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REPUBLIC OF KENYA

THE NATIONAL ASSEMBLY

ELEVENTH PARLIAMENT – FIFTH SESSION

THE DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON
THE QUALITY OF CARE IN PUBLIC HOSPITALS

CLERK'S CHAMBERS
DIRECTORATE OF COMMITTEE SERVICES
PARLIAMENT BUILDINGS
NAIROBI

JUNE , 2017

EXECUTIVE SUMMARY

On Tuesday, 25th August, 2015 the Committee met with the Council of Governors to deliberate on the Health Bill, 2015. During the said meeting, the Governors invited the Committee to visit counties to assess the quality of service delivery with the advent of devolution.

The Committee resolved to visit 6 counties, namely; Kisii, Homa Bay, Bomet, Kericho, Nandi and Kakamega counties. The visits were conducted from 19th to 22nd November, 2015. The Committee established two Sub-Committees to undertake the visits; one Sub-Committee was tasked to inspect and report on Kisii, Homa Bay and Bomet Counties while the other one was to report on Nandi, Kericho and Kakamega Counties.

The areas of interest during the Committee inspection visit were;

(i) The supply chain of health drugs, medicines and medicaments at health facilities
(ii) The Health human resources following the devolution of the health services with particular attention to staff establishment vis a vis hospital requirements
(iii) Health financing :- Issues of funding and resources to the facility
(iv) Implementation of the Government policy on the Free Maternity Programme

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21. Hon. Kamande Mwangi, M.P.
22. Hon. Leonard Sang, M.P.
23. Hon. Michael Onyura, M.P.
24. Hon. Mwinga Gunga, M.P.
25. Hon. Paul Koinange, M.P.
26. Hon. Raphael Milkau Otaalo, MP
27. Hon. Zipporah Jesang, MP
28. Hon. Robert Mbui, MP
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1.4 Recommendation

Having held meetings, undertaken the inspection/fact finding visit and considered the submissions presented, the Committee made the following general observations and recommendations:-

1. The Counties had embraced KEMSA as the main supplier of drugs, medicines and medicaments due to its reasonable prices and good quality supplies of drugs. However, Counties were procuring drugs through competitive bidding whatever KEMSA is not able to supply.
2. Although devolution of health had greatly improved health delivery in the counties, issues of health workers welfare were not properly addressed resulting into industrial action across many counties. There was therefore need for the Inter-governmental mechanism to work out uniform treatment for all health workers across all the counties.
3. On issues of health financing, the Committee observed that there were delays and underpayment especially on reimbursement of free maternity program by the National Government. This had resulted into financial crises for many health facilities. There was therefore need to ensure that the funds were fully channeled to the facilities to improve the service delivery. In addition, it was noted that there were many cases of waiver in the hospitals amounting to huge sums of money, there was therefore need for the county governments and the National Government to fast track the achievement of the Universal Health Coverage program to enhance access to health care for all and to reduce out of

2.0 BACKGROUND

In 2010, the new constitution mandated the devolution of power to 47 counties. Health as a devolved function has had wide-ranging implications in Kenya as stakeholders struggle to understand the impact of the new political structure on their programs and services. Devolution presents unprecedented opportunities and challenges to the health sector that determine the effectiveness of overall service delivery.

Article 43(1)(a) provides for the right to the highest attainable standard of health to every Kenyan, and places a fundamental duty on the state to take legislative, policy and other measures including the setting of standards, to achieve progressive realization of this right.

During its meeting with the Council of Governors on Tuesday, 25th August, 2015, the Committee, on invitation by the Governors, resolved to conduct inspection visits to assess the implementation of health related policies and standards as outlined by the national government. Specifically, the Committee was interested on the status of health facilities and quality of services delivery in Nandi, Kericho, Kakamega, Kisii, Bomet and Homa Bay Counties.

2.1 Objective of the Visit

Objective of the visits was to assess health service delivery particularly following the devolution of health services in accordance with the Fourth Schedule of the Constitution.

In specific, the Committee was concerned in the following areas;

i. The supply chain of health drugs, medicines and medicaments at health facilities
ii. The Health human resources following the devolution of the health services with particular attention to staff establishment vis a vis hospital requirements
iii. Health financing :- Issues of funding and resources to the facility
iv. Implementation of the Government policy on the Free Maternity Programme.

3.0 COMMITTEE FINDINGS DURING THE INSPECTION/FACT FINDING VISIT

3.1 KISII COUNTY

The Committee paid a courtesy call to Governor James Ongwae of Kisii County to brief him on the purpose of the visit which was to assess the quality of service delivery in the Counties. The Governor welcomed the Committee and made presentation about health services in Kisii county as follows, that:

3.1.2 Services offered by the Kisii Teaching and Referral Hospital

1. Offering specialized and super specialized treatment and health care to patients in East African Kenya region
2. Provision of education and training through a medical school to be established in collaboration with the Kisii University
3. Carrying out research and collaborations with County, National and International partners
4. Development of high technology platform for the treatment and curative activities

3.1.3 EDUCATIONAL AND TRAINING ACTIVITIES

1. Development of health training programmes

- KTRH offers training for graduate-level students from bachelor-level to Masters and PhD, in the health and technology fields.
- Highly skilled manpower for Medicine, Nursing, Public Health, Biomedical Technology, Medical Laboratory Sciences, Molecular Medicine, Telemedicine and other health related fields.
- There will be establishment and setting up of a curriculum for technician, undergraduate, Masters and PhD programmes in collaboration with foreign universities.

1. Setting up of a documentation center for primary and secondary prevention

The programme will set up the documentation center to promote awareness to the community on the prevention of common infections like HIV/AIDS, malaria, tuberculosis and non-communicable diseases including cancer and diabetes.

2. Establishment of a telemedicine and web technology platform

- This is to enable practicing clinicians to exchange information on patient management and care in the partnering institutions.
- This in turn will improve the quality of services and capacity of clinicians to handle their patients, as currently emphasized by the East African medical boards.
- As part of training the County envisages to provide every student with modern personal computers with access to internet for information sharing and retrieval. This will enhance the exchange of information and other clinical material via telemedicine between the partnering institutions.

3. Interventions by the County Government at the Kisii Teaching and Referral Hospital

1. Construction of a 200 bed capacity male ward – 65 per cent complete
2. Construction of a 100 body capacity mortuary/ anatomy lab – 80 per cent complete
3. New pharmacy store structure with offices – 80 per cent complete
4. Renovation of the kitchen and purchase of state of the art equipment - complete
5. Renovation of laundry area and purchase of laundry equipment - complete

ii. The delivery data is collected, summarized and fed into the District Health Information System and subsequently sent to the Ministry of Health to claim reimbursement.

iii. The funds are then transferred to the County Treasury and subsequently to the facilities.

iv. The program is however faced with delay in reimbursement with the county having arrears for 11 months thus hampering service delivery in hospitals.

3.1.7 Drugs Supply Chain

i. The county gets its supplies for pharmaceutical and non-pharmaceutical through Kenya Medical Supply Agency (KEMSA) and through competitive bidding for other smaller drug supplies.

ii. The county has a central coordinating unit and drugs tracking system through an information communication technology (ICT) platform.

3.1.8 Challenges in the health sector

1. **Inadequate staffing;** a big number of staff have been recruited by the County Government but there were still shortages in all facilities.
2. **Inadequate funding to the health sector;** A number of dispensaries have been built but they are not yet operationalized. This calls for additional funding to cater for equipment and drugs.
3. Inadequate water supply.
4. Fluctuating power supply
5. Encroachment onto hospital land
6. Lack of specialized staff especially in radiology. The County has made arrangements for telemedicine with a radiology firm in Nairobi.
7. Inadequate beds leading to sharing of beds by patients
8. Delays in reimbursement of free maternity program funds.
9. Lack of uniform approach to health matters across counties. The Transition Authority ought to have provided uniformity with devolution of the health function.
10. Large number of indigents thereby eating into the health budget through social protection scheme.

3.2 HOMA BAY COUNTY

The Committee paid a courtesy call to the office of the Governor for Homa Bay County and it met with the County officials in charge of Health and Finance. The County officials conveyed apologies from the Governor and his Deputy who were away on official duties. The CEC in charge of Health noted that Homa Bay County was one of the highly disease burdened county with high maternal and child mortality rate, high HIV/AIDs and malaria infections in the Country and therefore both the National and County Governments had big roles to play to change the situation. He further briefed the Committee as follows;

of such staff who were due for promotion before devolution through a policy guideline.

.3 Health Financing

i. With the advent of devolution, the costing of the health function was not done and therefore the counties were facing challenges of allocating funds without documented costing for health function. There is therefore need for the Government through the Intergovernmental Mechanism to cost the health function to guide the counties on allocation of funds. Homa Bay county was allocating 26% of its allocation to health which is below the requirements for health.

ii. In terms of donor funded programs such as HIV/AIDs, TB, Malaria, Family Planning, the national government has retained these funds yet the implementation was at the county level. Further, in terms of Facility Improvement Funds (FIF), the PFM Act requires that all the collections are not spent at source and are therefore submitted to the County Treasury before spending at the facility level. This posed a financing challenge for the facilities and therefore, there was need to ring-fence such funds to ensure that they are utilized to improve the health facilities.

iii. In terms of the NHIF cover, the county is working to ensure that indigents are covered through NHIF.

3.2.4 Free Maternity

i. The county was experiencing delays and under-payment in reimbursement which was amounting to Kshs. 100 million at the time of the visit. The delays were paralyzing the functioning of the hospital due to waiver of service fee for free maternity. The outpatient cover for NHIF for civil servants was also said to be costly for the counties as the outpatient capitation rates were very low and therefore there was need for policy issues negotiation on the rates. However, the inpatient arrangement with NHIF was working well as hospitals claimed after discharging the patients.

ii. In terms of shared resources; Homa Bay County was disease burdened county and yet these challenges were not factored in when distribution of national fund is being done. There was therefore need to reconsider each county with its uniqueness during revenue allocation.

iii. Frequent stock out and delays for vertical programmes such as TB drugs, malaria drugs and commodities, family planning commodities and HIV/AIDs drugs were cited to be common in the county. The county received supplies of these commodities below the requirement despite giving their quantification. There is need to ensure that the services are normalized.

3.2.5 Emergency Medical Treatment

i. The county had 3 working ambulances and was in the process of procuring 3 more and also setting up the central management unit for the ambulatory services as opposed to giving them to the hospital.

iv. In terms of staff satisfaction, there had been challenges due to the delays in payment of salaries, however, the county was working hard to ensure that payments were done in good time. The county was working on the scheme of service especially in ensuring that promotion of staff was done. However, just like in other counties, there has been a challenge of inheriting unpaid arrears from the National Government which was a big problem for the counties to implement.

3.3.3 Health financing

i. Each facility had its allocation for operation issued on a monthly basis from the county government.
ii. The hospitals in the county were also working with partners on HIV/AIDs and TB program which is run at the sub-county level by program coordinator. The funds by the partners were used to purchase minor equipment and ARVs.
iii. In terms of Facility Improvement Fund (FIF), just like in other counties, it was collected and banked at the county treasury. The money is however sent back to the facilities as per their needs and on request.
iv. For Free maternity funds, it was distributed from the county treasury. However, challenges of delays and underpayment in reimbursement of free maternity funds were highlighted .
v. On NHIF, the funds claimed were normally sent to the county treasury for both outpatient and in-patient cases and subsequently reimbursed as per the hospital budget.
vi. The county had a NHIF kitty for the elderly aged 70 years and above. It was also encouraging the informal sector especially those who are in the motor cycle business to take NHIF covers. Although, the informal sector had enrolled for the cover, high rate of defaulting payment of premiums due to the recent increase by NHIF were reported .
vii. The county hospital had a social protection program which was coordinated by the Waiver Committee that worked closely with the hospital administrator, accountant, the nursing officer in charge and the social worker. The social worker made assessments on cases requiring waiver and made reports to the nursing officer in charge for consideration by the waiver committee.

3.3.4 Emergency Care

i. The County Government had provided an ambulance for each of the sub-county hospital which were stationed at the high volume facility and were coordinated by the ambulance coordinator.
ii. The ambulance service and referral services were free and its response time is between 25 to 30 minutes.
iii. The ambulance vehicles were equipped with basic emergency equipment and only one had a ventilator and were operated by paramedics.
iv. The ambulatory service also assisted in other neighbouring counties at no fee under an agreement of inter-county transfers.

3.4.3 Health financing

i. The facility administrator handled the hospital finances. The facility offered free outpatient services but charged for the inpatient.
ii. The hospital administrator banked the money received by the hospital in the county treasury and facility made request as per its requirements from the treasury.
iii. Collections for NHIF monies and the free maternity funds also went through the county treasury were reimbursed to the facility as per its requirements.
iv. The facility also received money from the county government on monthly basis, however cases of occasional delays were cited.

3.5 NANDI COUNTY

The Committee visited Kapsabet County Referral Hospital on 20th November 2015. The visit commenced with a meeting between the County officials and the Members of the Committee. The County Government was represented by the following among others:

i. Chairperson, Health Committee at the Nandi County Assembly
ii. Vice Chairperson, Health Committee at the Nandi County Assembly
iii. Members of the Health Committee
iv. CEC Health
v. The hospital administration including the Kapsabet Referral Medical Superintendent
vi. County Chief Officer of Health
vii. The Members of the Board

The following is a summary of the findings by the Committee during its visit at the Kapsabet County Referral Hospital:

i. Kapsabet County Referral Hospital is currently a level three hospital offering both outpatient and inpatient health care services. It is the proposed Nandi County Referral Hospital and was yet to be upgraded to level four. The hospital had a bed capacity of 200 and average bed occupancy rate of 75% 80% with employee capacity for 210.
ii. Among the services offered at the facility is outpatient medical services, inpatient and operative services, diagnostic imaging and laboratory, dental services, eye services, pharmacy services, Maternal and Child Health (MCH) services, Mortuary services.
iii. The hospital required a major overhaul in terms of infrastructure with priority areas being maternity, Intensive Care Unit, Causality and as such requires enormous amounts of resources. The Committee therefore observed that very little was being done in terms of infrastructure for the hospital by the County Government.
iv. In 2015/16, the County government of Nandi allocated 1.2billion toward health services with salaries comprising of Ksh 600 million. Further, that the allocation towards health has been on the increase from 20 percent to 25 percent and to 27 percent of the County Government budget in 2014/15, 2015/16 and 2016/17 respectively.
v. The hospital Strategic plan 2014/18 provided for Kshs 160 million towards development of the health infrastructure in the Country going forward.

i. The County health budget has increased from 5 percent (excluding Personnel emoluments) to 27 percent (including personnel emoluments) to 30 percent (including personnel emoluments) in 2013/14, 2014/15 and 2015/16 respectively. This was amidst concerns of high wage bill and a balance between sustainable wage bill and addressing shortage of staff in the health sector. The county however indicated the possibility of recurring staff in phases to ensure sustainable levels of wages.

ii. As regards to free maternity services, the Committee was informed that the Hospital received at least 30 - 40 patients daily with at least 20 deliveries daily. Following the reimbursement arrangement, the hospital submitted reports monthly to the Ministry of Health, however, reimbursements were undertaken quarterly with delays experienced in the past six months where the hospital had not received reimbursement on maternity services in 2015/16 while reimbursement for the third and fourth quarter were paid in November 2015. The Committee also heard that in addition to challenges like shortage of staff resulting in one nurse per shift, it was also noted that in as much as the hospital spends approximately Ksh 2.2million monthly towards maternity services, the National government reimburses only Ksh 1.8million per month thereby making the service unsustainable.

iii. The county Government contribution to the health sector includes the following key projects:

a) The establishment of the ICU and HDU with a complementing laboratory unit in collaboration with a partner, Walter Reed Foundation where the County Government had spent Ksh 47 million to procure equipment.
b) Capacity building for health staff had been given priority by the County Government with the County having taken the initiative to train their staff. The Government continued to build capacity for the ICU personnel where 4 nurses and 1 doctor had attended refresher courses at the MTRH. Further 1 Clinical Officer anesthetist and 1 physician were being trained in India, the latter on critical care and renal. Additionally, 8 (eight) doctors were undertaking specialization in Kericho County in different areas.
c) Renovations at the facility were ongoing. Among the area under renovation were the outpatient, blood transfusion unit, the labour ward and the mortuary.
d) Purchase of specialized equipment for the laboratory geared toward improving and expanding laboratory services including thyroid test.
e) There are plans to build a drugs storage unit at the facility
f) The County was in the process of enacting a law; the County Health Bill that provides among others, a framework for the utilization of the Facility Improvement Fund (FIF) at source in a bid to ring fence health funds for enhanced services.

vi. There was need to ensure that facilities access funding for utilization for facility improvement and if possible ensure their semi –autonomy in terms of procurement so as to fastrack service delivery. To address these, the Committee encouraged the enactment of legislation to ensure faster movement of funds.

3.7.2 Malava Sub-District Hospital

The Committee visited the Malava Sub- District Hospital on 21st November 2015 having visited Kapsabet County Referral Hospital and Kericho County Referral Hospital the previous day. At Malava Hospital, the Committee was received by the area Member of Parliament, Hon Injendi. County and hospital management official present included:

a) CEC Health, Kakamega County
b) Ministry of Health representative
c) Medical Superintendent
d) Hospital staff

The Committee held a brief introductory session with the officials from the County and hospital before proceeding for the hospital visits. The following is a summary of the Committee discussions and observation during the visit at the facility:

i. The Malava Sub district hospital had a capacity of (40) forty beds in the general ward (both men and women and 20 women in the maternity ward. There was a central nursing centre with a nursing capacity of 32(thirty two) nurses against the hospital requirement of 68 (sixty eight)
ii. In the 2015/16 County budget, the Health Department was allocated Ksh 2.5 Billion with Ksh 1.65Billion for salaries and wages, Ksh 400 million for drugs and non-pharmaceuticals and Ksh 450 million allocated for development. The Ksh 2.5Billion translated to 25 percent of the total County budget.
iii. The county raised approximately Ksh 35million per quarter as revenues from health facilities as follows: Kakamega County Referral Hospital; 27million, Malava Sub district; Ksh 2.7million, Butere Sub district; 2.8million.
iv. The County was in the process of expanding all level four health facilities in the County. To achieve these, the County had since 2014/15 allocated Ksh 10 million to all the level Four Facilities earmarked for Development projects according to the individual facility's priorities. For the case of Malava Sub-District Hospital, the key priority was a new outpatient unit and ward.
v. In terms of funds for level four hospitals, in the County on a monthly basis received Ksh 1.5- 2.0 million depending on the remittances from the National Government while dispensaries and health centers received Ksh 30,000 and Ksh 50,000 to Ksh 60,000 monthly respectively.

and eventually to the facilities.

5.0 COMMITTEE RECOMMENDATIONS

The Committee made the following recommendations that;

i. **On drugs supplies, The Ministry of Health should as matter of urgency enhance the KEMSA capacity to enable it efficiently supply to counties.**

ii. **On the issue of health human resource, the Ministry of Health together with intergovernmental authority should come up with guidelines and policy to address the issues of human resource, training and career progression of health workers.**

iii. **On health financing, funds to the counties should be ring-fenced to ensure that funds get to the facilities to enhance service delivery. In the long term, the Ministry should work on the health financing policy as the country gears towards universal health coverage.**

iv. **On emergency services, the Ministry should develop a referral policy and guidelines to avoid congesting the main referral facilities.**

v. **On free maternity, the Ministry should ensure that Free Maternity Funds are transferred through the National Hospital Insurance Fund to reduce delayed reimbursements and to increase efficiency.**

Signed.....

HON. DR. RACHAEL NYAMAI, MP
CHAIRPERSON,
DEPARTMENTAL COMMITTEE ON HEALTH

Date: 30/5/2017