

Equitable Healthcare Provision in a Resource-constrained Setting: *A case of Homa Bay County, Kenya*

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Newly built women's clinic at Homa Bay Referral Hospital. Photo: ICLD

Overview

This case scenario from Homa Bay County, Kenya, illustrates efforts by a local government to provide equitable healthcare to its citizens with limited resources being scrambled for by all government sectors. These challenges, combined with a high disease burden, contributes to a low quality of life in the County.

The purpose of this scenario is to show how local governments in resource-constrained settings can start working to provide more equitable healthcare through innovative approaches, with the creation of partnerships at the core of success. Despite its limitations, the case offers lessons for healthcare stakeholders on the importance of working collaboratively to achieve equity in resource-limited contexts.

Equitable healthcare: the provision of high-quality health services that do not vary based on personal characteristics or circumstances, such as age, race, gender, socioeconomic status, or geographic location.



Learning Objectives

This learning case aims to enable the reader to:

- Describe how Homa Bay County and Region Västerbotten used their strategic partnership to strengthen local health governance.
- Explain how collaboration with private and community actors improved coordination and access to health services.
- Discuss how the use of health data supported planning and resource allocation at the county level.
- Reflect on what factors made the partnership effective and what challenges may affect its sustainability.

Background

Homa Bay County is one of Kenya's 47 counties, located in the former Nyanza Province. The County covers a land area of 3153 km² in south-western Kenya along Lake Victoria. It is administratively divided into nine sub-counties¹ and has a population of approximately 1,376,398 (2019 Population and Housing Census).

In 2010 Kenya adopted a new constitution that limited executive authority and devolved significant power and responsibilities to county governments. Provision of effective, efficient, and quality healthcare to residents was amongst those devolved responsibilities.



Homa Bay County is situated in south-western Kenya along Lake Victoria. (Photo: Wikipedia)

However, handing over the responsibilities of healthcare to Homa Bay County was a difficult task. In 2017 the County carried one of the highest burdens of communicable diseases in the country. The HIV prevalence was estimated at 19.6% — the highest nationally — accompanied by the highest rate of new HIV infections in Kenya, a high tuberculosis case notification rate and persistently high incidences of malaria.

In addition, the teenage pregnancy rate was around 33%, which further complicated its health landscape and strained the available resources.

This high disease burden compelled the County health system to prioritise immediate, life-saving interventions at the expense of long-term development investments. A significant share of the available health budget was absorbed by curative and emergency care services, leaving limited scope for preventive and systemic improvements.

¹ Homa Bay Town, Rachuonyo North, Rachuonyo South, Rachuonyo East, Ndhiwa, Rangwe, Suba North, Suba South, and Suba West.

Health facilities and personnel were continuously under pressure to respond to acute cases rather than to build institutional capacity and resilience. As a result, several critical long-term health priorities remained underfunded.

These included expanding community-based health outreach programmes, modernising diagnostic and laboratory infrastructure, digitalising patient records and data management systems, strengthening supply chain logistics for essential medicines, and investing in continuous professional training and retention of healthcare workers.

Other underfunded areas included health promotion and disease prevention campaigns, integrated maternal and child health services, and improved disease surveillance systems. Without investment in such foundational measures, the County risked remaining in a cycle of response rather than prevention.

In 2017, Homa Bay County received approximately Ksh. 7.56 billion annually in transfers from the national government to support service delivery. These funds were distributed among eleven departments, with the Department of Health consistently receiving the largest share—around 30.6% (Ksh. 2.3 billion) of the County budget. Despite this, the allocation remained inadequate as the County’s estimated annual health needs were approximated at Ksh. 6.5 billion, leaving a significant funding gap. The county allocation only accounted for 35% of the County health needs.

This significant funding gap threatened the fulfilment of the right to health as enshrined in the Constitution of Kenya (2010). With limited resources available and competing priorities across eleven departments, the County leadership faced difficult decisions on how to distribute scarce funds. To achieve sustainable progress, the County would require additional investment and targeted external support to shift focus from reactive health service provision to a preventive and development-oriented health system — one that promotes efficiency, equity, and long-term resilience in the face of its persistent public health challenges.



Homa Bay Skyline captured from a pier in Lake Victoria. (Photo: Wikipedia) CCBY SA 4.0

Dilemma Description

The leadership of Homa Bay County was faced with the daunting task of meeting the budgetary needs for eleven departments with limited resources. As elected leaders, there are always fears of losing electorate support in subsequent elections if the County fails to deliver what was promised during the campaign.

The leadership is faced with a situation where they must strive for a balance in allocation of the limited resources to all the departments in a way that is sustainable. The Homa Bay Department of Health was therefore tasked with finding ways to provide healthcare efficiently in a resource-constrained setting.

Discussion Questions

- Given limited resources, what should be the top three priorities for Homa Bay's Health Department over the next few years?
- What small but strategic changes could realistically be implemented within existing budgets to strengthen preventive healthcare?
- How can the County gradually build a more balanced approach between urgent service delivery and long-term investment in system development?
- Which specific public-health interventions — for example, community outreach, youth engagement, or improved data systems — would have the greatest impact if scaled up?
- How could partnerships with aid agencies, NGOs, faith-based organisations, or the private sector be leveraged to fill key resource or capacity gaps?

The Case of Homa Bay

To better meet the health needs of its citizens, Homa Bay County introduced a series of measures aimed at improving healthcare delivery. One of the first steps was to adopt a partnership-driven approach, beginning with the identification of key development partners able to provide financial or technical support. A multi-disciplinary team was appointed within the Department of Health to lead this collaboration and to map potential partners across key health priorities.

The multidisciplinary team identified and developed a partnership coordination framework to guide resource mobilization and better coordinate the different stakeholders in the County. During this mapping exercise in 2017, the County was introduced to the ICLD Municipal Partnership Programme as a potential platform for capacity development. Through the programme, Homa Bay County established a partnership with Region Västerbotten in Sweden, a rural region faced with the challenge of providing healthcare services over a vast and sparsely populated territory and with attracting and retaining qualified healthcare personnel. Together the pair applied for and was approved a series of projects, whereof the first focused on creating and implementing a partners' coordination framework that stipulates how to streamline different initiatives and to work collaboratively with many different stakeholders simultaneously.

The County coordination framework set out mechanisms for aligning the efforts of county authorities, private sector actors, and faith-based organisations around shared health objectives. It establishes formal structures for coordination and clarifies the contribution and responsibilities of each stakeholder. Through the framework, a County Stakeholders' Coordinator was appointed from within the existing staff to coordinate the implementation team. The team assessed resource gaps and mobilised both technical and financial support, this approach enabled Homa Bay to mobilise approximately Ksh. 2 billion in additional annual support — representing an 86.9% increase in health-sector financing — and to reduce duplication of services among partners such as Danida, EGPAF, FACES, IDF, ADS, and YOFAK.

The framework also created new governance mechanisms for collaboration with private healthcare providers, who represent about 30% of service delivery in the County. Through formal Memoranda of Understanding, the government provides training, data registers, and essential supplies — including vaccines — to private facilities in partnership with development agencies such as the World Bank, GAVI, and UNICEF. This arrangement has expanded access to services and improved coordination between public and private providers.

At the community level, the partnership model facilitated a comprehensive mapping of all stakeholders engaged in household-level health initiatives. This process informed the drafting of the Homa Bay County Community Health Services Act (2019), which established structures for coordination, the recruitment and training of community health promoters, and funding mechanisms for community health. Implementation of the Act has since achieved full geographical coverage of community health services, ensuring that every household is reached through community health promoters.

These volunteers not only deliver health messages and basic care but also empower communities to identify and prioritise their needs — fostering ownership of local health initiatives and greater citizen participation in county planning. Building on these achievements, Homa Bay County and Region Västerbotten launched a second project in 2022 to address the persistent “triple threat” of new HIV infections, gender-based violence, and teenage pregnancies. The County uses data from the Kenya Health Information System (KHIS) and national surveys such as the Kenya Demographic and Health Survey (KDHS) to identify high-burden areas and target responses effectively.

Using this data-driven approach, two sub-counties with the highest prevalence were prioritised for interventions, supported by funding from the Tropical Health and Education Trust (THET), and the UK-based NGO Power for the People. Through this collaboration the County was able to train 420 health care providers on gender-based violence response and 261 community health promoters on menstrual hygiene and early identification referral for pregnancy. The County is now upgrading health facilities in these areas to centres of excellence — one in each ward (totalling 40) — to improve the quality of care and reduce dependence on the main county hospital.

Follow-up Discussion

- Homa Bay created a “Partnership Coordination Framework” and appointed a County Stakeholders’ Coordinator. If you were designing this framework today, what features or safeguards would you include to ensure fairness, transparency, and accountability?
- How would you ensure that donor or NGO involvement strengthens—not replaces—county systems and priorities?
- What mechanisms could you introduce to prevent duplication and competition among partners working in the same sector?
- How would you balance relationships between public, private, and faith-based actors in the local health system?
- How would you accurately collect data and use it to make informed decisions and gauge progress of the partnership?

Results of the initiatives

Health has remained a central component of development in Homa Bay County and continues to receive special attention, as reflected in the county’s vision of “A Healthy and Wealthy County Living in Harmony with the Environment” (County Government of Homa Bay, 2023). The partnership approach adopted by the County Government has contributed to remarkable improvements in the delivery of health services — including HIV care, tuberculosis control, malaria prevention, and maternal and child health — and to better overall health outcomes, as illustrated in the table below.

Indicator	2018	2024
HIV prevalence	19.6	10.6
Teenage pregnancy	33	20
Stunting	18.7	12.5
Maternal mortality	583/100,000	516/100,000
Infant mortality	57.5/1000	42/1000
Under five mortality	92.2/1000	61/1000
Life expectancy	47 years	Males – 50.5; Females-60.2

*Data sources: KHIS 2024; KDHS 2022

Feedback from community members, collected during the most recent Citizen Report Card supported by ICLD, confirmed the scale of progress achieved through collaboration between government, the private sector, and other stakeholders. By strengthening partnerships and stakeholder engagement, the County Government has increased health-sector funding from approximately Ksh. 2.3 billion in 2017 to Ksh. 3.2 billion in 2024. In addition, external mobilisation has generated a further Ksh. 2 billion, bringing total health-sector resources to around Ksh. 5.2 billion without compromising service quality.

Although funding has expanded substantially, the County still faces a shortfall relative to the estimated Ksh. 7.9 billion required to meet the needs of a growing population and an expanded health system — including additional facilities and human resources. Despite these financial

constraints, the County has managed to equitably allocate resources across departments through inclusive public participation. This has been achieved through structured public forums and the integration of community priorities into the County Integrated Development Plan, which is approved collectively by all departments.

This participatory approach has enhanced community trust and approval, with Homa Bay recently ranked as the best-performing county in Kenya for health service delivery (CountyTrak Performance Index 2024). However, while these collaborative processes have led to major gains, the County still has progress to make before reaching international health benchmarks. Despite the county’s achievements through these collaborative processes, we are yet to attain the desired health outputs compared to the international standards.

Case summary

The persistent financing gap, combined with the constitutional duty to uphold the right to health, has required innovative strategies to ensure equitable access to quality healthcare. Through its twinning arrangement with Region Västerbotten, Homa Bay County has taken formative steps to develop and implement key policy documents such as the Partnership Coordination Framework, the Community Health Strategy, and the County Health Services Act.

These frameworks have strengthened coordination among diverse stakeholders and enabled community-driven allocation of resources to priority health programmes. Supported by ICLD, the partnership has ensured that no ward is left behind in health infrastructure development and that services are brought closer to citizens. The Homa Bay–Västerbotten partnership illustrates how a structured and locally owned coordination framework can translate international cooperation into tangible governance outcomes. By institutionalising partner coordination within the County Department of Health, the initiative has contributed not only to improved efficiency and resource mobilisation but also to greater equity in access to health services. The framework has enabled a shift from fragmented, donor-driven projects towards a system in which government, civil society, and the private sector operate under shared priorities and with mutual accountability.

From a democratic governance perspective, the case demonstrates the value of horizontal partnerships that enhance the capacity of local governments to lead — rather than merely manage — external support. The establishment of formal mechanisms such as the Community Health Services Act and Memoranda of Understanding with private health providers reflects a transition towards more transparent and participatory local governance. Citizens' engagement in priority-setting and the mobilisation of community health promoters have further deepened the culture of participation and accountability. The use of data from systems such as the Kenya Health Information System and the Kenya Demographic and Health Survey also highlights an emerging practice of evidence-informed local decision-making. This is particularly significant in contexts where resource constraints and overlapping mandates have traditionally limited the use of data for policy. By identifying high-burden areas and targeting responses effectively, Homa Bay County has taken concrete steps towards a more responsive and equitable health system.



Participants in the partnership Region Västerbotten-Homa Bay. Photo: ICLD

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