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Third Annual Output to Purpose Review (OPR) of DFID Support to the Delivery of Essential Health Services (EHS), Kenya

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
AOP	Annual Operational Plan
BCG	Bacillus Calmette-Guerin
BEmOC	Basic Emergency Obstetric Care
C/S	Caesarian Section
CAK	Crown Agents Kenya
CEmoC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CHEW	Community Health Extension Worker
CHW	Community Health Worker
CM	Community Midwife
CME	Continuing Medical Education
CU	Community Unit
Danida	Danish International Aid
DFID	Department for International Development
DHMT	District Health Management Team
DP	Development Partners
DPHK	Development Partners in Health Kenya
DRH	Division of Reproductive Health
EHS	Essential Health Services
EHSA	Essential Health Services Adviser
EmOC	Emergency Obstetric Care
EOP	End of Project
FANC	Focused Antenatal Care
GOK	Government of Kenya
HFMT	Health Facility Management Team
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resources
HRH	Human Resources in Health
HRMD	Human Resource Management/Development
HSRS	Health Sector Reform Secretariat

ICC	Interagency Coordinating Committee
IHP	International Health Partnership
IMCI	Integrated Management of Childhood Illness
JICC	Joint Interagency Coordinating Committee
JPWF	Joint Programme of Work and Funding
KDHS	Kenya Demographic and Health Survey
KEPH	Kenya Essential Packages for Health
KEPI	Kenya Expanded Programme of Immunisation
LATH	Liverpool Associates in Tropical Health
LSS	Life Saving Skills
LTTA	Long-term Technical Assistance
LVCT	Liverpool VCT, Care and Treatment
MDG	Millennium Development Goals
MDR	Maternal Death Review
MMU	Ministerial Management Unit
MNH	Maternal and Neonatal Health
MNHTO	Maternal and Neonatal Health Technical Officer
MOH	Ministries of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MoPW	Ministry of Public Works
NGO	Non-governmental Organisation
NHSSP	National Health Sector Strategic Plan
OC	Oral Contraceptives
OPR	Output to Purpose Review
OVI	Objectively Verifiable Indicators
PHMT	Provincial Health Management Team
PMTCT	Prevention of Mother to Child Transmission
PSC	Programme Steering Committee
QA	Quality Assurance
QI	Quality Improvement
RH	Reproductive Health
RRI	Rapid Results Initiative
SBA	Skilled Birth Attendance
SBAs	Skilled Birth Attendants
STTA	Short term technical assistance

SWAp	Sector Wide Approach
TA	Technical Assistance
TO	Technical Officer
TORs	Terms of Reference
TT	Tetanus Toxoid
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WB	World Bank
WHO	World Health Organisation
WRA	Women of Reproductive Age (15-49 years)

Map of Nyanza Province

Executive Summary

This narrative report of the third annual Output to Purpose Review (OPR) of DFID Support to the Delivery of Essential Health Services (EHS) was undertaken between January 25 and February 7, 2010. The detailed TORs (Terms of Reference) are contained in Annex 1. This programme narrative report focuses on the period since the last Output to Purpose Review conducted in November-December 2008. The review team meetings and field trip schedule are contained in Annex 2.

The **goal** of the Essential Health Services (EHS) programme is to contribute to achieving the health-related Millennium Development Goals (MDGs) in Kenya – in particular a reduction in infant and maternal mortality. The **purpose** of the

programme is to support the Government of Kenya (GOK) and the Ministries of Health (MOH), under the auspices of the National Health Sector Strategic Plan II (NHSSPII), to provide integrated, effective health services in Kenya, particularly for poor women and children.

Overall the programme scored a one (see PRISM). The leadership and technical capacity of the Ministries of Health continues to be strengthened with support from EHS that is transparent, integrated, flexible and strategic, supporting a transition to a SWAp (Sector Wide Approach). The relationships between EHS staff and their counterparts at the central, provincial, district and community levels are a key element in the success of the programme.

Since the last Output to Purpose Review, EHS has successfully met the challenge of scaling up and expanding activities in Nyanza with visible results on Output 3. The political situation stabilised allowing the programme to proceed with implementation without interruption. The EHS MNH (Maternal and Neonatal Health) Technical Advisor transferred from Nairobi to Nyanza facilitating day-to-day on-going technical and management support in the province and districts. The MNH Technical Advisor developed strong working relationships while working at the central level prior to relocating to Nyanza, which helped facilitate the effective rollout of the interventions at the provincial and district levels.

The extra funding from the cost extension was released and the number of staff increased from 13 to 18 with the expansion to two new districts (Siaya and Kisumu West). Infrastructure construction and renovations of maternity units which had been delayed were completed in Nyanza with support from the Essential Health Services Infrastructure Technical Officer, with additional planned construction and renovations in progress and expected to be completed before End of Project (EOP).

Life Saving Skills (LSS), Emergency Obstetric Care (EmOC) and other key technical training led to the improvement in the clinical skills and confidence of midwives and other providers to detect, manage and refer obstetric and neonatal complications. With the simultaneous improvements in the enabling environment through the strengthening of the provincial, district, facility and community health management teams and the provision of essential equipment and supplies, this resulted in notable improvements in the quality of care and outcomes.

Implementation of the Community Strategy through the Community Units (CU) led to women and their families being better informed and aware of the benefits of delivering in facilities further motivating facility staff to improve the quality of care due to increased community involvement.

The second Output to Purpose Review made 17 recommendations, most of which were implemented with the few remaining in process.

As with this OPR, the two previous reviews gave EHS a score of one for Outputs 1 and 5, demonstrating the strength of the programme from the outset in managing the policy process from the central level, down to the provincial level, and most recently in the Nyanza target districts where results are finally being seen in terms of improvements in quality of service provision and reported outcomes. The programme continues to perform exceptionally well in the policy area to the extent that changes or a different approach are not necessary.

The key technical recommendations include:

1 Essential Health Services should identify the most successful sites in Nyanza where interventions and best practices ("positive deviants" or "champions") have resulted in increased Skilled Birth Attendance in facilities, improved Quality Improvement (QI) I and supportive supervision, where Focussed Antenatal Care (FANC) is high, where referral systems are functioning well despite challenges, etc. and analyse the key elements to success so they can be disseminated and replicated in all the Essential Health Services target sites.
2 Continue to expand and improve the use of Maternal Death Reviews and verbal autopsies to improve the quality of care and prevent avoidable maternal and neonatal deaths. Incorporate the use of actual case studies (MDRs and verbal autopsies already conducted in Nyanza that have been reviewed and improved by an expert in them) to strengthen the capacity of the District Health Management Teams to analyse the causes of maternal and neonatal deaths.
3 Incorporate the routine review of all "near misses"/complications, stillbirths and neonatal deaths (now contributing to 60% of all infant deaths according to preliminary Kenya Demographic and Health Survey 2008 data) at all facilities by Health Management Teams. An added focus on identifying the causes of neonatal deaths and stillbirths (studies worldwide have shown a significant percentage is usually due to poor management during labour and delivery) would

also help improve the quality of obstetric care. Use local Short Term Technical Assistance if available for this and recommendation number 4.

4 Work with central, provincial and district policymakers, providers and community members to reorient Traditional Birth Attendants towards new role as Traditional Birth Companions (birth companions) to increase referrals to facilities and improve maternal and neonatal outcomes by the supporting the facility nurse-midwives; and to advocate for incentives for Community Health Workers and analyse the impact of CHW trainings.
5 Work with central, provincial and district policymakers to advocate for incentives for Community Health Workers and analyse the impact of Community Health Worker trainings.
6 Support the development of concrete IEC (Information, Education and Communication) strategies in districts to continue to strengthen increased demand for Kenya Essential Package for Health with small grants and links to other projects to leverage resources.

Introduction

The third annual Output to Purpose Review (OPR) of DFID support to the Delivery of Essential Health Services was undertaken between January 25th – February 7th, 2010. The detailed TORs (Terms of Reference) are contained in Annex 1. This programme narrative report focuses on assistance provided since the second Output to Purpose Review between December 2008 and December 2009. The review team meetings and field trip schedule are presented in Annex 2.

The objectives of the review were to:

- Assess overall progress to date on outputs and how they contribute to the purpose of the programme
- Assess provision of Technical Assistance (TA) and support to the Ministries of Health (MOH) planning and review process to effectively support the emerging SWAp (Sector Wide Approach) in the sector
- Identify other lessons learned so far from the programme that will improve its execution and inform future implementation
- Recommend any changes that should be made in the implementation of the programme to enable it to achieve its purpose

The report includes specific recommendations for implementation during the final year of the programme.

Background

In 2004, DFID agreed to provide up to £7.5 million over five years to the Government of Kenya to support the delivery of essential health services, through increasing capacity to deliver services for women and children with a particular focus on reproductive health and immunisation. In line with the emerging sector-wide approach (SWAp) for health in Kenya, it was agreed that DFID support would be provided in a flexible and responsive way and integrated with multi-partner efforts to develop and implement essential health services in Kenya, now defined as the Kenya Essential Package for Health (KEPH).

The **goal** of the Essential Health Services (EHS) programme is to contribute to achieving the health-related Millennium Development Goals in Kenya and in particular to a reduction in infant and maternal mortality. The **purpose** of the programme is to support the Government of Kenya and the Ministries of Public Health and Sanitation and of Medical Services (MOPHS and MOMS), under the auspices of the Second National Health Sector Strategic Plan (NHSSPII), to provide integrated effective health services in Kenya, particularly for poor women and infants. The programme **outputs** are:

1 Central Ministries of Public Health and Sanitation and of Medical Services effectively supported in strengthening health systems, policy development and stewardship for delivery of the Kenya Essential Package for Health (KEPH).

2 Health systems strengthened in Nyanza Province to support delivery of Kenya Essential Package for Health (KEPH), especially safe motherhood and neonatal health component.

3 Delivery of the Kenya Essential Package for Health (KEPH) significantly strengthened in selected districts in Nyanza Province, especially to address poor women's' and infants' health needs.

4 Increased community level demand for Kenya Essential Package for Health (KEPH), especially for poor women and infants in selected districts of Nyanza Province.

5 DFID support to the delivery of Essential Health Services programme effectively managed to promote Ministries of Public Health and Sanitation and of Medical Services ownership.

DFID support to the delivery of EHS (Essential Health Services) began in July 2005 with a 10.5 month Inception Phase. Liverpool Associates in Tropical Health (LATH), in partnership with Liverpool VCT, Care and Treatment (LVCT) Kenya, Nuffield Centre for International Health and Development (UK), and Health Unlimited Kenya, was awarded a contract through a competitive tendering process to act as managing agents. Programme implementation began in June 2006 with a revised programme logframe, a detailed work plan for the first year of implementation, and a budget

forecast for the four-year implementation phase. Following the recommendations of the first external Output to Purpose Review (OPR), DFID approved a cost extension for EHS from £7.5 million to £14.2 million in October 2008. The period of implementation was also extended by 14.2 months and the number of districts benefiting from the programme increased from four to six (using original district boundaries). The selected districts for the programme are now Suba, Homa Bay, Migori, Kuria, Siaya and Kisumu West.

Selected districts in Nyanza province were chosen for programme interventions based on need. Reportedly, 25% of all maternal deaths occur in Nyanza, the province has twice the rate of HIV as the rest of Kenya, and in 2004 only 10% of health facilities were able to provide 24 hour delivery services. The population covered by Essential Health Services is 2, 230,814.[1][2][3]

An important input of the Essential Health Services Project has been the provision of TA (technical assistance) and support to Ministries of Health planning and review processes. Technical assistance to Ministries of Health Technical Planning and Monitoring Departments is provided by the Programme Manager out of a small office with minimal staff in Nairobi. Full-time technical assistance is also provided to the Ministry of Health Division of Reproductive Health (DRH) by a reproductive health specialist who was based in Nairobi, but transferred to the Nyanza programme office in May 2009. This was to provide more direct ongoing technical assistance and support to the province and six Essential Health Services target districts through the three district offices based in the District Health Management Teams in Siaya, Migori and Homa Bay. Essential Health Services staffing has evolved over the course of the programme to be responsive to changing needs and demands, although the number of staff has been kept to a minimum purposefully and they are fully integrated into the management and technical groups at the central, provincial and district levels.

The current Essential Health Services programme staffing is comprised of:

- Programme Manager/Health Systems Adviser
- Maternal and Neonatal Health (MNH) Technical Adviser

[1] DFID Cost Extension Document,

[2] Reproductive Health in Nyanza Situational Analysis MOH DRH and Provincial Health Department 2006

[3] Kenya Service Provision Assessment Survey 2004

- Maternal and Neonatal Health (MNH) Technical Officers (4)
- Community Health Development Technical Officers (3)
- Infrastructure Technical Officer
- Finance and Administration Officers (3)
- Drivers (5)

As the Kenya Health SWAp (Sector-Wide Approach) moves forward, Development Partners are committed to aligning ongoing projects and programmes as much as possible to more explicitly support implementation of the NHSSPII (National Health Sector Strategic Plan) and JPWF (Joint Programme of Work and Funding 2006/07-2009/10 for the Kenya Health Sector). The purpose of the JPWF is to guide the activities and investment decisions of the government and health sector partners over the four year period. EHS (Essential Health Services) supported the development of the JPWF which has four priorities: to address equity; to enhance health gains by strengthening and scaling up the delivery of cost-effective interventions; to enhance efficiency and budget effectiveness, and to strengthen sector stewardship and partnerships with all stakeholders by ensuring clarity of roles and responsibilities. The JPWF provides the basis for the development of sector annual operational plans (AOPs) that guide implementation of sector activities.[4]

The activities being implemented under the five outputs of the Essential Health Services programme directly or indirectly support the overall strengthening of the policy and strategic framework of the health sector.

Criteria for Essential Health Services support includes:

- Adheres to policy goals of NHSSPII (National Health Sector Strategic Plan);
- Supports delivery of KEPH (Kenya Essential Package for Health);
- Integrated into MOMS/MOPHS AOPs (Ministries of Public Health and Sanitation and of Medical Services Annual Operational Plans);
- Advances Kenya Health SWAp (Sector-Wide Approach);
- Clear MOMS/MOPHS (Ministries of Medical Services and of Public Health and Sanitation) leadership;
- Strengthens MOMS/MOPHS (Ministries of Public Health and Sanitation and of Medical Services) stewardship of the health sector;

[4] EHS Draft Report Achievements and Lessons Learned to Date, December 2009.

- Builds and strengthens donor partnerships;
- Strengthens annual joint planning and monitoring cycle; and
- Increases access and utilisation of quality Maternal and Neonatal Health (MNH) services for the most vulnerable.

The Essential Health Services Logical Framework was revised after the second Output to Purpose Review in December 2008. Essential Health Services Technical Advisors worked with their public sector counterparts to develop the new logframe milestones and targets and the new output indicators are in line with February 2009 DFID global directives.

EHS supports policy and technical work at all levels of the system to improve coordination and management capacity at the central, provincial and district levels, while at the same time strengthening the access to and quality of essential MNH services in Nyanza province and EHS target districts and increasing the demand for these services at the community level through implementation of the Community Strategy. The basic principles Essential Health Services follows in the programme approach to implementation are: alignment to sector priorities and key policy objectives of the National Health Sector Strategic Plan II; Government of Kenya/Health Ministries ownership of the programme; linkage between policy and reform strategies; service delivery and technical focus on maternal and neonatal health targeting underserved and vulnerable populations; use of existing Government of Kenya/Health Ministries systems and structures; and programme management to ensure Government of Kenya/Health Ministries ownership.[5]

Under MOMS/MOPHS (Ministries of Public Health and Sanitation and of Medical Services) leadership, Essential Health Services provides a wide range of technical assistance in partnership with other donors to support a transition to a SWAp. Ministry of Health systems used by Essential Health Services include:

- Annual Operational Planning;
- Quarterly and Annual Performance Reviews;
- Medium Term Expenditure Framework;
- Health Management Information System (HMIS);
- Community Health Information System;

[5] EHS Draft Report Achievements and Lessons Learned to Date, December 2009

- Training Information Management System;
- Supportive Supervision; and
- Quality Improvement (QI) Approach.

MOH structures used by Essential Health Services include:

- Health Sector Coordinating Committee (HSCC)
- Joint SWAp (Sector Wide Approach) Coordinating Committee
- Interagency Coordinating Committee (ICC)
- Maternal and Newborn Health Technical Working Group (TWG)
- Provincial Health Management Team (PHMT)
- District Health Management Team (DHMT)
- Health Facility Management Committee (HFMC)
- Community Health Committee (CHC)

Overview of Conclusions and Recommendations from the Last Output to Purpose Review

The second external annual Output to Purpose Review conducted between November-December 2008 concluded that the performance of the Essential Health Services team was commendable, but the political turmoil following the general elections badly affected health services and the work of the programme. Nevertheless, Outputs 1 and 5 scored a 1 (also the case in the first Output to Purpose Review), despite the unexpected challenges during the reporting period of the Ministry of Health splitting into two - becoming the Ministry of Public Health and Sanitation and the Ministry of Medical Services.

The second Output to Purpose Review made 17 recommendations, most of which were implemented with the few remaining in process.

Recommendations from Second Output to Purpose Review

Revision of Logframe	Completed-revised after the second Output to Purpose Review in December 2008
District-based Technical Officers (TO) make some contributions depending on knowledge and skills, province wide	Done
Short Term Technical Assistance arrangements remain as is	Done
Management of Nyanza staff to be reviewed along with financial and administrative arrangements within EHS to assess if expanded programme in Nyanza will be optimally served	Done-Maternal Neonatal Health Adviser transferred from Nairobi to Nyanza; financial and administrative arrangements were reviewed with the result that the expanded programme in Nyanza has been functioning optimally
Develop EHS Communication Strategy	Draft completed with final version expected soon.
Develop internal Output to Purpose Review prior to 3rd OPR	Done
EHS initiate dialogue about providing further support around Human Resource strategy	Done, however, ministries did not take up support after Terms of Reference developed and approved by DFID. DFID International Health Partnership (IHP) funds through World Health Organisation (WHO) will continue to support Human Resources for Health (HRH) work
Support MOMS/MOPHS to develop a generic Quality Assurance (QA) strategy for entire health sector	Decision to carry out this recommendation not made by MOMS/MOPHS and remains a challenge. However, QA/QI activities are now an integral part of Nyanza EHS district activities

Develop a training strategy	Draft completed. but resources are a constraint to further implementation (training is on target for EHS however)
EHS to contact suppliers of motorcycle ambulances to ask for modifications	Done. However, they refused and ambulances will be modified locally. This has not been done yet although the project has received input on how they could be modified.
Develop capacity in Maternal Death Reviews (MDRs) and verbal autopsies, alongside management team building	Done successfully and merits continued emphasis and refinement with expansion to near misses, neonatal deaths, etc.
Greater emphasis on postnatal care	Done and will continue to be a priority Nyanza activity
Limit demand side qualitative research to evaluation of effectiveness of selected interventions	Done
Conduct study to evaluate cost-effectiveness of Community Units (CUs)	TORs developed and will be carried out in the 1st quarter of 2010
EHS advocate for all Community Health Workers (CHWs) be issued with certificates for each training, and backpack with logo	Not completed but policy dialogue on incentives for CHWs continues at the national level and in EHS districts where CHWs are active they are issued certificates signed by the District Medical Officer of Health (DMOH) and name tags.
EHS advocate for permission to allow CHWs to carry and supply condoms and oral contraceptives (OCs) to communities	Not completed but policy dialogue on the role of CHWs continues at the national level and in EHS districts..
Ensure new staff in districts are sensitised not to create unrealistic expectations for instant improvement in service provision	Done

Overview

The Essential Health Services (EHS) programme design is a model for Kenya and other countries. EHS is aligned and harmonised with Government of Kenya/ Ministries of Public Health and Sanitation and of Medical Services (MOPHS/MOMS) priorities at the central, provincial, district and community levels, with planning and monitoring in line with the annual health sector calendar.[6] The leadership and technical capacity of the Ministries of Health continues to be strengthened with support from Essential Health Services that is transparent, integrated, flexible and strategic, supporting a transition to a SWAp (Sector Wide Approach). The relationships between Essential Health Services staff and their counterparts at the central, provincial, district and community levels are a key element in the success of the programme and all milestones, targets and TA (Technical Assistance) and support is agreed upon jointly.

Essential Health Services has successfully met the challenge of scaling up and expanding activities in Nyanza since the last Output to Purpose Review with visible results on Output 3. The political situation stabilised allowing the programme to proceed with implementation without interruption. As mentioned earlier, the Essential Health Services Maternal Neonatal Health Technical Advisor transferred from Nairobi to Nyanza facilitating day-to-day on-going technical and management support in the province and districts. The Maternal Neonatal Health Technical Advisor developed strong working relationships while working at the central level prior to relocating to Nyanza, which helped facilitate the effective rollout of the interventions at the provincial and district levels.

The extra funding from the cost extension was released and the number of staff increased from 13 to 18 with the expansion to two new districts (Siaya and Kisumu West). Infrastructure construction and renovations of maternity units which had been delayed were completed in Nyanza with support from the EHS Infrastructure Technical Officer. Additional planned construction and renovations is in progress and expected to be completed before the end of the project.

[6] OPR interviews-consistent statement at central, provincial and district of Ministry staff, as well as review of documents

Life Saving Skills (LSS), Emergency Obstetric Care (EmOC) and other key technical training led to the improvement in the clinical skills and confidence of midwives and other providers to detect, manage and refer obstetric and neonatal complications. At the same time the improvements in the enabling environment through the strengthening of the provincial, district, facility and community health management teams and the provision of essential equipment and supplies resulted in notable improvements in the quality of care and outcomes. Additionally, implementation of the Community Strategy through the Community Units led to women and their families being better informed and aware of the benefits of delivering in facilities further motivating facility staff to improve the quality of care due to increased community involvement.

Essential Health Services has been well-managed and implemented. The Programme Manager and Maternal Neonatal Health Technical Adviser are providing exceptional political and technical leadership, their skills and experience are complementary, and they divide and manage the workload skilfully while fostering respect and good relationships with their counterparts and staff. The Essential Health Services Technical Officers (TOs) demonstrate a high degree of skill, capacity, maturity, focus, motivation and persistence in the face of daily challenges.

The impact of the Essential Health Services programme is likely to be sustained despite the many constraints such as high staff turnover and limited resources for essential district health services due to the exceptionally high degree at all levels (central, provincial, district and community) of:

- Ownership and pride of the Ministries' staff in the visible achievements such as decrease in maternal deaths;
- Team development and capacity building (Provincial Health Management Teams, District Health Management Teams, Facility Health Management Teams, Community Health Management Teams);
- The appropriateness and combination of the interventions which has resulted in a new way of identifying and resolving major maternal and neonatal problems; and
- Managers, providers, community leaders and other key stakeholders having been sensitised and informed about maternal and neonatal problems and given effective tools to address the issues.

Programme Progress

Output 1: Support to central MOPHS/MOMS (Ministries of Public Health and Sanitation and of Medical Services) in strengthening health systems, policy development, and MOPHS/MOMS stewardship for delivery of Kenya Essential Package for Health at the central level (as part of the Health Sector Reform support team comprising World Health Organization and DFID-funded Technical Advisors)

Progress is excellent on all three Objectively Verifiable Indicators (OVIs) since the last Output to Purpose Review:

1. Extent of establishment of Health Sector Joint Planning;
2. Extent of establishment of joint performance monitoring for health sector; and
3. Extent of development of national Maternal Neonatal Health strategic documents.

1.1 When the programme started in 2005, there was no joint planning, budgeting or joint monitoring being done in the sector. EHS support has resulted in the successful development and institutionalisation of an annual operational planning process at the central, provincial and district levels (Annual Operational Plans) with AOP (Annual Operational Plan) 6 currently in process. Reviewing all the Annual Operational Plans shows a steady and noticeable improvement with each plan.

1.2 Joint performance monitoring for the health sector is well-established with considerable progress achieved in 2009. Essential Health Services supported the Annual Operational Plan 4 performance report, employee and client satisfaction surveys, a Public Expenditure Tracking Survey, and a Health Management Information System (HMIS) policy and strategy, among other important activities. District Health Management Teams interviewed during the Output to Purpose Review field visits consistently mentioned the value of the client satisfaction surveys and Health Management Information systems supported by Essential Health Services.[7] Changes have been made in services offered to clients due to the surveys (e.g. women are now given hot drinks and something to eat, as well as showers after delivery in Nyanza EHS facilities). Data is now being used routinely for monitoring,

[7] NB Danida is the lead donor partner in improving the Ministries of Health HMIS

decision making and advocacy.[8] In Rongo the District Health Management Team stated that EHS training on immunisation data has led to significant improvements in EPI (Expanded Programme on Immunisation) rates and in Migori the District Health Management Team used the target setting for RH (Reproductive Health) and EPI during the Annual Operational Planning process to monitor and improve rates. In Suba District training in inventory management (30 health workers) and HMIS (Health Information Management Systems) has led to improved documentation using the new Reproductive Health registers, mother-baby booklets and other reporting tools.[9]

1.3 The development of national Maternal Neonatal Health strategic documents has continued to progress with support from Essential Health Services. These documents are now being used regularly by the Nyanza Provincial and District Health Management Teams. Key documents and activities supported by Essential Health Services during 2009 include: the Road Map for Accelerating Attainment of MDG5 (Millennium Development Goal), National Reproductive Health (RH) Strategy, Maternal Neonatal Health guidelines and training package, and the dissemination of revised Maternal and Perinatal Death Review tools and guidelines. The Maternal Neonatal Health guidelines and training package were developed in collaboration with WHO (World Health Organisation) and the Intrah Capacity Project and can be used as a reference manual for both pre-service and in-service training.

Output 2: Health systems strengthened in Nyanza Province to support delivery of Kenya Essential Package for Health, especially the safe motherhood and neonatal health component.

Progress has been good on all four Objectively Verifiable Indicators since the last Output to Purpose Review:

1. Extent to which mechanisms for coordination of partnerships are established in Nyanza and target districts;
2. Extent to which referral system is strengthened in Nyanza and target districts;
3. Extent to which inventory system is strengthened in Nyanza and target districts; and

[8] Field interviews, review of provincial and district data and presentations by EHS Nyanza District Health Management Teams

[9] Suba presentation by Dr. Omondi Owino, DMOH (District Medical Officer for Health)

4. Extent to which Reproductive Health data management is functioning in Nyanza and target districts.

2.1 Essential Health Services has supported Nyanza province and selected districts in systems strengthening, donor coordination, and capacity building through Maternal and Neonatal Health stakeholder programme and coordination meetings, and the development of the Annual Operational Plans.

2.2 Referral systems have been strengthened through the development and use of a standardised tool for referring obstetric emergencies[10], the establishment of a hotline for emergency obstetric referrals in the labour ward of the PGH (Provincial General Hospital), training riders and mechanics of the motorcycle ambulances (five have been procured and deployed) and working with the DHMTs (District Health Management Teams) to collaborate with the CUs (Community Units) to improve referrals from the community to facilities by using Community Health Workers, Community Midwives (CMs) and Traditional Birth Attendants (TBAs) to identify women at risk and facilitate referrals. In Suba referral systems have been strengthened through: 30 facilities being provided with cell phones; a boat ambulance which is used to transport referrals from the island; the provision of bicycles to Community Units; and a vehicle ambulance. Training staff to identify and manage emergency complications has also reduced referrals.[11]

2.3 Inventory registers have been established in selected Essential Health Services facilities following an assessment of inventory practices, accompanied by the development of guidelines and an improvement plan.[12]

2.4 Data collection and management has improved significantly through the use of data quality audits as a part of supportive supervision, the standardisation of a provincial Health Management Information System, the creation of a provincial Health Management Information System/Monitoring and Evaluation (M&E) oversight consortium, and the orientation of district staff on the revised National

[10] Consistent statement from provincial and district staff during field interviews

[11] Dr. Omondi Owino, Suba District District Medical Officer for Health (DMOH) presentation

[12] OPR district interviews, data review and presentations by DHMTs (District Health Management Teams)

Reproductive Health registers to improve Reproductive Health Monitoring & Evaluation data collection.[13]

Output 3: Delivery of Kenya Essential Package for Health significantly strengthened in selected districts in Nyanza province especially to address poor women and infant health needs.

Progress on this output has been significant on all four Objectively Verifiable Indicators since the last Output to Purpose Review.

1 Population based Caesarian Section (C/S) rate for six target districts in Nyanza province;
2 Number of health workers trained in EmOC and Life Saving Skills (LSS) in Nyanza province;
3 Percentage of the 25 Essential Health Services targeted facilities that have increased the number of the EmOC signal functions; and
4 Extent to which quality of care has been institutionalised in the six target districts.

3.1 The 2006 Situational Analysis conducted by the MOH with support from Essential Health Services found a Caesarian section rate of 1.9% [14](the overall low rate is due to the fact many facilities did not have the capacity to provide operative deliveries). Results are finally being seen in the districts in improvements in service delivery and outcomes with a combined focus on improving the supply of and demand for essential maternal and neonatal services at all levels of the system. Caesarian section (C-Section) rates are gradually rising with increased capacity to provide surgery when needed. For example, in Suba the C-section rate increased from 7% in 2006 to 27% in 2009; in Homa Bay from 14% in 2006 to 21% in 2009; in Migori from 16% in 2006 to 24% in 2009; in Kuria from 12% in 2006 to 25% in 2009. At the Ligega health facility in Siaya District the C-section rate has increased from 1.1% to 2% since EHS interventions were initiated in May 2009. The Homa Bay and Mbita maternity theatres are completed with an additional theatre under construction in Migori with renovations for Suba and Kuria District Hospitals in progress.[15] Problems with a shortage of anaesthetists remain, however.

[13] OPR district interviews, data review and presentations by DHMTs (District Health Management Teams)

[14] NB. The recent report to the PSC (Jan 10) noted a 2006 baseline rate of 0.8% rising to 1.6% in 2008.

[15] See Annex 5 for Status of Infrastructure

Essential Health Services approach to strengthening the delivery of KEPH (Kenya Essential Package of Health) focuses on: skills development and capacity building of providers; improving the enabling environment (e.g. infrastructure improvements, equipment, essential drugs and supplies,); and improved quality of care (e.g. supportive supervision, Maternal Death Reviews, Continuing Medical Education).

Essential Health Services Integrated and Multi-Level Approach to Strengthening Health Systems for Maternal and Neonatal Health

Policies and Management Structures Strengthened to Support Improvements in Demand and Supply at the Central, Provincial, District Levels with Improved Leadership and Management Skills	
Supply Interventions	**Demand Interventions**
Improve clinical skills of midwives through Life Saving Skills, Emergency Obstetric Care, etc. Use of protocols and standards Infrastructure improvements (construction & renovation of maternity units and theatres) Improve enabling environment Essential equipment, medications & supplies Supportive supervision & Quality Improvement Management strengthening (District Health Management Teams, Facility Management Teams, Community Health Management Teams) Maternal Death Reviews (MDRs) Health Management Information System & use of data for decision making Improved referral and communication systems Increase capacity to do C-sections, Basic Emergency Obstetric Care, Comprehensive Emergency Obstetric Care	Community strategy Community Units (CUs) Community Health Extension Workers Community Health Workers Community Midwives Traditional Birth Attendants (transition to Traditional Birth Companions or birth companions) Verbal Autopsies Improved referral system Improved knowledge & awareness about danger signs, complications, Skilled Birth Attendants Community Dialogue Days Increased involvement of communities

Facilities Supported By Essential Health Services In Nyanza Province And Population Covered[16]

SIAYA DISTRICT (530,048)	HOMA BAY DISTRICT (352,651)
Siaya District Hospital (CEmOC) Kadenge Ratuoro Health Centre (BEmOC) Rwamba Health Centre (BEmOC) Ligega Health Centre (BEmOC) Nyangu Dispensary (BEmOC) Dienya Health Centre (BEmOC)	Homa Bay District Hospital (CEmOC) Magina Health Center (BEmOC) Pala Health Centre (BEmOC) Ndiru Health Centre (BEmOC)
MIGORI DISTRICT (345,646)	**SUBA DISTRICT (203,917)**
Migori District Hospital (CEmOC) Karungu Sub District Hospital (BEmOC) Macalder Sub District Hospital (BEmOC) Muhuru Health Centre (BEmOC)	Suba District Hospital, Sindo (CEmOC) Mbita Sub District Hospital (BEmOC) Magunga Health Centre (BEmOC) Sena Health Centre (BEmOC)
KURIA WEST DISTRICT (146,559)	**KURIA EAST DISTRICT (76,590)**
Kuria District Hospital (CEmOC) Isebania Sub District Hospital (BEmOC)	Kegonga District Hospital (BEmOC)
KISUMU WEST DISTRICT (146,388)	**RONGO DISTRICT (338,976)[17]**
Kombewa District Hospital (BEmOC) Manyuanda Health Centre (BEmOC)	Rongo District Hospital (BEmOC) Awendo Sub District Hospital (BEmOC)

3.2 The number of midwives and other providers trained in Life Saving Skills and EmOC, as well as other essential skills training is on target (169 providers trained in EmOC and 162 in Life Saving Skills). All midwives during the field visits strongly expressed how valuable the training was in improving their capacity to detect, manage and refer Maternal and Neonatal Health complications. Staff at referral facilities stated repeatedly that they were now receiving referrals that were more timely and appropriate due to the Life Saving Skills and EmOC training resulting in a noticeable decrease in the number of maternal deaths. For example, in Homa Bay

[16] Adapted from EHS Project Draft Report Lessons Learned to Date December 2009

[17] New district carved out of Migori District

the DHMT (District Health Management Team) attributes the reduction in maternal deaths from 24 in 2006 to 13 deaths in 2009 to combined EHS support in Life Saving Skills and EmOC training (Skilled Birth Attendance increased from 15% in 2006 to 22% in 2009) and the implementation of regular Maternal Death Reviews. In Suba deliveries by Skilled Attendants has increased from 9% in 2007 to 33% in 2009 due to EHS support.[18]

3.3 The 25 Essential Health Services target facilities are steadily increasing their capacity to offer the eight World Health Organization signal Emergency Obstetric Care functions (e.g. Siaya now offers seven of the eight functions). The infrastructure improvements, after initial delays, are now on target, facilitated by the dedicated work of the EHS Infrastructure Technical Officer. They have contributed to the capacity of facilities to offer EmOC signal functions, as well as improved the morale and motivation of the providers, managers and community members who are proud of the new and improved facilities. In addition, the procurement of essential equipment, supplies and medications has improved the supply of EmOC. Since the construction of the new Magunga Health Centre Maternity the number of facility deliveries has increased from six deliveries to 35 deliveries per month.

3.4 Quality of care is being institutionalised in the six target EHS districts through regular Continuing Medical Education (CME), Maternal Death Reviews and verbal autopsies, Quality Assurance committees which use Maternal and Neonatal Health Quality Assurance Guidelines, supportive supervision using a Quality Improvement tool, client exit interviews and the use of data to monitor the impact of quality improvements and performance against targets. The construction and recent opening of the Maternity Waiting Home in Magunga is an innovation that will contribute to the quality of care and Maternal and Neonatal Health outcomes and also contributes to increased community demand for the Kenya Essential Package of Health (KEPH) (Output 4). Essential Health Services has supported the development and implementation of a number of important Maternal and Neonatal Health Guidelines and Protocols now being used by providers to improve the quality of care including: Maternal Death Review Guidelines; Verbal Autopsy Guidelines; Managing of Primary Postpartum Haemorrhage; Managing Obstetric Shock; Use of

[18] Dr. Owino the Suba District Medical Officer for Health attributes this to the reduction in maternal deaths.

Magnesium Sulphate; Management of Severe Pre-Eclampsia and Eclampsia; and Newborn Resuscitation.

Output 4: Increased community demand for KEPH (Kenya Essential Package of Health), especially for poor women and infants in selected districts of Nyanza province.

Progress has been good on increasing demand for KEPH (Kenya Essential Package of Health) at the community level for all four Objectively Verifiable Indicators with the increased sensitisation of community members and their involvement with the health facility and District Health Management Team staff.

1. Number of community midwives trained in EmOC target districts in Nyanza province;
2. Number of functioning Community Units (CUs) in the six target districts;
3. Number of Community Units with functioning community referral systems; and
4. Number of communities per district with established verbal autopsy.

The Community Strategy was finalised at the Central Ministry of Health Level in collaboration with key Development Partners in 2006 with the support of EHS and is a priority component of the NHSSP II (National Health Sector Strategic Plan) and the KEPH. Although implementation of the Community Strategy requires a considerable and lengthy investment of time and resources[19] only 2% of the Ministries' budget goes towards community activities.[20] The Community Strategy Implementation Guidelines outline the steps required to implement the strategy which revolves around a Community Unit (basically an administrative sub-location linked to a referral facility intended to cover around 5,000 people living in about 1,000 houses).

4.1 The Community Midwife strategy involves using retired or unemployed midwives in communities to work with the Community Units to attend deliveries, detect and refer obstetric and neonatal complications. The Community Midwife strategy is an innovative way to extend skilled care to women in communities and 17 Community

[19] Cost figures for implementation of the Community Strategy not found during OPR, however, experience from other countries has demonstrated that community-based interventions are relatively expensive compared to facility-based interventions

[20] Personal communication Dr. Moses Owino, DHMO Migori

Midwives have been trained in EmOC in Homa Bay, Migori and Suba districts. In Suba, 15 Community Midwives (6 are practicing in Suba and 5 in Homa Bay) have been trained and provided with kits, with 25 more scheduled to be trained next month. In 2008, they attended 59 deliveries, while in 2009 the number increased to 275 - a significant increase and an average of 6% of the district birth totals per month. In addition to attending births, because they are working out of their homes Community Midwives are carrying out a number of other functions and are important link between members of the community, Traditional Birth Attendants, the Community Health Workers, Community Health Extension Workers and the facility and district health staff. In Migori Community Midwives are being trained in and providing interventions/services such as infection prevention and family planning.

4.2 17 Community Units have been established and are functioning in Essential Health Services target districts since 2007 (5 in Suba, 2 in Homa Bay, 2 in Rongo, 2 in Migori, 2 in Kuria, 2 in Kisumu West and 2 in Siaya). Each Community Unit has a Community Health Committee (CHC) and volunteer CHWs (Community Health Workers) that are overseen/managed by a CHEW (Community Health Extension Worker) linked to the Health Facility Management Committee (HFMC). CHEWs are responsible for collecting community data and communicating it to the CHWs and the community using a chalkboard during Community Dialogue Days (structured exchanges with the community and health workers often around a key theme such as maternal-neonatal death, malaria, immunisation, etc.). CHWs and CHEWS receive training in a number of basic health topics important for improving health outcomes. Chiefs and assistant chiefs and Health Facility Management Committee members also receive training on the Community Strategy and Reproductive Health. For example, at the Sori Community Unit that covers a population of 7,638 with 946 households and is linked to Karungu Sub District Hospital, training of 50 CHWs, 12 CHC (Community Health Committee) members and 5 CHEWs has resulted in:[21]

- Increased number of deliveries by Skilled Birth Attendants;
- Reduced diarrhoea infections;
- Increased VCT (Voluntary Counselling and Testing for HIV);
- Increased number of fully immunised children;
- Increased family planning uptake;
- Number of households with hand washing facilities (597);

[21] Presentation given by Tom Odhong, PHO/CHEW Karungu and interviews with the Sori Community Unit during OPR.

- Number of households with functional latrines (322);
- Number of clinical confirmed malaria (614); and
- A number of fistulas being detected by CHWs during discussions with women in the community and the women being referred to the Provincial Hospital for surgical repair.

At the Samba Community Unit the number of deliveries attended by Skilled Birth Attendants was 65 in 2008 and in 2009 the number increased to 108. In Magunga the Nurse In-Charge stated that due to the Community Health Workers there had been no cholera lately when previously it had been a huge problem. Also that maternal deaths had been reduced because the CHWs were encouraging the women who used to deliver at home to give birth at the hospital.

4.3 The Community Units are establishing improved referral systems using Community Midwives, Community Health Workers, bicycles, motorcycle ambulances and private vehicles whose owners agree to transport women and newborns in emergencies. The Magunga Maternity Waiting Home will improve referrals for complications by giving women who live long distances from facilities a place to stay if they are not delivered immediately.

4.4 Verbal autopsies are being conducted in selected communities, despite initial resistance of community members to discuss maternal deaths.[22] A verbal autopsy committee was established at the Samba Community Unit and one verbal autopsy was conducted after a woman died of haemorrhage in the community in 2009. Verbal autopsies have also been conducted in communities including Ondong, Tagache, Chungi, Godkwer, Homa Bay, Rongo, and Migori. EHS needs to continue to monitor and collect data on the total number of verbal autopsies conducted.

Output 5: DFID support to delivery of Essential Health Service programme effectively managed to promote MOPHS and MOMS (Ministries of Public Health and Sanitation and of Medical Services) ownership.

Progress has been excellent on both Objectively Verifiable Indicators for this output since the last Output to Purpose Review:

[22] Interviews and presentations Samba, Rongo, Migori and Kuri District staff.

1 Number of Annual Operational Plan aligned project work plans and budgets approved by the Programme Steering Committee (PSC); and
2 Extent to which lessons learned have been shared with MOPHS/MOMS (Ministries of Public Health and Sanitation and of Medical Services).

The Essential Health Services programme was designed to promote Government of Kenya/Ministries of Health ownership outlined in the DFID Kenya Country Assistance Plan, June 2004. The expectation was that strengthening the leadership and technical capacity of the Ministries of Health in collaboration with donor partners, utilising a new framework for cooperation, would support a transition to a SWAp (Sector Wide Approach).

5.1 Project work plans and budgets are approved by the Programme Steering Committee. By 2008, four project work plans and budgets were approved and the milestone of seven is expected to be achieved in 2010. All activities implemented were aligned with the objectives of the MOPHS/MOMS (Ministries of Public Health and Sanitation and of Medical Services) strategies.

5.2 All short-term technical assistance (STTA) was carried out at the request of and in collaboration with the MOPHS/MOMS (Ministries of Public Health and Sanitation and of Medical Services) and lessons learned have been shared with the Ministries through the Annual Operational Plan development process, and at regular forums and Ministry/donor meetings. For example, the findings from the Situational Analysis for Reproductive Health in Nyanza Province and the Baseline Survey for Maternal and Neonatal Health in Homa Bay were shared widely with the Ministries and donor partners. Findings of the 2009 baseline survey for Kisumu West and Siaya were disseminated at a Reproductive Health stakeholder meeting in Nyanza and in 2010 recommendations for action will be disseminated, in addition to preliminary data on the impact of Essential Health Services outputs since the expansion to the two new districts.

Conclusions and Recommendations

The recommendations are primarily focused on technical issues that might benefit from added attention or a different approach. As with this Output to Purpose Review (OPR), the two previous reviews gave Essential Health Services (EHS) a score of one for Outputs 1 and 5. This demonstrates the strength of the programme from the outset in managing the policy process from the central level, down to the provincial level, and most recently in the Nyanza target districts where results are finally being seen in terms of improvements in quality of service provision and reported outcomes. The programme continues to perform exceptionally well in the policy area to the extent that changes or a different approach are not necessary. The recommendations for this OPR are:

1 Essential Health Services should identify the most successful sites in Nyanza where interventions and best practices ("positive deviants" or "champions") have resulted in increased Skilled Birth Attendants (SBAs) in facilities, improved QI and supportive supervision, where Focused Antenatal Care (FANC) is high, where referral systems are functioning well despite challenges, etc. and analyse the key elements to success so they can be disseminated and replicated in all the EHS target sites.

2 The Ministries of Health staff at the "champion sites" should then mentor other staff and provide technical assistance to the districts that are reaching their targets less rapidly. Identify and use mentors (such as Migori District Hospital which is a model despite substandard infrastructure) for peer supportive supervision activities. This will support and sustain the EHS achievements in strengthening the leadership and technical capacity of the Ministries of Health.

3 Improve FANC (Focused Antenatal Care) targets by improving the supply (the quality of antenatal visits and counselling skills of midwives) and increasing the demand in the community for antenatal care - work with Community Health Extension Workers, Community Health Workers, Community Midwives, and Traditional Birth Attendants during community dialogue days and carry out other Information, Education and Communication (IEC) interventions by sensitising women and their families regarding the importance of early and focused antenatal care.

4 Continue to expand and improve the use of Maternal Death Reviews and verbal autopsies to improve the quality of care and prevent avoidable maternal and

neonatal deaths. Incorporate the use of actual case studies (MDRs and verbal autopsies already conducted in Nyanza that have been reviewed and improved by an expert in them) to strengthen the capacity of the District Health Management Teams to analyse the causes of maternal and neonatal deaths.

5 Incorporate the routine review of all "near misses"/complications, stillbirths and neonatal deaths (now contributing to 60% of all infant deaths according to preliminary Kenya Demographic and Health Survey 2008 data) at all facilities by Health Management Teams. An added focus on identifying the causes of neonatal deaths and stillbirths (studies worldwide have shown a significant percentage is usually due to poor management during labour and delivery) would also help improve the quality of obstetric care. Use local Short Term Technical Assistance if available for this and recommendation number 4.

6 As Caesarean Section rates increase, systems need to be put in place to ensure operative deliveries are being conducted according to protocols for high risk and complicated cases. There has been an increasing trend in developing countries towards unnecessary and overuse of Caesarean Sections which is expensive and can lead to increased mortality and morbidity (exactly the opposite of the purpose of Caesarean Sections).

7 Promote Kangaroo Care in selected facilities and inform and educate providers and facility managers regarding the dangers of nurseries and incubators (there appears to be a lot of misinformation regarding their use and benefits) and reinforce current "mother-baby friendly" practices (promote "humanised birth") and avoid the introduction and adoption of harmful practices (separation of mothers and babies, bottle feeding, etc.). New studies recently presented at the International Conference on Kangaroo Care in Canada provide strong evidence regarding the effectiveness and cost-effectiveness of Kangaroo Care to improve neonatal outcomes.

8 Work with central, provincial and district policymakers, providers and community members to reorient Traditional Birth Attendants towards new role as Traditional Birth Companions (birth companions) to increase referrals to facilities and improve maternal and neonatal outcomes by the supporting the facility nurse-midwives. TBAs still attend a significant percentage of births in Nyanza province[23] and are respected by the community. Giving them an active role in the CUs, treating them with respect, and encouraging them to accompany women during

[23] 62.6% of births in Nyanza take place at home with 33% attended by TBAs (Reproductive Health in Nyanza Situational Analysis MOH DRH and Provincial Health Department 2006)

labour and delivery at facilities (as an assistant to the woman and the midwife) will result in better maternal and neonatal outcomes and greater satisfaction of women with their facility birth experience, as well as assist the midwives with their work.

9 Work with central, provincial and district policymakers to advocate for incentives for Community Health Workers and analyse the impact of Community Health Worker trainings.

10 Support the development of concrete IEC (Information, Education and Communication) strategies in districts to continue to strengthen increased demand for Kenya Essential Package for Health with small grants and links to other projects to leverage resources.

11 Hold a well-publicised competition in Nyanza (or nationally) for the best modification of the motorcycle ambulances. This will provide an opportunity to sensitise and educate families regarding the importance of Skilled Birth Attendance in facilities and the importance of timely referrals for complications. This may also lead to the development of innovative solutions for referrals. Although motorcycle ambulances are not as acceptable (or comfortable for women being transported during obstetric complications) as vehicle ambulances, given the current resource constraints they should continue to be explored as an alternative.

12 Adolescent pregnancies (including deaths due to unsafe abortion) have been identified as a major problem by some of the Community Units during dialogue days. This should be explored further with facilities and communities who should seek ways to address this serious problem by increasing awareness and ensuring quality post abortion care (PAC) services are offered at Essential Health Service target facilities.

13 Consideration should be given in the final year of the programme to not open new Community Units which require a significant investment of time and resources to establish. A better use of resources might be to continue to strengthen the existing Community Units already established instead of attempting to reach the targets set in the logframe. An analysis of the impact and cost of the establishment of the Community Units would be useful in informing decisions regarding further expansion.

Annex 1: Terms of Reference

Annual Output to Purpose Review (OPR)
DFID Support to the Delivery of Essential Health Services

Objective of the Consultancy

The objective of the consultancy is to carry out an annual output to purpose review against the programme logframe; and recommend any changes required to more effectively support the emerging SWAp in Kenya and achievement of priority health objectives, at national, provincial, district, service-delivery and community levels.

Recipient

DFID Kenya and Somalia

Scope of Work

The consultant will –

- Assess overall progress to date on outputs and how they contribute to the purpose of the programme.
- Assess provision of Technical Assistance (TA) and support to Ministry of Health (MOH) planning and review processes to effectively support the emerging SWAp in the sector.
- Identify other lessons learned so far from the programme that will improve its execution and inform future implementation.
- Recommend any changes that should be made in the implementation of the programme to enable it to achieve its purpose.

The consultant will pay particular attention to the recommendations made at the end of the last review. Key Recommendations from 2008 review include:

- A revised log frame in consultation with stakeholders
- EHS to initiate dialogue on further support for human resource strategy issues
- Make management training sustainable in the province in the same way that this is being attempted for EMONC training
- EHS contact the suppliers of motorcycle ambulances and consult about some possible modifications to the vehicles.

- Conduct maternal death audit and verbal autopsies, alongside management team building, in pursuit of improved quality of care.
- Review financial and administration arrangements within EHS in order to assess if the expanded programme in Nyanza will be optimally served.
- Develop a communication strategy as a priority.

Methodology

The consultancy will be undertaken in January/February 2010, and will take no more than 18 man-days including preparation, fieldwork, consultations, and report writing. Prior to fieldwork, the consultants will review all relevant documents and reports from DFID, the EHS programme, the Ministries of Health, and other sources (see Annex 1 for a preliminary list of relevant documents).

The consultants will develop, in consultation with EHS programme staff, a schedule for in-country activities. In-country activities will include: -

- a briefing session with the DFID Kenya Health Advisor and health programme team;
- meetings with EHS programme staff in Nairobi and Nyanza Province;
- meetings with Ministries of Health officials and other stakeholders;
- meetings with provincial and district MOH partners and other stakeholders;
- field visits to programme sites, meetings with service providers and community members;
- a final de-briefing meeting with DFID, MOH and EHS programme staff.

Reporting

The consultants will be responsible for: -

Preparing an OPR report in the DFID format, accompanied by a brief narrative report that details recommendations on the future focus and scope of the programme.

Timing

The consultancy will be undertaken in January/February. Completed draft report comprising narrative and an OPR format is expected by end January. The stakeholders will have up to two weeks to make comments on the report and feedback by 15 February.

The final report incorporating comments from stakeholders will be completed and submitted by 20 February.

DFID Coordination

The consultants will report to the DFID Health Advisor and liaise with EHS for all their in-country arrangements.

Consultancy Skills and Requirements

Experience in maternal health programmes is required. Experience in SWAp/health Systems Strengthening, community health programme and conducting OPRs for DFID funded programme preferable.

Background

In 2004, DFID agreed to provide up to £7.5 million over five years to GOK to support the delivery of essential health services, through increasing capacity to deliver services for women and children with a particular focus on reproductive health and immunization. In line with the emerging sector-wide approach (SWAp) for health in Kenya, it was agreed that DFID support would be provided in a flexible and responsive way and integrated with multi-partner efforts to develop and implement essential health services in Kenya, now defined as the Kenya Essential Package for Health (KEPH).

The **goal** of the Essential Health Services (EHS) programme is to contribute to achieving the health related Millennium Development Goals in Kenya and in particular to a reduction in infant and maternal mortality. The **purpose** of the programme is to support GOK and the Ministries of Public Health Services and of Medical Services (MOPHS and MOMS), under the auspices of the Second National Health Sector Strategic Plan (NHSSPII), to provide integrated effective health services in Kenya, particularly for poor women and infants. The programme **outputs** are:

1 Central MOPHS/MOMS effectively supported in strengthening health systems, policy development and stewardship for delivery of the KEPH.
2 Health systems strengthened in Nyanza Province to support delivery of KEPH, especially safe motherhood and neonatal health component.
3 Delivery of the KEPH significantly strengthened in selected districts in Nyanza Province, especially to address poor womens' and infants' health needs.

4 Increased community level demand for KEPH, especially for poor women and infants in selected districts of Nyanza Province.
5 DFID support to the delivery of EHS programme effectively managed to promote MOPHS/MOMS ownership.

The programme started in July 2005 with a 1 year Inception phase and Implementation phase commencing July 2006. Following the recommendations of the first external Output to Purpose Review, DFID approved a cost extension for EHS from GBP7.5 million to GBP14.2 million in October 2008. The period of implementation was also extended by 14.2 months and the number of districts benefiting from the programme increased from four to six (using original district boundaries). The selected districts for the programme are now Suba, Homa Bay, Migori, Kuria, Siaya and Kisumu West.

Liverpool Associates in Tropical Health (LATH), in partnership with Liverpool VCT and Care (LVCT) Kenya, Nuffield Centre for International Health and Development (UK), and Health Unlimited Kenya, was awarded a contract through a competitive tendering process to act as managing agents for the EHS programme in July 2005. A 10.5 month Inception Phase for the programme that started in July 2005 resulted in a revised programme Logframe, a detailed work plan for the first year of implementation, and a budget forecast for the four-year implementation phase. Programme implementation began in June 2006,

Technical assistance to MOH Health Sector Reform Secretariat (HSRS) is provided by the Programme Director. Full-time TA is also provided to the MOH Department of Reproductive Health (DRH) by a reproductive health specialist. A programme office in Nyanza Province provides technical assistance and support to one provincial and six district health offices and oversees programme activities in the six selected programme target districts.

An important input of the EHS Project has been provision of TA and support to MOH planning and review processes. As the Kenya health SWAp moves forward, DPs are committed to aligning on-going projects and programmes as much as possible to more explicitly support implementation of the NHSSPII and JPWF. The OPR team will need to look at the extent to which the EHS Project is currently aligned with MOH priorities, and help identify opportunities for the project to realign itself if necessary to

ensure that project objectives and activities are contributing directly to achievement of MOH priority objectives.

DFID Kenya
November 2009

DFID contacts and coordination:
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Annex 2: List of relevant documents for OPR

EHS programme documents and reports

MOH DRH and Provincial Health Dept, Nyanza, Situation Analysis: Reproductive Health in Nyanza Province 2006

EHS Programme Inception Report for the period 18 July to 17 September 2005, LATH, September 2005

EHS Report on Inception Phase (July 2005-May 2006) and Proposals for Costed Implementation Plan (June 2006-July 2010), LATH, April 2006

EHS Programme Steering Committee Minutes

EHS Reports to the Programme Steering Committee

EHS OPR reports 2007, 2008

Project Memorandum: Support to the Delivery of Essential Health Services, DFID, July 2004

EHS Programme Inception Report for the period 18 July to 17 September 2005, LATH, September 2005

EHS Report on Inception Phase (July 2005-May 2006) and Proposals for Costed Implementation Plan (June 2006-July 2010), LATH, April 2006

EHS Report to the Steering Committee: Implementation Phase Half-Yearly Report July-December 2006, LATH, February 2007

[Internal Output to Purpose Review Year 1, June 2007]

Ministry of Health documents and reports

Kenya National Health Sector Strategic Plan II 2005-2010 (NHSSP II), MOH 2005

Taking the Kenya Essential Package for Health to the Community, a Strategy for the Delivery of Level One Services, MOH, June 2006

MOH annual performance reports

MOH Annual Operational Plan 5

Norms and Standards for Health Service Delivery, MOH, June 2006

MOH Infrastructure Improvement Plan, Infrastructure RRI Team, 2006

National Reproductive Health Policy: Enhancing Reproductive Health Status for All Kenyans, MOH, October 2007

National Guidelines for maternal and perinatal death review notification and review, Aug 2009

National RH strategy and Road Map for accelerating attainment of MDGs related to maternal and new born health (draft)

Preliminary KDHS 2008 report

Facts and Figures on Health and Health Related Indicators, 2008

Kenya National Health Sector Strategic Plan II 2005-2010 (NHSSPII), MOH, [date]

Joint Programme of Work and Funding 2006/07-2009/10 (JPWF), MOH, June 2006

[MOH annual performance report 2005/06]

[MOH quarterly performance reports 2006/07]

MOH Annual Operational Plan 2 - 2006/07, MOH, [date]

MOH Annual Operational Plan 3 - 2007/08, MOH, May 2007 (DRAFT)

[Department of Reproductive Health Business Plans]

DFID reports

Project Memorandum: Support to the Delivery of Essential Health Services, DFID, July 2004

DFID, EHS Extension Submission, October 2008

DFID Kenya Health Support Programme (awaiting approval)

Internal Output to Purpose Review Year 1, June 2007

External OPR 2007 and 2008 reports

Other relevant documents and reports

Joint Support Programme, JSP-DPs and MOH, May 2007

Country Assistance Plan, Kenya, DFID, June 2004

Community Strategy, MOH, June 2006

Cost Sharing Study, DFID, December 2005

EHS Internal OPR June 2006

EHS Inception Report, LATH, April 2006

Infrastructure Improvement Plan, MOH, draft, 2006

Implementation of the KEPH- Referral Guidelines, draft, MOH, January 2006

Joint Programme Work and Financing 2006/07-2009/10, MOH, June 2006

Joint Review Mission Report, October 2006

Joint Support Programme Volume I and II, April 2007

National Health Sector Strategic Plan 2005-2010, MOH 2005

Norms and Standards for health service delivery, MOH, 2006

Project Memorandum – Support to the Delivery of Essential Health Services, DFID, July 2004

Programme Steering Committee meeting minutes 2006 & 2007

Report to Programme Steering Committee (progress report, six-month workplan, and financial report), LATH, and February 2007

Scaling up Safe Motherhood and Newborn Health Programmes in Kenya – HLSP, December 2006

Situation Analysis Reproductive Health in Nyanza Province, MOH, 2006

Annex 3: List of Contacts EHS Output to Purpose Review (OPR) - 2010

DFID

Jean Marion Aiken, Senior Health & HIV/AIDS Advisor DFID Kenya & Somalia

Mark Rotich, DFID Kenya Health Advisor

EHS

Dr. Richard Pendame, Programme Director

Dr. Paul Dielemans, Maternal Neonatal Health Adviser

Beatrice Milai, Maternal Neonatal Technical Officer

Shadrack Bwana, Infrastructure Technical Officer (TO)

Elizabeth Odhiambo, Maternal Neonatal Health (MNH) TO

Thomas Omwandho, MNH TO

Joan Lusi, MNH TO

Mary A. Mboya, Community Health & Development TO

Ministries of Health Central Level

Dr. Josephine Kibaru, Head, Department of Family Health

Dr. Bashir M. Issak, Head-Division of Reproductive Health, MOPHS

Dr. Ruth Kitatu, Head of Technical Planning Division in Public Health and Sanitation Monitoring

Mr. Elkana Ong'uti, Chief Economist, Head Policy and Planning

Dr. Samuel O. Were, Head of Department of Technical Planning and Monitoring

Ministries of Health Nyanza Province

Dr. Lusi j.O., Provincial Director of Medical Services

Dr. Peter O. Okotti, Provincial Disease Prevention and Control Officer

John Ollongo, Provincial Health Records and Information Officer

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Dr. Makokha Felicitas, DMOH

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Dr. Moses Owino, DMOH
Rose Odeny, DRHC
Mable M. Chanzu, DDPHO
Alice A. Muga, DPHN
John Odira, DHRIO

Migori District Hospital FHMT
Dr. Ganda, Director Ob/Gyn
Isaac A. Chaocha, NO (Nursing Officer) In Charge
J. K. Obwangi, HAO
Paul A. Bola, Deputy NO In Charge

Kuria District DHMT
Dr. S.J. Bonuo, MOH
Obwanda E. Otieno, MOH
Felix Owino Osono, PHD
Elizabeth A. DKombo, MOH
Samuel Atemba, DHRIO

Karungu Sub District Hospital (Migori District)
Tour of hospital and talked with key staff, including nurse midwife in charge. Observed EHS MNH TO and the Karungu nurse midwife attending a woman in labour about to give birth.
Kenneth O. Ogweno, NO In Charge Karungu
Leonard O. Omweri, RH Coordinator Karungu SDH

Suri Community Unit Meeting (at Karunga SDH)
Millicent Ogallo, CHW
Teresa Atieno, CHW

Florence Agwenge, CHW

Oloo George Adhiambo, CHW

Caroline Ohciewei, CHW

Enne Otiwa, CHW

Smith Ogange, CHW

Anne Otiengo, TBA

Agnes Otama, CHW

Patroba Meshack Odiwa, CHW

Walter O. Owvonda, CHEW

Catherine A. Amayo DRHC Nyatike

Julius Nyagambi, DPHN Nyatiki

Richard O. Kodeke, Chairman Suri Sub District Hospital

Saline Akinti, Block Secretary

Paul Ochieng Alwallah, Block Secretary

Beryl Atieno Otwe, Block Secretary

Jackline Achieng Odhiambo, HEML

Tom Odhang PHO CHEW

Kenneth O. Ogweno, NO In Charge Karungu SDH

Leonard O. Omweri, RH Coordinator Karungu SDH

John Odira, DHRIO Migori

Rose Odony, DRHC Migori

Magunga Health Centre, Hospital and Maternity Waiting Home

Met with DHMT, HFMT, hospital and maternity waiting home staff.

Gwassi-Samba Community Unit Meeting, Suba District

Met with over 25 CHWs, CHEWS, and community representatives

Suba District, DHMT, FHMT (Mbita Hospital), CHMT

Dr. Omondi Owino, DMOH

Odhor Peter Otinah, DPHN

Maurice Olela Aroko, Chairman Mbita District Hospital

John Otheno Osado, Treasurer Mibita District Hospital

James Ken Onma, DNO, Suba-Mibita District

David M. Monda, Health Administrative Officer, Mbita District Hospital

Japheth Anago Omwanda, Nursing Officer in Charge, Mbita District Hospital

Lilian Aketch Okoth, District Home Based Care Coordinator

Vitarice O. Obetto, HAO
Mathhew A. Ajwala, DPHO
Christine Ongete, DRHC
Stephen A. Kwamanga, DOT
Christine Obuya , BOG member
Solomon Orenge, medical student Kisii
Brendan Etenya, medical student Kisii
Mohammed Idd, medical student, Kisii

Homa Bay DHMT (District Health Management Team)
James Kabaka, PHO, District Disease Surveillance
James Ottato, DRHC, District Reproductive Health Coordinator
Samuel Nyamaiko, District Health Information Officer
Dr. Hezbor Dluoch, District Medical Officer of Health

Homa Bay District Hospital
Dr. Ayoma Ojwang, Ob/Gyn Medical Superintendent
Dr. Charles O. Gwalla, Senior Nursing Officer
Rosemary A. Omato, Senior Nursing Officer
Rosebewter A. Onuor, Nursing Officer In-Charge Maternity Unit
Webstar Moraro, HRSIO

Kisumu West District DHMT at Kombewa District Hospital
Dr. Elizabeth Okoth, DMOH
Millicent Ngeso Oloo, Deputy NO Hospital
Dr. Okumu Joel, DH
Sylvia A. Olal, DRHC
Osamo Snleo, EHS
Nicholas Pile, Community Strategy Coordinator
Ngorle S. Odhiambo, DHRIO
Lucus Onyango Otwaya, CHEW
Anne Dieado, CHEW

Annex 4: Programme

Day	Date	Programme
Sun	**24/01**	Arrive in Kenya Sunday night
Mon	**25/01**	Briefing with DFID staff Briefing and programme overview with Dr. Richard Pendame, EHS Programme Director Travel to Kisumu *Spend night in Kisumu*
Tue	**26/01**	Briefing with Dr. Paul Dielemans, EHS MNHTA, Shadrack Bwana, Infrastructure TO and EHS Kisumu staff Travel to Rongo Meeting with Rongo DHMT, Dr. Makokha Felicitas, DMOH, Mr. Samson Olilo, DPHO, Beatrice Oloo, District RH Coordinator, Dr. Okunga Emmanuel, Medical Superintendant, Michael Aomo, DHRIO, Vitalis Ogwere, DPHN, Mr. Ratemo, HAO, Joseph Okidi, NO, Juliana Orinda, EPIC Meeting with Minyenya HFMC, Community Unit meeting with CHEWs, CHWs, Community Midwife, TBAs and community representatives at Minyenya Dispensary

		Spend night in Isebania
Wed	**27/01**	Briefing DHMT's and EHS TO's in Migori and Kuria (joint meeting)-Migori: Rose Odeny, DRHC, Mable M. Chanzu, DDPHO, Alice A. Muga, DPHN, Mary A. Otieno, DHBCC, Dr. Moses Owino, DMOH, John Odira, DHRIO and Kuria: Dr. S.J. Bonuo, MOH, Obwanda E. Otieno, MOH, Felix Owino Osono, PHD Elizabeth A. DKombo, MOH, Samuel Atemba, DHRIO Meeting with Migori HFMC, Community Unit meeting with CHEWs, CHWs, Community Midwife, TBAs and community representatives Visit to Migori District Hospital FHMT: Dr. Ganda, Director Ob/Gyn, Isaac A. Chaocha, NO (Nursing Officer) In Charge, J. K. Obwangi, HAO, Paul A. Bola, Deputy NO In Charge, met with staff and toured hospital *Spend the night in Migori*
Thu	**28/01**	Travel to Karungu (Migori District) Visit Karungu Sub District Hospital, tour of hospital and talked with key staff including Nurse MidwifeIn Charge (and observed her attending woman in active labour) and Kenneth O. Ogweno, NO In Charge Karungu, Leonard O. Omweri, RH Coordinator Karungu SDH Meeting with Suri Community Unit at Karungu SDH: Millicent Ogallo, CHW, Teresa Atieno, CHW, Florence Agwenge, CHW, Oloo George Adhiambo, CHW, Caroline Ohciewei, CHW, Enne Otiwa, CHW, Smith Ogange, CHW,Anne Otiengo, TBA, Agnes Otama, CHW, Patroba Meshack Odiwa, CHW,Walter O. Owvonda, CHEW, Catherine A. Amayo DRHC Nyatike, Julius Nyagambi, DPHN Nyatiki, Richard O. Kodeke, Chairman Suri Sub

		District Hospital, Saline Akinti, Block Secretary Paul Ochieng Alwallah, Block Secretary, Beryl Atieno Otwe, Block Secretary, Jackline Achieng Odhiambo, HEML,Tom Odhang PHO CHEW, Kenneth O. Ogweno, NO In Charge Karungu SDH, Leonard O. Omweri, RH Coordinator Karungu SDH, John Odira, DHRIO Migori, Rose Odony, DRHC Migori Travel to Magunga Hospital, HC and Maternity Waiting Home (Suba) Meeting at Magunga Hospital, HC and Maternity Waiting Home with DHMT, HFMT, Hospital Staff and Community Unit staff Visit to and meeting with Gwasi Community Unit, 35 CHWs, also CHEWs and community members Travel to Mbita *Spend the night in Mbita*
Fri	**29/01**	Briefing with Suba DHMT, HFMC at Mbita District Hospital and community representatives including Dr. Omondi Owino, DMOH, Odhor Peter Otinah, DPHN, Vitarice O. Obetto, HAO, Mathhew A. Ajwala, DPHO, Christine Ongete, DRHC, Mauice Olela Oroko, Chairman Mbita Hospital, Stephen A. Kwamanga, DOT, Christine Obuya , BOG member, James Ken Onwa, DNO for Suba-Mbita, Lilian Aketch Okoth, District Home Based Care Coordinator, David M. Monda, HAO, Mibita District Hospital, Japheth Anago Onwanda, NO In Charge, Mbita, Solomon Orenge, medical student Kisii, Brendan Etenya, medical student Kisii, Mohammed Idd,

		medical student, Kisii Tour of Mbita Hospital with staff Travel to Homa Bay Meeting with DHMT and DMOH Homa Bay James Kabaka, PHO, District Disease Surveillance James Ottato, DRHC, District Reproductive Health Coordinator, Samuel Nyamaiko, District Health Information Officer, Dr. Hezbor Dluoch, District Medical Officer of Health Tour of Homa Bay District Hospital and Meeting with Homa Bay FHMT and hospital staff including: Dr. Ayoma Ojwang, Ob/Gyn Medical Superintendent, Dr. Charles O. Gwalla, Senior Nursing Officer, Rosemary A. Omato, Senior Nursing Officer, Rosebewter A. Onuor, Nursing Officer In-Charge Maternity Unit, Webstar Moraro, HRSIO Travel to Kisumu *Spend the weekend in Kisumu*
Sat	**30/01**	Review of documents, drafting of presentation notes and report writing
Sun	**31/01**	Review of documents, drafting of presentation notes and report writing
Mon	**01/02**	Briefing with MNHTA and EHS Kisumu Staff,

		Briefing with EHS MNHTO, Beatrice Milai Tour of Nyanza Provincial Hospital, including Maternity and Neonatal Units, met and talked with staff Meeting with Provincial Directors of Health, PHMT members Dr. Lusi j.O., Provincial Director of Medical Services, Dr. Peter O. Okotti, Provincial Disease Prevention and Control Officer, John Ollongo, Provincial Health Records and Information Officer, Clementine Gwoswar, Provincial Public Health Nurse
Tue	**02/02**	Travel to Kisumu West, meet with DMOH, tour of the Kombewa District Hospital and Briefing with DHMT: Fly to Nairobi in evening
Wed	**03/02**	Meetings EHS staff, MOH officials and partners in Nairobi Dr. Josephine Kibaru, Head, Department of Family Health Dr. Bashir M. Issak, Head-Division of Reproductive Health, MOPHS

		Preparing debriefing presentation
Thu	**04/02**	Meetings with EHS staff, MOH officials and partners in Nairobi Dr. Ruth Kitatu, Head of Technical Planning Division in Public Health and Sanitation Monitoring Mr. Elkana Ong'uti, Chief Economist, Head Policy and Planning Dr. Samuel O. Were, Head of Department of Technical Planning and Monitoring Preparing debriefing presentation
Fri	**05/02**	Debriefing with EHS staff Debriefing with EHS/DFID/MOH
Sat	**06/02**	Report writing and follow-up debriefings
Sun	**07/02**	Report writing and follow-up debriefing Depart Nairobi/Kenya in evening

Annex 5: Status of EHS Infrastructure Construction and Renovations as of January 2010

Mr. Shadrack Bwana started working for EHS two years ago (2008) after the first OPR recommended a specialist be hired to manage infrastructure construction and renovations after a series of delays.

Mbita District Hospital and Magunga Health Centre Maternity Units (and the Maternity Waiting Home at Magunga) are models for the country.

The ITO is proud of how the Ministry of Public Works infrastructure team capacity has been strengthened through the development of computer skills, purchase of computers, printers, photocopy papers and a strong emphasis on collaboration, especially with the DHMTs. During the field visits the DHMT and facility staff at every site where infrastructure has been built or renovated through EHS stated that the process was collaborative throughout and how grateful they were for their new and/or improved facilities.

There are a number of constraints to construction in addition to a shortage of Ministry staff to oversee building including: poor roads limit accessibility for construction materials; rain and mud are a major problem; and lack of electricity requires the installation of solar panel systems for electricity.

Achievements

Phase I (all completed)

- Homabay District Hospital Maternity Unit Extension and Operating Theatre (new construction)
- Mbita Maternity Unit Extension and Operating Theatre (new construction)
- Mbita DHMT Offices (new construction)
- Sena Health Centre (renovation)
- Magunga Health Centre Maternity Unit (renovation) and Maternity Waiting Home/Shelter (new construction)

Phase II

- Magina Health Centre Maternity Unit (new construction-completed)
- Ndiru Health Centre Maternity Unit (new construction-almost complete)

Phase III

- Pala Health Centre Maternity (renovation-on-going)
- Migori District Hospital Maternity Unit and Operating Theatre (new construction recently started)

Phase IV (all in the Tender Stage)

- Rongo District Hospital Maternity Unit (no Operating Theatre planned)
- Awendo District Hospital Maternity Unit Kuria (name changed to Kehancha) District Hospital Maternity Unit (renovation)
- Isebania Sub District Hospital Maternity Unit (renovation)
- Suba District Hospital Maternity Unit (renovation)

Phase V (not started due to delays and resource envelope changed)

- Karungu District Hospital Maternity Unit (proposed renovation)
- Nacalder Sub District Hospital Maternity Unit (proposed renovation)
- Kegonga District Hospital Maternity Unit (proposed BEOC Maternity Unit construction-upgraded from Health Centre)

Gaps

- Infrastructure “Master Plan” for infrastructure (standard designs for facilities at all levels such as CUs, dispensaries, health centres, etc.) still needs to be developed to facilitate future construction. The EHS Infrastructure Technical Officer has been collaborating closely with the Ministry of Works and Ministry of Public Health and Sanitation/Ministry of Medical Services to develop standards. However, the Ministries have insufficient staff with the necessary capacity in infrastructure development and so far it has not been possible to achieve this goal.

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