



Centre for Health Solutions - Kenya

CHS FORUM ON HEALTH SYSTEM STRENGTHENING IN THE DEVOLVED SYSTEM OF GOVERNMENT



Venue: Serena Hotel

Date: March 19, 2014

Theme:

“Health Systems Strengthening in a Devolved System of Government”



Dr. Frida Njogu - Ndongwe, CHS Director of Programs makes an introductory speech about CHS and program milestones

Introduction

Kenya changed the course of its history in 2010 by passing a new constitution that brought to an end the powerful, centralised form of government and in its place put a two-tiered system that comprises a lean national government and 47 devolved county governments.

The transition of power from national to county governments has however created turbulence in many sectors including the health sector and there is urgent need to address emerging issues to prevent further disruption of public service delivery.

Centre for Health Solutions - Kenya (CHS) convened a stakeholders' forum aimed at identifying and discussing best practice and strategies for health systems strengthening in the devolved system of government. The highly interactive session achieved its intended objective with participants actively sharing current practice and ideas on how to better enhance health systems in light of devolution.

In attendance were representatives from Centres for Disease Control (CDC), International Finance Corporation - IFC/World Bank, United Nations Children's Fund (UNICEF), African Medical and Research Foundation (AMREF), ActionAid, National Aids Control Council (NACC), Centre for African Family Studies (CAFS), Ministry of Health, International Planned Parenthood

Federation (IPPF), International Center for AIDS Care and Treatment Programs (ICAP), Safaricom Foundation, National Organization of Peer Educators (NOPE), Population Services Kenya (PSK), PATH and CHS.

CHS – An Introduction

CHS is a local, non-profit organisation with in-depth understanding of the local context, and utilises local expertise as well as strategic partnerships to ensure the implementation of evidence informed solutions and interventions to existing and emerging public health concerns.

CHS envisions a world of healthy families through universal access to health interventions and services and is currently implementing three programs: PEPFAR/CDC-funded Tegemeza, USAID-funded Tuberculosis Accelerated Response and Care (TB ARC) and USAID-funded Afya Info.

Since its inception, CHS has achieved major milestones mostly exhibited in the increased number of people accessing various facets of care and treatment including HIV, TB, Cervical Cancer among others; and the growth of its programme portfolio from working in five counties of Central Kenya in 2010 to activities in all of Kenya's 47 Counties.

Some key highlights of CHS activities in the past year include:

HIV Care & Treatment

256,591

Individuals receiving HIV testing services (including 37,637 children)

5,272

HIV infected adults enrolled into HIV care

1,309

HIV infected adolescents enrolled into care

444

HIV infected children enrolled into care

Reproductive Health

25,750

Women put on contraceptives; 46% on dual contraceptives

1,492

Women of reproductive age screened for cancer. 111 out of 112 positive received cryotherapy

Community-based psychosocial support

118 adult peer educators supported

28 mentor mothers supported in selected high volume facilities

30 peer educators supported

759 adolescents in psychosocial groups

31 community based groups supported

10 community units supported

PMTCT

1,260 pregnant women put on ARV prophylaxis;

1,209 infants on HEI (HIV Exposed Infants) program

Lab Support

All 194 facilities under Tegemeza linked to lab networks for CD4 and viral load testing

Infrastructure Support

Repair and renovation of facility structures done in five facilities

TB Solutions

530 HIV positive persons with TB put on Isoniazid Preventive Therapy (IPT) under Tegemeza

170 children under the age of 5 initiated on IPT

3150 TB treatment sites supported through supportive supervision and sample transport networks under TB ARC

248 TB control zones using TIBU with 100 MDR patients paid through TIBU

Health Care and Devolution

What are the challenges?

Transition from national to county governments has been marred by inconsistency, poor understanding of the system, management issues and lack of coordination between the two levels of government.

At national level, challenges of devolution as depicted in the media have emerged in the form of poor management, resource distribution, ethnicity fears, poor working conditions and delayed salaries among other factors. Reports of health workers resigning due to the above issues have been rampant and so are strikes and strike threats.

There is a general fear among health care workers about their job security. A majority believe that devolution will create job insecurity and reports indicate that many have resigned or sought alternative employment in anticipation of this impact. Some have experienced delayed salaries since devolution took effect and they feel this is unfavourable to their job security. Furthermore, employees transitioned to county governments are yet to get official letters of appointment.

Challenges in resource distribution have been witnessed whereby the allocation of funds to counties is inconsistent. This leads to stalling of functions at the county level, further creating inefficiencies.

Overall, there is limited knowledge on devolution and this lack of knowledge could be detrimental to achieving the desired impact and the realisation of the highest possible standards of health for all. This is further illustrated by the CHS devolution survey conducted among health care workers in Central Kenya.

There also seems to be a disconnect in the interpretation of the constitution; thus creating unnecessary tension in the health sector. This leads to blame games and management inefficiencies as health sector players seek to justify their understanding of the constitution.

Citizen engagement is also limited and the demand for devolution therefore remains low.

Dr. Stephen Njuguna, County Director of Health, Kiambu County shares some of the challenges of devolution in the health sector

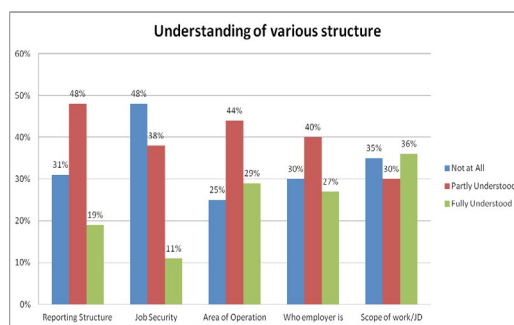
CHS Survey on Devolution

CHS conducted a survey among key health care workers in Central region with an objective of identifying, documenting and disseminating the experiences, challenges and opportunities presented by devolution in health.

The survey, which focused on service delivery and management issues, used self-administered questionnaires to collect data from participants at the CHS Annual Stakeholders' meeting in 2013.

From the sample of 86 respondents in the study, only 11% affirmed having a full understanding of devolved health. 78% partly understood devolved health while 9% did not understand it at all.

Understanding of the structure of the new system was low in most areas especially in terms of job security where 48% did not understand it at all. Most of the respondents only partially understand the structure as shown in the graph below.



20% of the respondents obtained information on devolution from training, 10% through the internet, 59% from own reading while 6% did not have any particular source. Probed on which method of disseminating information on devolution they would prefer, sensitization led with 87%; followed by the internet (5%), compact disk (16%) and supervisor (8%).

From the survey, challenges that emerged in the implementation of devolution include inadequate staff, inadequate funding and lack of information on devolution. However, some of the benefits of devolution cited included better resource management, better service delivery, faster decision making, career development and expansion of health services.



Address – Dr Njeri Mwaura, International Finance Corporation/World Bank

Devolution is a current issue at the national health context. In a concurrent forum where expertise on devolution from both national and international facets was being shared, there is a lot to learn from other countries that have adopted devolution including Brazil, Nepal, Mexico and India among others. As is the case with Kenya, challenges are expected in the beginning and it is only through adoption of innovative mechanisms and best practices to ensure smooth transition that the process of devolution can be actualised.

Kenya needs to replicate best practices adopted by other countries on devolution to improve the quality of life. Through research, both locally and internationally, it has been established that devolution can be challenging especially at inception and so far Kenya, can be said to be doing well.

Kenya is way ahead especially in knowledge among health care workers and standards are relatively high. This was not the case for some countries such as Nepal which had to restructure the government systems in order for devolution to work. Kenya's task is achievable as it only has 47 counties compared to a country like Brazil with over 5,000 counties.

Citizen engagement is critical and mechanisms to ensure citizens are engaged in order to promote demand for devolution is apparent. An example is through the patients' right charter to determine if patients are aware of their rights and if they are demanding for them.

There is need for proper understanding and distinction of the roles of county and national governments. While a key function of health systems like service delivery is a function of the county government, the function of leadership and governance is shared between the national government and the counties. It should be clear on who is in charge of access, equity in service provision and financial protection supported by coordinating mechanisms in the 47 counties.

The Ministry of Health needs to promote prioritisation of issues, guided by the seven building blocks of health systems strengthening as provided in Kenya's Health Policy 2014 – 2030. Kenya must build on the service delivery indicators including absenteeism which impacts health care to a great extent when health workers abscond their duties.

Questions that need immediate attention would be: Are the structures in place supportive enough for the process? Are we doing enough? What can we learn from each other?



Dr. Njeri Mwaura, Programme Lead, IFC/World Bank gives the key address on health systems strengthening in the devolved system of government

What are the solutions?

Most agree that each process has a starting point and devolution is no exception. Devolution is here and the focus of discussions moving forward should be to identify solutions to challenges of devolution and thus promote the quality of health care instead of fighting the process.

An important question for players in the health sector is to establish how to devolve without disrupting health outcomes. In this relation, politics should not be allowed to run the process.

At the end of the plenary session, CHS Chief of Party, TB ARC Dr Samuel Kinyanjui led the participants in a feedback session to discuss what needs to be done to promote a smooth transition in the wake of devolution.

Some of the responses and emerging issues are highlighted below:

Kenya just got into devolution and we must give it time to settle. Change is not easy to take but we must strive to accept devolution for systems to work.

In response to loss of health workers following devolution: health workers may not necessarily be resigning due to devolution but also other factors better known to the individuals. Well managed counties are expected to succeed.

Addressing the shortage of nurses across the country by recruiting and retaining this core cadre of the health workforce at county level will go a long way in supporting service delivery. There is need to re-read the Constitution and forge a way forward.

Statistics from the CHS survey depict a sad reality on knowledge of devolution; especially of job security and resource allocation. Moving forward, health care workers must be assured of their job security and counties must exert efforts towards capacity building, effective resource allocation and mobilization. Politics should not be allowed to run devolution.

For devolution to be effective, there needs to be faith in county governments and service providers and players in the health sector should be willing to implement devolution, with a common understanding and by putting the interests of the public first. . To promote the process, health workers need to be assured of their job security which includes proper transitioning to county governments through official appointment letters.

There is need for more complimentary solutions between the county and national governments to avoid a tag-of-war. All players should be positive and be ready to face problems emanating from devolution and come up with solutions. Eliminating anxiety among health workers by assuring them that their problems matter to the government will significantly improve the quality of health.

Jonathan Spangler, Director of Operations, CAFS and Job Akuno, Manager Preventive and Promotive Health, NOPE have a chat during the forum





Dr. Paul Wekesa, CEO, CHS deliberates with Dr. Gichuyia M'Riara, County Director of Health, Nyeri County

Moving Forward

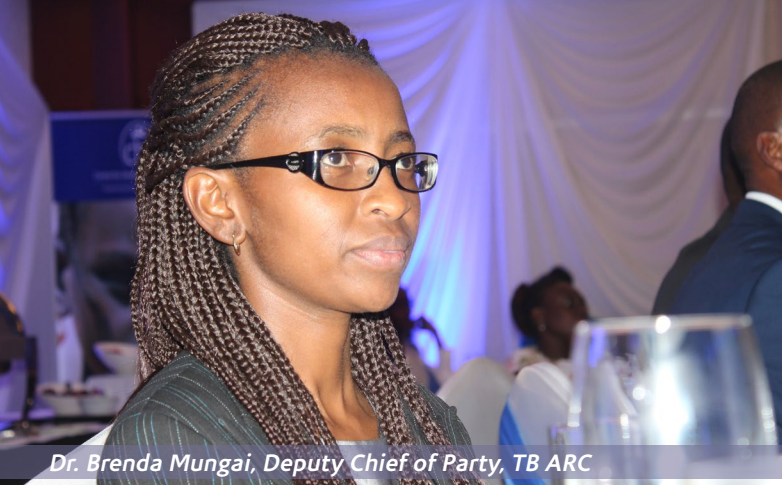
It is undeniable that devolution cannot be revoked and that it is here with us; hence the need to embrace the challenges and seek effective solutions. The county and national governments have a significant number of complimentary roles and must work together to achieve the objectives of devolution.

It is important to understand that the challenges being experienced are characteristics of the initial stages of the process of devolution. The focus should be on developing strategies that will push development. It is time to identify best practices, prioritise issues and determine what works. Solutions developed should not counteract progress by distracting processes in the sector.

Setting of standards to rank counties has been identified as one of the solutions to ensuring efficiency as devolution sets in. Through the World Bank, a scorecard for counties is being developed and this will be used in ranking counties. The standard indicators will be used in assessing performance; thus creating accountability among counties and enhancing the quality of care.

Besides the scorecard, efficiency at the facility level can be enhanced through making health workers own the health service delivery process. This would mean paying hospitals for services given or motivating health workers by giving them a stake in the income. Accordingly, they are likely to treat workload as business because they gain according to the amount of work done as opposed to feeling overworked.

The survey conducted by CHS is representative of one region and therefore to develop a better understanding of the situation countrywide calls for more research to identify the gaps in the health sector.



Dr. Brenda Mungai, Deputy Chief of Party, TB ARC



Dr. Joseph Sitienei, Head of the Division of Communicable Disease Prevention and Control



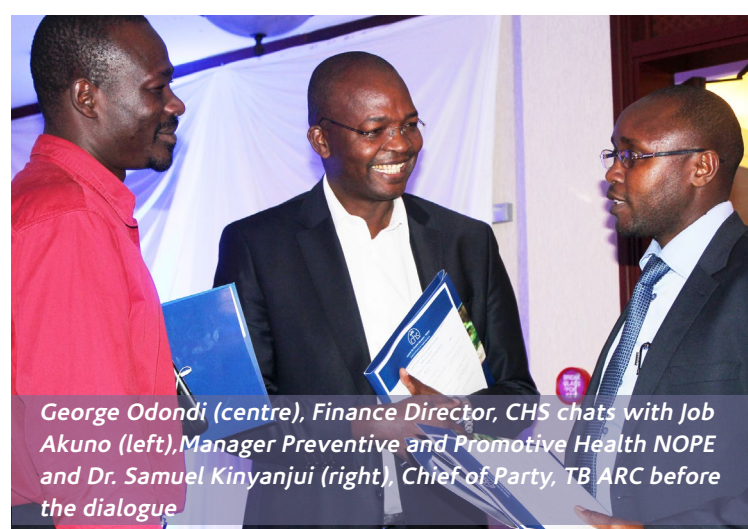
Dr. Stephen Njuguna, County Director of Health, Kiambu County with Dr. Richard Ayah (right), CHS board member



Dr. Violet Naanyu-Ayah, Moi University (left) and Regina Ombam, Head - Strategy Development, NACC



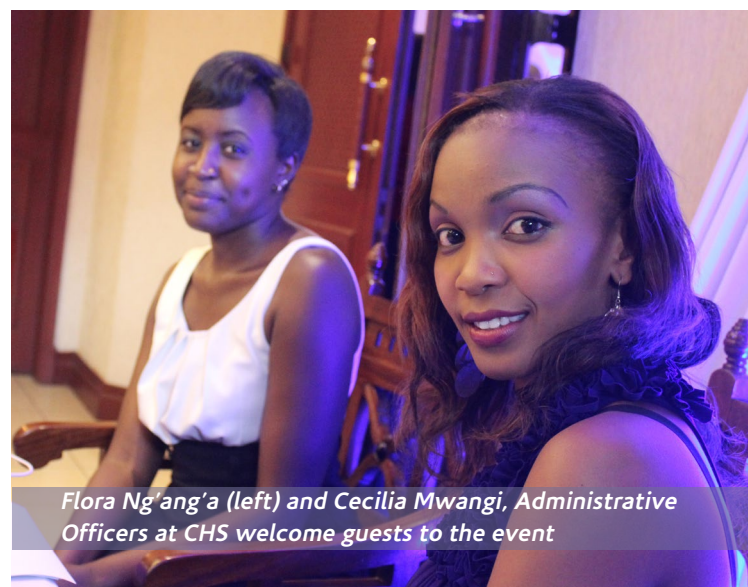
Susan Waweru, Grants Development Officer, CHS



George Odondi (centre), Finance Director, CHS chats with Job Akuno (left), Manager Preventive and Promotive Health NOPE and Dr. Samuel Kinyanjui (right), Chief of Party, TB ARC before the dialogue



Caroline Kwamboka, Senior Manager - Advocacy, IPPF with Dr. Paul Wekesa, CEO, CHS



Flora Ng'ang'a (left) and Cecilia Mwangi, Administrative Officers at CHS welcome guests to the event