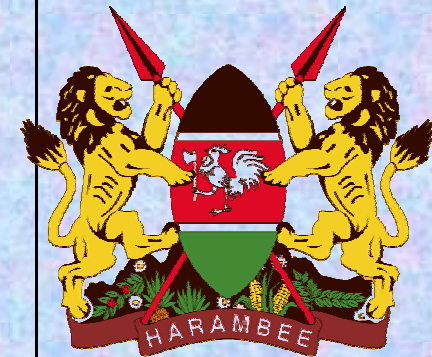


ICT in the Kenya Health SWAp Process



A Development Partner's Experiences and Perspectives

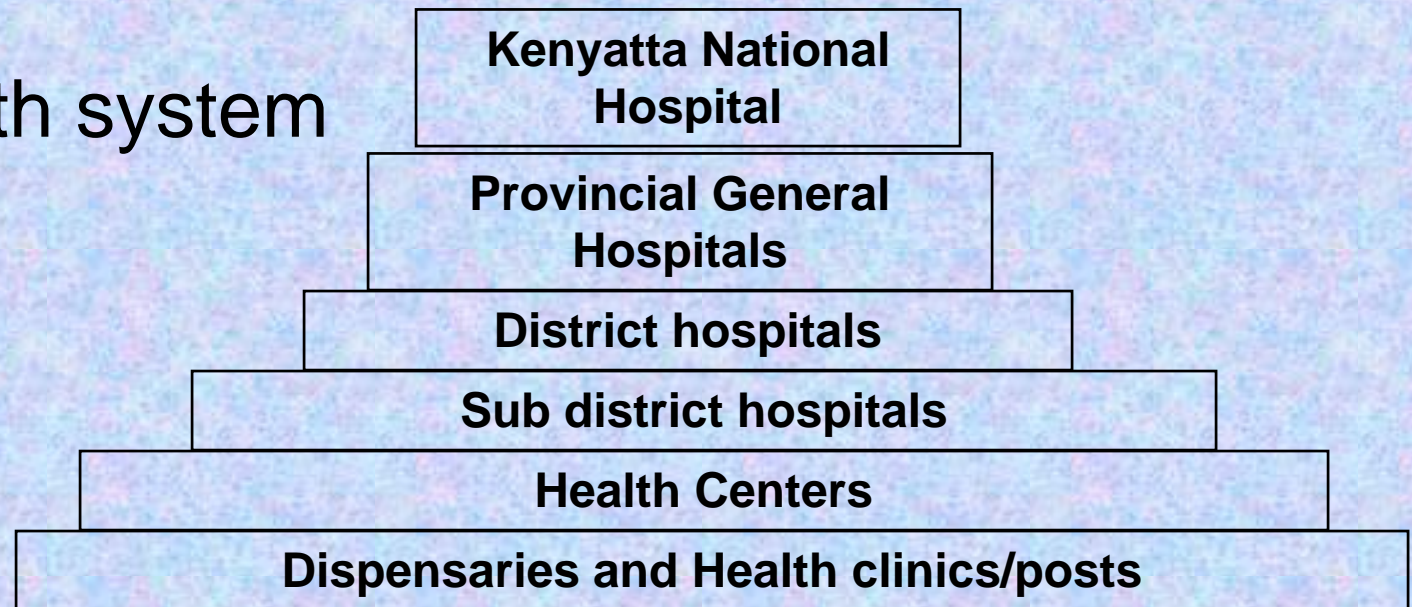
Salesio M Kiura
Programme Officer, IT
MOH / GTZ Health Sector Programme
Kenya – German Development Cooperation in Healthcare



08.09.2007

Preamble

- Health a National Priority since independence
- MoH responsible to ensure provision, improvement and promotion of health for all Kenyans
- Kenya health system





Health Sector Organization

- Revolves around 3 levels:
 - Headquarters – sets policies
 - Provincial tier: – overseeing policies implementation at district level
 - District level – delivery of health care service



Players in the Health Sector

Kenya Health Sector Stakeholders

Donors (Development Partners)

Bilateral Donors

Multi-lateral Donors

Government (MoH)

Central MoH

Provincial, District Units

Health Services Providers (Facilities)

Parastatals & Authorities (KEMRI, KEMSA, KNH, MTR, NHIF)

Private Health Service Providers

Private for Profit

Private NOT for Profit (FBOs, CSO,)

Policy Overview of Kenya Health Sector



- Some highlights of health policy evolution
 - 1965 - fee collection abolished
 - 1970 – MoH took over health centers and dispensaries from local authorities, without budget transfer
 - 1989 – Cost sharing (with amendments in 1992)
 - 1992 - DHMBs
 - 1993 – Civil service manpower reform
 - Kenya Health Policy Framework 1994–2010
 - NHSSP I (1999–2004)
 - NHSSP II (2005 - 2010)

This paper

- Health Policy Evolution (some highlights)
 - 1965 - fee collection abolished
 - 1970 – MoH took over health centers and dispensaries from local authorities, without budget transfer
 - 1989 – Cost sharing (with amendments in 1992)
 - 1992 - DHMBs
 - 1993 – Civil service manpower reform
 - Kenya Health Policy Framework 1994–2010
 - NHSSP I (1999 - 2004)
 - NHSSP II (2005 - 2010)



Problem Background

- Evaluation of NHSSP I concluded that this document hardly left Afya House: Few districts, health providers or individual practitioners were ever aware of the existence of the plan
- One of the major challenges in the health sector is how to disseminate government policies, strategies, directives, guidelines to the health services providers
- Support to the Government's information dissemination processes can contribute to enhanced involvement of the stakeholders and reduce the disconnect between ideas and practice

NHSSP I – NHSSP II

- NHSSP I shortcomings factors:
 - Absence of a legislative framework to support decentralization; Lack of well articulated, prioritized and costed strategies; Inadequate consultations amongst MOH staff themselves and other key stakeholders involved in the provision of health care services; Lack of institutional coordination and ownership of the strategic plan leading to inadequate monitoring of activities; Weak management systems; Low personnel morale at all levels; and Inadequate funding and low level of resource accountability.
 - Dissemination: Few districts, health providers even individual practitioners were ever aware of the existence of this important plan



Overview: NHSSP II

- The NHSSP II seeks to improve service delivery, ensure community participation, and enhance cooperation, collaboration and teamwork among the various departments within the Ministry, with the districts and provinces, and with all actors having a stake in the health sector



Paris Declaration

- High Level Forum 28.02 – 3.03 2005
- Aids Effectiveness Conference
- Principles:
 - Ownership
 - Alignment
 - Harmonization
 - Managing for results
 - Mutual Accountability

Paris Declaration (contd.)



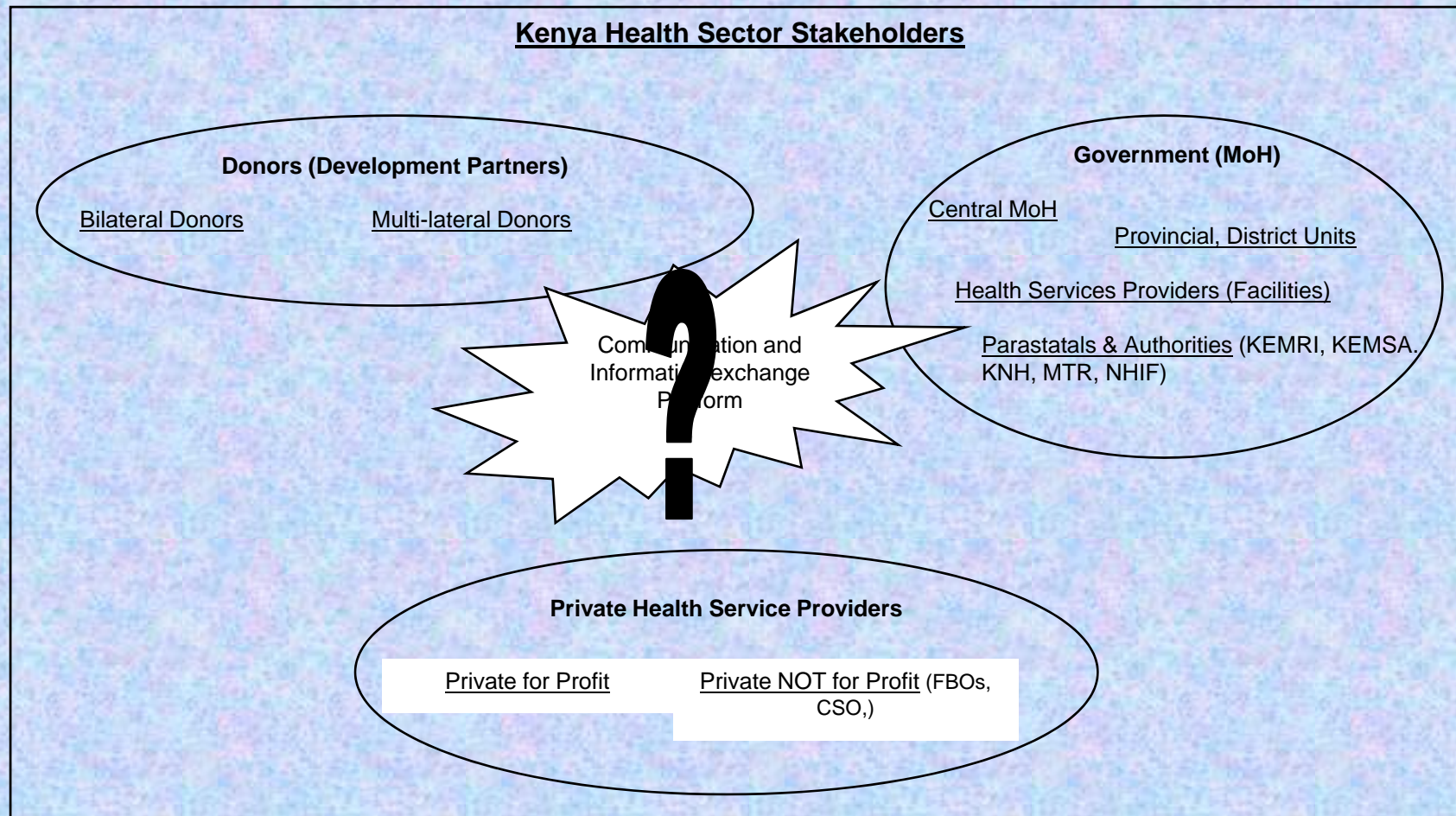
- For the Development Partners
 - Establish their own internal coordination mechanisms and structures to facilitate their dialogue with the GOK and other Cooperating Partners in line with good practice as described in the Paris Declaration on Aid Effectiveness and related publications



From Project Mode to SWAp

- Project Mode: Foreign agency provides services to a specific site / institution
 - Duplicated efforts among many different but uncoordinated service providers
- SWAp: Sector stakeholders pool their efforts together on a larger scale policy
 - Partnership, Joint program, Government has Leadership role

Problem statement: Communication Between Health Sector players





Mode of Communication

- Pre-SWAp
 - Bilateral briefing
 - Capacity Stretch of Partners
- SWAp era
 - “Multilateral” briefing
 - Joint Missions: Review and Appraisal of interventions



ICT in SWAp

- Partnerships and Collaborations are central themes in SWAp arrangements
- ICT especially through internet solutions has potential to support SWAp arrangements
- (major internet technologies) hypertext and hypermedia, emails, group software



GDC Embraced Experiences

- Technologies
 - Hypermedia: Websites of course
 - Email (of course)
 - Blogging
 - Wiki
- Motivations, Benefits and Objectives
 - Knowledge management
 - Accountability
 - PR !

GDC's Fundamental features of ICT architecture in a SWAp process



- Thematic representation
- Shared Calendar
- Up-to-date information dissemination
- Online library
- Discussion and exchange Platform



GDC Examples

- HSP Blog
- HDWG Sector Wide Documents Library
- DRH Policies and Guidelines Documents Library



- HSP Web Log



Dates to Note

06/09/2007
[DPH-K Monthly Meeting \(postponed, new date t.b.c\)](#)

06/09/2007
[Avian Influenza \(Bird Flu\) National Taskforce Meeting](#)

10/09/2007
[Angelika Pochanke-Alff Consultancy follow-up](#)

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HESP News & Notes 17/2007 released

Posted in [General](#) by Barnabas Penzl on September 5th, 2007 - [Edit](#)



The September issue of the GTZ-supported bi-weekly newsletter "**Health, Education, Social Protection - News and Notes 17/2007**" has been released. - Download here: [HESP 17/07](#)

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Kenya and Indonesia Health Systems Case Studies for Health Economics and Public Financial Management in Germany

Posted in [General](#) by Klaus Hornetz on September 4th, 2007 - [Edit](#)



More than forty participants are attending a course 3rd to 5th September 2007 on Health Economics and Public Financial Management in Oberursel, Germany. GTZ health programme managers from all over the world and headquarters, consultants, KfW project

managers are being presented cases studies from Kenya and Indonesia. [MORE »](#)

Rational Management of Medicines Courses - InWENT / University of Leeds

Specific themes

Easy find

Partner Links

[GTZ-ILO-WHO Consortium on Social Protection](#)
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[Kenya Health Donor Working Group](#)
[Tanzanian German Programme to Support Health \(TGPSH\)](#)
[United Nations Millennium Village Project](#)

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Internationale Weiterbildung und Entwicklung gGmbH

InWent Health Division and Nuffield Centre for International Health and Development Faculty of Medicine and Health, University of Leeds offer two courses concerning rational management of medicines in public health services.

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Code of Conduct for Kenyan Health SWAp Signed

Posted in [SWAP](#) by Barnabas Penzl on August 30th, 2007 - [Edit](#)



The final version of the Code of Conduct for the Sector Wide Approach in the Kenyan Health Sector was signed by the 15 key stakeholders taking part in this SWAp, including Dr. Hezron Nyangito (Permanent Secretary, MoH) and Walter Lindner (German Ambassador to Kenya). Download the signed document: [FINAL Code of Conduct.pdf](#)

[MORE »](#)

Living memory

Report of PMTCT Mission

Posted in [RH](#) by Barnabas Penzl on August 30th, 2007 - [Edit](#)

The final version of the mission report by Prof. Peter Nyarang'o



06/09/2007
[DPH-K Monthly Meeting \(postponed, new date t.b.c\)](#)

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[HAC Kenya](#)

The GDC Provinces and Districts align the RH support into AOP III

Posted in [RH](#) by [maisori](#) on August 21st, 2007 - [Edit](#)

In April 2007, the GDC/MOH steering committee decided to redefine the GDC areas into six districts in four Provinces; as a follow up to this decision, a team from the GTZ HSP and DRH have been visiting the focal Provinces and Districts to brief the PHMTs and DHMTs on the support as envisaged in the new programme phase, effective in AOP III. This is a report on the planning briefs.

[Report on IRH planning.zip](#)

[Write a comment](#)

Discussion

2 Responses to "The GDC Provinces and Districts align the RH support into AOP III"

August 21st, 2007 at 12:18 pm - [Edit](#)

[mark](#) says:

This good report. Just for the benefit of the internal coordination meeting, please share with us(hope part of M&E framework agenda, but also alot of Policy issues for formalisation)in next meeting the clarifications made to the 8 questions listed so that all of us read from same script. I just thought these are important coordination questions. Otherwise, fruitful fieldwork if all activites been aligned to AOP III!

August 22nd, 2007 at 10:44 am - [Edit](#)

[maisori](#) says:

Thank you, I will prepare a presentation for the meeting.

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KENYAN GERMAN



DEVELOPMENT COOPERATION



Providing coherent and effective Support towards the Realization of National Health Development Priorities

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Agenda DPH-K meeting June 28th 2007-Pan afric Hotel (28-06-2007)	58KB
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KDHS Trip Report (28-06-2007)	168KB
Brief Description: 2008 Kenya Demographic and Health Survey (28-06-2007)	92KB

Thematic Groups

Welcome to HDWG Website

- [Kenya Health Sector SWAp](#)
- [HDWG Internal](#)
- [JICC - Joint Inter-agency Coordinating Committee](#)
- [GHC Global Health Initiative Committee](#)
- [ICC Child Health](#)

To Register click here

The Kenya Health Donor Working Group is developing this site to assist in the coordination and exchange of information between its members. HDWG meetings take place at appointed times communicated to the members by the chair (and/or decided in preceding meetings).

[Click here for more about the Working Group](#)

Latest News & Announcements

- 15-08-2007 [DPH-K meeting at Fairview on Wednesday 15th Aug 2007 at 1400](#)
- 28-06-2007 [Invitation to DPH-K Meeting on 28.06.2007 at 14:30](#)
- 18-06-2007 [INVITATION FOR AOP3 LAUNCH -HEALTH SUMMIT JUNE 2007](#)
- 06-06-2007 [HDWG Meeting on Friday, June 8, 2007 at 09:30 A.M](#)
- 24-05-2007 [HDWG Meeting on Friday, May 25, 2007 at 09:00 A.M](#)



Challenges

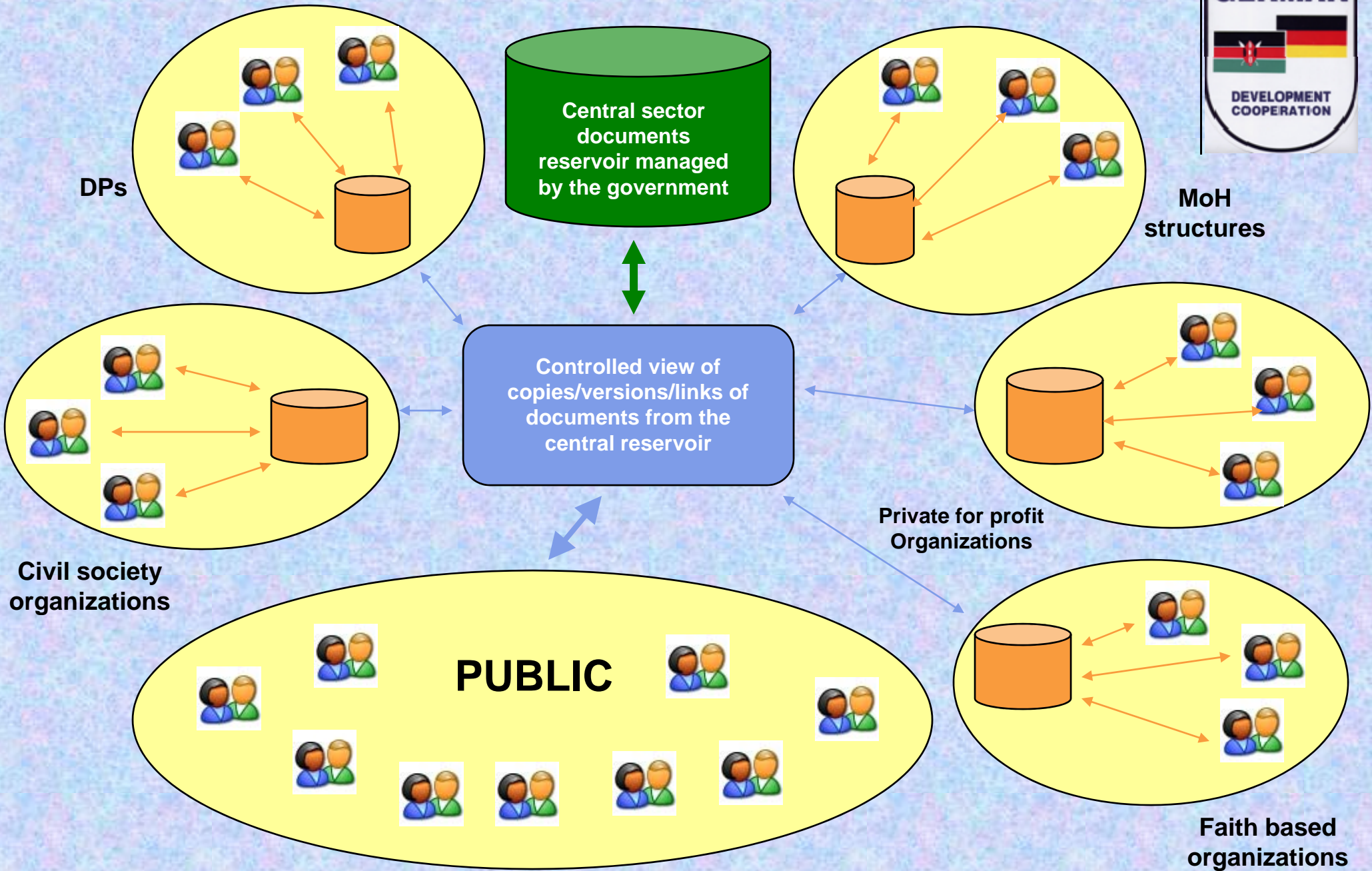
- **Participation**
- **Willingness to change**
- **Knowledge and technical capacity**
- **Motivations for involvement**
- **Management**
- **Technologies**



Outlook and Potential

- Harnessing of existing potential to entrench the role of ICT in the Health Sector Reforms
- Closer collaboration with MoH to establish an electronic reservoir health publications
- Establishment of a Kenyan Health systems application service aggregating health data and reporting requirements

A model to support the interchange of documents in the SWAp



Thank you



German Development Cooperation in Healthcare

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