COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment*, Dar-es-Salaam, Tanzania, February 13-15, 2012

KENYA

Policy Context	Situation Analysis
Global strategy on women and children/ commitment	Kenya will recruit and deploy an additional 20,000 primary care health workers; establish and operationalize 210 primary health facility centres of excellence to provide maternal and child health services to an additional 1.5 million women and 1.5 million children; and will expand community health care, and decentralize resources.
National Health policy/National Health Plan/Strategies	NHSSP II (2005-2010) was extended for an additional 2 years until 2012. The NHSSP III is under development. Kenya, a member of IHP+, signed the Code of Conduct in 2007 where the GoK, development partners and implementing partners agreed to meet the targets set in the second National Health Sector Strategic Plan, 2005-2010 (NHSSP II) and Joint Program of Work and Funding, 2006/2007-2010/2011 (JPWF) through a Sector-Wide approach (SWAp) and to achieve Millennium Development Goals (MDGs)
M&E platform	M&E review of 1994-2010 done in 2009 to inform Kenya health policy 2011-2030 - currently in drafting stage; health sector strategic plan will be developed in 2012 fro 2011-2016

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Country team present at the Tanzania Accountability Workshop, Feb 13-15, 2012

GOVERNMENT

Khadija ABDALLA
Newborn and Child Health
Email: khadija@yahoo.com

Ruth KITETU
Planning, Monitoring & Evaluation
Email: kiteturuth@yahoo.com

Shiphrah KURIA
Reproductive and Maternal Health

Nzoya MUNGUTI
Health Financing

WHO COUNTRY OFFICE

Joyce LAVUSSA, NPO/FRH
Email: Lavussaj@ke.afro.who.int

FAMILY CARE INTERNATIONAL
Angeline MUTUNGA
Email: amutunga@familycareintl.org

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

KENYA

Civil registration & vital statistics systems	Situation Analysis	Possible actions
Assessment Plan Coordinating Mechanism Commitment Hospital reporting Community reporting Vital statistics Local studies	Both comprehensive and rapid civil registration and vital events (CRVS) assessments were done and current figures for coverage are: births 57% and deaths 49%. There is a CRVS strengthening strategic plan in the ministry of immigration. A Technical Working Group (TWG) is in place with key stakeholders in the Ministry of health (MOH), Ministry of Immigration, Health Metrics Network (HMN), and the Kenya National Bureau of Statistics (KNBS). However, not all stakeholders are represented and not all are sure of the existence of the interagency coordinating committee (ICC). Awareness creation in the general population and advocacy for birth and death registration at sub-national level is needed. Improve hospital reporting, use of electronic reporting system, training of doctors and other clinicians in ICD 10, and conduct regular quality control of certification. Community reporting is done through the provincial administration (local chiefs) but is more of numbers than cause of death. The community health workers (CHW) also report. Data quality analysis (DQA) is done at the national level only, but not regularly. Vital statistics, mainly national level information, are published and available. The 6 health and demographic surveillance sites (HDSS) across the country generate regular vital statistics including cause of death, but it is not government led and is not representative nationally.	1. Review the report and carry out dissemination 2. Resource mobilization for implementation to improve coverage 3. Establish a functional ICC involving all key stakeholders and give it powers to introduce changes to the civil registration and vital statistics (CRVS) system where needed 4. Create awareness in the general population and advocacy for birth and death registration at sub-national level 5. Improve hospital reporting, use of electronic reporting system, training of doctors and other clinicians in ICD 10, and conduct regular quality control of certification 6. Strengthen community reporting of birth and death through community workers, test new approaches, e.g. cell phones. Develop/strengthen use of verbal autopsies (VA) by community workers, test new approaches 7. Strengthen the analytical capacity of vital statistics office, including DQA 8. Develop and strengthen a national representative HDSS which is government led

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

KENYA

Monitoring of results	Situation Analysis	Possible actions
National M&E Plan M&E Coordination Health Surveys Facility data (HMIS) Data sharing Analytical capacity Equity MNCH indicators	Kenya is currently developing its national health sector plan -- NHSSPIII (2012-2017). It has planned to develop a monitoring and evaluation (M&E) plan with a strong and comprehensive technical framework. The process has already started with roles and responsibilities of key actors in data collection, compilation, analysis and dissemination being specified (the current plan does not have such a detailed M&E plan). Currently, M&E coordination is a mandate of the health sector coordinating committee (HSCC) but a proposal has been made to create a separate M&E/Health management information system (HMIS) - ICC. Health surveys are included in the plans of the Ministry of planning and most of the maternal neonatal child health (MNCH) interventions are captured in the Kenya Demographic Health Survey (KDHS). Data quality and data reliability will require a lot of strengthening.	1. Strengthen analysis skills, analytical data and staffing especially at sub-national level 2. Strengthen equity focus of reviews 3. Strengthen capacity to conduct annual DQAs 4. Improve involvement of key institutions - academia, private sector and women orgs 5. Strengthen national data repository with all relevant data and reports

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

KENYA

Maternal death surveillance & response	Situation Analysis	Possible actions
Notification Capacity to review and act Hospitals / facilities Quality of care Community reporting & feedback Review of the system	Notification of maternal deaths (MD) is a policy but not yet a law. Development of legislation is at an advanced stage. Provincial and district committees have been formed but with limited capacity. Private hospitals are not yet on board. A service provision assessment (SPA) survey was conducted (2010) with a detailed maternal neonatal health (MNH) quality of care assessment. However, dissemination was only done at the national level. Community reporting & feedback is still poor although its been built into the reporting tool. This needs strengthening. Electronic devices are used only in a few pilot areas. While reviews are being conducted, they are neither systematic nor widely disseminated.	1. Strengthen enforcement of MD notification 2. Strengthen national and sub-national capacity through training in maternal death surveillance and response (MDSR) 3. Improve reporting by hospitals; training in ICD certification and coding (links with CRVS), strengthen hospital capacity and practices, including private sector 4. Support a regular system of QoC assessments, with good dissemination of results for policy and planning 5. Strengthen Community level reporting an and strengthen verbal autopsy (VA) for maternal deaths in communities response including initiation by electronic devices 6. Support and strengthen review system including dissemination and use of the report

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

KENYA

Innovation and eHealth	Situation Analysis	Possible actions
Policy Infrastructure Services Standards Governance Protection	A policy and strategy for eHealth exists where MNCH is included. District Health Information System (DHIS), E-Mobile, SMS etc. are available in urban, district and rural areas but not all areas are high speed. There is no effective data sharing between systems (e.g. facility data on child health, with health worker information). There is no linkage between HMIS and human resources (HR), showing a need for integration. There is need for compatibility with DHIS. e-Health TWG exists and establishment of an e-Health ICC is in process. There is a draft health law (legal framework) to be finalized. Protection policies exist but need improvement.	1. Disseminate e-Health policy and strategy; strengthen leadership and buy-in 2. Improve connectivity in rural areas 3. Develop/strengthen the use of eHealth services to improve information sharing. Enhance interoperability through eHealth services and improved resource mobilization 4. Centralize all information communication technology (ICT) issues 5. Develop and support a strong effective coordination mechanism 6. Strengthen data protection, legislation and regulatory framework for sharing health information. Enforce compliance

Monitoring of resources	Situation Analysis	Possible actions
National health accounts Compact and coordination Production capacities Data use	National health accounts (NHA) framework is in place. NHAs were conducted in 2003, 2006 and 2009. A more recent NHA not conducted due to expenses. Only a few indicators tracked annually (total health (TH) allocation, total health expenditures (THE) total and by source, and total allocation to primary health care (PHC)). The tools used are public expenditure tracking survey (PETS), public expenditure review (PERs) and annual national AIDS spending assessment (NASA). There is a code of conduct (COC) but not strictly adhered to, >90% of the development partners (DPs) have signed the compact and MOH format for reporting is used. However, a number of partners/donors do not report or provide returns. A health finance - ICC exists but rarely meets. There is limited capacity at all levels with poor retention of trained staff. Health accounts data are not utilized for reviews of budget but are used for policy review.	1. Organize a multisectoral meeting with decision makers and technical staff to develop the system. Ensure inclusion of health account specific indicators for reproductive, maternal, neonatal and child health (RMNCH) 2. Restructure and strengthen both the ICC and the NHA steering committee with institutional support and functioning using result-based management methods 3. Train staff on system of health accounts 2011; train district and regional staff. Regular production and dissemination of NHA reports. Currently dissemination is ad hoc, need to develop a strategy and plan for dissemination. Raise awareness and sensitize program managers, partners and public 4. Meet with policy makers, identify their needs, and work with them the systematic integration of NHA data in policy process

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

KENYA

Accountability processes	Situation Analysis	Possible actions
Annual reviews Synthesis informs reviews From review to planning Compacts or equivalent		1. Enhance involvement of private sector, academia and women 2. Strengthen feedback of national reviews to sub-national levels 3. Strengthening capacity and staffing to improve data analysis 4. Strengthen social accountability framework

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

KENYA

Advocacy & outreach	Situation Analysis	Possible actions
Parliament active in RMNCH Active RMNCH civil society RMNCH progress report/review Media role National Countdown meeting	Millennium Development Goals (MDG) 4 and 5 caucus exists. There is focus on advocacy, including advocacy for resources. There is also a Parliamentary Network for Population and Development. No public hearings. The White Ribbon Alliance for Safe Motherhood (WRA) and Women Alive exist with participation from GOK. Child Survival activities supported by Save the Children, World Vision, PATH and PSI. Annual report available which includes sub-national data but not comprehensive. Limited capacity building on a range of RMNH related topics but the quality of the reporting needs improvement. There is infrequent reporting of variable quality. No country level Countdown event has been held though there has been participation of MOH Program managers and parliamentarians.	1. Parliamentarians are informed/encouraged to engage in RMNCH accountability, especially on financing 2. Support /strengthen coalition, support capacity to synthesize evidence and disseminate messages 3. Strengthen the RMNCH progress and performance assessment in reviews. Produce a consolidated report on RMNCH, have effective dissemination of the RMNCH report, and ensure that the findings feed into the health sector reviews 4. Work with the media to strengthen their capacity to report on these issues and Improve information flows 5. Community development (CD) coordinating committee, H5, and other partners encourage/support national stakeholders to plan national CD and prepare CD report / profile using all evidence

KEY:
- Needs to be developed/done
- Needs a lot of strengthening
- Needs some strengthening
- Already present/no action neede

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