



Kericho CIDP Health Sector (2013-2017) Rapid Evaluation: MED/ESK/World Bank- Funded

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By

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Background

- ❑ A joint initiative by the Monitoring & Evaluation Directorate (MED) in the National Treasury and Planning and the Evaluation Society of Kenya (ESK)
- ❑ Funded by World Bank's Kenya Accountable Devolution Program with funding from the Danida, DFID, Finland, EU, SIDA, and USAID

- ❑ Reinforces the multi-stakeholder efforts to promote the evaluation function vis-à-vis monitoring, as part of the SDGs Global EvalSDGs Vision, in alignment to the Vision 2030

- ❑ A Pilot project that targeted Kericho (Health Sector) and (Kilifi Water Sector), with potential for replication to other Counties

- ❑ Increased uptake of evaluation, expected to boost its largely under-utilized transformative potential, amidst the prevailing national/global devastating “Triple” socio-economic crises of Covid, climate change and security, amongst other

Among the key objectives was to strengthen national ownership & support of evaluation function (which has been left behind) vs monitoring

- ❑ Among key targets was national buy-in of the project by high level policy/decision-makers starting with endorsement of PS Ministry of Planning and Council of Governors (COG)
- ❑ Next level of buy-in sought was from Kericho's Governors/MPs/Senator//Members of County Assembly (MCAs) and County Executive Committees (CEC) members as well as technical officers from all sectors, at all levels
- ❑ Non-state actors, media and communities (with affirmative action on employment to the local youth by engaging them as research assistants). They were brought on board during the data collection and findings dissemination

- ❑ Key activities towards these, were high level advocacy and rapid evaluation /RBM M&E training events
- ❑ Gender, socio-equity and climate change-responsiveness, were cross-cutting issues emphasized upon through all the activities

Who is ESK?

The pilot county initiative and other ongoing multi-stakeholder efforts of promoting M&E, are ultimately aimed at feeding into the M&E national professionalization journey

- ❑ ESK with support from government/Unicef spearheaded the formal launch of the M&E Professionalization journey in Kenya (February 2022)
<https://www.youtube.com/watch?v=rP9KHV8UawM>)
- ❑ That, in line with its constitutional and professional mandate of membership affiliation/certification and institutional accreditation
- ❑ Planned key milestones are the consultative development of National M&E Competencies & Codes of Ethics and Conduct Frameworks (borrowing from long-established professions like Law/Accounts/Medicine) and endorsement of the Profession and Society by Acts of Parliament



About the MED

- ❑ The Monitoring and Evaluation Directorate (MED) is one of the directorates in the State Department for Planning in the National Treasury and Planning
- ❑ Created in 2003/04, it coordinates operationalization of the National Integrated Monitoring and Evaluation System (NIMES)/ County Integrated Monitoring and Evaluation System (CIMES), in the Country Systems track the implementation of Government policies, programmes and projects of the Vision 2030, in alignment to SDGs and other global/regional commitments
- ❑ The NIMES is firmly embedded in the National Performance Management Framework (NPMF) for public sector reforms, and is therefore a core pillar of Government's Results-Based Management (RBM) system

- ❑ An e-NIMES/CIMES Performance Management Tool for Results (PMfr) platform to support its operational efficiency and effectiveness exists
- ❑ In particular, to support the Systems' data management capabilities critical in generating real time information for evidence-based decision-making at national and county levels

About the COG

The Kenya 2010 Constitution ushered the Devolution Agenda

- ❑ The Council of County Governors (COG) was established under Section 19 of the Intergovernmental Relations Act (IGRA 2012)
- ❑ The Council of Governors comprises of the Governors of the forty-seven Counties
- ❑ COG provides a mechanism for consultation amongst County Governments, share information on performance of the counties in execution of their functions, facilitate capacity building for Governors, and consider reports from other intergovernmental forums on national and county interests amongst other functions (Section 20)
- ❑ County Integrated Monitoring and Evaluation System (CIMES), that is aligned to the NIMES, tracks the implementation of Devolution's County Integrated Development Plans (CIDPs), that are aligned to the Vision's Medium-Term Plans (MTPs) and the SDGs

Linkages of MED/COG to ESK

- ❑ The ESK since inception in 2008, has collaborated with the MED, to promote the national uptake of M&E and ultimately, its professionalization in Kenya
- ❑ That in a context of weak national culture and practice for evidence-driven socio-economic growth, including on matters M&E
- ❑ Towards redressing this, jointly the MED (which chairs and ESK as secretariat), have been coordinating the National Stakeholders' EvalSDGs Technical Working Group (TWG), to promote the evaluation of the SDGs, with alignment to the Vision 2030

Purpose of the Rapid Evaluation

Assess service delivery under the CIDP 2013- 2017 Projects in the Health Sector in Kericho County compared to before Devolution on:

- Adequacy in health provision (quantity and quality)

- How the projects were implemented to provide good and Reliable services to the citizens

- Status of project planning, design, implementation and monitoring and evaluation

Methodology

Sources of data

- ❑ **County inception mission** (targeted Chief Officers Economic Planning; Director of Health)
- ❑ **Advocacy workshops** (3) - targeting high political leaders governors/MPS/Senator/MCAs/CECs/COs/Technical staff
- ❑ **Rapid evaluation/Results Based Management (RBM) trainings** targeting county technical staff at all levels/MED staff & ESK members
- ❑ **Desk reviews** of key documents

□ **Field work that entailed**

- ✓ Research assistants training & Pre-test
- ✓ Primary data (Key informant interviews (Relevant County Officers; national government officers; partners; service providers), FGDs (Health committees), Community meetings & Observations of projects
- ✓ Preliminary findings and other validations, including the final wider stakeholder workshops/meetings

□ **Reference team monthly meetings**

(MED/ESK/World Bank)-technical input and for quality control

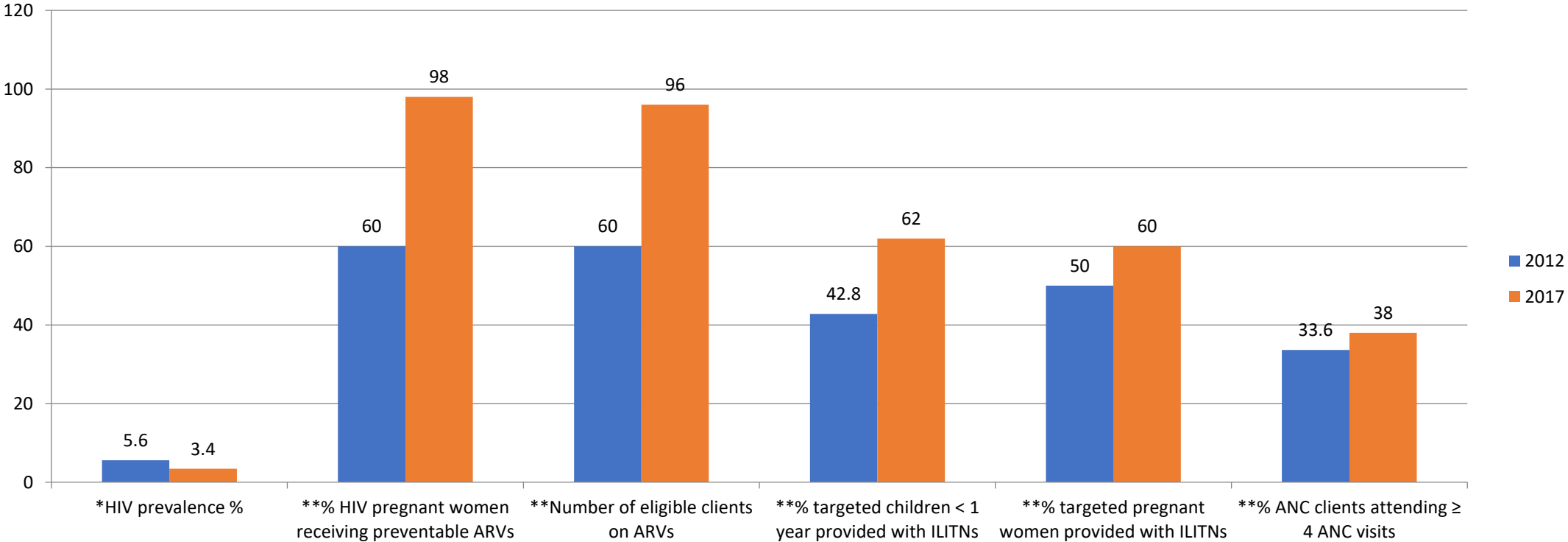
Partners/collaborators in the sector

- ❑ Government of Kenya
- ❑ World Bank, UNICEF, UNFPA, USAID, Global Fund, DFID, DANIDA, Japan International Cooperation Agency (JICA)
- ❑ Presidential Emergency Plan for AIDS Relief (PEPFAR)
- ❑ SNV, Brighter Communities Worldwide, Walter Reed, Health and Development Service (HANDS)
- ❑ Pharmaceutical Society of Kenya (PSK), Christian Health Education (CHAK), Supreme Council of Kenya Muslims (SUPKEM)
- ❑ The private sector (missions, private nursing homes etc)

Key Achievements

- Alignment of Kericho County's CIDP and Health Sector Policy to SDGs, Africa's Agenda 2063 and Vision 2030 priorities

General health outcomes for the citizenry improved compared to the period before Devolution Contd.



Reduced Mortality Rates

2012

488/100,000 
*Maternal Mortality rate (MMR)

74/1,000 
*Under-five Mortality Rate (U5MR)

52/1,000 
*Infant Mortality Rate (IMR)

2017

360/100,000 
*Maternal Mortality rate (MMR)

39/1,000 
*Under-five Mortality Rate (U5MR)

22/1,000 
*Infant Mortality Rate (IMR)

- **Maternal mortality, under-five mortality and infant mortality rates reduced** in the planned period from 488/100,000, 74/1,000 and 52/1,000 to 360/100,000, 39/1,000 and 22/1,000, respectively
- **HIV and AIDS prevalence rate declined** from 5.6 % in 2012 to 3.4 % in 2017, from a planned reduction target of 3 %
- **Percentage of pregnant women accessing preventable ARVs** rose from 60 percent in 2012 to 98 percent in 2017 and those attending four Ante- Natal Clinic (ANC) visits rose from 33.6 percent to 38 percent within the same period.
- **In 2017, 62 percent of children < 1 year were provided** with Long-lasting Insecticidal Nets (LLINs) for malaria control, compared to 42.8 percent in 2012



HEALTH ACHIEVEMENTS

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Contributing Factors to Improved Outcomes

- ❑ **Transformative health service delivery**, including free out-patient and in-patient maternal care offered by the NHIF and other efforts
- ❑ **Empowered hospitals** in the County to offer better medicare. Among these were major life-saving surgeries and dialysis (prior to Devolution, such cases could only be handled by referrals), e.g:

- ❑ **First ever cardiology pacemaker implantation** procedures were conducted at Kericho County Referral Hospital free of charge benefitting 17 patients
- ❑ **Free eye surgery Medical Camp** benefitting 115 patients
- ❑ **Free ARVs under the Global HIV 90 90 90 Strategy**, towards ending the pandemic that includes provision of free ARVs
- ❑ **Free out-patient and in-patient maternal care, including** on Intermittent Preventive Treatment for Malaria during Pregnancy (IPTp) offered by the NHIF



HEALTH ACHIEVEMENTS

Free eye surgery Medical Camp
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❑ **Construction of critical health care infrastructure**

- ✓ Increase in Primary care facilities from 139 in 2013 to 156 in 2017, including 17 new dispensaries. Refurbishment of 103 Level 2 and 3 health facilities
- ✓ The country's third largest ultra-modern ICU/HDU, at a cost of KES 85M and standard new-born unit were built

❑ **Equipping of Health Facilities.** Kericho Referral hospital & Kapkatet hospitals, - installations of high resolution 64 and 32 slices CT Scan machines, respectively as outlined below:

✓ **Use of Compact Disks (CDs) in the Imaging Unit (instead of the old films)**, saved costs and increased efficiency. Acquisition of 10 fully equipped ambulances in the County & the scrapping of emergency ambulance service fees, enhanced the referral system

✓ **Impressive installations of Closed Circuit Televisions (CCTVs)** at the Referral, Kapkatet, Londiani and Sigowet Sub-county hospitals

□ **Increased staffing.** Recruited over 500 new medical staff. Nonetheless-some health centres did not have a single clinical officer or were run by two or three nurses. Several dispensaries had one nurse who handled all cases

□ **Customer Satisfaction** the County was Best Practice in Health Infrastructure Award in 2014 by JICA

- ✓ **Strategic display of service charters in most of the health facilities** was evident during the field study and user satisfaction surveys and feedback were reported to be conducted periodically for the sector
- ✓ **During the FGDs and community meetings,** high customer satisfaction was confirmed by many of the participants

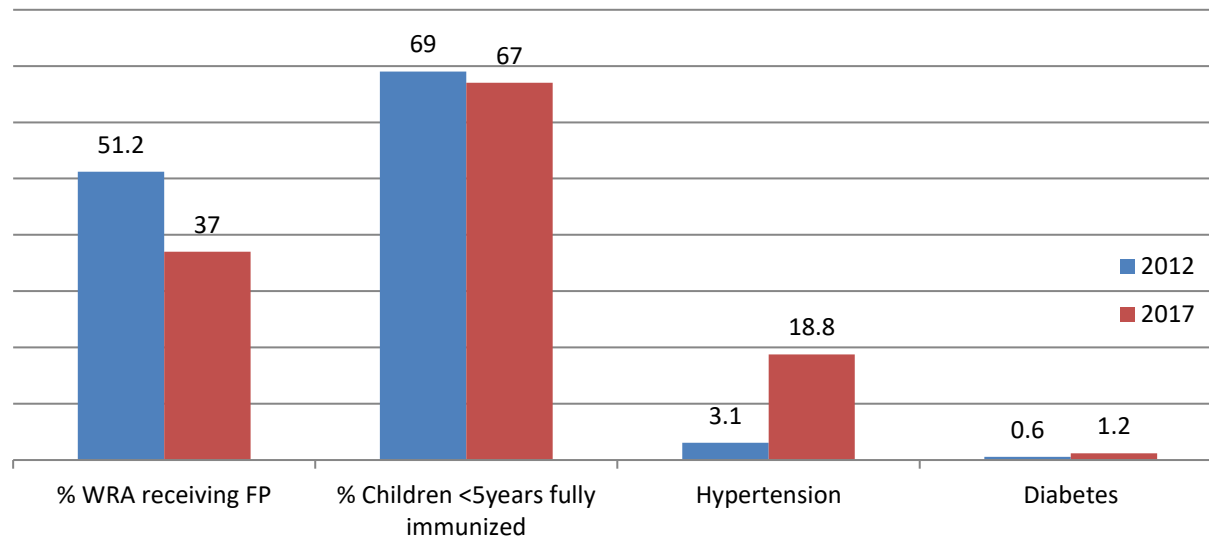
Other Achievements

- **Draft M&E Policy and M&E System (albeit, still weak) Exist.** Once endorsed by County Assembly, it is expected the policy will create a more enabling environment for a robust M&E System

- **Collaborations with Kenya National Bureau of Statistics (KNBS)**
The Department of Finance and Planning collaborates with KNBS, towards promoting of a health strategy and projects that are evidence-driven

Gaps/Challenges

Less focus on promotive & preventive health services



- ❑ **Women in reproductive age receiving family planning coverage reduced** to 37% in 2017 from 51.2% in 2012
- ❑ **The percentage of children under five years fully immunized reduced** to 67% in 2017 from 69% in 2012
- ❑ **There was an increase in NCD such as hypertension** from 3.1% in 2012 to 18.8% in 2017. Diabetic cases rose from 0.6% in 2012 to 1.2% in 2017. These were attributed to low nutrition and preventive services
- ❑ **The field data collection interactions confirmed the gap.** Attention to curative care without deliberate investment in preventive health is less effective in holistic health management

- ❑ **Irregular medical supplies.** Facilities suffered more dry spells of supplies, of an average two to six months especially in health centres & dispensaries
- ❑ **The existence of a draft health service bill that is yet to be endorsed** by the county assembly hinders a more harmonized & coordinated approach to service delivery
- ❑ **Limited deployment of technology.** The Health Management Information System is installed. However, it is only being used for outpatient services. At the time of the evaluation, it was not operational due to a lack of computers
- ❑ **Low public participation in** project identification, implementation and M&E
- ❑ **The sustainability of some installations is evidently a challenge.** Some maternity wings/ staff houses/theatres in several facilities were constructed but not in use. This due to inadequate personnel to offer services or lack of equipment to make them operational. Some staff stated they were uncomfortable using some structures that were not in use due to poor workmanship

Main Recommendations

- ❑ **Strengthen preventive and promotive health care services** to address non-communicable diseases and other public health problems
- ❑ **Promote strategies geared towards more increased use of NHIF** by individuals and families such as more awareness creation
- ❑ **Streamline and facilitate timely funds disbursement by Treasury and County government** towards more regular acquisition & management of commodities & supplies in health centers/dispensaries & staff capacity strengthening. Can be augmented by more partners' support
- ❑ **Hasten endorsement of the Health Services Management Bill by the County Assembly** towards entrenching a legal framework on streamlined financing and staffing
- ❑ **Enhance policy makers (including MCAs) level of engagement and capacities** through awareness-creation and trainings on the Public Finance Management Act and budgeting to improve resource use in the county and development outcomes/impacts for the citizenry

- ❑ **Ensure inclusive deliberate, structured political, technical, and community participation** in project identification, design, implementation, reporting, monitoring & evaluation
- ❑ **Deploy comprehensive technology health care management**, including purchasing more computers and installing an integrated computerized system
- ❑ **Finalize the County draft M&E policy**, towards the operationalization of a robust climate, gender and social-equity-responsive sector-wide M&E System
- ❑ **Develop a County Evaluation Plan (CEP) that includes rapid evaluations for key sectors.** Findings could help answer important knowledge gaps for the Vision 2030's Medium-Term Plan (MTP) III implementation period
- ❑ **Strengthen County M&E System** to provide a clear progress tracking plan that includes baseline and annual targets for outcome and output indicators for county projects
- ❑ **Strengthen SDGs implementation through an evaluation mechanism** that assesses progress at higher outcome/impact results levels of related health indicators with reporting captured in the GOK/UN Voluntary National Review Report (VNR)

County & Stakeholder Response

- **County technical team agreed with the health sector evaluation's findings.** They pointed out that these were not only an eye-opener but factual and cut-across other sectors/departments
- **Feedback was echoed by the stakeholders** at the finding's final dissemination/preliminary data collection findings events, 2021 National M&E and by COG's technical /county finance directors teams

- ❑ **Governor informed final findings dissemination stakeholders workshop** that the rapid evaluation project was a historic milestone, towards advancing evidence-driven socio-economic growth at devolved level
- ❑ **Long-pending Health Bill recommendation fast-tracked** and ratified by County Assembly
- ❑ **Plans are underway for the drafting and finalization of the County M&E Policy**, with the aim of getting this to the CEC and endorsement by the Assembly

- **Economic Planning with the continued support from the project,** are engaged in ongoing consultations with county budget committee towards some budgetary-related recommendations considerations, as we move forward, under the County Fiscal Strategy Paper (CFSP)

- **The Kericho County government looks forward to technical support towards the progressive implementation of other recommendations** through a multi-stakeholder approach, for better policy decision-making, investment choices and planning as well as the nurturing of a sector-wide robust M&E System

Lessons Learnt

- ❑ **Ownership of Rapid Evaluation from inception by the Economic Planning & Finance Department is key** to the success because of their central coordination role of all the other sectors and County M&E function
- ❑ **Support and ownership of both national and county government key to success** of project. This involved seeking Ministry of Planning through the Permanent Secretary (PS), National Treasury/State Department of Planning/COG led by MED and county high political and executive leadership
- ❑ **These levels of buy-in, ensured subsequent** support at Senator/MPs/MCAs/CECs) & technical officers levels
- ❑ **Involvement of COG technical teams from onset** and which was a gap, is critical

Acknowledgments

- ❑ PS Planning/Monitoring and Evaluation Directorate
- ❑ Council of Governors
- ❑ Governor-Kericho County
- ❑ Senators, MPs & MCAs; CECs & COs Kericho County
- ❑ Departments of Economic Planning & Health Kericho
- ❑ World Bank Danida, DFID, Finland, EU, SIDA, and USAID
- ❑ Partners; Participants/respondents & Reference team



HEALTH ACHIEVEMENTS

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