



Issue 1 2026

Newsletter

Supporting Health Systems

EDITOR'S NOTE

2025 placed new demands on county health systems. With constrained resources, shifting financing arrangements and rising expectations for accountability and quality, counties continued to deliver primary health care while rethinking how best to do so.

Working with Nakuru and Trans Nzoia Counties, Hecta Consulting supported progress in institutionalising Primary Health Care Performance Management (PHC-PM). Through continuous PHC performance assessments, data review, and action planning, these practices are increasingly embedded in everyday decision-making.

As we reflect on the year, one question remains: how can performance information continue to shape a more resilient future for primary health care?

81

Institutionalised data capture and review

81 Primary Healthcare facility assessments conducted monthly for 10 months

24

Upward accountability

Monthly County Leadership meetings to review performance data, develop and implement action plans for PHC improvement

80%

+

Action plans for improvement

80% completed Action plans in Nakuru and 82% in Trans Nzoia

WHY PRIMARY HEALTHCARE NEEDS COLLECTIVE ACTION

The country is at a defining moment in its health reform journey. While recent policy and financing changes signal progress toward universal health coverage, persistent challenges such as implementation gaps in the Social Health Insurance Fund and the Primary Healthcare fund, adverse selection and underinvestment in healthcare continue to expose systemic weaknesses. At the centre of these challenges is the opportunity to strengthen the primary healthcare system.

Primary healthcare is where most health needs are first addressed and where prevention, early diagnosis and continuity of care can significantly reduce costs and improve outcomes. For this reason, strengthening PHC is essential to financial sustainability, high-quality care and public confidence in the health system.

Addressing these challenges requires more than policy intent. It calls for coordinated action across the health sector. Policymakers must ensure PHC is embedded at the core of health financing and accountability frameworks. County governments need to back this commitment with adequate funding, performance management and support for frontline teams. Health workers, partners and the private sector all have a role in strengthening service delivery, improving efficiency and promoting prevention.

Primary healthcare will only deliver its promise if all health system players advocate for it, invest in it and act together.

BUILDING STRONG ENTRY POINTS

The first half of 2025 focused on strengthening the foundations for sustained PHC performance management. This included formal county entry through MOUs, embedded technical support and the establishment of multi-sectoral County PHC Core Teams bringing together health, finance, planning, human resources and monitoring units.

A comprehensive baseline assessment across 81 PHC facilities provided counties with a shared understanding of system capacity and priority areas for improvement. Together, counties and Hecta co-created a concise set of PHC indicators; selected for their relevance, feasibility, and potential to inform action.

FROM MEASUREMENT TO MEANINGFUL USE

As the year progressed, counties increasingly embedded performance management into their routine practice. Monthly data collection was strengthened within county systems, dashboards became central to performance discussions and Root Cause Analyses were used to translate trends into practical actions.

By the final quarter of the year, performance information was actively supporting decisions related to service organisation, financial management, commodity planning and facility prioritisation, demonstrating how routine data use can strengthen PHC performance.

JOURNEY TO INSTITUTIONALISING PHC-PM



LEARNING TOGETHER: THE ROLE OF PEER EXCHANGE

Quarterly and bi-annual peer learning forums continued to be central spaces for reflection and problem-solving. Facility managers, county teams, and partners reviewed shared performance data, conducted root-cause analyses, and exchanged practical strategies for addressing common challenges.



Seeing our data alongside other facilities helped us understand where we can improve and what is realistically possible



OUTCOMES WE ARE SEEING EVIDENCE OF ISSUE PRIORITIZATION AND COHESIVE DECISION MAKING

Monthly data and peer learning workshops have empowered facilities to proactively solve PHC delivery challenges. For example, Tom Mboya Subcounty Hospital and Lanet Health Center improved SHA claim processing through staff training, dedicated hiring and technical consultations.

Examples of Key Outcomes:

- Tom Mboya: Increased claims from 168 (Feb) to 253 (Nov) with a <1% rejection rate.
- Lanet: Reversed a downward trend, recovering from 5 claims (July) to 40 (Oct 2025).

This shift toward root-cause analysis and proactive problem-solving is now spreading across the network as facilities adopt these demonstrated best practices.

EVIDENCE OF INCREASED VISIBILITY OF DATA AND USE IN DECISION MAKING

PHC-PM dashboards and joint data analysis have given counties a picture of how they are performing, which facilities and what PHC areas they need to prioritize, direct and redirect investments.

Examples of Key Outcomes

- Based on data, dispensaries and health centers were performing poorly in financial management and procurement. Nakuru County Health Department implemented budgeting and procurement capacity building for these managers and provided standardized templates.
- In Trans Nzoia, the County Health Department identified from the data challenges in financial management across health centres and hospitals and consequently implemented on-the-job training for the facility managers and accountants.

Both counties used data on commodity availability to plan and implement commodity redistribution from higher level facilities to lower-level facilities and across sub-counties.



Seeing our data alongside other facilities helped us understand where we can improve and what is realistically possible



NAKURU COUNTY: STRENGTHENING PHC FINANCING AND LEADERSHIP ENGAGEMENT

Nakuru County has continued to advance PHC reforms alongside evolving national financing arrangements. Facilities were actively engaging with SHA, while county leadership sought to ensure that financing mechanisms effectively supported frontline service delivery.

What Was Strengthened

Through routine performance management, the county strengthened its use of claims and service data to inform engagement with SHA and to support clearer alignment between documented service capacity and reimbursement eligibility.

Performance discussions increasingly brought together facility experience, county leadership insight and financing data, enabling constructive engagement with national stakeholders and supporting facility participation in maternity and other essential service claims.

What This Enabled

- Improved predictability of facility revenue flows
- Greater confidence among facilities in PHC financing reforms
- Stronger leadership engagement in resolving system-level bottlenecks

TRANS NZOIA COUNTY: STRENGTHENING COMMODITY SECURITY AND SERVICE CONTINUITY

Trans Nzoia County has prioritised improving service continuity at primary care level, recognising the central role of commodity availability and frontline readiness in community trust and utilisation.

What Was Strengthened

Routine review of PHC performance data strengthened county and sub-county use of consumption and availability information to guide redistribution, planning and budgeting discussions. Facilities and managers increasingly engaged with data to support SHA registration and follow-up, alongside community outreach.

What This Enabled

- More consistent availability of essential tracer medicines
- Reduced service interruptions at the facility level
- Stronger alignment between budget allocations and service needs

Primary health care is the cornerstone of sustainable development and improving primary health care begins with better measurement.



DID YOU KNOW?



Sharing experiences across facilities has helped us move from challenges to solutions

UPCOMING WEBINAR

WEBINAR Beyond Policy to Practice: County Experiences in FIF Implementation

MODERATOR **PANELISTS**

 GLADYS WACHIRA Research Analyst, Health Financing Institute of Public Finance	 DR BABU KISIANGANI County Director of Health, Trans Nzoia County	 DR ZAEITUNI MULAA Primary Healthcare Coordinator, Trans Nzoia County	 DR REBECCA MUSYOKI Head- Health Financing, Nairobi City County
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19 FEBRUARY 2026 | **1830 - 1915 HRS EAT**

Join Nairobi and Trans Nzoia County leaders as they unpack lessons, challenges and implications of FIF on health financing, service delivery, and accountability.

Scan To Register



ACKNOWLEDGEMENTS



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