

Final Draft

Reversing the Trends

**The Second
National Health Sector Strategic Plan of Kenya
NHSSP II: 2005-2010
Popular Version**

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HENNET Vision; "A healthy Kenyan society"

HENNET Mission; "To stimulate linkages and strategic partnerships among health NGOs, government and private sector in order to enhance their responses towards health needs of Kenyans"

HENNET Objectives

- Articulate health needs and promote efficient and effective allocation of health resources.
- Articulate and address challenges and constraints affecting health NGOs, government and private providers.
- Share knowledge, skills, research findings, information, best practices and lessons learnt among NGOs, government and private health care providers.
- Support health NGOs in their advocacy role in critical issues affecting the health of Kenyans.
- Coordinate the health activities of NGOs so that they are in line with relevant national health policies and procedures.
- Participate actively in development and implementation of national health plans and policies.
- Build alliances with other health networks at both national and international levels.
- Build capacity of the Network's members in areas of need.
- Mobilise resources for HENNET secretariat.

Foreword

The Health NGOs Network (HENNET) is pleased to present this popular version of the complete National Health Sector Strategic Plan (NHSSP II) 2005-2010, a Government of Kenya, Ministry of Health publication. The popular version highlights key information that is necessary for health oriented Civil Society Organizations and other stakeholders to meaningfully participate in the Kenya Health Sector Wide Approach. HENNET has taken this initiative to ensure that implementing partners are fully conversant with key national health operational documents. These include the NHSSP II, Joint Program of Work and Funding (JPWF), Norms and Standards, and the Community Strategy.

Among other basic guiding principles, the Kenya Health Sector Wide Approach (SWAp) recognizes the implementing partner entities that are signatories to the Code of Conduct (COC) as full and equal partners. Through the COC, all cooperating partners (including implementing partners) have agreed to support, review and update the NHSSP II and its Joint Program Work and funding periodically. As per the COC, obligations of Implementing Partners will include:

- Implementing partners' programs and plans, irrespective of source of funding, are fully consistent with the JPWF and are reflected in the Annual Operational Plans (AOPs)
- Implementing partners health programs are aligned and included in the District Health Plans.

We hope that the documents will be useful to HENNET members and other stakeholders; and that the documents will convey the information intended with clarity and precision for a better collaboration and partnerships.

We acknowledge the MOH who have allowed HENNET to summarize the complete document into this popular version.

Mette Kjaer
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Chairperson, HENNET

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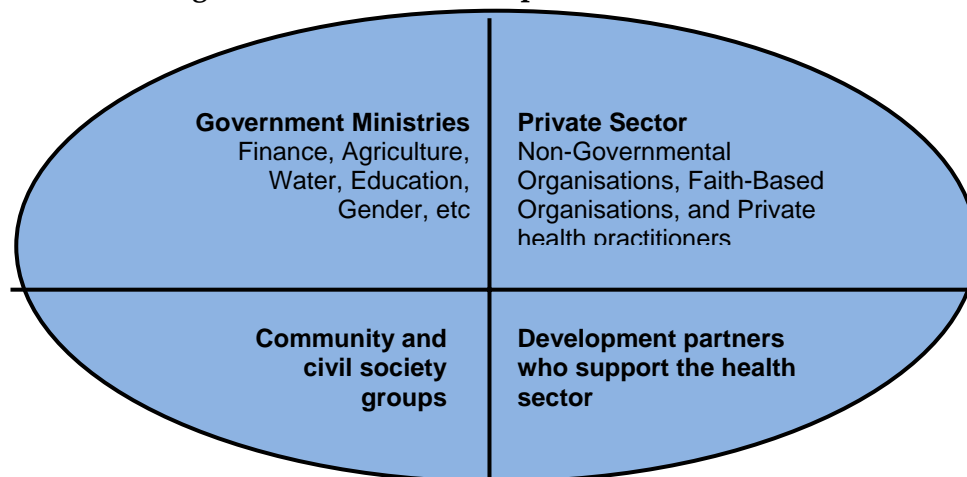
1. Introduction

This document is a shortened version of the Second National Health Sector Strategic Plan (NHSSP II: 2005-2010), a Government of Kenya, Ministry of Health publication. A thorough review of the experience with Kenya's Health Policy Framework 1994-2010 and the efforts to implement NHSSP I yielded the basic design principles that guided the development of the NHSSP II. The NHSSP II envisages an efficient high quality health care system that is accessible, equitable and affordable for every Kenyan. The plan further integrates promotive, preventive, curative and rehabilitative health programmes into a single package known as the Kenya Essential Health Package (KEPH). This package aims at reversing the downward trends in the health status of Kenyans as observed during the implementation of the first strategic plan (NHSSP I: 1999-2004). It is envisaged that NHSSP II will ultimately contribute to the accomplishment of Kenya's Economic Recovery Strategy and the achievement of the Millennium Development Goals.

2. Development of NHSSP II

The NHSSP II was developed through consultation and consensus amongst many stakeholders as shown in figure 1 below:

Figure 1: Process of development of the NHSSP II



3. How will this document help the reader?

This document assists different readers in various ways:

- It will guide policy makers, planners, program managers and development partners to:
 - Improve the planning process through effective coordination, decision making, elimination of duplication, and efficient use available resources.
 - Provide a platform for dialogue and partnership with stakeholders.
 - Assist the Ministry of Health in furthering the reform process.
 - Agree on mobilization and allocation of resources.
 - Gain an understanding of how health interventions for KEPH are integrated per level and cohorts.
- It will assist health providers and implementers to offer holistic and integrated health interventions to target populations within their catchment areas.
- It provides the framework for monitoring and evaluation of the implement of the Strategy.

4. Goals and Objectives of NHSSP II

The goals and objectives of NHSSP II 2005-2010 are as outlined below:

Goals

- Reducing inequalities in health care
- Reversing the downward trends in health outcomes.

Objectives

- Increase equitable access to health services.
- Improve the quality and responsiveness of services in the sector.
- Improve the efficiency and effectiveness of service delivery.
- Enhance the regulatory capacity of the Ministry of Health.
- Foster partnerships in improving health and delivering services.
- Improve the financing of the health sector.

5. Using KEPH to achieve NHSSP II goals

The current strategic plan has shifted its focus from the burden of disease to the promotion of individual and community health through implementation of the Kenya Essential Package for Health (KEPH). The KEPH aims at addressing the health needs of individuals at different stages of the human life cycle (or age cohorts). The idea is to have health interventions centred on the different phases of the human development.

The KEPH utilizes the basic needs approach to assist marginalized groups access health services and the human rights approach to ensure that resources are shared equitably and all have access to these resources. The KEPH integrates all health programmes into a single package focused on improving health at different stages of the human life cycle and at six service delivery levels as shown in tables 1 and 2.

6. Objectives of KEPH





The objectives of the Kenya Essential Package of Health are:



- Increase access to health services through interventions at the community level and at poor-deprived areas and groups.
- Integrate the different programmes towards the client.
- Promote individual and community health.
- Enhance the quality of services by improving the responsiveness of health workers and changing their prevailing attitudes towards clients.

Table 1: Service provision at the six levels of care

Level	Services
Level 1: (Community, family, household)	Service delivery priorities of the communities
Level 2: (Dispensaries/Clinics)	Promotive/preventive and curative care
Level 3: (Health Centres, Maternities, Nursing homes)	Promotive/preventive and curative care
Level 4: Primary hospitals	Curative and rehabilitative care with limited preventive/promotive care
Level 5: Secondary hospitals	Curative and rehabilitative care with limited preventive/promotive care
Level 6: Tertiary hospitals	Curative and rehabilitative care with limited preventive/promotive care

Table 2: Services needed during the life-cycle of an individual

Life cycle cohort	Services needed	
	Promotive/Preventive	Curative
<p>1. Pregnancy and the newborn (up to 2 weeks of age) Doctor assessing condition of baby in the womb</p> 	<ul style="list-style-type: none"> - Antenatal care, nutritional care, prevention of malaria in pregnancy, tetanus toxoid. - Use of skilled births attendants, clean delivery, immunisation. - Postnatal care, breast feeding support, supplementary feeding. - Family planning services. - Promotion and use of treated bed nets. - Indoor residual spraying. - Prevention of mother to child transmission of HIV. - Micro-nutrient supplements (iron) - Hygiene, water and sanitation. 	<ul style="list-style-type: none"> - Adequate and timely referral system, partographs, transport (ambulance) system. - Basic and comprehensive emergency obstetric care (BEOC). - Newborn resuscitation.
<p>2. Early childhood (2 weeks to 5 years)</p> 	<ul style="list-style-type: none"> - Community integrated management of childhood illness and promotion and use of treated bed nets. - Appropriate nutrition, extended breast feeding; growth monitoring; expanded program on immunization; provision of vitamin A/zinc. - Psychological stimulation; physical/cognitive development. - Exercise and recreation. 	<ul style="list-style-type: none"> - Clinical integrated management of childhood illness. - Use of oral rehydration solution for treatment of diarrhoea. - Antibiotics and antimalarial drugs. - Anti-retroviral therapy.
<p>3. Late childhood (6- 12 years)</p> 	<ul style="list-style-type: none"> - Essential school health programme. - Adequate nutritional care. - Promotion and use of treated bed nets. - Exercise and recreation. 	<ul style="list-style-type: none"> - Overall treatment and care. - Appropriate feeding. - Timely treatment of infectious and parasitic diseases.
<p>4. Youth and adolescence (13-24 years)</p> 	<ul style="list-style-type: none"> - Tetanus toxoid in schools. - Reproductive health and HIV/AIDS/STI counseling. - Substance abuse counseling. - Adequate nutritional care. - Accident prevention. - Reproductive health/Family planning services. - Exercise and recreation. 	<ul style="list-style-type: none"> - Overall treatment and care, especially for directly observed treatment - Sexually transmitted infections and other opportunistic infections.

Life cycle cohort	Services needed	
	Promotive/Preventive	Curative
5. Adulthood (25–59 yrs) 	<ul style="list-style-type: none"> - Annual screening and medical examinations. - Accident prevention. - Family planning/reproductive health services. - Healthy lifestyles (exercise, recreation, nutrition, etc.) 	<ul style="list-style-type: none"> - Overall treatment and care. - Anti-retroviral therapy and palliative care. - Directly observed treatment.
6. Elderly (60+ yrs) 	<ul style="list-style-type: none"> - Annual screening and medical examinations. - Exercise and the promotion of general hygiene. - Social/emotional/community support 	<ul style="list-style-type: none"> - Access to drugs for degenerative illnesses.

Source: AMREF Publications

7. Systems in Support of KEPH

The systems and support structures¹ that ensure implementation of KEPH for better health outcomes include:

- Clear and well co-ordinated interface between services and the community
- Health planning at the district level
- Effective financial management practices
- Participatory monitoring and evaluation of KEPH activities
- Planning, recruitment and retention of appropriate of human resources for health
- Adherence to standards and quality assurance
- Consistent commodity supply (pharmaceuticals/equipment)
- Maintenance and repairs (infrastructure, equipment, transport)
- Appropriate use and application of information and communication technology.

8. Governance of NHSSP II

To implement this strategic plan, the MOH has core functions that provide strategic leadership and governance to its staff and constituent partners. The MOH will play a key role of establishing the health policy framework, ensuring quality of service delivery and enforcing regulation and control of the health sector. To do so, it will play other major roles including policy formulation, collaborative regulation through oversight and governance, resource allocation, and performance monitoring.

The MOH will strengthen these functions at central level while the provinces (supervision) and districts will be made increasingly responsible for implementation of the KEPH. Concerted effort by all stakeholders and partners will form the basis of

¹ Activities and outcomes of these systems and structures are detailed in the MOH document “Reversing the Trends, The Second National Health Sector Strategic Plan- NHSSP II: 2005-2010.”

governance of the NHSSP II throughout the five years in order to provide comprehensive care and subsidize community insurance for the poor.

Other governance strategies in support of NHSSP include:

- Decentralization
- Public Sector Reforms
- Re-structuring the MOH (Institutional arrangements)
- Partnership between MOH and other stakeholders²

Table 3 shows the institutional structures that are responsible for managing the delivery of the KEPH at various levels.

Table 3: Governance and management structures in the Health Sector

Governance and management structures in the health sector by level

Administrative level	Management structures	Governance structures	Stakeholder forums	Ministry of National Development	Ministry of Local Government	National AIDS Control Council	Political structures
National	Ministry of Health HQ: Senior management Hospital Management Team	Parliamentary Committee on Health Hospital management Board	Interagency Coordination Committee + various ICC	Ministry of National Development	Ministry of Local Government	NACC	Parliament
Provincial	PHMT Hospital Management Team	None Hospital management Board					Constituency
District	DHMT Hospital Management Team	DHB Hospital management Board	District Health Stakeholder Forum	DDC	County Council	CACC	
Sub-District	Hospital Management Team	HMB		Division DC	Local Council		
Location	Facility Management Team Facility Management Team	Facility management Committee Facility management Committee		Location DC Sub-location DC			Ward
Sub-location							
Village		Village Health Committee					

9. Resource requirements for financing NHSSP II

Key to improvement of financing of the health sector are:

² The mechanisms for partnerships include Health Sector Reforms, Sector-wide Approach (SWAp) in health, Joint Planning and Review, Joint Monitoring of Performance and Harmonization of Funding, Common Management arrangements and Code of Conduct

- Flexible annual operational plans within the declared available resources. KEPH will receive most of the resources.
- The sources of funding include: Government of Kenya, cost-sharing funds, the National Health Insurance Fund, and development partners.

Table 4 shows resource availability and requirements for implementing NHSSP II.

Table 4: Financing the NHSSP II: 2005-2010 (Ksh. Million)

	FY 2005/6	FY 2006/7	FY 2007/8	FY 2008/9	FY 2009/10
Available resources					
Scenario 1(status quo)	34,024.7	42,444.4	57,452.6	63,925.4	75,766.1
Scenario 2(best case)	42,274.9	48,6333	63,083.5	69,166.9	79,541.5
Overall costs					
KEPH	64,914.0	74,544.0	81,882.0	89,276.0	99,660.0
KEPH and non-KEPH	92,734.3	106,491.4	116,974.3	127,537.1	142,371.4
KEPH financing gap					
Scenario 1(status quo)	-30,889.3	-32,099.6	-24,429.4	-25,350.6	-23,893.9
Scenario 2 (best case)	-22,639.1	-25,911.0	-18,798.5	-20,109.1	-20,118.5
Health sector financing gap					
Scenario 1(status quo)	-58,709.60	-64,047.04	-59,521.68	-63,611.74	-66,605.32
Scenario 2 (best case)	-50,459.38	-57,858.45	-53,890.75	-58,370.29	-62,829.93

From the above table, the resource gaps include: (i) the difference between the resources available and the cost of implementing the minimum KEPH; and (ii) the difference between the available resources and the cost of KEPH plus non-KEPH activities, which forms the largest gap. These gaps can, however, be bridged by additional allocations from the Treasury and/or from donor contributions.

10. Performance monitoring

Monitoring of programme activities will employ performance indicators with specified and time-bound outputs for both service delivery and support systems. There shall be joint annual reviews and annual summits to ensure achievement of health targets³ in the Economic Recovery Strategy and the Millennium Development Goals. NHSSP II provides detailed indicators and targets for each cohort, level of healthcare delivery and management performance.

Note: The complete version of the document from which this popular version has been adapted is posted on the HENNET website: www.hennet.or.ke.

It is recommended that this document be read together with other complete publications, namely: (i) Joint Programme of Work and Funding for the Kenya Health Sector; (ii) Norms and Standards for Health Service Delivery; and (iii) Taking the Kenya Essential Package for Health to the Community; that are posted on the HENNET website.

³ The document “Reversing the Trends, The Second National Health Sector Strategic Plan- NHSSP II: 2005-2010” has the details of activities on performance management.