

Hospital Management Services Fund: Implications for health care

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In the last three decades, Kenya's health sector has implemented a sector-wide reform agenda which has focused on the delivery of affordable good quality, demand driven, effective and cost efficient medical services to Kenyans.

The key focus areas have been geographical and financial access to health care services, regional and gender disparities, efficiency, financing, health care policy and public private partnerships.

In 1992, through Legal Notice No. 162 of the Public Health Act, the Ministry of Health established District Health Management Boards (DHMB), Hospital Management Boards (HMB) and Health Centre Management Committees (HCMC) as part of institutional reforms to improve the country's health care delivery systems.

The roles of these boards and committees were to specifically plan for, manage and monitor the utilization of revenues generated from user fees and at the same time support the already existing District Health Management Teams (DHMTs) and the Hospital and Health Centre Management Teams (HMTs) in the management of health services in the district.

In 2009, when the Government established the Hospital Management Services Fund (HMSF), the health facility management boards at the facility level were replaced by management committees through

Legal Notice No. 155 of the Government Financial Management Act.

Subsequent to the establishment of the Hospital Management Services Fund (HMSF) the Ministry of Medical Services (MOMS) embarked on a process to strengthen facility management and governance systems through building the capacity of the newly appointed Hospital Management Committees across the country.

This included the gazettelement of the National Hospital Services Committee (NHSC) at the national level and Hospital Management Committees (HMCs) at the hospital level. The NHSC was gazetted on January 22, 2010, and inaugurated on May 6, 2010, while the HMCs were gazetted on April 1, 2010.

The next step undertaken by the Ministry of Medical Services with the support of Development Partners was the formulation of Governance Guidelines for Hospital Management Committees and inducting these committees into their new roles.

At the initial stage, the Ministry of Medical Services received funding

from USAID through Management Sciences for Health (MSH) to develop the guidelines, conduct training of trainers at the provincial level and produce a national rollout plan and budget. GIZ participated and provided technical input into the development of these guidelines.

During the national roll out of these guidelines, GIZ provided substantial resources to the Ministry of Medical Services towards induction of Hospital Management Committees.

To date, approximately 1,553 members of committees from 161 hospitals have received training and approximately 1,032 members of Committees from 107 hospitals are yet to be trained. GIZ financed the training of 600 members of committees from 62 hospitals.

Why implement the Hospital Management Services Fund (HMSF)?

Kenya's new constitutional dispensation has for the first time in the country's history made health-care provision a fundamental right of citizens. The constitution has also defined a decentralized health service delivery structure.

This is a people-centered approach that aims to ensure health and health interventions are organized around people's legitimate needs and expectations. This calls for community involvement and participation in deciding, implementing and monitoring provided interventions. Furthermore, community involvement and participation promotes social accountability.

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Implementation of the Hospital Management Services Fund (HMSF) is therefore a milestone towards improving overall hospital governance and ensuring effective management of resources at facility level.

Implementation of HMSF will facilitate the central Government (ministries concerned with health) to divest itself of direct health service delivery and improve quality of care by transferring decision-making financial management to the sub-national level. The central Government can thereafter re-orient itself to the more strategic planning and policy roles.

The other critical issue revolves around the role of improved governance at facility level in addressing

the documented disparities in terms of the population's benefit from the country's public expenditure in health.

The 2010 Public Expenditure Review indicates that the richest quintile of the Kenyan population obtains nearly twice the benefit from Government spending on health compared to the poorest quintile. This benefit is skewed in the sense that the richest quintiles have more access to hospital level services where user fees pose a barrier to the poorest quintiles.

This analysis of the efficiency, effectiveness and equity of public spending in the health sector indicates that enhancing good governance in the management of public resources is a primary factor in the achievement of

the health sector targets in the Vision 2030 medium term plan.

It is therefore envisaged that in the implementation of the HMSF, empowerment of the HMCs is key towards addressing access by the poorer populations to health services provided by the public sector.

These possibilities of addressing equity issues and service delivery challenges through governance reforms are central to the GIZ support in the health sector.

GIZ's support to hospital reforms corresponds to one of the four indicators in the offer: an increase from 14 per cent to 20 per cent in Government funding for healthcare provision that benefits the poorest 20 per cent of its population.

Screening for cervical cancer

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not take up iodine but appear as thick mustard or saffron yellow. Condylomata may sometimes partially stain with iodine. If an inflammatory condition of the cervical epithelium is present, these areas may be unstained with iodine and may remain colourless, surrounded by a dark brown or black background.

What to do if unsure of VIA/VILI results

It is better to classify the result as positive and refer the woman for further management.

Post VIA tasks

If VIA test is negative:

- Have the woman get dressed and get down from the table. Record test results and other findings.

- Discuss results with the woman and when to return for testing in future.

If VIA test is positive or cancer is suspected:

- Tell the woman what the recommended next steps are.
- If treatment is immediately available, discuss with her.
- If referral is required, make arrangements for further management and explain to the woman before she leaves the health facility.
- Complete the referral screening/client card note findings in the client register/log and make a note in client's book if she has one.
- Insert a picture of cervicogram for documentation purposes.

We should not let women die from cervical and breast cancer as they can be prevented. We should

carefully follow the components of cervical cancer control as follows:

- Primary prevention where education and awareness raising reduces high risk sexual behaviour
- Introduction of effective and affordable HPV vaccines
- Discourage tobacco use and smoking
- Early detection – organize screening programmes targeting the appropriate age group with effective linkage between all levels of care
- Education for health care providers and women in the target group
- Diagnosis and treatment – Treatment at the precancerous stage using simple procedures as well as timely diagnosis and treatment of invasive

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