



Centre for Health Solutions - Kenya

Preferred Partner for Health Solutions

CHS/MINISTRY OF HEALTH CENTRAL REGION ANNUAL STAKEHOLDERS MEETING



THEME:

OWNERSHIP TOWARDS SUSTAINABLE, EFFICIENT AND UNIVERSAL HEALTH SOLUTIONS

THE GREEN HILLS HOTEL, NYERI

NOVEMBER 11 - 12, 2013

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Introduction

Development organisations that seek to attain a niche in an increasingly competitive environment as well as organisational excellence continually embrace strategies that enhance sustainability and efficiency.

The promulgation of Kenya's Constitution in 2010 bequeathed new rights and responsibilities to all, chief among them the 'right to the highest attainable standard of health' whilst also requiring devolution of governance structures including those related to health. Whilst fraught with challenges and potential pitfalls, this new dispensation also presents a unique opportunity for dialogue at County level on how to improve health systems.

This was the focus at the 3rd Annual CHS/MOH Stakeholders' Meeting held on November 11-12, 2013 in Nyeri under the theme "Ownership towards Sustainable, Efficient and Universal Health Solutions."

Scarcity of available resources demands that practical solutions be sought, or be disseminated where already in practice to advocate for sustainable, cost-effective and

equitable health interventions that fully engage public health institutions and their development assistance partners.

This year's annual stakeholders' meeting provided a platform for CHS to initiate County level discussions with the Ministry of Health and other development partners on opportunities and highlight best practice for sustainability and efficiency in health programming through highly engaging presentations and discussions. Present were health care workers and health managers from Kiambu, Muranga, Nyeri, Nyandarua and Laikipia counties as well as from the National MOH. Other stakeholders and partners in the region were also represented.

The sub themes addressed included effective health system strategies, sustainable service delivery, demand creation for health services and operational research all in the backdrop of devolution.

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Stakeholders Present

- CHS Management and Staff
- County Representatives (Kiambu, Murang'a, Nyeri, Nyandarua and Laikipia Counties)
 - County Directors of Health
 - County Health Management Teams
- Hospital managers
- Health care workers conducting direct service delivery
- Other implementing partners /stakeholders namely:
 - ICAP
 - APHIAPlus KAMILI
 - Kenya Pharma
 - KEMSA
 - PSI (Kenya)
 - NASCOP
 - CHAK
 - Gatanga Kiiga Community Based Organisation
 - Mothers2Mothers Kenya
 - Vision Gardens Community Based Organisation



CHS Updates

Since its inception, CHS has recorded progressive growth with indisputable impact on health facilities in Central Kenya where CHS offers support. CHS recognises and appreciates the high level of collaboration from the facilities and health management teams. The CHS management called on the county management teams, facility management teams and staff to maintain continuous commitment and cooperation to further enhance achievement in the health sector. Since October 2011, the number of people under care under the TEGEMEZA Project has increased significantly with notable expansion of programs.

- HTC sites: from 44 to 194
- 465,132 persons tested for HIV; 14,240 HIV infected persons identified including over 1100 children in 2 years
- ART sites: increased from 44 to 64
- 10,009 HIV infected persons enrolled in care and 9,119 initiated on ART in two (2) years
- PMTCT, EID and HEI follow up expanded to all 194 sites
- 105,408 pregnant women tested for HIV; 4183 HIV infected women identified and supported to reduce MTCT
- All 194 facilities linked to lab networks for CD4 and viral load testing

- Decentralization of pharmaceutical services supported
- 49 facilities computerized to improve efficiency in SI and DDIU
- 280 health workers and 150 peer educators/mentor mothers supported to help in service delivery
- Advanced care provided beyond routine HIV and TB care to HIV associated cancers: KS, cervical cancer, Multidrug Resistant TB (MDR TB), Isoniazid Preventive therapy, maternal newborn and child health
- Centres of excellence supported at 4 facilities

CHS constantly seeks to expand its scope and a notable achievement is the newly commenced USAID funded TB Accelerated Response and Care (TB ARC) activity. The five year activity supports the national TB program with the goal of reducing the burden of all forms of TB across Kenya's 47 counties. This will be done with project partners Division of Leprosy, Tuberculosis and Lung Disease (DLTLD), PATH and technology partners Safaricom and TangazoLetu.

In keeping with devolved governance, CHS will review its sub-granting protocol to extend programmatic support to facilities through the various county health management teams.

Presentations

Presenter	Title/Affiliation	Topic
Dr Frida Njogu-Ndongwe	Director of Programs, CHS	CHS Program Updates
Dr Paul Wekesa	CEO, CHS	CEO's Remarks
Mr George Odondi	Finance & Admin Director, CHS	CHS Finance and Admin
Dr Gichuyia M'Riara	County Director of Health, Nyeri County	Keynote address
Mr Kariithi Murimi	Policy expert/consultant, The Value Directors	Devolution and Health
Mr Eliud Mwangi	Director of Programs, ICAP	Remarks from ICAP
Dr Gichuiya M'Riara	Nyeri County Director of Health	Keynote Address
Dr Patrick Nyaga	Medical Superintendent, Thika Level 5 Hospital	Sustainable Service Delivery
Ms Cecilia Wandera	M&E department, NASCOP	Kenya AIDS Indicator Survey II
Dr Samuel Kinyanjui	Chief of Party, TB ARC - CHS	Conquering TB through Health Systems
Dr Robert Karanja	Scientist, KEMRI	Operation Research in Health
Mr James Kamande	Regional coordinator, PSI	Demand Creation for Health Services
Ms Jane Gatimu	County Health Promotion Officer, Nyeri County	Demand Creation for Health Services: MOH Perspective
Mr Ashyngton Munene	Clinical Officer, Murang'a District Hospital	Facility Based Learning
Ms Martha Mundi	Clinical Officer, Naromoru Health Centre	Phones for Health
Ms Susan Kimani	Nurse, Kiambu District Hospital	The Plight of Health Care Workers Living with HIV

Key Note Address:



Dr. Gichuiya M'Riara
County Health Director, Nyeri County

There have been numerous developments in health over the years; with HIV receiving significant attention. HIV has been termed a serious pandemic which no one thought would escalate this far and hence received minimal response in the first few decades. In the year 2000, AIDS was finally recognised by the UN as a threat to global security. In 2001, AIDS was declared as a state of emergency in Africa during the Organisation of African Unity (OAU) Abuja Declaration on HIV/AIDS, Tuberculosis and other related infectious diseases. Kenya by this time had already declared it a national disaster in 1999.

In Kenya, efforts to combat HIV have been heightened on all known transmission routes and prevalence is going down. As the health sector seeks to deal with the AIDS pandemic, everyone should have equal opportunity to health. Each health worker has a role to play and facilities need to learn from each other. County governments also

need to support partnership and environment to support health care.

The health sector must strive towards self sustainability through self reliance as donor support is on the decline and is not a sustainable solution for health development. We need to have a paradigm shift such that we can support our health and budget for our health; then we can say that we are working towards vision 2030, efficiency and sustainability.

Preliminary Findings of the Kenya Aids Indicator Survey 2012 and Implications for Counties

Preliminary results of the second Kenya AIDS Indicator Survey (KAIS II) show that HIV/AIDS remains a cause for concern. These findings should stimulate new thinking and actions in the development of new strategies to best address HIV/AIDS.

The survey indicates that even though knowledge on HIV and consequent testing has increased, 53% of persons living with HIV in 2012 were not aware of their status. HIV prevalence based on age indicates that HIV prevalence peaked among persons aged 45-54 in 2012 compared to 2007 where the peak was at 25-34 years.

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88% of HIV infected persons who were aware of their HIV infection and eligible for ART reported current use of ART. More women received antenatal care and 90% were tested between 2007 and 2012 compared to the 65% in 2007. PMTCT efforts also improved as 90% of positive pregnant mothers received maternal and/or infant prophylaxis

In Central Province where CHS-supported facilities are based, HIV prevalence increased while all other regions excluding Nyanza recorded a decrease in prevalence. This is a challenge to counties in Central region to be more proactive in preventing new infections.



Efficiency and Sustainability

Health care systems are currently faced with the challenge of balancing between the growing demand for health services and the dwindling resources available to satisfy this demand. This calls for efficient and sustainable solutions that will ensure optimal use of resources while delivering the best quality of care. Players in the sector must achieve more with less.

To enhance efficiency and sustainability, innovative and creative strategies must be upheld in the health sector. Ideal solutions include reduction of operational costs, reduction of the environmental foot print, revision of recruitment policies to engage highly qualified personnel, increased management commitment, sensitising employees on the importance of efficiency and sustainability, creating demand and improving market share for health services, enhancing communication strategies to create visibility and promoting self sustainability within the health sector. Setting institutional targets for service delivery will ensure that efficiency is achieved.

Increased engagement of stakeholders especially employees is imperative and this should include developing a work place policy and strategy aimed at promoting efficiency and sustainability. Health facilities also need to learn from each other through benchmarking and consequent adoption of best practices for greater outcomes.

Monitoring and evaluation of laid down strategies will ensure that measures put in place to promote efficiency and sustainability are yielding the intended results. This will involve building the information and analytical platforms to measure and monitor sustainability strategy and programmes.

The greatest challenge to efficiency and sustainability is resistance to change. People want to do things as they are used to and any attempts to promote efficiency and sustainable practices are resisted. Players in the health sector must embrace positive change for the sector to progress.

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Devolution and Health

In the wake of devolution, expectations, changes, and more so requirements for transition of health services to the County system still remain unclear to many. The topic of devolution in relation to the health sector was extensively covered; reviewing the constitutional expectations on the health system as well as health policy and resource mobilisation.

Players in the health sector have a responsibility to satisfy the right to health as provided by the constitution and are expected to work towards delivering Kenya's vision for health which is to provide 'equitable and affordable health care at the highest affordable standard' to all citizens.

Devolution is expected to improve access and equity in essential health care across the country. It will promote

democratic and accountable exercise of power and allow communities to participate in their own development. With the new constitution, anticipated results include increased accountability, equity, public participation and responsible use of public funds.

At the facility level, health workers are already feeling the effects of devolution and challenges including unavailability of funds, unclear revenue management, commodity distribution and budget approval guidelines; information gaps and resistance to change are apparent. Participants were urged to embrace change and promote acceptance of the constitution in the health sector if sustainability and efficiency is to be achieved.



Ms Cecilia Wandera
M&E department, NASCOP
during her presentation on
Kenya AIDS Indicator Survey II

Operational Research in Health

Operational research encourages innovation in health systems to promote cost effectiveness, build knowledge and consequently lead to better quality service provision. Operational research is a continuous process that ensures that problems affecting service delivery and plausible solutions are identified. Through research, best practices leading to efficiency and sustainability can be identified.

Operational research guides decision making processes for managers and policy makers and informs the future of programs. Optimal decisions can be made by comparing different service delivery approaches on the basis of impact, cost effectiveness, quality and acceptability to clients. Health care workers were encouraged to embrace operations research in their institutions and even collaborate with academic institutions to this end.

Demand Creation for Health Services

There has been an increased level of commitment within the health sector to provide quality services. This calls for demand creation to ensure that these services are consumed and thus complete the demand-supply cycle. In order to reach out to the intended recipients of health services, there is need for research to identify the needs of the target population, the problems affecting them and later using various tools such as print and video messages to facilitate decision making among communities towards demanding for health services.

Demand creation strategies mainly address behavioural aspects and take on the community approach to reach target audiences. The Ministry of Health's approach to demand creation is through the use of behaviour change communication strategies, community development, social mobilisation, advocacy using existing community structures and health promotion groups.

Community health workers continue to be engaged in creating demand for health services where they are trained on health matters, communication skills and data collection to enable them reach out to fellow community members. Health managers were encouraged to make use of available structures and resources to create demand for the services they offer.



Efficiency and Sustainability in Practice

Facility Based Learning at Murang'a District Hospital

Murang'a District Hospital has in the recent past been at the forefront of three different facility based learning initiatives.

These included: residential mentorship course for management of HIV prevention, care and treatment services, an online course on clinical management of HIV from the University of Washington and piloting of NASCOP's harmonized HIV curriculum for health workers. These initiatives signal a departure from the previous hotel-based didactic trainings that created additional training expenses while denying services to patients due to related health worker absenteeism.

CHS support for facility based learning at the hospital has included provision of e-learning equipment and materials such laptops, a projector, modem with internet bundles, a printer, speakers, mentor and mentee allowances, curriculum development and technical support. Importantly, and in a commendable show of ownership, MOH mentors from the hospital have played the key role in the residential mentorship and pilot of the harmonized HIV curriculum, with CHS providing financial and technical assistance. E-learning has on the other hand showcased cost-effective on-site learning with minimal disruption of service delivery is achievable, serving as a model for sustainability.

Phones for Health at Naromoru Health Centre

The phone for health strategy was initiated to promote demand for reproductive health (RH) services by constantly reminding pregnant women of available RH services and monitoring their progress. The women were called and reminded of clinic appointments for antenatal care (ANC), postnatal care (PNC), prevention of mother to child transmission of HIV (PMTCT) and family planning (FP) and hospital delivery services two days prior to the

appointment and two weeks prior to their expected date of delivery (EDD).

Through this initiative, cases of late ANC attendance, failure to complete ANC visits and unskilled delivery have significantly decreased. The changes during the implementation year were as follows, contrasting uptake of services before and after the intervention:

	JAN – DEC 2011	JAN – DEC 2012
ANC with 4 visits (recommended number of visits)	209	486
Skilled deliveries	351	583
PNC clients offered FP	500	750
HEI fully immunised	80	130

The phone for health initiative is an effective demand creation tool and can be replicated across other facilities to promote uptake of health services.

Health Care Workers Living with HIV

Healthcare workers living with HIV (HCWLHIV) are often faced with challenges due to lack of care, discrimination and stigma, misperception of personal risk and minimal support at the work place. Susan Kimani, a HCWLHIV has been an activist in ensuring that there is a framework to address HIV/AIDS in the work place, creating a supportive work environment for HCWLHIV.

She has steered a HIV workplace program since 2008.

Trained peer educators reach out to other health workers in Central Region encouraging them to get tested and offering support to those found positive. A support group of 67 members has been formed, 19 of whom have disclosed their status to their managers and close family members while 12 have gone public with their status. Further, 350 managers have also been sensitised on work place HIV policy to promote a friendly environment for HCWLHIV.

Recognition for Exceptional Performance

In its quest to motivate while promoting efficiency at supported facilities and organisations, CHS recognizes exceptional performance through annual awards. Exceptional performance was recognised through three excellence award categories: best performance, most improved and innovation.

	Best Performance	Most Improved	Innovation
HTC	Nyakianga HC	Nyeri PGH Kiambara HC	Thika Level 5 Hospital
Adult Care & Treatment	Kangenga SDH Gakoe HC	Karemeno Dispensary	Kambiti HC
Paediatric Care & Treatment	Thika Level 5 Hospital	Kandara HC	-
PMTCT/EID	Engineer DH	Kiandutu HC	Naromoru HC
TB/HIV	Nyahururu DH	Mukurweini DH	Murang'a DH
Adherence, Retention & Community	Vision Gardens CBO		Mt. Kenya DH
PwP	& Ol Kalou DH Karatina DH	Kangema DH Nyeri PGH	& Gatanga Kiiga CBO Murang'a DH
Pharmacy	Engineer DH	Njambini HC	Thika Level 5 Hospital
Laboratory	Karatina DH	Nyahururu DH	JKUAT Hospital
Monitoring & Evaluation	Ol Kalou DH	Kandara HC	Kangari HC

Appreciation

CHS would like to appreciate all stakeholders and organisers who made the meeting a success. County focal persons:

Jane Gatimu – Nyeri,
Joseph Ndai – Nyandarua,
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Stephen Njuguna – Kiambu.

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