

# MURANG'A COUNTY GOVERNMENT



## DEPARTMENT OF HEALTH SERVICES

### Murang'a County Health Policy 2022–2027

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**A Policy Framework towards attaining accessible and affordable Healthcare Services of the highest standard in Murang'a County.**

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## **ACRONYMES/ABBREVIATIONS**

ADP-Annual Development Plan

CECM-County Executive Committee Member

CHVs-Community Health Volunteers

CIDP-County Integrated Development Plan

COK-Constitution of Kenya

FBO-Faith Based Organizations

FY-Fiscal year

HPT-Health Products and Technology

HRH-Human resource in Health

MTPs-Mid-Term Plans

NHIF-National Health Insurance Fund

NSA- Non-State Actors

SCO-Civil Societies of Kenya

UDHR- Universal Declaration of Human Rights (UDHR)

UHC-Universal Health Coverage

USAID-United States Agency for international development

## **TERMS USED IN THE POLICY**

**Health:** A state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.

**Healthcare services:** The prevention and management of disease, illness, injury, and other physical and mental impairments in individuals delivered by healthcare professionals through the healthcare system; they can either be routine health services or emergency health services.

**Health system:** The mechanism to deliver high-quality healthcare services to all people when and where they need them.

**Non-state Actors (NSA):** Individuals or institutions whose primary purpose are provision of health services but are not part of the state. They include service providers (for profit and not for profit), health CSOs, NGOs, and their related management systems.

**Universal Health Coverage (UHC):** Ensuring that everyone who needs health services is able to get them without undue financial hardship

**NHIF:** National Health Insurance Fund

**NHIF Claims:** Claims or requests made by Murang'a County Government health facilities to NHIF for direct payment or reimbursement for medical services that the insured person has obtained.

**Indigent:** means the very needy and vulnerable members of the society.

## FOREWORD

The Murang'a County Health Policy 2022–2027 provides the direction that ensure significant improvement in the overall status of health in Murang'a County well in line with the Constitution of Kenya 2010, the county's CIDP, ADP, Murang'a County Health Department's development agenda, and Vision 2030. It demonstrates the County Government's commitment, under H.E. Governor's stewardship, to ensuring that Murang'a County attains the highest possible standards of health, in a manner responsive to the needs of the residents of Murang'a County.

This policy is designed to be comprehensive and focuses on the key obligations of health: accessibility and affordability of healthcare services. It policy focuses on people friendly objectives to attain the County government's goals in health sector. It proposes a comprehensive and innovative approach to harness and synergize health services. There is therefore, need to raise awareness and ensure that the objectives of this policy are understood and fully owned by the various stakeholders and implementing partners.

The policy was developed through a participatory process involving all stakeholders in health including Members of the County Assembly, County Executive Committee, Chief Officers and Departmental Heads, Governors Advisors on various matters, among others.

It is my sincere hope that all the actors in health in Murang'a County will rally around these policy directions to ensure that we all progressively move towards the realization of the right to health and steer Murang'a County towards the desired health goals

Signature .....

Name: .....

**H.E THE GOVERNOR  
MURANGA COUNTY GOVERNMENT**

## **ACKNOWLEDGEMENT**

The realization of Murang'a County Health policy (2022-2027) has been made possible through the involvement and support of many individuals and organizations. We would like to appreciate, H.E. Dr. Irungu Kangata for his insights that enriched the document significantly. We are also grateful to the members of the County assembly, the County executive Committee members, the Chief Officer-Health & Sanitation who was the lead, community members and the health partners such as USAIDs and VIDHA.

We appreciate and value your time. Thank you for your partnership.



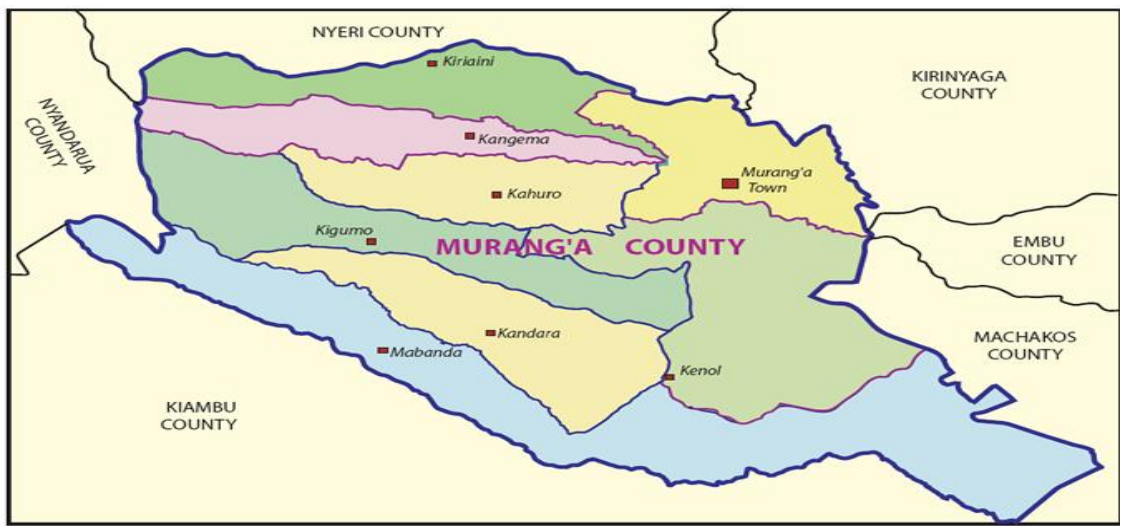
## INTRODUCTION

### COUNTY PROFILE

#### 1.0 BACKGROUND INFORMATION OF THE COUNTY

Murang'a County is one of the five Counties in the central region with a total population of 1,004,833 (projected from the 2009 census with a growth rate of 1.6%). It covers an area of 2,325 sqkm.

#### Map of Murang'a County



There are 7 sub-counties namely; Kiharu, Mathioya, Kangema, Maragua, Kigumo, Kandara and Gatanga and 35 wards. See below.

	Number of County Electoral Wards	Land area (km <sup>2</sup> )	No. of villages
Kiharu	3	409.8	31
Kangema	3	173.6	98
Gatanga	6	599.0	105
Mathioya	3	351.3	93
Kigumo	5	242.1	67
Kandara	6	235.9	62
Maragua	6	547.2	63
<b>TOTAL</b>	<b>35</b>	<b>2558.9</b>	<b>84</b>

## 1.1 County Demographics

Age Cohort	2022		
	M	F	T
0-4	72,233	70,968	143,201
5-9	74,303	72,398	146,702
10-14	69,991	67,112	137,103
15-19	62,101	55,115	117,216
20-24	44,720	38,624	83,343
25-29	38,283	36,977	75,258
30-34	37,677	40,828	78,492
35-39	35,828	41,531	77,359
40-44	33,080	37,502	70,580
45-49	30,347	34,418	64,765
50-54	27,008	30,290	57,297
55-59	23,217	25,914	49,131
60-64	18,337	18,966	37,302
65-69	13,281	14,064	27,345
70-74	9,387	10,873	20,259
75-79	6,502	8,032	14,533
80+	5,905	8,259	14,163
<b>Total</b>	<b>602,200</b>	<b>611,871</b>	<b>1,214,071</b>

## 1.2 Health indicators in the County

	Health indicator
1.	Life expectancy at birth (in years)
2.	Crude mortality rate and specific mortality ratio
3.	Reproductive health needs
4.	Ante and post-natal care uptake
5.	Anti-retroviral uptake
6.	Exclusive breast feeding and immunization coverage
7.	Latrine coverage
8.	Provision of water supply
9.	Magnitude of Injury and violence
10.	Mental health
11.	Oral health
12.	Alcohol and tobacco use

## 1.3 NHIF STATUS

Currently there are 93,161 households who pay for themselves while 20,000 more households are paid for by the National Government adding up to 113,161 households which is equivalent to 29% of the total households. The total No. of households is approximately 385,000

The total amount claimed in the last FY 2021/2022 was 173.5m out of which 96.5m has been paid with a balance of 77m

Note: Members are covered by for all out-patient services excluding Dental, optical and mortuary services.

Most of the population who have no NHIF have had to face difficult encounter with the credit and sometimes bankruptcy. The hospitals are sometimes made to waive for the

most economically challenged and this always resulted to audit queries. The waivers can go up app. Ksh. 180,000,000 per annum.

See below audit query 2021.

### ***Unsupported hospital bills waivers***

#### ***Criteria***

***Section 64 (1) of the Public Finance Management Regulations (National Government), 2015, stipulates, that an accounting officer and a receiver of revenue are personally responsible for ensuring that:***

***Adequate safeguards exist and are applied for the prompt collection and proper accounting for, all county government revenue and other public moneys relating to their county departments or agencies***

#### ***Observation***

***In the 2019/2020 financial year Murang'a Lev 5 Hospital management waived a total of Kshs 7,502,654 in hospital bills including drug costs. However, the Hospital has no approved waiver policy document, no committee minutes approving these waivers, no records to prove that social workers visited the patient's homes to access their ability to pay.***

#### ***Risk(s)/Effect(s)/Implications***

***The county is losing revenue from these undeserving waivers***

#### ***Recommendation***

***The management should develop a waiver policy to guide the Hospital Administrators***

#### **1.4 Primary Healthcare Services as a Devolved Function**

The 1978 Declaration of Alma-Ata founded the movement for primary health care. It called for health for all, and was the first declaration of health as a fundamental human right. The Declaration of Alma-Ata was the first document to set out a holistic view of health and put an emphasis on the contribution of health to economic and individual development. Over years several documents have been developed in line with attainment of health for all globally and locally. The development of Kenya Health Policy Framework (KHPF 1994-2010), launching of Vision 2030, enactment of the Constitution 2010, fast tracking of actions to achieve the Millennium Development Goals (MDGs) by 2015 and sustainable development goals are some of the blue prints.

The Universal Declaration of Human Rights (UDHR) was drafted by representatives with different legal and cultural backgrounds from all regions of the world, the Declaration was proclaimed by the United Nations General Assembly in Paris on 10 December 1948 (General Assembly resolution 217 A) as a common standard of achievements for all peoples and all nations. According to article 3 “Everyone has the right to life, liberty and security of person”

Sustainable development goals (SDGs) were adopted by all United Nations Member States in 2015, providing a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 SDGs with goal number 3 of good health and wellbeing. The Constitution of Kenya 2010 provides that Primary Healthcare is a fully devolved function to be implemented by the County Governments. This is provision of healthcare

services from the lowest devolved health facility at the local level all the way to level five hospitals. Community Health programs are also envisioned to fall under the category of Primary Healthcare. Article 43 ensures the Kenyan citizen of the right to affordable, accessible and quality standard health care. The Constitution therefore requires the two levels of Government and relevant State agencies to observe, respect, protect, promote, and fulfil the rights in the Constitution and to take “legislative, policy and other measures, including setting of standards to achieve the progressive realization of the rights guaranteed in Article 43.” Murang’a County Government is therefore obligated by the Supreme Law to provide the residents of the County with the best health services as practically possible.

The Health Act 2017 was enacted in Parliament to establish a unified health system, to coordinate the inter-relationship between the national government and county government health systems, to provide for regulation of health care service and health care service providers, health products and health technologies and for connected purposes.

One of the objectives is to observe respect, protect, promote and fulfill the right to the highest attainable standard of health including reproductive health care and emergency medical treatment. This is by ensuring the realization of the health-related rights and interests of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities and members of particular ethnic, religious or cultural communities among others.

Globally, the community health approach has been recognized as an effective way for making improvements in health care delivery as well as addressing heavy burden of disease and therefore contributing to the health and socioeconomic development. A 2004 evaluation of the Kenya Health Policy Framework reported an overall decline in health-related indicators, despite

increased funding to the health sector. As a consequence, Kenya developed the community health strategy (CHS) in 2006 both as a commitment to global health goals and to support the achievement of the Second National Health Sector Strategic Plan (2005-2010) whose goal was to reverse declining health indicator trends. Kenya has seen adopted the guidelines of CHS as per the Kenya Community Health Policy 2020-2030.

The Kenya Health Policy, 2014–2030 gives directions to ensure significant improvement in overall status of health in Kenya in line with the Constitution of Kenya 2010, the country’s long-term development agenda, Vision 2030 and global commitments.

The development and implementation of this Policy is therefore in respect of the constitutional mandate of the County Government in delivery of public health care services to the residents of Murang’a County. The policy provides for a framework that guarantees right to access to affordable, quality and accessible healthcare services by the residents of Murang’a County.

The Constitution provides and envisions that the National Government will lead the Health sector by way of a National Health Policy. County Governments are expected to align to the National Policy. This Policy framework is fully compliant and is aligned to the National Health Policy.

### **1.5 Health Services in Murang’a County**

The most significant feature of the Constitution of Kenya 2010 is the introduction of a devolved system of government, which ensures distinct functions for either levels of government. The two levels, however, are dependent on each other and are expected to work in a complimentary manner to ensure efficient service delivery to “*mwananchi*”.

In respect of the provision of the Constitutional principle, the Murang’a County Health Policy 2022–2027 is guided by the following objectives:

- Prudence, transparency and accountability in delivery of healthcare;
- Ensuring efficiency and effectiveness in health care services delivery;
- Ensuring accessibility and affordability of health services;
- Ensuring equitable distribution of health services across the County
- Enhancing the human resources capacity for the Health Sector in the County

The Policy takes cognizance of the specific functions assigned to Murang'a County Government by the Constitution which includes; being responsible for county health services, pharmacies; ambulance services; promotion of primary healthcare; licensing and control of undertakings that sell food to the public; regulation and control alcoholic drinks and alcoholic outlets in the county, cemeteries, funeral parlors and crematoria; and refuse removal, refuse dumps, and solid waste disposal. Of key importance in this Policy is the responsibility of the County Government in the delivery of County Health services in a manner contemplated by Article 43 of the Constitution.

### **1.6 Principles Guiding the Murang'a County Health Policy 2022-2027**

The County Government underscores the need for better healthcare services in the County with full understanding that a healthy county is a wealthy county. A healthy population is able to have a higher economic productivity and hence the better healthcare the better economic development of the County. In the implementation of this Policy, the Health sector in Murang'a County will embrace the following guiding principles:

- i. Equity in distribution of health services and interventions;
- ii. Public participation and social accountability in planning and implementation of Social Health Programs;
- iii. Efficiency essential health products and technologies are available and accessible in each health facility within Murang'a county ; and



- iv. Mutual consultation and cooperation between Murang'a county government, National Government, Donors and other non-state actors.
- v. Full automation of health services delivery in all public health facilities in Murang'a County.
- vi. Residents' right to access the best attainable health services
- vii. Affordability and accessibility of Health services by the poor, marginalized and people living with disabilities who are residents of Murang'a County.
- viii. Social Health Insurance Mechanisms in collaboration with the National Health Insurance Fund (NHIF) to avail free cover for the indigents and maternal support for pregnant Mothers and newly delivered mothers.
- ix. Fairness and equity in allocation of resources for the Health Sector.

### **1.7 The Policy objectives**

To guarantee the best attainable standards of healthcare services in Murang'a County, the key policy objectives that will be employed to achieve this goal include the following:

- i. To promote access to primary health care within the meaning of Article 43 of GoK;
- ii. To rejuvenate the Community Health Services and establish a vibrant Community Health System that is alive to the needs of the residents;
- iii. To establish a Social Health Insurance Scheme that focusses on assisting the indigents and Pregnant Mothers access to Universal Health Coverage and related benefits such as the Last Expense.

- iv. To provide a framework for identifying and selecting the beneficiaries of the County Government-Funded insurance schemes.
- v. To establish the policy framework for collaboration with the NHIF in ensuring that the County is well guided towards the realization of Universal Health Coverage
- vi. To establish a mechanism of supporting young mothers two months of prior delivery and one month after delivery.
- vii. To set a policy framework for the compensation by stipends of the Community Health Volunteers.

### **1.8 Basic Structure of the Health Services in Murang'a County**

Murang'a County's healthcare system is structured in a hierarchical manner that entails the entire scope of primary healthcare, with the lowest unit being the community, and then graduates, with complicated cases being referred to higher levels of healthcare. Primary care units consist of dispensaries and health centres. The current structure consists of the following six levels:

- Level 1: Community Health Services
- Level 2 Health Facilities: Dispensaries
- Level 3 Health Facilities: Health centres
- Level 4 Hospital: Primary referral facilities
- Level 5 Hospitals: Secondary referral facilities

## **1.9 Murang'a County Health Challenges**

This policy was developed at a time when Murang'a County face huge challenges in the Health Sector. These challenges include and not limited to:

- Lack of drugs in hospitals
- Lack of access to affordable health care by the indigent population of Murang'a County
- Lack a reliable support system for pregnant mothers
- Unmotivated personnel
- Poor management of the ambulance services
- Costly and or lack of laboratory services
- Lack of automation of health services
- High level of hospital bills waiver

## **1.10 Stakeholders Participation in the development of this Policy**

The Murang'a County Health Policy 2022–2027 was developed under the stewardship of His Excellency the Governor and the policy level management of the County Government. The policy development also entailed consultations with the political class including the Members of Murang'a County Assembly.

The Policy development borrowed heavily from the Manifesto of the Governor during the 2022 General Elections campaigns.

The development of the Policy therefore sought the inputs of the County Executive Committee, the Chief Officers and departmental staff, Members of the County Assembly and various expertise in Finance, Law, Health amongst others.

## **CHAPTER 2: POLICY STRATEGIES**

### **2.0 Policy Strategy Context**

This section of the Policy focuses on the strategies to address public healthcare service delivery in Murang'a County. The Policy identifies key intervention areas that once addressed will enhance the Health Sector.

The policy strategies mainly focus on the addressing the issues accessibility, affordability, equity and quality healthcare. The strategies are a deliberate effort by the County Government to ensure that all Murang'a County residents are able to access healthcare services from every part of the County.

The County government main objective if health for all residents in the County and this will be achieved through implementing strategies to address all of the gaps, challenges and weaknesses in the Health Sector in the County. The priority policy strategies include the following;

- i. Promote universal access to UHC by supporting the indigents by paying their insurance cover by NHIF;
- ii. Supporting Pregnant mothers with a stipend to be determined by the CECM FINANCE for a maximum period of two months before delivery and one month after delivery;
- iii. Strengthen advocacy for social health insurance coverage and attract collaboration from state and non-state actors;
- iv. Ensure a stipend to be determined by the CECM finance is given to the CHVs

- v. Put in place interventions directly addressing the elderly, marginalized and indigent populations to enhance equity in accessing healthcare;
- vi. Design and implement integrated health service provision tools, mechanisms, and processes, with a view to enhancing access and affordability of healthcare;
- vii. Strengthen the integrated surveillance and health services automation systems, to inform policy and planning;
- viii. Establish and operationalize Health Products and Technologies Unit as a mechanism for stewardship and coordination of HPTs management which is expected to improve availability and accountability of HPTs in all Public health facilities in the County.
- ix. viii. Support optimal health and survival of pregnant mothers and the babies by providing support that goes to nurturing of the babies;
- x. Adopt and implement the Murang'a County Nutrition Interventions affecting Pregnant Mothers, school children and other members of the society integrating it in the community health strategy
- xi. Increase accessibility and availability of ambulance services
- xii. Adopt and implement the Murang'a county alcoholic drinks control ACT 2022

- xiii. Ensure the medical records and data recording is modernized into the current information technology systems

## **2.1 UNIVERSAL HEALTH COVERAGE (UHC) PROGRAMME FOR THE INDIGENTS**

This Policy establishes a framework for collaboration and partnership between NHIF and Murang'a County Government for a Social Health Insurance Scheme for the UHC coverage programme of the Indigents. The number of households to be covered will depend on the amount appropriated by the county assembly. This number shall increase progressively as the Policy is implemented.

The services to be covered will include;

- i) Outpatient and in-patient services
- ii) Optical cover
- iii) Dental cover
- iv) Last expense for the principal members and their dependents

This Policy lays the following as the criteria for the identification of the beneficiaries and those to be give priority under the UHC programme: -

- Proven record that the beneficiary has no reliable source of income;
- Households with disabled child(or children)
- Over 60yrs parents with dependent children(in school)
- Widows and widowers, Single parents

The beneficiaries should not have any form of health insurance.

Approval by the area chief confirming that the beneficiary is a Murang'a resident by birth and dwelling;

The beneficiary will be given the room to make a decision on the choice of hospital facility;

The CHVs will help identify the beneficiaries

## **2.2 Maternal Support Programme**

This Policy establishes a mechanism to reduce infant mortality rate by supporting pregnant mothers during their 8<sup>TH</sup>, 9<sup>th</sup> months of pregnancy and one month after delivery. The Policy will start implement this Program with an initial ten thousand beneficiaries. The Criteria for this will be: -

- A Murang'a resident
- Approval letter from the area chief confirming that the beneficiary is from Murang'a County;
- The beneficiary must have attended ante-natal clinic in a public health facility in Murang'a County from the 4<sup>th</sup> month;
- The beneficiary will be encouraged to be a member of NHIF;
- The vetting committee will comprise of the CHV, local health facility in charge and another staff member of the nearest local facility
- The beneficiary will be paid via electronic transfer of funds and shall be required to have mobile money platform and or a bank account;

## **2.3 Community Health Volunteers (CHVs)**

The role of community health services is mainly preventive, emergency interventions and other duties they may be assigned by the county government from time to time. This Policy establishes a framework for the establishment of Murang'a County Community Health System.

Through this Policy the Community Health Volunteers will be picked from each Polling Centre where each polling center will produce two persons of opposite gender.

The Election of two CHVs per polling center will be done by the members of public, the interested members of public are supposed to apply on line or through the Sub-County headquarters office. To qualify one must have voted in that polling center in the previous two elections.

The CHVs will be provided with relevant kit to undertake community health services. The CHVs will be allocated to their nearest health facility which may be a dispensary, health centre or any public hospital.

The CECM will ensure the right supervisory mechanism is put in place to monitor the growth and development of community health services.

This Policy provides that a stipend to be determined by the CECM Health for each CHV. This stipend may either be paid through mobile money platform or bank account.

The tenure for CHVs will be 5 years and should not be County government employees. After 5 years they will require validation by members of the public through elections again.

## **2.4 Health Products and Technologies Unit**

This is a unit within the Health Department that will organize, monitor, coordinate and support all activities within the health supply chain system. It is expected to advocate for strategies and implement system strengthening initiatives to increase efficiency and effectiveness of the supply chain for increased availability, accessibility and affordability of health commodities. It is relevant in ensuring standards of management are applied across all HPTs.

The County Executive Member for Health shall establish a HPTU whose functions shall include;

(a) Ensuring that essential health products and technologies are available and accessible in each health facility within the County,

(b) Ensuring that the Health products and technologies are of good quality and are rationally used within the health facilities, meeting the standards prescribed under any written law; and for the user-departments to be involved in meeting this objective.



(c) Adopting appropriate measures for ensuring cost effectiveness in product selection, quantification, warehousing and storage, and supply chain management information systems for Health products and technologies.

(d) This unit shall, comprise of 7 members who shall be from the Department of Health & Sanitation who will be the Unit head, the deputy and five other members representing laboratory, health management Information systems, nutrition, Public Health and procurement

e) In establishing the unit the executive member shall ensure that the unit is appropriately and adequately equipped with technical staff to handle all core aspects of County HPTU supply chain.

## **CHAPTER 3: INSTITUTIONAL FRAMEWORK**

### **3.0 Institutional Framework Overview**

This health policy recognizes that coordination of health service delivery of the health sector in Murang'a County has in the past been riddled with challenges ranging to poor institutional organization.

Governance structures, systems and an institutional framework for planning and implementation is needed for the successful implementation of this policy will be dependent upon the collaborative efforts and synergies of all the stakeholders and actors through establishment of an effective partnership framework through new institutional and management arrangements. This policy is also alive to the functional assignments of the Health Department with respective accountability, reporting, and management responsibilities.

The policy therefore provides a structure that harnesses and synergizes health service delivery at all levels of health delivery system and seeks to meet the following objectives:

- i. Delivery of efficient, cost-effective, and equitable health services;

- ii. Devolution of health service delivery, administration, and management to the community level;
- iii. Stakeholder participation and accountability in health services delivery, administration, and management;
- iv. iv. Operational autonomy;
- v. Efficient and cost-effective monitoring, evaluation, reviewing, and reporting systems;
- vi. Smooth transition from the current to the proposed devolved arrangements; and
- vii. Complementarity of efforts and interventions.

Under the existing legal and other government policy frameworks, this policy will be implemented through five-year Strategic Medium Term Plans (MTPs), Multi-year County Sectoral Plans, and Annual Development Plans.

### **3.1 Stakeholders in Health Service Delivery in Murang'a County**

The policy implementation process will adopt a multisectoral approach involving different stakeholders—state actors (government ministries and agencies) at the county government departments.

This Policy shall be domiciled in the County Department of Health Services under the leadership of the County Executive Committee Member for Health Services who shall work in consultation with colleague CECM for Finance and Economic Planning and other relevant County Departments.

The County Assembly is a very important institution as the allocation of County government resources towards the Health sector relies on the budget enacted by the County Assembly.

The Controller of Budget, The National Treasury, Commission on Revenue Allocation and other state agencies shall be part of the institutional framework for the implementation of this Policy.

All stakeholders in the Health Sector are envisaged to play complementary roles in supporting each other.

Public Health Sector Clientele including individuals, households, groups or communities are the focal points of the institutions, agencies and entities in the offering Health services.

Regulatory bodies, professional associations, health workers unions, non-state actors (civil society organisations [CSOs], FBOs/nongovernmental organisations [NGOs], the private sector); and development partners are recognized by this Policy as key institutions that enhance the Health Sector.

The following are some key health sector actors and their respective roles in implementing this Policy:

### **3.2 County Department of Health Services as a Key institution**

The Department of health shall establish and facilitate an institutional and management structure to coordinate and manage delivery of the primary healthcare services at the County, Sub-County, Health center, Dispensary and Community health services levels while championing the implementation of this Policy. The Department of Health Services shall be responsible for the following functions:

- i. Developing county health policy and legislation, setting of standards, national reporting, sector coordination, and resource mobilization;
- ii. Offering technical support, with emphasis on planning, development, and monitoring of health service delivery quality and standards throughout the county;

- iii. Providing guidelines on tariffs chargeable for the provisions of health services;
- iv. Promoting mechanisms for improving administrative and management systems, including conducting appropriate studies; and
- v. Capacity building of county government personnel to effectively deliver high-quality and responsive health services.

### **3.3 Murang'a County residents, households and Communities**

This Policy looks at the stratum of beneficiaries in the following perspective: -

**Individual:** This Policy recognizes the central role an individual play through adoption of appropriate health practices and health care seeking behaviors as key in the realization of the county's health goals. The policy shall therefore seek to enhance the capacity of the individual to effectively play this role.

**This** Policy seeks to ensure that indigents, the marginalized, people living with disabilities and the vulnerable in the society are able to access social health insurance. These groups are therefore key actors in the implementation of this Policy.

**Household:** The sector shall ensure that households are empowered to take responsibility for their own health and well-being, and are facilitated and capacitated to participate actively in the management of their local healthcare systems.

**Communities:** This policy recognizes the significant role that communities have traditionally played in contributing to the achievement of national, community, and family health goals through various innovative interventions. These have ranged from informal community programmes to home-based interventions. These will continue to be encouraged.

### **3.4 Non-state actors**

These are implementing partners that play a role in health service delivery. They include the private sector, NGOs, FBOs, and CSOs. This Policy recognizes the strengths of these actors in mobilizing resources for health....

Service delivery, designing and implementing development programmes, and organizing and interacting with community groups. The implementing partners have also been a critical source of human and monetary resources that would be critical in the implementation of this Policy.

In addition, this policy acknowledges the range of interventions implemented by these partners in addressing risk factors to health in the areas of education, health, food security, and water sectors, among others.

Other non-state actors include firms involved in the manufacturing, importation, and distribution of HPT and health infrastructure, as well as health insurance companies.

### **3.5 Development partners**

Health services require significant financial and technical investment in a context of limited resources. Development Partners and international nongovernmental organizations have traditionally played a key role in providing resources for the health sector.

This role has been structured around principles of aid effectiveness, which place emphasis on government ownership, alignment, harmonization, mutual accountability, and managing for results of programmes in the health sector. The implementation of this Policy will require the continued support of development partners in health.

## **CHAPTER 4: POLICY FINANCING**

### **4.0 Current Health Sector financial allocation**

The County government expenditure on health as a percentage of total government expenditures has remained fairly constant—between 10 and 30 per cent over the last eight years. This Policy will rely on the annual appropriation by the County Assembly in the annual county budget.

### **4.1 Human resources**

Human resources for health are defined as the stock of all people engaged in actions whose primary intent is to enhance health care services.

An adequate, productive, and equitably distributed pool of health workers who are accessible is necessary for the effective delivery of healthcare.

There has been a general increase in the number of healthcare personnel over the last eight years to improve personnel: patient ratio. Within this Policy Framework the County Government will continue to recruit relevant personnel to enhance the sector.

Murang'a County will endeavor to make our health facilities as training centers including registrar doctors and other cadres in collaboration with other institutions such as Murang'a University, KMTC and COESCA (COLLEGE OF SURGEONS FOR EAST AND CENTRAL AFRICA)

### **4.2 Health Budget**

This Policy will be financed by the annual County Budget with the initial programs being implemented in the Financial Year 2022/23. The Policy will require subsequent budgeting every financial year under the Health Budget. The County Department of Health will be responsible of the budget implementation in compliance with the relevant laws.

The appropriated budget will be used for the Social Health Insurance Scheme, the Community Health Services, normal health services and programs, among others.

The County budget will be the main source of financing of this Policy. However, grants, donations, aids and contributions for health sector programs shall also finance the implementation of this Policy. Donor partners and non-state actors remain key institutions in the implementation of this Policy and any guidelines issued by a donor or a non-state actor will be complied with.

#### **4.3 Murang'a UHC PROGRAMME FUND**

This Policy provide a progressive social health insurance scheme which is a framework of insuring the very poor residents of Murang'a County with the number to start being determined by the amount of money to be appropriated by the county assembly.

The County government will establish a Social Health fund which will be responsible for the NHIF-Murang'a County Government partnership in efforts to insure the indigents, support for pregnant mothers, among other programs that may be approved by the County Executive Committee.

#### **4.4 Claims from NHIF**

This Policy establishes a revolving fund mechanism to replenish the Murang'a County Social Health Fund. All monies received by the County Treasury arising from claims from NHIF shall be ploughed back the Social Health Fund. Subsequently, the Social Health Fund will accumulate and eventually it will become a self-sustaining program. The County Executive Committee member for Health while doing the Departmental Budget will ensure any gaps will be addressed.

## **CHAPTER 5: POLICY MONITORING, EVALUATION AND REVIEW**

### **5.0 Monitoring framework**

The implementation of this Policy will be tracked using a set of financial and non-financial targets and indicators.

These targets will reflect the planned County goals and targets, and health sector priorities elaborated in Vision 2030, CIDP, ADP, Departmental Goals and objectives, County Multi-Year Sectoral Plans among other plans. These plans will be implemented and monitored through annual work plans and medium-term plans. This Policy will undergo a mid-term review. The targets will be benchmarked against best practices from across the country.

### **5.1 Monitoring and Evaluation planning**

The Murang'a County Health Policy is the primary policy document providing long-term direction for health in Murang'a County for the period 2022–2027.

This Policy will be implemented through medium-term strategic plans that will elaborate on the comprehensive medium-term strategic and investment approaches through two key elements:

1. Medium-term health and related services objectives and outcome (Coverage) indicator targets for each of the Policy objectives, and;
2. Priority investments across the policy objectives required to attain the above mentioned medium-term health and related services objectives. Priority investments would be defined by the respective planning units (Health Department CECM, Chief Officer, Health Facilities, among others), to enable attainment of defined objectives and targets for the Health sector.

This policy will be implemented through a five-year Health Sector Strategic Plan (HSSP). The plan will be supported by programme annual plans and strategic frameworks with sector-wide objectives around specific services. (e.g. Social Health Insurance partnership with NHIF, Pregnant Mothers Support among other



Programs) or systems (e.g., Human Resources for Health (HRH) or Health Financing).

## **5.2 Progress Indicators**

This Policy will be constantly monitored within a framework of progress indicators to allow corrective mechanism where applicable. The CECM for Health in a consultative manner will on annual basis develop Progress indicators for purposes of this Policy.

This will enhance accountability and boost confidence from across all the stakeholders.

## **5.3 Policy Review**

Whenever the monitoring and evaluation of this policy recommends a review, the CECM for Health will relay that recommendation to the County Executive Committee for approval. This Policy is alive to the needs of current and future emerging trends in the Health Sector and is flexible to those possibilities.

This Policy appreciate the role of best practices and the need for continuous improvement in the delivery of Healthcare services. And therefore whenever an opportunity arises for review, the CECM for Health will seek approval from the topmost organ of the County Executive.

## **CONCLUSION**

This policy represents a commitment towards improving the Health Sector of the residents of Murang'a County by significantly reducing the current challenges in the sector and gradually increasing quality, accessibility, affordability of healthcare services in Murang'a County.

The Policy proposes a comprehensive and innovative approach to addressing the health agenda, which represents a radical departure from past approaches to addressing the health challenges in Murang'a County.

It is based on the Constitutional provision on devolved function of primary health, Murang'a County CIDP, and the National Health Policy.

This Policy was developed through an inclusive and participatory process involving all stakeholders in the health sector and related sectors and highlights the Murang'a County health goal and objectives, principles, and strategies aimed at achieving the highest standard of healthcare in the County. It also outlines a comprehensive implementation framework to achieve the stated goal and objectives. It delineates the roles of the different stakeholders in the sector in delivering the health agenda and details the institutional management arrangements, taking into account the specific roles of each institution. It therefore provides a structure that harnesses and gives synergy to health service delivery in the entire Murang'a County.

Finally, the policy defines the monitoring and evaluation framework to enable tracking of the progress made in achieving its objectives.

The monitoring of progress will be based on the level of distribution of health services; responsiveness of health services to the needs of the people; progress in social health insurance, support for pregnant mothers, access to

health facilities, affordability of drugs, efficiency, automation among other interventions in the Health Sector.

NAME.....

**(CEC-HEALTH & SANITATION)**

SIGNATURE: .....

DATED THIS ..... DAY OF .....2022

NAME.....

**(H.E THE GOVERNOR-MURANG'A COUNTY)**

SIGNATURE: .....

DATED THIS ..... DAY OF .....2022