

# Publication

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## The Kenya Health Facility Census Report: Questions and Opportunities for the Private Sector

The Ministry of Health conducted a comprehensive census of health facilities in Kenya in August 2023 with an aim to establish a baseline for service availability, health facility readiness, human resources, and infrastructure across the nation's healthcare facilities. **14,883** facilities from the **47** counties were assessed (104% coverage) with **83%** (n=12,384) of them having complete assessments.

Private and faith-based facilities accounted for **54%** of all health facilities in Kenya, indicating the significance of private sector in the provision of healthcare services in the country. Based on this report, the team at KHF prepared a few questions to ponder over in order to better formulate opinions, opportunity for improvement and recommendations beyond those given in the facility census report.

- **What is affordable health how do we measure it as a country?** Affordable health care is a term that is often used but rarely defined. Fundamentally, affordability is a function of income, spending, and judgments about the value of goods and services for their price. There are a number of models that can be used to determine what is affordable health care including establishing an affordability standard that determines the percentage of income a household can devote to healthcare or to consider affordability as an economic concept, as a kitchen-table budget issue for individuals and families. How should Kenya go about this and how does the private sector contribute to that definition?
- **NHIF coverage of 40%?** Insurance, social or private, can significantly improve accessibility and affordability of healthcare. With only 40% NHIF accreditation and mostly for level 2 government facilities, how can we do better with the new SHI?
- **Can we do better for pregnant women and neonates?** The report indicates that only 47% of facilities are offering maternity service and only 33% have emergency obstetric care. The neonatal mortality rate (NMR) in Kenya is 22 deaths per 1,000 live births while the maternal mortality rate (MMR) is 530 maternal deaths per 100,000 live births (KDHS 2022). The WHO target is <12 neonatal and <70 maternal mortality rates by 2030 (WHO, 2021). If private sector accounts for 54% of all healthcare in Kenya, what is our joint effort to reducing neonatal and maternal deaths?
- **What does basic healthcare really mean?** Only 2% of the health facilities were shown to offer all the 16 basic health services. Some offer only 6-10 while others just 1 service. Low readiness (7%) to offer basic outpatient services calls for urgent investments in personnel, infrastructure, and equipment. This calls for strategic partnerships within the counties to ensure availability and readiness to offer the basic outpatient services. Which partnerships do we need to explore for this?
- **How do the diagnostics look like?** Among facilities that were providing laboratory services, 12% met the readiness criteria for basic laboratory services including having all the tests, infrastructure, equipment and human resource needed to provide the service. Overall, the readiness score was highest for laboratory personnel (87%), relatively low for laboratory infrastructure (42%) and very low for services (18%). The conclusion would be that we have the lab structure but not the equipment or services.
- **Digitization and use of EHIS.** About 69% of health facilities do not use Electronic Healthcare Information System (EHIS) - what is the importance of having this system? What do we think about data and its interoperability and how do we proceed?

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- **What about Discrepancies in the KMFL data?** For effective healthcare planning, resource allocation and policy formulation the recommendation was that Kenya Master Facility List (KMFL) discrepancies such as new facilities not appearing and misclassification issues, need to be addressed. How often should this list be updated and what do we want to see captured? Is it more useful for resource allocation to base analysis on the KMPDC level rather than the Kenya Essential Package for Health (KEPH) service level?
- **The Human Resources Questions.** This report was not able to collect sufficient information to allow for the calculation of health worker densities per a specific population. What can we contribute as private sector to start to understand HRH in Kenya?
- **What next?** As a start, how will the government, and we as the health sector, measure progress against the recommendations made in this report? What are the Policy Implications? Is this a budget allocation issue for HRH, equipment and infrastructure? What else? What are some actionable steps for stakeholders to enhance the healthcare system in Kenya?

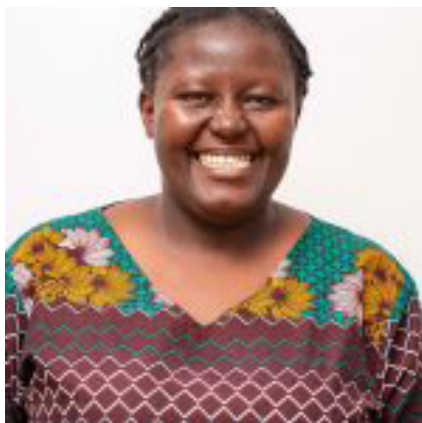
The Kenya Health Facility Census Report 2023 is supposed to serve as a vital tool for shaping healthcare policies and interventions. The identified challenges call for collaborative efforts from government bodies, public and private healthcare providers, and the community to implement targeted solutions. To achieve UHC and to support the promotive and preventive approach to healthcare, will require addressing these issues.

Let us ensure that this is not just another report that ends up in a drawer.

If you would like to share your opinion or partner in answering these questions, please contact the secretariat [admin@khf.co.ke](mailto:admin@khf.co.ke) | 0741 867 356

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