

Irregular IGF meetings; weak National MOH capacity building support to counties and weak inter and intra-agency/sector collaboration and coordination.

At county level, County government structures (county health departments) were in place and all had functional county health management teams headed by the CEC. There was enthusiasm and committed leadership at the county level with some counties having short term plans (annual work plans) and performance reviews. Strategic plans were aligned to the national strategic plan in almost all counties.

Some of the challenges at county level included lack of shared vision and information about policy objectives and strategic priorities at lower levels; No standardization or organizational structures of CDoHs; o clear mechanism for effective and equitable resource allocation; Social accountability structures were not optimally functioning in some counties and there were weak or inadequate financial and performance management systems in some counties.

Planning and Budgeting:

At National level, the annual MTEF process guides the process of Planning and Budgeting. Guidelines for planning, review and budgeting were also available to guide setting of priorities and stakeholders were adequately involved in the development of plans.

Most counties had developed County Health Strategic Plans linked to CIDP and aligned with KHSSP. Most had prepared work plans and in some counties, there was significant involvement of the public in the planning process.

Challenges at National level included lack of annual sector planning at national level that brings MOH and county priorities together; Uncoordinated planning and weak M&E systems at all levels. These problems increase as you go down to sub-county and facility level.

At county level, there was no clear linkage between short term plans and the strategic plans. There were limitations of using data for decision making (making priorities and setting targets); No resource mapping exercise and few annual sector plans at county level that bring county, sub-county, facility and partners together. Stakeholder participation was minimal and there was a challenge in linking planning and budgeting.

Communication Plan for KHSSP:

A communication strategy was in place and extensive meetings had been held to ensure buy in by all relevant stakeholders. Counties had been supported to cascade the KHSSP. However, there was inadequate level of knowledge on policy objectives and the strategic priorities at lower levels and Implementation of communication plan for KHSSP was not cascaded to lower levels.

Recommendations

Health Sector & Devolution:

1. Strengthen the working relationship between counties and national. The department of intergovernmental relations and sector coordination within MOH should be strengthened and it's capacity and approach of engagement invested in.
2. There's need to establish clear county management structures and reporting systems.
3. Enhance support supervision in sub counties and joint M&E.
4. Develop and implement clear capacity development interventions for counties

Governance & Stewardship/Leadership:

1. Strengthen coordination mechanisms in Health sector
2. Strengthen capacity (supportive supervision) for performance monitoring.
3. Establish a legal framework to harmonize monitoring of performance.
4. Strengthen county capacity to undertake their function by among other things, training Health managers at all levels on health management.

Partnership and Coordination:

1. Finalize the partnership coordination framework
2. Build on the functioning (programs) and collaborate with those that will work on critical systems
3. Ensure that the private sector (private for profit and CSO) are included in the partnership framework;
4. Develop guidelines and assist counties to strengthen partnership and coordination at their levels

Planning and Budgeting:

1. Allocation towards health sector should be increased, and disbursements done timely.
2. There's need to strengthen the link between the planning, available resources and budgets.

Communication Plan for KHSSP:

1. Continuously conduct communication to improve the level of knowledge on policy objectives and the strategic priorities and to ensure buy in of KHSSP
2. Strengthen communication and information sharing within the counties.

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POLICY BRIEF

Building strong stewardship and collaborating systems towards UHC in Kenya's Devolved Health system.

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(A summary of findings from the external Mid-Term Review of the KHSSP)

Abbreviations: KHSSP- Kenya Health Sector Strategic Plan; MoH- Ministry of Health; CDoHs- County Departments of Health; CSOs – Civil Society Organizations; MCAs- Members of County Assembly; IGF – Inter-Governmental Forum; CEC – County Executive Committee member for Health; MTEF – Medium term Expenditure Framework; ICC- Interagency Coordination Committees.

Executive summary

The adoption and implementation of a devolved system of government in the country was a major reform that affected and influenced the implementation of the KHSSP. The implementation of health sector devolution provided significant opportunities and challenges in the implementation of the KHSSP during the period under review. The KHSSP 2014-18 defined three objectives for addressing Health Sector Leadership and Governance. These are:

- I. Improved health stewardship of the national health agenda by government
- II. Implementation of appropriate systems for health governance.
- III. Consolidating health partnership arrangements.

A SWOT analysis of the health sector highlighted a number of gains for the sector with devolution, as well as general challenges in its implementation. There was notably inadequate cooperation and partnership between the two levels of Government while health had been politicized in some counties. In terms of partnership coordination mechanisms within the sector, there were no guiding structures and consequently, there was limited shared vision and information about policy objectives and strategic priorities. Cooperation and partnership between the two levels of Government was inadequate.

The analysis further revealed that mechanisms to equitably allocate Development Partner's support among counties were inadequate. The draft partnership coordination strategy is yet to be finalized while there are no clear guidelines that can be enforced for CSOs to map and share their resources to counties.

These gaps can be closed by among other things, strengthening the working relationship between counties and national;



Key messages

- Health Sector partnership and coordination structures have not been functioning optimally since devolution
- There's weak and disjointed coordination mechanisms amongst the stakeholders at National level and in the counties
- There's weak linkage between planning, budgeting and available resources
- Coordination mechanisms in health sector needs to be strengthened by among other things, finalizing the partnership coordination framework
- The working relationship between counties and national needs to be strengthened
- Planning and budgeting needs to be aligned together with available funds.



strengthening coordination mechanisms in health sector by finalizing and implementing the partnership coordination framework, as well as aligning planning and budgeting with available funds.

This policy brief takes a critical look at the operating environment of the Health sector in relation to coordination structures with stakeholders.

Introduction
Devolution of Health services

Health services in Kenya were devolved with the enactment of the Constitution in 2010. This saw service delivery decentralized to the counties while the National Government was charged with developing policies and standards; providing technical assistance and guiding capacity building to counties.

Devolution was however implemented without adequate preparations in the counties. Consequently it was occasioned by poor cooperation and partnership between the two levels of Government at the initial stages due to confusion on the roles and responsibilities of each level. Generally, devolution is now

working well, with significant gains realized for health under the devolved system. Counties are now able to better focus on their areas of need as they manage their resources, especially in previously marginalized areas.

The Intergovernmental forum, established by the Intergovernmental ACT coordinates health matters between National and county governments. The forum deliberates and makes decisions on critical issues affecting the health sector. This forum has been instrumental in enhancing the relationship between National and County Governments. Despite this, some areas of concern were noted which if not addressed could lead to reversal of some of the gains made in the sector.

These reports highlight the potential challenges of an otherwise well-meant accountability structure and process at county level.

Partnership and Coordination

Due to the magnitude of work related to implementation of activities in Health sector, proper coordination and collaborative structures need to be put in place. Donor coordination involves a range of activities related to strengthening partnerships with

partner governments or organizations. It includes the concepts of country/government-led ownership, alignment and harmonisation of donor aid and investments.

Concerted efforts are required by all players in health to sustain gains made in the last decade and improve health indicators to attain health goals. The partnership coordination framework to guide coordination in health sector is outlined in figure 1.

Stewardship Arrangements of National MoH and CDoHs

Policies, legal and institutional measures have been undertaken to guide and operationalise the implementation of devolution within the organisational structure of the national MoH and the respective CDoHs. Guided by the respective legislations including County Governments Act, 2012; Transition to Devolved Government Act, 2012; Intergovernmental Relations Act, 2012; Public Finance Management Act, 2012) and the National Government Coordinating Act 2013, the health sector developed a policy and plan for the implementation of devolution within the sector and organisation of the stewardship structures within national the MoH and CDoH.

Methodology

A Mid-term Review of the KHSSP was done after 3 years of implementation. One of the focus areas was a systems analysis (SWOT analysis) of the health sector. A SWOT analysis around the three main objectives for addressing Health Sector Leadership and Governance was undertaken during the Mid Term Review of the Health sector. A desk review of existing Ministry documents and published documents was also done.

Results & Conclusions

The analysis revealed a mixed picture of progress in some areas while significant decline was demonstrated in others.

Health Sector & Devolution:

Health service accessibility has improved in many areas including; referral systems, budget allocation for health with improved public expectation/demand. There was enhanced public participation and increased political commitment. At county level there were no standardized organisational structures of CDoHs leading to too wide variations in both functional arrangements and human resource management.

The National MOH had no systematic and planned capacity building plan for providing technical and managerial support to counties in leadership and governance. Wide spread reports of heightened politicisation of county government budget approvals by county assemblies were conveyed, with several accounts of county assemblies holding their respective county government ‘hostage’ until certain political considerations are made in the budgetary allocations. There had also been widespread reports of local MCAs directly interfering with health facility management activities within their areas of jurisdiction.

Over the KHSSP implementation period, there were reported occasions of the controller of budget refusal to approve certain

county governments’ budgets including those of CDoHs owing to their non-adherence to overall budgetary allocation guidelines. These challenges may have resulted from the fact that devolution was implemented without adequate preparations.

In terms of implementation of service delivery, cooperation and partnership between the two levels of Government was inadequate exhibited by conflicts about roles and functions between the national and county levels and poor systematic inter-county relationships. Capacity building and technical support to counties was not satisfactory.

Within the counties, there was unintended centralization and insufficient feedback from county/sub-county level to point of service delivery and limited involvement of staff. Also reported was fragmentation of procurement which poses risks; Prioritization for expansion of services that was not guided by evidence and some managers at county level lacking the prerequisite capacity for their functions.

Partnership and Coordination:

With the changed governance context in the sector, the structures of coordination and partnership have not functioning as well as before. At National level, Health Sector Coordination Committees were not functioning optimally and the draft partnership coordination strategy was yet to be finalized. Private sector and CSO coordination agencies and Public Private Partnership strategy were in place, in alignment with Public Private Partnership (PPP) Act. There was limited effectiveness of the sector partnership coordination structures; inadequate mechanisms to equitably allocate Development Partners’ support among counties and no clear guidelines that could be enforced for CSOs to map and share their resources to counties.

At the County level, Partners were working closely with counties and health workers with some partners aligned to county priorities. Some counties had active County Health Stakeholder Forums and there was good collaboration between universities, CSOs, FBOs and private sector.

In terms of partner support, some counties too many partners, some none while in others, support had declined since devolution. Weak and disjointed coordination mechanisms amongst the stakeholders in the counties were reported. The major programs (AIDS TB Malaria, Nutrition, EPI and NCDs) were poorly coordinated and structures to co-ordinate partners were not clearly defined & documented.

Governance & Stewardship/Leadership:

At National level, the IGF was held at least once in every quarter and there was a communication channel established between county and national levels through council of governors. Most implementation documents had been drafted (the partnership framework, the Health Care Financing strategy, the reform of the NHIF and the planning, review and budgeting guidelines). The Health Bill was recently enacted into the Health ACT.

Some of the challenges documented included weak structures for coordination and partnership between national and counties;

Figure 1: Health Sector Partnership Coordination Framework

