MAPPING HEALTH RESOURCE PARTNER INSTITUTIONS (HRPIs):

Modeling a sustained approach for strengthening health governance and stewardship in low-income countries

Kenya Report

African Center for Global Health and Social Transformation (ACHEST)

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Mapping Health Resource Partner Institutions (HRPIs): Modeling a sustained approach for strengthening health governance and stewardship in low-income countries

Foreword

The global study on supporting the leadership of Ministers and Ministries of Health and its report "Strong Ministries for Strong Health Systems", undertaken by ACHEST and the NYAM recommended that countries develop effective governmental and non-governmental Health Resource Partner Institutions(HRPIs) to support health system stewardship and governance functions of the ministries of health. The study pointed out the importance of organizations both in and outside of government that can provide needed expertise and resources to ministries of health. The study noted that every country needs to cultivate and grow a critical mass of individuals, and institutions that interact regularly among themselves and with their governments, parliaments, and civil society as agents of change, holding each other and their governments to account, as well as providing support. These include professional associations, national academies of medicine and science, universities, free standing think tanks, research and development organizations, business, private sector, NGOs and the media.

As a first step towards marshaling the HRPIs in the countries, a protocol and framework for mapping HRPIs, other governmental agencies and non-governmental organizations was developed and implemented in five countries namely Kenya, Malawi, Mali, Tanzania and Uganda. The purpose of these mapping studies was to identify and characterize HRPIs active in countries as a prelude to understanding how best they can work better with their respective governments especially the Ministries of Health to advance health system governance in sub-Saharan Africa in particular. As can be seen in the detailed country reports, it was found that while many such institutions were found in all the countries studied, they were strong in some countries and are used effectively by MOHs. In other countries, they were weak and rarely worked with the governments. In all countries these institutions need to be strengthened to provide the level of intellectual and human resources necessary to support effective health systems performance and governance. Ministries of health on the other hand were in some cases seen as insular and reluctant to collaborate with HRPIs.

During the 2nd Congress on Health Systems governance in March 2012, all the five countries presented and discussed their respective mapping study reports. It was unanimously agreed and recommended that all the five countries and ACHEST: 1) Develop mechanisms to link the work of HRPIs to Ministries of Health in order to utilize their expertise. 2) Make arrangements to develop the capacity of HRPIs so that they can play support roles to their governments more effectively. 3) Develop a new tool to be used for modeling a stronger working relationship between HRPIs and MoH as the next steps in implementing these recommendations. 4) The reports of the five countries to be widely disseminated. 5) Modify and adapt the mapping tool for use by other countries in mapping and collaborating with HRPIs.

We would like to recommend these reports to all who those who grapple with strengthening health systems in LMICs and welcome comments on the reports and are available to engage in further dialogue on how this stream of work can contribute to the achievement of better health outcomes.

In conclusion we wholeheartedly thank the Rockefeller Foundation, the government and people of Norway through NORAD for the financial grants that made it possible for this work to be undertaken.

We also thank the governments of Kenya, Malawi, Mali, Tanzania and Uganda for their willing participation in the study and commitment to strengthen their respective health systems.

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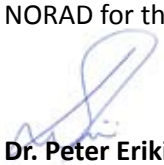
This work benefited immensely from the critique of the Second African Health Systems Governance Congress which took place in Kampala, March 2012.

ACHEST is immensely grateful to our development partners namely the Rockefeller Foundation and NORAD for the generous grants and encouragement that enabled this work to be carried out.



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Acronyms and Abbreviations

ACHEST	African Center for Health and Social Transformation
AGM	Annual General Meeting
AMREF	African Medical Research Foundation
AOP	Annual Operational Plan
APHRC	African Population and Health Research Center
CHAK	Christian Health Association of Kenya
DANIDA	Danish International Development Agency
DP	Development Partner
DPHK	Development Partners for Health Kenya
FBO	Faith-Based Organization
GLUK	Great Lakes University of Kisumu
HENNET	Health NGO's Network
HRPI	Health Resource Partner Institutions
ICC	Inter-Coordinating committee
IPs	Implementing Partners
KIA	Kenya Institute Administration
KIPPRA	Kenya Institute of Public Policy and Research Analysis
KEC	Kenya Episcopal Conference
KEMKI	Kenya Medical Research Institute
KEPSA	Kenya Private Sector Alliance
KMTC	Kenya Medical Training College
MDGs	Millennium Development Goals
MoH	Ministries of Health
MoU	Memorandum of Understanding
NCCK	National Council of Churches of Kenya
NGO	Non-Governmental Organization
NHSSP II	The second National Health Sector Strategic Plan
PPP	Public-Private Partnership
SWAp	Sector Wide Approach
ToR	Terms of Reference
UON	University of Nairobi
WHO	World Health Organization

I. Executive Summary

The second National Health Sector Strategic Plan (NHSSP II – 2005-2010) outlines the health sector strategies aimed at achieving the national development priorities defined by the government of Kenya and the Millennium Development Goals (MDGs). NHSSP II's goal is to reduce inequalities in health care services and reverse the downward trend in health-related outcome indicators. One of the strategic objectives of this goal is to enhance partnerships in the health sector. The health sector in Kenya is inclusive of different stakeholders ranging from training institutions to research centers and Non-Governmental Organizations (NGOs) with special interest in the health matters of the country.

The mapping of Health Resource Partner Institutions (HRPIs) in Kenya is part of a wider study being carried out in selected African countries to model a sustained approach for strengthening health governance and stewardship in low income countries. The African Centre for Global Health and Social Transformation (ACHEST) has facilitated this study in an effort to map out and examine HRPIs in order to understand them better and develop a strategy that will empower and provide HRPIs with appropriate capacity to support health system stewardship and governance. Ultimately, the study is expected to recommend models for strengthening the national health stewardship and governance using HRPIs.

II. Background of the Study

Kenya has a population of 40 million people. Administratively, the country is in the process of implementing the constitution of Kenya 2010 that includes the establishment of a two tier government – the national level and county level. The country is divided into 47 counties each governing itself. The new structure will have a lot of implication on stewardship and governance in the health sector and this study will be a basis of mapping out HRPIs as available resources are established in the 47 counties. HRPIs in this study are located in Nairobi, Mombasa and Kisumu.

This study is part of a bigger project on strengthening health stewardship and governance in Africa and other low-income countries as a strategy to strengthen health systems. It is a follow-up to implement the findings and recommendations of the study by ACHEST and the New York Academy of Medicine: "Strong Ministries for Strong Health Systems." One of the seven recommendations of the study is that "a country should develop effective governmental and non-governmental Health Resource Partner Institutions (HRPIs) to support the health system stewardship and governance functions of the ministry of health."

As a way forward, it was recommended by stakeholders that HRPIs be identified and characterized to provide the necessary knowledge and understanding to design a mechanism for involving them to advance health and health system governance. The purpose of this study is to determine which institutions and individuals are active or have the potential to be effective HRPIs in Kenya in line with the new county system. The HRPIs may be academic institutions, NGOs, think tanks, public and private sector institutions, development partner institutions, faith based organizations or individuals.

The objectives of this study are to:

1) Gain better knowledge and understanding of the Kenyan health policy and strategy organizations, their activities, impact, strengths, and needs;
2) Identify and characterize the HRPIs;
3) Identify different ways and methods by which HRPIs can strengthen health governance and stewardship; and,
4) Recommend models by which HRPIs could be facilitated to strengthen health governance and stewardship in Kenya and larger Africa.

III. Summary of the Terms of Reference

The survey was coordinated by ACHEST who commissioned and guided the consultant's work. The survey was undertaken in two phases: phase one was from April to May 2010 and involved pre-testing the survey instrument and phase two, the main part of the study, was from July to September 2010. The consultant's Terms of Reference (ToR) included the following (Annex 1: complete ToR):

a. Participate in the modification or country adaptation of the study tool by carrying out a pre-test of the tool and revision of the tool in consultation with the ACHEST Study Coordinator.
b. Identify, locate and administer questionnaire to selected local HRPIs that are involved or have the potential to participate in national health stewardship and governance
c. Draw a table listing all possible HRPIs in the country including information on their location, their key areas of work, how they have worked in health stewardship and governance, and how they can be supported to strengthen national health stewardship and governance.
d. Carry-out detailed study and follow-up of 10 – 15 HRPIs by administering the tool, collecting and recording data using the questionnaire
e. Compile data from the core 10 - 15 HRPIs and from other HRPIs which manage to submit reasonably well completed questionnaires, analyze and present the data for easy interpretation
f. Write a clear and concise report.
g. To present the report at a joint workshop.

IV. Methods of Data Collection and Analysis

Given the wide scope of HRPIs in Kenya, the institutions were divided into five sub sectors:

- Academic Institutions (universities and colleges)
- Think Tanks
- Management Institutions
- Non-Governmental Organizations and Faith-Based Organizations (FBOs)
- Development and Implementing Partners

The data collection involved mapping out all HRPIs in the country. Thirty-four institutions were identified, twenty of them had basic information available on their websites and twelve were selected for the in-depth survey. Table 1 shows the type of institution of the 34 originally identified HRPIs.

Table 1: Categories of HRPI's identified in the country

Type of HRPI's	Number
Academic institutions	8
Think tanks	3
Management institutions	2
NGO/FBO	8
Development and implementing partners	3
Professional bodies	2
Research bodies	4
Private sector	2
The media	2
TOTAL	**34**

The study questionnaire as was revised and adopted to conform to the country's administrative and governance structure and then administered through both field visits to the institutions and emailing to some of them due to their complex nature. Interpretive technique was used in analyzing the data. Table 2 provides the name, date of establishment and location of the HRPIs.

Table 2: Location and establish date of HRPIs

HRPI	Year Established	Country of operation
Universities/colleges		
University of Nairobi (UON)	1956	Kenya
Great Lakes University (GLUK)	1998	Kenya, Congo
Kenya Medical Training Institute (KMTC)	1927	Kenya
Management institutions		
Kenya Institute of Administration (KIA)	1961	Kenya Southern Sudan
Think tanks		
African Population Health and Research Centre (APHRC)	2001	Kenya, Senegal, Ethiopia, Tanzania, Nigeria, Malawi
Kenya Institute for Public Policy and Research Analysis (KIPPRA)	1999	Kenya
NGO'S/FBO'S		
African Medical and Research Foundation (AMREF)	1957	Kenya ,Uganda, Tanzania, Ethiopia, South Sudan, Italy, Austria, Germany, Spain, Holland, UK and USA
Kenya Episcopal Conference (KEC)	Not provided	Kenya
Christian Health Association for Kenya (CHAK)	1946	Kenya
Development Partners		
World health Organization (WHO)	1948	In 100 countries
Danish International Development Agency (DANIDA)	1963	34 countries

V. Findings

1. Location

As Table 3 shows, most of the HRPI's are either located in and around the capital, Nairobi or have branches in the capital. This does not apply though to development partners who have their headquarters in their countries of origin but have local branches or regional offices in their respective countries of operation.

2. History and geographical scope

All universities and colleges in the study had branches in major towns in Kenya and founded as far back as the early 1920s and as recently as the late 1990s. The Kenya Institute of Management (KIA) was established in the year 1961 with branches in Southern Sudan. The cluster of Think Tanks had

institutions which were established in the late 1990s. APHRC had branches (country project offices) in other countries.

The received questionnaire indicated that AMREF was established in the year 1957 with eight branches within and without the African continent. Founded around the same time (1956), CHAK operates only in Kenya. Most of the health partners were founded on their mother countries and later established branches in the different countries in the world. For example, DANIDA has its headquarters based in Denmark with branches in over seventy countries in the world. (See Table 2).

3. Legal status

The legal status is the ground under which an institution is identified. This forms its basis for existence. HRPIs in this study are formed by law, an act of parliament, registration, or international development cooperation. In Kenya, HRPI'S can be broadly categorized as private or public. The public are formed by acts of parliament while private institutions can be a subsidiary of other organizations. AMREF is an international registered NGO while CHAK and KEC are faith-based organizations under the societies act. The Think Tank KIPPRA, is a government institution formed under an act of parliament. APHRC on the other hand is a registered non-governmental and non-profit institution. The management institution is established under an act of parliament making it a government institution. (See Table 4).

Public institutions and colleges were formed by an act of parliament therefore becoming government institutions. GLUK is a private institution and subsequently a registered institution of higher learning. The development partners in health range from being bilateral organizations to agencies of other organizations. DANIDA is a bilateral development organization while WHO is an agency of the United Nations.

Table 3: HRPI information and branches

HRPIs	Year established	Founders	Head-quarters	Branch Locations	Countries of operation
UNIVERSITIES					
University of Nairobi- College of Health Sciences	1956	University of London	Nairobi	Kisumu; Mombasa; Nairobi	Kenya
Kenyatta University- School of Medicine	1965		Nairobi	Kisumu; Nakuru; Mombasa; Kakamega; Kitui; Nyeri; Embu	Kenya
Moi University – School of Medicine	1988	Government of Kenya	Eldoret	Eldoret; Nairobi	Kenya
Great Lakes University	1998	TICH Africa	Kisumu	Kisumu; Nairobi	Kenya
Maseno University	1990	Maseno GTI	Maseno, Kisumu	Maseno	Kenya
COLLEGES					
Kenya Medical Training College (KMTC)	1927	Kenya Institute of Management	Nairobi	Nairobi; Machakos; Garissa; Kitui; Mombasa; Lodwar Loitoktok; Siaya Meru; Msambweni Eldoret; Thika	Kenya
HEALTH PROFESSIONAL BODIES					
Nursing Council of Kenya		Ministry of Health	Nairobi	Nairobi	Kenya
H/RESEARCH INSTITUTES/ BODIES					
Kenya Medical Research Institute (KEMRI)	1979	State corporation	Nairobi	Nairobi; Kisumu; Tororo	Kenya Uganda
THINK TANKS					
Kenya Institute of Public policy and Research (KIPPRA)	1997	Government of Kenya	Nairobi		Kenya
African Population and Health Research Centre (APHRC)	1995	Population Council	Nairobi		Kenya

MANAGEMENT INSTITUTIONS					
Kenya Institute of Administration (KIA)	1961	Government of Kenya	Nairobi		Kenya
BUSINESSES/ PRIVATE SECTOR					
Kenya Private Sector Alliance (KEPSA)	2003	Civil society	Nairobi		Kenya
Consortium for Kenya Private Healthcare Providers					
NON-GOVERNMENTAL ORGANISATIONS (NGOs)					
Kenya Episcopal Conference (KEC)					
Supreme Council for Muslim (SUPKEM) - Muslim Health secretariat		Dr. Mohammed Karama; Kenya Association of Muslim Medical professionals (KAMMPS)	Nairobi		Kenya
Christian Health association of Kenya (CHAK)	1930's	National Council of Churches of Kenya	Nairobi		Kenya
AMREF	1957	Fying Doctors of East Africa; Michael Wood; Archibald McIndoe; Tom Rees	Nairobi		Kenya; Ethiopia; Tanzania; Southern Sudan; South Africa
Red Cross- Kenya	1965	British Red Cross			
HEALTH DEVELOPMENT PARTNERS GROUP					
Development Partners for Health - Kenya (DPHK)					
HENNET					

Table 4:Types of institutions and legal status

HRPI Type	Number (%)	Name of HRPI
Non-government	33.3%	APHRC, AMREF, CHAK, KEC
Government	25%	UON, KIA, KIPPRA
Academia	16,7%	GLUK, UON,
Government - autonomous registered	8%	KMTC
Bilateral/multilateral	25%	WHO, DANIDA, DPHK
The legal status under which the HRPI was established:		
Established by law/ Act of parliament	41.7%	UON, GLUK, KIA, KIPPRA, KMTC
Registered	16.7%	AMREF, APHRC,
Other – world health resolution	8%	WHO,
Other – societies act, board for international development cooperation	33.3%	KEC (societies act), CHAK, DANIDA (board of international development cooperation), DPHK

4. Governance of the institution

Governance structures are organized in the following ways:

- Board of Trustees
- Governing Council
- Annual General Meeting
- Board of Directors

A Board of Directors is a body of elected or appointed members who jointly oversee the activities of a company or organization. The body sometimes has a different name, such as board of governors, board of managers, board of regents, board of trustees, board of visitors, or executive board. It is often simply referred to as "the board."A board's activities are determined by the powers, duties, and responsibilities delegated to it or conferred on it by an authority outside itself. These matters are typically detailed in the organization's bylaws. The bylaws commonly also specify the number of members of the board, how they are to be chosen, and when they are to meet. Duties of boards of directors include:

- governing the organization by establishing broad policies and objectives;
- selecting, appointing, supporting and reviewing the performance of the chief executive;
- ensuring the availability of adequate financial resources;
- approving annual budgets;
- setting their own salaries and compensation.

The health partners are governed by different organs, some being governed by board of governors, and board of directors. The academic institutions are governed by different organs depending on the nature of the institution be it public or private, a college or a university. UON is a public university governed by a council, GLUK on the other hand is a private university governed by a general assembly. KMTC is a public college which is governed by a board of management.

KIA being a government institution is governed by a governing council. The think tanks are governed by board of directors. The NGO AMREF is governed by board of directors and trustees while CHAK and KEC are governed by board of trustees and general assembly.

Table 5: Governance of HRPIs

Governance Structure	Percent	HRPI
Board of Trustees/ Directors	33.3%	KMTC, APHRC, KIPPRA, AMREF
Governing Council/Committee	16.7%	UON, KIA
General Assembly/ AGM	25%	GLUK, KEC, CHAK,
Other	25%	WHO, DANIDA, DPHK

5. Founding institutions/ individuals

The various institutions are founded on basis of their affiliations. Some are founded by:

- National government
- Church organizations
- Government agencies
- Private foundations

The development partner's institutions were founded by regional and non- regional members, governments in the countries of origin and member states for specific organizations.

CHAK was founded by the National Council of Churches in Kenya (NCCK) while AMREF was founded by individuals from different counties. KEC was founded by the Catholic commission in Kenya.

APHRC was founded by specific organizations such as Rockefeller foundation and the Population Council while KIPPRA did not have specific founders indicated.

KIA the management institution was founded by the government of Kenya as was the University of Nairobi and KMTC. The private University, GLUK, was founded by a board of trustees in Kenya and outside Kenya.

6. Partner institutions, institutional links and networks

All the HRPIs visited had institutional links and networks. Sixty-six percent of the universities had links with other institutions; 58% of national government and multilateral organizations had built links with others; and, 25% of the HRPIs had links with foreign governments.

The development partners had links and networks with the government of Kenya and multilateral organizations. The think tanks had networks and partnerships with universities, research institutions, national government, foreign government, multilateral organizations and Private Sector Alliance.

The NGO's partnership varied since partnerships would be along the line of work of the specific NGO. AMREF has networks with all other institutions with donor agencies; CHAK and KEC have networks in university, FBO, NGO, development partners, national government and multilateral organization. UON and GLUK partners with all the institutions while KMTC has links in the universities, teaching hospitals research institutions and the national government

Table 6: Linked Institution

	HRPIs with links	Name of HRPI
University	**66.7%**	UON, GLUK, KEC, KIA, KIPPRA, AMREF, APHRC, CHAK
Other academic institutions (specify)	**41.7%**	UON, GLUK, AMREF, APHRC, CHAK
Research institution	**50%**	UON,GLUK, KIPPRA, AMREF, APHRC, WHO
National government	**58.3%**	UON, GLUK, KEC, KIA, KIPPRA, AMREF, APHRC
Foreign government	**25%**	DANIDA, UON, KIA,AMREF
Multilateral organization	**58.3%**	UON, GLUK, KEC, KIA, KIPPRA, AMREF, APHRC, CHAK, DANIDA, WHO
Other (specify)	**25%**	KEC, CHAK (NGO'S), KIPPRA (private sector), AMREF(donor agencies), APHRC (ICF MACRO)

7. Technical areas and types of work

The HRPI's undertake many areas technical and non- technical aspects. The training institutions which range from universities to colleges carry out capacity building among other areas.
UON and GLUK are involved in the areas of health policy, systems, disease specific programmes technical assistance/ advice and advocacy while KMTC is involved on the area of capacity building only.

The NGO's are involved in every area highlighted in the tool apart from the area on economic policy trade and health. APHRC a think tank is involved in the areas highlighted in the tool by doing research and offering technical assistance in setting up of Health information system apart from the area on economic policy and health which does not apply to them. KIPPRA is only HRPI which is involved in the area on economic policy, trade and health as well as the other areas.

Table 7 indicates that the areas where HRPI's are engaged in are human resource (91.7%), health policy (83.3%), and disease specific programmes (75%). The area with the least is the area on economic policy, trade and health with only one HRPI engaging in it (8.3%).

Table 7: Institutions' areas of work focus (N = 20):

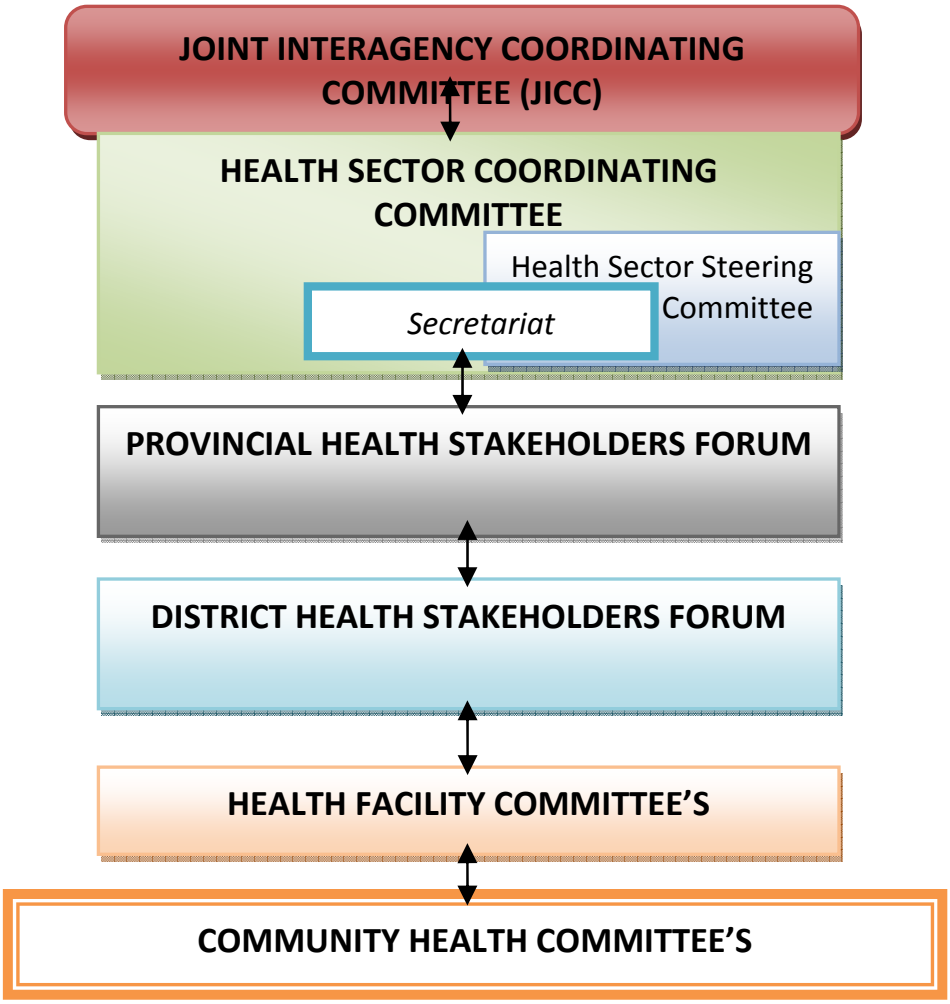
Area of Focus	Percent	HRPIs
Health policy	83.3%	KIA, APHRC, UON, GLUK, AMREF, KEC, CHAK, KIPPRA, WHO, DANIDA
Health systems	75%	APHRC, UON, GLUK, AMREF, KEC, CHAK, KIPPRA, WHO, DANIDA
Health care program	58.3%	KIA, APHRC, AMREF, CHAK KIPPRA, WHO, DANIDA
Disease specific program	75%	APHRC, UON, GLUK,AMREF,KIPPRA,KEC, CHAK, WHO, DANIDA
Human resources	91.7%	KIA, APHRC, AMREF, KEC, CHAK, KIPPRA, KMTC, WHO, DANIDA, WHO, DANIDA
Health financing	58.3%	APHRC, KEC, CHAK, AMREF, KIPPRA, WHO, DANIDA
Community participation	58.3%	APHRC, KEC, CHAK, AMREF, KIPPRA, WHO, DANIDA
Economic policy, trade and health	8.3%	KIPPRA
Technical assistance/advice	58.3%	APHRC, KEC, CHAK, AMREF, KIPPRA, WHO, DANIDA
Advocacy	50%	KEC, CHAK, AMREF, KIPPRA WHO, DANIDA,

The development partners are involved in different areas depending on the mandate in which they were formed. Management institution KIA is only engaged in health policy, health care programmes and human resources. The specifications of how the HRPI's are involved in the different were not indicated in the data collected.

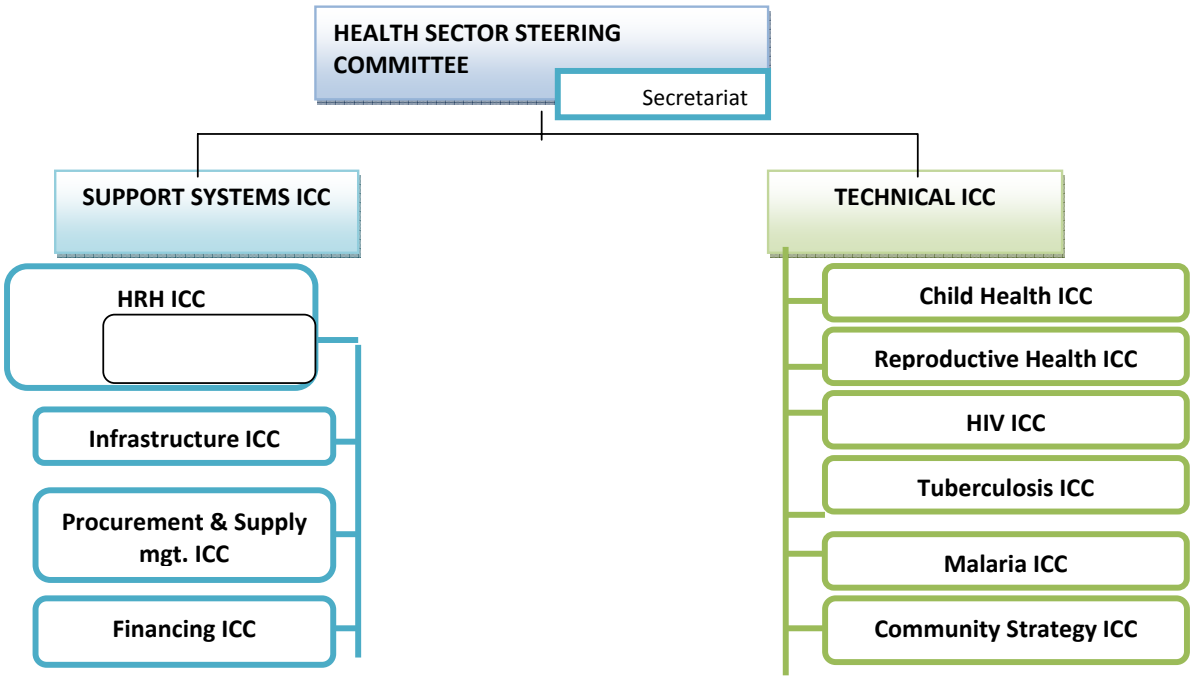
8. Involvement in health stewardship and governance

Stewardship in the health sector is purely by the government through its respective health ministry. The HRPIs are then involved through the various governance structures in place. Diagram 1 indicates the various structures under which HRPI's can come on board in different capacities. Most HRPI's are members of the ICC and working teams under the structure below.

Sector coordinating framework



Technical coordination framework for national level



The development partners in health participate in national or regional health governance by being active members of the health sector coordinating committee and being members of Development Partners for Health in Kenya (DPHK). This therefore implies some of the members of DPHK will be involved in the various areas of health governance ranging from planning, organization, accountability and policy.

The think tanks have been involved in different task forces in the health sector that are geared towards review and the development of policy. Through the umbrella body of HENNET some have participated in coordination planning and partnership with other stakeholders.

KEC and CHAK have representation in health sector steering coordinating committee, and are also members of the regulation bodies, PPP.

The academia has being involved in the development of schemes of work , policy documents such as the community strategy and capacity building for the health sector reforms. The management institutions have been engaged in carrying out surveys for the health sector, capacity building.

Table 8: HRPI involvement in health stewardship and governance (N=20)

Participation in national or regional governance	%	HRPI	Nature of Involvement
Policy: Health policy development	100%	DANIDA, KIPPRA, APHRC, GLUK, KEC, KIA, KMTC, AMREF, APHRC,CHAK, DANIDA, WHO	Membership to HSCC &DPHK; Development of strategies; Capacity building; Policy development
Oversight: Legislation process and development	16.7%	APHRC, WHO	Reviews of acts
Research: Health policy and systems development	58.3%	WHO, DANIDA, GLUK, KEC, KIPPRA, AMREF, CHAK	Membership to HSCC; Reviews; Research; Capacity building
Regulation: Rules and procedures of management	50%	DANIDA, UON, WHO, KEC, KMTC, KIA,	Development of guidelines; Membership to regulatory bodies; Stakeholder forums
Incentives development and application: Staff payment, and retention strategies	58.3%	DANIDA, GLUK, KEC, KMTC,WHO,APHRC, CHAK	Development of guidelines for recruitment; Advocacy for deployment; Capacity building; Development of schemes of service; Staff recruitment
Partnership with other stakeholders: SWAp and networks	58.3%	DANIDA, KEC, KMTC, WHO, AMREF, APHRC, CHAK	PPP; Stakeholders for a; Community partnership initiatives; ICC's
Organization: Organizational reforms; restructuring and decentralization	41.7%	DANIDA,KEC, KIA, CHAK,WHO	Surveys; Regional coordinating committees
Accountability: Consultancy or research to track funds	41.7%	DANIDA, GLUK, KEC, KIA, CHAK,	Consultancies; Regular audits; Capacity building; Research
Monitoring and evaluation: Assessing performance against objectives and planned targets	66.7%	DANIDA, GLUK, KEC, KIA, AMREF, APHRC, CHAK, WHO	Development of guidelines; M&E mechanisms; Capacity building; Development of policy initiatives
Coordination: alignment to nationally agreed goals and processes	33.3%	DANIDA, KIA, CHAK, WHO	Capacity building

9. Publications

Most of the publications from the universities and colleges are related to disease specific programmes and health care program. The NGO's have publications trainings and governance policy manual for hospitals. The think tanks have publications ranging from service delivery issues to capacity building and policy issues.

10. Funding

As indicated in Table 9, funding for the HRPIs varies. Twenty-five percent of HRPIs received government support through other government agencies such as KIPPRA which was established by an act of parliament and receives 40% of its funds from government while APHRC, NGO, receives 7% of their funding from the government. APHRC also received funds from the MoH but the percentage was not included in the data collected.

Twenty-five percent of the HRPIs surveyed received support from bilateral organizations but these were not indicated in the survey. AMREF receives 96% of its funds from bilateral organizations while KMTC receives 1%. KIA is the only HRPI in the study to generate 100% of its own income. AMREF raised 3% of its own funds while WHO and APHRC raised 17% and 80% of their own funds, respectively.

Table 9: Main Source of Funding

	HRPI	HRPI (percent of funding)
Ministry of Health	APHRC	
Other ministries or government agents	UON, KIPPRA, KMTC, APHRC	KIPPRA (40%); KMTC (52%); APHRC (7%)
African regional agencies	APHRC	
Bilateral organizations	KIPPRA, AMREF, APHRC , KMTC	KIPPRA (40%); KMTC (1%); AMREF (96%); APHRC (13%)
Multilateral organizations	KMTC, APHRC, DANIDA, WHO	DANIDA (100%); KMTC (N/A); WHO (32%)
International Research funders	UON, GLUK, AMREF, KIPPRA	KIPPRA (20%); AMREF (1%)
Membership fees	GLUK, KMTC	KMTC (47%)
Own income generation	KIA	KIA (100%)
Other sources, private foundation	AMREF, APHRC, WHO	AMREF (3%); 80% (PRIVATE FOUNDATION); 17% (WHO)

11. Individuals contribution

HRPIs nominated individuals felt to have made significant contributions in the strengthening of these institutions. The nominated individuals are involved in different areas, 31% of the nominees were involved in leadership, governance and stewardship; 13% contributed to capacity building and training; 25% contributed to the area of research; and 6% in areas of advocacy, projects and monitoring and evaluation. (Table 10)

Table 10: Individual Contributors to Health Sector

Name	Area of contribution	Nominating HRPI
Prof Aseje	Leadership and governance	GLUK
Prof Miriam Were	Stewardship	GLUK
Prof Kobia	Leadership and direction	GLUK
Mr Elijah Wachira	Stewardship	KIA
Gerald Wandera	Coordination	KIA
Jane Mwangi	Monitoring and evaluation	KIA
Dr Josphine Mwangi	Facilitation	KIA
Esther Njiru	Facilitation	KIA
Rachel Ngesa	Facilitation	KIA
Dr Obuya	Projects and investment plans	KIA
Prof Mwabu	Research and training	KIPPRA
David Muthaka	Research	KIPPRA
Nancy Nafula	Public expenditure reviews	KIPPRA
Diana Kimani	Research	KIPPPRA
Dr Peter Ngatia	Capacity building and advocacy	AMREF
Hon Ekwe Ethuro	Leadership, governance, stewardship, and health systems	APHRC

IV. Suggestions from HRPI's on how to strengthen health sector governance and stewardship

a) Universities and colleges, generally categorized as capacity building institutions, felt that they needed to be more involved in these areas and especially in the current government structure. The feeling across was that the government should instill prudent regulatory and stewardship guidelines on academic programs to ensure standards are maintained and programmes are reviewed in line with market demands and changes.

b) Non-Governmental and Faith-Based Organizations expressed their desire to support the government in areas of service delivery especially to the marginalized population, and development of their information system in line with the sector for easier data transmission and sharing. Under the devolved system they feel confident in that they are well spread especially in the underserved areas and would benefit from government support to establish more facilities and improve access. They play a role in advocacy of health policies to their catchment population and capacity building through their several schools.

c) Think Tanks are well established to carry out research and felt they should be involved when it comes to MoH surveys that inform policy and could be called on to offer technical assistance to various programmes in the sector. Their engagement in reviews of regulation was proposed as well as membership in several task forces in the health sector where they can provide their expertise

d) Management institutions recommended a more structured way of partnering with health ministries in developing curriculum that meets the changing dynamic health sector leadership and governance. At the same time utilizing their invested capacity to build capacity of health managers on supervision, leadership and governance.

e) Development and implementing partners suggested that they should be engaged more in development of health care financing strategies and funding mechanisms, policy reviews and analysis, and development of monitoring and evaluation indicators and their actual implementation.

VII. Analysis and interpretation

The findings of the survey clearly indicate a disjointed engagement within the MOH the HRPIs. Across the five categories of HRPI's interviewed, all the institutions showed willingness in collaborating on health sector issues of policy, stewardship and governance. The only challenge sighted is the lack of forums where their expertise, contribution and engagement can be voiced.

The fact that most of the HRPI'S are located in Nairobi makes interaction with the MoH convenient. As the country moves into a two tier system, the extensive network of some institutions will form a strong system of collaborative systems at the county level. The institutions surveyed showed varying strengths across the areas of focus in health systems, the consolidation of these strengths can form a strong foundation for a partnership between governments and stakeholders on matters of policy, stewardship, and governance. The government must take a lead role in creating a forum where the HRPIs can engage and interact to improve the health system and the health of people in Kenya.

VIII. Recommendations

Recognition of HRPI's as key stakeholders in the health sector, this will ensure that there two have a common understanding of the health goals and the targets set to realize the achievement of the same. To strengthen health governance and stewardship HRPI's should be involved in all aspects of policy making, from development of guidelines to training and capacity building. They should therefore be involved in:

- **Policy analysis and development.** HRPIs can conduct policy reviews to ensure that their strategies are harmonized with those of the MoH. To this end, the MoH should involve the HRPI's in policy review and development processes.

- **Capacity building and management of health systems**. Training institutions and the MoH should be developing with a common curriculum that responds to the needs of the health sector.

- **Strengthening and disseminating research**. By harmonizing all the research studies done by all stakeholders and disseminating the findings through a common data base, the MoH can be better equipped to make policy based on evidence. Some of the institutions are keen and to some extent already engaged in health research process; this should be strengthened and expanded to all research and researchers, with a focus on research priority setting, health policy and operational research.

- **Monitoring and Evaluation.** Setting up priorities for the health sector and aligning stakeholders' programs to those priorities can be achieved by involving HRPI's in planning, monitoring and evaluation processes. This will enable prioritization of sector strategies by all and therefore harmonization in the sector.

- **Governance and leadership through Interagency Coordinating Committees (ICCs).** The ICC's should be used as forums for voicing issues and allowing engagement. Public-Private Partnerships (PPPs) should be strengthened to ensure sector wide partnerships and collaborations. For example, the universities and training institutions could be implementing what the sector is prioritizing.

IX. Conclusion

As a country, Kenya has a wide range of HRPI'S working in various different sub-sectors. Their input in health stewardship and governance can be significant if their strengths in contributing to the health agenda are well harnessed by the MoH. As the country implements the devolved system of governance, a widespread network of HRPIs can assist in establishing county management and governance structures as well as capacity building.

The comprehensive survey is coming at the right time when the country is in the process of setting up mechanisms and structures for a devolved health service delivery.

Annex 1. Terms of Reference

ACHEST STUDY TERMS OF REFERENCE FOR THE COUNTRY CONSULTANT

Mapping Health Resource Partner Institutions (HRPIs) in selected African countries to Model a Sustained Approach for Strengthening Health Governance and Stewardship in Low income Countries

Introduction

As part of a three year program to strengthen health stewardship and governance in low income countries, African Centre for Global Health and Social Transformation (ACHEST) is conducting a study to map out Health Resource Partner Institutions (HRPIs) to understand them better so that a strategy can be made to empower and give them appropriate capacity to support health system stewardship and governance. The goal of the study is to identify, locate and characterize HRPIs in **five** countries of **Ghana, Kenya, Malawi, Mali, and Uganda**. Each country study will be done by a Country Consultant. Information gathered on HRPIs will include name, location, area of work, history, geographical scope of operation, networks and linkages, resources, funding, achievements and impact. Ultimately, the study is expected to recommend models for strengthening the national health stewardship and governance using HRPIs.

Study Objectives

The study has the following objectives:

1) To gain better knowledge and understanding of HRPIs, their activities, strengths and weaknesses, needs, and impact on health stewardship and governance
2) To identify, locate and characterize HRPIs
3) To identify different ways and methods by which HRPIs can strengthen health governance and stewardship
4) To recommend models by which HRPIs can be facilitated to strengthen health governance and stewardship

Tasks for the Country Consultant

1) To participate in the development, modification or country adaptation of the study tool in consultation with the ACHEST Project Coordinator of the study
2) To identify, locate and administer questionnaire to all indigenous HRPIs that are involved or have the potential to participate in national health stewardship and governance
3) To draw a table listing all possible HRPIs in the country including information on their location, their key areas of work, how they have worked in health stewardship and governance, and how they can be supported to strengthen national health stewardship and governance.
4) To carry out a pre-test of the tool and revise the tool in consultation with the Project Coordinator
5) To carry out detailed study and follow-up of 10 – 15 HRPIs by administering the tool, collecting and recording data using the questionnaire
6) To compile data from the core 10- 15 HRPIs and from other HRPIs which manage to submit reasonably well completed questionnaires, analyze and present the data for easy interpretation
7) To write a clear and concise report
8) To present the report at a joint workshop.

Report Format

The report will cover the following key elements:

- Executive summary including clear actionable recommendations
- Background of the study
- A summary of the ToRs in the consultants understanding
- The methods of data collection and analysis
- Findings; to be arranged under the following sub-headings:
    1. Location
    2. History
    3. Geographical scope
    4. Legal status
    5. Governance of the institution
    6. Founding institutions/ individuals
    7. Partner institutions, institutional links and networks
    8. Technical and areas and types of work
    9. Involvement in health stewardship and governance
    10. Support to Ministry of Health (MoH)
    11. Publications: number, types, content, stewardship and governance issues etc.
    12. Suggestions from HRPIs on how to strengthen stewardship and governance issues
- Discussion: analysis and interpretation
- Recommendations
- Conclusions
- Annexes to include ToRs, the study tool, detailed tables etc.

Deliverables

The expected deliverables are:

1. A table with a comprehensive list and key information on all HRPIs in the country
2. A list of 10 -15 HRPIs selected for a close follow-up and detailed study
3. A report on pre-test of the tool, with recommendations for revising or improving the study tool
4. A report with detailed recommendations

Country consultant

The consultant should have at least a master's degree in medical / health or social sciences, with a minimum of 5 years of research experience. Familiarity with and a special training in qualitative methods and health leadership and governance or health system development will be useful. Knowledge and familiarity with the country will be essential.

Timing

The consultancy covering the entire study will take 60 calendar days or two calendar months from the day of signing the contract. In any case, it should start not later than the June 30 and end not later August 31, 2010.

Coordination of study

The country studies will be coordinated at ACHEST by the Study Project Coordinator, located in Kampala, Uganda.

Annex 2. Questionnaire

ACHEST STUDY INSTRUMENT

Mapping Health Resource Partner Institutions (HRPIs) in selected African countries to Model a Sustained Approach for Strengthening Health Governance and Stewardship in Low income Countries

Background

This study is part of a bigger project on strengthening health stewardship and governance in Africa and other low income countries as a strategy to strengthen health systems. It is a follow-up to implement the findings and recommendations of a study report: "Strong Ministries for Strong Health Systems". One of the seven recommendations of the study is that "countries should develop effective governmental and non-governmental Health Resource Partner Institutions (HRPIs) to support the health system stewardship and governance functions of the ministries of health". As a way forward, it was recommended by stakeholders that HRPIs be identified and characterized to provide the necessary knowledge and understanding to design a mechanism for involving them to advance health and health system governance. The purpose of this study is to determine which institutions and individuals are active or have the potential to be effective HRPIs in 5 African countries. The HRPIs may be academic institutions, NGOs, think tanks, public and private sector institutions, development partner institutions or individuals.

The five countries selected for this study are **Kenya, Malawi, Mali, Tanzania and Uganda**. Information gathered is expected to include name, location, area of work, date of commencement of work, membership, resources available, funding sources, achievements and impact in the countries, region and world-wide.

The objectives of this study are to:

1) Gain better knowledge and understanding of African health policy and strategy organizations, their activities, impact, strengths, and needs;
2) Identify and characterize the HRPIs;
3) Identify different ways and methods by which HRPIs can strengthen health governance and stewardship; and
4) Recommend models by which HRPIs could be facilitated to strengthen health governance and stewardship in Africa.

Key definitions

Health system: personal health care services, public health services, health research systems and health in all other policies.

Stewardship: governments are stewards or protectors of public interest and have the ultimate responsibility to assuring conditions that allow people to be as healthy as possible.

Governance: is the alignment of multiple actors and interests to promote collective action towards an agreed goal.

Leadership: The ability to and the process of scanning of the environment, creating attractive vision and strategies, and inspiring and aligning actors and interests for action to achieve an agreed goal

Management: Involves planning, including scheduling activities, mobilizing and using resources, implementation, monitoring and evaluation, and feedback.

CONTACT INFORMATION

1	Name of respondent	
2	Title of respondent	
3	Contacts of respondent: Telephone Email Postal address	
4	Name of the institution in full	
5	ACRONYM	
6	Street address	
7	Province and / or district	
11	City or Town	
12	Country	
13	Telephone	
14	Email	
15	Website	

INSTITUTIONAL HISTORY AND GEOGRAPHICAL SCOPE

16	In which year was the institution established?	
17	In which country is the institution's headquarters located?	
18	Are there any branches??	
19	If so, where (which countries)?	
20	In what countries does the institution operate?	

LEGAL STATUS

21	What type of institution is it? Government NGO Bilateral organization Multilateral Other (specify)	
22	What is the legal status of the institution? Established by law Registered Other (specify)	

GOVERNANCE OF THE INSTITUTION

23	Which of the following organs apply to the governance of the institution? Tick as applicable.	
	Board of Trustees	
	Governing Council/Committee	
	General Assembly/ Annual General Meeting	
	Directors	
	Others (specify)	

FOUNDERS

24	Who or what organizations were the founders of the institution and which are their countries of origin or of current location	
	Name of founding institutions or individuals	Countries where these institutions are located. Also indicate the nationalities of the individual founders
	1.	
	2.	
	3.	
	4.	
	5.	

FUNDING SOURCES

25	What are three main sources of funding?	Approximately what percentage of funding of funding is from each source?

LINKS WITH OTHER INSTITUTIONS

26	Does the institution have links with other institutions? Indicate	
27	If yes, what type of institutions is it linked to? Tick as	
	University	
	Other academic institutions (specify)	
	Research institution	
	National government	
	Foreign government	
	Multilateral organization	
	Other (specify)	

AREAS OF FOCUS / NATURE OF WORK

28	Which of the following are the principal areas of the focus of work?	In what specific
	Health policy	
	Health systems	
	Health care programs	
	Disease specific programs	
	Human resources	
	Health financing	
	Community participation	
	Economic policy, trade and health	
	Technical assistance/advice	
	Advocacy	
	Other specify	

INVOLVEMENT IN HEALTH GOVERNANCE

29	In what ways has your institution participated in national or regional health governance?	Explain and give some examples
	Policy: Health policy development	
	Oversight: legislation process and development	
	Research: Health policy and systems development	
	Regulation: Development of rules and procedures of management	
	Incentives development and application: Staff payment, attraction and retention strategies	
	Partnership with other stakeholders: SWAP and networks	
	Organization: Organizational reforms, including restructuring and decentralization	
	Accountability: Consultancy or research to track funds with outputs or amount of work done	
	Monitoring and evaluation: Assessing the level of performance against program objectives and planned targets	
	Coordination: alignment of individuals and institutions to nationally agreed goals and processes	
	Others (specify)	

INDIVIDUAL HEALTH RESOURCE PARTNERS

30	List names of outstanding individuals who have made significant contribution to health governance and stewardship in the country or region		
	Names	Area of contribution	Email and telephone contact

PROBLEMS AND CHALLENGES OF WORKING WITH MOH IN GOVERNANCE AND STEWARDSHIP

31	List down the challenges your organization has faced in working with the Ministry of Health in health stewardship and governance. (What are the challenges you have faced in efforts to enhance health stewardship and Governance?

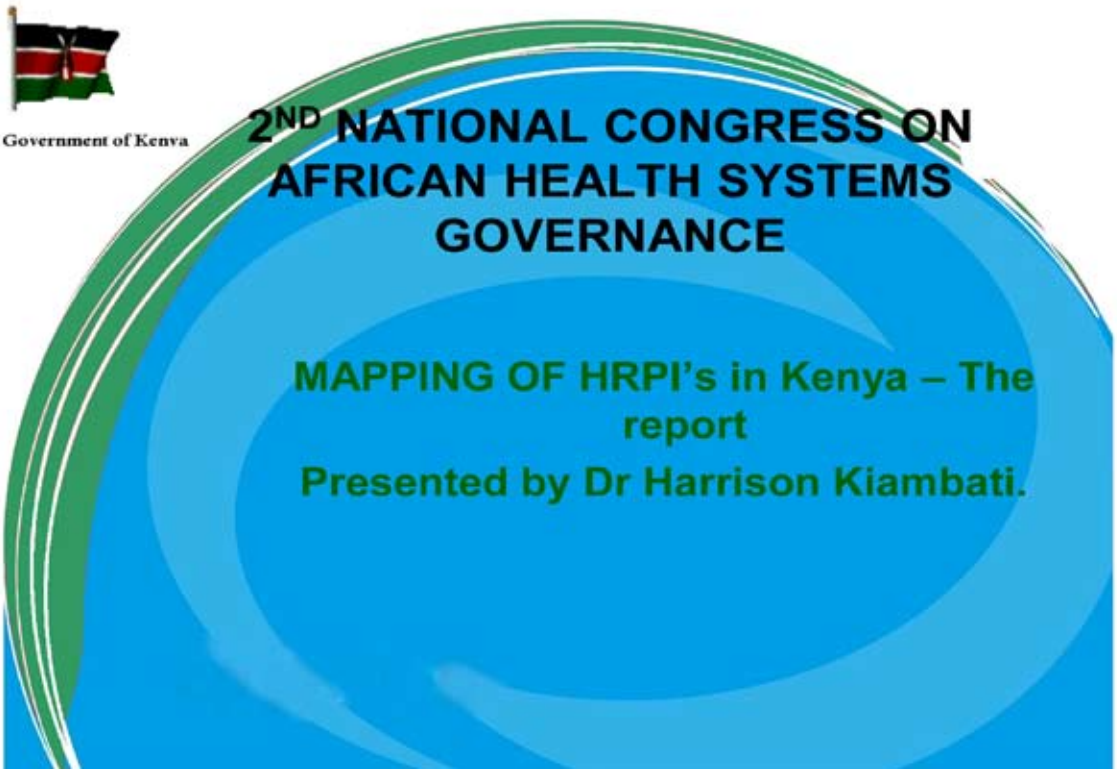
WAYS BY WHICH HRPIs CAN ENHANCE HEALTH GOVERNANCE

32	Suggest ways by which your organization could better facilitate health sector stewardship and governance.

PUBLICATIONS

33	Please list publications, if any, which depict your involvement in health policy, stewardship or governance.

Annex 3: Powerpoint Presentation of Report



BACKGROUND

- Kenya has a population of approx.40 million
- COK (2010) has introduced two tier levels of government – national and county governments.
- There are 47 autonomous counties working in collaboration with national government.
- SWAP intentions; joint planning, monitoring and evaluation
- NHSSP aims at enhancing and fostering of partnerships in the health sector.
- Through vision 2030 the government will create an enabling environment that will foster relationships at policy level, capacity building and service delivery.

OBJECTIVE OF THE STUDY

- Gain better knowledge and understanding of the Kenyan health policy and strategy organizations, their activities, impact, strengths, and needs;
- Identify and characterize the HRPIs;
- Identify different ways and methods by which HRPIs can strengthen health governance and stewardship; and
- Recommend models by which HRPIs could be facilitated to strengthen health governance and stewardship in Kenya and larger Africa.

INTRODUCTION

HRPI - individuals, groups and institutions that interact regularly among themselves and with their governments, parliaments, and civil society as agents of change, holding each other and their governments to account, as well as providing support.

They include professional associations, national academies of medicine and science, universities, freestanding think tanks, research and development organizations, business, private sector and NGOs.

STUDY DESIGN

- The study framework composed of all HRPI's in the country which were contacted through mails and Physical visits.
- A list of 34 institutions were mapped out and basic information documented.
- An in-depth survey focused on 12 out of the mapped out institutions.
- Data analysis and interpretation

KEY CATEGORIES OF HRPI's

- Academic institutions – universities and colleges
- Think tanks
- Management institutions
- NGO's/ FBO's
- Development and implementing partners

FINDINGS

Location
Legal status
Governance of the institution
Mode of establishment
Linkages and networks
Funding mechanism
Collaborations and stewardship in governance
Recommendations

MAPPED OUT HRPI'S

Type of HRPI's	Number
1. Academic institutions	8
2. Think tanks	3
3. Management institutions	2
4. NGO/FBO	8
5. Development and implementing partners	3
6. Professional bodies	2
7. Research bodies	4
8. Private sector	2
9. The media	2
TOTAL	34

LOCATION

- Most of the HRPI's are located in and around Nairobi.
- Those outside Nairobi have branches in Nairobi.
- Most development partners have their HQs in countries of origin with branches in the respective countries of operation. With some having tentacles at the county level.

LEGAL STATUS

Legal form	percentage
Established by law/ Act of parliament	41.7%
Registered under register of societies	16.7%
Other – world health resolutions	8%
Other – societies act, board for international development cooperation	33.3%

GOVERNANCE

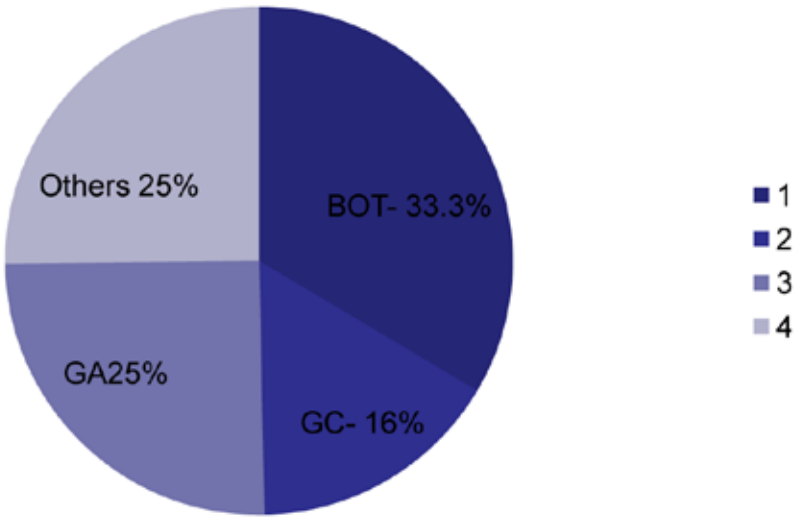
Governance structures are organized in different forms; Board of trustees, Governing council, Annual general meeting and Directors

Summary of governance structure

- Board of trustees/ directors - 33.3%,
- governing council - 16%
- general assembly -25%
- other governance structures - 25%.

FOUNDING INSTITUTIONS/INDIVIDUALS

Founding body	No. (%)
national government	20%
church organization	7%
private organizations	20%
government agencies	20%
Others	13%
individuals	13%



PARTNERSHIP AND NETWORKING

- All the HRPI's studied had institutional links and networks e.g. development partners had links and networks with the government of Kenya and multilateral organizations, universities have links with others.
- The NGO's partnership varied since partnerships would be along the line of work of the specific NGO e.g. CHAK and KEC have networks in universities, FBO, NGO, development partners, national government and multilateral organization.

Institutions' areas of work focus (N = 20):

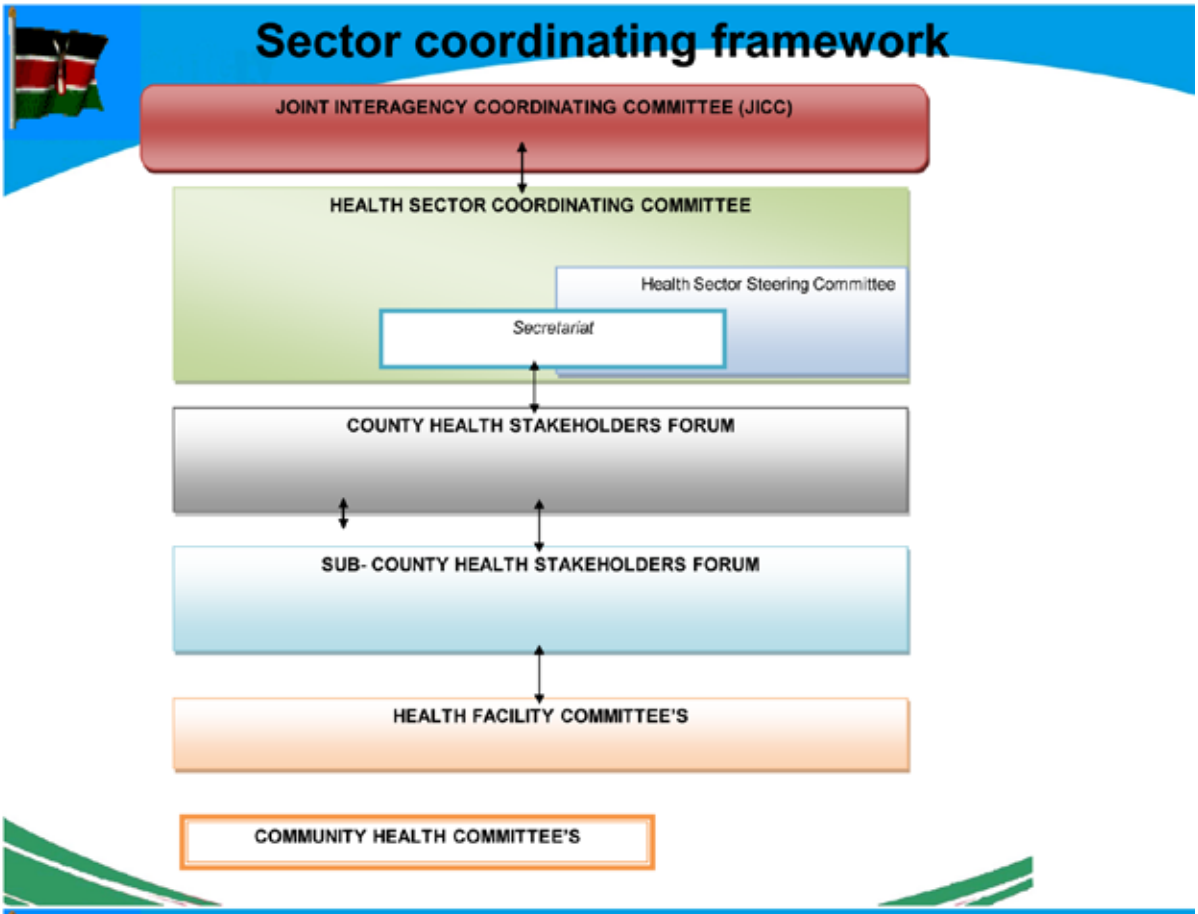
Area of Focus	n (%)
Human resources	91.7%
Health policy	83.3%
Health systems	75%
Disease specific programmes	75%
Health care programmes	58.3%
Health financing	58.3%
Community participation	58.3%
Technical assistance/advice	58.3%
Advocacy	50%
Economic policy, trade and health	8.3%

SOURCE OF FUNDING

- Central government
- African regional agencies
- Bilateral organization
- Multilateral organization
- International research funders
- Membership tuition / fees
- Own income generation and others

Involvement in health stewardship and governance.

Stewardship in the Kenyan health sector is purely by the government through its respective health ministry. The HRPI's are then involved through the various governance structures in place.



INTER- AGENCY COORDINATING COMMITTEES (ICC)

The health sector will have seven ICCs based on the building blocks. They include;

- Financing ICC
- Service delivery
- Health information, and ICT
- Medical commodities and equipment
- Infrastructure
- Human resource
- Leadership and governance.

Stewardship results

HRPI participation in national or regional health governance	HRPIs n (%)	Comments on how/ways HRPIs involved
Policy: Health policy development	100%	• Membership to HSCC &DPHK • Development of strategies • Capacity building • Policy development
Oversight: legislation process and development	16.7%	• Reviews of acts/ law
Regulation: Rules and procedures of management	50%	• Development of guidelines • Membership to regulatory bodies • Stakeholder forums

Cont...

Incentives development and application: Staff payment, and retention strategies	58.3%	• Development of guidelines for recruitment • Advocacy for deployment • Capacity building • Development of schemes of service • Staff recruitment
Partnership with other stakeholders: SWAP and networks	58.3%	• PPP • Stakeholders for a • Community partnership initiatives • ICC's
Organization: Organizational reforms, including restructuring and decentralization	41.7%	• Surveys • Regional coordinating committees

Cont..

Accountability: Consultancy or research to track funds with outputs or amount of work done	**41.7%**	• **Consultancies** • **Regular audits** • **Capacity building** • **Research**
Monitoring and evaluation: Assessing the level of performance against programme objectives and planned targets	66.7%	• Development of guidelines • M&E mechanisms • Capacity building • Development of policy initiatives
Coordination: alignment of individuals and institutions to nationally agreed goals and processes	33.3%	• Capacity building

Suggestions from HRPI's

- Instill a regulatory and stewardship framework especially on academic programs to ensure standards are maintained and programmes are reviewed in line with market demands and changes.
- Support the government in areas of service delivery especially to the marginalized population, and development of the information system in line with the sector for easier data transmission and sharing.
- Engagement in policy reviews, surveys , health care financing strategies and funding mechanisms and development of monitoring and evaluation indicators and their actual implementation.

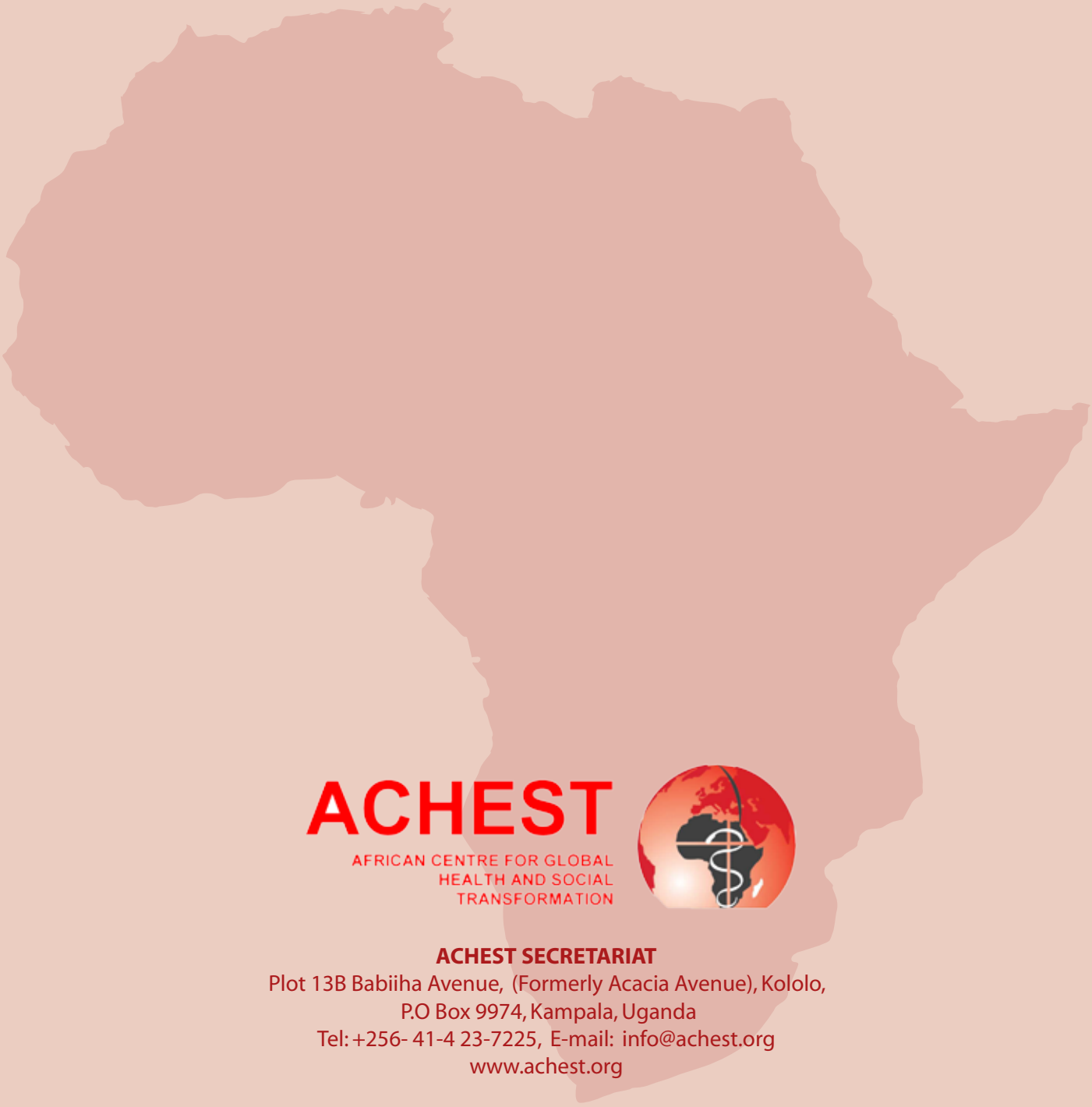
recommendations

HRPI's should be part and parcel of the following;

- Policy analysis, development, implementation and monitoring.
- Health management systems, capacity building and development.
- Research strengthening through harmonizing all the research studies
- Setting up priorities for the health and aligning to the same
- Governance and leadership structures through interagency coordinating committees (ICC).

CONCLUSION

- The health sector will achieve its goals in a more cost effective and inclusive manner by engagement of all stakeholders in health in priority setting, planning and implementation.
- For Kenya most of the ground work has been laid down by COK 2010 but a lot of stakeholder analysis and involvement need to be factored in as the country develops the NHSSP III.



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