

East African Journal of Health and Science

ejhs.eanso.org

Volume 7 Issue 1, 2024

Print ISSN: 2707-3912 | Online ISSN: 2707-3920

Title DOI: <https://doi.org/10.37284/2707-3920>



EAST AFRICAN
NATURE &
SCIENCE
ORGANIZATION

Original Article

Critical Success Factors for Deployment of Primary Health Care Networks and their Impact in Kenya

Yvonne Opanga^{1*}, Saida Kassim¹, Gilbert Wangalwa¹, Aloise Gikunda¹, Emmanuel Musombi¹, Anne Gitimu¹, Isaac Ntwiga¹ & Dr. Meshack Ndirangu¹

¹ Amref Health Africa in Kenya, P. O. Box 30125-00100, Kenya.

*Author for correspondence ORCID ID: <https://orcid.org/0000-0002-3163-0633>; Email: Yvonne.opanga@amref.org

Article DOI: <https://doi.org/10.37284/eajhs.7.1.1696>

Date Published: ABSTRACT

16 January 2024

Keywords:

Primary Health Care
Networks,
Primary Health Care,
Observatory,
Universal Health
Coverage,
Multi-Disciplinary
Teams,
Access,
Policies.

The Government of Kenya through the Bottom-up Economic Transformational Agenda (BETA) acknowledges Primary Health Care (PHC) as a cost-effective and efficient means to achieve Universal Health Coverage (UHC). The aim is to enhance equitable access to high-quality and affordable healthcare for all Kenyan citizens. Primary Health Care Networks (PCNs) are gaining traction as the main mode of achieving PHC in Low- and Middle-Income Countries, and Kenya is no exception. In Kenya, PCNs approach seeks to empower local communities at subcounty level through mobilizing resources and strengthening their decision-making authority to address context specific healthcare needs. The investment in PCNs is geared towards advancing equitable access to quality healthcare at the community level, mitigating fragmentation of health care services, strengthening preventive and promotive healthcare hence creating a more resilient and efficient healthcare system. The Ministry of Health in Kenya, in collaboration with County Governments and Development partners, initiated a Rapid Results Initiative (RRI) to deploy PCNs across the country in August, 2023. The goal was to establish 315 Primary Health Care Networks (PCN) across the 47 counties in Kenya. This was preceded by a Pilot phase in 3 Counties (Kisumu, Garissa, and Kwale) which was conducted in 2021. The pilot phase informed cost-effective approaches for the deployment and critical success factors for scale-up of PCNs countrywide. The nationwide deployment of PCNs followed a 10-step process of establishing PCNs as stipulated in Kenya PHC Guidelines. Data on experiences, progress in implementation and lessons learnt was abstracted from grey literature including reports from PCN establishment at County level, Stakeholder meetings through Accelerator and Sustainability taskforce and data from PCN observatory. The average time taken to establish a PCN was 3 weeks and costed approximately USD 34,000 for its full establishment. As at 20th December, 2023 (within 4 months of initiating the RRI), of the target of 315 PCNs, 93(30%) PCNs were fully established, 27(9%) PCNs were in progress and 195(62%) yet to start. Out of the 47 counties, 37(79%) counties have at least a fully established PCN, 4 Counties

are in the process of establishing the first PCN and 6 are awaiting partner readiness. The eight main critical success factors for successful establishment included: County ownership and commitment, availability of Key Policy guidelines and strategies for reference, funding from development partners and donors, leveraging on existing National and County governance structures, multisectoral collaborations and partnerships, tracking of PCN establishment through National PCN observatory and Community engagement. Key process enablers to successful role out included: Meaningful engagement of development and implementing partners, Execution through County trained TOTs, Community engagement through Community Health Workforce and support from National Government. Over time, the Established PCNs in 3 pilot counties have demonstrated significant reduction in facility based maternal mortality, increased access to NCD screening services, coordinated health care workers through MDTs and improved forward and backward referrals. Additionally, incorporated innovation models within PCNs have improved access to medical supplies and specialized healthcare services at level 2 and 3 facilities. To achieve successful scale up of PCNs and sustainability for impact it is critical to contextualize PCNs to the County needs, establish sustainable primary health care financing mechanism for PCN activities, Strengthen PCN governance structures and utilise PCN observatory to continuously track PCN performance measurements and decision making. Adoption of a unified focus on PCN performance improvement including one PCN strategy, one action plan on how to optimally implement PCNs and one monitoring framework is critical. If implemented successfully, PCNs will contribute to long term social return on investments and improved health indicators for the Country.

APA CITATION

Opanga, Y., Kassim, S., Wangalwa, G., Gikunda, A., Musombi, E., Gitimu, A., Ntwiga, I., & Ndirangu, M. (2024). Critical Success Factors for Deployment of Primary Health Care Networks and their Impact in Kenya *East African Journal of Health and Science*, 7(1), 10-21. <https://doi.org/10.37284/eajhs.7.1.1696>.

CHICAGO CITATION

Opanga, Yvonne, Saida Kassim, Gilbert Wangalwa, Aloise Gikunda, Emmanuel Musombi, Anne Gitimu, Isaac Ntwiga and Meshack Ndirangu. 2024. "Critical Success Factors for Deployment of Primary Health Care Networks and their Impact in Kenya". *East African Journal of Health and Science* 7 (1), 10-21. <https://doi.org/10.37284/eajhs.7.1.1696>.

HARVARD CITATION

Opanga, Y., Kassim, S., Wangalwa, G., Gikunda, A., Musombi, E., Gitimu, A., Ntwiga, I., & Ndirangu, M. (2024) "Critical Success Factors for Deployment of Primary Health Care Networks and their Impact in Kenya", *East African Journal of Health and Science*, 7(1), pp. 10-21. doi: 10.37284/eajhs.7.1.1696.

IEEE CITATION

Y., Opanga, S., Kassim, G., Wangalwa, A., Gikunda, E., Musombi, A., Gitimu, I., Ntwiga, & M., Ndirangu, "Critical Success Factors for Deployment of Primary Health Care Networks and their Impact in Kenya", *EAJHS*, vol. 7, no. 1, pp. 10-21, Jan. 2024.

MLA CITATION

Opanga, Yvonne, Saida Kassim, Gilbert Wangalwa, Aloise Gikunda, Emmanuel Musombi, Anne Gitimu, Isaac Ntwiga & Meshack Ndirangu. "Critical Success Factors for Deployment of Primary Health Care Networks and their Impact in Kenya". *East African Journal of Health and Science*, Vol. 7, no. 1, Jan. 2024, pp. 10-21, doi:10.37284/eajhs.7.1.1696.

INTRODUCTION

Achieving Universal Health Coverage (UHC) requires the implementation of Primary Health Care (PHC) models that effectively target and optimally address inequalities in healthcare access and utilisation(1). Available evidence indicates

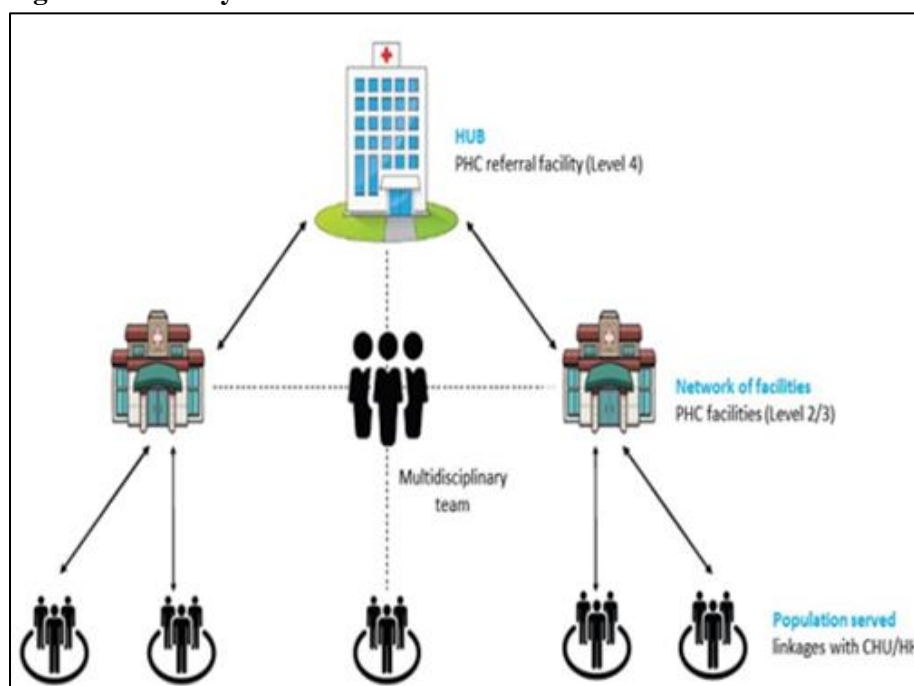
that healthcare systems centred around primary health care exhibit improved health outcomes, greater equity, and enhanced efficiency when they prioritize a people-centred approach, tailor their services to address specific community requirements, empower communities to take charge of their health, and promote the utilization

of integrated healthcare services(2). Additionally, high-performing primary health care systems are critical to improving health outcomes and achieving universal health coverage.

In Kenya, the government's Bottom-Up Economic Transformational Agenda (BETA)(3,4) places primary healthcare at the forefront of efforts to achieve Universal Health Coverage. The prioritization of primary health care in BETA aims to ensure that all Kenyan citizens have access to high-quality, affordable healthcare services. This is to be achieved through the establishment of efficient healthcare delivery

systems. Primary Health Care Networks (PCNs) are gaining popularity in Low- and Middle-income countries, and Kenya is no exception to this trend(5,6). PCNs have proven to be effective models for delivering Primary Health Care (PHC).(7,8). It is clear that adopting the PCN model can address approximately 80% of an individual's healthcare needs throughout their life (9). This effectiveness arises from the PCN's focus not only on managing diseases once they occur but also on promoting health and preventing diseases through Community Health Units (CHUs), which serve as the foundational units of healthcare delivery (10)

Figure 1: Primary Care Network Structure



Source: Republic of Kenya Ministry of Health Primary Health Care Network Guidelines (2021)

PCNs play a vital role in efficiently delivering PHC services, reducing fragmentation, and providing advanced care when needed. An added advantage of PCNs is the focus on both promotive, preventive, and curative care provided by integrated teams that ensure continuity of care in existing referral and counter-referral systems. Moreover, PCNs address healthcare access inequity gaps by bringing basic healthcare services closer to communities. This is achieved through an empowered Community Health Workforce, well-equipped PHC facilities (Spokes) and Multi-disciplinary teams (MDT)

who offer proximal manageable complicated cases and ensure prompt referral of complicated cases to sub-county referral Hospitals (Hubs). Furthermore, through a SMART (*Digitised PCN*), there is seamless flow in data generation, data management and use for decision making based on the streamlined and Interoperable Health Information Systems; Electronic Community Health Information System (eCHIS) at Community level, Electronic Medical Records (eMR) at facility level, dashboards at different levels and Kenya Health Information System (KHIS). The strengthened HMIS system across

the levels of healthcare service delivery will ensure optimal use of data generated, strengthen follow up of patients and disease surveillance in a PCN and promote efficient use of resources for decision making.

Legal and Policy Framework for PCNs as Pathways for Pathways

In order to strengthen PHC as a critical pathway for achieving UHC, Kenya launched the PHC strategic framework 2019-2024 based on the existing Health Policy (2014-2030) and the country's UHC roadmap. The framework seeks to ensure that communities have fair and equal access to high-quality primary healthcare services. To support this initiative, Kenya developed and launched the following policy and strategic documents: Kenya Primary Strategic Framework (2019-2026)(11), Primary Health Care Networks Guideline (2021)(1), Kenya Community Health Policy 2020-2030, Kenya Community Health Strategy (2020-2025)(12), National Community Health Digitization Strategy (2020-2025)(13). Others included Advocacy, Communication and Community Engagement (ACCE) Framework, Community Health Volunteers Training and Certification Guidelines, Community Health Committee (CHC) Curriculum, Kenya Master Community Health List, and Community Score Card Guidelines.

The Country has further developed the Primary Health Care Bill (14) which recognizes PCNs and CHUs as the main mode of delivery of PHC in Kenya. The bill highlights the roles and composition of key stakeholders, including the Ministry of Health, PHC advisory council, county government, county PHC advisory committee, and Primary Health Care Networks (PCNs) responsible for PHC management. Additionally, it highlights the focal points included in ensuring an adequate healthcare workforce, an effective supply chain for healthcare products, health financing aligned with UHC, the integration of health information systems, and the promotion of primary health care and community health interventions

The Facility Improvement Financing Bill 2023 provides for an efficient, accountable mechanism for the collection, retention and management of revenue derived from health services rendered at public health facilities in Kenya. The Act further aims to establish a governance framework that will facilitate effective planning, coordination, mobilisation and access of public health facilities improvement financing in Kenya. Additionally, it provides for the appropriation, management and use of retained health services revenue to supplement operations and facilitate quality service delivery in the public health facility promote equitable health facilities improvement financing including benefit sharing in accordance with the relevant laws of Kenya. Finally, provide for a unified system to guide financial management in public health facilities, improving efficiency and effectiveness, and ultimately quality health service delivery. The Bill is significant in the context of a PCN since the revenue generated will be used to finance primary and preventive health care activities at PHC facility and community level. Additionally, the funds will aid in addressing the health system challenges including ensuring adequate essential medicines and supplies, human resources for health, health service delivery and health system gaps.

The social Health Insurance Bill aims to provide affordable, quality health services to all citizens regardless of their economic status and or location. The proposed bill aims to increase government funding and infrastructure investment to improve public health facilities across the country including increasing PHC Facilities, ensuring adequate medical equipment and trained staff and this will be significant mostly in rural areas where these gaps are rampant. Additionally, ensure the vulnerable and low-income households receive subsidized national health insurance to help pay for care supported by government. Furthermore, the PHC Fund Bill 2023 encompasses the necessity of a legal framework for community health implementation, public financing of PHC, improvement of PHC service delivery, reinforcement of PHC

coordination, the government's commitment to PHC for Universal Health Coverage (UHC), and the relevance of PHC within the context of BETA healthcare priorities. The fund will also provide Emergency, Chronic and Critical Illness Fund to defray the costs of management of chronic illnesses after depletion of the social health insurance cover and cover the costs of emergency treatment.

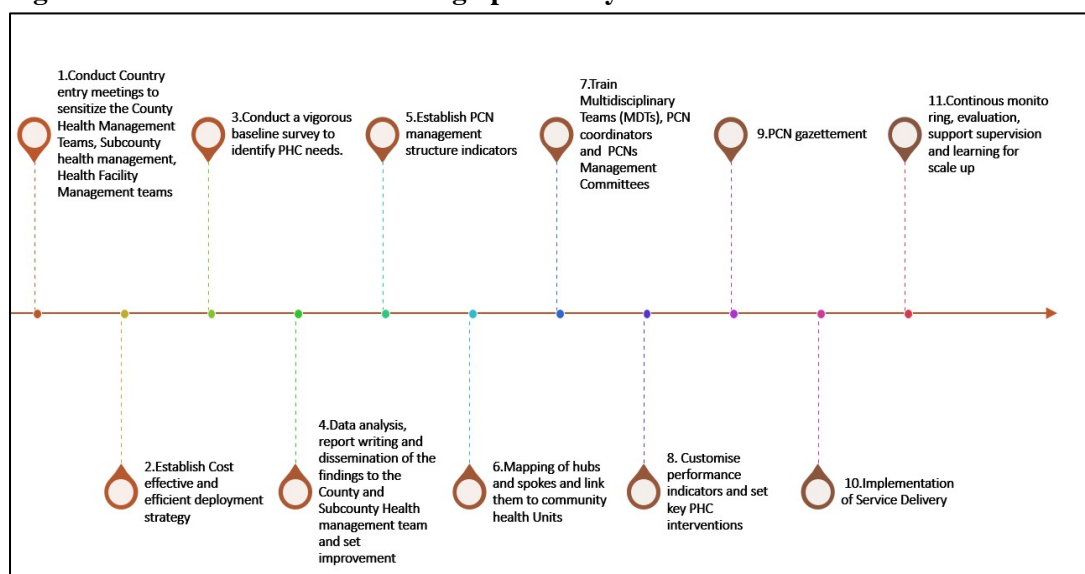
Moreover, the Digital Health Bill 2023 (15) will regulate financing, reporting and data sharing practices at PHC level. Despite availability of these policy and legal documents, there is a noticeable absence of clear information regarding how contextual factors influence the establishment, execution, and long-term viability of PCNs and how these can be addressed. For instance, how different will PCN designed for rural, urban, arid, or semi-arid regions be structured to meet the needs of the populations? Similarly, what might a PCN model of care for a migratory population look like? How about communities that have both migratory and static populations? How should such PCNs be set up? Additionally, the documents do not adequately address the gaps in the linkage between Community Health Strategy, Spokes and Hubs; critical areas that ought to be addressed to ensure

success of PCNs in improving the health of communities. Moreover, from PHC levers perspectives, what are the standards that define a PCN in terms of Leadership and Governance, Human resources for Health, Health Care financing, Health Care infrastructure, Health Products and Technologies and Health Information Systems?

RAPID DEPLOYMENT OF PCNS IN KENYA: KEY SUCCESS CRITICAL FACTORS

In Kenya, the PCNs are premised on a *Hub and Spoke model* supported by Multi-Disciplinary Teams (MDTs). In this model, health services offered from level 1 to level 4 are designed to provide high quality, integrated and people-centred services at the first point of contact with the health care system and strengthening referral between the Community Hubs and Spokes. In 2020, Kenya piloted PCNs in Kisumu, Garissa and Kwale as stipulated in the PHC framework (9). The objective was to demonstrate the effectiveness of the approach and to utilize learnings from the process to inform the scale-up of PCNs in the country. The process adopted a co-creation approach; PCNs were set up using critical steps as in the pictogram below:

Figure 2: Process undertaken setting up Primary Health Care Networks



Source: Author designed with reference MOH Primary Health Care Network set up Guidelines

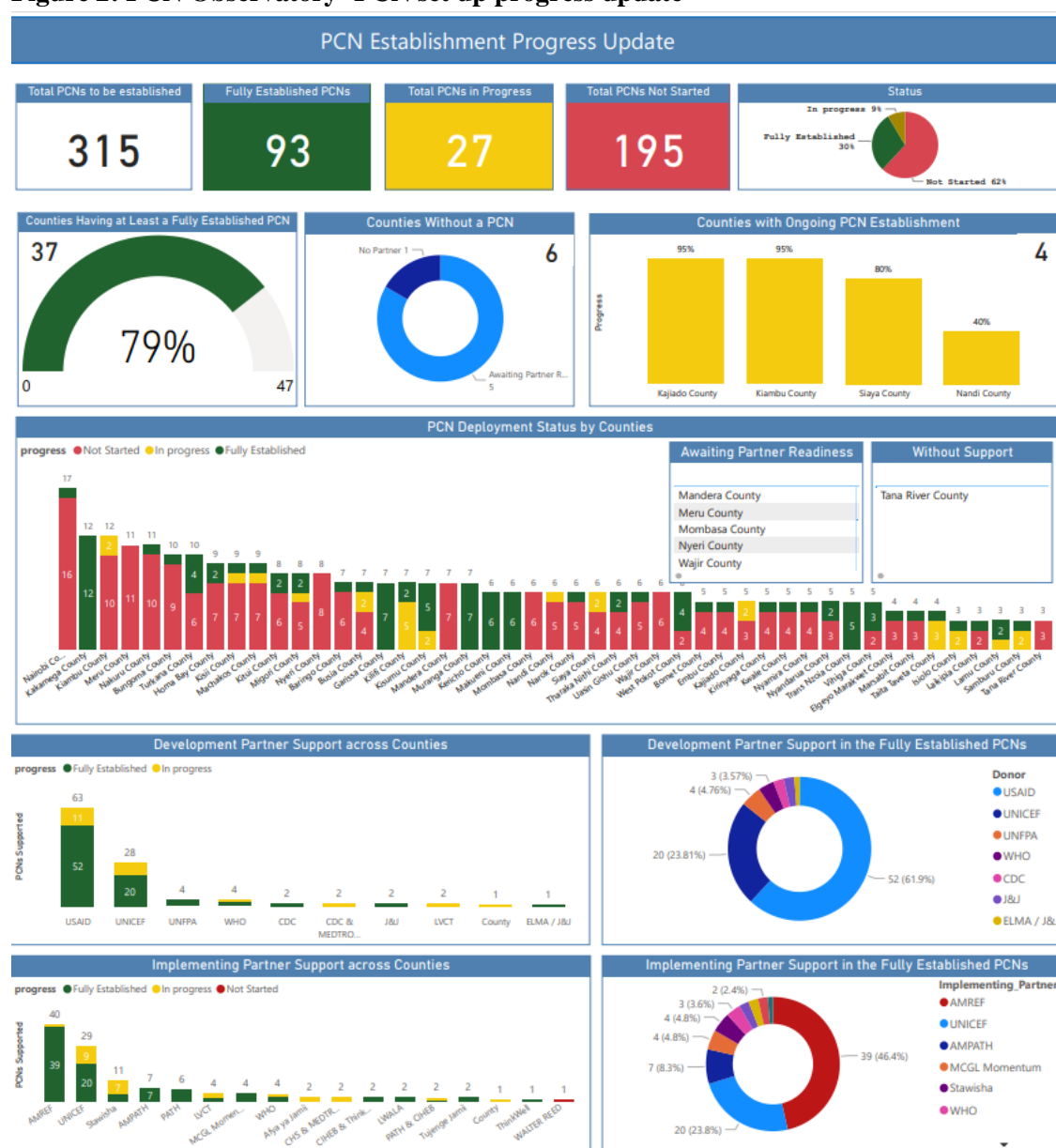
Kenya's overarching goal is to establish a total of 315 Primary Health Care Networks with each sub-

county having at least one PCN, covering all 47 counties. Based on data abstracted from National

PCN Observatory (PCN Observatory_Version2 - geonode.statsspeak.co.ke), as of 20th December, 4 months after the initiation of the Rapid Roll Out of PCNs, approximately 93 out of the 315 PCNs have been established, accounting for 30% of the total target. These 93 PCNs are distributed across 37 out of the 47 counties. Notably, 27(9%) PCNs are in the process of completing the necessary 11 steps for setup. Notably, approximately 195(62%) of PCNs have not yet commenced their establishment. The 37 counties that have successfully established PCNs are as follows: Kisumu, Garissa, Kericho, Kwale, Baringo, West

Pokot, Bungoma, Kilifi, Samburu, Tharaka Nithi, Busia, Elgeyo-Marakwet, Embu, Homa Bay, Kakamega, Kisii, Laikipia, Nakuru, Nyamira, Trans Nzoia, Turkana, Kitui, Narok, Bomet, Embu, Nyeri, Migori, Machakos, Nakuru, Busia, Siaya, Uasin Gishu, Marsabit, Lamu, Tana River, Isiolo and Vihiga Counties. The process is partner led, funded, and supported by donors and implementing partners as highlighted in the snippet of the PCN observatory developed with support from Amref Health Africa indicated in *Figure 4* below

Figure 2: PCN Observatory- PCN set up progress update



Source: Snip from MOH Primary Care Network Observatory

What Were the Facilitators of the Success?

The data on the facilitators and barriers to successful roll out were drawn from grey literature including reports done on stakeholder engagement meetings through the accelerator and sustainability taskforce and feedback from County TOTs. The reports are currently unpublished under custody of MOH and stakeholders that were part of the taskforce.

The successful establishment of PCNs in pilot counties and other 35 counties were successful because of the following factors: 1) Establishment of Accelerator and Sustainability Taskforce whose main role was to oversee the PCN roll out, propose actions, at policy and coordination level to ensure UHC/PHC Commitments are sustained post launch. According to the Taskforce Terms of reference(unpublished), the taskforce operated at policy and coordination level coordination to support the national and county governments to sustain the gains made in primary healthcare in addition to tracking and driving the momentum on the PCNs establishment and sustainability. Other responsibilities included resource mobilisation for acceleration of PHC activities including PCN establishment, partner and stakeholder mapping to support PHC captivities. The taskforce was comprised of representatives from Ministry of Health, Development partners and Council of Governors. The Taskforce meets weekly to deliberate on the PHC activities. 2) Engaging and coordinating of development partners and donors to support the process in terms of resource mobilization and execution, 3) Political commitment and good will from national and county governments, 4) Training of Master Trainers of Trainers (TOTs) who worked as cluster leads in various counties to oversee the process. The Division of Primary Health Care in collaboration with the development partners opted for a technical assistance approach to capacity build the Counties on PCN establishment. This was achieved through development of a comprehensive guide to standardize the sensitizations for PCN establishment in counties. A pool of 240 National Trainers of Trainers

(TOTS) who were a blend of teams from National government, County Government, and partners were trained to embark on this initiative. Post training the pool of national TOTs were divided in teams of 5 officers who would visit 40 counties at a go envisioned to sensitize, guide and coordinate the counties to establish atleast one PCN in each County within 4 weeks. 5) Parallel execution of Sub-County Health Management Teams (SCHMT) training and baseline assessment running concurrently and the mobilization of all the participants and 6) The team also leveraged on existing PHC structures i.e. 2 family physicians, PHC coordinator and functional Community Health Units (CHUs) and PHC facilities and systems such as CHS, HRH and SCHMT were in place.

What were the Challenges to the Roll out Process?

The process noted significant challenges experienced below:

- Inadequate ownership by the CHMT and SCHMT: Enthusiasm from the county health managers could be better. CHMT not ready to train and cascade training to the lower levels even after training.
- Weak stakeholder mapping and analysis: stakeholder mapping, analysis and engagement was not conducted optimally at counties leading to some county partners being not involved in all PCN activities due to the rushed plans.
- Sub-optimal capacity building: Capacity building of the different participants was not adequately done due to a packed program and hence the family physician and County Health Management team (CHMT) members to be trained as Master trainers to aid in refreshers.
- Incomprehensive dissemination of baseline assessment tools: The tool used for baseline assessment tool was inadequately discussed with the data collection team but the program included a national Ministry of Health (MoH)

officer in each data collection team to offer Technical Assistance (TA).

- Poor linkages: There was poor linkage between CHUs and PHC facilities in some counties.
- Lack of harmonized allowances and payment: Payment of stipends has so far not prioritized making delivery of CHS a challenge in some counties.

What Were the Key Lessons Learnt?

The key lessons learnt during the process include:

County Ownership: It is clear that garnering the support and approval of county authorities is crucial for the successful implementation of Primary Health Care Networks (PCNs). In some instances, certain counties may not take proactive steps in adopting PCNs, instead relying on national staff. To facilitate a swift deployment, it is vital to involve the County Health Governance structures, including the Council of Governors, County Health Management Teams, Subcounty Health Management Teams, Health Facility Management Teams, and Community Health Committees. This involvement can be achieved through county entry meetings and collaborative workshops, ensuring that the consultative process remains continuous throughout the entire PCN lifecycle, spanning from design and implementation to ongoing monitoring and evaluation. This approach guarantees ongoing updates, regular assessments of progress, and the integration of findings to promote sustainability. Securing political support and nurturing county ownership of Primary Health Care (PHC) support is of paramount importance. This requires active engagement with political leadership during both the planning and execution phases of Primary Health Care Networks (PCNs).

Contextualization of PCN to align to the County Context: The National Government should prioritize considering contextual differences and actively involve counties and additional stakeholders in the inception and formulation of Primary Healthcare (PHC) Policies and Primary Health Care Network (PCN)

guidelines. This approach is crucial to ensure the seamless integration and adoption of healthcare policies at the county level. For instance, what would a PCN framework look like in rural, urban, arid, and semiarid regions? How can we design a PCN model tailored to the needs of migratory populations? What is the best approach for communities with both migratory and static populations? These are vital questions that need to be addressed when establishing PCNs.

PHC Governance Structures: Establishing clear governance and leadership structures for Primary Health Care Networks (PCNs) is of utmost importance. It is essential to establish or reinforce key Primary Health Care (PHC) structures, especially at the Community Health Unit (CHU) level, before the PCN is established. An essential strategic step is to enhance community engagement within the domain of Primary Healthcare, with a focus on utilizing tools like Community Scorecards to promote social accountability. Additionally, it is crucial to establish a robust management structure for the PCN, which includes the formation of Multidisciplinary Teams (MDTs), PCN coordinators, and PCN Management Committees.

Stakeholder Identification, Mapping, and analysis: Fortification of multi-sectoral collaborations and partnerships is necessary to enhance the synergistic alignment of resources and efforts. Currently PCNs implementation is highly dependent on partner's support. Successful implementation of PCNs requires identification of stakeholders, understanding their relationships, levels of support for PCNs and understanding critical contextual factors that hinder facilitate or hinder successful implementation. Early identification and engagement of partners successfully led to successful rollout of PCNs in selected counties.

Adoption of Cost-effective Deployment strategy: Teamwork and synergy is essential in running parallel sessions. Through a co-creation process, it is critical to set up a PCN deployment plan with the county leadership and relevant stakeholders. This will entail mapping of key

stakeholders/partners to support the process. Training of County TOTs on the PCN establishment process was identified as the most ideal strategy. However, it is critical to have an accountability mechanism for the TOTs to ensure constant high momentum. County ownership should be prioritized as experienced, the CHMTs trained as ToTs did not embrace PCNs hence they did not lead in cascading the capacity building. There should be motivation of staff through continuous trainings and MDT support and for sustainability, there should be county ownership

Sustainable funding Model for PCNs:

Considering the current financing arrangements are sub-optimal under the current fiscal landscape. Health Financing reforms including FIF acts, PHC Funds/ National Social Health Insurance Schemes. This will ensure the MDT is well funded and re-imbursement is made for MDT service delivery by the PCN fund or Social Health Insurance as well as enabling procurement of adequate health products and technologies.

Metrics and Evidence generation: The baseline utilizes a mixed method approach and is done at sub county level. Data is collected through Secondary analysis of KHIS data to establish baseline status on health indicators, Health Facility Assessment along the 6 PHC Levers, Community Health Unit functionality assessment and Client exit interviews. Establishment of a PHC observatory to act as a one stop shop solution to track PCNs implementation is critical. Also, in order to facilitate the delivery of person-centred healthcare services, it is imperative to enhance the capacity for data demand generation and utilization.

Human Resources for Health including CHPs capacity building: There is need to capacity build HRH on PCNs through initial training and mentorships to maintain the momentum on PCNs. Capacity building should be focused at all levels of PCNs including upskilling of CHPs for quality community health services, reorientation of PHC facility staff to embrace PCNs, Continuous capacity building of MDT to offer context specific support of PHC services and mentorships of Hub

Staff to support all lower levels of PHC. Continuous medical education of PCN HRH should be embraced.,

Quality Control and gazettement of PCNs:

Ensure the validation and verification of the Sustainability stage of establishing Primary Health Care Networks (PCNs). This phase encompasses the transition to dispensarization, implementing service delivery according to the established model, conducting tenacious support supervision and mentorship programs, facilitating knowledge exchange, and expanding the reach of PCNs to other regions.

What has been the Impact of PCNs set up in Pilot Phase? Case of Kwale County

Primary Health Care Networks (PCNs) have demonstrated their effectiveness in enhancing the utilization of preventive and promotive healthcare services, expanding access to well-equipped primary healthcare facilities, and fortifying the screening of cases, management by MDT and seamless referrals, ultimately leading to improved healthcare indicators. A noteworthy example of this impact is evident in the case of Lunga lunga in Kwale County, where PCNs were established between November 2022 and February 2023. Data after PCN establishment, indicate, maternal mortality ratio reduced dramatically to 0 deaths per 100,000 deliveries in the second quarter of 2023, compared to 149 deaths per 100,000 deliveries in 2022. Moreover, within a span of just three months after the establishment of PCNs, approximately 260 new cases of Hypertension and Type 2 Diabetes mellitus were screened, managed by the MDT and complicated cases managed by the MDT proximal to their residence. With the nationwide implementation of PCNs, it is anticipated that both morbidity and mortality rates will witness significant declines.

IMPLICATIONS AND RECOMMENDATIONS

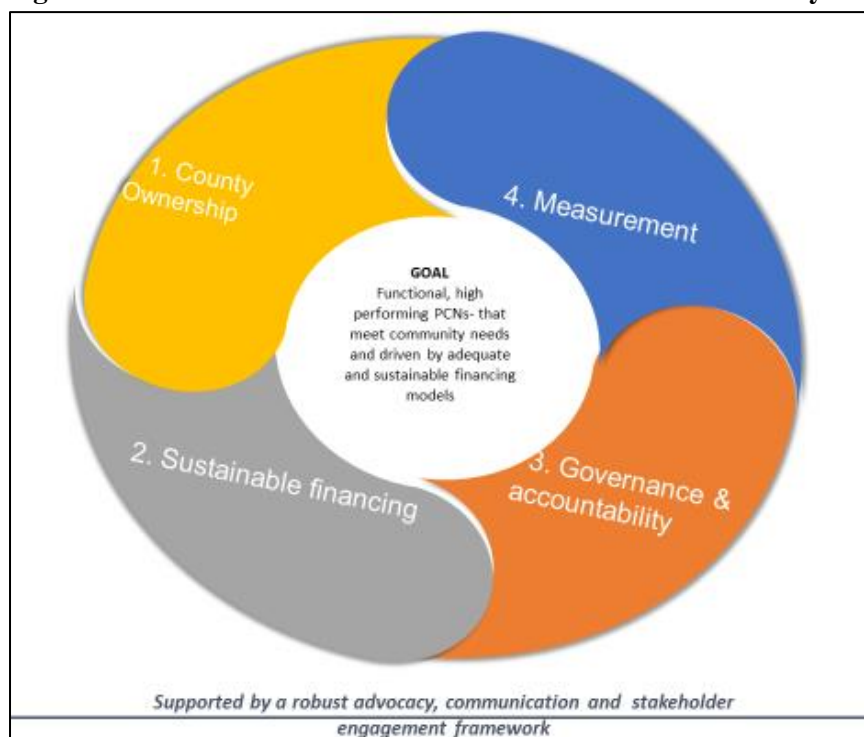
The foundational principles for Primary Health Care Networks revolve around simplicity, actionability, measurability, cost-effectiveness, efficiency, equity, innovation, learning,

community engagement, and alignment and coordination of partnerships. Adoption of a unified focus on PCN performance improvement including one PCN strategy, One action plan on how to optimally implement PCNs and one monitoring framework is critical. For successful PCN set-up and sustainability, first, there has to be county ownership through political commitment and good will and leadership, prioritisation of Primary Care Networks in County Integrated Development Plans and having PCN County Champions. Secondly, there should be sustainable financing both at national and county levels achieved through National Budget or Financing Policy to support PCNs, County Costed PCN plans in place and diversify funding sources for PCNs including Allocation from County Budgets and Stakeholder commitments.

Third, there should be a clear and functional governance and accountability mechanisms. For instance, a functional PCN coordination mechanisms in place, functional social accountability mechanisms through community engagement and commitments tracker for PHC/PCN financing and operationalization. Lastly, to measure the success, there should be an active PHC observatory with monthly data updates, quarterly reviews, and comprehensive annual status reports. There should be enhanced evidence-based learning for decision-making and the need to embrace implementation research and impact studies to measure effectiveness of PCNs on population outcomes.

This is illustrated in the framework in *Figure 5* below:

Figure 3: Critical factors for successful roll out and sustainability of PCNs



Source: Authors designed based on critical success factors drawn from PCN Implementation process

Key recommendations in the process include:

Strengthening County ownership and commitment: This is critical for successful deployment of PCNs. The National government should leverage County Government structures such as Council of Governors (COG), County Executive Health Committee, County Health

Management Teams (CHMT), Subcounty Health Management Teams (SCHMT) Health Facility Management Teams, and Community Health Committees for optimal PCN roll out and sustainability. This could be achieved through strategies such as co-creation workshops with COG and County sensitization meetings to ensure full county ownership and anchoring into county

planning instruments such as health sector strategic plans, county integrated plans and annual work plans. Additionally, top county leadership commitment and good will ensures resources allocation and utilisation for successful PCN roll out.

Contextualization of PCN Models to the County: County contexts differ significantly, with variations in geography, health care system maturity and socio-cultural lifestyles. The nature of service delivery models, and other significant social, economic, and cultural factors are diverse and need to be considered in establishing PCNs in order to address the varied needs. For instance, when designing a PCN, the setup processes and resource needs may vary between Garissa County and Kericho County. Therefore, it is crucial for the National Government to consider contextual variations and actively involve counties from the initial stages of conceiving and crafting Primary Health Care Policies and guidelines for Primary Health Care Networks. This approach facilitates smooth implementation of healthcare policies at the County Level, taking into account contextual factors.

Establish sustainable primary health care financing: – Both the national and county governments should establish sustainable PHC financing models to ensure successful roll out and sustainability of PCNs. Prior to establishment of PCNs, it is important to establish costed workplans detailing critical activities to be undertaken and allocating sufficient resources. Currently, the Kenya Annual Budget cycle has lapsed and PCN activities are largely funded by development partners; a model deemed unsustainable. The critical question is how then will PCN rollout, implementation and sustainability be financed?

Primary Health Care Division at the National level should advocate and lobby for funds reallocation through the health sector working group to support the PCN agenda. At County level, advocate for funding through County Assembly Health Committee to review CIDPs, supplementary budgets, and the Annual work

plans to include PCN activities and reallocate funds. Advocate for county adoption and implementation of the Health Facility Improvement Fund Act to ensure sustainable funding for Primary Health Care facilities. Furthermore, assess and update Health Facility Action Plans to incorporate Primary Care Network (PCN) initiatives and allocate financial resources accordingly.

Strengthen PCN governance structures: County governments should establish and or strengthen PHC governance structures and accountability measures including functional coordination mechanisms, functional social accountability mechanisms and commitment trackers. The governance structures should be all inclusive to ensure community participation and ownership, involvement of Civil Society Organization, and diverse stakeholders. These are critical prior to establishment of Primary Health Care Networks.

PCN performance measurement: Development of frameworks for gathering measurements and generating evidence, tailored to the performance of County Primary Healthcare (PHC) systems. This will promote adaptive learning throughout the entire process of PCN roll out from establishment, functionality, and effectiveness. The National and County Governments, in partnership with various stakeholders, should work together to create a well-defined results framework, metrics, and a sustainability mechanism plan to ensure the success of each Primary Health Care Networks (PCN). Essential tools that have facilitated this effort include the Primary Health Care Network Observatory, which plays a vital role in providing real-time updates on the PCN rollout progress and thereby contributes significantly to the impact of these networks. It is crucial to establish a comprehensive learning agenda that encompasses key learning objectives, learning activities like baseline assessments, implementation research, and the utilization of data analytics to generate evidence.

Multi-sectoral collaborations and partnerships: This is necessary to enhance the synergistic alignment of resources and efforts. The

stakeholders will support with resources and technical expertise in the establishment, monitoring, social accountability, and sustaining of PCNs. This involves Stakeholder mapping, analysis, and participation in PCN activities as envisaged in the PHC Bill.

REFERENCES

Republic of Kenya Ministry of Health Primary Health Care Network Guidelines. 2021;

Strengthening Primary Health Care in Kenya through Policies - Newsroom [Internet]. [cited 2023 Oct 8]. Available from: <https://newsroom.amref.org/investments-in-health/2022/02/strengthening-primary-health-care-in-kenya-through-policies/>

Budget Partnership Kenya I. Kenya Budget Calendar, National and County | International Budget Partnership.

Masinde M. pg. i. [cited 2023 Nov 26]; Available from: www.parliament.go.ke.

Karuga R, Kok M, Luitjens M, Mbindyo P, Broerse JEW, Dieleman M. Participation in primary health care through community-level health committees in Sub-Saharan Africa: a qualitative synthesis. *BMC Public Health* [Internet]. 2022 Dec 1 [cited 2023 May 22];22(1):1–17. Available from: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-022-12730-y>

Stigler F, MacInko J, Pettigrew LM, Kumar R, Van Weel C. No universal health coverage without primary health care. *The Lancet* [Internet]. 2016 Apr 30 [cited 2023 Oct 5];387(10030):1811. Available from: <http://www.thelancet.com/article/S0140673616303154/fulltext>

Harrington JW, Brixey SN. Foreword for clinically integrated networks and the future of primary care. *Curr Probl Pediatr Adolesc Health Care*. 2021 Aug 1;51(8).

Agyemang-Benneh A, Francetic I, Hammond J, Checkland K. Evaluating Primary Health Care Networks in low-income and lower middle-income countries: a scoping review.

BMJ Glob Health [Internet]. 2023 Aug 1 [cited 2023 Oct 5];8(8):e012505. Available from:

<https://gh.bmj.com/content/8/8/e012505>

Agatha Olago CGSHEW. Kenya's Primary Health Care Networks Can Help Deliver Better Care for All - Management Sciences for Health [Internet]. [cited 2023 Oct 5]. Available from: <https://msh.org/story/kenyas-primary-health-care-networks-can-help-deliver-better-care-for-all/>

“Afya Yetu, Jukumu Letu.” [cited 2023 Nov 26]; Available from: <https://www.health.go.ke/>

Kenya-Primary-Healthcare-Strategic-Framework-Signed.Pdf - Republic Of Kenya Ministry Of Health Kenya Primary Health Care Strategic [Internet]. [cited 2023 Nov 26]. Available from: <https://www.coursehero.com/file/165279793/Kenya-Primary-Healthcare-Strategic-Framework-Signedpdf/>

Kenya Community Health Strategy 2020 - 2025. 2020 [cited 2023 Nov 26]; Available from: <https://repository.kippira.or.ke/handle/123456789/3076>

National Community Health Digitization Strategy (2020-2025 - Search [Internet]. [cited 2023 Nov 26].

The Primary Health Care Bill, 2023 A Bill for AN ACT of Parliament to provide a framework for the delivery of and access to and management of primary health care; and for connected purposes.

Bills 2023 | Ministry of Health [Internet]. [cited 2023 Nov 26]. Available from: <https://health.go.ke/bills-2023>