

## PROGRAMME TITLE: SUPPORT TO THE DELIVERY OF ESSENTIAL HEALTH SERVICES IN KENYA

<b>Client</b>	DFID
<b>Partners</b>	Liverpool VCT, Care and Treatment (LVCT) Kenya, Nuffield Centre for International Health and Development (UK), and Health Unlimited, Kenya.
<b>Year(s)</b>	2005-2011

### CONTEXT

Increased resources and focused technical assistance are required to help the Government of Kenya to deliver Essential Health Services (EHS) for poor people. An increased focus on EHS is necessary to achieve the health related Millennium Development Goals (MDGs), in particular those related to maternal and child health. The purpose of this programme is to support the Ministries of Public Health and Sanitation (MoPHS) and Medical Services (MoMS) to provide integrated, effective health services in Kenya, particularly for poor women and infants.

### PROGRAMME OBJECTIVES

Key objectives of the programme are as follows:

- Central MoPHS/MoMS effectively supported in strengthening health systems, policy development and stewardship for delivery of the Kenya Essential Package for Health (KEPH)
- Health systems strengthened in Nyanza Province to support delivery of KEPH, especially safe motherhood and neonatal health component.
- Delivery of the KEPH significantly strengthened in selected districts in Nyanza province, especially to address poor women's and infant health needs
- Increased community level demand for KEPH, especially for poor women and infants in selected districts of Nyanza province.
- DFID support to the delivery of EHS programme effectively managed to promote MoH ownership.

### APPROACH

Long Term Technical Assistance (TA) is provided at all three levels of the health system: Central level, particularly to the Sector Planning and Monitoring Department and the Division of Reproductive Health; Provincial level with the Nyanza Provincial Health Office; and in 8 districts of Nyanza . The TAs are integrated within the MoH at all levels. The programme aims to align all programme activities with MoPHS/MoMS plans and promotes MoPHS/MoMS leadership of programme strategy and implementation. There is a focus in the programme on supporting both the MoPHS/MoMS and its donor partners to work towards a Sector Wide Approach (SWAp) while providing specific support to improving the quality of maternal and neonatal health services in Kenya.

### EXPECTED OUTCOMES

- The MoPHS/MoMS will regard the programme as integral to helping it achieve and deliver on annual operational plans
- The MoPHS/MoMS will be coordinating and leading a SWAp in Kenya at all levels
- A decline in maternal and neonatal mortality rates in programme targeted districts as a result of capacity strengthening supported by the project

## MAIN INTERVENTIONS

- The programme has made a significant contribution to the development of key sector framework documents plus Norms and Standards, Community Strategy and sector Code of Conduct, as well as successful sector annual reviews.
- The inputs of the TAs are greatly valued by MoPHS/MoMS and development partners. The TAs have been instrumental in building the capacity of MoPHS/MoMS departments and the programmes.
- Necessary analytical work has taken place including financial HRD and transport management systems reviews and a mid- term review of the National Health Strategic Plan to review end of term critical analysis of the Kenya Health Policy Framework 1994 – 2010
- Annual performance reviews including the public expenditure tracking and client / employee satisfaction surveys have been introduced and institutionalised in the health system.
- Infrastructure - 25 Health facilities have been rehabilitated and equipped in order to improve health infrastructure required for sustained improvement in maternal and neonatal health services.
- Training in essential obstetric care, institutionalising of supportive supervision, procurement of basic equipment and ambulances, suitable for the challenging and remote terrain has taken place, to improve quality of care and emergency referral transportation
- The above, coupled with demand creation, has started to result in improved health outcomes. The percentage of births by skilled attendants has increased from 8% to 22% and from 14% to 17% in initial intervention districts, despite the disruptions to funding and availability of services during the political violence.

## ACTUAL OUTCOMES

Information on actual outcomes from the programme will be available after the end of programme evaluation in March 2011.