



HEALTH NGOs NETWORK (HENNET)

HENNET STRATEGIC PLAN 2007-2010

"A healthy Kenyan society"

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List of Abbreviations and Acronyms

AOPs	Annual Operation Plans
CoC	Code of Conduct
CSOs	Civil Society Organizations
DHSF	District Health Stakeholders Forum
DPs	Development Partners
FBOs	Faith Based Organizations
HENNET	Health NGOs Network
HSCC	Health Sector Coordinating Committee
ICCs	Interagency Coordinating Committees
JDM	Joint Design Mission
JICC	Joint Interagency Coordinating Committee
MOH	Ministry of Health
NGOs	Non Governmental Organizations
NHSSP II	National Health Sector Strategic Plan II
PPP	Public Private Partnership
Provincial Health Stakeholder Forums	PHSFs
SWAp	Sector Wide Approach
SWOT	Strengths, Weakness, Opportunities and Threats

Foreword

This first HENNET strategy will serve as a roadmap in guiding HENNET's activities for the next three years, 2007 to 2010. It builds on HENNET's objectives and achievements so far and describes the role of HENNET in providing an opportunity for health related CSOs to impact in the health sector in Kenya.

Health NGO Network (HENNET) was founded in 2005 to fill a long standing gap within the health sector in terms of coordination, and networking among health related CSOs. HENNET was founded as a result of a felt need to set up a forum for CSOs dealing with health issues for purposes of collaboration, sharing of experiences and advocacy. HENNET brings together different health oriented CSOs, with diverse interests, but all having a common vision of a "Healthy Kenyan Society".

HENNET strategy is highly responsive to the changing operational modalities in the Kenyan Health Sector which is working towards a sector wide approach. In 2005, the Ministry of Health (MOH) launched the Health Sector Strategic Plan II (NHSSP II) (2005-2010). The NHSSP II intends to reverse the declining health status among Kenya and indicates the role of the private sector (NGOs, FBOs, the private-for-profit providers and traditional healers) to achieve this. Through its members, HENNET has continued to participate in the development of the MOH Sector Wide Approach (SWAp) which include development of a code of conduct which HENNET will be a signatory to; reviewing and developing annual operational plans; participation in the Joint Design Mission for the Joint Programme of Work and Funding. The Public Private Partnership component of the Joint Design Mission (JDM) indicates the importance of CSOs in the health sector and the need for greater and formalized Public-Private-Partnership (PPP). HENNET has influenced the outcome of JDM by successfully lobbying for PPP consultant to join the JDM team. The consult, through consultations with HENNET members and others, came up with recommendations on the PPP which included a mapping exercise of the non public health players. This exercise has been initiated. The MOH has recognized HENNET as a key stakeholder in the Health Sector and acknowledges that HENNET represents CSOs in the relevant MOH forums including HSCC and JICC. In the SWAp, HENNET will continue to play an advocacy role according to its objectives to ensure that the interests of HENNET members in the SWAp process are well articulated and addressed.

This strategy becomes effective as from October 2007 and will be translated into three annual work plans. HENNET Secretariat and the HENNET Executive Committee acknowledge HENNET member organizations who participated in the preparation of the HENNET strategic plan 2007-2010.

Our Role and Mission

1. Vision

The vision of HENNET is "A healthy Kenyan society"

2. Mission

"To stimulate linkages and strategic partnerships among health NGO's, government and private sector in order to enhance their responses towards health needs of Kenyans."

3. Objectives

The objectives of HENNET are to:

- a) Articulate health needs and promote efficient and effective allocation of health resources
- b) Articulate and address challenges and constraints affecting health NGO's, government and private providers
- c) Share knowledge, skills, research findings, information, best practices and lessons learnt among NGO's, government and private health care providers.
- d) Support health NGOs on their advocacy role in critical issues affecting the health of Kenyans.
- e) Coordinate NGOs' health activities so that they are in line with relevant National health policies and procedures
- f) Actively participate in development and implementation of national health plans and policies.
- g) Build alliances with other health networks at both national and international levels
- h) Build capacity of HENNET's members in areas of need.
- i) Mobilize resources for running the HENNET secretariat.

Participation of Civil Society Organizations in the Health Sector.

The health sector is not only the responsibility of the MOH, but also of all other health sector providers, in particular the CSOs and the private for profit sector. Many CSOs have contributed significantly to health preventive and promotion activities at community level for decades providing a huge portion of health service in Kenya, approximately 40% through innovative approaches. A number of CSOs have also been involved in operational research. The National Health Sector Strategy (NHSSP II) recognizes that MOH alone will not be able to meet the health needs of Kenyans. Specifically, it indicates the crucial role played by CSOs in meeting health needs of Kenyans at the house hold level.

To strengthen partnerships, the MOH has initiated the development of a Kenya Health SWAP Code of Conduct (COC) that defines the working relations among the stakeholders; Government / MOH, implementing partners and Development Partners (DPs). The COC indicates that the MOH will support those implementing partners who are signatory to the COC. The MOH and DPs have carried out a Joint Design Mission (JDM) for the Joint Program of Work and Funding. The JDM recognizes that CSOs provide a significant proportion of health services and recommends full participation of CSOs in the Joint Program of Work and Funding through the AOPs. The JDM also recommends the establishment of a Non-Public Sector Fund to manage and disburse resources destined to the non-public healthcare providers.

The MOH has indicated its interest and willingness to collaborate with all other stakeholders. For HENNET members, this collaboration becomes visible in the joint elaboration of District Health Plans (DHP) through the participation in the District Health Stakeholder Forum (DHSF), and at the national level in the Joint Interagency Coordinating Committee (JICC), Health Sector Coordinating Committee (HSCC) and other relevant bodies.

Recently the government intervened to avert a human resource crisis threatening the FBOs resulting from an outflow of health personnel to pursue better conditions of work. While this is a sign of true partnership, only a few examples of truly Public Private Partnerships are operational in the country.

The above MOH initiatives and policy documents only allude to CSOs participation in the Health Sector. In practice, the collaboration between the CSOs and MOH is still unclear; the MOH is silent on how the CSOs will be integrated into the health sector with specific responsibilities and accountability. Due to many informal relationships with MOH gaps exist at institutional level; the resource envelop is lean and in the country there is no concrete model for the channeling of resource to the non-Government health sub-sector within the context of the Sector Wide Approach. JDM recommends various steps for further strengthening and institutionalizing the relationship between MOH and CSOs.

HENNET Strengths, Weaknesses, Opportunities and Threats (SWOT).

In February 2007, HENNET members met and deliberated on perceived HENNET's SWOT based on HENNET objectives, achievements and lessons learnt from other health networks.

HENNET SWOT Analysis

Strengths	Weakness
<ul style="list-style-type: none"> • Wide representation of both national and international CSOs • Broad mandate based on objectives. • Member organizations have a common focus. • Diversity of actors. A lot of knowledge, resource and expertise. • Ability to have a common agenda to advocate and influence policies and key government decisions. • Ability to influence members on best practices and government policies. • Prompt responses to emerging health issues. • HENNET is recognized by MOH and Development Partners as a representative of health CSOs. • Ability to mobilize resources at any one time-finance, human and technical.. 	<ul style="list-style-type: none"> • Competition for human and financial resources among member organizations and HENNET. • Inadequate Human Resources at the HENNET secretariat. • Lack of a shared agenda for advocacy; common issues are missing. • HENNET is largely unknown especially in the rural areas.
Opportunities	Threats
<ul style="list-style-type: none"> • Influencing Policy at national level. • Coordination of CSOs activities. • Build HENNET based on previous lessons from other networks. • An organized entity provides an opportunity for members to improve and grow based on shared experiences. • Representation in Kenya Health SWAp. • Advocate for allocation of funds to CSOs by the government. • Opportunities to work in consortiums among member organizations. • Improve effectiveness of health care delivery by establishing a functional public private partnership. • Ability to build capacity of HENNET members in relevant areas. • Mobilize resources for running HENNET activities. 	<ul style="list-style-type: none"> • Lack of diversity and stifling of innovations. • Bureaucracy. • Lack of adherence to the code of conduct. • Buy in of HENNET initiatives from CEOs. • Possible perception of HENNET being viewed as a competitor to the government. • Sustainability of HENNET initiatives. • Loose collaboration and commitment levels by members to HENNET issues. • Irregular updates from HENNET secretariat. • Lack of capacity and credibility.

Priority Intervention Areas

As indicated earlier, this priority intervention areas are based on HENNET achievements so far, HENNET objectives as stipulated in the HENNET constitution and recommendations of the Joint Design Mission on the Public Private Partnerships

The strategic plan indicates HENNET's key priority areas and interventions for the next three years (2007-2010). These priorities are:

1. Advocacy.

Play an advocacy role in critical issues affecting the health of Kenyans. Specifically, advocacy agendas will be determined by the HENNET board in consultation with the membership. Advocacy issues will be directly linked to the involvement of CSOs in the SWAp and more general health issues related to an equitable access to health services.

2. Develop strategic partnerships.

Build partnerships with MOH, Development Partners (DPs), Health Networks, Research Institutions, Resource and Policy analysis institutions, and Health institutions that will add value to HENNET work and assist us in fulfilling our mission.

3. Share information and Learn from each other

Share knowledge, skills, research findings, information, best practices and lessons learnt among members and other stakeholders in the sector. The sharing and learning will include exploring areas of common interest among members and facilitating partnerships and alliances. The web site will be one of the tools which will be used for sharing and learning and for members to showcase their success stories in regard to health intervention approaches/models.

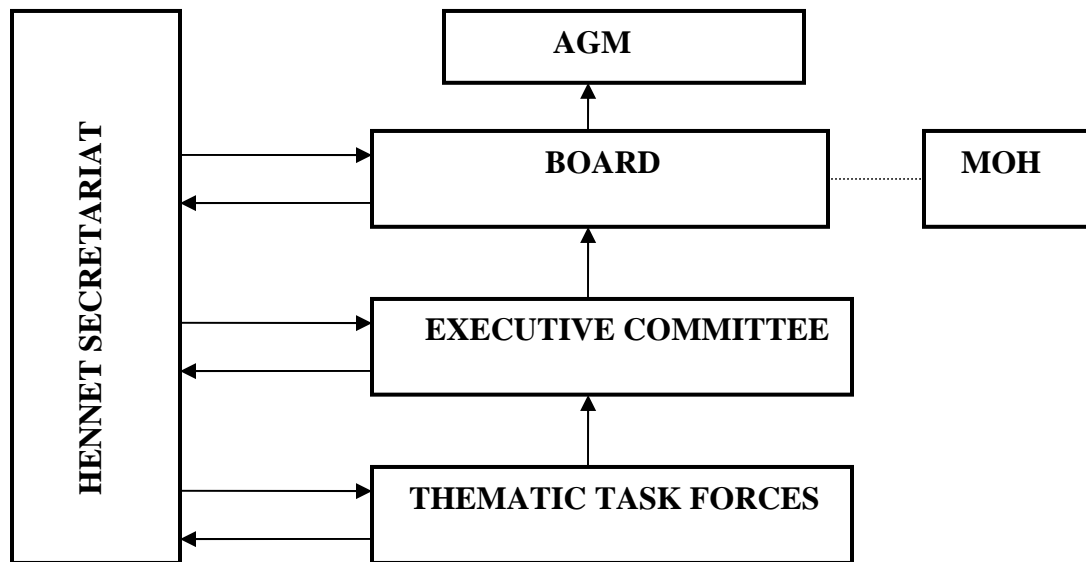
4. NGOs participation in the Kenya Health Sector Wide Approach (SWAp).

Strategically establish the role of CSOs in the Kenya Health SWAp based on CSOs comparative advantages at coordination level, technical level and implementation level.

5. Capacity Building.

HENNET will offer relevant training to members which will enhance their participation in the implementation of the national health sector strategy. The training will be based on needs of members and an assessment of available training already existing in the market.

Organization and Management of HENNET



For HENNET to successfully implement this strategy and specifically the above five activities, there is need for an effective and efficient HENNET secretariat, HENNET board and committed HENNET members. HENNET is governed by a board with an executive committee as defined in the constitution. A lean secretariat is managing the daily operations of the network under the guidance of the executive committee. The board will monitor and evaluate functions of HENNET based on its objectives and this strategy. The secretariat is responsible for the day to day running of the network.

Based on the strategy, standing committees will be established to support the Board and the secretariat and to ensure a high level of participation by members in the further development and strengthening of the network. Examples of committees to be constituted are "sharing and learning" committee and "capacity building" committee. When needed ad hoc task forces can be established e.g. a taskforce for defining funding mechanism for CSOs under SWAp. Standing committees will report to the Board while taskforces will report to the executive committee.

The secretariat is responsible for external and internal communication. Various channels of communications to members will be established including electronic communication, a newsletter and membership meetings. A Sharing and learning forum will be established in relation to membership meetings. HENNET members will meet on a quarterly basis.

The board and secretariat is responsible for ensuring a sustainable financial situation for HENNET. Fundraising will be a continuous responsibility of the secretariat, which includes a strong component of ensuring visibility of the network towards the external environment in particular MOH, development partners and other potential donors.

HENNET STRATEGY; WORK PLAN.

The following plan indicates HENNET's key activities, indicators and outcome on the identified key priority areas on page 7.

Goal: Health status of Kenyan population improved.							
Key Priority Area	Outputs	Key Activities	Indicator	Milestones (Yearly-Y)			Outcome
				07/08	08/09	09/10	
Advocacy.	Common agenda on critical health issues agreed with member NGOs.	1. Articulate emerging health needs	Number of NGOs participating in DHSF, HSCC, ICCs.	X	X	X	Promote efficient and effective allocation of health resource allocation. Formalized PPP. Gaps in NHSSP 11 are implemented.
		2. Dialogue with MOH and Development Partners (DPs) on identified health issues.		X	X	X	
		3. Link HENNET to influential advocacy partners nationally and internationally		X	X	X	
		4. Monitor and document involvement of NGOs/FBOs in the implementation of NHSSP II and participation in the SWAp process.	Number of NGOs contracted to implement NHSSP II components.	X	X	X	Complete picture of health care providers in Kenya. Increased visibility and credibility of HENNET and NGOs.
		5. Monitor the process of implementing PPP recommendation of the JDM.		X	X	X	
		6. Situational analysis and mapping of Health NGOs.		X	X	X	
		7. Participate in formulating modalities for funds flow to		X	X	X	
		A database of health NGOs developed.	X	X	X	Increased equity in the Health Sector.	

		CSOs as per the JDM recommendations. 8. Continue advocating for government to allocate resources to CSOs.	Number of NGOs participating in the development and implementation of national policies and strategies and district health strategies.	X	X	X	Allocation of government health resources to NGOs.
Develop strategic partnerships.	Partnerships with MOH, DPs, Health Networks and Health institutions (research, advocacy networks, and private sector) that will add value to HENNET work developed.	<ol style="list-style-type: none"> 1. Establish partnerships with MOH, DPs, and Health institutions. 2. Build alliances with health networks at national and international levels. 3. Inform NGOs' on relevant National health policies and procedures. 4. Avail HENNET materials /documents to partners. 	Number of NGOs participating in the MOH planning process and SWAp initiatives.	X	X	X	<p>Meaningful collaboration between NGOs, MOH, DPs, Networks and Institutions in delivering health services to Kenyans.</p> <p>NGOs align interventions to national health priorities and policies.</p>
Share information and Learn from each other	HENNET members are informed of best practices and lessons learnt on health interventions	<ol style="list-style-type: none"> 1. Define which health related areas CSOs can best learn from. 2. Collect, compile and share research findings, best practices and lessons learnt among NGOs. 	Best practices compiled per thematic areas, documented and posted on the HENNET web.	X	X	X	Transfer and utilization of new skills, best practices among NGOs and the public Sector to inform health interventions.

	through Sharing of knowledge, skills and research findings among NGOs.	<ol style="list-style-type: none"> 3. Upload 'best practices' on HENNET web site. 4. Create opportunities for members to share innovative models in health service delivery in HENNET and MOH forums (ICCs for example). 5. Establish on online resource Centre. 6. Organize for Learning and Technical exchange forums based on agreed themes. 7. Establish an interactive web site for sharing 8. Disseminating best practice reports 	<p>An electronic resource center established.</p> <p>A schedule for learning and sharing forum is established</p>	X	X	X	CSOs adopt health models/approaches that are evidenced based
NGOs participation in the Kenya Health SWAp.	Meaningful participation of NGOs in the SWAp based on NGO's comparative advantages.	<ol style="list-style-type: none"> 1. Disseminate information on the SWAp. 2. Participate in relevant SWAp related committees at MOH. 3. Participate in the supervision, monitoring, documenting the rolling out of the NHSSP II and the community strategy and other health strategies. 4. Document comparative advantages on NGOs based on analysis of the situational analysis report. 	<p>A workshop on the SWAp process is held.</p> <p>Number of NGOs participating in the SWAp process at coordination, technical and implementation level.</p> <p>Number of health</p>	X	X	X	<p>Common understanding of the SWAp process and the role of NGOs in a SWAp context.</p> <p>Increased Participation of NGOs in MOH governance structures.</p> <p>NGO expertise and experience over the years is utilized by the public sector.</p>

		<ol style="list-style-type: none"> 5. Participation in key health sector committees such as the HSCC and the JICC. 6. Define and promote NGOs/FBOs involvement in rolling out the community strategy. 	<p>NGO participating in the planning and implementing district health plans including the community strategy.</p>	X	X	X	
Capacity Building.	To equip NGOs in order for them to carry out there mandate successfully and be able to engage in the Kenya Health SWAp.	<ol style="list-style-type: none"> 1. Identify training needs 2. Organize for trainings and sharing forums on the identified needs. 3. Document outcomes of workshop and disseminate the information. 4. Educate members on the MOH structure and together identify at which levels CSOs can take part based on their comparative advantages. 5. Liaise with MOH and DPs on training opportunities that NGOs can participate in. 	<p>A list of training needs is established.</p> <p>A schedule of training is established and shared with members.</p> <p>Number of NGOs participating in MOH trainings.</p>	X X X X	X X X X	X X X X	<p>NGOs are equipped with knowledge and skills to better carry out there mandate.</p> <p>NGOs are up to date on emerging issues and processes in the Kenya Health Sector.</p>
Organization and Management arrangement	HENNET managed effectively and the HENNET Strategy is successfully	<ol style="list-style-type: none"> 1. Monthly meetings of the HENNET board and steering committee. 2. Constitute standing committees and task forces. 3. Explore various channels to facilitate external and internal 	<p>Finance and budgets in place</p> <p>A yearly work plan developed.</p> <p>Number of completed</p>	X X X	X X X	X X X	HENNET can adequately respond to the emerging needs and successively implement this strategy.

	implemented.	communication. 4. Continually fundraise for the secretariat activities. 5. Costing of the strategy	activities as per work plan. HENNET strategy is costed	X X	X	X	
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