

HENNET *Biannual* NEWSLETTER

“A healthy Kenyan Society”

May 2008

Introduction

In the past six months, HENNET has continued to grow both in its membership and mandate. Currently, HENNET membership stands at 57 formal members, 35 of whom are national organizations. HENNET “flag” is flying high in the Kenyan health sector – nonetheless the greatest challenge is to ensure that this flag represents meaningful engagement of HENNET member organizations at coordination, implementation and monitoring levels of health sector initiatives. Guided by its three-year strategic plan (2007-2010), the HENNET board is working round the clock to ensure HENNET meets its mandate as spelt out by member organizations. The HENNET Board and executive committee have continued to meet on a quarterly and monthly bases to advice on implementation mechanisms of HENNET activities and at the same time monitor their implementation.

The HENNET board has focused on greater involvement of HENNET members in the past six months. In a bid to foster meaningful participation among its members in the implementation of the HENNET strategy and in an effort to tap into the rich and diverse expertise that exists among its members, HENNET has made great strides in establishing Technical Working Groups (TWGs) among member organizations. HENNET members participating in these TWGs have shown great enthusiasm and a drive for results. Through the TWGs, it is envisaged that HENNET will document and develop a publication on best practices and lessons learnt on identified thematic areas: an ICT reference manual for NGOs in the Health sector, input into the national community health strategy through lessons learnt so far and a clear way forward on role of HENNET members in the health budget formulation, tracking and monitoring.

In addition, HENNET has established focal points in various districts. HENNET acknowledges the role of lower levels in ensuring that quality Health Care services reach to all Kenyans. The focal points will act as HENNET ambassadors at district level through information dissemination and feedback to HENNET on progress in health care delivery at district level which will inform HENNET advocacy at national level on key issues. HENNET members have been very responsive on this “decentralization”. At the moment about 30 districts have focal points.

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Progress on Key Initiatives.

HENNET Role in Post Election Violence Response (PEV)

The PEV posed a great challenge to the health sector as a whole. The many casualties and reduced access to health facilities in the affected districts as result of the violence immensely overstretched the already overwhelmed health facilities – thus calling for emergency response to address the crisis. HENNET worked closely with the then MOH, IDPs and other key stakeholders through the National Steering Committee overseeing emergency health responses in the Health sector. Information and updates were frequently received from HENNET members, the then MOH and WHO in regard to Health care delivery in the af-



affected districts. HENNET played a critical role in facilitating coordination of the emergency health care services and information dissemination during the PEV. Over 40 NGOs including FBOs were present in the affected districts offering emergency health care services albeit with meager resources. HENNET collaborated with GTZ to train HENNET members on Gender Based Violence. In addition, GTZ supported identified HENNET members to implement GBV activities in the affected districts.

HENNET holds a successful Annual General Meeting (AGM) February 18th 2008

The HENNET AGM was attended by over 40 HENNET formal member organizations. The deliberations of the meeting centered on key issues concerning non state actors' role in the health sector. The AGM recommendations to HENNET in bolstering non-state actors' role in the Kenyan health sector included:

1. HENNET's role in the development and tracking of the health budget.
2. HENNET involvement at District Level through its members and the District Health Stakeholder Forums
3. HENNET role in enhancing its collaborative efforts to help CSOs realize the targets of the NHSSP II and Vision 2030.
4. HENNET to facilitate a discussion on Sector Wide Approaches to enable HENNET members understand SWAp processes and ensure availability of SWAp reader friendly briefs.

The HENNET board was mandated to discuss the above recommendations and come

up with strategies for their implementation. A full HENNET board was elected during the AGM consisting of; Handicap International, AMREF, CHAK, Marie Stopes International, LVCT, Mildmay International, Aga Khan Health Services / Aga Khan Foundation, Family Health Options Kenya, Adventist Development and Relief Agency (ADRA), Kenya AIDS NGOS Consortium (KANCO) and Kenya Alliance of NGOs Against Malaria (KeNaam). The HENNET executive committee is now comprised of Aga Khan Health Services / Aga Khan Foundation, AMREF, ADRA and FHOK.

Furthermore, in his HENNET AGM speech, the PS MOH, acknowledged FBOs and NGOs as invaluable partners especially under the SWAp arrangement. He indicated that the MOH is working towards instituting a Public Private Partnership Framework (PPP) to maximize the potential of health stakeholders in the private and public sectors. The PS speech acknowledged the contribution of HENNET in profiling Implementing Partners' engaged in CBHCs in various districts in the country and participation in the Joint Design Mission. Stakeholders in the health sector were encouraged to observe best practices relating to program implementation, by adhering to SWAp and address the socio-cultural implications of recent ethnic violence on the health system.

The Development Partners Health-Kenya (DPH-K) representative from GTZ emphasised the necessity to demystify the SWAp concept among implementing partners in order to encourage participation by non state actors in the health SWAp. The AGM report, Chairpersons report and detailed minutes are available on the HENNET website. The next AGM will be held in February 2009.



HENNET Technical Working Groups(TWG)

The organizational structure of HENNET allows for the establishment of thematic task-forces in support of the Board and the secretariat in the achievement of its objectives. This also ensures a high level of participation by members of the network.



The active TWGs include:

1. ICT TWG. In September 2007, HENNET and GTZ organized a workshop to bring together ICT professionals among HENNET members with the aim of providing a forum to network, demonstrate relevant products from some participating organizations, explore possibilities of sharing relevant applications, and explore available opportunities for capacity development and training opportunities. This TWG is following up on key recommendations from this workshop. The task force is working towards an assessment of ICT needs of HENNET member organizations to establish maturity level of ICT, identify key drivers for information management in NGOs and Information Systems requirements among other needs.
2. Documentation of best practices and lessons learned TWG. One of HENNET key objectives is to facilitate information sharing among its member organiza-



tions. The documentation of best practices is aimed at documenting relevant innovations and research findings for purposes of sharing lessons on successes and failures and creates a basis for the replication of 'best practices'. It is envisaged that the documentation will be consolidated into a resource book on innovative approaches/models on delivering health care services by non state actors in Kenya. The book will be disseminated widely through 'face to face' information exchange forums, relevant websites and delivery of hard and soft copies to HENNET member organisations. Information obtained on the thematic area for documentation will be owned by the organisation that has provided it.

3. *Community Based Health Care Services TWG.* CSOs (NGOs and FBOs) have for decades worked with communities in developing community based health care. The national health sector has come up with a National Community Health Strategy for implantation at lower levels. The aim of this TWG is to ensure meaningful participation of CSOs in the implementation of the national community health strategy through information sharing on lessons learnt, advocacy and best practices and actual implementation. Members of this TWG are also sitting in the National Community Health Strategy TWG under the "MOH".

Also to be formed in collaboration with Health Rights Advocacy Network(HERAF) is the "Health Budgeting process" TWG.

Be Informed: FACTS ABOUT International Health Partnership+ (IHP+).¹

What is the International Health Partnership?

Launched in September 2007 the IHP+ is an initiative that aims to improve the coordination of health financing and planning in developing countries. It is a coalition of international health agencies, governments and donors. The IHP+ is being coordinated through the World Bank and the World Health Organisation. The government of Kenya is among the 'first wave' IHP+ countries. Partners have signed a global level agreement to guide the IHP+ based on mutual responsibility and accountability for the development and implementation of national health plans.

IHP+ country level compacts will set out a process of coordinated health action where national governments and donors will improve the allocation of technical and financial support to help develop and implement comprehensive national health plans, provide aid in ways that strengthen health systems and, where possible, provide more long term, flexible support through national systems. Partner countries will invest further in their own health systems, address policy constraints to progress, strengthen planning and accountability mechanisms to make them more inclusive and transparent, and strengthen the link between external financing and improved health outcomes.

¹ This IHP+ information is adopted from Action for Global Health Briefing # 02 January 2008

Why the IHP?

Donors, international health partnerships, such as GAVI and the Global Fund to fight AIDS, TB and Malaria, and recipient countries have identified weak health systems as one of the main barriers to reaching the health Millennium Development Goals (which focus on child health, maternal health, HIV/AIDS, malaria, TB and other infectious diseases). It is hoped that harmonized financing for one health plan, such as that used in the 'Three Ones' processes related to HIV/AIDS policy, programming and implementation, will help address: human resource crisis, health system infrastructure, financing for health services, ineffective delivery of health care services and Unpredictable funding flows for health system strengthening

How will the IHP be rolled out in the first wave countries?

Building on existing processes and plans, the governments of first wave countries are currently in the process of developing costed results-oriented national health plans for scaling up and clear identification of funding gaps. From this they will develop a 'joint results framework' with clearly quantified outcomes, objectives and indicators, demonstrating significant progress to reaching the health MDGs. Donors and national governments will work together to ensure increased domestic funding for health care and develop improved financial management mechanisms. This will form the content of a 'compact' between the recipient government and all donors.



What is the role of civil society in the IHP?

The IHP has committed to involving civil society in the design, implementation and review of the IHP at global and country levels and in holding all parties to account. CSOs at country level can be involved through the health sector SWAp process, participation in bodies and discussions that are taking place

around the IHP+, input into health policy and planning processes, networking at national and international level on key advocacy agenda surrounding the IHP+ process. Further information on IHP+ can be found on the websites: www.hennet.or.ke, www.internationalhealthpartnership.net and <http://www.who.int/healthsystems/ihp/en/index.html>.

Calendar of events

May 22nd 2008

- HENNET CEOs breakfast Meeting

June 12th 2008

- HENNET Quarterly Meeting. Theme is SWAp: Strategies, Process, Financing and Structure

Monthly/Quarterly Events

- HENNET Board/Steering committee meetings (Date TBD)

HENNET Members dialogue on IHP+

- CSOs engagement at national and international level

Key Activities in Progress at HENNET

- The mapping Exercise of Health Care Providers in Kenya
- Drafting of the Public Private Partnership Structure for discussion.
- Dialogue on IHP+ and CSOs meaningful involvement at both national and international level

Captured Moments



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