

## HEALTH SECTOR PROGRAMME SUPPORT

### SUPPORTING EQUITABLE ACCESS TO HEALTH CARE IN KENYA

Danish support to the Kenyan health sector seeks to improve the equitable access to, and provision of quality health care by the health sector in Kenya, with special focus on reducing maternal mortality, child mortality and promoting sexual and reproductive health and rights.

#### AIMING TO ACHIEVE THE MDGs

Between 1993 and 2003 all health indicators in Kenya deteriorated significantly and life expectancy dropped by about five years. However, 2003 to 2009 saw a recovery, especially the remarkable decline in infant and under-five mortality rates. But the underweight, stunting and wasting prevalence has not changed as hoped and malnutrition remains a key contributor to child and infant deaths. In spite of the recent improvements, Kenya is unlikely to achieve Millennium Development Goal (MDG) 4 which aims to reduce child mortality. Maternal mortality has not improved, as per the demographic survey of 2009, and MDG 5, which aims to improve maternal health, remains beyond reach. By contrast, Kenya is likely to achieve MDG 6, the object of which is to combat HIV/AIDS malaria and other diseases, as it has sharply reduced the adult HIV prevalence rate from 13% to 6%.

#### PROVIDING HEALTH CARE IN KENYA

Health service providers in Kenya are wide ranging and include the government, faith-based and other not-for-profit organizations, profit-making service providers and traditional healers. A relatively large proportion of health services is provided by the private sector. Public services, which cater mainly for the poor, are generally inadequate at lower levels. Kenya's Health Policy Framework 1994–2010 has been the key policy document for the sector and a new comprehensive National Health Policy Framework covering the period 2012–2030 is expected to be finalised by the beginning of 2012.



*Danish support for the Kenyan health sector has a special focus on child and maternal mortality. Photo: Danida*

The policy framework was implemented through the National Health Sector Strategic Plan (NHSSP 1) 1999-2004 and the



current NHSSP II (2005-2012). The objective of the NHSSP is to reduce health inequalities and reverse the downward trend in the health of the Kenyan people. It is complemented by Kenya's Vision 2030, (which sets out the long-term vision guiding Kenya's development until 2030) ministerial strategic plans and annual operational plans.

## DANIDA'S GOALS IN KENYA

Specifically, Danida's short and medium term goals within the Kenyan health sector are to:

- increase equitable access to health services
- improve the quality and responsiveness of services in the sector
- improve the efficiency and effectiveness of service delivery
- enhance the regulatory capacity of the Ministries of Health
- foster partnerships in improving health and delivering services
- improve the financing of the health sector.

## THE FIVE YEAR APPROACH

Danida supports the Kenyan health sector with five-year programmes known as Health Sector Programme Support (HSPS I, II and III). HSPS III has a budget of 430 million Danish Kroner (DKK) and runs from 2012 to 2016, scaling up areas that were supported in HSPS II. The programme funds flow through revenue for components one and two, and all funds will be captured through Kenya's annual operational plan (AOP), together with the annual budget.

HSPS III focuses on three main areas:

1. Meeting the minimum Kenya Essential Package for Health by providing financial and technical resources to the Health Sector Services Fund (HSSF) which channels funds to rural health facilities on a nationwide basis.
2. Ensuring availability of essential

medicines and medical supplies at lower service delivery levels; supply chain management reform through financial support for the 'essential medicines and medical supplies' (EMMS) basket; and technical assistance for pharmacy and commodity management.

3. Supporting the provision of sexual and reproductive health and rights services to Kenyans who would otherwise have low access to such services.

The programme's components fully support and complement each other and are key to improving the equitable access to and provision of quality health care services, through strengthened Ministry of Health coordination. The various sub-components address poverty, sustainability, governance, and reproductive health issues in an integrated way, while mutually reinforcing each other. The health needs of the rural population provided through first line health facilities are central to the programme.

Components one and two are implemented by specific departments with a sector-wide approach (SWAP) sub-component that supports joint planning and sector performance reviews. Unlike HSPS II, which operated through a programme support unit to coordinate the entire programme, HSPS III will be coordinated through the SWAP secretariat. A health sector coordinating committee is in place to coordinate the entire sector's plans.

Danida's support to the health sector is fully in line with the harmonisation and alignment agenda adopted in the Paris

Declaration on Aid Effectiveness. In this regard, HSPS III is aligned with government policies and strategies and is using government accounting and reporting systems where possible. This is the closest a Danida programme goes towards a sector budget support strategy.

A SWAP process focusing on improving government health service delivery systems and support, planning and budgeting, and financial, procurement, and human resources management, originated during HSPS II and Danida has continued to support it to ensure that SWAP is entrenched, institutionalised and irreversible.

The third component focusing on reproductive and sexual health and rights (SRHR) is implemented through partnerships with two NGOs already working in the area, namely the African Medical and Research Foundation (AMREF) and the Gender Violence Recovery Centre (GVRC).

## DECADES OF SUPPORT

Denmark has been active in the Kenyan health sector for several decades and has traditionally concentrated on supporting the Coast region and North Eastern Province. The areas that Danida continues to assist are chosen through drawing on our experience of past interventions. In line with the Danish value system captured in the Danish government's Strategy for Development, funds provided continue to add incremental value and strengthen systems for better health care in Kenya.

Budget	DKK Million
1. Component 1: Support to HSSF	210
2. Component 2: Support to EMMS	155
3. Component 3: Support to SRHR	40
4. Others and cross-cutting (reviews, evaluations, audits, studies and fellowships)	20
5. Unallocated funds	5
<b>Total</b>	<b>430</b>