







THE ANNUAL SCIENTIFIC CONFERENCE

ACHIEVING SUSTAINABLE DEVELOPMENT GOALS THROUGH INNOVATIVE PARTNERSHIP



Introduction

The Annual Scientific Conference on Achieving Sustainable Development goals through Innovative Partnership was held at Tom Mboya Labour College, Kisumu, Kenya from August 21st to 23rd, 2018. Conference discussions covered Universal Health coverage and social protection, Primary Heath care and Health financing, Non communicable diseases and burden of surgical disease and Environmental and Occupational hazard.

According to UNDP, 2018, The SDGs can only be realized with a strong commitment to global partnership and cooperation. The world today is more interconnected than ever before. Improving access to technology and knowledge is an important way to share ideas and foster innovation. Coordinating policies to help developing countries manage their debt, as well as promoting investment for the least developed, is vital to achieve sustainable growth and development.

A multi-stakeholder platform to advance the effectiveness of development efforts by all actors is needed, in order to deliver results that are long-lasting and contribute to the achievement of the Sustainable Development Goals (SDGs). Partnership should be based on four principles of effective development co-operation including country ownership, a focus on results, inclusive partnerships, and transparency and mutual accountability.

The meeting seek to bring together development partners to ensure effective use of resources. Bringing together partners in collaboration to complement each other effort to ensure sustainable development goals are achieved.



Day 1

21st/8/2018

Following the annual scientific conference in Kisumu at Tomboya Labour collage, the following is the feedback from the ones who visited our exhibition stand.



The team was privileged to interview the CECM of Health for Kisumu County Dr Rosemary Obara. The interview was conducted by a freelance journalist Lilian Kaivilu, Dorothy Okemo from HAI and Robert Athewa from Amref Health Africa. Dr Rosemary Obara addressed issues on health in relation to Kisumu County. She talked of CHVs role in

Dr Rosemarv CEC Health Kisumu County at the stand

achieving Universal health care emphasizing how CHVs have been working on issues of NHIF. She explained how Kisumu as a county wishes to enrol 100% of people to NHIF by November using the registration platform Safaricom based solution. The system generates a fee that pays the CHVs. Dr.Rosemary Obara talked about the sustainability of CHVs pay and not just talk about the remuneration which will stop after a while. She also explained that there is need to build the capacity of the CHVs on issues like data collection, environmental sanitation and hygiene, nutrition and providing reports. Dr. Rosemary talked about need for a lot of support in prioritization of resource allocation for the youth. This can be done by engaging partners who can help along the system that focuses on primary health care.

Dr James Mwitari from Ministry of Health saw that the stand was a good thought from the partnership. This is because people utilized it to get more information about the partnership and how they can network for the benefits on matters pertaining health.



The team was also privileged to host Professor Francis Omaswa the Executive Director of the African Centre for Global Health and social Transformation which is one of the organizations' in the partnership HSAP. He was thrilled with the partnership and encouraged the same spirit of partnership to accomplish the desired goal.

Tarus Kipyego the secretary of Kenya national union of nurses Kericho County informed the partnership of lack of social accountability platform in Kericho County on matter of budgeting and public participation. He linked the partnership to Helda Koech who acts as the governor of the inactive youth parliament in Kercicho.

Professor Willis Oburu of Jaramogi Oginga Odinga saw that SRHR is very vital for the youth and should be taken with keen interest.

Presentation on Accelerating Universal Health coverage through a robust community based referral System: Lessons learnt from Nyagonge community unit, Migori County, Kenya

Dr. Iscar Oluoch made the presentation at the conference. One of the objectives of the study was to improve deteriorating MNH indicators in the catchment population.

Universal Health Coverage exists when all people receive the quality health services they need without suffering financial hardship. The CU has endeavoured to enhance access to quality health care services through a robust community based referral system and reducing the out of pocket by registering households in NHIF.

Tracking pregnant women to Enhance Utilization of Skilled Maternal and New-born Child Services was done by the CHVs through:

- CHVs stimulate service demand at house hold and community level
- Sustained promotion of access to and utilization of skilled MNH care to improve maternal and newborn outcomes.
- Continuous household mapping to identify pregnant women at household level by CHVs
- Maintenance of an up-to-date client tracking log register to track key MNH indicators by each CHV



- Household visits/phone calls conducted to remind clients on their clinic appointments and dates of clinic visits are recorded in the log register
- Indicators of interest tracked-4th ANC, delivery (Date &place), ART prophylaxis, postnatal visits, FP uptake, new-born immunizations and growth monitoring

A community based referral system was developed through:

- CU initiated community based referral and linkage system sustained through monthly house hold contributions of Ksh 10
- Community nominated motorbike and motor vehicle vendors to provide referral services for maternal child and other illnesses from level 1 through level 4.
- Referral kitty operated through a commercial bank by CU leadership with excellent accounting structures and accurate and up to date documentation in place.

Achievements towards registration of community members into NHIF included:

- IN 2017, the CHVs sensitized the community members on the benefits of NHIF to reduce out of pocket expenditure.
- Liaised with local NHIF office and embarked on registration campaign
- CHVs Collect the monthly subscription from the households every month ,the lead CHV takes the subscription to NHIF.
- Currently the CU is pursuing accreditation of Nyangonge Health centre into NHIF

The community based referral system provides leverage for progressive attainment of sustainable development goal 3 and vision 2030 in Kenya. It was concluded that Community health strategy provides firm foundation for accelerating universal health coverage thus investment in CHS is critical in reversing the trend of health indicators.



Universal Health Care and Social Protection

The presentation was made by Prof John Macdonald. The presentation covered primary Health care should consider Affordable, Accessible, Appropriate [culturally], Health care at the point of need, comprehensive: Local to tertiary, Participation, Equity—Health for ALL And partnership with other sectors—Agriculture, education etc.

Universal Health coverage is not only difficult in Kenya but also China and the USA. Some factors that make it impossible include: Partnerships too difficult as Sectors work in silos.

Despite the evidence that resourcing community level initiatives improves the health of entire populations and frees up tertiary institutions for cases which really need them there is underfunding in this sector.

The Role of the CSO Networks Partnerships in achieving Sustainable Development goals (SDG3)

Presentation made by Network for Adolescent and Youth of Africa (NAYA). The objective of the study was to harness effective partnership among CSO Network to advocate for quality provision of health services.

The study found out that:

- There exists a stronger network of stakeholders in the RH sector. This has led to the
 network getting audience from the policy makers, something that was not possible in the
 past. The initiative also motivated some MCAs as RH Champions spearheading advocacy
 for health financing in South western counties.
- Increased innovative partnerships involving the various levels of government and CSO Networks expanded information coverage and community level penetration.
- Technical support in development of policies and legislation: The CSO network provides Technical support (TA) to the CHMT in developing advocacy materials such as policy briefs and fact sheets and key policy documents.
- Joint implementation and co-financing of activities: The network works in a coordinated manner where CSOs in the County pool resources to support relevant activities.



• Health budget Advocacy: Through coordinated efforts, the network continues to advocate for increased health budget allocation and allocation for reproductive health

The study recommended that the success of achieving SDGs (SDG3) lies in the achievement of innovative partnerships between the levels of government and the CSO network. Relevant measures should be put in place to enhance these engagements and to maximize on the partnerships

Estimating impact of SRHR program in Siaya County, Kenya using QuIP

The presentation was made by SRHR Alliance. Young people suffer from poor SRHR outcomes

Efforts have been made by CSOs in addressing health & wellbeing of YP. However, evaluating & attributing impact of SRHR programs is still limited.

Main negative outcomes reported by respondents included:

- Feeling unable to seek guidance or advice was mentioned 8 times across the data set.
- Having a negative experience within a love relationship cited 5 times.
- Feeling that the community sees young people negatively and ending friendships was cited four times.

Day 2



Getrude Lwanga at the Partnership Stand

22nd/8/2018

On this day we got to talk to Gertrude Lwanga from Kakamega who is the Director of an organization called Men and tradition against AIDS (MTAA). She was very happy and thrilled to see that the stand was addressing issues concerning SRH.



The data collection report booklet on Sexual and Reproductive Health commodities: measuring prices, availability and affordability made her tell us that she is concerned with the youth interacts with them openly on family planning issues being that they are free with her. She was also privileged to talk one on one with Dorothy Okemo from HAI who disseminated more information and talked of a more collaborated effort.

Corrine Keino, a nurse in Kericho who had visited the stand earlier to inquire about the SRHR issues came back to get more information from Beatrice Oluoch the focal person who addressed issues pertaining supply of family planning commodities. They had a lengthy discussion after Corrine confirming that family planning commodities are not available in Kericho County. Beatrice advised her that SRH came up with a forum called social accountability with youths who can advocate for more budgeting confront those in office. She was also informed of efforts in Ungunja and advised that the youths from Kericho should be linked with the vibrant youths of Ugunja to better learn. This will enable them bench mark and capacity build them to help Kericho come up with opinion leaders who work parallel with county assembly holding the county government accountable which helps address such issues.

Beatrice saw it wise to link four top officials of the dormant youth parliament of Kericho with the top active Ugunja Youth parliament officials and send them to a session of the shadow cabinet meeting to capacity build them.

Human Resources for Health Innovations

Presentation was made by Francis Omaswa. He stated that Populations living longer demanding extended care for pain free life. Disease burden in low income countries especially Sub Saharan Africa increasing: double burden of Infectious and NCDs. The Global Shortage estimated at 4million, mal-distribution, and poor working conditions.

Progress in achieving effective HRH is slow due to:

- Weak leadership and governance of HRH
- Inadequate HRH regulatory capacity
- Weak education and training capacity



- Inadequate utilization, retention and performance of the available health workforce, migration growing
- Insufficient information and evidence base
- Insufficient financial resources
- Uncoordinated partnerships and weak dialogue

Required attributes in order to achieve desirable HRH outcome include:

- Prepared to work where services are most needed: selection process, attitudes, socially accountable
- Able to respond to health needs of community: training in real life situations in community
- Able to deliver quality care with available (limited) resources. (Achieving the most with available resources.)
- Clinical excellence as foundation for teaching and research.
- Able to be leaders and change agents: mentors
- Continuous self-directed learners
- Effective communicators: team based learning, practice

Non Communicable Diseases

Presentation was made by Dr. Otedo Amos. Is a medical condition or disease that is by definition non-infectious and non-transmissible among people. Currently, NCDs are the leading causes of death and disease burden worldwide.

Kenya is experiencing increase in diabetes, heart disease, cancer, chronic lung, neurological, psychiatric diseases and injury even before communicable diseases like malaria, HIV and tuberculosis have been brought under control resulting into ''double burden of diseases''.

Ignored NCDs include: Alcohol, Asthma and CVD-cardiovascular disease-limited supply of diagnostic equipment and drugs in public facilities. It is ignored because Patients present late



with advanced disease, Drug treatment is out of reach for most patients (costly), NO health insurance for most cancers and most patients do not have Insurances

The cost of NCD can be divided into two types: Direct and Indirect.

Direct costs are related to the treatment and management of the diseases e.g. running of clinics and hospitals, salaries for healthcare personnel, medications

Indirect costs include: - loss of income resulting from lost productivity or employment due to major disabilities, such as stroke or heart failure

Overcoming Barriers in Engaging Youth Peer Providers to Increase Young People's Use of SRHR Services in Kenya

Presentation was made by Caroline Nyandat of KMET. Kenyan population Young people constitute 66% of Kenyan population. They experience the poorest sexual and reproductive health and Rights (SRHR) outcomes (Demographic Health Survey 2014)

Contraceptive use among adolescents (15-19) stood at 36.8%, and among sexually active adolescents at 49.3% (Demographic Health Survey 2014)

Lessons learnt from the project are:

- Youth peer provider involvement in service delivery improve access to ASRH
- Affordable and acceptable services increases access to ASRH

The project recommended that:

- Integrating youth peer providers in the community strategy.
- Strengthen linkages with community health workers.
- Strengthen youth –adult partnership at facility level



Day 3

23rd/8/2018

On this day we interacted with Brother Nicholas George Oundo the principle of Tomboya labour collage who mentioned that he is currently pursuing a doctoral programme in strategic management and is concerned with mater of resource mobilization. After our interaction he acknowledged the good work we do and that indeed the CSOs should be well capacity built for evidenced based advocacy.

We were also privileged interact with student innovators among them being Justinah Kavata who



Competitors of Solutions for surgery in Africa impactful work being done by the partners.

Won the half a million price after her presentation on solutions for surgery in Africa and a token to attend The Africa Health Agends International Conference in Kigali 2019.

The other guests who visited the stand were pleased with what we are involved in as partners and commented positively on the

Solutions for Surgery in Africa

Presentation was made by Aaron Edward Wange. Trauma is the distressing situation.

The causes can be: Road accidents, Natural disasters, Domestic Violence, Mango tree fall, fire breakouts, and rape among others. The burdens of trauma include: Amputations, permanent disability, incurred costs and deaths.

The Outcomes

- Creation of awareness of Trauma to the community.
- Mobilizing doctors and health workers towards emotional and medical support to the identified patients
- Reaching out the policy makers on measured towards trauma

Solution to Surgery in Africa

Presented by Justinah Kavata winner of Half a Million to present at AHAIC. The surgical disease burden remains which accounts for 80% deaths from surgically treated conditions contributing to about 26% of the surgical procedures carried out worldwide. In Kenya 34% maternal deaths occur due to obstructed labour.

Suggested Idea

- Use of a universal unstructured supplementary data (USSD) code/quick code for connecting surgical patients with their health system
- Bridging the communication gap between community and health care system and also raise the level of awareness on pregnancy complications

Expected Outcome

- Increased uptake of the USSD code by mothers.
- Decreased maternal deaths due to the access of care in time.
- Compare pre and post piloting data from the CHVs to find out there is increased hospital deliveries.



• Increased responsibility by the health facility management.

Scheme of Service for Community Health Services Personnel - A Critical tool for Strengthening Service Delivery at Level I

Presentation made by Dr. James Mwitari, PhD. The Ministry of health adopted the Community Health Strategy in 2006 to actively engage the communities in managing their own health.

The strategy aims at improving health indicators by implementing some very critical interventions at the community level.

The overall goal is to enhance community access to health care in order to improve productivity and thus reduce poverty, hunger, and child and maternal deaths, as well as improve education performance across all the stages of the life cycle

Aims and Objectives

- To provide for a clearly defined career structure which will attract, motivate and facilitate retention of suitably qualified Community Health Services Personnel in the Civil Service.
- To provide for clearly defined job descriptions and specifications with clear delineation
 of duties and responsibilities at all levels within the career structure which will ensure
 proper deployment and utilization of Community Health Services Personnel and to
 enable them understand the requirements and demands of their job.
- To establish standards for recruitment, training and advancement within the career structure on the basis of qualifications, knowledge, competence, merit and ability as reflected in work performance and results.
- To ensure appropriate career planning and succession management

Training Scope

- In administering the Scheme, the Principal Secretary will ensure that officers acquire necessary qualifications prescribed in the Scheme.
- In addition, the Principal Secretary will ensure that all new entrants into the Scheme undergo appropriate induction, coaching and mentoring.



- Also that training opportunities and facilities are provided to assist serving officers
 acquire the necessary additional qualifications/specialization and experience required for
 both efficient and effective performance of their duties and advancement within the
 career structure.
- Officers should also be encouraged to undertake training privately for self-development.
- However, in all matters of training, the Principal Secretary administering the Scheme will consult with the Public Service Commission

Key Challenges

- Acceptance by other health personnel
- Lack of accreditation no backing by act of parliament
- Two existing societies/associations have been silent in supporting the workforce
- Inadequate dissemination of the SOS to the counties

Recommendation

- Disseminate the SOS to all counties and partners
- Draft Bill for entrenching an Act of Parliament for Training & Practicing of Community Health Services Personnel
- Mount a private motion in parliament to pass the bill

Globalization and Labour Mobility 2036

This is a process of interaction and integration among the people, companies, and Governments of different nations.

The effects of Labour Mobility

- The Labour mobility is distinct from capital and commodities and therefore nations are increasingly adopting policies to regulate and restrict cross border migration.
- Cultural changes are eminent.



- Danger of communicable diseases, complex crime rate and disintegration of kinship is eminent.
- Rise in irregular migrants

Challenges

- Management of the Labour flows effectively.
- Control of the recruitment process
- Undeveloped skills recognition framework
- Portability of social security benefits
- Rise in new Labour trends e.g. out sourcing
- Human Trafficking including Child trafficking
- Terrorism
- Inequality in remuneration

Future plans.

The stand offered a great chance to get to interact with the key people and also network with partners leading to progress in the partnership. I would recommend for this session be maintained in future conferences. The stand enabled the partnership to showcase their work across the country and provide a platform for learning.

It is my recommendation that the partnership in future conferences present a study on areas of focus



Summary:

The Annual scientific conference enabled the partnership to showcase its work and network. The conference also highlighted in research and discussions on some of the key areas of focus of the partnership. Innovative partnership will ensure there is no duplication of resources and partners will achieve their desirable outcomes. Universal health coverage as a global agenda and Kenyas agenda as per the Big four Agenda is key in realizing the potential of the people of Kenya. With a healthy community the economy grows. The patience was possible because of the commitment of the HSAP members and their zeal to get to network to strengthen the partnership. Team work was highly depicted by Dorcus Indalo, George Oele, and Dorothy Okemo, Robert Athewa, Noel Likalamu, Beatrice Oluoch, Lilian Kaivilu and Peter mawmabi.



