHC.

Kisumu County

Service delivery has been discriminative as gender equality was ignored and children, people with disabilities, and Key Population/MARPs have been left out. UHC was blind to GBV issues.

Machakos County

The CECM-Machakos County explained the challenges that the health ministry is facing in the provision of Universal Health Coverage.

The department of health requires adequate resources for successful implementation of the UHC program thus the allocated budget is not enough. The County Government cannot afford to provide UHC services without utilizing other sources and these may strain the financial status of the County, This implies that there will be undue financial pressure in the provision of UHC to the population and reducing the chances of a universal health system expansion in Kenya hence

hindering the UHC rollout. Currently, there is also inadequate NHIF reimbursement for services delivered at public facilities.

There is a shortage of medical doctors. It was highlighted that three facilities require doctors i.e Masinga, Kalama, and Mwala level 4 Hospitals. The Cancer Centre also has no doctors; it only hires on locum twice a week for oncology and brain surgery, and other operations once a week.

CT scan machine is old and there is the need for an advanced one

There is a blood transfusion shortage. The National Blood Transfusion Service (NBTS) is a National function and not a devolved function. The County has used some funds to assist in blood collection but it ends up at the National level leading to inadequate supply when in need

There is an inadequate supply of Drugs. The legal procurement of drugs and supplies from KEMSA has limitations leading to inadequate drugs for critical conditions.

The cost of financing of health through medical covers like NHIF and others is expensive for the common man. It is also open to abuse by private sector Hospitals through exaggerated bills because the insurer will pay. NHIF Funds are public funds and should be extended to cover bills from private Hospitals.

Data Unavailability The M-TIBA data was not shared with the County for planning purposes.

There are challenges with Orthopedic Services that are expensive for the county as much as there is a relief for the poor citizens. There is an offer for orthopedic services also the male ward services which are composed of Boda Boda riders which reduces the cost to the poor citizens, however this quite expensive and costly to the County.

Isiolo County

There was much political interference

The knowledge gap that existed was big, some people outright refused to understand the UHC saying "*Hakuna kitu ya bure ya serikali*" to mean that there is nothing for free from the government. Some community members refused to take UHC because they had NHIF as they did not understand the concept of UHC. UHC was rolled out on rush and some important details were not clear to users

There was high unmet expectations, the users expected that free meant they would access everything for free – an example is where a client is attended to in a public facility through UHC and is prescribed for 3 types of drugs where only 2 are available in the health facility and they are expected to buy the others in the private pharmacies

There were times when there would be delays in dispatching KEMSA drugs or the drugs would not be available. The County however had arranged for a substitute from MEDS. This helped to ensure that there was continued supply

During referral, patients had to pay out of pocket or use NHIF as UHC was not being used in all counties for example in Nairobi in cases where one was referred to Kenyatta National Hospital

With the increased number of patients, there was an increased workload but an inadequate workforce. Furthermore, even the infrastructure is not adequate including space.

General Health Challenges

Makueni County

There is insufficient health education at the community level. The community lacked basic RH education to make informed decisions about FP which was cited as an example. This was more apparent among young people who used methods because their peers had recommended them. Women did not have the bargaining power to negotiate for safe sex. Women engaged in unprotected sex to earn their livelihood. Parents were failing in their role of providing sexuality education to their children. Young people lacked sex education.

Misunderstanding/lack of knowledge on MakueniCare package. The KES 500 per year payment was still unaffordable for most. Most people did not know what was covered and what was not covered within the package.

The county lacked youth-friendly services. Even though county government representatives reported that each hospital has customer service desks, as well as suggestion boxes, to be utilized as complaints redress mechanisms.

There was a lack of inclusion of PWD. A community member who was hearing impaired shared her difficult experience accessing health services for her sick child because she could not effectively communicate with the health worker.

Lack of essential drugs, commodities, and poor health service delivery. Most of the time there was no medicine available, only painkillers. Very long waiting queues because there was a shortage of health workers. Lack of respectful care

Mombasa County

The participants noted that health service delivery has not improved over the last 3 years. There is a shortage of medical supplies and equipment. Funds allocated for health care services have been mismanaged, there is always a shortage of health workers in hospitals and clinics and there is a poor referral system in accessing health services

Recommendations

Nyeri County

There is a need to increase the number of healthcare personnel in public healthcare facilities, to address the growing demand for healthcare services, especially after the roll-out of the UHC program.

The government needs to procure adequate medical supplies and equipment in public healthcare facilities. There is a need to hold extensive consultations with the health sector fraternity to come

up with robust ways of addressing challenges stifling the successful implementation of the UHC program.

Expand UHC coverage for both inpatient and outpatient

Create awareness about UHC to bridge the knowledge gap among the community

Address the lessons learned during the pilot phase and implement a robust monitoring and evaluation program to properly learn the pitfalls and opportunities of the program before rolling it out in the rest of the counties.

The county needs to restructure the systems to ensure that all public officers are required to receive medical attention in public health care facilities. In that way, there will be ownership of public health care facilities. There is a need to ring-fence health generated revenue to ensure visibility and sustainability of our healthcare facilities.

Kisumu County

Employ more healthcare personnel

Supply enough drugs and medical equipment

Improve citizen participation in auditing the government performance on UHC implementation. There is a need to hold extensive consultations with the health sector fraternity to come up with robust ways of addressing challenges stifling the successful implementation of the UHC program.

The voice of the community is missing on the budget process at the village level and there is a need to involve village elders. Gender and inclusion within service delivery are essential and that essential health services should be budgeted. Meaningful participation means that there must be a human's right approach but citizens especially women and PWDs never get to participate holistically, there is a need to shift the way things are done to ensure citizens participate holistically. There should be meaningful participation of citizens and their voices must be respected

Expand coverage of the UHC program to include in-patient and out-patient medical services in both public and private health care facilities.

Sensitize members of the public on what UHC is, how it works, and what costs and benefits are associated with it.

Ensure lessons learned during the Pilot are considered in the National roll-out

Machakos County

Establish sustainable strategies for financing UHC rollout. Initiate Public/Private partnership in financing health services within the County.

Scale-up registration for UHC rollout. Strengthen policy and guidelines to enhance UHC implementation. There is a need for County Government support to CHV's for their enhanced role on UHC rollout. Improve CHVs service delivery by supporting their incentives, as they are the basic entry point to the community health strategy and promotion of preventive services

To achieve the success of UHC as a County the wage bill must be increased to employ more doctors. The County Assembly should be committed to support and passes the County health budget to support UHC rollout. The assembly proposed the Amendment of the PFMA Act to have 35% recurrent expenditure to include a 5% increase for health services. There is a need for funds increment from National Government to County Government but County Government should also have their allocation.

Regarding the CT scan machine, the County Assembly will need to pass a budget to acquire a new one

The County Assembly is committed to request the National Government to review the legal requirement that only Kenya Medical Supply Agency (KEMSA) should supply drugs to County Governments, for adequate supply of medical drugs and equipment. There is a need for automation of the drug supply chain system of the County to reduce any loss.

There is need to improve the staff management and working attitude of the staff

There should be use of Census and Huduma Number Data for UHC registration and planning. M-tiba data should be availed to County Government for planning purposes

NHIF cover should be extended to provide cost financing for public Hospitals. There should be a strengthening of the therapeutic referrals for both medicine and services. The County is to establish lab testing centers in every Sub County other than transporting samples. The County to establish Tele-Radiology to be done at lower-level facilities. There is a need for the establishment of a local blood bank system. The charges for doctors to visit courts and photocopying during rape and defilement cases should be removed to improve service delivery.



There is a need to institute complaints and complements reporting mechanisms within the health department. Establish accountability and transparency mechanisms in the UHC service delivery system. UHC financing should cover expensive

FIGURE 5: MACHAKOS COUNTY PARTICIPANTS

drugs, testing, and lab services.

There is a need for support for all cadres of workers within the health sector for support for allowances and training covering Hospitality managers, nutritionists, cateresses, and support staff for their motivation and professional development. They also provide UHC services.

Integrate WASH (water, sanitation, and hygiene) in the UHC for the provision of water, sanitation, health care, waste hygiene, and environmental cleaning infrastructure and service across all sections of the facility. This will improve preventive and promotive primary care services to reduce the disease burden in Hospitals.

Improve the Ambulance service delivery within Machakos County. De-congest Machakos Level 5 Hospital by having a town health center and close the outpatient department to make the Hospital an only County referral Hospital.

Isiolo County

When there are no clear set policies and guidelines, it's difficult to implement. In the scale-up, there is a need for clear guidelines and policies

There is a need for documentation on UHC at the county. There could be an exchange of networks across the counties. Poverty is a big issue in Isiolo affecting health services, there is a need to reduce out of pocket expenses on health



FIGURE 6: PRESENTATION OF FINDINGS IN ISILO

Isiolo County was identified as a UHC pilot county on basis of high maternal and child health mortality rates. Some dispensaries are still 40KM away from the clients. A case is where there is a referral of a mother with maternal complications and the referral is being made from Merti to ICRH which is 5 hours one way! There is

therefore an urgent need to reduce the distances by functionalizing theatre services in the extreme sub-counties

UHC was meant to strengthen PHC however UHC focused on level 4 hence might not have realized as initially envisioned. Dispensaries and health centers are yet to be strengthened. Therefore, there is urgent conversation and need to strengthen level 2 facilities so that we reduce

the traveling and distances, increase health personnel at dispensaries and health centers and thus minimize workload at ICRH

Isiolo had issues with boundaries eg Samburu and Meru communities registering in Isiolo. What is the planning in the national rollout?

ID and birth certificates are critical documents to register but some citizens lack these essential documents. There is a need to consider this in the national rollout

Makueni County

There is a need for intentional and purposive enrollment of community members, especially women and girls with disabilities, in the existing health insurance schemes. Many deserving cases were still outside the schemes.

It is important to make a deliberate effort to reach adolescent girls with disabilities.

Community health volunteers should be more involved in identifying and referring women and girls with disabilities to health service points.

There is a need to organize targeted awareness raising campaigns against stigma and discrimination at the community and facility levels.

The County Government must develop policies and guidelines for mainstreaming disability in all its health interventions.

All health facilities should be disability-friendly.

Mombasa County

UHC can incorporate NHIF in their program to ensure access to health care to all citizens. However, there is a need to rethink a more inclusive insurance model.

UHC program should ensure inclusivity of the key population, marginalized communities, and persons living with disabilities.

Effective public participation to ensure awareness and to assist the citizens to make informed decisions with regards to health care services offered.

The government should put in place an effective legal policy framework for the implementation of the UHC program.

The conduction of regular feedback meetings to review the effectiveness of the UHC program and recommendations

Conduct a review of the previous reports on the UHC program to identify the challenges that were faced and how best they can be fixed.

Need to leverage the use of data to ensure that the vulnerable access healthcare services without incurring out of pocket extra costs.

UHC financing-the government to consider alternative resource mobilization to fund the UHC, rather than depending on donor funding, which has reduced leading to a reduction of health budget by Ksh.1.6 billion in 2020/21 financial year.

Declaration of Citizen Asks – Women, Girls, PWDS

In Makueni there was a session on declaration of Citizens Asks. Winnie Mukosi of YSD Makueni led the session. She reported that the County Government had committed to employ 6 sign language interpreters across the 6 sub-counties in the county as a result of advocacy efforts led by PWDs – a demonstration of the power citizens have in demanding for quality service delivery. She commended WRA Kenya as a reliable partner and promised to continue supporting the needs of women and girls in the county. She concluded by reading out 11 key asks emerging from the citizen engagements on UHC.

- ❖ Anchor UHC to a strong and enabling national policy framework.
- ❖ Promptly pay and motivate healthcare workers in the counties.
- ❖ Ensure adequate supply of medical supplies and equipment in public health facilities.
- ❖ Strengthen citizen understanding of, and demand for, UHC.
- ❖ Expand the essential health benefit package to include comprehensive in-patient and outpatient services in both public and private health facilities.
- ❖ Invest in meaningful multi-stakeholder consultations to ensure successful implementation of UHC.
- ❖ Promptly pay and motivate healthcare workers in the counties.
- ❖ Increase the number of healthcare facilities within the counties.
- ❖ Lay down a robust monitoring and evaluation mechanism to track, learn and improve the delivery of UHC.
- ❖ Create formal community engagement & accountability mechanisms for health in the delivery of UHC.
- ❖ Provide training and leadership opportunities for healthcare workers to build their capacity on UHC.
- ❖ Increase the number of healthcare workers in public health facilities to address the growing demand for healthcare services.

Conclusion

Nyeri County

In Nyeri, the need to engage the public before the launching of the second phase of UHC was emphasized. The health funds need to management at the county level. More County Specific focus research should be undertaken to understand the unique challenges and learning points of UHC implementation. Furthermore, both the Executive and assembly need to upload relevant health reports and information to the website to allow the public and stakeholders ample time to engage and give feedback in matters of health. Besides, there is a need to have a county sector working group to feed the fiscal strategy papers and annual development plans.

Kisumu County

The conclusion in Kisumu was that, during the rollout of the UHC program, consultations with healthcare practitioners in the four pilot counties were limited. Several practitioners confirmed that they were not consulted when the program was being rolled out. For those who were contacted, the consultations revolved around issues relating to how best the Ministry of Health could position itself as the supplier and on the common challenges encountered by patients.

UHC was commended as a good initiative and stakeholders were of the view that it can be sustained only if the challenges being encountered in the pilot phase are addressed moving forward. Corruption was cited as a significant threat to the successful implementation of the UHC. For Kisumu in particular, the provision of healthcare services in Kisumu was reported to have generally improved in different areas including access to drug supply and the variety and quality of services availed to the general public.

Public healthcare facilities covered by UHC include Jaramogi Oginga Odinga Teaching and Referral Hospital (Referral hospital), Lumumba Hospital (Sub-County hospital), Kisumu County Hospital, Migosi Hospital (Sub-County hospital), Ahero (Sub-County hospital), UTRH, Railways (Dispensary) and Nyahera (Sub-County hospital).

Healthcare service provision in the county is being hampered by:

- Inadequate human resource capacity and management;
- Lack of sufficient medical equipment and supplies in healthcare facilities at any given time;
- The unpredictability of industrial actions by healthcare practitioners, e.g., strikes and go-slows;
- High patient to low doctor ratio because of an upsurge of the patients in healthcare facilities;
- Increased staff workload resulting in poor healthcare service delivery;
- Delayed supply of drugs to public healthcare facilities; and

- Increased waiting time per patient because of high patient volumes.

Machakos

In Machakos, closing Remarks of Day 1 was done by Deputy Speaker, MCA Hon. Paul Nzau Museku. He said that the workshop had been fascinating. He congratulated the organizers for organizing such a successful forum. He said that the challenges raised are to be resolved. He further noted there the participants had questions that had generated and contributed to knowledge building and he hoped they had learned something and felt involved in the UHC-national rollout. He affirmed that it was good to have the type of forum in Machakos where strategies and plans are needed to help in UHC rollout. He encouraged the participants that they need to accommodate change.

He confirmed to the team that all the required legal amendments and budget approval for health will be taken seriously by the County Assembly and will be approved. He thanked all members of the Organizations/Executive/County Assembly Members, Workshop Organizers, Keynote Speakers and Moderators for the collaborations.

On the second day, the closing remarks were given by Mr. David Mwangela, Director Emergency Services He told the participants that the County Government will partner with National Government to continue strengthening UHC. He thanked the participants for coming and looked forward to improved health service delivery through collaborations to roll out UHC.

Isiolo County

In summarizing the events/discussions of the day, Mr. Timothy and Mr. Dan made their closing remarks. They emphasized the need for the conversations to continue beyond the dissemination to increase awareness. They encouraged the citizens and CSOs to keep engaging the county. They said that for public participation to be sustained, every available opportunity to feedback and demand for accountability should be taken advantage of. The



FIGURE 7: DAN OWALLA LEADING A SESSION IN ISILOLO

encouraged the Government to open up space and avenues for discussions including online platforms and they proposed that moving forward UHC to be paid through NHIF

Mombasa County

In conclusion, the county government is looking at various models that remunerate community health volunteers such as in India where the CVH's remuneration comes from the sale of products and services to the government. Such kinds of transactions are beneficial not only to the government but also to the CVH. It was noted that inclusivity is the overall objective when it comes to accessing health services in any institution be it private or public. It was affirmed that the UHC program intends to do the same by ensuring that access to health services does not financially constrain anyone.

Makueni County

Sandra Mwarania briefed the meeting that WRA Kenya was working closely with the County Health Department to ensure that the health needs of women and girls with disabilities meaningfully informed healthcare reforms in the county. She mentioned the *UHC For Me initiative*, which was being implemented in collaboration with the County Government, Youth for Sustainable Development (YDS) Makueni, and local disability groups, as a platform to catalyze local advocacy efforts to achieve inclusive and equitable health service delivery.

In her closing remarks, Angela Nguku of WRA Kenya called for a revolution in the way health services were delivered not only in the county but also in the country. She reflected on the [What Women Want campaign](#) that revealed what women and girls value most when seeking reproductive and maternal health services; access to water and sanitation in health facilities was the number one demand closely followed by respectful and dignified care. She also cautioned that the delivery of UHC would fail if the principle of equity was overlooked because UHC was promised on ensuring no-one is left behind in the access to healthcare. She reiterated the need for health services to be acceptable in line with the culture of the community members, citing the experience of women in Lamu County who avoided seeking maternity services at the health facility because being attended by male nurses was perceived as culturally inappropriate. She offered her acknowledgments to the meeting participants and assured them of WRA Kenya's support. She noted that the County Government had a good public participation track record and should continue to listen to and act on their citizen demands and include all stakeholders in discussions towards achieving UHC for all.

It is important to design a county-specific survey to help in getting feedback from the public on the working of UHC and possible future interventions.

"The day we will see our leaders going to access services in our health facilities is the day we will know there is quality services" Angela Nguku

PHM Demands

Following the findings of the survey on UHC pilot implementation and the feedback meetings done in the 6 counties on UHC Pilot and the survey findings.

The global Demands for UHC are as follows:

1. **Ensure Political Leadership Beyond Health:** Commit to achieve UHC for healthy lives and wellbeing for all at all stages, as a social contract.
2. **Leave No-one Behind:** Pursue equity in access to quality health services with financial protection.
3. **Regulate and Legislate:** Create a strong, enabling regulatory and legal environment responsive to people's needs.
4. **Uphold quality of care:** Build high-quality health systems that people and communities trust.
5. **Invest More, Invest Better:** Sustain public financing and harmonise health investments.
6. **Move Together:** Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.
7. **Gender Equality:** Emphasize gender equality, redress gender power dynamics and ensure women's and girls' rights as foundational principles for UHC.
8. **Emergency Preparedness:** Promote strong and resilient health systems for enhancing emergency health preparedness and response.

There are 14 National Demands for UHC:

1. Ensure adequate supply of medical supplies and equipment in public health facilities.
2. Expand the essential health benefit package to include comprehensive in-patient and out-patient services in both public and private health facilities.
3. Increase the number of healthcare workers in public health facilities to address the growing demand for healthcare services.
4. Increase the number of healthcare facilities within the counties.
5. Promptly pay and motivate healthcare workers in the counties.
6. Strengthen citizen understanding of, and demand for, UHC.
7. Provide training and leadership opportunities for healthcare workers to build their capacity on UHC.
8. Invest in meaningful multi-stakeholder consultations to ensure successful implementation of UHC.
9. Create formal community engagement & accountability mechanisms for health in the delivery of UHC.
10. Lay down a robust monitoring and evaluation mechanism to track, learn and improve the delivery of UHC.
11. Anchor UHC to a strong and enabling national policy framework.
12. Financing of UHC should be PUBLIC and tax-based i.e. not be based on private insurance mechanisms.
13. The 'delivery' model i.e. the health services should be based on Primary Health Care, with strong emphasis on the community and clinic/health centre levels as well as on community participation and inter-sectoral action to address social determinants.
14. Policies for UHC need to clearly highlight the costs, who is covered and the extent of the cover. It will enable us to move from curative to prevention

15. Annex I: How to join the People's Health Movement

PHM is a popular movement working within the framework of the People's Charter for Health – PCH. To get involved with the PHM, one needs to endorse the People's Charter for Health available at <https://phmovement.org/get-involved/>

Annex II Town Hall Panel Discussion in Makueni

: Session Objective: The objective of the session was to strengthen local voices to demand for changes in quality, accessible, equitable, and inclusive healthcare at the county level while also ensuring their perspectives inform national action on UHC.

Moderator: Mashirima Kapombe - Renowned Journalist in Kenya

Panelists:

Christine Muindi - Sexual and Reproductive Health Officer, Makueni County

Elizabeth Mutindi - Member of 2nd County Assembly of Makueni

Simon Alachu - Orthopedic Technologist, Makueni Referral Hospital, Disability Assessment Committee Member

Richard Ndambuki - Senior Disability Services Officer, [National Council for Persons with Disabilities](#) (NCPWD)

Christine Muindi: Christine reported that the role of Makueni Care from a Reproductive Health (RH) perspective was to address out of pocket expenditure for women and girls seeking inpatient RH services. She added that the National Government supported programs such as the free maternity care and free provision of Family Planning (FP) commodities and therefore, the Makueni Care sought to supplement these programs and remove financial barriers to accessing RH services for women and children. She added that the RH component of Makueni Care was fully funded by the County Government. This was made possible after the County assembly passed the RH and FP bill 2019 that allowed for financing and ensured that if donors withdrew support, service provision would not be interrupted. She mentioned that the county held a weekly radio show that disseminated health information and encouraged male engagement in RH.

She acknowledged that the county did not have sufficient youth-friendly health facilities so they ensured that each facility had a trained health service provider to address youth and adolescents. She also highlighted that some facilities had flexible hours and special days to provide services for young people. She noted that adolescent girls mostly visited the facilities when they were already pregnant; to address this, she reported that the County Government ran a mentorship and life skills program managed by the school health coordinator.

She highlighted the findings of a recent evaluation of Makueni Care which revealed that it was centered on curative care, lacked primary health care focus, and failed to address the needs of People Living with Disability (PWD) and those with mental health issues. It was reported that following the evaluation a recommendation was made to ensure a representative drawn from the PWD community would sit in the UHC implementation task force (which is also mandated to integrated Makueni Care within the national UHC implementation process rolled out country-wide in 2020). She noted the county had set aside funds in the next budget to address some of

these gaps, including the major financing challenge experienced in the implementation of Makueni Care.

Elizabeth Mutindi: Elizabeth reminded the meeting that the role of the County Assembly was to legislate, provide oversight to the executive and represent community members. She reported that the county was a leader in public participation and that many counties had benchmarked with the county. She attributed this to the county leadership whose slogan is '*put the people first*'. She noted that the public participation starts from village to county level. All bills were subjected to public participation. She pointed out that the County Assembly passed the RH and FP bills whose objectives included the promotion of male involvement.

Simon Alachu: He reported that Makueni Care had tried to be inclusive in the provision of rehabilitative services for women and children because these were not covered under the National Health Insurance Fund (NHIF). He noted that rehabilitation services were expensive, however Makueni Care included rehabilitation health to cover for provision of appliances and therapies through the NHIF. He pointed out that not all services were covered, particularly special packages for PWDs. He informed the meeting that most rehabilitation services were provided through referrals from lower-level health facilities and information was disseminated through community-based rehabilitation.

He mentioned that efforts were being put in place to ensure health facilities were disability friendly, adding that sign language interpreters were not many in the county. He mentioned that at times waivers were given to PWDs who were not able to pay. The meeting was informed that the Disability Act had not been passed by the County Assembly, and as such most disability interventions were done out of goodwill and charity. An officer from the rehabilitation health team reported that health expenditure accounted for more than 50% of the counties' expenditure. The current payments for Makueni Care of KES 500 per household per year (excluding persons aged 65 and above who do not pay) was not sufficient and needed to be revised.

Richard Ndambuki: He reported that the expectation of the National Disability Council around Makueni Care was that it would be as inclusive as possible and would have special consideration for PWD, and parents of children with severe disabilities. It was expected that a member of the disability mainstreaming committee member at the facility level would be part of the UHC implementation task force to represent the interest of PWDs.

Annex III Kisumu County Panel Discussion

Panel Discussion Moderator:

George Owuor: Transform Empowerment for Action Initiative (TEAM)

Panelists:

1. Peter Nyaberi - County Government of Kisumu – Dept of Health
2. Hon.Linet - Member County Assembly Kisumu
3. Titus Ogallo - Transparency International Kenya (CSO Rep)
4. Easter Oketch- KEFEADO (CSO Rep.)

Peter Nyaberi noted that: He did not see the referral protocol as one of the UHC gaps. He considered Quality of care in emergencies in theatres for pregnant mothers as a gap. He said that there has been a change in how CSOs are working with the County Director of Health, the blame game was reduced due to the numerous dialogues with the County Assembly to ensure consensus in the larger road map. The survey is very informative and the gaps noted are knowledge-based. There was a need to work together to bridge the gaps identified. UHC has assisted the County Government of Kisumu to come up with a referral protocol. Operating theatres are now available at other levels of health care courtesy of UHC.

Hon. Linet said that: There is a conducive environment for all sectors in Kisumu County and emphasized on team work. She noted that UHC has done much by reducing the mortality rate before its existence. She affirmed that the Kisumu county governor is very accommodative as the county is ready on issues of dialogue and policy-making earmarked with numerous strikes by them going into emergency kitties to pay them whenever there are delays in counties' allocation of funds. She assured the participants that there would be no more strikes attributed to delayed payments as they have come up with a solution to remedy the situation. She noted that leaders tend to view CSOs as a threat but in Kisumu, there is some harmony. She reiterated that there is a need to know the gaps in UHC. She also said that those who are registered under UHC in Kisumu are well covered. She informed the participants that Kisumu County released the COVID – 19 report on 15th September 2020.

Titus Commended the stakeholders who put together the UHC survey report as it is an important document. He commented that the UHC survey report is an important document that requires adequate time for discussion to be able to see the different indicators and their impacts on UHC implementation both at the county and national level. The issue of corruption and transparency & accountability specifically in Kisumu was seriously picked as a big challenge even in how COVID – 19 is handled. He noted that 200 million was allocated for COVID – 19. He wondered what the money how the money was used and asked about any reports on that same. He also noted that there were no tenders from Kisumu County published in the portal as directed by the

President and that the Kisumu County website has no tangible information and documents are not available. HE said there was a need to strengthen the oversight with the assembly whose support is required.

Easter noted that service delivery is usually discriminative as gender equality, children, people with disability; Key Population/MARPs and GBV have been left out. She said that Gender and inclusion within service delivery are essential and that essential health services should be budgeted for. She clarified that meaningful participation meant that there must be a human's right approach. She, however, noted that citizens especially women and PWDs never get to participate holistically, She emphasized the need to shift the way things are done to ensure citizens participate holistically. Set of Questions are never asked to women with different disabilities at the facilities and sign interpreters are missing. She reiterated that citizens' voices need to be respected and confirmed that the voice of the community is missing on the budget process at the village level and there is a need to involve village elders. She said that during the year CIDP was the first one to include CSOs. She also noted that there is fear from expectant mothers to visit health facilities for fear of getting COVID – 19. She recommended that an assessment on women who went for ANC but delivered at home for fear of getting COVID – 19 should be done and that right to information is key.

George commented that on most occasions when men take their children or family member to the hospital they rarely line up, which is somewhat discrimination. He further questioned the Government's preparedness In terms of preparedness for combating Covid 19 in Kisumu County.

Peter commented that there have been more deliveries and antennal clinics since the inception of UHC and reduced child mortality through UHC. He confirmed that an all Inclusive Covid Response Team is in place with CSOs being represented with a finance person in charge although the funds may not be enough. He called for the Institutionalization of Quality of Health Care and good governance. He noted that there are Covid 19 policies in place, PPEs available, full report on COVID -19 shared by weekly, and dissemination of report at different levels. He also said that there has been lots of training on health workers, especially on Home Based Isolation Care. In his statement, he confirmed that there is preparedness for COVID – 19 response in Kisumu County. He further elaborated that the County government of Kisumu embraces community services. And encouraged people to Interact with KDHS to get more information on issues of health.

Linnet touched on the issue of mothers & children about how they are accessing the services. She said that death rates have reduced and that much gratitude goes to health workers and leaders in Kisumu County for their vigilance in handling Covid 19. She observed that all entrances are secured through screening being done to outsiders coming into the County. She also noted that the motivation given to CHWs played a huge role in mitigating against Covid 19.

George asked about how to obtain enough resources to push for meaningful budget allocation and prioritization

Easter responded that there should be meaningful participation of citizens and their voices must be respected and there has to be consensus. She further elaborated that maternal mortalities were not considered because women could not access services due to this COVID - 19 stigma. She noted that public participation must be holistically budgeted for it to be inclusive. She requested that the quality improvement technical working group be rejuvenated and hold the work improvement teams and quality improvement teams within health facilities to be accountable. She finalized by saying that service charters in health facilities do not apply and they need to be changed.

Annex IV: Kisumu Press Statement

PRESS STATEMENT INSTITUTE IMMEDIATE MEASURES TO GUARANTEE INTEGRITY TRANSPARENCY AND ACCOUNTABILITY IN UHC AND COVID-19 RESPONSE EFFORTS

Kisumu, Kenya – 22nd September 2020: We, the undersigned, organizations and associations, are representatives of various civil society and non-governmental organizations, the private sector in Kisumu. We have noted with great concern, gaps in transparency and accountability charged with managing UHC and COVID-19 resources.

These loopholes have led to the overpricing of commodities, purchase of substandard Personal Protective Equipment (PPEs), failure of the PPE's to reach those who need it the most including healthcare workers on the frontline of fighting



FIGURE 8: KISUMU TEAM DURING THE PRESSER SESSION

COVID19, and misappropriation of Resources to facilitate UHC and support vulnerable Kenyans against the impacts of the pandemic for instance the 'Kazi Mtaani' program.

An effective emergency response must espouse good governance, integrity, transparency, and accountability as enshrined in Article 10 on the National Values and Principles of Governance. Principles of public finance, under Article 201 of the Constitution of Kenya, which require openness and accountability, including public participation in financial matters should also be adhered to. Citizens have a right to participate in the making of decisions that affect their lives.

Being open and transparent, and involving those affected in decision-making is key to ensuring people participate in measures designed to protect their health and that of the wider population. We therefore call for the following actions to ensure effective response efforts:

Human Resource and Infrastructure for Health:

1. Kisumu County CECM Health, to provide a full report on UHC implementation and County preparedness to respond to the COVID-19 Pandemic in terms of availability of 'Functional'bed capacity, availability of Oxygen supplies, PPEs, and medical professionals available to provide health services to the public.
2. Provide a report on the number of medical practitioners who have been recruited and deployed to the workstations as advertised using the funds provided by the World Bank.
3. Provide a report on what the Kisumu county government has done to assess and address the occupational health and safety of medical practitioners, as a guarantee to their protection and put in place a life assurance cover and compensation package for their dependents in case of demise in the line of duty.

Transparency in Public Procurement:

1. All departments' agencies must, as a matter of right to information, proactively publish the names of companies and their beneficial owners, and individuals awarded any contracts for COVID-19 related commodities or services and the contract amounts on the Public Procurement Information Portal.
2. Kisumu County Procurement department must publish a market price index of all essential drugs and commodities required for the management and response to UHC and COVID-19 to guide procuring entities on price ceilings and provide safeguards against the inflation of commodity prices.

Immediate Accountability for all UHC and COVID-19 Resources and Full Public Disclosure:

- CECM and the Kisumu County assembly committee on Health must publish detailed expenditure information on all funds advanced for UHC the COVID-19 response efforts through donations, donor grants, salary cuts for civil servants, reallocation of budgets and other sources by all recipient entities.
3. CECM Health must provide full disclosure on the distribution of PPEs acquired by the Government of Kenya, whether purchased or donated giving full details on the sources and recipients.
 4. CECM Health must publish detailed expenditure information on all resources received for the COVID-19 response efforts.

5. Development partners and international financial institutions must demand that the government publishes full information on the disbursement, allocation, and utilization of all funds advanced as grants or loans.

6. Development partners and international financial institutions must make public the grant agreements they have signed with the Government of Kenya and other players. Oversight and Enforcement:

7. The Auditor-General must conduct an independent audit of all funds advanced for UHC and the COVID-19 response efforts to all recipient entities including the national and county governments, and the COVID-19 Emergency Response Fund Board. This audit should include the accounts for the different Government institutions using public resources to respond to the COVID-19 Pandemic.

8. The Ethics and Anti-Corruption Commission and the Directorate of Criminal Investigations must fast-track independent investigations on the already suspected cases of corruption at national and county levels. The Office of the Director of Public Prosecutions (ODPP) should ensure timely prosecution while the Judiciary should facilitate the speedy hearing and determination of these cases so that those found culpable are brought to book.

Ethical Business Practices:

9. The Private Sector must advance responsible and ethical business practices, with businesses holding each other to the highest standards of ethical conduct and work with the government and other stakeholders to identify effective strategies to particularly address corruption in the award of contracts for UHC and COVID-19 related works, goods and services.

Non-State Actors including the Religious Sector and Civil Society:

10. Non-State Actors must enhance efforts to advocate for transparency and accountability, and protection of human rights in all UHC and COVID-19 response efforts.

Reporting on Corruption:

11. The media should not relent in its efforts to uncover and expose corruption through in-depth coverage and investigative reporting on the management of UHC and COVID-19 resources. The media should also use all opportunities to seek information on the use of these resources to enable the public to hold duty-bearers to account. In conclusion, we ask The Governor of Kisumu County to urgently address the public on the allegations of corruption and announce transparency and accountability measures to be undertaken to safeguard public resources and bring those implicated to account. We urge all citizens to unite in surmounting the crisis, by adhering to all measures and directives and exercising vigilance to ensure that there is accountability of all UHC and COVID-19 resources.

Medical Equipment Services:

We are aware that the Senate investigation revealed the indisputable loss of public funds from corrupt deals and the capture of the Ministry by private corporations in the name of supplying medical equipment. We are demanding a refund of the tax payers' money lost in this process and ask for naming and shaming of the corporations and individuals involved and make public the contract between the government and the named corporations.



FIGURE 9: MAKUENI MEETING