



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

Stephen Yambi

Options Consultancy Services (Kenya)

# Outline

1. Introduction
2. Key indicators
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

<b>CATCHMENT POPULATION</b>	<b>1,670,570</b>
<b>Women of Reproductive Age (WRA) - 15 – 49 years</b>	<b>23.9%</b>
<b>CPR</b>	<b>52.12%</b>
<b>WRA receiving FP commodities.</b>	<b>45%</b>
<b>Women obtaining modern method from public health facility.</b>	<b>89%</b>
<b>Estimated number of pregnant women</b>	<b>4%</b>
<b>NO. of Health facilities</b>	<b>152</b>

# Introduction

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

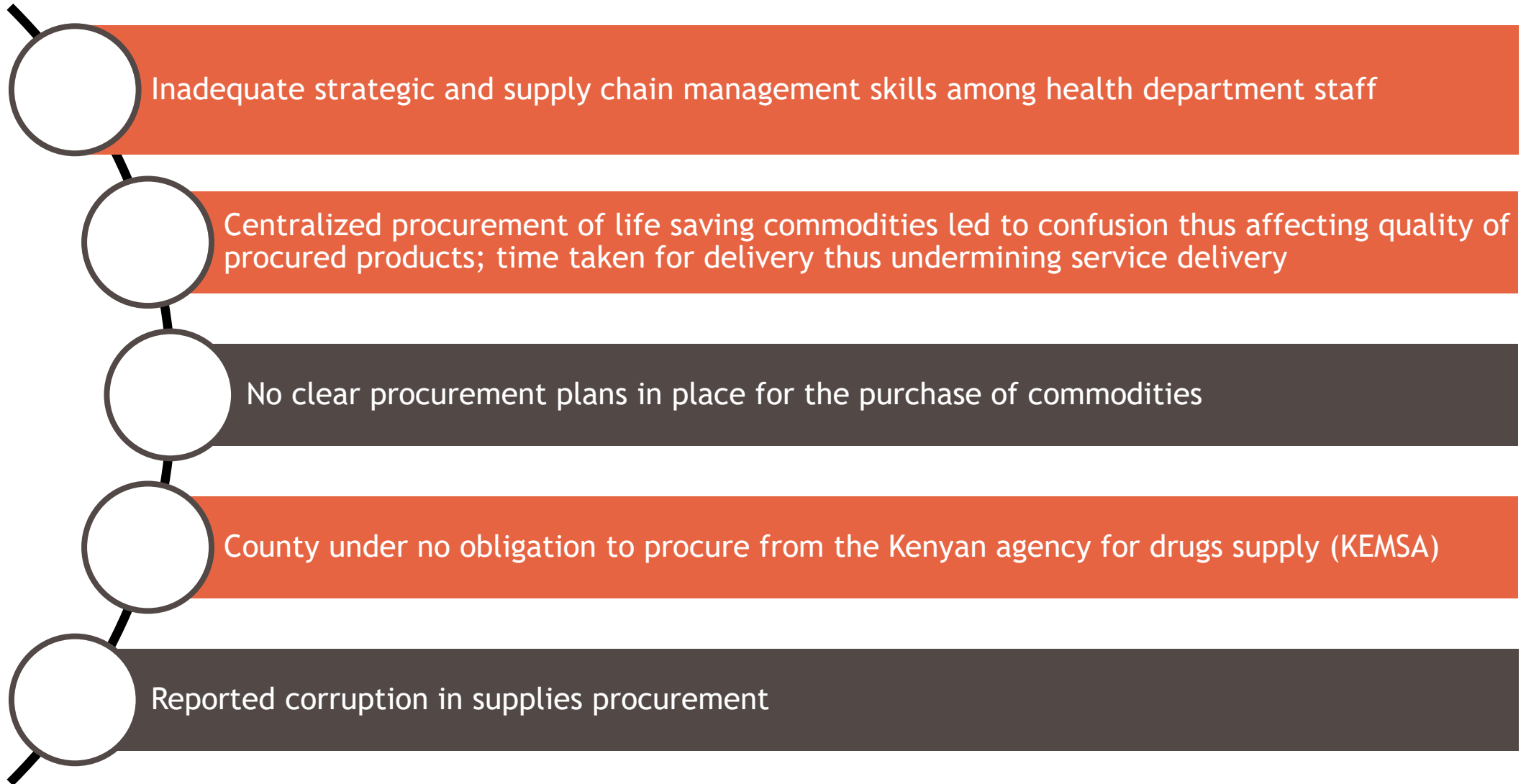
To address discrimination of the “low potential areas”. Urban areas have had better health services than a rural area

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



# E4A interventions to help address challenges



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. Procurement.

(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), procuring entity shall adhere to the Public Procurement Asset Disposal Act.





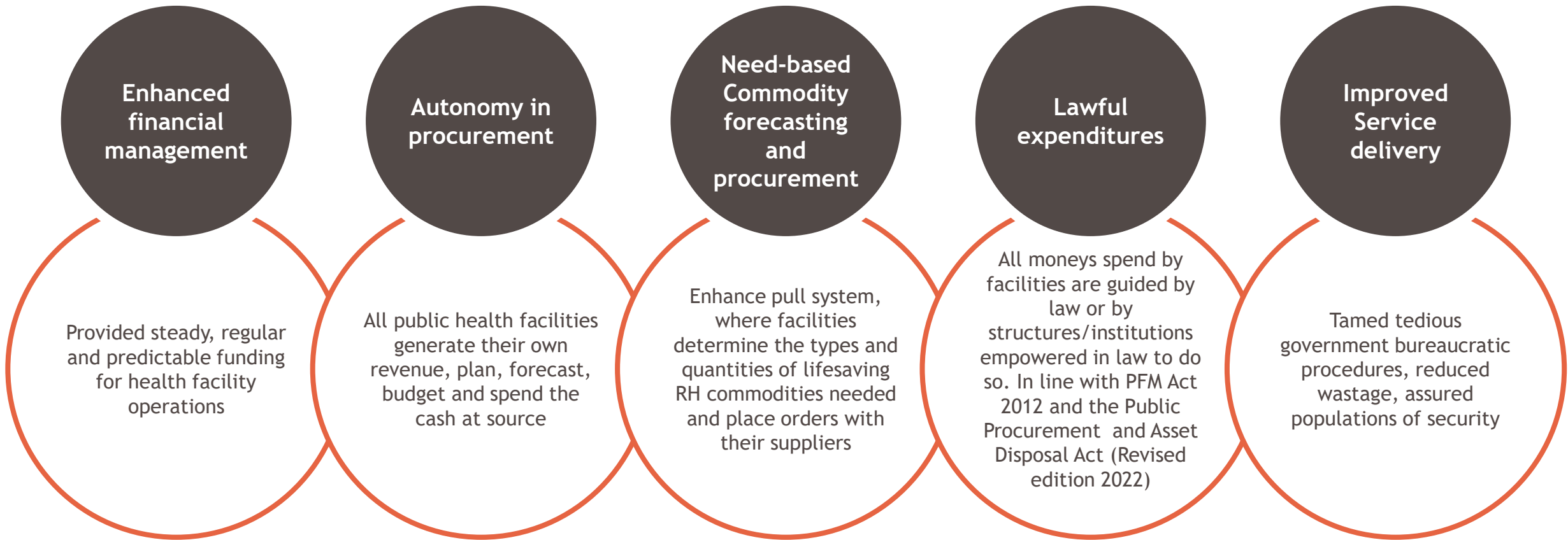
## Procurement at Primary Health Care facilities

- 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



# Reference

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

