Health System Strengthening for MNH Program

Health systems strengthening is a very broad concept that generally refers to efforts to improve the availability, consistency and quality of service delivery. This will be the most time- and resource-intensive area of work for UNICEF and DFID in the six selected counties of Homa Bay, Kakamega, Turkana, Garissa, Bungoma and the urban slums of Nairobi, with some support at the national level as necessary.

**Key activities will fall under five areas:**

**Human resources for health:**
Human resources for health (HRH) is one of the six building-blocks of the health system. Human Resources for Health should be available in adequate numbers, equitably distributed, competent, responsive, and productive.

In Kenya's devolution, where health is fully devolved, there is acute shortage of HRH, mainly in Arid and semi-Arid Lands. For instance in northern Kenya, where historical underdevelopment has been recorded, shortage of in numbers of human resources for health, and quality training is so acute that some health facilities have been previously manned by patient attendants.

Support for this activity center on the development of county human resource for health plans focusing on the development of human resources for health management and development plans, with particular emphasis on issues related to county data management, staff retention attraction and development and sustained human resources for counties.

**Leadership and governance for MNH at the national, county and sub-county level:**
In the wake of the recent transfer from centralized to decentralized governance in Kenya, there is a great need to improve leadership and governance capacity among the members of the newly-formed County Governments to deliver on their promises to reduce health disparities and maternal and child mortality. Health Commissioners, and county/sub-county health management teams will all require new skills, relevant information for decision-making, and consistent mentoring. Through DFID support, UNICEF will support the counties’ quarterly review and planning exercises by assisting with joint monitoring activities, collection and processing of data describing supply, demand and quality of MNCH services (including community health and HIV services), reinforcing skills in bottleneck analysis, and tracking budget allocations and expenditures. Finally, UNICEF will promote accountability through supporting the Kenya Quality Model of Health (KQMH). The KQMH is a framework for continuous quality improvement of MNH services that engages managers, service providers and clients in ongoing structured discussions on service quality.

**Institutionalizing the Maternal, Perinatal Death and Surveillance and Response (MDSR):**

The Government of Kenya recognizes the unacceptable levels of maternal and neonatal mortality. UNICEF is working with the government to highlight the inequities to access to quality emergency obstetric care especially with a focus on nomadic populations and the urban poor. UNICEF is emphasizing the recording and analysis of every maternal and neonatal death using the health system pillars to identify preventable direct and indirect contributors to these unfortunate events. More importantly UNICEF is supporting the Ministry to ensure that recommendations are implemented to prevent repeat occurrences. UNICEF will help to institute County level forums where County wide discussions and response plans shall be developed to ensure a coherent and effective response in our focus Counties. UNICEF will contribute to the implementation of these plans while recognizing that the County Government, private sector and the public are key stakeholders to the achievement of results.

**Establishment of three nomadic clinics and three maternal shelters in Turkana:**

Maternal Shelters: Despite efforts to improve Prenatal and Perinatal health care in developing countries, child-birth remains hazardous for both mother and child. Access to maternity health services is key indicator for maternal mortality. Reaching a health facility which can provide emergency obstetric care without delays is the best tool for reducing maternal mortality (Bulatao 2003). UNICEF will support the establishment of maternity waiting shelters at hospitals where mothers can wait so that, when they go into labour or develop antenatal complications, they can be transferred to the hospital wards for management and safe delivery.

Nomadic Clinics: these facilities are designed for populations living in widely dispersed area not covered by the static model of health care provision and where health service delivery remains inadequate.

UNICEF support will focus on establishing three nomadic clinics which will follow common migration routes, and integrated outreach services to cover particularly remote and mobile communities.

**Development of functional referral systems for obstetric and newborn emergencies:**

A referral system is a mechanism that enables comprehensive management of clients’/patients’ health through resources beyond those available where they access service. An effective referral system ensures a close relationship between all levels of the health system and helps to ensure people receive the best possible care closest to home. A good referral system also helps clients receive optimal care at the appropriate level and not unnecessarily costly Hospital facilities, and provision of specialist services in a timely manner. UNICEF will support national and five counties Turkana, Garissa and Nairobi informal settlements, Homa Bay, and Kakamega to develop a more comprehensive and functional referral system based on Ministry of Health, WHO and Kenya Bureau of Standards (KEBS) guidelines and standards. UNICEF will support this through an institution, focusing on two models: Counties that have no infrastructure for referral systems (Turkana and Homa Bay)-where UNICEF will provide 100% support; and counties which have already received some support from National Ministry of Health, WHO and Kenya Red Cross (Garissa, Nairobi and Kakamega), where UNICEF will support components identified to have gaps. -UNICEF will only support existing gaps identified through an assessment.