



USAID's primary HSS technical focus areas are geared towards improving: human resources for health; health finance; health governance; health information; medical products, vaccines, and technology; and service delivery.

HEALTH SYSTEMS STRENGTHENING TECHNICAL BRIEF

Afya Jijini's technical approach to health systems strengthening (HSS) within Nairobi City County (NCC)

USAID's *Afya Jijini* program aims to improve access to and quality of health services in NCC. The program strengthens county-level institutional capacity to manage these health services as a central strategy for overall health care improvement. Managed by IMA World Health (IMA), *Afya Jijini* is a five-year contract implemented in collaboration with local sub-contractors: the Christian Health Association of Kenya (CHAK), Mission for Essential Drugs and Supplies (MEDS), and the National Organization of Peer Educators (NOPE).

DATES OF IMPLEMENTATION

September 1, 2015 – September 30, 2020

BACKGROUND

A sprawling metropolis, Nairobi is home to a dynamic health system that serves more than four million people across 10 sub-counties. NCC typifies the trend of rapid urbanization, and population explosion is seen throughout Sub-Saharan Africa, necessitating unique health system technical assistance (TA) needs that address the sizable patient caseload and socio-economic dynamics. An estimated 60-70% of Nairobi residents live in rapidly expanding informal settlements that are characterized by extreme poverty, overcrowding, lack of access to clean water and sanitation, and high rates of HIV/AIDS and sexually transmitted infections. Many clients lack the income and time to seek public health care and therefore often rely on informal and poorly regulated health services.¹ NCC, therefore, requires strong TA to address these pressing health needs – as well as those routinely required from all health systems – to achieve its overall health objectives.

Devolution further complicates health system management. In 2010, Kenya passed a new constitution that transferred the bulk of health service delivery from the central government to counties. Like its 46 other county counterparts, the devolution of Kenya's health sector continues to strain Nairobi's health system, impacting health care workers (HCWs), the supply chain, and reporting system. Inadequate preparation by the county for the devolved system created strain and confusion around how formerly centralized health system functions would be implemented. As a result, Nairobi saw and still experiences numerous human resource and supply chain challenges. New skills are required by health managers at all levels to operate successfully in the devolved environment, including budgeting, planning, and forecasting; procurement and supply chain management; and advocacy skills to gain county executive support for budget requests. Many NCC health management team (HMT) members are optimistic, however, that devolution creates the opportunity to improve health outcomes by more effectively involving beneficiaries in planning and managing the health system and should lead to more accountability, equitable distribution of resources, and responsible spending of health resources.

TECHNICAL APPROACHES

The *Afya Jijini* team works in partnership with NCC to strengthen the health system across the World Health Organization's six health system building blocks.² Working hand-in-hand with NCC, *Afya Jijini* uses a joint assessment and mentorship approach to ensure that NCC defines and leads its health system priorities at all levels. This is part of working toward the Journey to Self-Reliance (J2SR), which calls for local ownership of development interventions. From community to county level, the county team now collaborates with the long-term public and private structures and stakeholders to implement health interventions and monitor success. At sub-county level, the project helps the managers to understand better their role in health care management, including supportive supervision of health service delivery across support areas.

¹ African Population and Health Research Center. 2014. *Population and Health Dynamics in Nairobi's Informal Settlements: Report of the Nairobi Cross-sectional Slums Survey (NCSS) 2012*. Nairobi: APHRC.

² Health service delivery, workforce, information systems, essential medicines, financing, and leadership and governance.

LEADERSHIP AND GOVERNANCE

To lead and coordinate health services more effectively under the devolved system, *Afya Jijini* embarked on strengthening the county and sub-county level institutional and individual leadership capacities. The priority interventions included providing technical support in developing key policies, strategies, plans, and other accountability tools. These include developing and implementing the Nairobi City County HIV & AIDS Strategic Plan 2015/2016-2018/2019; County Health Services Health Policy 2016-2025 and Health Bills; County Health Services Medium-Term Expenditure Framework; and the County Health Sector Strategic and Investment Plan 2013/2014-2018/2019, with corresponding annual implementation plans. *Afya Jijini* also coaches health system managers in improving the health planning and budgeting process, including developing integrated health facility work plans that feed into sub-county budgets including performance review.

As one of the newly established sectors in the county, these instruments are critical tools to guide the health sector in providing quality care. Also, *Afya Jijini* systematically and progressively helps the NCC more effectively coordinate and govern the hundreds of health stakeholders who are based in and around Nairobi. Before the project, the NCC was unsure which health partners were working in Nairobi, where they were working, and what they were doing. With *Afya Jijini* TA, NCC developed its first-ever Health Sector Partnership Coordination Framework. The Framework laid out the process for partner engagement. As a result, all health partners now follow a defined entry process, and the NCC has been able to more accurately track health partner human and financial resource inputs for budgeting and strategic planning.

HUMAN RESOURCES FOR HEALTH (HRH)

Afya Jijini has strengthened the capacity of NCC to improve HCW management and performance at all service delivery levels. An estimated 4,442³ health care workers serve as the frontline of NCC's health services and account for the most significant proportion of the county health budget. Through technical and financial support from the project, NCC was able to assess the health workforce to guide HCW allocation, training, and deployment. The 2017 NCC HRH audit, for example, was instrumental in identifying ghost workers and improving deployment of HCW cadres across hundreds of health facilities. To improve HCW accountability, *Afya Jijini* assisted NCC to develop and roll out the first-ever HCW performance management system since devolution. The performance targets for the HCWs are linked to an annual work plan. The project is helping NCC move to an automated performance appraisal system in iHRIS workforce software. This system will improve the tracking of HCW leave and training, which has historically been poorly coordinated. In addition to HRH TA, *Afya Jijini* provides select surge HRH support in high-need areas – including HIV/AIDS and maternal, newborn, and child health (MNCH). These temporary health care staff have provided critical scale-up health services to meet 95-95-95 HIV and MNCH targets and served as stopgap support during the numerous HCW strikes from 2016 to 2018. *Afya Jijini* is working with NCC to transition these HCWs to the NCC payroll as an essential sustainability strategy.

To improve leadership skills, *Afya Jijini* supported the county to design, adopt, and implement the Leadership Development Program Plus (LDP+) as a primary approach for improving HCW management skills at county, sub-county, and facility levels. In this model, health facility leadership teams across

³As noted in the MOH Integrated Human Resources Information System (iHRIS), April 2019.

departments convene and identify a health service delivery challenge and develop an improvement initiative. Through LDP+, HCWs and managers appreciate the value of teamwork in tackling some of the facility's most challenging problems resulting in better health outcomes. Through the LDP+ methodology, significant improvements have been observed in MNCH at target hospitals, including reducing neonatal sepsis.

HEALTH PRODUCTS AND TECHNOLOGIES (HPT)

The availability of effective and affordable commodities is a prerequisite for quality service delivery. Through the support of *Afya Jijini*, the county capacities have been strengthened to ensure equitable and timely access to essential medical products, vaccines, and diagnostics. Importantly, *Afya Jijini* helped the county to establish and operationalize a commodity security oversight mechanism and developed commodity security management tools, including a supportive supervision tool for sub-counties to assess commodity storage, inventory management, pharmacovigilance, and medicine use. Using the tool, the sub-county teams can now target facilities that require more support, including training to improve the commodity management system. To address the shortage of pharmacists, the project is supporting the county to pilot an innovative online training program in commodity management and pharmacovigilance. The online training program will help minimize time away from work for these critically-needed cadres.

Further, the project's TA supports the county to improve commodity documentation and reporting into the DHIS2 platform, which has resulted in better prescription practices and maintenance of reasonable stock status. Consequently, a 95% monthly reporting rate for HIV and family planning commodity reporting on the Health Commodity Management Platform and DHIS2 is being recorded.

MONITORING AND EVALUATION (M&E)

Afya Jijini collaborates closely with its NCC counterparts to develop and implement the County M&E Framework and strengthen existing M&E systems. NCC leads all M&E training efforts, from planning to execution, drawing on project TA as needed. Sub-county teams are also supported to conduct routine health data review meetings quarterly to identify and address performance challenges. As a result, DHIS2 reporting rates have increased, thanks to capacity strengthening efforts in data entry and reporting. Working with NCC and Palladium, *Afya Jijini* scaled-up electronic medical records for HIV clients at 29 high-volume facilities. At the community level, the county has been supported to train community health volunteers on standard reporting tools, enabling the entry of some of the first community-level data into DHIS 2.

More broadly, *Afya Jijini's* support has enabled the county to improve the data feedback loop between facilities and sub-counties as a proven strategy for strengthening the culture of the use of data by HCWs. Previously, health facilities would send reports to sub-counties and never receive feedback. Now, there is a process for monthly data review by sub-counties and provision of feedback to sites. Also, NCC has been supported to develop monthly facility-level performance dashboards on crucial health areas (HIV, RMNCH, and nutrition). With mentorship from trained sub-county teams, health facility staff now better visualize how data can be used to improve performance in advance of reporting.

QUALITY IMPROVEMENT (QI)

To improve quality services and enhance client satisfaction, *Afya Jijini* supports NCC to scale up the implementation of QI approaches guided by the national Kenya Quality Model for Health (KQMH). QI is a process that aims to help practitioners continuously improve the quality of health services to improve the likelihood of improved health outcomes. The project worked with the County QA/QI unit to develop a coaching strategy for the harmonized KQMH strategy as well as established and operationalized a QA/QI technical working group involving sub-counties to improve their QA. The sub-county QI focal persons now ensure each health facility mainstreams QI concepts into their routine activities. To support institutionalization of QI, each site has an active embedded QI coach that works with the facility quality improvement team (QIT) and departmental-level work improvement teams to monitor their change ideas and address service delivery challenges. As a result, these facilities are now witnessing significant improvements health service delivery areas, including partograph use during labor and delivery and routine viral load collection for HIV clients.

To deepen QI processes across facilities, *Afya Jijini* is supporting the county to promote peer-to-peer learning among facilities. In this regard, sub-counties now hold QI meetings on-site at high-performing facilities to allow other facilities facing challenges to see firsthand how high performing sites tackle a specific health care service delivery challenge. This makes success more real to peer facilities. Based on this lesson, the project helped the NCC to introduce the first annual county-wide Health Service Delivery Awards. The awarding process has generated considerable interest among NCC health facilities, and progressive improvement of performance among competing facility categories is now being observed.

RESULTS

Afya Jijini has helped advance the NCC and Kenya along its J2SR, with the following achievements:

- **Leadership and governance:** The NCC health department's capacity to develop and implement the critical health sector policies, strategies, plans, and monitoring frameworks has significantly improved as compared to the early years following devolution. The NCC can undertake and manage annual work planning and budgeting by the law and conduct effective and structured performance reviews as well as manage the numerous stakeholders to enhance synergy. This is fundamental to ensuring long-term sustainability of service provision by the county.
- **HRH:** Through the support of *Afya Jijini*, NCC managed to develop and roll out its first performance management system for HCWs that has now become a benchmark for other sectors.
- **HPT:** *Afya Jijini's* support to NCC to improve commodity security has resulted in the institutionalization of an effective supply chain management system leading to reduced stock-outs of essential HIV, TB, and FP commodities.
- **M&E:** The lessons learned by the NCC during the introduction, scale-up, maintenance, and use of electronic medical records and point-of-care HIV reporting in 29 high-volume health facilities has triggered the county to consider and introduce EMR in health systems management. This EMR has also increased DHIS2 on-time and regular reporting rates across several health areas, most notably HIV and FP.
- **QI:** By using peer-to-peer learning and other strategies, the program increased QI participation at target health facilities from 50 to 87%, resulting in improved health service delivery across some dimensions.

LESSONS LEARNED

Afya Jijini remains committed to supporting NCC to accelerate its journey toward self-reliance. In the past four years, the project has identified several challenges and lessons learned that need to be considered to achieve sustainability. During the past three years, for example, the NCC health department has witnessed changes in its top leadership, the CEC, more than four times. Although political interests may be unavoidable, there is need for the county to ensure stability in health sector leadership to enable the sector to develop, nurture, and fast-track a shared long-term vision to improve delivery of quality health services. The current instability at the top level has impacted negatively not only the speed of implementation of priority interventions but also caused frequent shifts in strategy every time there is change in leadership.

Nonetheless, the NCC health department's capacity to manage its affairs through health systems strengthening is steadily improving, but without sustained backstopping through TA, the risk of sliding back and eroding the gains made cannot be underestimated. It is critical that NCC leads an active process of partnership coordination and holds implementers to account. With the dire shortage of resources to fund health services, it is vital that partner and donor contributions are accurately directed, captured, and mapped to avoid duplication and reduced sustainability. To that end, *Afya Jijini* worked with the NCC to develop a robust partnership coordination framework and accompanying accountability mechanism that ensures all implementing partners are oriented to and follow a formal entry and reporting process for health activities in the county.

CONTACT US

MISSION

USAID Kenya and East Africa
PO Box 629, Village Market
Nairobi, Kenya
Phone +254-20-862-2000
Email tsimiyu@usaid.gov

IMPLEMENTING PARTNER

IMA World Health
1730 M Street, NW, Suite 1100
Washington, DC
Phone +1 202-888-6200
Email danwendo@imaworldhealth.or



This technical overview is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).