Engaging citizens in Health Service Delivery in Kenya

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United Nations and Africa Public Service Forum
19th-23rd June 2011
Outline of Presentation

• Introduction
• Historical background
• The new constitution and citizens participation in service delivery
• Institutional structures and health care management
• Health Services Promotion
• Conclusion
Introduction

• Effective delivery of quality health care services is key to the well being of citizens.

• Improved access to quality health care will lead to the achievement of the MDGs and human rights.

• Evidence: Health care services are not reaching the poor in many countries leading to negative impacts on health outcomes.

• Failure of health services is a result of lack of accountability by the public, private and NGOs to the poor people
Introduction ...Cont

• Community participation ensures accountability and improvement of services

• Community participation is about involving stakeholders in decision-making

• The Government of Kenya has recognized the role of citizens in ensuring accountability has pursued policies that aim at:
  – Strengthening citizen participation to enhance accountability of policy makers by inspiring policy makers to be responsive to the needs of communities
Background

- Citizens participation in decision making in Kenya has changed over time due to socio-political development
- Authoritarian system in 1960s, 70s and 80s
- Decentralized systems since late 1980s
- District Focus for Rural Development (DFRD) strategy in 1983 and revised in 1995 with structures up to lowest levels
- Health sector: District Health Management Boards (DHMBs) and Hospital Management Board (HMB), Health centres and Dispensaries health committees
- Health promotion policy
- Community strategy – that aims at involving communities in managing their health
- Hospital Management Fund and Health Sector Services Funds include communities in management
New constitution and participation

• Focus of the new constitution is devolution
• Devolution up to the village committees to ensure community participation
• Article 43 of the new constitution:
  (1) Every person has the right—
      a) “to the highest attainable standard of health, which includes the right to health care services, including reproductive health care”
• The New Constitution also provides for active participation of the citizenry in policy making
Policy and Legal Framework in Health

- Health Policy Framework of 1994 called for an enabling environment for stakeholder participation
- Reinforced by the National Health Sector Strategic Plan I (1999-2004) and NHSSP II (2005-2010)
- Further by the Economic Recovery Strategy and Kenya Vision 2030
- Community Strategy in health was launched in 1996 – to build capacity and reach 40% in four years
- A Memorandum of Understanding signed between Government and Faith Based Organizations in 2009
- The MoU meant to achieve sharing of resources and collaboration in policy development
Institutional Framework

• Village Health Committee is the lowest administrative unit
• However, they are active only where Community Own Resource Persons (CORPS) are involved
• – However, the challenge is when the CORPS do not articulate community priorities
• Sub-Locational and Divisional Health committees provided for but not very active
• Most active level has been the District Health Stakeholders Forum in planning and reviews
• Devolved funds e.g. Constituency Development Funds, Local Authority Transfer Funds have enhanced citizens participation

• Sector Wide Approach in health is being formalized and has various structures:
  - Health Sector Coordinating Committee – policy level
  - Inter-agency Coordinating committees – technical level

• All of which involve all stakeholders

• PPPs are also being integrated into the health delivery system
Institutional Framework ...Cont

• Most stakeholders in the health have signed a Code of Conduct

• The Civil Society Organizations and Private Sector players engage the public sector through umbrella organizations e.g. HENNET and KEPSA

• This makes them approach issues on more objective manner and their voices to be heard
Health Services and Promotion

• Citizen participation in health services provision and promotion has been more pronounced in communicable diseases:

• Malaria, Respiratory infections, diarrhea, skin and HIV/AIDS – All of which contribute about 70% of the disease burden

• Many CSOs work in these areas with increased resources being channeled there
Financial Management

• Government has established other structures to enhance citizens participation:
  ➢ Health Sector Services Fund (HSSF)
  ➢ Hospital Management Services Fund (HMSF)
• By involving the private sector and community representatives in the management of the health facilities, with focus on finances
• The challenge has been on how to reduce out of pocket expenses on health standing at 36% of Total Health Expenditure
Sharing of Resources

- Government has been supporting Faith Based health facilities, especially the dispensaries and health centers with medical kits.
- Hospitals under FBOs have been getting doctors, nurses and other Para-medical staff.
- This is recognition of the role that FBOs have in health provision, especially in targeting the vulnerable and hard to reach areas.
Challenges to citizen Participation

• Limited capacity within the citizens and also within the public service on how to engage

• Limited financial resources to implement people’s priorities – reliance is mostly on donor resources which is unsustainable

• The failure of the public service and other players to project people’s priorities
Conclusion

• Major efforts have been made to strengthen citizens participation – results are mixed
• Major achievements have been in recent years – devolved structures, devolved funds and structures for stakeholder participation
• New Constitution provides new framework for engagement
• The need to build capacity through more resources and building of skills is important
Thank you