

Community health budget advocacy secures major investments for Kimilili hospital in Bungoma County

Kimilili hospital in Bungoma County has been notionally a Level 4 Hospital¹ since 2002 but has been long recognised as having major shortcomings and for not providing the level of curative and preventive healthcare services expected of this level of facility.

Rural Empowerment Development Organization Kenya (REDO), in partnership Uraia, used UKaid funding under DDP in Kimilili Sub-County to train citizens with the necessary skills to participate in governance processes and to use social accountability tools to secure better services. This intervention included community-wide training on the Kenya 2010 Constitution, devolution and public participation. It also included training a group of budget champions to enable them to mobilise the community around the county's budget planning process and opportunities for engagement with duty bearers on service delivery improvements.

In these processes, the community identified the poor facilities and services at Kimilili Hospital as key issues that required urgent attention from the county government. In May 2018, REDO facilitated the formation of a community champions committee for the hospital to identify the best approach to tackle the problem. This committee included community health volunteers, women, young people, persons with disabilities and opinion leaders. The committee collected evidence and developed a detailed petition highlighting the major problems, and which investments needed prioritising. The petition was then submitted to county government officials and elected representatives in early 2019. Their demands included: construction of a separate ward for male patients, construction of a gate and perimeter wall to improve security, provision of an x-ray machine, rehabilitation of the toilet facilities, improvement of disabled access and to recruitment of adequate numbers of staff.



Kimilili male ward before REDO's intervention
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In April 2019, the county government responded by immediately allocating a supplementary budget of KES 15 million in 2018/2019 for the completion of a male ward with capacity for 60 patients, and the construction of the hospital gate. Subsequently the county government also responded by setting aside KES 11.7 million in 2019/20 for the procurement of ultra sound equipment, an X ray machine, and for the construction of new toilet facilities. A medical superintendent has been deployed for the first time combining senior medical and administrative responsibilities. The number of households in the broader community who are benefitting from the hospital's improved services is estimated to be 162,000.

¹ Each district in Kenya has a Level 4 Hospital, which is the coordinating and referral centre for smaller health units. Level 4 Hospitals in Kenya are expected to have resources to provide comprehensive medical and surgical services.

Florence Namayengo, a woman leader in Kimilili Sub-County, told DDP,

“ When approaching Kimilili Sub-County hospital, one would think you are visiting a cemetery. There was no gate apart from rusty old iron sheets used as a gate at night. The toilets were not functional due to blockages and patients had to use the neighbouring facilities near the Deputy County Commissioner's offices about 300m away, which was risky at night. There was only one doctor who could not attend to all emergencies. The construction of a new gate has brought hope to patients. The rehabilitation of the ablution block has reduced the chances of patients contracting diseases like cholera and typhoid and reduced the possibility of being harmed or robbed while looking for alternative toilets to relieve themselves. My younger sister delivered her baby through a caesarean that would have cost her KES 500 for transport to Bungoma and another KES 20,000 in a private facility 15km away.



Kimilili hospital's new male ward under construction
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Local resident Enos Wamalwa, when talking about how poor Kimilili facilities were before renovation, told DDP,

“ I almost lost my brother after he was involved in an accident along Kimilili Chwele road. When we arrived at the facility, the only attention we received was first aid. We were advised by the doctor on duty that the patient needed to be admitted for proper care and medication, but the facility lacked a male ward and so we were referred to Life Care Centre, 25km away. We hired an ambulance at KES 5,000 and the cost for medication, admission and operation was KES 100,450 for the 32 days my brother was hospitalised.

A note on Value for Money

Prior to the county's investment in Kimilili, an average of four male patients a day (approximately 1,500 over a year) were referred to alternative health facilities at either Webuye (a distance of 25 kilometres) or Bungoma (a distance of 32 kilometres). An estimated 120 women a year were referred elsewhere for caesarean sections. The consequent delays in treatment posed serious risks of loss of life. Financially, patients were required to pay for ambulances costing an estimated KES 5,000 in each case. Some patients opted for private treatment at a cost of around KES 3,000 per day to be treated effectively. Considering transport costs alone, these figures suggest that without the county's investments, patients might be required to pay a total of KES 8.1 million a year for ambulances. Over 5 years the amount saved in this respect will be KES 40.5 million. This compares with the county's investment in Kimilili in 2018/19 and 2019/20 which totals KES 26.7 million. The cost of REDO's investments in promoting social accountability in Bungoma County was KES 150,000.

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