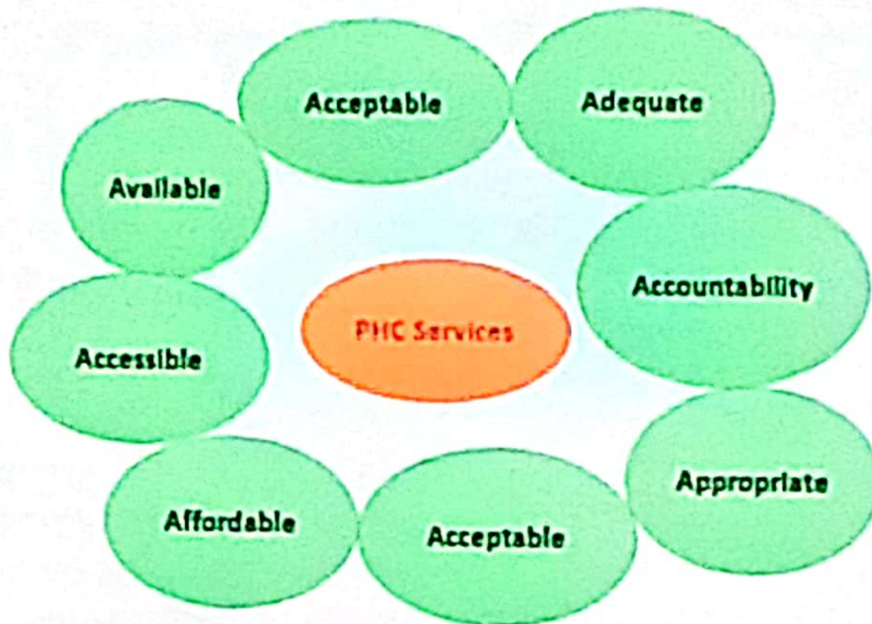
1. Equitable Distribution

- Health services must be available and accessible to all irrespective of geographical and socio-economic status
- Rich, poor, urban and rural
- PHC to addresses the imbalance in health care by shifting the centre of focus from the cities (where most budget allocation is) to rural areas (where majority of people live)
  - In Kenya over 80% of the population live in rural areas

1. Equitable distribution



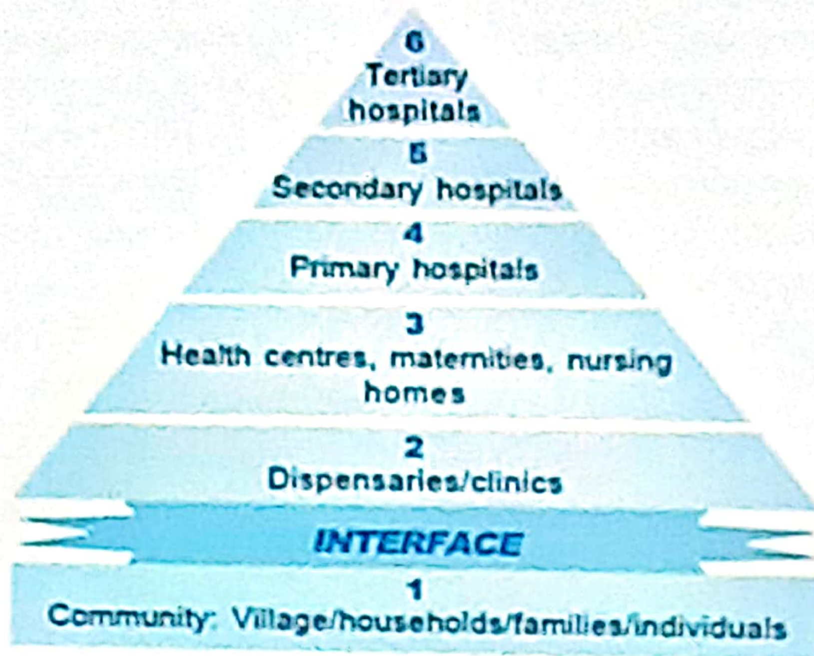
Multi-sectoral collaboration / approach

- Health cannot be attained by the health sector alone.
- In developing countries, economic development, anti-poverty, measures, food production, water, sanitation, housing, environmental protection and education all contribute to health and have the same goal of human development.
- Primary health care, as an integral part of the health system and of overall social and economic development, will of necessity rest on proper coordination at all levels between the health and all other sectors concerned.

The Kenya Essential Package for Health (KEPH)

- The KEPH Life-Cycle Cohorts
  - Pregnancy and the newborn (up to 2 weeks of age)
  - Early childhood (2 weeks to 5 years)
  - Late childhood (6–12 years)
  - Youth and adolescence (13–24 years)
  - Adulthood (25–59 years)
  - Elderly (60+ years)

KEPH LEVEL of Health Care



- The Primary Health Care concept was designed to achieve health for All by the year 2000
- It recognises health as a Fundamental Human Right
- In the year 2000 – this was refused to the Millennium Development Goals (MDGs)

Evolution of PHC in Kenya

- 1964/64- Independence and Self-Rule
- 1960's – Centralised health system, set up 250 rural health units
- 1983 – Decentralisation – District focus for rural development – taking services closer to the people
- 1988 – Guidelines for PHC implementation . Introduction of user fees to raise funds and increase community participation in PHC
- 1989 – National Development Plan (1989-1993). First Mention of PHC
- 2004 – User fees reduction (10/20 policy) for PHC facilities

Evolution of PHC in Kenya

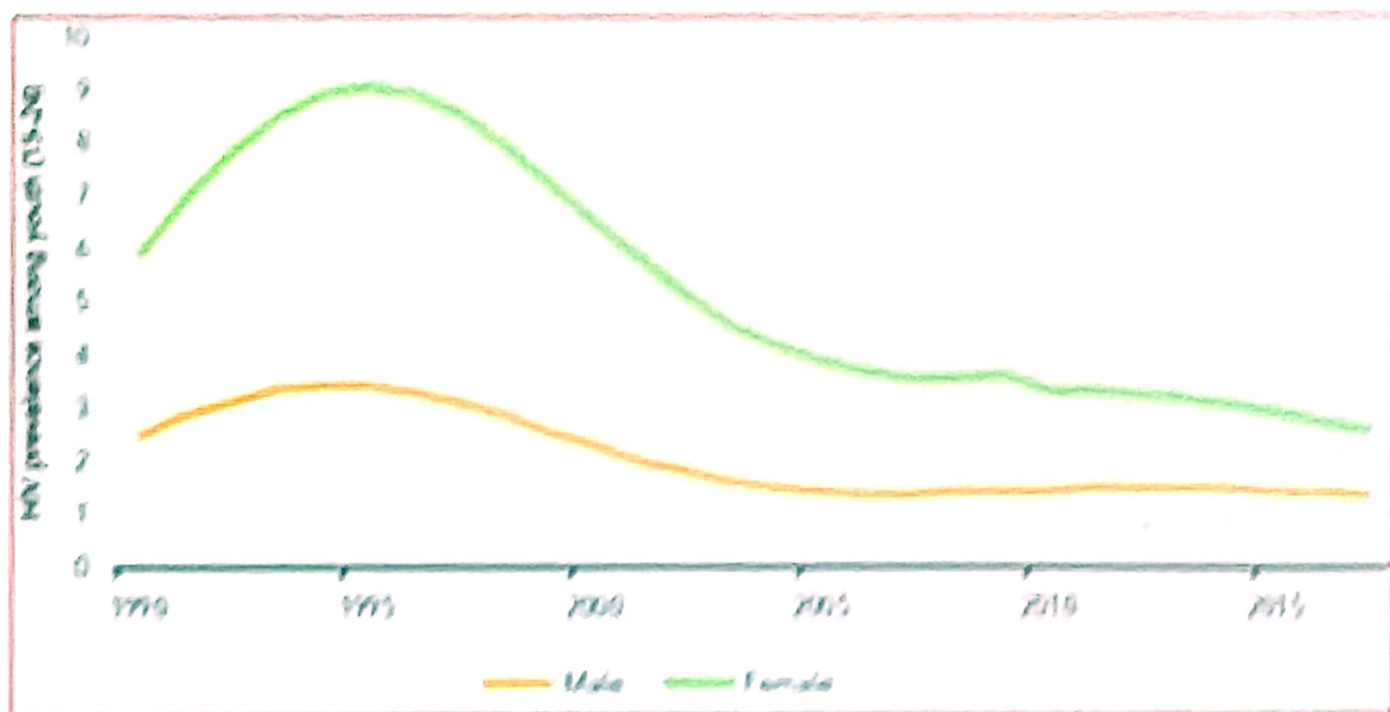
- 2005 – second National HSSP (2005 – 2009). Introduced the KEPH services and community level of health care as part of service delivery

- 2006 – first Community Health Strategy Developed. Introduction of Community Health Extension Workers (CHEWs) and Community Own Resource Persons (CORPs)

- 2010/12 – Devolution of Health Care – PHC transferred to Counties

- 2013 Free Maternity Services Policy. Removal of all user fees for PHC facilities

HIV Prevalence trend for youth 15-24yrs



United nations (UN) classification of health obstetric care

- Based on Signal Functions – services the health facility if able to provide:
- Are classified as either BASIC or COMPREHENSIVE
- Based on the availability of Emergency Obstetric Care services

Basic Emergency Obstetric Care (BEmOC) Facility

- Able to provide seven signal Functions
  1. Parental Antibiotics
  2. Parental Oxytocin
  3. Parental Magnesium sulphate
  4. Manual Removal of the Placenta
  5. Vacuum Delivery
  6. Manual Vacuum Aspiration
  7. Neonatal Resuscitation

Comprehensive Emergency Obstetric Care (CEmOC) Facility

- All signal functions under Basic

8. Section
9. Blood Transfusion

The UN standard is to have 1 Comprehensive facility to serve 4 Basic Facilities within a catchment population of 500,000 population