

# Report on the Pilot 360° Assessment of Health as a Human Right in Busia County

June 2014



## FOREWORD

The right to health means that everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services.

Guided by the above, Health Strat's vision is that all people in the region have access to affordable, comprehensive, evidence-based, high quality, responsive and sustainable health care while the Kenya National Commission on Human Rights (KNCHR) is mandated to monitor, investigate and report on the observance of human rights in all spheres of life in the Republic. The two institutions partnered to measure county governments' preparedness to provide health as a human right as provided for by the new constitution of Kenya.

In keeping with its fundamental principles of applying a customized approach to holistic assessments, strategy development, implementation and technical assistance, Health Strat customized the 360° Health Systems Assessment for this purpose and in partnership with KNCHR and the County Government of Busia – Department of Health & Sanitation, piloted it in Busia County.

We anticipate that the process of this assessment will provide a framework for carrying out a country-wide health systems assessment across all 47 counties and that, eventually, the findings of the assessment and adoption of the recommendations will tremendously enhance county performance at achieving health as a human right.

We thank everyone who contributed towards this assessment.

Signed



Cecilia Keiru

**Ag. CEO, Health Strat**

Signed



Patricia Mande Nyaundi

**Commission Secretary / CEO, KNCHR**

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## **ACRONYMS**

CHCA	County Health Capacity Assessment
CHMT	County Health Management Team
CoK	Constitution of Kenya
ECOSOC	Economic, Social and Cultural
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
KNCHR	Kenya National Commission on Human Rights
MCHC	Maternal and Child Health Care
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health
TB	Tuberculosis

## **1. PROJECT BACKGROUND**

### **1.1. Health as a Human Right**

Through the Constitution, Kenya committed to provide accessible and quality healthcare as a human right, including improvement of conditions necessary for effective and efficient healthcare services.

Article 43 (1) (a) of the Constitution of Kenya (CoK), 2010, states that, “Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care”. To ensure the full realisation of this right for all Kenyans, the constitution has given powers and mandates to various stakeholders, among them the Kenya National Commission on Human Rights. For instance, Article 59 (d) mandates the Kenya National Commission on Human Rights to “monitor, investigate and report on the observance of human rights in all spheres of life in the Republic...” Pursuant to this, KNCHR works to, among other aims, monitor and advice on operationalization of Economic, Social and Cultural (ECOSOC) Rights in Kenya. This includes the right to health.

It is in fulfilling the above mandate that the Commission sought the partnership of Health Strat, a Kenyan health systems consulting organisation, to pilot a project on the right to health in Busia County.

### **1.2. Why Busia County**

The tenets of devolution have carefully allowed for sharing and interaction of ideas across counties by creating platforms amongst county leaders to exchange their ideas. One such tenet is that the county executives in all the 47 counties serving under a particular docket elect amongst themselves a Chairperson. Busia County was selected for this pilot because the Busia County Executive for Health is the Chairperson for the National Committee of County Health Executives. His strategic input on the pilot process and potential rollout to other the counties is critical.

## 2. INTRODUCTION

### 2.1. Purpose of the Assessment

Governments reveal their commitment to protect and fulfil human rights through allocation of resources as well as formulation and implementation of policies and legal frameworks for the same. For example, budget allocations for critical services like health and basic education is often taken as an indication of a government's commitment to the realization of rights related to these services. Additionally, initiatives such as the current First Lady's "Beyond Zero Campaign" on maternal and neonatal deaths add another layer of commitment by governments to desirable social and economic outcomes for their populations. Therefore, monitoring the implementation of government commitments, policies and budgets is necessary to track progress in progressively realizing human rights, both at national and county government levels.

KNCHR recognizes that an assessment of budget allocation for health services cannot independently be used to adequately establish the degree to which county and national governments are enhancing the progressive realization of the right to health. Assessment of the health systems, including the actual health services and health outcomes, is equally imperative. It is on this basis that KNCHR and Health Strat teamed up to conduct a County Health Capacity Assessment (CHCA), which provides indicators for measuring the status of progressive realization of the right to health.

It is desirable that a CHCA is conducted at this early stage in the devolution process to provide the context for development of health services through the county system as well as a justification for resource requirements and resource allocation. A CHCA will also provide a mechanism for accountability by stakeholders. A CHCA can further be used to progressively monitor changes in health services capacity, capacity building strategies and the contribution of these to desired health outcomes.



In this respect, the CHCA for Busia County will serve the following aims:

- Provide a starting point for formulating health systems and health services development and improvement strategies (infrastructure, personnel, service components, clinical care delivery systems, strategic information, finance, leadership and management)
- Give insight on operational hurdles in order to facilitate improvement of services (the tool can be used as the basis for quality improvement across key health system components)
- Objectively define priorities for resource allocation and for action (the information from the assessment will enable the County Health Management Team (CHMT) to prioritize resource use and thus begin the journey towards providing the highest attainable standard of health, as mandated by the constitution)

## **2.2. County Health Capacity Assessment Design**

The CHCA is an analysis of desired health systems and capacities based on the Ministry of Health Norms and Standards for Health Services Delivery<sup>1</sup> against existing capacities. It involves systematic information gathering using a standardized semi-qualitative tool to establish baseline measures for capacity development and resource management strategies. The CHCA tool does not assess service delivery or patient outcomes but instead assesses the capacity of health systems and infrastructure required to deliver health services.

The CHCA tool is organized into 13 components with 7 crosscutting functional areas (Table 1):

- Components are key technical areas that are required for meeting healthcare standards
- Functional Areas are cross-cutting operational areas that together support each component

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<sup>1</sup> *Reversing the trends*, The Second National Health Sector Strategic Plan of Kenya, Ministry of Health, 2006

Within each component, a list of indicators (categorized based on the functional areas) is defined based on objective criteria that represent capacities critical for meeting the norms and standards. The objective criteria are defined with observable statements and are valued with a numerical score on a 5-point scale. The use of observable statements is important to enable the assessors or users of the information to see what is needed to move to a desired level with respect to each indicator.

The CHCA tool utilizes multiple data sources for scoring each indicator, including observations, document reviews, key-informant interviews, and focus-group discussions.

**Table 1: Components and functional areas**

<b>Components</b>	<b>Functional Areas</b>
Clinical Care Services	Infrastructure & Equipment
Community Services	Human Resources
Laboratory Services	Planning & Budgeting
MCHC Services	Practices/Activities
Nursing	Management & Supervision
Nutrition	Supplies
Pharmacy	Records
Psychosocial Support services	
Quality Improvement	
Reproductive Health	
Medical Records/Health Information	
Youth Services	
Services for Persons with Disability	

### **2.3. Application of the County Health Capacity Assessment**

This CHCA evaluates both general and specific status of county health facilities. Generally, it points out the status of each component and functional area in each facility, digging down to indicators that constitute each component and/or functional area. The data from facilities assessed is then aggregated to give overall status.

A CHCA exercise can be viewed as part of a cyclic process that involves assessment, analysis, conception of action plan, implementation, monitoring and evaluation. Initial administration of the CHCA requires a situational analysis and/or a baseline assessment. Subsequent analysis involves an evaluation of amended processes occurring as a result of the baseline assessment to find out whether there has been any progress towards achieving the pre-defined standards that, in this case, constitute progressive realization of the right to health.

The CHCA neither includes an assessment of county health policies and commitments or the actual county budget allocation for health and individual health facilities. It presents the current status of systems and capacity required to deliver health services, and gives stakeholders a basis to determine how county priorities and financing can address areas requiring improvement.

### 3. METHODOLOGY

#### 3.1. Preparation

The following preparatory activities were undertaken before administering the CHCA:

- Customization of Health Strat’s 360° Health Systems Assessment tool to meet the specific purposes of the pilot
- Selection of assessment team members (including staff from Health Strat, KNCHR, and the Busia CHMT)
- Training of the assessment team, including practical application of the tool, to ensure they had an in-depth understanding of the purpose of the tool, the technical content of each component, and the scoring criteria and verification information required for each indicator
- Notification of health facilities prior to scheduled visits (with communication from the County Health Executive via the CHMT)
- Orientation of health facility leadership to describe the assessment process and agree on a collaborative approach to data collection, including an assessment/interview schedule that would have minimal interference on delivery of services

#### 3.2. Site Selection

The selection of facilities for assessment was based on a sampling strategy to include: representation of all facility levels (Table 2); representation from all sub-counties (Table 3), and; representation based on geographic isolation.

Table 2: Facility levels

Facility Level	Number of facilities
Level 4 (Former District and Sub-district Hospitals)	6
Level 3 (Health Centres)	8
Level 2 (Dispensaries)	7

**Table 3: Distribution of facilities**

<b>Name of Facility</b>	<b>Region in Busia County</b>	<b>Level of facility</b>
Busia County Referral Hospital	Busia	Level 4
Kocholia Sub – County Hospital	Teso North	Level 4
Alupe Sub – County Hospital	Teso South	Level 4
Khunyangu Sub – County Hospital	Butula	Level 4
Port Victoria Sub – County Hospital	Bunyala	Level 4
Sio Port Sub – County Hospital	Samia	Level 4
Moding Health Centre	Teso North	Level 3
Amukura Health Centre	Teso South	Level 3
Nambale Health Centre	Nambale	Level 3
Lupida Health Centre	Nambale	Level 3
Matayos Health Centre	Matayos	Level 3
Nambuku Health Centre	Samia	Level 3
Bumala B Health Centre	Butula	Level 3
Mukhobola Health Centre	Bumala	Level 3
Malaba Dispensary	Teso North	Level 2
MoruKarisa Dispensary	Teso South	Level 2
Lwanyange Dispensary	Nambale	Level 2
Busibwabo Dispensary	Matayos	Level 2
Namunduru Dispensary	Samia	Level 2
Masendebale Dispensary	Butula	Level 2
Bulwani Dispensary	Bunyala	Level 2

### 3.3. Data Collection

Data collection took place from 4-6 June 2014. The data was gathered through interviews, observations, and review of registers and documents. Data was collected using tablets with an android-based application of the CCHA tool (Figure 1). No individual patient-level data was collected.

As much as possible, interviews for each component involved personnel directly involved in delivering the service being assessed, and the most knowledgeable person for the particular service or system component. Equipment, supplies and resources for specific services were recorded as available only if they were observed to be present in the relevant service delivery area. Items that were reported as being available but were not observed or seen by the interviewers were not considered available.

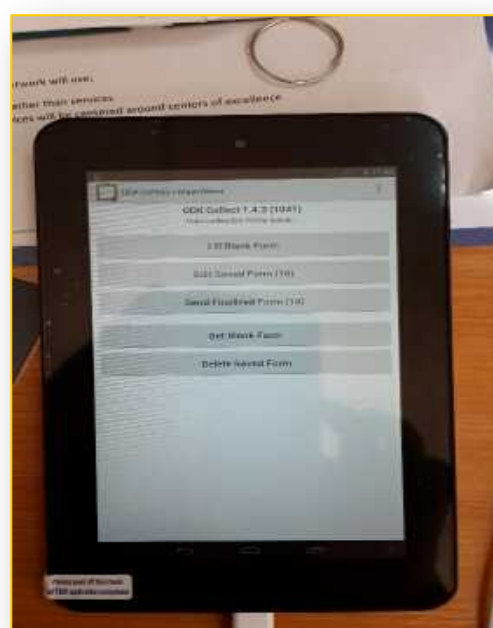


Figure 1: County Health Capacity Assessment tool

### 3.4. Data Entry, Processing, and Analysis

Data was entered by the assessment team directly into the electronic data collection tool and was uploaded to a cloud database. Data cleaning involved reviewing variables per site, component, and functional area.

The CHCA tool automatically performs summary score analysis for components and functional areas per site. Additional analysis was performed using MS Excel to determine aggregate scores for facilities and county scores for performance on components and functional areas, as well as generate graphs for facility-level and county-level results.

### 3.5. Scoring

Results were categorized as per Table 4.

Table 4: Scoring categories

Scoring Meaning	Score range	Action
Not meeting minimum standard	1.0 - 1.9	Significant investment and support needed
Approaching minimum standard	2.0 - 2.9	Targeted assistance needed (approaching sustainability)
Meets minimum standard (application of QI needed)	3.0 - 4.5	Satisfactory, with room for improvement
High performer; potential best practice (application of QI needed to maintain standards)	4.6 - 5.0	Center of excellence, needs to maintain the services

## 4. RESULTS

### 4.1. County Summary

Overall, 15 out of the 21 facilities assessed have systems that are approaching the *minimum* standards required based on the 2006 (pre-devolution) *Norms and Standards* (Figure 2). These facilities require targeted interventions in order for them to meet the standards for effective service delivery. Six facilities were not close to meeting the minimum standards required, primarily due to lack of infrastructure and staff.

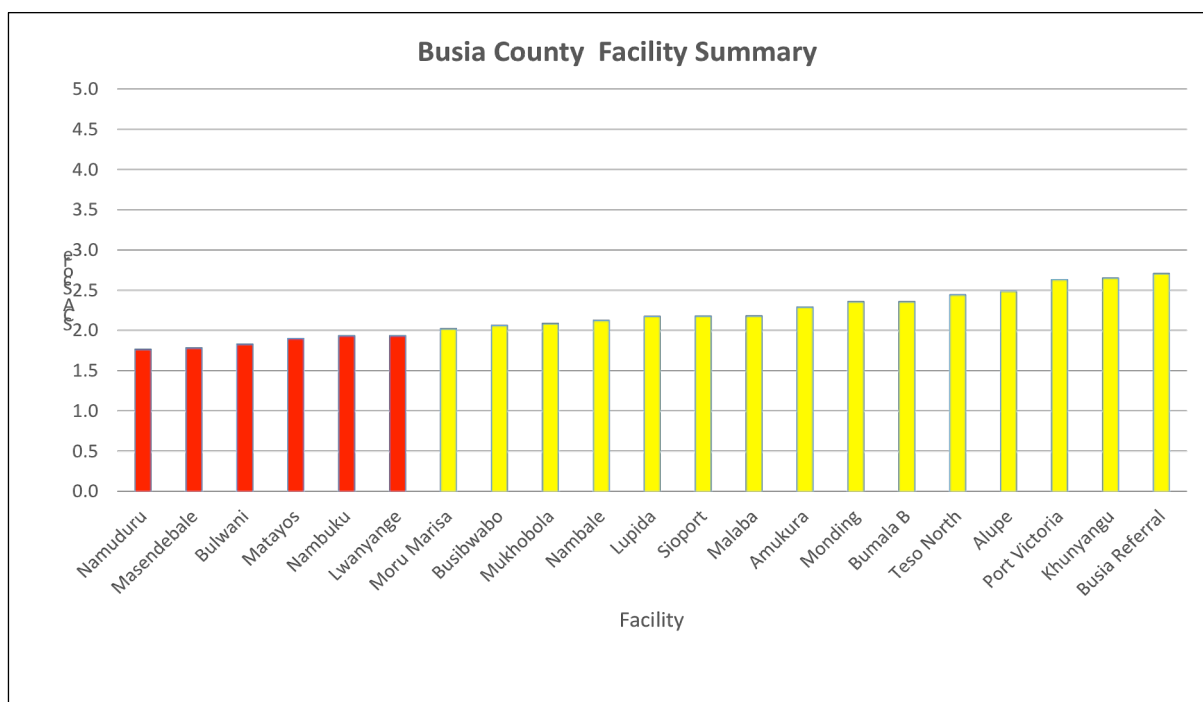


Figure 2: Summary facility scores in Busia County

Figure 3 shows the summary scores for component areas across all the facilities assessed. While the overall service provision components are nearing the minimum stipulated standards (MOH, 2006), it was noted that some service areas, notably nutrition, youth services and services for persons with disabilities were not close to reaching minimum standards.



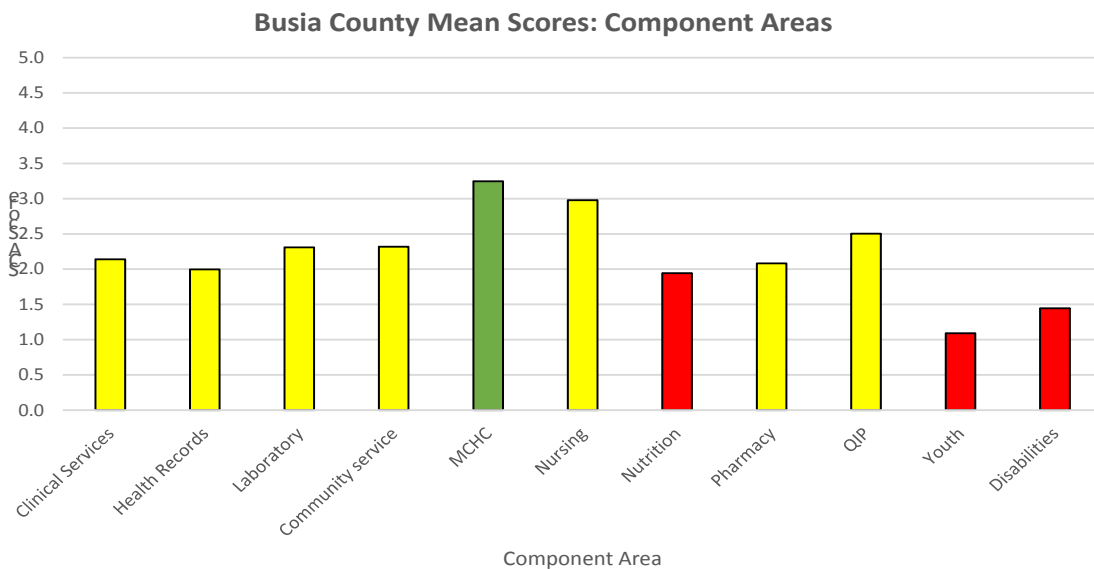


Figure 3: Summary component scores in Busia County

Maternal and Child Health Care (MCHC) have met the minimum standards. MCHC services are primarily run by nurses, and there was near adequacy of the number of nurses available across the county, along with the systems available to support the MCHC and nursing services.

Nonetheless, the lack of capacity for quality improvement is a concern, since quality improvement processes are the tools to help address gaps across all component areas. It is envisaged that there will be improved scores for quality improvement in the future.

An analysis of the function areas which cross-cut all components found that Planning and Budgeting scored critically low. The planning systems need to be all-inclusive and should ensure bottom-up participation with regular follow up to ensure that all the planned activities planned are carried out in a manner central to providing high quality services.

Human resource needs also stand out as a major challenge in Busia County. Without the human power required to provide services, it is almost impossible to meet the service requirements despite investment in other areas.

## 4.2. Assessment of Infrastructure and Staffing

### 4.2.1 Hospitals (Level 4 Facilities)

Many health centers have had their designation upgraded to hospitals. However, there is need to also upgrade the general infrastructure of these facilities as well as their staff to

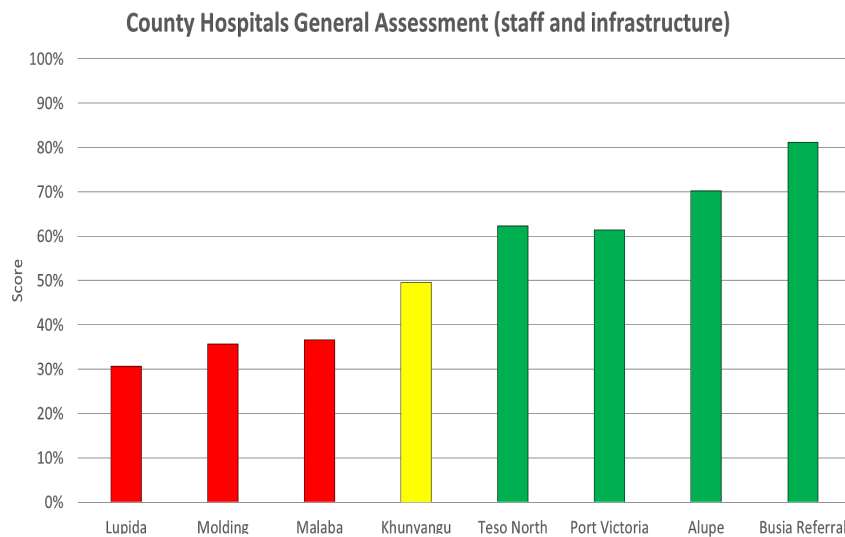


Figure 4: Summary of staff and infrastructure assessment scores for hospitals

meet the standards of a district hospital as stated in the norms and standards of the MOH (2006). Half of all assessed facilities designated as hospitals in Busia County do not meet the minimum standards required (Figure 4). For example, Lupida, Moding and Malaba hospitals will need significant inputs to ensure that they meet the required standards. Resource input and/or mobilization for such upgrading can be incremental over time (applying the concept of “progressive realization” of the right to health). An example of this incremental/progressive improvement can be seen at Khunvanzu Sub-county Hospital, which has many ongoing projects to improve its service provision and is approaching the minimum standards.

### 4.2.2. Health Centers (Level 3 Facilities)

Compared to the hospitals, health centers in Busia County generally meet the minimum standards for infrastructure as defined by MOH norms and standards (Figure 5). However, only of the health centers assessed have at least 60% of staffing requirements (Matayos, Amukura and Bumala B). The remaining four health centers assessed scored between 42% and 60% in staffing requirements.

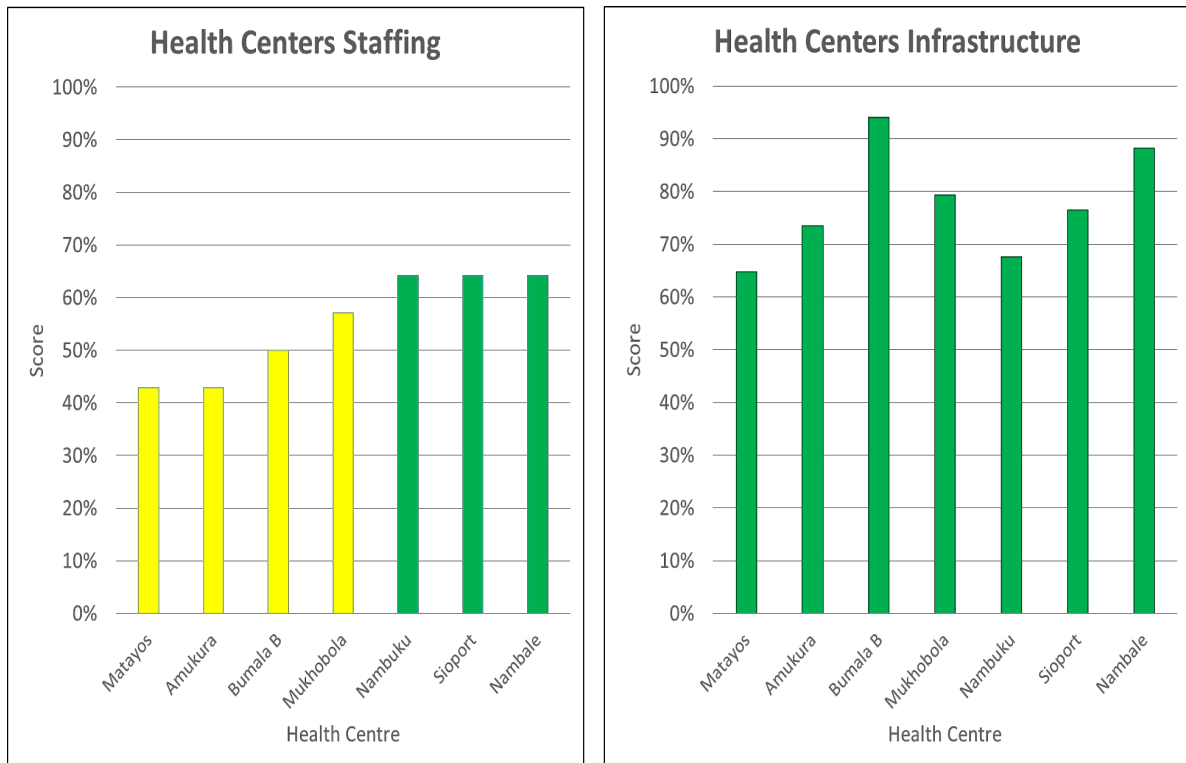


Figure 5: Summary of staff and infrastructure assessment scores for health centers

As per for hospitals, the information on health centers can be used to inform resource allocation for infrastructure improvement.

#### 4.2.3. Dispensaries (Level 2 Facilities)

All dispensaries assessed scored less than 60% on their infrastructure requirements, except for Busibwabo Dispensary (Figure 6). In contrast, all dispensaries assessed had the requisite number of staff except for Bulwani and Namuduru dispensaries.

Infrastructure development is central to the functioning of any health system. Therefore, significant resources should be committed to ensuring that the minimum standards of infrastructure requirements are met.

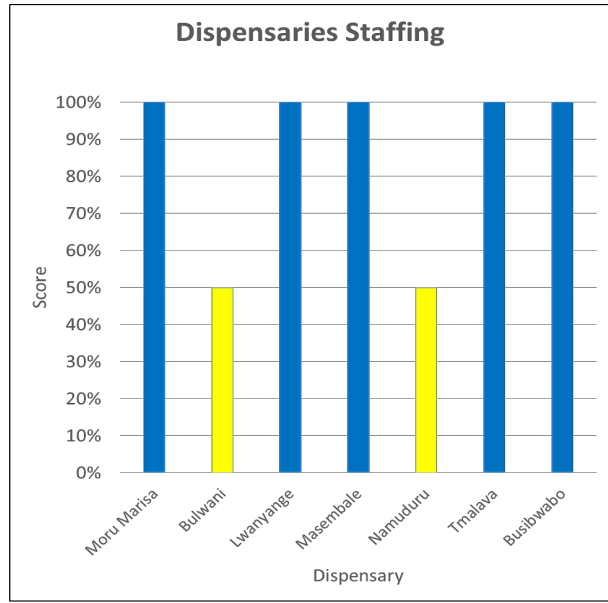
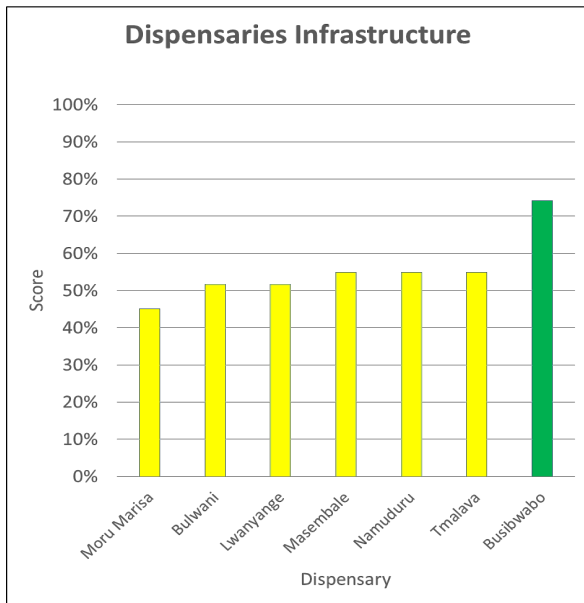


Figure 6: Summary of staff and infrastructure assessment scores for dispensaries

### 4.3. Assessment of Services

#### 4.3.1 Clinical Services

Overall assessment of clinical services shows a wide variation across the county (Figure 7;

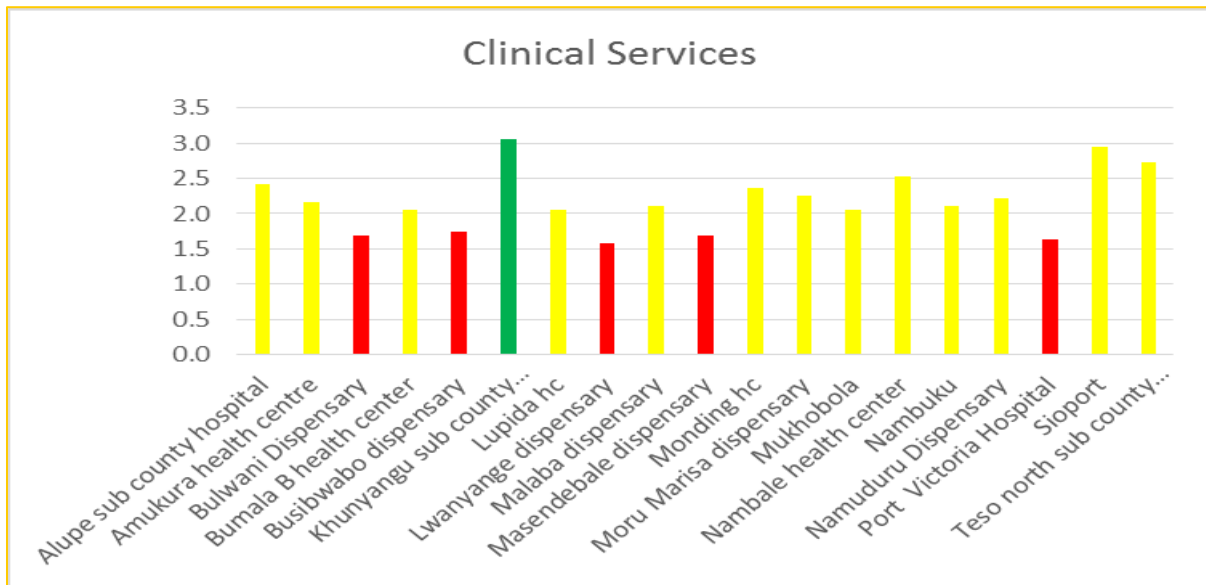


Figure 7: Clinical services scores in Busia County

Note: Busia County Referral Hospital is excluded from the figure). Aggregated, the clinical services score in the yellow (approaching minimum standards) and will require targeted support and resource investment for them to meet the minimum required standards. Four dispensaries (Bulwani, Busibwabo, Lwanyange and Masendebale), as well as port Victoria Hospital are not close to meeting the minimum standards required.

Generally, all support systems related to clinical services require improvement.

### 4.3.2 Health Records

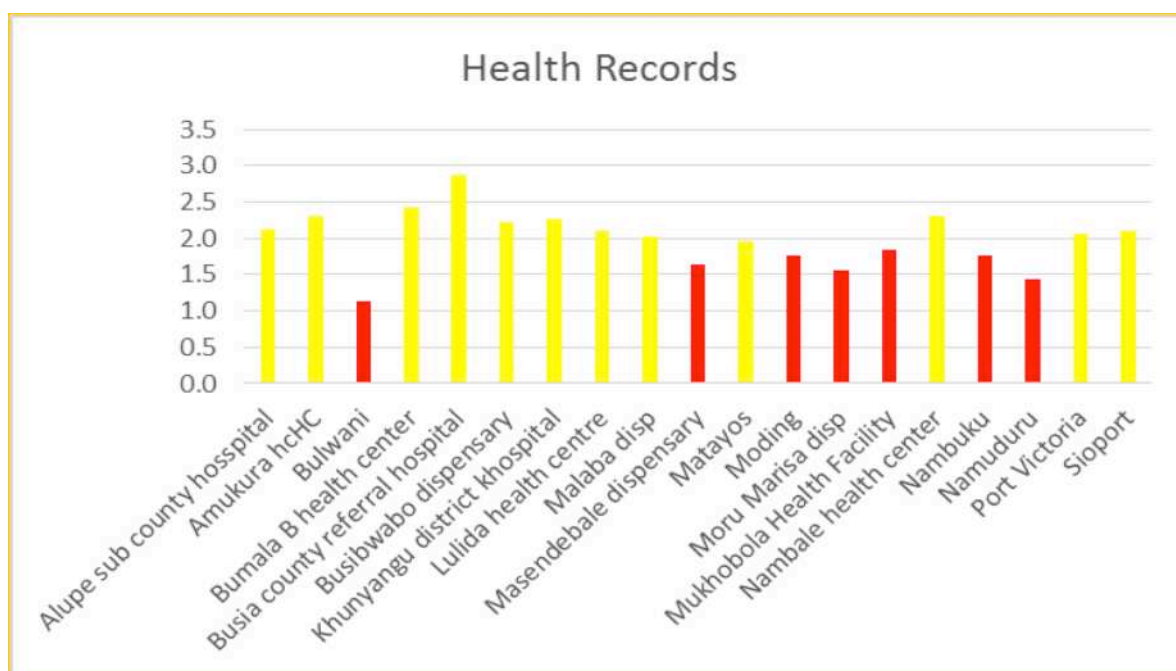


Figure 8: Health records scores in Busia County

The importance of solid health records cannot be overstated. Without accurate and complete records, it is impossible to assess the performance of a health system and the quality of services being offered to the populace. Accurate data is also the basis for effective quality improvement and program decision making. Further, data collected routinely is used to determine resource allocation, thus the importance of ensuring that reported data reflects the true status of services.

In Busia County, most of the records at the facility level are paper-based and do not allow for thorough examination and analysis of data unless a separate data mining and analysis activity is carried out. The system is currently structured more as a data transmission system rather than a system that allows service providers to query the services they provide and the outcomes for the same.

All of the support systems around health records scored less than 2.5 and will require significant investment (Figure 9).

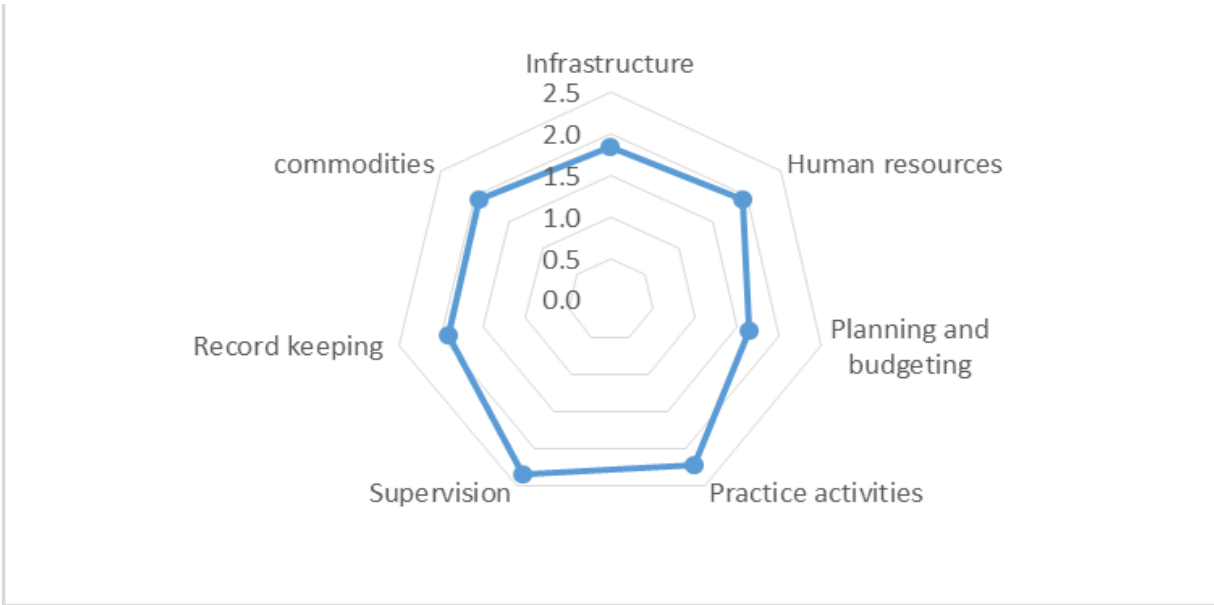


Figure 9: Functional area scores for Health Records in Busia County

### 4.3.3 Laboratory Services

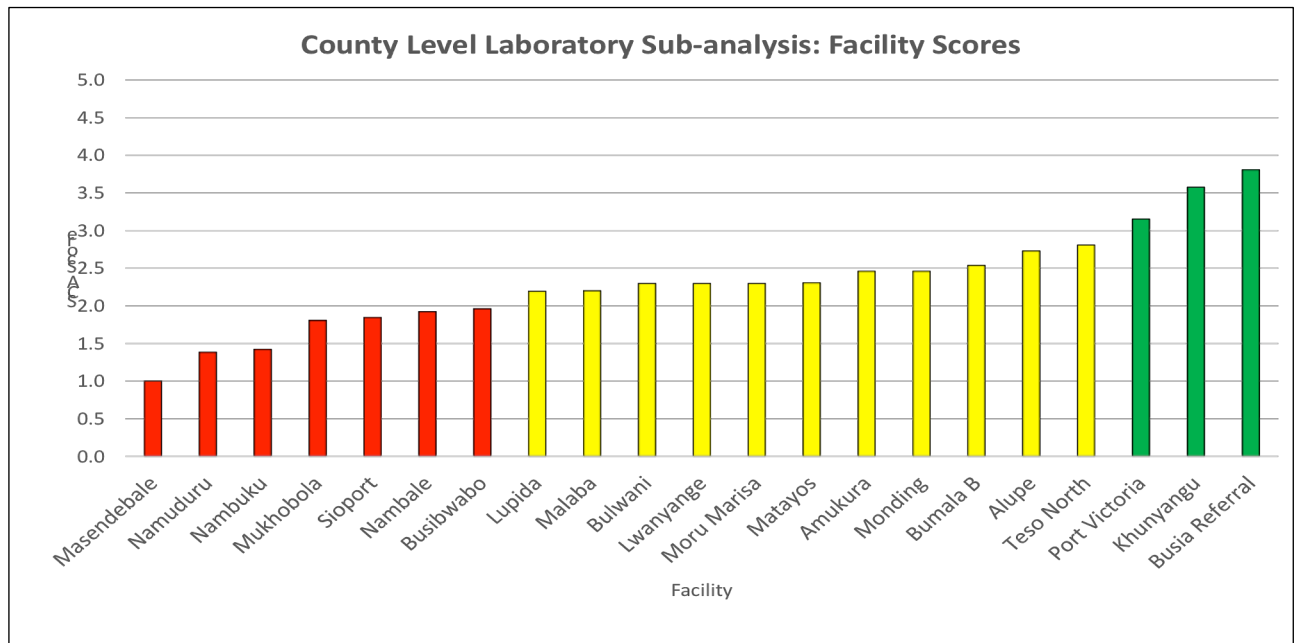


Figure 10: Laboratory services scores in Busia County

Of the facilities assessed, seven had laboratories that were far from the minimum standards, eleven were approaching minimum standards, and three had attained minimum standards (Figure 10). Significant resources are required in most of the functional areas supporting laboratory services (Figure 11).

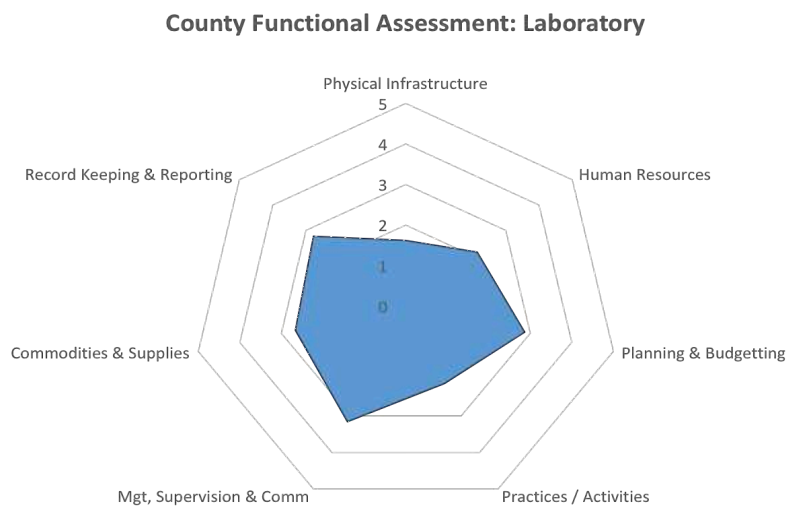


Figure 11: Functional area scores for laboratory services in Busia County



Worth noting, however, is the fact that there is adequate management and supervisory support for the laboratory services. This could be leveraged to ensure that the quality of laboratory services is improved.

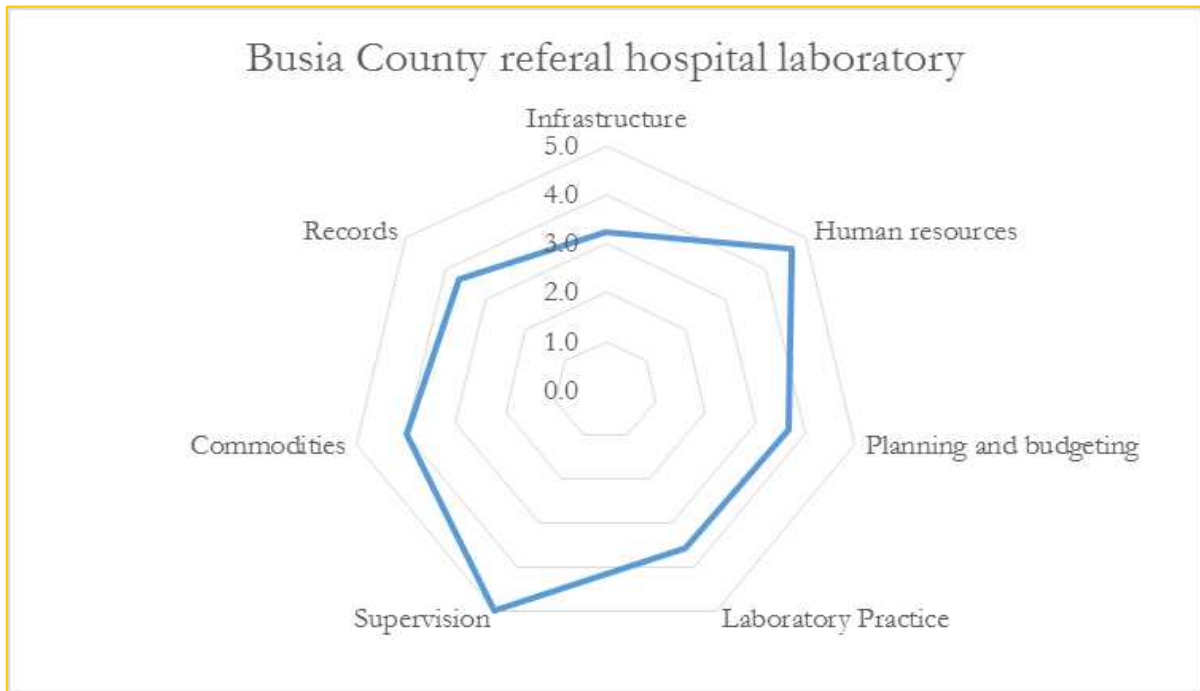


Figure 12: Functional area scores for Busia County Referral Hospital Laboratory

Busia County Referral Hospital laboratory also needs to be viewed separately. This particular laboratory has in place good systems that have seen it meeting the minimum set standards (Figure 12). Its human resources management practices and supervision systems approach those of a centre of excellence (Figure 13). These could be leveraged to ensure that all laboratories at district hospital level (Level 4) indeed attain this status, and be the center of an effective laboratory networking system.

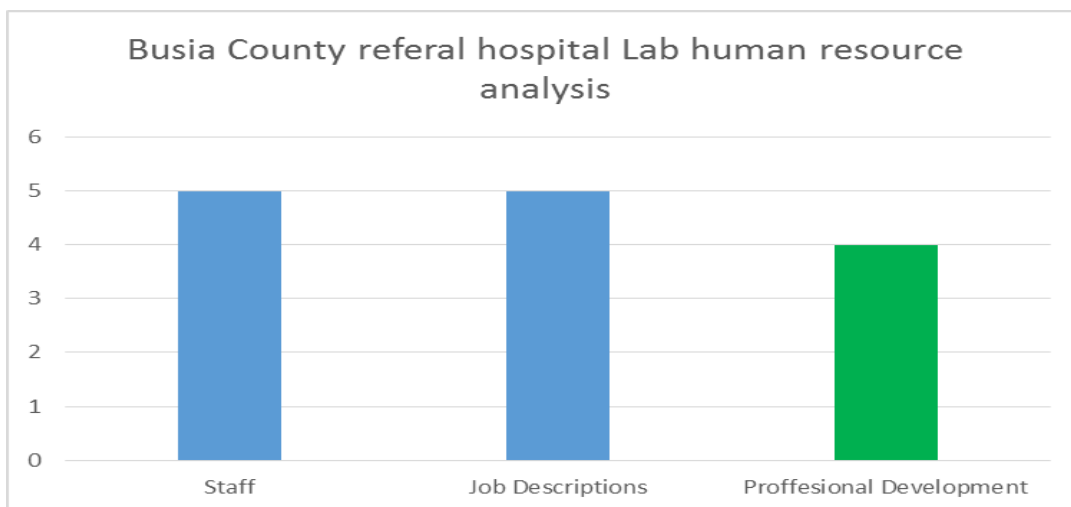


Figure 13: Laboratory human resources indicator scores

#### 4.3.4 Community Services

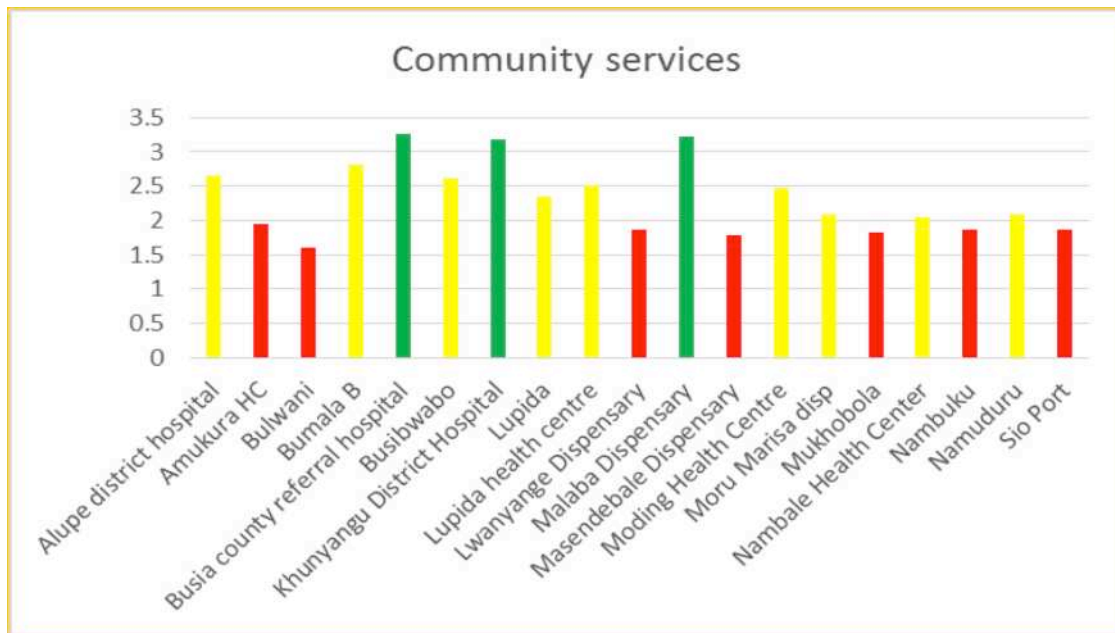


Figure 14: Community services scores in Busia County

Seven of the assessed health facilities were not close to meeting the minimum standards required for community services. Nine other facilities were approaching minimum standards, and only three facilities met the minimum standards set for community services. Community services are essential for demand creation (e.g. around MNCH, TB, and HIV services) as well as wellness maintenance through supporting retention in care for various services. Thus, it is important for this component to be developed.

### 4.3.5 Maternal, Neonatal and Child Health Services

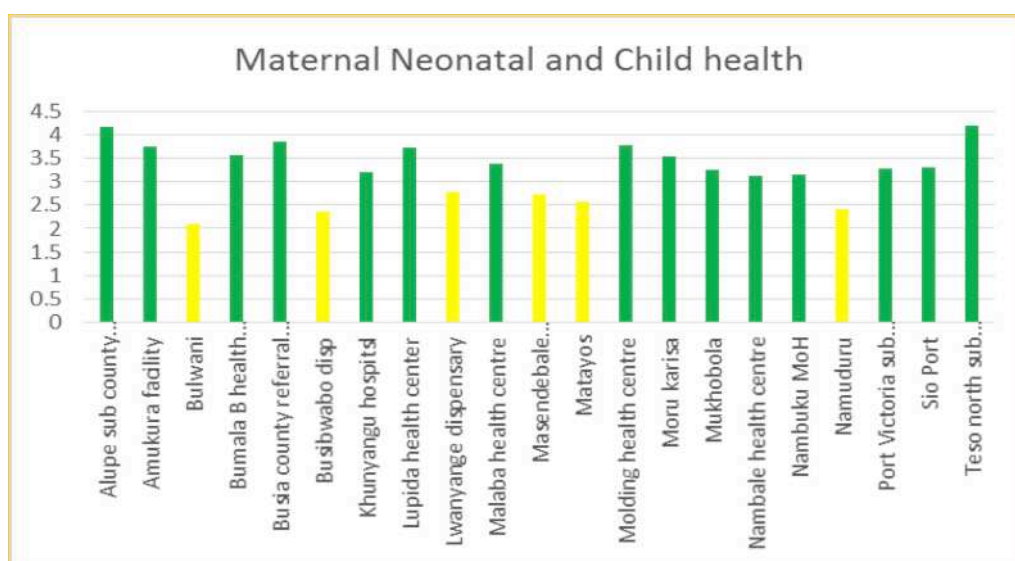


Figure 15: MNCH scores in Busia County

Of the facilities accessed, only six have not met the minimum standards required to provide MNCH services. These six facilities are approaching the minimum standards. The better scores in MNCH as compared to the other services can be partially attributed to the scores in nursing services, since MNCH services are primarily provided by nurses. It should be emphasized this assessment evaluates systems and capacity required to offer services but does not evaluate the quality of services offered.

### 4.3.6 Nursing Services

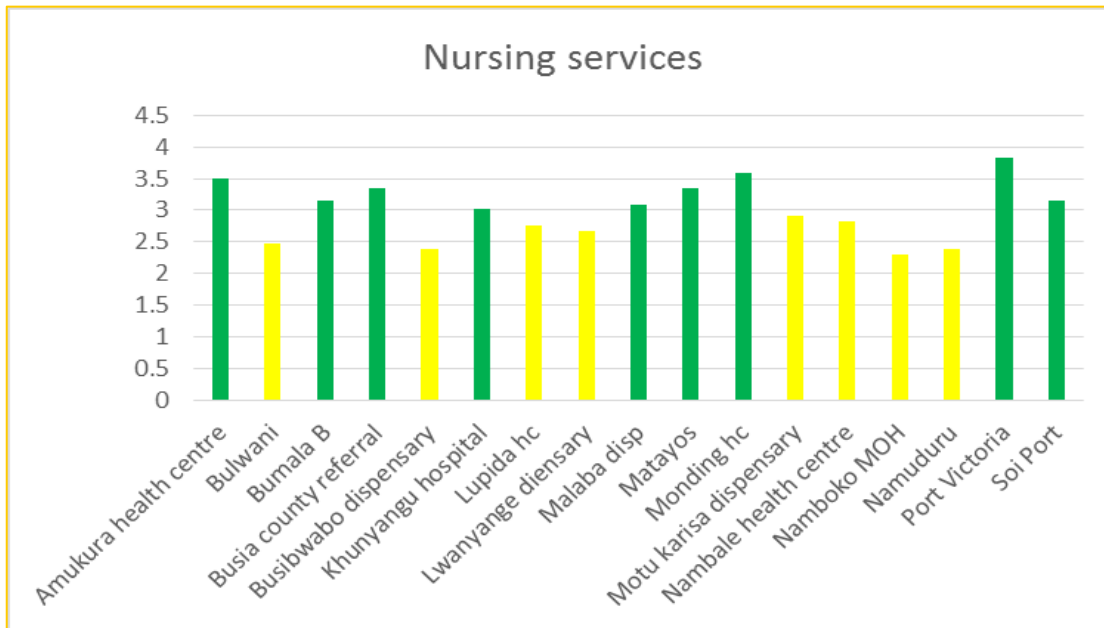


Figure 16: Nursing services scores in Busia County

Nursing services scored relatively well compared with other components (Figure 16). No single facility is in the red when it comes to nursing. Eight facilities are approaching minimum standards, and the remainder have achieved the minimum standards. The functional areas for nursing have met the minimum standards when aggregated across facilities, except for human resources (because of inadequate numbers).

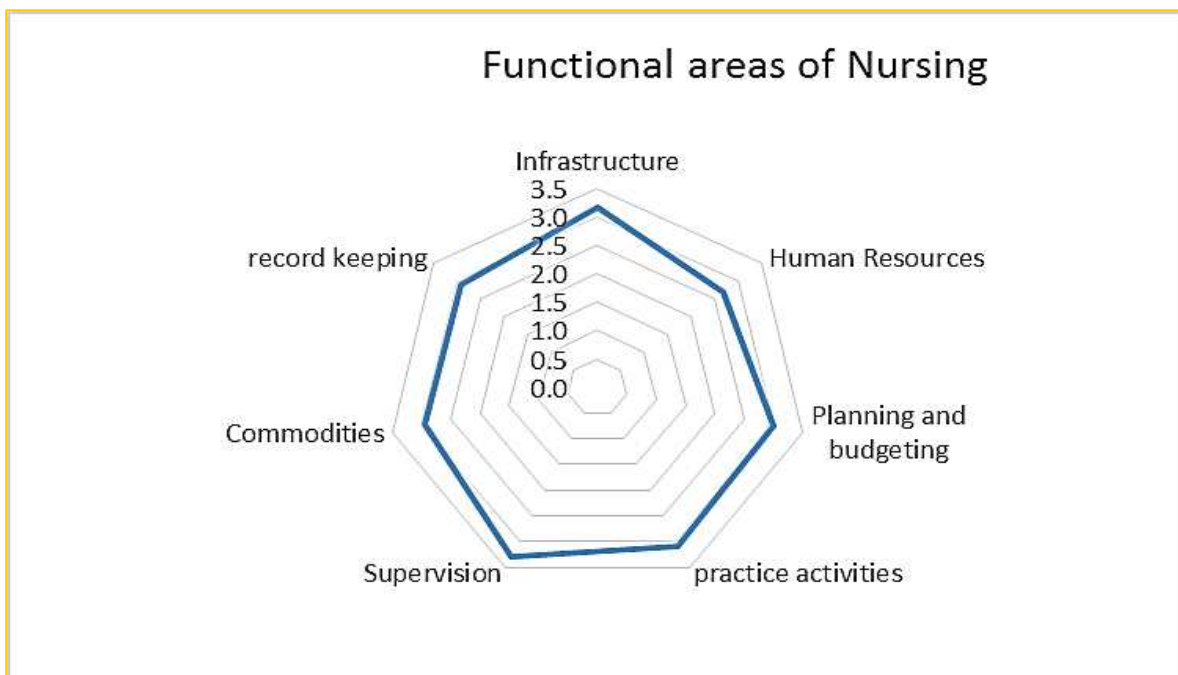


Figure 17: Functional area scores for nursing services in Busia County

### 4.3.7 Nutrition

Port Victoria is the only facility that has met the minimum standards required for nutrition services (Figure 18). Five other facilities are working towards meeting the minimum standards with all the remaining facilities failing to approach the minimum standards.

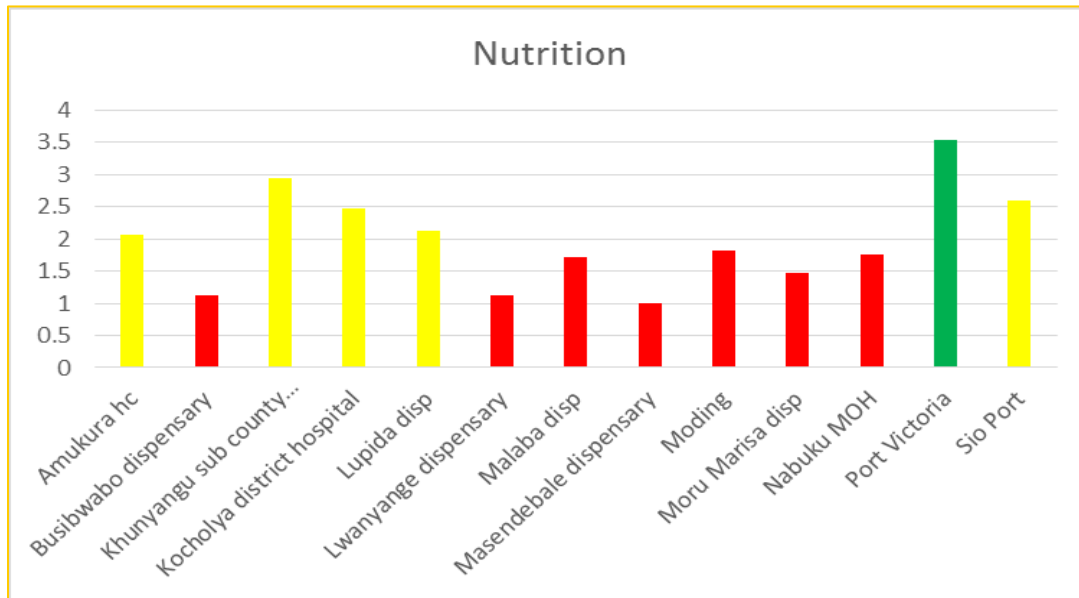


Figure 18: Nutritional services scores in Busia County

### 4.3.8 Pharmacy

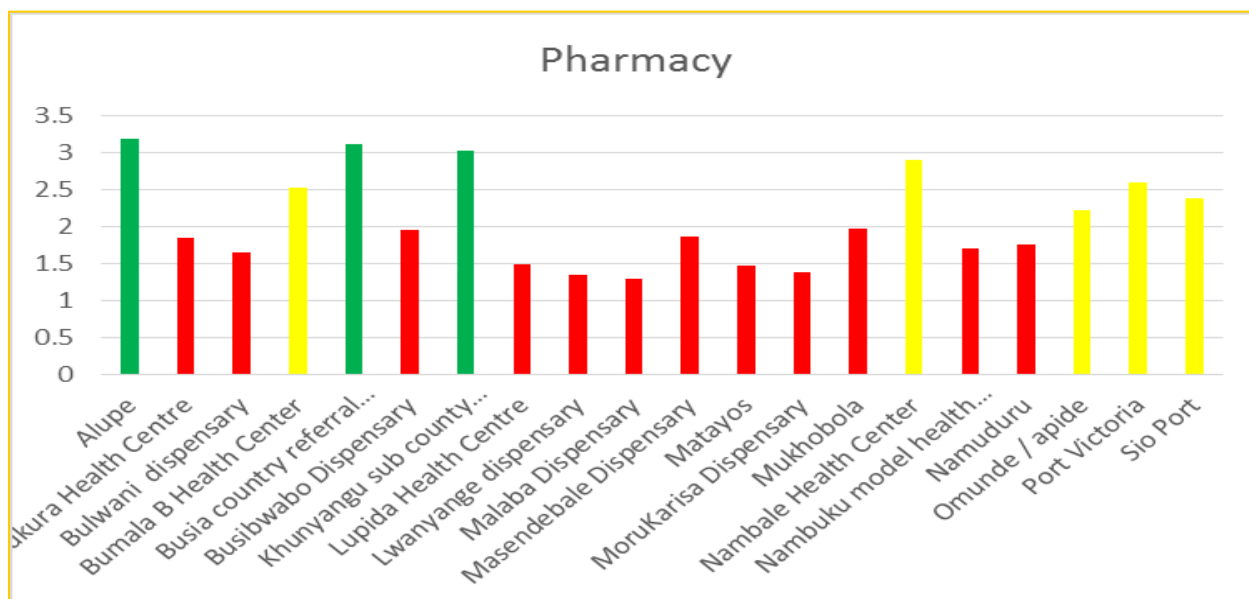


Figure 19: Pharmacy services scores in Busia County

Three facilities assessed (all being hospitals) have met the minimum requirements for pharmacy services. Five others are approaching the minimum standards, and the twelve other facilities are still far from the minimum standards. The overall capacity of pharmacy services suggests weaknesses that may result in significant gaps for essential inventory.

### 4.3.9 Youth Services

Youth-friendly services are poorly developed in much of Kenya's health sector, and is this reflected in the scores from the assessment; no facilities assessed in Busia County were close to approaching the minimum standards for youth services (Figure 20).

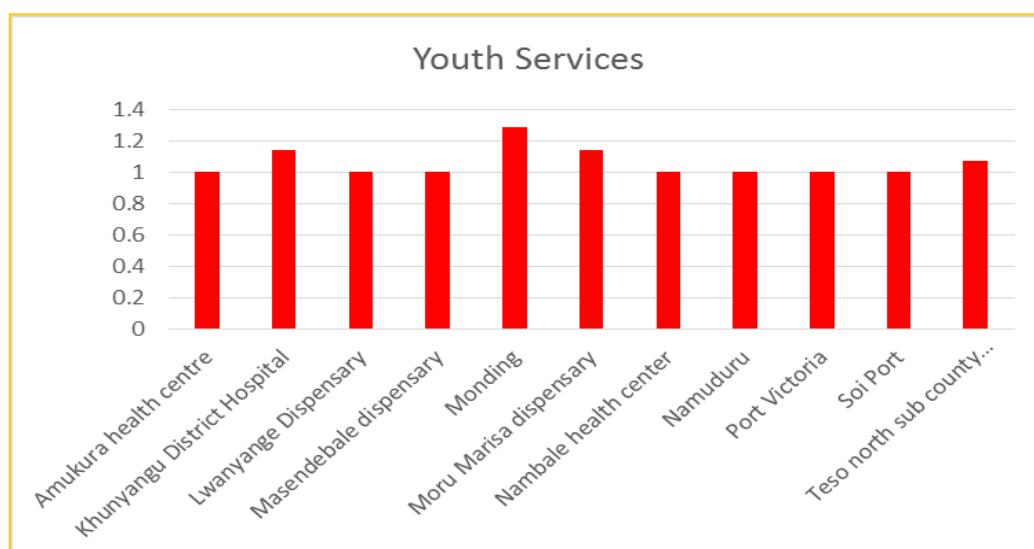


Figure 20: Youth services scores in Busia County

### 4.3.10 Quality Improvement Programs



Figure 21: Quality improvement scores in Busia County

Only Busia County Referral Hospital is approaching the minimum score for quality improvement systems. At the time of the collection of data for this assessment, Khunyangu Sub-county Hospital was also in the process of setting up a quality improvement program but was scored low since the program was not running yet.

### 4.3.11 Services for People with Disabilities

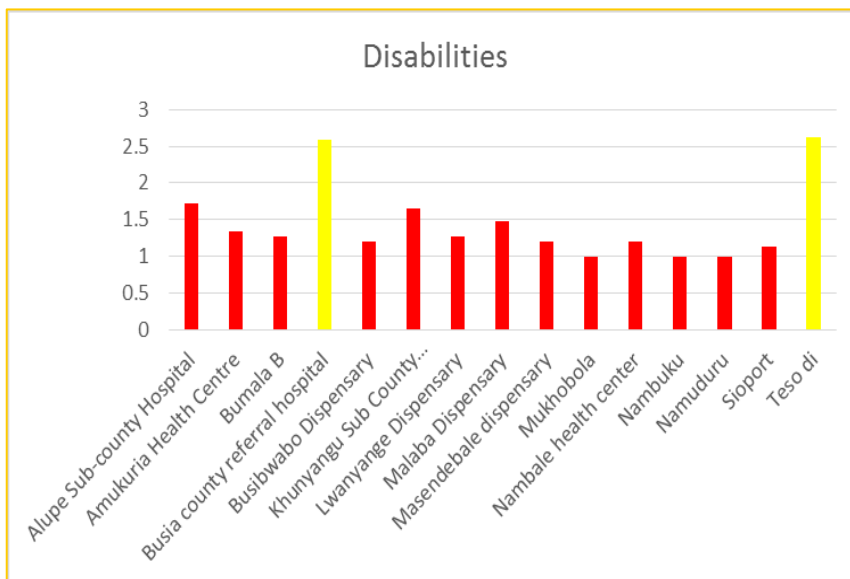


Figure 22: Disability-friendly services scores in Busia County

Only Busia County Referral Hospital and Teso Sub-county hospitals have systems in place to support people with disabilities to access services with ease. The remaining facilities are not close to meeting the minimum required standards.

## 5. CONCLUSION AND RECOMMENDATIONS

This County Health Capacity Assessment is timely, coming when counties are putting in place structures and systems to support county-wide health services delivery. The assessment identifies key strengths of the county health system, including nursing staff and the county hospital (which has several strengths, including pharmacy and laboratory capacity, both of which can be used to serve the county effectively as a whole). It also reveals critical gaps that are cross-cutting across all facility levels, including the referral hospital, such as: records/strategic information (which are critical for planning and monitoring progress); quality improvement capacity (which is critical for changing the system and patient care outcomes), and; systems to support youth and people with disabilities. We therefore recommend that the County Health Management Team:

1. Validate these findings with key stakeholders for adoption as baseline status of the county health system
2. Engage MOH or other appropriate organization(s) to support the CHMT in developing, implementing and monitoring a sustainable, prioritized, county-owned and county-driven health systems quality improvement framework and plan
3. Review progress towards the goals and objectives of Article 43 of the constitution, using similar tool at regular intervals