

Strategy
for
Kenyan-German Cooperation
in the priority area
Health
in the sub-sectors
Reproductive and Sexual Health
and
Health Financing

November 2003

1. Summary

Kenyan-German cooperation in the priority area of “Health” covers the sub-sectors “Reproductive and Sexual Health” and Health Financing. In order to remedy limited access of the population, in particular the poor, to adequate Reproductive and Sexual Health services, it is necessary to fundamentally improve the utilization and financing of these services. They are to be quantitatively expanded and qualitatively improved, to meet the needs of the target population and conform to national set standards.

Kenyan policies reflect the recognition by the Ministry of Health and its development partners that weaknesses and insufficiencies hamper the sector in effectively contributing to the achievement of the poverty reduction objectives set in the Poverty Recovery Strategy Paper (2002-2004) and the Economic Recovery Strategy for Health and Employment Creation 2003-2005. Policy-makers have already responded to the need for reform with the National Health Strategy (1999-2004), the National Reproductive Health Strategy Plan (1997-2010), the National HIV/AIDS Strategy (1995-2005), as well as the Sessional Paper to establish a National Social Health Insurance Fund.

German development cooperation has been active in the health sector for about 30 years. For the last 15 years it has focused on supporting the Reproductive and Sexual Health sub-sector, particularly through community-based Family Planning services, support to the national plan for the elimination of Female Genital Mutilation and social marketing approaches. Thus German Development Cooperation has contributed to re-orienting national Reproductive and Sexual Health policies and strategies. The focus on individual projects has facilitated the development and application of appropriate solutions at the project level, but limited structural changes have been achieved.

In order to make the German contribution to poverty reduction more sustainable and efficient by improving access to Reproductive and Sexual Health services and health financing, the following instruments of German Development Cooperation are applied: technical cooperation through GTZ, financial cooperation through the Kreditanstalt für Wiederaufbau, assignment of technical advisors through the German Development Service and of integrated experts through the Centrum für Internationale Migration und Entwicklung, and training through Capacity Building International, Germany.

Under the leadership and coordination of the MoH, these components are increasingly being combined and interlinked within an overall programme with parallel interventions on the macro, meso and micro levels. In the Reproductive and Sexual Health sub-sector, the German contribution concentrates on densely populated districts in Kenya.

The aim is to coordinate activities with the inputs of other donors with a view to achieving a sector-wide approach.

Kenyan-German cooperation is pursuing the following strategic goals:

Reproductive and Sexual Health

- Expansion of community based Family Planning, including prevention of unwanted pregnancies
- Health Promotion with a special emphasis on adolescents
- Realisation of sexual and reproductive rights, including the fight against Female Genital Mutilation
- HIV/AIDS prevention and control, using a multi-sectoral approach to ensure its mainstreaming

Health Financing

- Guarantee sustainable financing of essential health services, including Reproductive and Sexual Health services
- Establishment of a social health insurance scheme

Health System Development

To achieve the priority area goals, promotion of the health system and support of the ongoing health sector reform is necessary through institutional, organisational and capacity development as well as the promotion of quality management.

The above goals will help achieve the Kenyan Government's goals for poverty reduction and thus represent a step forward on the way to achieving the Millennium Development Goals.

The strategy covers a period of approximately 12 years and will be reviewed in the course of the bilateral dialogue.

2. Situation in the Priority Area

2.1 General conditions and Relevance for Global Structural Policy

Improving the unsatisfactory health status of the population, particularly in the area of reproductive and sexual health (RSH), is among Kenya's chief development goals for poverty reduction. In recent years, especially following the change of government, policy-makers have reacted to the complex causes and interrelationships of inadequate RSH with increasing sensitivity, new openness, and a clear will to reform. The Poverty Reduction Strategy Paper 2001 – 2004, supplemented by the Economic Recovery Strategy for Wealth and Employment Creation 2003 - 2005 (June 2003), make clear the interlinkage of RSH and poverty reduction and the need to ensure that the entire population has access to RSH services. They aim to achieve the Millennium Development Goals "reduction of HIV infection rates", "reduction of maternal mortality" and "gender equality". In recognition of the relationship between population policies and development, Kenya signed the Declaration of the International Conference on Population and Development held in Cairo in 1994.

Inadequate RSH is exacerbated by the devastating HIV/AIDS epidemic (2.3 million, i.e. 15%, of adults between the ages of 15 and 49, and 200,000 children are HIV-positive or suffer from AIDS; 900,000 children are AIDS orphans; the prevalence rate among the whole population is 9.4%; estimated reduction of life expectancy among men is 12 years, and among women 15). GDP-growth is likely to be reduced substantially (estimated 15% by 2015) due to the HIV/AIDS epidemic over the next years, which underlines the economic dimension of the epidemic.

The continuing high population growth of 2.4%, the unfavourable economic situation and persistent poverty further aggravate the situation. These trends (decline in the rate of contraceptive use, overall fertility and life expectancy; increase in infant mortality from 62 to 72) are threatening to wipe out the demographic and health successes of recent years (including the reduction of the fertility rate among Kenyan women from 8 to 4.7 births between 1989 and 1998).

The situation in the RSH area is characterised by premature or unwanted pregnancies, infertility problems, high maternal mortality (590 per 100,000), inadequate RSH services for adolescents and female genital mutilation (affecting 38% of all women between 15 and 19 years of age, especially in rural areas).

This unsatisfactory RSH situation is directly related to the systemic (particularly the referral system), structural and financing problems of the health sector as a whole. Public and private health spending amount to about USD 29 per capita per annum. Only one-quarter of the total health spending come from the public budget. Private providers perform 40% of services in the health sector. High "out of pocket" health costs are recognised in the PRSP as one of the main causes of poverty.

2.2 Core Problem: Shortcomings and Potential

Because the health sector is basically characterised by difficult geographical and financial access to services, inadequate division of responsibility and labour between the public sector and the private sector, a lack of efficient allocation and equitable distribution, and imbalances among the regions of the country with their widely divergent development status, about 90% of the Kenyan population have no access to adequate RSH services. The poor are particularly hard-hit; about 56% of the population live in absolute poverty. Especially the urban poor cannot afford private sector service delivery.

This is primarily due to the following shortcomings:

RSH

- quantitatively and qualitatively inadequate RSH services
- unsatisfactory regional distribution of services
- insufficient planning and management capacities, especially at the district management team level
- quality management not yet fully implemented
- shortage of qualified staff
- inadequate coordination, regulation and integration of the various actors, the different levels of the public health service, NGOs, Local Authorities, Community Based Distribution agents (CBD) and communities
- private sector potential not adequately realised
- previous mismanagement of resources

Health Financing

- very high rate of direct expenditure (out-of-pocket payments) for health services, hindering access by the poor
- inability of the existing financing system to provide funds for adequate health services
- insufficient expert know-how and institutional and organisational capacities to introduce a socially equitable health insurance

Improvement of RSH, prevention of HIV infection and reduction of the population growth rate are important prerequisites for further development in Kenya. But conditions are favourable for a coordinated approach to tackling RSH-specific and systemic problems. Within the scope of the health sector reforms begun at the close of the 1990s, significant steps have already been taken to overcome structural and sectoral policy constraints. These include in particular:

- formation of the National AIDS Control Council, which manages and coordinates HIV/AIDS control measures
- revival of the Department of Standards and Regulatory Services (DSRS) in the Ministry of Health, whose concerns include issues of quality management in the broad sense
- preparation of a Sessional Paper and draft legislation to establish a new National Social Health Insurance Fund.
- Formation of decentralised RH teams at provincial and district level

Potential

Decentralisation measures will strengthen the role of provinces and districts in the financing and management of the health system. An organisational structure exists in both the public and private RSH sector to ensure that the services reach all Kenyans

from urban to the community level. This constitutes an important potential for overcoming the aforementioned deficits. The same can also be said of the open-mindedness and readiness of the state, citizens, civil society and the private sector to recognise the dangers entailed by inadequate RSH services, and to act jointly. The self-help potential of the target groups and civil society as a whole is high. In this context, the measures announced by the new government for good governance and combating corruption are an important precondition for the success of the system reforms already begun or planned. Here the political will of the government to invest in health and to guarantee the financing is an important contribution to poverty reduction.

2.3 Activities of other Donors and Assessment of the German Contribution to date

The principal donors and development partners in the health sector are listed below:

	RSH	Health sector reform and decentralisation	District health systems	Health financing systems	HIV/AIDS	Infectious disease control (TB & malaria)	Social Marketing
		Policy development					
WB	X	X	X	X	X		
UNFPA	X		X				
WHO	X	X	X	X	X	X	
UNAIDS					X		
EU		X	X			X	
USAID	X	X	X	X	X	X	X
DFID	X	X	X	X	X	X	X
SIDA	X	X	X		X		
JICA			X		X	X	
IPPF	X				X		
NGOs	X				X	X	X
DANIDA		X	X				

The Kenyan Government coordination of the development partners' support and inputs to the sector has been suboptimal and needs to be improved. These support and inputs often have the character of substitute or emergency aid measures. Existing potential in the public and private health sector has not been fully harnessed. In some instances, parallel systems have been created. Seeking alternative sponsors and cooperation partners among NGOs and private providers has not always proved successful. The recently formed Health Sector Coordination Group is striving for a stronger strategic orientation and networking, which has not yet been achieved.

Available bi- and multilateral funds total about EUR 160 million annually (excluding loans).

The health sector has traditionally been a priority area of Kenyan-German development cooperation. For the past ten years, German support has addressed primarily RSH. Projects have focused on:

- the development and implementation of the CBD concept: community-based distribution of condoms and oral contraceptives as well as social marketing of public-sector branded condoms to prevent sexually transmitted diseases, HIV/AIDS and unwanted pregnancies (family planning)
- the supply of contraceptives, drugs and medical equipment to reduce the birth rate, maternal mortality and the incidence of HIV
- the prevention of mother-to-child transmission of HIV (PMTCT);
- the development of concepts to combat female genital mutilation and on youth sexuality (peer counselling)
- the development and implementation of a multi-sectoral HIV/AIDS control strategy

- concept development and capacity building for quality management in the Ministry of Health
- advisory assistance (with WHO) in developing and introducing a socially equitable health insurance scheme and a National Social Health Insurance Fund.

German development cooperation has helped reorient national RSH strategies principally through community-based family planning promotion, FGM, and social marketing approaches. Other donors and development organisations, with whom in-depth and ongoing coordination has been instituted, apply these approaches. A GTZ-internal pilot project for an HIV/AIDS Workplace Programme (WPP) has delivered successful concepts and offers opportunities for replication in other workplaces in Kenya.

German development cooperation has committed EUR 51 million (TC=30, FC=21) altogether for the priority area over the last 30 years. Out of these in TC approximately 26 million was actually spent and 4.6 million in FC). The individual projects have helped solve problems on the project level, have reached target groups and contributed to policy development. The poor, especially women, have benefited from project impacts.

3. Objectives and Strategies

3.1 Kenya's Goals

Kenya's goals and priorities in the health sector have been clearly and comprehensively defined since the late 1990s in a number of reform-oriented documents, and they correspond both to the requirements of a modern sector and to those of poverty reduction. They are succinctly expressed in the recently published Action Plan for ERS (October 2003). In the National Health Strategy, the National Reproductive Health Strategy and the National HIV/AIDS Strategy, the following goals are of particular relevance to RSH:

- enhance quality, effectiveness, accessibility, affordability and equity of comprehensive health care through better targeting of resources to the poor
- reform the health sector
- provide a comprehensive and integrated system of reproductive health care offering a full range of services by the government, NGOs and the private sector
- stop the HIV epidemic and reduce its impact
- eliminate female genital mutilation.
- Edit the adolescent goal from the policy.

The new government supports these goals and accords political priority to comprehensive and integrated RSH and multi-sectoral HIV/AIDS control. It has formulated a first draft of a comprehensive Safe Motherhood Strategy.

The introduction of a social health insurance scheme on the basis of a Sessional Paper to establish a National Social Health Insurance Fund is intended to provide universal access to health services as laid down in the National Strategic RSH Plan 1997 – 2010. This concern is also reflected in the ERS (chapter 7.5).

The Ministry of Health attaches great importance to eliminating the systemic causes of RSH deficits. It is working, inter alia, to improve institutional and human capacities, the quality of services, financing, cooperation with the private sector, and promote active community participation. The redistribution of competencies within the health system aims at more effective management and more efficient deployment of resources.

The improvement in framework conditions in the health sector in recent years is enhanced by the new government's readiness to implement reform and to launch its

own initiatives. If this improvement is to be sustainable, the continuing political commitment of the government will be essential, as will the implementation and adaptation of existing strategies and the implementation of further reforms.

3.2 Objectives of German Development Cooperation

The aims of German development cooperation are in fundamental accord with Kenyan development goals and priorities in the health sector.

Based on past experience, the German contribution aims to improve the utilisation of appropriate RSH services. This entails quantitative expansion of the services, their orientation to needs and quality standards and improved financing mechanisms.

The German contribution aims at RSH-specific areas and at relevant aspects of the development of the health system. It embraces the public and private sectors. In the RSH sub-sector, the German contribution concentrates on densely populated districts of Kenya. Further support in the area of health financing is yet to be determined. The present focus is on developing and implementing an NSHI and the ongoing health sector reform.

In order to reach those objectives and ensure better sustainability and efficiency of the German contribution, the instruments (organisations) of German DC are being combined and interlinked in form of a programme rather than as individual projects. The proposed strategy will be implemented in continued close coordination and cooperation with other donors.

3.3 Definition of a Joint Strategy

Future Kenyan-German cooperation in the priority area will contribute to achieving the GoK goals for poverty reduction and thus the MDG, by pursuing the following strategies and activities in the two targeted sub-sectors and relevant cross cutting themes

3.3.1 Reproductive and Sexual Health

Improved availability of and access to modern contraceptives, through:

- procurement and distribution of modern contraceptives
- increased access to long-term clinical contraceptives, including use of private service providers

Expansion of community based family planning, including prevention of unwanted pregnancies, through:

- distribution of modern contraceptives
- further development of the concept of community-based distribution with integrated component for the social marketing of public-sector branded condoms and modern contraceptives

Special emphasis on adolescents in health promotion, through:

- increased information/education/communication (IEC) on modern contraceptive methods
- prevention of sexually transmitted diseases, including HIV/AIDS, using peer counselling methods in line with the needs of young people
- supporting the provision of youth-friendly RSH services

Realisation of sexual and reproductive rights, through:

- dissemination of experience and best practices to reduce female genital mutilation (FGM) and gender-based violence

Combating HIV/AIDS, through:

- mainstreaming
- support for planning and implementing workplace programmes
- prevention of mother-to-child transmission

Above and beyond the priority area, mainstreaming HIV/AIDS control is a multi-sectoral concern which is implemented in all programmes promoted by German DC.

3.3.2 Health Financing

Experience to date suggests that strategic objectives and programme components of the NSHIF must still be defined in more detail, taking into account the macro-economic framework. The strategic goal is to guarantee the sustainable financing of essential health services, particularly by setting up a social health insurance scheme which addresses the:

- development of a concept for sustainable financing
- development of the legal framework
- cooperation with the private insurance sector
- establishment of provider payment arrangements, contractual regulations and change management, and gradual implementation
- financing of pertinent investments in health infrastructure

3.3.3 Health System Development

With regard to both targeted sub-sectors Health System Development is essential. Relevant strategic goals are:

Institutional development and leadership & managerial capacity building within the Ministry of Health and public and private implementing organisations, through:

- Organisational development, promotion of participating actors
- Development of appropriate management instruments for supervision and for compilation, correlation, analysis and feedback of data (HMIS)

Implementation of the Kenya Quality Model (KQM), through:

- development of quality standards, esp. for RSH
- improvement in the interaction of the different RSH services
- development of uniform instruments for planning and monitoring
- training of Kenyan experts, in quality and insurance management as in other fields

The distinguishing conceptual feature of this strategy in the two sub-sectors is simultaneous intervention at macro, meso and micro levels:

at the macro level (Ministry of Health, national associations and civil society organisations):

- advising on health policy aiming at the introduction of a sector-wide approach (SWAp)
- policy advisory services for both components and system promotion
- system and strategy development
- concept development and process consultancy (quality management, financing health services, cooperation between public and private providers)

at the meso level (provincial administrations, civil society organisations and associations in provinces):

- institutional capacity development
- promotion of coordination and supervision of governmental and non-governmental structures
- implementation of quality management and health financing concepts

at the micro level (districts, communities, public and private service providers, self-help groups):

- conceptual development of the CBD-approach and the geographical expansion of the CBD-network to a community-based services strategy
- provision of long-term Family Planning methods, both in the public and private sector
- promotion of innovative approaches to information, counselling, care and support for youths, the disadvantaged and population groups at risk (including in and out of school youth)
- promotion of self-help groups
- operational research

The PRSP, the ERS and the different strategies in the health sector form the framework of reference for the joint strategy.

This multilevel approach allows for a coordinated deployment of German DC instruments (organisations) for advisory services, capacity development, and financial assistance to improve the health infrastructure, which will enable target groups, intermediaries and organisations to obtain economically and socially viable RSH services.

Capacity development is an essential component at all levels of intervention.

The strategy is implemented through organisational diversification aimed at producing an optimal public-private mix. Cooperation, coordination, co-financing and complementarity with other development partners play a crucial role.

The strategic and conceptual structuring of the priority area will take the following principles into account:

- competition, complementarity and cooperation between the various actors
- multi-sectoral approaches as well as inter-sectoral procedures and interlinkage with social policy and rural development measures
- sustainability through an even-handed promotion of supply and demand
- participation and co-determination on the part of target groups
- appropriate incentive structures for providers and administration in order to improve quality and quantity.

The timeframe provides for a gradual and progressive implementation of this strategy over the next 12 years, with a direct link to substantial progress in the sector reform. The strategy will be reviewed in the course of the bilateral dialogue. The gradual implementation of the strategy in terms of timing and content is presented in the Annex as a planning matrix.

3.4 Target Groups

The target groups of the joint strategy are primarily those Kenyans who have no access to adequate RSH services (approx. 90% of the population). The more specific target group are those who have been facing worsening poverty as a result of out-of-pocket payment for health services.

The sub-sector RSH (cf. 3.3) has activities concentrated in densely populated districts of Kenya. The districts are selected in the course of programme design. A large part of the target group lives below the poverty line. Adolescents, women and girls as well as sex workers, for whom access to services and information is often particularly difficult, will benefit particularly from the implementation of the strategy.

The direct aim of the strategy is to enable a larger part of the population to have access quickly to adequate health services and thus to contribute directly to poverty alleviation. A further target group of the strategy are mediators, primarily advocacy associations, civil society organisations and self-help groups of young people, sex workers and CBD groups. Further mediators include governmental and non-governmental providers of RSH services and health insurance organisations, in line with the financing system to be established.

3.5 Joint Targets of Kenyan-German Development Cooperation and estimated timeframe

The long-term development goal (2015) of Kenyan-German cooperation in this priority area is to ensure sustainable improvement in the use and financing of appropriate services in the Health sector. Indicators are:

- declining rates of syphilis and HIV-1 infection among pregnant women
- increasing use of modern contraceptive methods (1998: 33%)
- increased proportion of births supervised by trained health care personnel (1998: 42%)
- RSH quality standards have been established, are applied and are met.
- national social health insurance system is developed and implemented.

Quantitative indicators measuring the baseline health status and the services offered will be recorded nationwide every four to five years through demographic and health surveys, health service data and studies of the National AIDS Control Council. In addition, there are relevant data on the baseline situation in the districts hitherto supported by German DC.

For the **RSH** sub-sector, the following indicators trace the gradual implementation of the common strategy but are linked to progress with reforms.

- The concept of community-based services with social marketing of the brand-name condom *SURE* is further developed and is reflected in the national condom strategy (2006).
- An increase of 50% in the proportion of private service providers offering family planning methods (by 2012 using MSI project baseline).
- 50% of the peer counsellors trained, are active (by 2009).
- In project sites, FGM prevalence has been reduced by at least 20% (by 2010).
- HIV/AIDS control activities are integrated into the annual work plans of all the selected districts (by 2007).
- 80% of all health facilities offer STD therapies that comply with national quality standards (by 2008).
- Six companies with more than 30 employees have a comprehensive HIV-WPP in place (by 2012).

- A comprehensive HMIS and supervision system is established, primarily for RSH; all districts feed their data into the system (by 2010).
- 70% of the district health administrations apply the quality management concept (KQM) (by 2010).
- Special quality standards for RSH and HIV/AIDS preventive measures are available (by 2007).

For the **Health Financing** sub-sector, only process indicators are formulated:

- A law on the introduction of a social health insurance scheme is enacted (by 2004)
- Financing mechanisms for RSH services are established within the framework of an NSHI (2006)
- Social health insurance is gradually implemented and evaluated (by 2010)

Further indicators with timeframes will be elaborated within the scope of programme design and on the basis of the implementation of the Kenyan strategies in this sector.

This dimension of the tasks ahead and the long-term nature of investments in the field of health require a period of support of at least 12 years until 2015.

3.6 Complementarity of German Contribution with that of Other Donors

In line with the general trend towards decentralisation, other donors are increasingly tending to orient their activities, previously dispersed over many areas of the health sector, to districts (cf. 2.3). The goal is to build the district administrations' capacities to offer more comprehensive health services.

Given the many years of cooperation in the health sector, the experience gathered in the field of RSH and the use of different instruments, German DC remains an important partner for Kenya's government. In the RSH sector this applies to multi-sectoral HIV/AIDS control, youth education measures and policy advisory assistance, especially through the Reproductive Health Advisory Board. Kenyan-German DC is the recognised leader in the fields of FGM control, CBD and procurement/distribution of modern contraceptives and condoms (including social marketing). These approaches are also adopted in Kenya's cooperation with other donors.

In the area of systemic promotion, Kenyan-German DC concentrates on the crosscutting issues of quality management, institutional development and health insurance at the national level.

Because the interventions of the various donors in the health sector or the RSH sub-sector complement one another geographically and in terms of content, synergy has already been achieved. Although the existing health sector policy, together with the national RSH strategies, has brought new perspectives in health sector development, there is still a need for cooperation and more coordinated donor assistance. This includes the revitalisation of the Health Sector Coordination Group and a review of priorities in the sector. Furthermore, as a result of the greater national budgetary transparency, the shift to a SWAp in the health sector is possible.

4. Significance of the German Contribution

The significance of the priority area strategy, comprising policy advice, capacity development and training as well as investments, focuses on the following aspects:

- The multi-level approach (macro, meso and micro levels) will be implemented by networking activities at the national, regional, district and community level with targeted utilisation of all DC instruments (organisations). With this approach, which

closely integrates system advisory assistance and investment financing, the structural reform already launched in core sectors (e.g. quality management) has been positively influenced and the design of the overall health sector strategy has been supported.

- Regional concentration on densely populated districts of Kenya (meso and micro level). Here synergies with programmes supported by other donors generate enhanced impact.
- Development of innovative concepts and approaches, implementation and dissemination of model solutions (CBD, FGM control, multi-sectoral HIV/AIDS control) that can be used, not only by German DC but also by other donors, to support more people as fast as possible and thus to contribute to achieving GoK's overall poverty reduction goals and the Millennium Development Goals (MDG).
- In the sub-sector of health financing, the German contribution has become significant in the course of designing and developing the strategy for NSHI, and in the gradual implementation thereof, since Germany and WHO are the two main partners of Kenya in this field.

5. Instruments and Procedures

5.1 German Development Cooperation Instruments to be applied

Technical Cooperation:

GTZ will take into consideration the experience gained previously in the priority area of reproductive and sexual health. Advisory services to government at the macro level will support consistent continuation of the reform process, which includes the establishment of the NSHIF. This will be complemented by operational research as well as human-resource and capacity development approaches at the meso and micro level to strengthen organisations and institutions in the public and private sector, to develop target-group oriented participatory planning and to help promote awareness-raising and dissemination of innovative concepts. Concurrently, Kenya will be supported in the framework of the Backup Initiative in respect to demand for and implementation of programmes financed through the Global Fund to Fight AIDS, Tuberculosis and Malaria (2001).

To support the implementation of the strategy at meso and micro level, technical advisors from the German Development Service (**DED**) (currently in health promotion and multi-sectoral HIV/AIDS control in the private and public sector) and integrated experts from **CIM** (currently cooperating with University of Nairobi / Kenyatta Hospital and the Association for the Physically Disabled of Kenya (APDK)) will participate in the programmes. **InWEnt** will continue to train Kenyan health sector professionals.

Financial Cooperation

German financial cooperation (**KfW**) will focus on financing supplies of contraceptives, including their brand-name packaging, and of technical medical equipment to governmental and non-governmental organisations. Within the scope of efforts to support the health sector reform process, special emphasis will be placed on the further development of the social marketing concept and the increased use of private service providers in this respect.

In the course of implementing the joint strategy, investments in the health infrastructure could be considered.

German NGOs

In the RSH sub-sector, the German Foundation for World Population (DSW) will expand its commitment in the areas of IEC, HIV/AIDS and youth peer counselling. The activities of the following organisations will be continued: Friedrich Ebert

Foundation/FES (HIV/AIDS and trade unions), Malteser Aid (tuberculosis control and HIV/AIDS counselling in the slums of Nairobi), Misereor (curative services) and the Protestant Association for Cooperation in Development (EED and BfdW in community-based micro-financing).

5.2 Level of Intervention

The strategy will be implemented through closely integrated interventions at the micro, meso and macro levels within the framework of a programme approach. Synergy is also expected from close cooperation with similar German-assisted health sector programmes in Eastern Africa.

5.3 Stakeholders and Partner Contributions

Leadership in further development and implementation of this joint strategy lies with the Ministry of Health (MoH). The great challenges confronting the health sector in general and the priority area in particular, will cause a considerable need for capacity development at all levels of administration. This will be supported by consistent implementation of the civil service reform. However, given the budgetary constraints of the GOK, MoH can be expected to provide limited financial and other contributions to implement the strategy. Up to date, the health budget in real terms has reduced such that currently only priority areas receive inadequate funding. Efforts must now be targeted toward ensuring that budgetary decisions duly take into account the necessary counterpart contributions. Civil society organisations and self-help groups are expected to make contributions of their own to implementing the strategy. Here cooperation will be limited to those civil society organisations whose legitimacy is recognised and that are competent and prepared to make their own contributions according to their capacities and resources. The population itself contributes its own inputs in the framework of social marketing and through contributions to the NSHI as well as through cost sharing of health services.

The contributions of GoK and other stakeholders will be laid down in the programme design for the implementation of the strategy.

5.4 Prerequisites for Cooperation

To implement the joint strategy, the government of Kenya needs to address the following issues:

- commitment to major progress in the health sector reform process
- ongoing decentralisation, redefinition of the roles and functions of governmental organisations and services, participation of the private sector and civil society, political participation of the target groups
- improved coordination between health sector stakeholders and donors
- long-term financing of the health sector
- programs to eradicate corruption
- streamlining of bureaucratic procedures in particular pertaining to procurement and payment

AnnexKENYAN – GERMAN DEVELOPMENT COOPERATION

Reproductive and Sexual Health Strategy 2003–2015

Overall goal	Results	Activities	Partner(s)	Indicators	Timeframe
The utilisation and financing of adequate RSH services is improved				<ol style="list-style-type: none"> 1. Decreasing rates of syphilis and HIV-1 infection among pregnant women (an ongoing sentinel surveillance system is currently being implemented with the support of the US Centres for Disease Control and Prevention – CDC America). 2. Increase modern contraceptive prevalence rate (CPR) (national data collection in 1998 (DHS) show a rate of 30%; this DHS is being repeated in 2003). 3. Increased proportion of births supervised by trained healthcare personnel (currently 45%). 4. RSH quality standards have been established, and are applied and met. 5. The concept of a national health insurance system is developed, political consensus reached as well as its feasibility tested. 	2015

Sub-goal 1	Results	Activities	Partner(s)	Indicators	Timeframe
<p>The demand for Family Planning methods has increased, and this need is met.</p>	<p>1.1. Family Planning and contraception strategies are developed.</p> <p>1.2. The community-based distribution (CBD) concept with social marketing of public sector branded condoms ("SURE") is further developed and its implementation coverage increased.</p> <p>1.3. A system to procure and distribute oral contraceptives (Kenyan brands) and social marketing of clinical methods of contraception are established.</p> <p>1.4. Private service providers are used to a greater extent.</p>	<ul style="list-style-type: none"> • Advise the Ministry of Health (MOH) on policy and strategy development. • Explore community-based financing options for community-based services. • Test the link between social marketing and the community-based service concepts. • Train additional districts to manage community-based RSH-services. • Set up and optimise a procurement system. • Identify and promote suitable executing agents and distribution channels. • Design a concept for social marketing of clinical FP methods. • Train private service providers in the provision of clinical FP-methods. • Set up supervision structures in line with the national quality management concept (KQM). 	<p>Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Kreditanstalt für Wiederaufbau (KfW), Ministry of Health (MoH), private suppliers and providers, other donors, district health administration, community-based distributors (CBDs)</p>	<p>The proportion of condoms distributed through social marketing increases to 30%.</p> <p>The distribution of oral contraceptives per year and of condoms by 10%.</p> <p>50% of the private service providers offer family planning methods.</p>	<p>2010</p> <p>Continuously from 2005</p> <p>2012</p>

Sub-goal 2	Results	Activities	Partner(s)	Indicators	Timeframe
<p>Access to information, education and services in the field of RSH is improved, particularly for young people, and the demand has increased.</p>	<p>2.1. A concept to meet the RSH needs of young people is developed and implemented. 2.2. The peer counselling concept is refined, tested and implemented in selected districts. 2.3. Youth-friendly information/education/communication (IEC) activities on methods of modern contraception and the prevention of sexually transmitted diseases and HIV/AIDS are implemented.</p>	<ul style="list-style-type: none"> • Promote concept and strategy development on RSH of young people. • Initiate and promote youth-friendly services. • Initiate and strengthen peer education in and outside the school setting, as well as extra-curricular school activities in the field of RSH. • Promote public and private actors in implementing IEC activities. 	<p>GTZ, KfW, German Development Service (DED), Capacity Building International, Germany (InWent), Centrum für internationale Migration und Entwicklung (CIM), Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Youth (MoY), districts, private suppliers and providers, National AIDS Control Council (NACC)</p>	<p>The proportion of young people who can name 3 ways to prevent HIV transmission has increased to 70% in selected districts. In selected districts, the proportion of young people who used a condom during last intercourse has increased by 70%. 50% of the trained peer counsellors are active.</p>	<p>2006, with further improvements thereafter 2008, with further improvements 2009</p>

Sub-goal 3	Results	Activities	Partner(s)	Indicators	Timeframe
Women are able to assert and realise their sexual and reproductive rights more effectively.	<p>3.1. Strategies to strengthen sexual and reproductive rights are developed.</p> <p>3.2. Communities are supported in implementing measures to reduce female genital mutilation and sexual violence.</p> <p>3.3. Non Governmental Organisations (NGOs) and governmental actors contributing to the elimination of female genital mutilation are supported.</p> <p>3.4. IEC measures that serve to strengthen women's and girls' right to self-determination are developed.</p>	<ul style="list-style-type: none"> Promote the inter-sectoral cooperation among relevant actors. Develop a comprehensive information package on FGM. Use the results of operational research for strategy development and interventions. Identify "alternative practices" to FGM and provide advisory services to the communities on implementation. Identify the need for support on the part of the organisations and government actors that work towards preventing FGM. Integrate IEC measures in schools. 	GTZ, DED, MoH, MoE, MoFCS, Ministry of Agriculture (MOA), Ministry of Information (MoI), NACC, districts, non-governmental organisations (NGOs), private suppliers and providers, community-based organisations (CBOs)	<p>At least 80% more village elders of both sexes support the abolition of FGM in selected districts and communities.</p> <p>Alternative practices are used in 120 communities.</p> <p>More than 40% of the girls in the selected communities state that they have greater social recognition and scope for making life choices and that their sexual and reproductive health status has improved.</p>	2015 2010 2008, with further improvements thereafter

Sub-goal 4	Results	Activities	Partner(s)	Indicators	Timeframe
<p>In the selected provinces and districts, multi-sectoral HIV/AIDS control measures are planned, budgeted, competently implemented and steered by those responsible in a participatory fashion at local level.</p>	<p>4.1. A strategy to introduce and implement multi-sectoral HIV/AIDS control is developed and implemented. 4.2. A concept to reduce mother-to-child transmission of HIV (PMTCT) is developed and implemented. 4.3. The Ministry of Health has received advisory services on the introduction and use of anti-retroviral treatment by public and private service providers and on quality control.</p>	<p>Activities</p> <ul style="list-style-type: none"> • Provide advisory services to the Ministry of Health, local government and the private sector on developing and implementing a multi-sectoral strategy at local level (incl. workplace programmes – WPPs). • Inform women about the problem and offer confidential tests. • Organise the provision of drugs. • Train midwives. • Implement consultancy activities on the introduction, use and quality control of comprehensive anti-retroviral treatment for public and private service providers 	<p>Partner(s)</p> <p>GTZ, KfW, other donors, DED, InWent, Malteser, MoH, MoE, NACC, districts, private suppliers and providers</p>	<p>Indicators</p> <p>HIV/AIDS control activities are integrated into the health plans of all the selected districts.</p> <p>All hospitals, health centres and selected dispensaries offer STD treatment in line with the national standards.</p> <p>The number of mothers who use voluntary counselling and HIV testing services increases annually by 10%.</p> <p>A workplace programme exists in six pilot companies with more than 30 employees.</p>	<p>2007</p> <p>2008</p> <p>Continually from 2006 onwards</p> <p>2012</p>

Sub-goal 5	Results	Activities	Partner(s)	Indicators	Timeframe
The competence in planning, implementation, health management information system (HMIS) and steering is primarily in the sub-sectors improved.	<p>5.1. A comprehensive HMIS and supervision system is set up.</p> <p>5.2. The Ministry receives advisory services on its planning processes.</p> <p>5.3. The Ministry receives support in designing the public-private mix and in elaborating steering and regulatory mechanisms.</p>	<ul style="list-style-type: none"> • Supervise the action research-oriented identification of weaknesses and solutions regarding planning and supervision. • Implement organisational development measures. • Conduct coaching and training. • Act as mediator in the promotion of cooperation between the public and private sector. • Set up structures and working instruments for cooperation between public and private health services at national, provincial and district level. 	GTZ, KfW, MoH, other donors	<p>All districts enter their data into the national HMIS system.</p> <p>National, provincial and district plans are drawn up in good time.</p> <p>Exchange of information within and between ministries is institutionalised (12 / 6 meetings per year).</p> <p>Instruments are developed to shape and optimise the public-private mix.</p>	<p>2010</p> <p>2009</p> <p>2007</p> <p>2008</p>

Sub-goal 6	Results	Activities	Partner(s)	Indicators	Timeframe
<p>A concept is designed to implement quality recording and improvement of services by the Ministry of Health and other actors, particularly in the field of RSH and HIV/AIDS control s.</p>	<p>6.1. The Ministry of Health receives advisory services on implementation of the quality management approach. 6.2. Districts are integrated into the quality management system. 6.3. Special quality standards are introduced for RSH and HIV/AIDS prevention measures.</p>	<ul style="list-style-type: none"> • Promote the development of an appropriate quality management instrument that also embraces accreditation and certification approaches and includes the private sector. • Develop performance-related incentive systems for employees in the health sector. • Promote activities geared towards asserting patients' rights more effectively. • Develop and test special RSH quality standards. • Develop a strategy to improve the referral system. 	<p>GTZ, MoH, DED, donors</p>	<p>70% of the district health administrations use the quality management concept.</p> <p>Special quality standards for RSH and HIV/AIDS prevention measures are available.</p> <p>A quality circle is set up in all district health centres.</p>	<p>2010, with further improvements</p> <p>2007</p> <p>2012</p>

Sub-goal 7	Results	Activities	Partner(s)	Indicators	Timeframe
<p>Ministries and other actors have developed a socially oriented healthcare financing system that guarantees access to quality-secured RSH services, and have implemented the system in pilot measures.</p>	<p>7.1. The Ministry of Health receives advisory services on the introduction of a national social health insurance scheme</p> <p>7.2. Corresponding draft legislation has been submitted.</p> <p>7.2. Specific mechanisms to fund RSH services are elaborated within the framework of an insurance approach.</p> <p>7.3. The various actors cooperate with one another.</p>	<ul style="list-style-type: none"> • Support strategy development by the Ministry of Health. • Provide advisory services to regional associations. • Bring together different actors. 	<p>GTZ, KfW, World Health Organisation (WHO), other donors, MoH, Ministry of Finance (MoF), National Health Insurance Fund (NHIF), private insurance companies</p>	<p>A law is adopted on the introduction of a social health insurance scheme.</p> <p>A national social health insurance system is implemented, monitored and evaluated on a pilot basis in three districts.</p>	<p>2004</p> <p>2010</p>