ケニア国

保健省

ケニア国
地方分権下におけるカウンティ保健システム・マネジメント強化プロジェクト

業務完了報告書

令和元年 11 月
(2019 年)

独立行政法人
国際協力機構（JICA）

アイ・シー・ネット株式会社
株式会社コーエイリサーチ＆コンサルティング

人間
JR
22-050

プロジェクト活動に関する写真

第 1 回プロジェクトステアリングコミッティ
（2015 年 2 月 29 日、ナイロビ）

パフォーマンス・レビュー・ミーティング
（2015 年 11 月 5 日、ケリチョー）

MTEF サイクルマネジメント・ワークショップ
（2015 年 11 月 11 日、キリニャガ）

AWP 目標設定ワークショップ
（2016 年 1 月 18 日、ケリチョー）

政府間保健フォーラム
（2016 年 3 月 2 日、ナイロビ）

MTEF レビュー／AWP プランニングワークショップ
（2016 年 5 月 11 日、ケリチョー）

保健モニタリング評価プランにかかるステークホルダー
フォーラム
（2016 年 9 月 1 日、キリニャガ）

活動基準予算（PBB）レビューミーティング
（2017 年 2 月 17 日、ケリチョー）

AWP 計画最終化ミーティング
（2017 年 3 月 1 日、ケリチョー）

AWP ステークホルダーミーティング
（2018 年 2 月 12 日、ケリチョー）

政府間保健フォーラム・ステークホルダーミーティング
（2018 年 2 月 15 日、ナイロビ）

AWP ミーティング
（2018 年 2 月 20 日、ケリチョー･キプケリオンイーストサブカウンティ）

AWP ミーティング
（2018 年 3 月 2 日、キリニャガ）

政府間保健フォーラム
（2018 年 5 月 9 日、ナイバシャ）

ステークホルダーミーティング
（2018 年 6 月 6 日、キリニャガ）

プロジェクトステアリングコミッティ
（2018 年 6 月 13 日、ナイロビ）

キスムスタディツアー
（2018 年 6 月 18 日、キスム）

キスムスタディツアー
（2018 年 6 月 18 日、キスム）

プロジェクトステアリングコミッティ
（2019 年 7 月 9 日、ナイロビ）

戦略計画ワークショップ
（2018 年 7 月 9 日～12 日、ケリチョー）

保健セクター中期支出フレームワークにかかる TOT トレーニング
（2018 年 9 月 1 日～2 日、ケリチョー）

キリニャガイーストサブカウンティでのモニタリング
（2018 年 12 月、キリニャガ）

保健施設対象 AWP ワークショップ
（2019 年 2 月 12 日～15 日、キリニャガ）

AWP ハンドブックを用いた AWP プレセスレビューミーティングならびに APR 準備ワークショップ
（2019 年 6 月 18 日、キリニャガ）

相互学習フォーラム
（2019 年 7 月 3 日、キリニャガ）

MTEF プロセスガイドを確認するキリニャガ・サブカウンティ保健マネジメントチーム

保健省での MTEF マネジメントツール紹介

第 9 回プロジェクトステアリングコミッティ
（2019 年 7 月 9 日、ナイロビ）

CHMT/SCHMT 合同 APR ワークショップ
（2019 年 7 月 16 日、ケリチョー）

ヘルスフォーラム出展
（2019 年 8 月 14 日～15 日、ナイロビ）

ステークホルダーミーティング
（2019 年 9 月 17 日、キリニャガ）

第 10 回プロジェクトステアリングコミッティ
（2019 年 9 月 20 日、ナイロビ）

ケニア国

地方分権下におけるカウンティ保健システム・マネジメント強化プロジェクト

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略語表

APR	Annual Performance Review	年間活動レビュー報告書
AWP	Annual Work Plan	年間活動計画
CBROP	County Budget Review and Outlook Paper	カウンティ予算レビュー見通し
CDOH	County Department of Health	カウンティ保健局
CEC	County Executive Committee	カウンティ執行委員会
CEC, Health	County Executive Committee for health	カウンティ保健大臣
CHEW	Community Health Extension Worker	コミュニティ保健普及員
CHMT	County Health Management Team	カウンティ保健マネジメントチーム
CHRIO	County Health Records and Information Officer	カウンティ保健記録情報担当官
CHSSP	County Health Sector Strategic Plan	カウンティ保健戦略計画
CHV	Community Health Volunteer	コミュニティ保健ボランティア
COG	Council of Governors	全国知事会
C/P	Counterpart	カウンターパート
CU	Community Health Unit	コミュニティ保健ユニット
DANIDA	Danish International Development Agency	デンマーク国際開発援助庁
DHIS	District Health Information System	保健情報システム
DMS	Director of Medical Services	保健省医療サービス総局長
DP	Development Partner	開発パートナー
FY	Financial Year	会計年度
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Federal Agency for International Cooperation)	ドイツ国際協力公社
HF	Health Facility	保健施設
HSC/IGA	Department of Health Sector Coordination and Intergovernmental Affairs	保健セクター・政府間調整局
CHRIO	County Health Records Information Officer	カウンティ保健情報専門職員
IGF	Health Sector Inter-Governmental Consultative Forum	政府間保健フォーラム
JICA	Japan International Cooperation Agency	独立行政法人国際協力機構
KHSSP	Kenya Health Sector Strategic and Investment Plan	ケニア保健セクター戦略的投資計画
M&E	Monitoring and Evaluation	モニタリング評価
MCA	Members of County Assembly	カウンティ議員
MOH	Ministry of Health (of Kenya)	保健省
MTEF	Medium Term Expenditure Framework	中期支出フレームワーク
MTR	Mid-term Review	中間評価

OCCADEP	Organizational County Capacity Development Project (Abbreviated common name of the Project)	ケニア国地方分権下におけるカウンティ保健システム・マネジメント強化プロジェクト
PBB	Program Based Budgeting	活動基準予算
PDM	Project Design Matrix	プロジェクトデザインマトリックス
PFM	Public Finance Management	公共財政管理
PSC	Project Steering Committee	プロジェクトステアリングコミッティ
PTM	Project Technical Meeting	プロジェクトテクニカルミーティング
R/D	Record of Discussions	政府間技術協力プロジェクト合意文書
SCHMT	Sub-County Health Management Team	サブカウンティ保健マネジメントチーム
SCHRIO	Sub-County Health Records Information Officer	サブカウンティ保健情報専門職員
UHC	Universal Health Coverage	ユニバーサル・ヘルス・カバレッジ
USAID	United States Agency for International Development	アメリカ合衆国国際開発庁
THS-UC	World Bank Transforming Health Systems for Universal Care Project	世界銀行 THS-UC プロジェクト

1. プロジェクトの概要

1.1. 背景

ケニア国においては、子どもの死亡率が 5 年間で 2/3 に低下（5 歳未満児の死亡率：出生千対 115（2003 年調査）→74（2008/9 年調査））するなど、国民の健康水準は近年急激に改善しているが、課題はいまだ大きい。特に妊産婦死亡率は近年改善が見られず（出生 10 万対 414（2003 年調査）→488（2008/9 年調査））、母子保健関連のミレニアム開発目標（5 歳未満児死亡率 33、妊産婦死亡率 147）の達成は困難な見通しであり、一次医療サービスの強化、医療保障の拡充、国民の健康知識の向上等が引き続き必要である。

このような状況下、2010 年 8 月に制定された新憲法において中央政府の下に設定されていた 8 州が 47 の新しい行政組織（カウンティ）に再編成されることとなり、2013 年 3 月の大統領選挙以降、大幅な地方分権化が進んでいる。保健分野は最も分権化の影響が大きく、2013 年 7 月（新会計年度）から政府保健予算の 6 割が各カウンティに直接配分され、予算使途の権限はカウンティ政府に委ねられ、保健医療従事者の雇用及びカウンティ内の保健医療サービス提供はカウンティ政府の責務となった。選挙後実施された地方分権化に基づき、保健分野においては、カウンティ保健局（以下 CDOH）が保健戦略計画、予算計画、モニタリング・評価等を通じてカウンティ内の保健サービスを統括・指導するカウンティ保健マネジメントチーム（以下 CHMT）を中心として、自律的に保健サービスの実施と管理を行うこととなった。一方で CDOH の人員構成及び役割はカウンティによって様々であり、分権化に合わせて旧州や県等からメンバーが集められたこともあり、そのマネジメント能力の体系的な強化が急務となっている。

技術協力プロジェクト「ニャンザ州保健行政マネジメント強化プロジェクト」（2009 年 7 月～2013 年 6 月、以下「SEMAH プロジェクト」）では、ニャンザ州の州・県保健行政チームに対し、行政官の意識改革・能力強化の研修、各種作業部会を通じた横断的マネジメント業務の実践、メンタリング等を通じた継続的業務遂行支援等を組み合わせて協力し、州・県保健行政チームのマネジメント能力向上や基礎的サービスの利用率向上などの大きな成果を上げた。また、研修の標準化や実施において他開発パートナーや国内関係機関間の合意形成を重視した同プロジェクトのアプローチは関係者に高い評価を得た。このような背景のもと、ケニア保健省は同プロジェクトの成果に注目し、そこで培われてきた人材育成・組織強化・マネジメント基盤整備のモデルを踏まえて、カウンティ政府の行政能力強化を行うことを目的として、我が国に技術協力プロジェクトを要請した。

1.2. 事業の目的

本プロジェクトはケニア国において、地方分権下における CDOH のマネジメント能力の強化と合わせ、中央レベルにおけるマネジメント支援・調整機能の強化、カウンティ間の相互学習メカニズムの構築を行うことにより、分権化された保健システムの強化、さらにはユニバーサル・ヘルス・カバレッジ（以下 UHC）実現に向け衡平で質の高いサービスの確実な提供に寄与することを目的としている。

1.3. 協力の概要

1）上位目標と指標

【上位目標】

ケニアにおける UHC 実現に向け、衡平で質の高いサービスを確実に提供するため、分権化された保健システムが強化される。

【指標】

① パートナーカウンティの保健予算の経常予算において、人件費以外の費目に配分される予算の割合がキリニャガで 25%以上、ケリチョーで 30%以上となる。

② 少なくとも 6 つのカウンティ（パートナーカウンティを含む）において、プロジェクトで開発された保健セクター中期支出フレームワーク（Medium Term Expenditure Framework : MTEF）ツールが活用される

2）プロジェクト目標と指標

【プロジェクト目標】

（パートナーカウンティの）CDOH のマネジメント機能が強化される。

【指標】

① CHMT、サブカウンティ保健マネジメントチーム（Sub-County Health Management Team: SCHMT）が、プロジェクトによって開発された MTEF ツールの少なくとも一つを用いて、少なくとも 50%以上の保健施設のモニタリング・評価を行う。

② 各年度の保健セクターの年間活動計画（Annual Work Plan: AWP）が 4 月までに、年次業績評価（Annual Performance Review: APR）が 11 月までに提出される。

③ 2 つのパートナーカウンティにおいて、政府間保健フォーラム（Health Sector Inter-Governmental Consultative Forum: IGF）の共同声明の中で合意された行動計画の内、少なくとも 50%の行動計画が履行される。

3）プロジェクト成果と指標

【成果１】

保健省・カウンティ保健局間の相互学習・支援体制が IGF や他のメカニズムを通じて強化される。

【指標１】

① IGF において、共同声明と行動計画が決定される。

② プロジェクト終了時までに、パートナーカウンティの教訓を共有するためのイベントが 2 回以上開催される。

③ 2 つのパートナーカウンティの MTEF サイクルマネジメントを通じて得た好事例や教訓が文書化され、保健省のウェブサイトや他媒体を通じて、展開される。

【成果２】

パートナーカウンティ保健局の MTEF サイクルマネジメント能力（計画策定、予算策定、活動実施、モニタリング）が強化される。

【指標２】

① 少なくとも 4 つの MTEF ツール(例:AWP/MTEF 年間サイクルのワークフローチャート、AWP 実施ガイドライン、MTEF マネジメントツール等）が、パートナーカウンティにおいて開発され、普及する。

② 各パートナーカウンティの CHMT、SCHMT、保健施設の内、少なくとも 70%が、プロジェクトによって開発された MTEF を 1 種類以上活用する。

4）活動

活動 1-1：保健省内におけるカウンティ調整・支援メカニズムを特定し強化する。

活動 1-2：能力ギャップ及び既存の保健システムマネジメント強化研修プログラムを特定する。

活動 1-3：カウンティ向け保健システムマネジメント強化研修の戦略を策定する。

活動 1-4：国・カウンティ政府間の共通関心事項を議論するため、IGF に技術支援を行う。

活動 1-5：既存の会合を通じて、プロジェクトで得た教訓を他のカウンティと共有する。

活動 2-1：地方分権下でカウンティが直面している能力ギャップ及び課題につきアセスメントを実施する。

活動 2-2：パートナーカウンティを選定する。

活動 2-3：パートナーカウンティにおいて、MTEF/AWP サイクル（又は計画・予算策定・レビューサイクル）に対し技術支援を行う。

活動 2-4：パートナーカウンティにおける MTEF/AWP サイクルの実施から得た知見と教訓を文書化する。

活動 2-5：パートナーカウンティにおける活動から得た教訓を基に、IGF へフィードバックを行う。

5）前提条件・外部条件

（1）前提条件

- 保健セクター政府間協議フォーラムが 2018 年度以降定期的に開催される。
- 保健セクター政府間協議フォーラムを開催するための予算がケニア側で確保される。

（2）外部条件

- プロジェクト目標達成のための外部条件
  - 国家レベルの保健政策や戦略の変更がプロジェクト活動の実施に影響しない。
- 成果達成のための外部条件
  - プロジェクト実施期間中の人材雇用・異動に大きな変動がない。
  - ケニア政府及び他ドナーのプロジェクト活動に対する経費負担が行われる。

6）業務の対象地域

- ケリチョーカウンティ、キリニャガカウンティ:パートナーカウンティとして、CDOH のマネジメント能力の強化に対する直接的な支援を実施する。
- 他カウンティ：パートナーカウンティで得た知見と経験を共有する。

7）相手国関係者

- 関係省庁
  - 保健省
- カウンターパート（C/P）機関
  - 保健省保健セクター・政府間調整局（HSC/IGA)及びカウンティ保健マネジメント関連部局
- ステアリングコミッティメンバーは以下のとおり。
  - 保健省医療サービス総局長（議長・プロジェクトディレクター）
  - 同　　保健セクター・政府間調整局局長（プロジェクトマネージャー）
  - 同　　保健政策・計画局長
  - 同　　保健標準・質評価・規制局長
  - 同　　UHC 調整局長
  - キリニャガカウンティ保健大臣
  - ケリチョーカウンティ保健大臣
  - JICA 専門家
  - JICA ケニア事務所
  - その他必要に応じて議長が決定する。

  （保健セクター・政府間調整局が事務局）
- 受益者

  【直接受益者】

  保健省内のカウンティを対象とするマネジメント能力強化担当部門、２つのパートナーカウンティの CDOH 職員

  【間接受益者】

  パートナーカウンティ以外のカウンティ保健大臣、サブカウンティ保健マネジメントチーム（Sub County Health Management Team: SCHMT）職員、保健サービス従事者と、保健サービスの利用者

8）日本側の投入

プロジェクト開始以来、2019 年 9 月までの日本側の投入は以下の通りである。

(1)　日本人専門家

プロジェクト専門家の投入は以下のとおり（詳細は添付資料 3 を参照のこと)。

- 第 1 期：2014 年 11 月～2015 年 5 月
  - 伊藤　毅（総括）
  - 竹　直樹（副総括/保健システムマネジメント）
  - 齊藤　佳央里（地域保健計画）
  - 城戸　千明（保健モニタリング・評価）
  - 若松　邦佳（研修計画）

- 水流　晶子（コミュニケーション・相互学習）
- 高木　加代子（業務調整/研修管理）

➢ 第 2 期：2015 年 8 月～2017 年 6 月
- 伊藤　毅（総括）
- 齊藤　佳央里（保健システム・マネジメント／カウンティ保健計画）
- 城戸　千明（保健モニタリング・評価）
- 若松　邦佳（研修計画）
- 井上　由美子（研修計画）
- ヘーゼル・ミセダ・ムンボ（カウンティ保健人材育成）
- 高木　加代子（業務調整/相互学習）
- 河野　洋（業務調整/相互学習）
- 渋谷　朋子（業務調整/相互学習）

➢ 第 3 期：2018 年 1 月～2018 年 4 月
- 百生　詩緒子（総括／保健システムマネジメント：中央・カウンティ連携強化 1）
- 澤崎　康（副総括／カウンティ保健計画）
- 橋本　宜幸（行財政運営（カウンティ保健局））
- 渋谷　朋子（保健システムマネジメント：中央・カウンティ連携強化 2）
- 木村　進一（業務調整／研修計画）

➢ 第 4 期：2018 年 5 月～2019 年 9 月
- 百生　詩緒子（総括／保健システムマネジメント：中央・カウンティ連携強化 1）
- 澤崎　康（カウンティ保健計画）
- 橋本　宜幸（行財政運営（1）（カウンティ保健局マネジメント強化））
- 小林　由季（行財政運営(2)（MTEF サイクル実施促進））
- 水野　玲奈（行財政運営（3）（IT ツール開発/利用促進））
- 渋谷　朋子（保健システムマネジメント：中央・カウンティ連携強化 2／業務調整）
- 木村　進一（研修計画／業務調整）

(2)　関連予算実績

プロジェクト実施期間中の日本側の予算投入計画と実績の比較は表 1 の通りである。

表 1：日本側の予算投入計画と実績の比較

	費目	計画値	実績値
2014 年 6 月～2015 年 5 月	機材関連経費	1,556,000	647,000
	現地一般業務費	18,999,000	15,645,000
2015 年 8 月～2017 年 6 月	機材関連経費	524,000	495,000
	現地一般業務費	77,205,000	42,895,000
2018 年 1 月～2018 年 4 月	機材関連経費	38,000	153,000

	現地一般業務費	9,718,000	6,601,000
2018 年 5 月～2019 年 9 月	機材関連経費	257,000	245,000 （暫定値）
	現地一般業務費	24,709,000	24,282,000 （暫定値）

(3)　研修実績

プロジェクト実施期間中に実施された研修やワークショップの実績は、添付資料 5 の通りである。

(4)　日本側の供与施設・機材投入実績

プロジェクト実施期間中に期間中に購入された主な資機材は表 2 の通りである。

表 2：日本側の供与施設・機材投入実績

機材名	数量	金額（円）
プロジェクター	2 台	195,000
ラップトップコンピューター	10 台	1,258,000
デスクトップコンピューター	3 台	179,000
車両	2 台	9,756,000
コピー機	1 台	495,000

9)　ケニア側の投入

(1) カウンターパートの配置

2019 年 9 月までの契約期間中のケニアのカウンターパート（C/P）の配置は、表 3 の通りである。

表 3：カウンターパート（C/P）の配置

タイトル	氏名	期間
Project Director	Dr. Nicholas Muraguri Director of Medical Services	August 2015 – December 2017
	Dr. Jackson Kioko Director of Medical Services	January 2018 - February 2019
	Dr. Wekesa Masasabi AG. Director General for Health	March 2019 – September 2019
Project Manager	Dr. David Kiima Head, Department of Health Sector Coordination and	August 2015 - June 2016

	Intergovernmental Affairs at Ministry of Health	
	Dr. Patrick Amoth Head, Department of Health Sector Coordination and Intergovernmental Affairs at Ministry of Health	January 2018 - February 2019
	Dr. Osman Warfa Director of Health Sector Coordination & Intergovernmental Relations	February 2019 - September 2019
Focal point	Dr. John Kihama Head of Intergovernmental Affairs Division at Ministry of Health	August 2015 – February 2019
	Dr. Jackson Omondi Division of Partnership Coordination at Ministry of Health	March 2019 – September 2019
County Director of Health, Kericho	Dr. Betty Langat	August 2015 - September 2019
County Director of Health, Kirinyaga	Dr. Esbon Gakuo	August 2015 - December 2017
	Mr. George Karoki	January 2018 - September 2019

(2) ケニア側の供与施設・機材投入実績

プロジェクト実施期間を通して、プロジェクト実施に必要な事務所スペースとその光熱費および電話代が提供された。

1.4. 業務の目的

「地方分権下におけるカウンティ保健システム・マネジメント強化プロジェクト」に関し、当該プロジェクトに係る R/D（2015 年 6 月 30 日修正 M/M 署名済、2018 年 6 月 13 日修正 M/M 署名済）に基づき業務（活動）を実施することにより、期待される成果を発現し、プロジェクト目標を達成する。

2. 活動内容

本プロジェクトは、2010 年 8 月に制定された新憲法において地方分権が導入されたことにより、

今まで保健省が担っていた保健医療従事者の雇用及びカウンティ内の保健医療サービス提供などがカウンティ政府の責務となった。これらの権限及び役割の委譲により CDOH のマネジメント機能の強化が必須となり、「CDOH[1]のマネジメント機能が強化される」ことがプロジェクト目標となった。プロジェクト開始半年後に作成された PDM バージョン 1 においては、1）中央レベルにおいてカウンティへの保健マネジメント支援機能と調整メカニズムの強化、2）CDOH のリーダーシップとマネジメント能力の強化、3）カウンティ間・カウンティ内での相互学習メカニズムが強化の 3 本柱で、プロジェクト目標の達成を目指した。

しかしながら、第 2 期の終盤で行われた中間レビュー調査（2017 年 3 月）において、保健省の体制が分権化以降も依然流動的であるため、各成果がプロジェクト目標達成へ寄与することは難しいと判断され、プロジェクト活動の方向性の転換が求められた。同調査の結果を受けて、第 3 期以降は、プロジェクト対象地域を 47 カウンティから 2 つのパートナーカウンティ（ケリチョーとキリニャガ）に変更し、プロジェクト構成団員も変更した。以下は各期の概要である。

第1期　(2014 年 11 月-2015 年 5 月)

分権化開始直後の保健省において、保健省と 47 の CDOH の間を繋ぐ役割を果たす責務を負った保健セクター・政府間調整局（Health Sector Coordination/Inter-Governmental Affairs: HSC/IGA）が設立され、同局が C/P となった。従って、プロジェクトは C/P となった HSC/IGA の能力強化と同局の活動支援を行うことを決定した。

また、地方分権化に伴い、47 カウンティの CDOH が体制を整備し始めるが、各カウンティによって組織体制が様々であったため、他の開発パートナー（Development Partner: DP）と連携して CDOH の組織体制の調査を行った。同調査の結果、プロジェクトは CDOH の人材育成に係る部分と保健活動の M&E 指標に係る活動を他の DP と共に支援することも決定した。

プロジェクト目標である「CDOH のマネジメント機能が強化される」を達成するために、CDOH への直接的な支援も必須であることからパートナーカウンティを選定した。

第2期　(2015 年 8 月-2017 年 6 月)

HSC/IGA の主要業務である IGF 支援をプロジェクト活動のコアとしながらも、保健省が今後 CDOH に対して指導的役割を負っている人材育成や保健活動の進捗を測るための指標作成に対しても支援を行った。また、保健省と CDOH の役割が明確でなかったため、保健機能を洗い出し、それらが保健省と CDOH のどちらに帰属するのかマッピングを行った。特に保健人材育成に関しては、欠けている能力・スキル・課題などを特定し、必要な研修プログラムやカリキュラムを作成した。また、成果 3 のカウンティ間の相互学習を推進するため、47 カウンティで革新な活動の情報も収集し、ベストプラクティス委員会を設立し、優秀な活動を行ったカウンティに対して表彰を行った。

パートナーカウンティに選定されたケリチョーとキリニャガにおいては、それらの二つのカウンティが MTEF サイクルに従って、計画作成と年間活動レビューを行えるよう研修を開始した。

[1] PDM ver0 では CHMT となっているが、2015 年 5 月の第 2 回 PSC で PDMver1 に改定された際に CDOH に差し替えられた。

同期の終盤である 2017 年 3 月に中間レビュー調査が行われ、現行のままではプロジェクト目標の達成は難しいとされ、プロジェクトの対象地域、活動内容など大幅な変更の必要性が提言として挙げられた。

第 3 期 (2018 年 1 月-4 月)

中間レビュー調査の結果、プロジェクト目標を達成するためには、プロジェクト対象をパートナーカウンティに移し、それらのカウンティで MTEF サイクル管理活動に注力することという提言を受けて、業務調整員以外の団員を交代し、カウンティでのニーズ調査を行い、MTEF サイクル管理に対する CDOH の状況および課題など研修を通して洗い出し、どういった教材やツールが必要なのかを特定し、それらの作成に着手した。

また、第 2 期に多大な支援をしていた IGF に関しては、JICA ケニア事務所が 2018 年 10 月から 12 月に行ったレビューや第 3 期中に開催した IGF 関係者会議によって、IGF の体制は財政的・技術的・組織的持続性の確保が困難であることが明確となり、IGF が定期的に開催されることを前提に、IGF に対しては技術的支援に限定することを決定した。

第 3 期では上述した調査と活動を基に PDMver3 を作成した。

第 4 期 (2018 年 5 月-2019 年 9 月)

プロジェクト目標の対象が 47 カウンティからパートナーカウンティとなり、プロジェクトの残りの期間の 1 年 5 カ月間でプロジェクト目標を達成する必要があったため、日本人専門家の大部分をパートナーカウンティの活動に投入した。MTEF サイクルは 3 年で 1 サイクルであるので、その半分の期間で MTEF サイクル活動を定着させるのは困難であったが、様々な仕掛け、多くの研修実施、教材及びツールを作成して、プロジェクト目標を達成できるよう尽力した。また、プロジェクト期間内で成果を発現できるよう活動の実施を加速化し、経験や教訓を特定したうえで他カウンティにも共有できるように文書化し、ウェブサイトに掲載した。さらに他カウンティを巻き込んでのフォーラムや会議を開催し、そこで相互学習の機会も 11 回以上設けた。

IGFに関しては、IGFの開催を支援する予定のDPが保健省に対する援助を停止したため、IGFは定期的に開催されなかったが、プロジェクトは、IGFが効果的・効率的に運営されるための実施マニュアルを作成した。また、本期間中に開催された2回のIGFの議事録及びレポートの作成支援を行った。

まとめ

本プロジェクトは第1期から第4期において、地方分権化において保健省及びCDOH双方の組織及び人材の能力強化を行った。さらに双方が機能的に連携できるような調整機能を果たす相互学習の場であるIGFの支援を行ってきた。IGFが定期的に開催されなかった第3、4期に至っては、プロジェクト自らカウンティ間およびカウンティと保健省といった相互学習の場を設けた。また、プロジェクトの成果品が広く普及することを目的にウェブサイトにプロジェクトで開発した教材やツールを掲載した。

上述したように、2017 年 3 月の中間レビューを境に、プロジェクト対象地が 47 カウンティか

らパートナーカウンティに絞られ、活動内容も保健省から CDOH の支援に注力することとなり、PDM も大きく変更した。

従って、以下の活動実績においては第 1 期、2 期をプロジェクト前半期として、PDM の活動に沿って活動実績を記載し、第 3 期、4 期の活動実績は中間レビューの結果の記述の後に記載する。

2.1. プロジェクト前半期の活動実績（第 1、2 期）

表 4：PDM Ver1 の活動に基づく実績

プロジェクト前半期 （第 1 期：2014 年 11 月から 2015 年 6 月、第 2 期：2015 年 8 月から 2017 年 6 月）	
成果 1	
1-1 保健省におけるカウンティ調整支援メカニズムを決定・強化	2015 年 3 月に HSC/IGA とワークショップを開催し、1）保健省の部局間のスケジュール調整、2）連携（ブリッジ）、3）コーディネーションの 3 つ機能を強化していくことに合意。 イベントスケジュール情報収集のための手順書を作成し、イベントスケジュールをオンラインで共有するためのカレンダーアプリ（Teamup）の設定を支援した。 また、IGFの準備委員会の技術及び財政支援を行い、同部の能力強化を図った。
1-2 カウンティ保健システムマネジメント分野における能力ギャップと既存の研修プログラムを特定する	人材開発部を支援して保健分野における研修の改善のために必要な活動を後押しした。具体的には、以下の活動の支援を行った。 ● 研修ニーズアセスメント (Training Needs Assessment Report, 2015) ● スキル・ギャップ分析（Skill Gap Assessment in Kenya, 2016） ● 既存研修カリキュラム分析（Existing Health Systems Management Curriculum Analysis in Relation to the Training Need Assessment and Skill Gap Assessment of the Health Workforce In Kenya 2016）
1-3 保健システムマネジメントに関するカウンティ研修戦略を策定する	総合研修戦略 (Leadership in Health Systems Management: A Common Strategy for Human Resource Capacity Building, 2017)の策定を支援し、各機関が同戦略に沿った研修カリキュラムを作成することができるよう、ファシリテーター・ガイドと参加者用マニュアルを作成した。 また、統合人材情報システム（Integrated Human Resource

	Information System: iHRIIS）導入研修支援を行った。
1-4 共通の関心事を議論するため、2 つのレベルの政府間で IGF を開催する	IGF を５回開催支援し、IGF の準備会合において、分野別技術委員会（Thematic Technical Committee、TTC)の開催を支援した。また、IGF 開催にかかる標準手順書（Standard Operating Procedure、SOP）や会議の標準議事次第などを作成し、IGF の定型化を支援した。
1-5「機能的カウンティ保健マネジメントチーム」の定義と測定方法を明確にする	PDMVer1 ではプロジェクト目標の指標を「機能しているCHMT」としていた。この指標は、ケニア保健セクター戦略計画 2013ー2018 に規定されている 102 のパフォーマンス指標の一つであったが、なにをもって「機能している」とするかが明確ではなかった。プロジェクト開始直後、保健省保健モニタリング・評価ユニットは指標マニュアル第 2 版の改訂を計画していたため、「機能している CHMT」およびその他保健システムマネジメントに関連する指標の改訂プロセスを支援した。 「機能する CHMT」に関しては、「月に 1 度以上会議を行い、議事録を作成している CHMT」と「対象年において、月に一度以上の CHMT 会議が開催された月数」の 2 種類の指標を設定することに合意した。 本プロジェクトは 2017 年 6 月に会議開催支援をし、指標マニュアルの最終化に貢献した。
成果２	
2-1 カウンティにおけるマネジメントに係る課題と、カウンティ保健局のコアファンクションを把握するために、現状分析を実施する	CDOH のマネジメント機能の強化活動を行うために、CDOH コアファンクション作業部会を設立した。同作業部会は、保健省の保健局長とカウンティ保健大臣協議会の副議長を共同議長とし、保健省代表 4 名、カウンティ代表 3 名、開発パートナー代表 5 名を構成員として 2016 年 1 月から以下の作業を行った。 ● マネジメント機能を「単独機能（中央政府もしくはカウンティ政府いずれか一方に移譲された機能）」と「共同機能（中央政府とカウンティ政府双方に移譲された機能）」に分類する。 ● マネジメント機能をさらにケニア保健セクター戦略計画（KHSSP）によって定義されている 8 つの保健投資分野に分類する。 ● カウンティ政府のマネジメント機能だけでなく、中央政府のマネジメント機能も定義する。

	● 単独マネジメント機能においても、他方の政府による「支援的役割」についても明確にする。 2016 年 9 月 6 日に開催された第 5 回作業部会において、カウンティ政府の単独機能には 9 つ、中央政府の単独機能は 3 つ、そして両政府の共同機能は 14、計 26 の機能を特定し、ワーキングペーパーとしてまとめた(County Department of Health Core Function: Working Paper, 2017)。
2-2 パートナーカウンティを選定する。	2015 年 5 月の第 2 回 PSC にて選定基準を決め、9 月の第 3 回 PSC にてケリチョーとキリニャガがパートナーカウンティとなることが正式に決定した。 ※パートナーカウンティの選定基準は(1) 主要保健指標が 47 カウンティの中程度であること、(2)カウンティ予算に占める保健セクター予算の割合、(3) 他援助機関からの保健システム強化分野の支援が少ないこと。
2-3 パートナーカウンティにおける、中期支出枠組み(Medium Term Expenditure Framework)サイクルのマネジメント（計画、 予算化、レビュー）を技術的に支援する。	【ケリチョー】 2015 年 12 月に 2016/17 年度の MTEF 予算提案書の作成を開始し、2016 年 2－4 月に、2016/17 年度の AWP の作成支援を行った。 2017 年 2 月に事業プログラムの優先順位付けを行う会議開催支援とプログラムベースの AWP テンプレートの改定支援を行い、3 月最終週に 2017/18 年 AWP が完成し、4 月上旬に開催されたカウンティ内閣とカウンティ議会に対する予算折衝に活用された。 また、AWP 作成支援と並行して M&E の枠組みの構築支援を行い、同年 10 月に M&E 計画書を最終化した。同計画書を基に、2016 年 10 月と 2017 年 1 月にレビュー作業のための会議開催を支援し、年次パフォーマンスレビュー報告書は 2017 年 1 月に最終化され、中期レビュー報告書は 2017 年 2 月に最終化された。 【キリニャガ】 2016 年 4 月に MTEF サイクル研修を実施した。2016 年 9 月に MTEF 保健局作業部会を形成し、同作業部会の一連の会議を開催し、プログラムベース予算編成のためのプログラムの見直しを行い、MTEF 予算提案書をカウンティ財務局に 2017 年 1 月に提出した。2017 年 4 月にボトムアップ・アプローチによる AWP の見直しを計画し、5 月に AWP 作成支援のため、AWP オリエンテーション会議、サブカ

	ウンティレベルの AWP 計画書のとりまとめ会議を開催した。
2-4 パートナーカウンティから得られた教訓を抽出する	第 3 期以降に実施予定
2-5 政府間調整枠組みとカウンティ研修戦略に対してフィードバックを行う。	第 3 期以降に実施予定
成果 3	
3-1 グッドプラクティスのために、選定メカニズムと普及を強化する。	ベストプラクティスは、APR の一項目として含まれているが、その選定方法や選定基準が明確ではなく、具体的なメカニズムは存在しなかった。そこで、保健省 M&E ユニットとともに、2016 年 2 月に、カウンティ保健大臣協議会の書記長（Secretary of the Council of County Health Executives）を議長とし、保健省の複数部局や開発パートナーの代表者等で構成されるベストプラクティス選定委員会を設置した。選定委員会は、ベストプラクティス報告書の書式の改定、スコア表の作成、ならびに選定基準や受賞カテゴリーの設定等に取り組んだ。2014／2015 年度のベストプラクティスは、新基準を用いて、初めて体系的に選定され、2016 年 9 月の第 7 回 IGF で表彰された。 さらに、M&E ユニットとともに、選定標準や選定方法、などを記載した報告書を作成した。 保健省のホームページ内の相互学習専用サイトにベストプラクティスの概要や報告書を掲載した（http://www.health.go.ke/health-best-practice/）。
3-2 パートナーカウンティにおける MTEF と AWP サイクル実施から得られた経験と教訓を文書化する。	第 3 期以降に実施予定
3-3 既存のフォーラムを通じて、プロジェクトの教訓を共有する。	第 3 期以降に実施予定

2.2. 中間レビュー調査と提言

本プロジェクトは、地方分権化の中で、保健省とカウンティ保健局がそれぞれの役割と責任を遂行するために必要なマネジメント能力を強化することを目指してデザインされ、プロジェクト終了時には47のカウンティが中期支出枠組み（MTEF）を軸にマネジメント能力が強化されることを目標とした。さらに、2つのパートナーカウンティでの経験や教訓、カウンティ研修戦略な

どを政府間保健フォーラムなどの場を通じてカウンティ間相互の学び合いを促進することを目指した。

中間レビュー調査では、プロジェクトはこれまで地方分権下の保健マネジメント強化に必要な基盤の構築に貢献したが、各アウトプットの発現状況と、残りの協力期間を考慮すると、47すべてのカウンティを対象にしたマネジメントの強化という目標の達成は困難である判断された。従って、プロジェクト目標に対する進捗を鑑みて、対象地域を全47カウンティから2つのパートナーカウンティへ変更し、目標や効果指標も2019年9月のプロジェクト終了時までに達成が見込まれるものに変更することとなった。

中間レビュー調査時点では以下の点が提言として挙げられた。

- プロジェクト前半では、IGFの実施やHSC/IGAの能力強化、国全体のカウンティ対象研修戦略の整備といった国レベルの制度整備にプロジェクト活動の重点が置かれ、それに対応した専門性を有した日本人専門家チームが編成されていた。しかしながら、AWPやMTEFサイクルマネジメントに特化した支援に移した方がよいと考えるカウンターパートが増えたことに伴い、支援の重点を保健省レベルからパートナーカウンティへ移す。
- プロジェクト後半期では、パートナーカウンティ内の全てのレベル（カウンティレベルのみでなく、サブカウンティレベル以下を含む）におけるAWP/MTEFサイクルマネジメント能力強化を進めていく。特に、今まで手薄であったカウンターパートからの能力強化に対する要望の強い技術（例えばリーダーシップ、データ管理、モニタリング・評価、リサーチ、アドボカシーなど）に関する研修や現場での支援をより手厚く実施し、カウンティにおけるデータに基づいた計画策定や、予算権者との折衝、計画の着実な実施、モニタリング結果に基づく計画の修正などの、より実践的で、関係者が効果を実感できるAWP/MTEFサイクルマネジメント能力の向上を図っていく。

2.3. プロジェクト後半期の活動実績（第3、4期）

第2期から第3期に移行する間に約半年間の端境期があり、その間に日本人専門家を一新した。そして第3期（2018年1月~4月）は、中間レビュー調査結果を基に、プロジェクトスコープ、実施体制を見直し、2つのパートナーカウンティで必要とされる活動を特定するためのアセスメントや研修を実施した。同ワークショップにおいて、MTEFサイクルマネジメントの能力強化が必要であると見出されたことから、同能力を強化するための活動として、MTEFツールの開発とそれらのツールの導入を行った。また、2018年2月に、保健省を中心に全国知事会（Council of Governors: COG）の保健事務局、カウンティ保健大臣や開発パートナーを招集し、IGFステークホルダー会議を開催し、課題が多かったIGFについての実施マニュアル（Health Sector Inter-Governmental Consultative Forum Operational Manual: IGFマニュアル）を作成した。

第4期は、第3期内に改訂作業を行ったPDM案に基づき、2つのパートナーカウンティにおいて、実績に基づいた活動計画および予算計画策定、計画に沿った活動の実施、活動のモニタリングとレビューといった一連のMTEFマネジメントサイクルに係る能力強化支援を実施した。また、成果1のIGFや既存の会合が定期的に開催されないことが早期に発見できたため、プロジェクトでイベントの開催および保健省のウェブサイトなどの媒体を活用して、MTEFサイクルマネジメ

ントのツールや知見・教訓を他地域へ展開し、パートナーカウンティで得た成果の波及効果を促進しながら、カウンティの保健システムマネジメント強化を図ることとした。

表5は、中間レビューの提言に基づき、JICA本部、JICAケニア事務所、C/Pと共に改訂を行ったPDMに基づく活動実績である。

表 5：PDM Ver3 の活動に基づく実績

プロジェクト後半期 （第 3 期：2018 年 1 月から 3 月、第 4 期：2018 年 5 月から 2019 年 9 月）	
成果 1	
1-1 保健省におけるカウンティ調整支援メカニズムを特定し、強化する。	表4の1－1と同じ。
1-2 能力ギャップ及び既存の保健システムマネジメント強化研修プログラムを特定する。	表 4 の 1－2 と同じ。
1-3 カウンティ向け保健システムマネジメント強化研修の戦略を策定する。	表4の1－3と同じ。
1-4 国・カウンティ政府間の共通関心事項を議論するため、政府間保健フォーラム（以下 IGF）に技術支援を行う。	第 1 回から第 10 回 IGF の分析を行った IGF レビュー調査をもとに、2018 年 2 月に CEC などの関係者を招き、会議を開催し、IGF 実施マニュアルの草案を作成し、第 11 回の IGF（2018 年 5 月）で精査し、同年 7 月に保健省長官とカウンティ保健大臣連絡会議長からの署名で最終化された。第 11 回と第 12 回 IGF（2019 年 2 月）においてや、議事録およびレポート作成支援を行った。
1-5 既存の会合を通じて、プロジェクトで得た教訓を他のカウンティと共有する。	「既存の会合」は、IGF を想定していたが、IGF が定期的に開催されなかったため、以下の活動を実施し、カウンティ間において、プロジェクトで得た教訓を共有した。 ● キスムスタディーツアー （ケリチョー、キスム） ● ケリチョーカウンティ保健フォーラム（ケリチョー、キスム、キリニャガ） ● AWP ハンドブック検証ワークショップ（ケリチョー、キスム、ニェリ、キリニャガ） ● キリニャガ相互学習フォーラム（ケリチョー、ニェリ、キリニャガ） 他には、 ● 世銀の THS-UC プロジェクトの会合において

	2 回プロジェクトで得た教訓を 47 のカウンティと共有することができた(2018 年 5 月､2019 年 7 月) ● Devolution Conference にてブースを設置し､47 カウンティに紹介（2019 年 3 月） ● 保健省主催の保健フォーラムにて、ブースを設置し、47 カウンティに紹介（2019 年 8 月）
成果２	
2-1 地方分権下でカウンティが直面しているマネジメント上の課題及び CDOH の中心機能を明らかにするため、現状分析を実施する。	表 4 の 2−1 と同じ。
2-2 パートナーカウンティを選定する。	表 4 の 2−2 と同じ。
2-3 パートナーカウンティにおいて、MTEF/AWP サイクル（又は計画・予算策定・レビューサイクル）に対し技術支援を行う。	2017/2018 年度 AWP の中間レビュー､2018/19 年度及び 2019/20 年度 AWP、2017/2018 年度と 2018/19 年度 APR の策定支援を行った。 MTEF サイクル管理活動を行うための各種ツール（MTEF ツール:添付資料 7 参照）の開発と導入研修。 その他、データレビュー会議（ケリチョー）および､MTEF ツール（MTEF プロセスガイドや MTEF 管理ツール）のための TOT を実施。
2-4 パートナーカウンティにおける MTEF/AWP サイクルの実施から得た知見と教訓を文書化する。	MTEF/AWP サイクルの実施から得た知見と教訓を文書化し、保健省のウェブサイトに掲載した。
2-5 パートナーカウンティにおける活動から得た教訓を基に、IGF へフィードバックを行う。	IGF が計画通り開催されなかったため、プロジェクトは以下の機会を設定して、パートナーカウンティで得られた教訓を保健省にフィードバックを行った。 ● プロジェクトテクニカルミーティングを開催し、C/P の HSC/IGA 以外に Policy Planning, THS-UC と共有（2018 年 4 月、11 月） ● UHC Department, Finance Department と共有 (2018 年 12 月、2019 年 1 月) ● 世銀、HP＋、COG (2018 年 11 月、2019 年 1 月)

3. 終了時評価調査の結果

プロジェクト終了 6 カ月前の 2019 年 3 月に終了時評価調査が実施された。以下、終了時評価に

おける成果及びプロジェクト目標の達成度と DAC5 項目による成果について記す。

3.1. 成果の達成度

プロジェクト成果を達成するための指標の達成状況は、表 6 のとおりである。

表 6：終了時におけるプロジェクト成果の結果
(終了時評価以降行われた活動については下線で示す)

成果 1 保健省・カウンティ保健局間の相互学習・支援体制が IGF や他のメカニズムを通じて強化される。	
指標 1.1. IGF において、共同声明と行動計画が決定される。	**測定不能** 同指標は PDM の前提条件の「保健セクター政府間協議フォーラムが 2018 年度以降定期的に開催される」と「保健セクター政府間協議フォーラムを開催するための予算がケニア側で確保される」が満たされなかったため、終了時レビューにおいて測定不能とされた。
指標 1.2. プロジェクト終了時までに、パートナーカウンティの教訓を共有するためのイベントが 2 回以上開催される。	**達成済** IGF が定期的に開催されなかったため、パートナーカウンティの教訓を共有するため 6 つの種類のイベントを 9 回開催した。 ・ 2 回のプロジェクトテクニカルミーティング（2018 年 4 月、11 月） ・ キスムスタディーツアー（ケリチョーCDOH が訪問、2018 年 6 月） ・ ケリチョーカウンティ保健フォーラム（2019 年 1 月） ・ MTEF マネジメントツールの紹介（キリニャガ→ニェリ及びケリチョー→キスム、2019 年 5、6 月） ・ AWP ハンドブックの検証と MTEF サイクルレビューワークショップ（キリニャガ→ニェリ及びケリチョー→キスム、2019 年 6 月） ・ 相互学習フォーラム（キリニャガ、ケリチョー、ニェリ、2019 年 7 月）
指標 1.3. 2 つのパートナーカウンティの MTEF サイクルマネジメントを通じて得た好事例や教訓が文書化され、保健省のウェブサイトや他媒体を通じて、展開される。	**達成済** MTEF サイクルマネジメントを通じて得た好事例や有効とされた教材を保健省のウェブサイトに掲載 http://www.health.go.ke/health-best-practice/ 好事例： ・ APR 作成プロセス ・ AWP 作成プロセス ・ データ管理の方法 教材： MTE サイクル理解促進教材

	・MTEF カレンダー　（年間を通じて、カウンティ保健局のどのレベルがいつ、なんのためにどういう作業が必要かを 1 ページで理解可能なもの） ・MTEF プロセスガイド（MTEF カレンダーをより詳細にしたもので、MTEF サイクルの理解をより深めるための冊子） ・レベル 2－3 保健施設用の AWP ハンドブック（AWP 作成に必要な情報を網羅） ・講師用のレベル 2－3 保健施設用の AWP パワーポイント資料（同教材はレベル 2－3 保健施設の職員に AWP の作成を指導するために活用できる） ・MTEF マネジメントツール (AWP のセクション 3.2. の活動基準予算【Program Based Budget: PBB】）の部分をエクセル化し、AWP の予算を年間を通じて管理するツール)
パートナーカウンティ保健局の MTEF サイクルマネジメント能力（計画策定、予算策定、活動実施、モニタリング）が強化される	
指標 2.1. 少なくとも 4 つの MTEF ツール(例: AWP/MTEF 年間サイクルのワークフローチャート、AWP 実施ガイドライン、MTEF マネジメントツール等)が、パートナーカウンティにおいて開発され、普及する。	**達成済** 以下のツールは全てパートナーカウンティにおいて開発され、普及されている。 1) MTEF カレンダー 2) 組織図 3) MTEF プロセスガイド 4) MTEF マネジメントツール 5) Financial Transaction Record and Information Sheet for HF (a manual report format of Management Tool Ver.1) 6) MTEF Management Data Aggregation Tool (1st and 2.5 version) 7) レベル 2－3 保健施設用の AWP ハンドブック 8) 講師用のレベル 2－3 保健施設用の AWP パワーポイント資料 9) MTEF マネジメントツールに係る各種説明書 i) Instruction Booklet for ‘MTEF Management Tool’ for the Health Officers under CDOH ii) Technical Instruction: ‘MTEF Management Tool’ for The Tool Administrators MTEF Management Tool Ver 3.0 Maintenance Manual iii) MTEF Management Tool Ver.3.0 Maintenance Manual iv) MTEF Management Data Aggregation Tool Ver.3.0 Maintenance Manual
指標 2.2. 各パートナーカウンティの CHMT、SCHMT、保健施設の内、少なくとも 70%が、プロジェクトによって開発された MTEF を 1 種類以上活用する	**達成済** ケリチョー、キリニャガの両パートナーカウンティの CHMT、SCHMT、全保健施設において、必要なツールが活用されている（添付資料 6 を参照）

3.2. プロジェクト目標の達成度

プロジェクト目標の指標の達成状況は、表 7 のとおりである。

表 7：プロジェクト目標の指標の達成状況

（パートナーカウンティの）CDOH のマネジメント機能が強化される。	
指標 1 CHMT、SCHMT が、プロジェクトによって開発された MTEF ツールの少なくとも一つを用いて、少なくとも 50%以上の保健施設のモニタリング・評価を行う。	達成済 CHMTとSCHMTは管轄のレベル2－3の保健施設の収入と支出のモニタリングを2018年9月以降、毎月行っている。 終了時レビュー調査時点ではキリニャガ82%、ケリチョー56.5%であった。
指標 2 各年度の保健セクターの年間活動計画（以下 AWP）が 4 月までに、年次業績評価（以下 APR）が 11 月までに提出される。	達成済 2017/2018年度以降全て計画通り提出されている。終了時レビュー時点（2019年3月）で達成が確認された。
指標 3 2 つのパートナーカウンティにおいて、政府間保健フォーラムの共同声明の中で合意された行動計画の内、少なくとも 50%の行動計画が履行される。	測定不能 同指標は PDM の前提条件の「保健セクター政府間協議フォーラムが 2018 年度以降定期的に開催される」と「保健セクター政府間協議フォーラムを開催するための予算がケニア側で確保される」が が満たされなかったため、終了時レビューにおいて測定不能とされた。

3.3. DAC5 項目による評価

表 8: 評価 5 項目評価結果の要約（終了時評価調査報告書より抜粋）

項目	評価	評価結果の根拠
妥当性	高い	● プロジェクトの上位目標およびプロジェクト目標はケニアの保健セクターのニーズと国家開発政策、および日本の対ケニア政府開発援助政策と合致している。
有効性	中程度	● 終了時評価時点では、プロジェクト目標は概ね達成。 ● 指標 1，2 は達成。指標 3 は前提条件がみたされずに測定不能。 ● プロジェクトはパートナーカウンティにおけるマネジメント基盤の確立に向けて大きく貢献した。
効率性	中程度	● 中間レビュー調査の結果に基づいて介入の重点をパートナーカウンティでの活動に置いたことにより、プロジェクト資金の大部分はカウンティでの活動に費やされ、投入に見合った成果が発現されている。

インパクト		● 上位目標の達成に向けての進捗は緩やか ● 二つの指標のうちの一つは達成 ● 終了時評価時点で予期しなかった正のインパクトとして顕著な事例はないが、パートナーカウンティにおいて研修を受けた後、研修講師として活躍しているメンバーがいる点は評価に値する
持続性	中程度	プロジェクトの持続性は、総じて中程度である。政策的には持続する可能性が高い反面、財務的には懸念がある。技術的な持続性は中程度と判断される ● 政策的持続性 プロジェクト終了後においてもプロジェクトの効果を持続させるために必要となる政策的な環境は継続される見込みである。地方分権下で保健システムを強化するためのキャパシティ・ディベロップメントは、国家政策と戦略における優先事項である。ケニア憲法（2010 年）に記されている地方分権下での保健システムにおける役割と機能を鑑みると、保健省は、政策策定、戦略的リーダーシップとスチュワードシップ、カウンティのキャパシティ・ディベロップメントおよびトレーニングに責務があるとされる。こうした機能はケニア保健政策（2014-2030 年）に反映されている。また、保健政策では、分権下の目的に沿って中央政府とカウンティ政府がそれぞれの責務のもとで、保健医療サービスを効果的に提供するために必要なキャパシティを強化することが考慮されている ● 財政的持続性 終了時評価調査時において、プロジェクトの効果を持続させるために必要な予算の確保と配分を目的とした計画は確認されたものの、現時点での財政的持続性は低い。中央レベルにおいて 2 つの政府間の協議を支援するために設立された体制、すなわち IGF が設立されているが、その体制が十分に機能するために必要となる予算が確保されていない。他方、カウンティ政府は、政府間の活動のために必要となる費用を分担する義務を果たす用意ができていない。パートナーカウンティの保健局は、保健予算が十分でないことや、保健施設への支払が遅滞してしまうといった問題に直面している。持続可能な資金確保をめぐる課題に取り組むために、カウンティ保健局は、MTEF サイクル管理活動を彼らの日常業務の一部とし、そうした活動を予算化することを目指す旨の発言が得られた[2]。また、保健セクターに対する予算配分を増やすため、利用可能な MTEF ツールを使用して、政治的指導者からの支援を得るために必要なエビデンスを提示することを計画している。現在は、限られた予算配分と、カウンティ歳入基金（CRF）から支払いが遅れていることで、保健施設全体での AWP 実施の効率性が妨げられているのが現状である。カウンティ保健局は、業務の効率とサービスの質を向上させるために、カウンティ歳入基金から保健施設に適時に確実に支払いが行われるために、カウンティの指導的役割を果たし続けることが期待されている。

[2] プロジェクトチームによれば、AWP 作成と APR を各レベルの保健施設を含めた参加型で実施するために必要な費用は、 参加者のコンフェレンス・パッケージと交通費で、各カウンティで AWP 作成と APR 作成に関しては約 Ksh 1,600,000 である。

		● 技術的持続性 技術的持続性は中程度とみなされるが、終了時評価時点では未だ十分ではない。 パートナーカウンティの CHMT および SCHMT は、MTEF/AWP 運営において証拠に基づいた計画的なコモディティ管理、財務管理、データ管理、指導に関する知識とスキルを習得したが、保健施設には課題が残っている。 終了時評価調査団は、2 つのパートナーカウンティにおいて SCHMT と保健施設管理者が AWP と予算作成プロセスに積極的に関与していることを直接観察することができた。キリニャガのいくつかの保健施設が作成した 2019/20 年の AWP 草案には、研修、指導、継続医療教育および OJT を通じた能力開発のための活動が予算と共に十分に計画案に盛り込まれていることも確認している。 インタビューを行った CHMT および SCHMT の多くは、効果的なツールの導入と研修によって、自身の AWP 計画能力が向上していると感じており、こうした自己評価は日本人プロジェクトチームによる評価とも一致している。 ● 組織的持続性 パートナーカウンティでは、プロジェクトの効果の継続を可能にする制度的な持続性が十分にあることが見受けられた一方で、中央政府とカウンティ政府が設立した IGF は、これまでのところは両政府間の分野横断的な問題を議論し解決するために十分な機能を果たしていない。IGF を担当する保健省は、運営予算を確保する困難に直面している。IGF に関する事項については、適時にカウンティ知事と連絡することが困難であるという課題もある。

3.4. 結論

本案件は、2014年のカウンティ制導入直後に形成され、プロジェクト期間前半期は、分権化の過程におけるニーズの変化によって、大きく影響を受けた。プロジェクト終了の6か月前に実施した本終了時評価では、分権化における状況やニーズの変化にもかかわらず、総じてプロジェクトの成果は計画どおり発現されているものと判断した。

プロジェクトは、中間レビュー調査の提言に基づいて、MTEF/AWPサイクルマネジメント強化を主軸に、2つのパートナーカウンティ政府を対象として、カウンティのニーズに応じた活動へ注力した形へ移行した。その結果、終了時評価時には、パートナーカウンティにおいて、当初計画どおりの成果の発現がみられた。カウンティ、サブカウンティおよび保健施設のマネージャーは、プロジェクトが開発したツールを活用して、MTEF/AWPサイクルマネジメントを実践してい

る。こうした点を踏まえ、2つのパートナーカウンティにおける　MTEF/AWPサイクルマネジメントに焦点を当てた活動の実施によって、DAC5項目評価のうち「妥当性」は高く、「有効性」は中程度と判断した。投入と成果の発現の関係から、「効率性」については中程度と判断した。「持続性」は政策的、技術的側面においては良好な進捗がみられた一方で財政面においては懸念が残ることから中程度と評価した。上位目標の達成に向けては、MTEF/AWPサイクルマネジメントの活動・ツールが様々なチャネルを通じて非パートナーカウンティへ紹介されるなどの進捗は見受けられる一方で、パートナーカウンティがプロジェクトで開発したMTEFマネジメントツールを用いて一連のMTEFサイクルマネジメントを完了するには今後一年半を要することを鑑みれば、引き続き進捗を確認する必要がある。

3.5. 終了時評価調査の提言及び対応

表 9 の左側にある提言が挙げられた。右側に提言を受けて対応した活動実績を記している。

表 9：プロジェクト終了に向けた提言に基づく実績

プロジェクト終了に向けた提言	活動実績
成果 1 （1）（プロジェクト・保健省への提言）プロジェクトの活動を国全体へ拡大することを念頭に、活動 1-5「既存の会合を通じて、プロジェクトで得た教訓を他のカウンティと共有する」を実施する。 （2）（保健省への提言）1)の実施にあたり、MTEF/AWP ツールの需要創出のため、既存の機会を活用して他カウンティへツールの紹介を行う（保健省ウェブサイトや、ケニア保健フォーラム等の既存の会合における紹介）。 （3）（プロジェクトへの提言）プロジェクトで育成した MTEF/AWP サイクルマネジメントのトレーナーに対して、研修修了証や“Peer Facilitator for MTEF Cycle Management”などのタイトルを付与し、他カウンティにて研修講師を務めるためのしくみ作りを行う。	（1）と（2）終了時評価後、保健省ウェブサイトにおいて、プロジェクトで得た教訓を文書化したベストプラクティスや他のカウンティでも活用できる成果品を全て掲載した。 2019 年 7 月 14 日～15 日に開催された「2019 年ヘルスフォーラム」においてブースを設置し、ベストプラクティスや成果品を手に取ってみられるような工夫を施した展示をし、団員が関心のある人々に説明を行った。 プロジェクトで以下のイベントを開催して、他カウンティと教訓を共有した。 • AWP・APR 作成プロセスの共有と AWP ハンドブック検証ワークショップ（ケリチョー、キリニャガ、キスム、ニェリ）2019 年 6 月開催 • MTEF 管理ツール実践イベント（キスム、ニェリ）2019 年 5，6 月開催 • 相互学習フォーラム（ケリチョー、キリニャガ、ニェリ）2019 年 7 月開催 上述の MTEF 管理ツールのガイド、AWP ハンドブックとその研修講師用資料は保健省のウェブサイトに掲載している。

	（3）プロジェクトで育成したトレーナーには(ア) master trainer, (イ) lead trainer, (ウ) senior facilitator, (エ) facilitator の 4 つのカテゴリーに分けて表彰した。（ア）（イ）のカテゴリーのトレーナーは問題なく自身のカウンティをはじめ、他カウンティにて指導することができる。また、（ア）と（イ）のカテゴリーのトレーナーが（ウ）(エ)を育成するという仕組みになっている。 キリニャガ・トレーナーはニェリ CDOH（2019 年 6 月）とマチャコス CDOH（2019 年 9 月）に対して導入研修を実施。 ケリチョー・トレーナーはキスム CDOH（2019 年 7 月）とミゴリ CDOH（2019 年 9 月）に導入研修を実施。
成果 2 (1)（プロジェクトへの提言）MTEF/AWP サイクルの定例的な活動（AWP 統合のワークショップ、データレビュー会合等）の実施にかかるコストを CHMT と共有し、CHMT がカウンティ議会に対し、保健予算の増額要求にかかるロビー活動においてコストを提示できるようにする。 (2)（プロジェクト・CHMT への提言）活動 2-4「パートナーカウンティにおける MTEF/AWP サイクルの実施から得た知見と教訓を文書化する」､及び活動 2-5「パートナーカウンティにおける活動から得た教訓を基に、IGF へフィードバックを行う」を実施する。実施にあたり、CHMT は MTEF ツール活用の利点や活用から得られた好事例を集約する。 (3)（保健省への提言）プロジェクトが開発したマニュアル、ガイドライン、ツールの改訂や更新を所轄する部局をプロジェクト期間中に明確化する。 (4)（保健省・パートナーカウンティへの提言）他の開発パートナーが行う会合の	(1) MTEF/AWP サイクルの定例的な活動（AWP 統合のワークショップ、データレビュー会合等）の実施にかかるコストは既に共有し、2019/20 年度の AWP に予算として織り込まれ済み。 (2) パートナーカウンティにおける MTEF/AWP サイクルの実施から得た知見と教訓は文書化され、二つ以上のカウンティが集まるイベントの場で、当事者にパワーポイントなどで発表させた。特に他カウンティにおいても有効と思われるものはウェブサイトに掲載した。 IGF は定期的に開催されておらず、終了時評価からプロジェクト終了までに IGF は開催されなかったので、プロジェクトで開催した上述（提言への対応【成果 1 の（1）と（2)】）のイベント及び代 9、10 回 PSC にてフィードバックを行った。またパートナーカウンティの CHMT は MTEF ツール活用の利点や活用から得られた好事例を THS-UC の会議の場や、プ

機会を活用して、プロジェクトの経験を他地域へ共有する（世銀による WB-THS-UC プロジェクトのワークショップ等、カウンティが一堂に会する機会を活用）。また、他のパートナーのプログラムにおいても、MTEF/AWP サイクルマネジメントを活用し、活動計画と予算をリンクさせ、プログラム管理を行う。 (5)（プロジェクト・保健省・パートナーカウンティへの提言）プロジェクトは現行の MTEF/AWP サイクル完了前に終了することから、終了後に保健省及びパートナーカウンティによって MTEF/AWP サイクルマネジメントを継続して実施する体制をプロジェクト期間中に構築する（Peer Facilitator の育成等）。	ロジェクトが招待した他のカウンティに対して発表した。好事例に関しては、保健省のウェブサイトに掲載している（http://www.health.go.ke/health-best-practice/）。 **(3)** 後継案件との関連もあり、引き続き HSC/IGA が同プロジェクトで開発したマニュアル、ガイドライン、ツールの改訂や更新を所轄する部局となる。しかしながら、依然部局の役割が流動的であるので、部局が変わっても問題がないように、ウェブサイトに加筆修正が簡単に行えるようにワード版も併せて掲載している。 (4)と(5) 上述の（提言への対応【成果 1 の（1）と（2)】および【成果 1 の（3）】）と同じ。 また、ケリチョーとキリニャガはプロジェクト後の活動計画をまとめた共同コミュニケを作成し、両カウンティの保健局長が署名している。

以下の表 10 には、終了時評価の際に、プロジェクト終了後の提言として挙げられたものに対する活動と、プロジェクト自身が上位目標の指標を達成するために実施した活動及び提言を表 11 に記す。

表 10：プロジェクト終了後への提言

プロジェクト終了後の提言	
成果 1 に関して （1） （保健省･パートナーカウンティへの提言）既存の会合の機会を活用し、プロジェクトから得られた好事例及び教訓を他カウンティと共有する。 （2） （保健省への提言）パートナーカウンティにおける MTEF ツールを用いた活動のフォローアップならびに UHC パイロットカウンティにおけるツールの普及展開を行う。	提言への対応 （1）保健省およびパートナーカウンティが他カウンティとの学びを共有しやすくするため、好事例や教訓をまとめたものとそれらの成果に繋がった教材を保健省のウェブサイトに掲載した。 さらに、保健省が今後の情勢変化に伴って教材の改訂が必要になった際にも対応できるように、同じウェブサイト上にワード版も掲載し、簡単にダウンロードし、改訂できるようにした。 （2）プロジェクト期間中に AWP/APR プロセスについての研修や AWP ハンドブックの検証

	ワークショップをパートナーカウンティで実施した際に、キスムとニェリを招聘して MTEF ツールを紹介、配布を行った。また、JICAUHC アドバイザーと JICA ケニア事務所と共に UHC パイロットカウンティのニェリ、キスム、マチャコスそしてミゴリで MTEF ツールの紹介と配布、そして MTEF マネジメントツール活用のための実践研修を行った。
成果 2 に関して （1） （保健省･パートナーカウンティへの提言）MTEF/AWP サイクルマネジメントの活動実施を維持する。 （2） （保健省への提言）他カウンティへの展開を鑑み、パートナーカウンティにおける MTEF/AWP サイクルの活動を継続してモニタリングする. （3） （保健省･パートナーカウンティへの提言）関係者のさらなる能力強化のため、プロジェクト実施によって必要性が見出された活動を実施する。	提言への対応 （1）の実施を支えるため、パートナーカウンティはプロジェクト終了以降の活動計画が記載されている共同コミュニケを作成し、両カウンティについては保健局長が署名したことによって、継続的な履行を実施されることが期待される。 （2）と（3）は、持続発展性を実現するために保健省もパートナーカウンティもその必要性は重々承知しているが、実際に難しいところがあるので、JICA・UHC 専門家、JICA ケニア事務所、世銀 THS-UC との連携が重要となる。プロジェクト期間中はこれら 3 者が連携できる基盤をつくった。

4. プロジェクト実施運営から得た経験・教訓

4.1. 保健省 C/P の実施体制

本プロジェクトは、地方分権化開始間もない保健省に新たに設立された HSC/IGA を C/P に活動を実施してきた。プロジェクト前半では HSC/IGA の役割と業務を整理することから開始し、同局の職員の能力強化や同局の主要な業務である IGF の開催支援を行ってきた。しかし、C/P の HSC/IGA は、常に人材不足で、同プロジェクト開始当初から現在に至るまで活動予算をもっていない。

プロジェクト開始以降、慢性的な人材及び予算不足という課題をもちながら、同局の活動は DP のアドホックな資金援助に依存し、ルーティーン業務ができる状況ではないため、HSC/IGA の職員達の多くは他の部局の補助要員として様々な出張に出かけ、保健省を不在にすることが多かった。

そのような中、中間レビューにおいて、パートナーカウンティとの活動に注力することが提言され、プロジェクトの後半から新たにカウンティでニーズ調査および他 DP との重複を避ける形で、MTEF サイクル管理に焦点をあてることとした。

カウンティ保健局の MTEF サイクル管理活動支援に注力するにあたっては、本来であれば C/P は HSC/IGA ではなく計画局が妥当であった。なぜなら、カウンティでの活動を支援するために保健省から HSC/IGA の職員に出張同行してもらっても、彼らの業務とカウンティでのプロジェクトの活動内容に乖離があるので、カウンティ相手に適切な指導および助言ができないからである。そこで、C/P と円滑にコミュニケーションを図ることで、HSC/IGA から計画局の職員を出張同行できるよう便宜を図ってもらうことができた。つまり、C/P の協力によって計画局の職員がプロジェクトに同行し、カウンティの担当者に保健省としての MTEF サイクル管理に関する見解や計画の在り方などの助言をしてもらうことができた。

ここから得た教訓は、プロジェクト実施中に活動の変更が生じ C/P の活動との整合性がなくなるケースもあるが、C/P が省内におけるフォーカルポイントとしての役割を担い、関連部局のプロジェクトへの参画を促し、活動を実施することが重要と言える。

4.2. 現場に主軸を置いた実施体制

プロジェクト前半期は保健省中心に活動を行っており、日本人専門家が出張ベースで時々カウンティに行くという体制であった。プロジェクトの後半期は、中間レビュー調査での提言に基づき、活動の中心を保健省からカウンティに移した。カウンティとの信頼構築に図るため、二人の専門家を常時カウンティの配置し、業務を行う体制にした。

カウンティでのプロジェクト活動は既にカウンティ保健局が定例業務として実施しなければならない MTEF サイクルの管理業務支援であった。活動開始時において CDOH は、MTEF サイクル管理の実施方法が分からない、あるいは実施しているが質が著しく低いという状態であったため、MTEF サイクルに沿った管理の実践に焦点を当て、プロジェクト活動を実施した。カウンティで本格的に開始してから 3 か月で、専門家たちは CDOH と共に MTEF サイクルの管理業務を抜本的に効率化する MTEF マネジメントツールを開発し、導入を行った。同ツールは、カウンティのニーズと合致するものであり、信頼関係の構築及び活動の質が大きく向上した。

ここから得た教訓は、地方でパイロット活動を行う場合、少なくとも活動開始時期においては担当の専門家を現地に配置することが重要である。第 3 期以降、同プロジェクトの専門家は、隔週で二つのカウンティに滞在し、CDOH の関係者と MTEF サイクル管理業務の洗い出しを行い、現地でアシスタントを雇って専門家が不在の場合でも CDOH をサポートできる体制を整えた。また、CDOH と密に連携をとることにより信頼関係を構築し、相手のニーズを深く理解することにより、適切な技術指導に結び付いた。CDOH と共に開発した MTEF サイクル管理業務をサポートするツールや教材は、パートナーカウンティ以外でも活用できるものであり、次期案件形成の土台にもなった。

4.3. MTEF サイクル管理を定着させるための工夫：相手側の定例業務への内包化を前提とした支援

すでに業務体系が成立している CDOH 及び関係組織の保健システムマネジメント改善のための支援が、これまでと明らかに異なる追加業務を求めてしまうと、業務へのモチベーションが損なわれるリスクが高い。従って、以前からの業務内容や作業をより実施しやすくするための支援

として、具体的に即時実践できる方式を提示し、その作業方式を研修だけではなく、個々の関係者のオフィスに出向いて疑問点などに丁寧に対応し、具体的な指導をすることで、既存業務の中に自然に定着できるようにした。例えば、CDOH では毎月、個々の保健施設が、サブカウンティに対し、各種の保健データを提出することになっている。そこでカウンティの必要性に基づき、毎月の活動進捗（ここでは財務的な進捗）を新たに提出してもらうことにした。保健施設の作業は一部増えるものの、情報を提出し、それをサブカウンティが取りまとめるという「既存メカニズム」の中に、プロジェクト支援によって提供された情報管理手法を埋め込み、「毎月提出する」というルーティーンに乗せることができた。これは持続性の観点も加味したものである。同様に、AWP の作成も、保健施設や病院など、時に 100 以上にもなる計画文書をカウンティとして一つに統合する作業が求められているが、これまでワードフォーマットだったものを、活動計画と予算案の作成については、エクセルを活用したプログラムファイルによるツールを作成してこれを取り入れる支援をした。いずれもルーティーンへの改善手法の提供であり、AWP 作成という作業においてより有効な手法として認められ、定着する流れができた。なお、同ツールは統合に便利なだけではなく、計画時のみに留まらず、その後、そのまま実施管理（上記の月次報告にも直接かかわる）になり、財務レポートにも活用できるものになっている。従って、年間を通じて常に身近に扱うツールとなっており、必然的に不可欠な位置を占めることになる。こうした内包化を想定した上でツールを開発し、取込みの工夫も検討した通りに行った。

本件実施の経験から定着化のポイントは以下のように考える。

- 開発したツールは、定例業務で作成していた文書を統合し、業務の効率化を生み出すものとした。
- 開発したツールは、診断、管理、学習の 3 要素を同時に果たす工夫も行っている。つまり、ツールを利用するほどに、保健局の管理問題（計画と予算の祖語、支出と実績の関連性の欠如）が明らかになり、その課題を含めて真の管理を行うことができるものとの自覚で活用され、そして利用することによってマネジメントのポイントが自ずと自得・理解できるように設計していることから、うまく定着化した。
- 研修では、実際の情報を用いて、ツールに入力して作業するが、入力したデータは通常業務の一部として継続活用できるようにした。特別な技能をその時だけ学ぶ（為にする学習や作業）というものにならないように、そして座学よりも実際に手を動かす研修方式とした。ツールを操作して手で覚えること、教わるのみならず教える側の役割を実践してもうこと（教えることが最大の学びになるため）を心がけた。

4.4. ステアリングコミッティ(Project Steering Committee: PSC) の体制

プロジェクトの前半期は、ケニア全土の 47 カウンティをプロジェクトの対象地域としていたため、PSC の構成員は保健省の 6 つ局の局長及びカウンティ保健大臣連絡会議長、同会議書記局長、政府間保健フォーラム人材技術委員会代表であった。彼らが全員 PSC に参加すれば意義のある会議になるが、多忙を極める保健省の局長たちは PSC に参加できないため、毎回異なる職員が代理出席し、その結果、ケニア側では、プロジェクト全体期間における活動内容や進捗状況を把握できない状況にあった。更に、プロジェクトの対象地域が 47 カウンティであるにもかかわらず、二

つのパートナーカウンティのみにおいて開始した小規模な活動で試行錯誤している段階から 47 のカウンティ代表としてパートナーカウンティの保健大臣ではないカウンティ保健大臣連絡会議長と同会議書記局長を PSC 構成員として招いていたため、彼/彼女たちにとってはオーナーシップが醸成されるような立て付けとなっていなかった。

従って、プロジェクトの後半期は、PSC メンバーを入れ替え、実際にプロジェクトを実施に関わる部局やプロジェクト活動に関係する部局の局長とパートナーカウンティの保健大臣のみにした。また、PSC という場で話すには細かすぎるテクニカルな議題については、別途プロジェクトテクニカルミーティング(Project Technical Meeting: PTM）を開催し、カウンティで実際にプロジェクトに携わっている職員と保健省の中でカウンティ活動に対してガイダンスを提供できるメンバーを招集した。PTM で挙げられた課題を PSC で共有し、ハイレベルからアドバイスを受けたり、ハイレベルに対して提案したりできる体制を整えた。PSC のように高官を構成員とする委員会を年に 4 回という高い頻度で定期開催することを設定してしまうと、実際の PSC 会議では高官の代理で占められ、形式的になってしまい、中身のある議論はできず、それ故に参加者の関心が低くなるという悪循環に陥るリスクがある。従って、プロジェクト開始時の PSC 以外は、ある程度活動が軌道に乗り、成果が出た後に開催する方が効果的であるということが教訓として挙げられる。

また、保健省とパートナーカウンティ間との連携を構築し、場所は離れていても同じチームメンバーであるという意識を醸成するために、PTM のような補完的な体制を整えたことは有効であった。

4. 5. 保健システム強化における行政マネジメント専門家の活用

第 3 期に CDOH のマネジメントに関するアセスメントを行った結果、本プロジェクトの「システム・マネジメント」に関する課題は、CDOH の職員の保健知識不足や、リーダーシップといった素養自体に起因するものではなく、ガバナンスの改善といった大枠からアプローチするものでもなく、基本的な行政マネジメント実務の改善の必要性であった。従って、本プロジェクトで開発した MTEF ツールは、診断、管理、学習の 3 つの用途を同時に果たすものとした。

行政マネジメントの視点から CDOH の抱える最も大きな課題は、計画と予算に断絶がみられたことであった。毎年 AWP を作成する際に PBB で予算を組むが、CDOH は、予算を費目別で管理している。従って、予算の執行率を確認する際に、費目ごとの支出は確認できても計画したプログラムや活動にどれだけの支出があり、活動自体が実施されたのかが支出情報からは分からないという状況であった。さらに、APR において AWP で目指した保健指標が達成されているかどうかを確認するのであるが、本来であれば、目標とした保健指標が達成されたかどうかを分析する際に、各プログラムに対してどれくらいのインプットがあったかを測らなければならないのに、上述したように、予算自体が PBB で管理されていないので、インプットとアウトプットの分析が行えなかった。

同プロジェクトが開発した様々なツールの中の一つである MTEF マネジメントツールは、それらの課題を克服するものであったため、保健省及び CDOH から高い関心が寄せられ、パートナーカウンティで実際に日常的に活用され、パートナーカウンティ以外の 4 つのカウンティにおいても導入研修を行われるに至った。

以下が MTEF マネジメントツールの大きな特徴である。

１）AWP の予算部分をエクセルのマクロ・プログラムを活用してプログラム毎に費目別で必要な予算を積算すればクリック一つで PBB となる。従って、PBB、費目別両方で予算及び支出管理が可能となる。

２）同ツールに定期的に支出入状況を入力することで、予算及び支出状況のモニタリングが可能となり、活動の実施状況を把握できる

３）同ツールによって、マネージャーレベルはいつでも２）を把握でき、計画に対する各プログラムの予算の執行率などを確認することで、正しい経営判断を行うことができる。

短期間で一定の効果を上げることができたのは、第 3 期から投入した行政マネジメントの専門家が、現地での課題は行政マネジメント分野の問題であることが確認できた段階で、MTEF マネジメントツールのような公共財政管理改善を目的とした効果的な手法及びツールを提案し、間を置かずに CDOH の実務の支援を開始したことにある。行政マネジメントは保健セクターに限らず、多様な分野で重要な役割を果たすことから、これを「OCCADEP モデル」として、広く展開することに意義があると思われる。

5. 上位目標達成に向けての提言

5.1. 上位目標達成の見込み

上位目標は通例プロジェクト終了後の 3 年から 5 年後に達成される目標と想定されている。本プロジェクトの上位目標は「ケニアにおける UHC 実現に向け、衡平で質の高いサービスを確実に提供するため、分権化された保健システムが強化される」であり、達成を測る指標及び現状は以下のとおりである。

【指標１】パートナーカウンティの保健予算の経常予算において、人件費以外の費目に配分される予算の割合がキリニャガで 25%以上、ケリチョーで 30%以上となる

	ベースライン値 (2014/2015)	(2015/2016)	(2016/ 2017)	(2017/ 2018)	(2018/ 2019)	目標値 (2021/22)
ケリチョー	29%	30%	29%	17.1%	23.3%	30%
キリニャガ	21.7%	20.6%	23.4%	27.1%	22.4&	25%

【指標２】少なくとも 6 つのカウンティ（パートナーカウンティを含む）において、プロジェクトで開発された MTEF ツールが活用される

ベースライン値 (2016/2017)	(2017/2018)	(2018/19)	目標値 (2021/22)
0	2 (パートナーカウンティ)	2 (パートナーカウンティ)	6 カウンティ

指標１の達成に向けて、プロジェクトはカウンティ議会へのアドボカシーに注力した。ケニアでは、CDOH の経常予算のほとんどが人件費である中で、UHC が提唱する「すべての人が、適切

な健康増進、予防、治療、機能回復に関するサービスを、支払い可能な費用で受けられる」ようになるためには、保健人材だけではなく、質の確保された医療サービスへのアクセシビリティが重要である。CDOH は、UHC 及び指標 1 を達成するためには、保健人材の能力向上にかかる活動やコミュニティ保健にかかる活動が重要であるという認識をもっているが、カウンティ保健予算を決定するカウンティ議会議員（Members of County Assembly: MCA）からなかなか理解が得難いとの説明が活動開始当初より CDOH から挙げられていた。MCA は保健人材、薬、機材や施設などのインフラに予算をつける必要性については理解を示すものの、保健サービスの質を向上させるための活動資金の必要性に関しての理解が少ないため、保健サービスの向上に結び付く活動予算がつかないとのことであった。こうした状況から、プロジェクトは MCA に対するアドボカシー実施の支援を行った。特に局長をはじめとする CHMT は、MCA との接点をもっていなかったため、MCA と CHMT の関係構築に留意した。従って、本プロジェクトでは、MCA との関係強化とアドボカシーの能力の向上を頭におきながら、パートナーカウンティの年間計画、年間レビュー、スタディツアーなどのイベントにカウンティ議会の保健委員会に所属する MCA を招いた。こうしたプロジェクト活動に MCA が CDOH の職員と共に参加することによって、保健セクターへの理解を深めてもらい、保健セクターの経常予算において、人件費以外の活動予算が増えるようにアドボカシーの機会として捉えて推進した。2018 年から上述のようにカウンティ議員を本活動に招くようになり、例えばケリチョーにおいては、2018 年に開催した AWP ステークホルダー会議には、MCA の参加者はゼロであったが、2019 年 9 月に開催した 2018-19 年度の保健セクターの年間レビュー関係者会議には保健委員会所属の 10 人の MCA が参加するに至った。このように本プロジェクトの活動を通して CDOH の職員が、MCA に対して保健セクターの抱える課題について継続的にアドボカシーを重ねてきた結果、議員側の関心も高まり、以前よりも理解に努めようとするようになった。

指標 2 に関しては、本プロジェクト実施期間において二つのパートナーカウンティのニーズや状況を把握しながら 12 の MTEF ツールを開発した。両カウンティでは、第 3 期と 4 期の約 1 年 8 カ月の期間内で MTEF ツールについての研修を行い、実際にツールを活用しながら計画予算策定を行ってきた。さらに、プロジェクト終了後も同ツールが継続して活用されるよう MTEF ツールのトレーナーを養成した。

パートナーカウンティ以外のカウンティにおける MTEF ツール活用に向けては、以下の活動を行った。

（1）IGF、Devolution Conference、Health Forum、世銀 THS-UC のミーティングや本プロジェクトで実施した 12 回[3]の相互学習の場において、MTEF ツールを紹介し、更に連絡をとってきたカウンティには同ツールを配布するなどした。

（2）本プロジェクト期間中にパートナーカウンティ以外のカウンティによる MTEF ツール活用に向けて MTEF ツールを普及・活用法指導できる人材を養成した（添付資料 10 を参照）。

（3） JICA ケニア事務所と JICA 個別専門家である UHC アドバイザーと連携を図り、（2）の

[3] 2 回の PTM（ケリチョー、キリニャガ、MOH）、キスムスタディーツアー（ケリチョー、キスム、MOH）、ケリチョー保健サミット（ケリチョー、キリニャガ、キスム）MTEF サイクル管理及び AWP ハンドブックの検証ワークショップ（ケリチョー・キスム、キリニャガ・ニェリ・MOH）、相互学習フォーラム（キリニャガ、ケリチョー、ニェリ）JICA 事務所と合同で UHC 局、財務局への MTEF マネジメントツール研修、マチャコス・ミゴリ・ニェリ・キスムでの研修を実施した。

パートナーカウンティのトレーナーをニェリ、キスム、マチャコス、ミゴリに講師として派遣しMTEF マネジメントツール実践研修を行った。

ニェリ、キスム、マチャコス、ミゴリの 4 カウンティについては、本プロジェクトで以下の通り MTEF ツールの研修を行った。

① MTEF マネジメントツール研修（MTEF サイクルカレンダー及びプロセスガイドも活用）：
- ニェリ CDOH
- キスム CDOH
- マチャコス CDOH
- ミゴリ CDOH

② レベル 2-3 の保健施設のための AWP ハンドブックの検証ワークショップ
- ニェリ CDOH
- キスム CDOH

以上の活動により、MCA において保健への投資の重要性が認識され、パートナーCDOH や MTEF ツールの導入研修を実施した他カウンティが中心となり、他地域へ MTEF ツールを普及することで、上位目標の達成が見込まれる。

5.2. 上位目標達成に向けた留意事項

本プロジェクトでは、分権化後の公共財政管理法（Public Finance Management Act: PFM）に定められた MTEF サイクルに従って、CDOH が AWP と APR を期日通りに作成してカウンティ財務当局に提出することにより、AWP で作成した予算案がカウンティ予算に反映されること、及び AWP と APR の質が向上することを目的として、MTEF ツールを開発し、同ツールを活用して AWP/APR プロセスを支援した。同ツールはプロジェクト後半期の 2018 年から導入したため、プロジェクトのタイムライン上、一会計年度分（2018/19 年度）の MTEF サイクルマネジメントに対する支援に留まった。従って、同ツールを活用した MTEF サイクルマネジメントの効果を測定するためにはさらに数年間分をモニタリングする必要があり、C/P 側における MTEF サイクルマネジメントの定着化と適切なモニタリングが望まれる。

プロジェクト終了後の上位目標達成に向けては、以下の点に留意が必要である。

（1）保健省による AWP/APR テンプレート配布の遅れ

本プロジェクトでは、パートナーカウンティの APR や AWP 作成支援に関して、PFM 法で定められた MTEF サイクルの期日から逆算した作成スケジュールを提示し、カウンティからレベル 2－3 の保健施設においてどのように作成するかについて CHMT と協議した後、レベル 2－3 の保健施設からカウンティまでの計画やレビューの積み上げをボトムアップで 2 カ月から 3 か月かけてきめ細やかな支援を行った。しかし、2018 年度および 2019 年度においては保健省からカウンティへの該当年度の AWP/APR テンプレートが遅配したため、予め前年度のテンプレートで作業を進めていた CHMT は、遅く配布されたテンプレートを用いて再度作成することとなった。こうした教訓を踏まえ、2020/2021 年度の作成に際しては、2020 年 1 月に保健省担当部局及びカウンティ政府間で AWP/APR 作成のタイムラインについて予め協議を行い、MTEF サイクルに沿った

計画・レビューの確実な実施を担保することが望ましい。

（2）保健省による AWP/APR テンプレートの大幅な改訂

ケニアでは、保健指標を毎月 DHIS に入力することによって保健指標状況を確認することができるが、プログラム活動毎の予算の支出状況を確認できるシステムはないため、本プロジェクトでは、AWP 作成時に各活動の予算などを入力し、毎月の支出情報を入力することによって予算の支出状況を確認できる MTEF マネジメントツールを開発し、APR に必要な支出情報をワンタッチで出力できるものを作成した。

しかし、2018 年度及び 2019 年度に保健省は AWP や APR のテンプレートを変更し AWP と APR の作成を連動して進めていないため、APR を行う際に、AWP で予め計画していない項目に対する情報が求められる状況となっていた。本プロジェクトで作成した多くのツールは 2018/19 年度の保健省のテンプレートを基に開発したため、テンプレートが今後大きく変更した場合は、ツールの改編を担う保健省の部局にて適時更新することが必要である。

（3）他ドナーからのインセンティブ

現在、世銀 THS-UC プロジェクトが AWP の作成を CDOH に対する財政支援の前提条件としていることから、全カウンティに AWP を作成するインセンティブが付与されている。しかし、世銀 THS-UC プロジェクトは 2021 年に終了予定であることから、同プロジェクト終了後もカウンティが継続して AWP を作成するよう、保健省及びカウンティ政府のモニタリング及びフォローが必要と言える。

5.3. 上位目標達成に向けたケニア側への提言

上位目標である、分権化された保健システムの強化を図るためには、5.1 において述べたとおり、MTEF サイクルに沿った計画策定、予算策定、活動実施、モニタリングが遂行されるのみならず、カウンティ保健予算の決定権限をもつ MCA への働きかけを通じた保健予算の確保や、パートナーカウンティのみに留まらない他地域への MTEF ツールの展開が求められる。達成に向けて、本プロジェクトで実施された取組みが継続されるよう以下のとおり提言する。

（1）指標 1 達成に向けた提言

（ア）CDOH は、プロジェクト終了後も MTEF マネジメントツールの活用によって得られた支出情報等を活用し、エビデンスに基づいたアドボカシーをカウンティ議会へ継続して行い、CDOH とカウンティ議員との連携が益々強化され、保健セクターの経常予算の人件費以外の費目の予算が増えることが期待される。

（イ）CDOH は、引き続き AWP や APR が完成した段階でステークホルダー会議を開催して MCA を招待し、保健セクターにおける優先課題をより深く理解してもらう必要がある。ステークホルダー会議を開催するにはカウンティ内外の DP の巻き込みも促進していく必要がある。

（2）指標 2 達成に向けた提言

（ア）パートナーカウンティの CDOH が共同コミュニケで掲げた活動を実施する。

（イ）パートナーカウンティで養成された MTEF ツール・トレーナーは、カウンティ内で、MTEF

ツールを普及するだけではなく、カウンティ以外から要請があった場合は他カウンティにおいても MTEF ツールを普及する。

（ウ）保健省は、AWP や APR のテンプレートを変更する場合は、事前に CDOH に連絡をし、変更をする理由を説明し、CDOH からの了承を求めるなど、現場の声をきくことが重要である。また、上述のプロセスを MTEF サイクルに沿ったタイミングで行う。

（エ）保健省はヘルスサミット等の既存のイベント、会議の機会を活用し、保健省内や他カウンティへ MTEF ツールを紹介、普及すると共に保健省とカウンティ、カウンティ間の連携を強化する橋渡し役が期待される。

Project Design Matrix (PDM): Version 0 (February 2014)

Title: Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya

Period: 5 years (2014-2019)

Direct Target Group: Personnel involved in managerial capacity development of counties within Ministry of Health, and members of County Health Management Teams (CHMTs), Sub-County Health Management Teams (SCHMTs) and Health Facility Management Teams (HFMTs) of 47 counties

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Devolved Health Systems are strengthened to ensure equitable and quality services in achieving Universal Health Coverage in entire Kenya.	1 Core Health indicators (e.g. MMR, U5MR, IMR & Immunization rate) are improved	DHIS, KDHS	
	2 Service utilization[1] of the poorest 40% at health facilities is increased.	KDHS	
	3 Incidence of catastrophic expenditure is decreased.	Population-based survey documents	
Project Purpose			
Managerial functions[2] of County Health Management Teams (CHMTs) are strengthened.	1 Scores of functional assessment of CHMTs are increased	Functional assessment	Changes of the national policy and strategies in health sector do not affect implementation of the project activities.
	2 Performance assessment score of health facilities is improved.	Performance assessment	
Outputs			
1 **Managerial support functions and coordination mechanisms in the National level are strengthened.**	1 Score of functional assessment of county support function (e.g. mentoring, displaying results)	Records of intergovernmental forums, number of mentoring	
2 **Leadership and managerial capacities of CHMTs are strengthened.**	1 Timely submission of joint annual work plan	Planning documents	
	2 Training impact assessment	Training reports	

[1] Service utilization indicators are number of antenatal care, skilled birth attendance, and other indicators from “Improve quality of and access to essential person-centred health service” in Kenya Health Sector Strategic and Investment Plan (KHSSPI 2013-2017).

[2] Managerial functions are defined as functions necessary to ensure achievement of nationally and locally set goals while responding to the needs, demands and expectations of the people they serve. Such dimensions as leadership, human resource management, financial management, work place management, team building, facilitation, coordination, information sharing and communication etc. can be included.

3	**Horizontal learning mechanism among and within CHMTs is strengthened.**	1 Number of publications, access of website/social media, and events to share good practices and lessons learnt.	Project records	
Activities		**Inputs**		1. Personnel deployment and transfers are stable during the project period. 2. Co-financing of project activities by GOK and partners are smoothly implemented.
1	**Managerial support functions and coordination mechanisms in the National level are strengthened.**	**Japan**	**GOK**	
1-1	To identify and strengthen county coordination and support mechanism in MOH.	**Dispatch of Experts** 1. Chief Advisor 2. Health Systems Management 3. Training Coordination 4. Communication and Advocacy 5. Project Coordinator	**Counterparts** 1. Project Director 2. Project Manager 3. Technical Staff 4. Training institutions 5. Other personnel mutually agreed upon as needed.	
1-2	To strengthen coordination mechanism of national expertise to deliver harmonized training and mentoring for CHMTs.			
1-3	To strengthen the coordination mechanism of Inter-governmental Health Committee and coordination of the development partners' support.	**Equipment and Material** 1. Necessary equipment and materials for the project activities 2. Other equipment and materials mutually agreed upon as necessary	**Facilities, equipment and materials** 1. Office space for the Project 2. Necessary equipment and materials for the project activities	
1-4	To strengthen national monitoring mechanism to assess the progress of managerial capacity development and the performance of CHMTs.			
2	**Leadership and managerial capacities of CHMTs are strengthened.**	**Local Costs** 1. Training and forums (cost sharing with MOH, County and Partners) 2. Research and publications 3. Other activity costs	**Local Costs** Operational costs for implementing activities	
2-1	To conduct assessment on skills gaps and challenges facing the devolved health systems.			
2-2	To conduct trainings (TOT) and mentoring support to CHMTs by national expertise.			
2-3	To support implementation of good managerial practices at stakeholder forums, TWGs etc..			
2-4	To support CHMTs to conduct managerial trainings and supportive supervision to sub-county, health facilities and community health systems.			

2-5	To demonstrate and verify good managerial practices at model CHMTs.			
3	**Horizontal learning mechanism among and within CHMTs is strengthened.**			**Pre-conditions** 1. Clear MOH structure and job descriptions. 2. Clear CHMT structure and job descriptions 3. SWAp mechanism is maintained.
3-1	To support establishment of horizontal learning mechanism for devolved health systems.			
3-2	To support documentation and publication of lessons-learnt, good practices and research results.			
3-3	To reinforce recognition mechanisms and dissemination fora for good practices.			

Project Design Matrix (PDM): Version 1 (July 2015)

Title: Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya

Period: November 2014 - September 2019 (5 years)

Direct Target Group: Ministry of Health (MOH) personnel involved in managerial capacity development of counties, and members of County Department of Health (CDOH) of all 47 counties of Kenya

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Devolved Health Systems are strengthened to ensure equitable and quality services in achieving Universal Health Coverage in entire Kenya.	1 Core Health Indicators at national level (Maternal Mortality Ratio [MMR], Under Five Mortality Rate [U5MR], and Infant Mortality Rate [IMR]) are improved.	- Kenya Demographic Health Survey (KDHS)	
	2 Service utilization of antenatal care, delivery conducted by skilled attendants, and child immunization of the poorest 40% is increased.	- KDHS	
Project Purpose			
Managerial functions[1] of County Department of Health (CDOH) are strengthened.	1-1 County Health Management Teams (CHMTs) of partner counties become functional.[2] [baseline (2013): 0 CHMT out of 2 partner CHMTs was functional]	- Kenya Health Sector Strategic and Investment Plan (KHSSP) 2014-2018 / Health Information System (HIS)	Health financing reform to improve access to health services is maintained.
	1-2 Percent (%) of counties with functional CHMTs is increased. [baseline (2013): 0% = 0 CHMT out of 47 CHMTs was functional]		
Outputs			
1 Managerial support functions and coordination mechanisms at national level are strengthened.	1-1 Functions of Health Sector Coordination and Intergovernmental Affairs (HSC/IGA) are set up.	- List of the functions of HSC/IGA	Data for the CHMT functionality are timely available for all the 47 counties.
	1-2 County health systems management training strategy is developed based on needs of the counties, and revised based on feedback from experiences in the partner counties	- County health training strategy	
	1-3 Number of Inter-governmental Health Forum (IGF) convened.	- Minutes of the IGF	

[1] Managerial functions are defined as functions necessary to ensure achievement of nationally and locally set goals while responding to the needs, demands and expectations of the people they serve.

[2] "Functional County Health Management Teams (CHMTs)" will be defined in the Evaluation Guideline which is planned to be prepared by Monitoring and Evaluation Unit of MOH.

2	Leadership and managerial capacities of CDOH are strengthened.	2-1 Partner counties develop and implement County Health Sector Annual Work Plan (AWP) through: a) situation analysis / review of achievements in previous year, b) priority setting, c) consideration on equity, d) advocacy to county assembly, e) progress monitoring of activities and output/outcomes, f) review and evaluation of the Plan. 2-2 Implementation rate of planned activities.	- County Health Sector AWP - Mentoring Report - County health annual and quarterly performance report - County Health Sector AWP - Mentoring Report	
3	Horizontal learning among CDOH is strengthened.	3-1 Number of documents and events to share lessons learnt and good practices.	- Documents on the lessons learnt and good practices - Records of the events	
Activities		**Inputs**		
1	**Managerial support functions and coordination mechanisms at national level are strengthened.**	**[Japan]** **Dispatch of Experts** 1. Chief Advisor 2. Health Systems Management 3. Training Coordination 4. Communication and Advocacy 5. Project Coordinator **Equipment and Material** 1. Necessary equipment and materials for the project activities 2. Other equipment and materials mutually agreed upon as necessary **Local Costs** 1. Training and forums (cost sharing with MOH, County and Partners) 2. Research and publications 3. Other activity costs	**[Kenya]** **Counterparts** 1. Project Director 2. Project Manager 3. Technical Staff 4. Training institutions 5. Other personnel mutually agreed upon as needed. **Facilities, equipment and materials** 1. Office space for the Project 2. Necessary equipment and materials for the project activities **Local Costs** 1. Operational costs for implementing activities	Fund for convening Intergovernmental Health Forum is secured by Kenyan side. Turn-over of CDOH staff trained on the health management by the Project is low.
1-1	[Ministry of Health (MOH)] To identify and strengthen county coordination and support mechanism in MOH.			
1-2	[Human Resource Development (HRD)] To identify capacity gaps and available training programs in county health systems management (HSM).			
1-3	[HRD] To develop HSM county training strategy.			
1-4	[Health Sector Coordination and Inter Governmental Affairs (HSC/IGA)] To convene Inter-governmental Health Forum (IGF) between two levels of government to discuss issues of common interest.			
1-5	[Policy, Planning and Health Care Financing] To clarify the definition of functional CHMTs and its measurement methods.			

2	**Leadership and managerial capacities of CDOH are strengthened.**			
2-1	[HSC/IGA, Human Resource Development (HRD)] To conduct situation analysis to identify county's managerial challenges and CDOH core functions.			
2-2	[Project Steering Committee (PSC)] To identify partner counties of the Project.			
2-3	[Health Policy & Planning, HRD, Quality and Standard; Training Institutions] To provide technical assistance for the health sector Medium Term Expenditure Framework [MTEF] cycle (or planning, budgeting and review cycle) to the partner counties.			
2-4	[Partner Counties] To extract lessons learnt from the partner counties' experiences.			
2-5	[HRD, Quality and Standard; Training Institutions] To provide feedbacks to inter-governmental frameworks and the county training strategies.			
3	**Horizontal learning among CDOH is strengthened.**			**Pre-conditions**
3-1	[MOH, Counties] To reinforce recognition mechanism and dissemination fora for good practice			Medium Term Expenditure Framework (MTEF) is maintained. Devolution of health service delivery is maintained as County's responsibility.
3-2	[Partner Counties] To document experience and lessons-learnt from implementation of AWP cycle in the partner counties.			
3-3	[Partner Counties] To share the lessons learnt of the Project through existing fora.			

Project Design Matrix (PDM): Version 2 (revised on 22 November 2016 at the 6th Project Steering Committee meeting)
Title: Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya
Period: November 2014 - September 2019 (5 years)
Direct Target Group: Ministry of Health (MOH) personnel involved in managerial capacity development of counties, and members of County Department of Health (CDOH) of all 47 counties of Kenya

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Devolved Health Systems are strengthened to ensure equitable and quality services in achieving Universal Health Coverage in entire Kenya.	1 Core Health Indicators at national level (Maternal Mortality Ratio [MMR], Under Five Mortality Rate [U5MR], and Infant Mortality Rate [IMR]) are improved.	- Kenya Demographic Health Survey (KDHS)	
	2 Service utilization of antenatal care, delivery conducted by skilled attendants, and child immunization of the poorest 40% is increased.	- KDHS	
Project Purpose			
Managerial functions[1] of County Department of Health (CDOH) are strengthened.	1 Medium-Term Expenditure Framework (MTEF) and Annual Work Plan (AWP) of health sector are approved by County Executive Committee (CEC) member for health by the end of November and March of each fiscal year, respectively.	- Annual monitoring by the Project	- Health financing reform to improve access to health services is maintained

	Baseline (plan of 2015/16)	Target (plan of 2018/19)
MTEF		
Kericho County	[Yes/No]	Yes
Kirinyaga County	[Yes/No]	Yes
Other 45 counties	x % - Yes	y % - Yes
Annual Work Plan		
Kericho	[Yes/No]	Yes

[1] Managerial functions are defined as functions necessary to ensure achievement of nationally and locally set goals while responding to the needs, demands and expectations of the people they serve.

		county			
		Kirinyaga county	[Yes/No]	Yes	
		other 45 counties	x % - Yes	y % - Yes	
	2	% of health facilities supervised by CDOH/sub-county at least four times per year		-	Annual performance review reports of the 47 counties
			Baseline (in 2013/14)	Target (in 2017/18)	
		Kericho County	x1 %	y1 %	
		Kirinyaga County	x2 %	y2 %	
		Other 45 counties	x3 % (median)	y3 % (median)	
	3	Performance monitoring meeting[2] conducted at least once a year		-	Annual monitoring by the Project
			Baseline (in 2015/16)	Target (in 2017/18)	
		Kericho County	[Yes/No] (number of meetings / year)	Yes (number of meetings / year)	
		Kirinyaga County	[Yes/No] (number of meetings / year)	Yes (number of meetings / year)	
		Other 45 counties	x % - Yes	y % - Yes	

[2] Performance monitoring meeting is defined as a meeting which monitors progress of implementation of activities in the annual work plan (AWP) and health service indicators during a year at county level.

		4	Counties submitting annual performance review (APR) report to CEC by November of each year Baseline (report of 2015/16) / Target (report of 2017/18) Kericho County: [Yes/No] / Yes Kirinyaga County: [Yes/No] / Yes Other 45 counties: x % - Yes / y % - Yes	- Annual performance review reports of the 47 counties - [Indicators 1-4 are suggested to be included in and monitored under "Kenya Health Sector Strategic and Investment Plan (KHSSP) 2019-2023"]	
Outputs					
1	Managerial support functions and coordination mechanisms at national level are strengthened.	1-1	Functions of Health Sector Coordination and Intergovernmental Affairs (HSC/IGA) are set up. [baseline (2013): not set up]	- List of the functions of HSC/IGA	- Data for the CHMT functionality are timely available for all the 47 counties.
		1-2	County health systems management training strategy, as a component of an integrated county training strategy for health, is developed based on needs of the counties, and revised based on feedback from experiences in the partner counties. [baseline (2013): not developed]	- County health training strategy	
		1-3	Number of Inter-governmental Health Forum (IGF) convened. [baseline (2013): 0]	- Minutes of the IGF	
2	Leadership and managerial capacities of CDOH are strengthened.	2-1	Partner counties develop MTEF and AWP of health sector with: a) situation analysis / review of achievements in previous year Baseline (plan of 2015/16) / Target (plan of 2018/19)	- County Health Sector AWP - Mentoring Reports by JICA expert team	

MTEF			
Kericho county	[Yes/No]	Yes	
Kirinyaga county	[Yes/No]	Yes	
Annual Work Plan			
Kericho county	[Yes/No]	Yes	
Kirinyaga county	[Yes/No]	Yes	

b) priority setting

	Baseline (plan of 2015/16)	Target (plan of 2018/19)
MTEF		
Kericho county	[Yes/No]	Yes
Kirinyaga county	[Yes/No]	Yes
Annual Work Plan		
Kericho county	[Yes/No]	Yes
Kirinyaga county	[Yes/No]	Yes

c) consideration on equity towards Universal Health Coverage (UHC)[3]

	Baseline (plan of 2015/16)	Target (plan of 2018/19)
MTEF		
Kericho county	[Yes/No]	Yes
Kirinyaga county	[Yes/No]	Yes

[3] Universal Health Coverage is defined as a status that all people have access to needed health services of sufficient quality and that the use of these services does not expose the user to financial hardship. Inequity in the health service utilization and the financial risk protection due to area of residence (urban/rural), household income, gender, education levels, age (children and the aged), ethnicity (minorities), and others needs to be reduced to promote equity towards UHC.

Annual Work Plan		
Kericho county	[Yes/No]	Yes
Kirinyaga county	[Yes/No]	Yes

d) coordination with relevant stakeholders including development partners (DPs) / implementation partners (IPs)

	Baseline (plan of 2015/16)	Target (plan of 2018/19)
MTEF		
Kericho county	[Yes/No]	Yes
Kirinyaga county	[Yes/No]	Yes
Annual Work Plan		
Kericho county	[Yes/No]	Yes
Kirinyaga county	[Yes/No]	Yes

e) public participation

	Baseline (plan of 2015/16)	Target (plan of 2018/19)
MTEF		
Kericho county	[Yes/No]	Yes
Kirinyaga county	[Yes/No]	Yes
Annual Work Plan		
Kericho county	[Yes/No]	Yes
Kirinyaga county	[Yes/No]	Yes

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<td>
2-2 Budget allocation to the health sector is no less than 30% in the partner counties (excluding external funding).
<table>
<tr><th></th><th>Baseline (2015/16)</th><th>Target (2018/19)</th></tr>
<tr><td>Kericho county</td><td>[Yes/No] (x%)</td><td>Yes (x2%)</td></tr>
<tr><td>Kirinyaga county</td><td>[Yes/No] (y%)</td><td>Yes (y2%)</td></tr>
</table>
2-3 % of actual health budget compared to required health budget based on the AWP is increased.
<table>
<tr><th></th><th>Baseline (2015/16)</th><th>Target (2018/19)</th></tr>
<tr><td>Kericho county</td><td>x1 %</td><td>x2% (increased)</td></tr>
<tr><td>Kirinyaga county</td><td>y1 %</td><td>y2% (increased)</td></tr>
</table>
2-4 Budget execution rate is increased.
<table>
<tr><th></th><th>Baseline (2015/16)</th><th>Target (2018/19)</th></tr>
<tr><td>Kericho county</td><td>x1 %</td><td>x2% (increased)</td></tr>
<tr><td>Kirinyaga county</td><td>y1 %</td><td>y2% (increased)</td></tr>
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<td>
- County budget
- County Health Sector AWP
- County budget
- County reports
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<tr>
<td>3 Mutual learning among CDOH is strengthened.</td>
<td>Number of documents and events to share lessons learnt and good practices. [baseline</td>
<td>- Documents on the lessons learnt and good practices</td>
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		(2013): 0]	- Records of the events	
Activities		**Inputs**		
1	**Managerial support functions and coordination mechanisms at national level are strengthened.**	**[Japan]** **Dispatch of Experts** 1. Chief Advisor 2. Health Systems Management 3. Training Coordination 4. Communication and Advocacy 5. Project Coordinator **Equipment and Material** 1. Necessary equipment and materials for the project activities 2. Other equipment and materials mutually agreed upon as necessary **Local Costs** 1. Training and forums (cost sharing with MOH, County and Partners) 2. Research and publications 3. Other activity costs	**[Kenya]** **Counterparts** 1. Project Director 2. Project Manager 3. Technical Staff 4. Training institutions 5. Other personnel mutually agreed upon as needed. **Facilities, equipment and materials** 1. Office space for the Project 2. Necessary equipment and materials for the project activities **Local Costs** Operational costs for implementing activities	
1-1	[Ministry of Health (MOH)] To identify and strengthen county coordination and support mechanism in MOH.			
1-2	[Human Resource Development (HRD)] To identify capacity gaps and available training programs in county health systems management (HSM).			
1-3	[HRD] To develop HSM county training strategy.			
1-4	[Health Sector Coordination and Inter Governmental Affairs (HSC/IGA)] To convene Inter-governmental Health Forum (IGF) between two levels of government to discuss issues of common interest.			
2	**Leadership and managerial capacities of CDOH are strengthened.**			
2-1	[HSC/IGA, Human Resource Development (HRD)] To conduct situation analysis to identify county's managerial challenges and CDOH core functions.			
2-2	[Project Steering Committee (PSC)] To identify partner counties of the Project.			
2-3	[Health Policy & Planning, HRD, Quality and Standard; Training Institutions] To provide technical assistance for the health sector Medium Term Expenditure Framework [MTEF] cycle (or planning, budgeting and review cycle) to the partner counties.			
2-4	[Partner Counties] To extract lessons learnt from the partner counties' experiences.			

2-5	[HRD, Quality and Standard; Training Institutions] To provide feedbacks to inter-governmental frameworks and the county training strategies.			
3	**Horizontal learning among CDOH is strengthened.**			**Pre-conditions**
3-1	[MOH, Counties] To reinforce recognition mechanism and dissemination fora for good practice			- Medium Term Expenditure Framework (MTEF) is maintained. - Devolution of health service delivery is maintained as County's responsibility.
3-2	[Partner Counties] To document experience and lessons-learnt from implementation of MTEF and AWP cycle in the partner counties.			
3-3	[Partner Counties] To share the lessons learnt of the Project through existing fora.			

Project Design Matrix (PDM): Version 3 (revised on 13 June 2018 at the 7th Project Steering Committee meeting)
Title: Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya
Period: November 2014 - September 2019 (5 years)
Direct Target Group: Ministry of Health (MOH) personnel involved in managerial capacity development of counties, and members of County Department of Health (CDOH) of all 47 counties of Kenya

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Devolved Health Systems are strengthened to ensure equitable and quality services in achieving Universal Health Coverage in Kenya.	1 The budget allocation of non-salary items within the recurrent budget in the Partner Counties are at least 25% and 30% for Kirinyaga and Kericho respectively.	Budget composition from CDOH. The data can also be found in APR	
	2 At least 6 counties including the Partner Counties are utilizing the MTEF tools developed by the Project.	On site visit and interview.	
Project Purpose			
Managerial functions of County Department of Health (CDOH) [1]are strengthened.	1 CHMTs, SCHMTs have monitored and evaluated at least 50% of Health Facilities using at least one of the MTEF tools developed by the Project.	- Monitoring by the Project (monthly report)	-
	2 Annual Work Plan (AWP) and Annual Performance Review (APR) of health sector are submitted by April and November respectively every fiscal year.	- Monitoring by the Project (monthly report)	
	3 At least 50% of county specific action points agreed in the way forward/resolutions at Health Sector Intergovernmental Consultative Forum (HSIGCF) are implemented in the Partner Counties.	- Monitoring by the Project (monthly report)	
Outputs			
1 Mutual support and learnings among MOH and CDOHs are strengthened through HSIGCF and other mechanisms.	1-1 Way forward/resolutions and county specific action points are confirmed in every HSIGCF.	- Minutes and the report of the HSIGCF	- HSIGCF is held regularly after FY2018/19
	1-2 Events to share the lessons learned from the Counties are held more than twice by the end of the Project.	- Reports from the Project (monthly report)	
	1-3 Best Practices and lessons learned from the	- Website of MOH, Project	

[1] CDOH here means the CDOH in the partner counties.

		Partner Counties are documented and disseminated through the MOH website and/or in other forms.	materials, etc.	
2	MTEF cycle management (planning, budgeting, implementation and monitoring) is strengthened in CDOHs of Partner Counties.	2-1 At least 4 MTEF tools (i.e. User-friendly MTEF Annual Cycle work flow-chart, AWP Practical Guideline, MTEF management tool, etc.) are developed and disseminated in Partner Counties[2] by the Project 2-2 At least 70% of CHMT and Health Facilities in each Partner County utilize more than one of the MTEF tools developed by the Project.	- Materials developed by CHMT and OCCADEP - Monitoring by the Project (monthly report)	
Activities		**Inputs**		
1	**Mutual support and learnings among MOH and CDOHs are strengthened through HSIGCF and other mechanisms**	**[Japan]** **Dispatch of Experts** 1. Chief Advisor 2. Health Systems Management 3. Training Coordination 4. Health Planning 5. Project Coordinator	**[Kenya]** **Counterparts** 1. Project Director 2. Project Manager 3. Technical Staff 4. Training institutions 5. Other personnel mutually agreed upon as needed.	Fund for convening HSIGCF is secured by Kenyan side.
1-1	[Ministry of Health (MOH)] Identify and strengthen county coordination and support mechanism in MOH.	**Equipment and Material** 1. Necessary equipment and materials for the project activities 2. Other equipment and materials mutually agreed upon as necessary	**Facilities, equipment and materials** 1. Office space for the Project 2. Necessary equipment and materials for the project activities	Turn-over of CDOH staff trained on the health management by the Project does not adversely affect Project activities.
1-2	[Human Resource Development (HRD)] Identify capacity gaps and available training programs in county health systems management (HSM).			
1-3	[HRD] To develop HSM county training strategy.	**Local Costs** 1. Training and forums (cost sharing with MOH, Counties and Partners)	**Local Costs** 1. Operational costs for implementing activities	
1-4	[*Health Sector Coordination and Intergovernmental Affairs (HSC/IGA)*] Provide technical support to HSIGCFs between two levels of government to			

[2] CHMT, SCHMT and Health Facilities.

	discuss issues of common interest.			
1-5	Share the lessons learned of the Project through existing fora and other occasions among counties.			
2	**MTEF cycle management (Planning, budgeting, implementation and monitoring) is strengthened in CDOHs of Partner Counties.**			
2-1	[*HSC/IGA, HRD*] To conduct situation analysis to identify county's managerial challenges and CDOH core functions.			
2-2	[*Project Steering Committee (PSC)*] To identify partner counties of the Project.			
2-3	Provide technical assistance for the health sector Medium Term Expenditure Framework (MTEF) cycle (or planning, budgeting and review cycle) to the Partner Counties.			
2-4	[*Partner Counties*] Document experience and lessons learned from implementation of MTEF cycle in the Partner Counties.			
2-5	[*Partner Counties*] Provide feedbacks to intergovernmental frameworks on lessons learned.			

Work Activity Chart Term 1

No.	Activities	2014												2015											
		10				11				12				1				2				3			
1	Organizing the Project Steering Committee							■	■	■	■						■	■	■						
2	Prepare work plan for the first stage							■	■	■						■	■	■	■	■	■	■			
3	Confirming the responsible departments/office for the county Health Management in MOH and its scope of work																■	■	■	■	■	■	■	■	■
4	Clarifying a TOR of the Inter Governmental Forum for Health and Supporting preparations of holding a meeting															■	■	■	■	■	■	■	■	■	■
5	Setting up the core functions of CHMTs and establishing self-capacity evaluation of the CHMT															■	■	■	■	■	■				
6	Analyzing activities conducted by MOH and other Stakeholders for strengthening health Management capacity of CHMT																		■	■	■	■	■	■	■
7	Situation analysis of Health Systems in Counties																		■	■	■	■	■		
8	Setting up Indicators of evidence-based assessment of the project outcomes																		■	■	■	■	■	■	■
9	Situation analysis and standardization of the existing training courses of the health management of CHMT																	■	■	■	■	■	■		
10	Establishing the human resource database for health systems management training and mentoring to CHMT																					■	■	■	
11	Identifying the Monitoring tools of CHMT core function and/or capacity by MOH																		■	■	■	■	■	■	■
12	Selecting the partner counties																			■	■	■	■	■	■
13	Developing the Mutual Learning Mechanism																	■	■	■	■	■	■	■	■
14	Support to organize the 2nd National Conference on Leadership, Management and Governance							■	■							■	■	■	■	■	■				
15	Reviewing the PDM and the project activities																								
16	Compiling the project progress report																								
17	Public Relations																■	■	■						

No.	Activities	2015											
		4				5				6			
1	Organizing the Project Steering Committee												
2	Prepare work plan for the first stage												
3	Confirming the responsible departments/office for the county Health Management in MOH and its scope of work	■	■	■	■	■	■	■	■				
4	Clarifying a TOR of the Inter Governmental Forum for Health and Supporting preparations of holding a meeting	■	■	■	■								
5	Setting up the core functions of CHMTs and establishing self-capacity evaluation of the CHMT												
6	Analyzing activities conducted by MOH and other Stakeholders for strengthening health Management capacity of CHMT	■	■	■	■								
7	Situation analysis of Health Systems in Counties												
8	Setting up Indicators of evidence-based assessment of the project outcomes	■	■	■	■	■	■						
9	Situation analysis and standardization of the existing training courses of the health management of CHMT												
10	Establishing the human resource database for health systems management training and mentoring to CHMT												
11	Identifying the Monitoring tools of CHMT core function and/or capacity by MOH	■	■	■	■								
12	Selecting the partner counties	■	■	■	■								
13	Developing the Mutual Learning Mechanism	■	■	■	■	■	■	■					
14	Support to organize the 2nd National Conference on Leadership, Management and Governance												
15	Reviewing the PDM and the project activities					■	■	■	■				
16	Compiling the project progress report									■			
17	Public Relations					■	■	■					

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Work Activity Chart Term 2

Output	Activity Group (Responding to the indicators of the Outputs)	Activities	2016					2017					
			8	9	10	11	12	1	2	3	4	5	6
1. Managerial support functions and coordination mechanisms at national level are strengthened.	Strengthening of coordination functions of the HSC&IGA.	Setting up of the Intergovernmental Event Calendar											
		Support for collection and update of event schedule by HSC/IGA											
		Support for revision of work procedure of the HSC/IGA											
	Development of the county health systems management training strategy.	Formulation of the Common Strategy											
		Development of facilitators and participants manuals											
		Conducto of training of trainers											
		Establishement of a training database											
	Development of the CDOH Core Function.	Hold the stakeholders' forum for inputs towards the CDOH Core Function											
		Finalization of the CDOH Core Function											
		Endorsement of the CDOH Core Function											
	Improvement in the M&E framework of the county health systems management capacity building	Support to revision of Indicator Manual											
		Support of assessment of functionality of CDOH											
	Regularization of the Intergovernmental Health Sector Consultative Forum.	Internalization of the SOP of the IGF/TTC											
		Review of the SOP											
		Support for establishment of a sustainable operation framework of the TTCs											
		Support for conduct of IGF/TTC											
2. Leadership and managerial capacities of CDOH are strengthened.	Support of the Partner Counties for development of the AWP and the MTEF plan.	Development of the MTEF department budget proposal											
		Development of the AWP											
		Organization of the review workshop and making action plans											
	Support of the Partner Counties for advocacy of the AWP and the MTEF plan for their budget negotiation.	Support for advocacy to Health Committee of County Assembly for the budget negotiation											
		Organization of the review workshop and making action plans											
	Support of the Partner Counties for implementation and monitoring of the AWP and the MTEF plan.	Development of the County Health M&E Plan											
		Implementation of quarterly monitoring											
		Implementation of the priority activity plans to strengthen the continuous monitoring											
		Organization of the review workshop and making action plans											
	Support of the Partner Counties for evaluation of the implementation of the AWP and the MTEF plan.	Development of the County Health M&E Plan											
		Implementation of the midterm review of the County Health Strategic Plan and annual performance review of the previous year											
		Organization of the review workshop and making action plans											
	Extract lessons and good practice form the activities in the Partner Counties.	Extract lessons and good practice form the activities in the Partner Counties.											
	Provide feedback to the national policies, strategies, guidelines and so on.	Documentation of the lessons learnt and good practices from the partner county support experiences											
		Share the the lessons learnt and good practices as feedback in the relevant forums											
3. Mutual learning among CDOH is strengthened.	Support of MOH and the Partner Counties for sharing of lessons learnt and good practices regarding health system management.	Conduct of the Best Practice Selection of the year 2015/16											
		Improvement of sharing and replication promotion functions of the Best Practice											
		Considring casual infromation sharing platform											
Other Important Activities	IGF												
	Health Sector Congress												
	PSC												
	Progress Report												
	Project Report												
	Project Mid-term Evaluation												

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Work Activity Chart Term 3

Activity		Plan/Actual	2018																							
			January					February					March								April					
【1】Cross-cutting activities																										
(1)	Work Plan（3rd Term）	Plan																								
		Actual																								
(2)	Meeting with JICA Kenya Office and C/Ps	Plan																								
		Actual																								
(3)	Project Progress Report	Plan																								
		Actual																								
【2】	**Capacity Building of Parner Counties**																									
(1)	Recruitment of Local Assistants for activities in the partner counties.	Plan																								
	Rcruitment was conducted twice	Actual																								
(2)	Analysis of current situation and process of AWP/MTEF cycle (Update the existing documents and information)	Plan																								
	Analysis of current situation and process of AWP/MTEF cycle (Update the existing documents and information) and Developemnt of MTEF tool	Actual																								
(3)	Supporting workshop in parner counties	Plan																								
	Supporting AWP developemnt workshop	Actual																								
【3】Strenthening the coordination with the MOH																										
(1)	Meeting with JICA Kenya office and C/P of the MOH	Plan																								
		Actual																								
(2)	Analysis of IGF review report	Plan																								
	IGF review stakeholder meeting, Revision of IGF Manual	Actual																								

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(3)	Meeting with HSC/IGA	Plan	
		Actual	
(4)	Development of activity plan of term 4 with JICA Kenya office, C/P of the MOH and the other stakeholders	Plan	
		Actual	
【4】	**Developemnt of Activity Plan**		
(1)	Start-up meeting with JICA Kenya office and C/P of the MOH	Plan	
		Actual	
(2)	Start-up meeting with CHMT, SCHMT and other stakeholders and data collection	Plan	
		Actual	
(3)	Submission of the draft of activity plan to JICA Kenya office and MOH	Plan	
		Actual	
(4)	Holding conference to discuss activity plans and PDM revision	Plan	
		Actual	
【5】	**Development of PDM**		
(1)	Submission of the first draft of PDM developed based on the activity 【1】【2】【3】	Plan	
		Actual	
(2)	Discussion of first draft of PDM with JICA Kenya Officer	Plan	
		Actual	
(3)	PDM developemnt workwhop with partner counties (about current output 2)	Plan	
		Actual	
(4)	Discussion of PDF final draft with JICA Kenya office and C/P of MOH	Plan	
		Actual	

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Work Activity Chart Term 4

Activity	Plan/Actual	2018								2019								
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Output 1: Mutual support and learnings among MOH and CDOHs are strengthened through IGF and other mechanisms.																		
Activity 1-4：[Health Sector Coordination and Inter Governmental Affairs(HSC/IGA)] Convene Inter-governmental Health Forum (IGF)between two levels of government to discuss issues of commoninterest.																		
1-4.1 Finalize Operation Guideline	Plan																	
	Actual																	
1-4.2 Techical Assistance to IGF when held	Plan	The IGF were not held regularly and the plan kept on being postponed.																
	Actual																	
Activity 1-5 ： Share the lessons learnt of the Project through existing fora and other occasions between counties.																		
1-5.1 Share the lessons learnt of the Project through study tours and other occasions	Plan																	
	Actual																	
1-5.2 Share the lessons learnt of the Project through IGF and MOH homepage.	Plan																	
	Actual																	
Output 2: MTEF cycle management (Planning, budgeting, implementation and monitoring) is strengthened in CDOHs of Partner Counties.																		
Activity 2-3：Provide technical assistance for the health sector MediumTerm Expenditure Framework [MTEF] cycle (or planning,budgeting and review cycle) to the partner counties.																		
2-3.1 Provide technical assistance to APR and AWP	Plan																	
	Actual																	
2-3.2 Conduct monitoring, supportive supervison on activites, expenditures and review of prioritized health indicators of the county.	Plan																	
	Actual																	
2-3.3 Develop MTEF tools and train the targeted group on how to use plan	Plan																	
	Actual																	
Activity 2-4：[Partner Counties] Document experience and lessons-learnt from implementation of MTEF and AWP cycle in the partnercounties.																		

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2-4.1 Document utilization of the MTEF tools and extract lessons learned.	Plan																		
	Actual																		
2-4.2 Document the whole MTEF cycle experience and extract lessons learned	Plan																		
	Actual																		
2-4.3 Document the lessons learned from other Project supported activities from study tours, Strategic Plan development and Sensitization event for assembly members.	Plan																		
	Actual																		
Activity 2-5：[Partner Counties] Provide feedbacks to inter-governmental frameworks on lessons learnt.	Plan																		
	Actual																		

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Input of the Project Experts

The details of the project experts dispatched during project period from June 2014 to September 2019 is shown below.

The detail od the Project Experts

Position	Name	Assignment Period	M/M
1st Term : November 2014 – May 2015			
Chief Advisor	Mr. Tsuyoshi Ito	① Nov – Dec 2014 (22 days) ② Jan 2015 (22 days) ③ Mar – Apr 2015 (34 days) ④ May 2015 (23 days)	3.37 MM
Deputy Chief Advisor/Health System Management	Mr. Naoki Take	① Nov – Dec 2014 (37 days) ② Jan – Mar 2015 (71 days) ③ May 2015 (23 days)	4.60 MM
Community Health Planning	Ms. Kaori Saito	① No – Dec 2014 (19 days) ② Jan – Apr 2015 (88 days) ③ Apr – May 2015 (38 days)	4.60 MM
Health Monitoring and Evaluation	Ms. Chiaki Kido	① Feb – Mar 2015 (23 days) ② Apr – May 2015 (33 days)	1.87 MM
Training Planning	Ms. Kunika Wakamatsu	① Jan – Feb 2015 (23 days) ② Apr – May 2015 (33 days)	1.87 MM
Communication and Advocacy	Ms. Akiko Tsuru	① Jan – Mar 2015 (56 days)	1.87 MM
Project Coordinator/Training Coordination	Ms. Kayoko Takaki	① Nov – Dec 2014 (36 days) ② Apr 2015 (17 days)	1.77 MM
2nd Term : August 2015 – June 2017			
Chief Advisor	Mr. Tsuyoshi Ito	① Aug – Dec 2015 (114 days) ② Jan – Mar 2016 (70 days) ③ May – Jul 2016 (78 days) ④ Aug – Nov 2016 (107 days) ⑤ Jan – Apr 2017 (76 days) ⑥ May – Jun 2017 (33 days)	15.93 MM
Health System Management/County	Ms. Kaori Saito	① Aug – Dec 2015 (122 days) ② Jan – May 2016 (135 days)	16.13 MM

Health Planning		③ Jun – Sep 2016 (77 days) ④ Oct – Dec 2016 (56 days) ⑤ Mar – Jun 2017 (94 days)	
Health Monitoring and Evaluation	Ms. Chiaki Kido	① Sep – Oct 2015 (21 days) ② Nov – Dec 2015 (40 days) ③ Feb – Apr 2016 (50 days) ④ Oct – Nov 2016 (30 days) ⑤ Jan – Feb 2017 (35 days)	5.87 MM
County Training Planning	Ms. Kunika Wakamatsu	① Jan – Feb 2016 (29 days)	0.97 MM
County Training Planning	Ms. Yumiko Inoue	① May – Jun 2016 (50 days) ② Nov – Dec 2016 (40 days) ③ Jan 2017 (7 days) ④ Jan – Mar 2017 (44 days)	4.70 MM
County Health Human Resource Development	Ms. Hazel Miseda Mumbo	① Sep – Nov 2015 (91 days) ② Mar – Apr 2016 (61 days) ③ Sep – Nov 2016 (91 days) ④ Mar – Jun 2017 (102 days)	11.50 MM
Project Coordinator/Horizontal Learning	Ms. Kayoko Takaki	① Aug – Oct 2015 (60 days) ② Jan – Feb 2016 (30 days) ③ Apr – May 2016 (51 days) ④ Jul – Sep 2016 (35 days)	5.87 MM
Project Coordinator/Horizontal Learning	Ms. Hiromi Kono	① Nov – Dec 2016 (37 days)	1.23 MM
Project Coordinator/Horizontal Learning	Ms. Tomoko Shibuya	① May – Jun 2017 (44 days)	1.47 MM
3rd Term : January 2018 – April 2018			
Chief Advisor／Health System Management1	Ms. Shioko Momose	① Jan – Feb 2018 (51 days) ② Mar – Apr 2018 (23 days)	2.47 MM
Assistant Chief／County Health Planning)	Dr. Yasushi Sawazaki	① Jan 2018 (26 days) ② Mar – Apr 2018 (35 days)	2.03 MM
Public Finance and	Mr. Nobuyuki	① Jan – Apr 2018 (80 days)	2.67 MM

Administrative Operation Advisor (CDOH)	Hashimoto		
Health System Management 2	Ms. Tomoko Shibuya	① Jan 2018 (15 days) ② Mar – Apr 2018 (9 days)	0.80 MM
Project Coordinator／Training Programme	Mr. Shinichi Kimura	① Jan – Apr 2018 (93 days)	3.10 MM
4th Term : May 2018 – September 2019			
Chief Advisor／Health System Management1	Ms. Shioko Momose	① May – Jun 2018 (48 days) ② Jul – Sep 2018 (50 days) ③ Oct – Dec 2018 (64 days) ④ Jan – Apr 2019 (89 days) ⑤ May – Jul 2019 (70 days) ⑥ Aug – Sep 2019 (44 days)	12.17 MM
County Health Planning	Dr. Yasushi Sawazaki	① Sep – Oct 2018 (52 days) ② Feb – Mar 2019 (52 days)	3.47 MM
County Health Management Advisor (Public Finance and Administration Operation (1))	Mr. Nobuyuki Hashimoto	① May – Jul 2018 (50 days) ② Aug – Oct 2018 (61 days) ③ Nov – Dec 2018 (28 days) ④ Jan – Mar 2019 (74 days) ⑤ May – Jul 2019 (55 days) ⑥ Aug – Sep 2019 (41 days)	10.30 MM
MTEF Cycle Operation Advisor (Public Finance and Administration Operation (2))	Ms. Yuki Kobayashi	① May – Jul 2018 (57 days) ② Jul – Oct 2018 (69 days) ③ Nov 2018 (14 days) ④ Dec 2018 (8 days) ⑤ Feb – Apr 2019 (51 days) ⑥ Jun – Jul 2019 (39 days) ⑦ Aug – Sep 2019 (42 days)	9.33 MM
IT Tool Development Expert (Public Finance and Administration Operation (3))	Ms. Rena Mizuno	① Aug – Sep 2018 (32 days) ② Jan – Mar 2019 (49 days) ③ May – Jun 2019 (26 days)	3.57 MM
Health System Management 2	Ms. Tomoko Shibuya	① Jul – Oct 2018 (82 days) ② Jan – Mar 2019 (68 days)	6.83 MM

		③ May – Jul 2019 (55 days)	
Project Coordinator／ Training Program	Mr. Shinichi Kimura	① May – Jul 2018 (69 days) ② Oct – Dec 2018 (64 days) ③ Mar – Apr 2019 (35 days) ④ Jul 2019 (25 days) ⑤ Aug – Sep 2019 (44 days)	7.90 MM

Workshops and Trainings

The detail of Workshops and Trainings conducted from November 2014 to September 2019 is shown below.

The detail of workshops and trainings

Training	Period	Participants	Place
Situation and Problem Analysis Workshop on MTEF Cycle Management	4 to 6 Nov 2015	30 ×3 days（CHMTs, SCHMTs）	Kericho
Detailed Action Planning Workshop	30 Nov 2015	30（CHMTs, SCHMTs）	Kericho
Situation and Problem Analysis Workshop on MTEF Cycle Management	11 to 13 Nov 2015	25 ×3 days（CHMTs, SCHMTs）	Kirinyaga
HSC/IGA Department Workshop on Scheduling	15 Dec 2015	10	Nairobi
Sensitization Meeting for CHMT on AWP Planning	8 Mar 2016	30（CHMTs, SCHMTs）	Kirinyaga
Workshop Training on MTEF	21 to 22 Apr 2016	30 ×2 days（CHMTs, SCHMTs）	Kirinyaga
MTEF and AWP Planning Process	11 May 2016	30（CHMTs, SCHMTs）	Kericho
Training on Basic Management Skills	30 Jun 2016	25	Kericho
Preparation of the Draft Kericho County M&E Framework	26 to 27 Jul 2016	15 ×2 days（CHMTs, SCHMTs）	Kericho
M&E Planning Meeting	7 Sep 2016	20（CHMTs, SCHMTs）	Kirinyaga
Finalization of the Priority Setting of Kericho CDOH	1 to 2 Mar 2017	30 ×2 days（CHMTs, SCHMTs）	Kericho
MTEF/AWP Planning Process Review Workshop	20 Apr 2017	30（CHMTs, SCHMTs）	Kericho
Quarterly Data Monitoring Meeting	21 Apr 2017	15（CHMTs, SCHMTs）	Kericho
AWP Orientation Meeting for Community Units and Primary Health Care Facilities	16 May 2017	15（CHMTs, SCHMTs）	Kirinyaga
AWP Stakeholders Meeting	9 Feb 2018	38（CHMT、SCHMT、Stakeholders）	Kericho
AWP Sensitization Training to SCHMT Members	12 Feb 2018	47 人（CHMT、SCHMT）	Kericho
AWP Sensitization Training to Health Facilities	20 to 22 Feb 2018	30×6 subcounty×4 days（CHMT、SCHMT）	Kericho
AWP Sensitization Workshop for Sub Counties and Health Facilities	2 Mar 2018	87（CHMT, SCHMT, Hospital/HCs）	Kirinyaga
Annual Workplan /Budget Review by Health Managers	5 to 6 Mar 2018	32×2 days（CHMTs, SCHMTs）	Kirinyaga

AWP Sensitization for Community Unit Reps and CHEWs	8 Mar 2018	116（CHMT, Sub County HF staffs, CHEW and CHV）	Kirinyaga
CDOH AWP 2018/19 Consolidation Workshop	20 to 22 Mar 2018	9×3 days（CHMT, SCHMT）	Kirinyaga
AWP Consolidation Workshop	19 to 21 Mar 2018	9×3 days（CHMT, SCHMT）	Kericho
AWP Stakeholder Meeting	28 Mar 2018	26（CHMT, SCHMT, HMT, Education Dept., Partners）	Kericho
Stakeholder's Meeting for AWP	6 June 2018	36（CHMT, SCHMT, HMT, Partners）	Kirinyaga
MTEF Tool Training for Kirinyaga's Sub-County CHRIOs	11 Jun 2018	13（SCHMT）	Kirinyaga
Kisumu Study Tour on Community Health Strategy	19 Jun 2018	41（CHMT）	Kisumu
Kisumu Study Tour, Airport Health Center, Kongony & Airport CU visit	20 Jun 2018	37（CHMT）	Kisumu
Strategic Plan Development Workshop	3 to 6 Jul 2018	35×4 days（CHMT, SCHMT）	Kirinyaga
Data Review Training and MTEF tools	5 to 6 Jul 2018	20×2 days（CHMT, SCHMT）	Kericho
Strategic Plan Development Workshop	9 to 12 Jul 2018	23×4 days（CHMT, SCHMT）	Kericho
APR Kick-off Workshop	1 Aug 2018	36（CHMT, SCHMT）	Kericho
Strategic Plan Finalization Workshop	8 to 10 Aug 2018	22×3 days（CHMT, SCHMT）	Kirinyaga
Consolidation of APR by SCHMT	23, 24, 27, 28 Aug 2018	30×4 days（SCHMT）	Kericho
Workshop for Introduction of APR Template to CHMT and SCHMT	31 Aug 2018	43（CHMT, SCHMT）	Kirinyaga
TOT for MTEF Tools	3 to 4 Sep 2018	22×2 days（CHMT, SCHMT）	Kericho
Consolidation of the Sub County APR Workshop	6 to 7 Sep 2018	28×2 days（SCHMT）	Kirinyaga
Data Review and MTEF Tools Dissemination	6 to 7 Sep 2018	28×2 days（CHMT, SCHMT）	Kericho
APR Consolidation	10 to 14 Sep 2018	19×5 days（CHMT, SCHMT）	Kericho
TOT for MTEF Tool	13 to 14 Sep 2018	25×2 days（CHMT, SCHMT）	Kirinyaga
APR County Consolidation Workshop	17 to 19 Sep 2018	22×3 days（CHMT, SCHMT）	Kirinyaga
TOT2 for MTEF Management Tool	24 to 25 Sep 2018	18×2 days（CHMT, SCHMT）	Kericho
TOT Training for MTEF Tools	3 to 4 Oct 2018	24×2 days（CHMT, SCHMT）	Kericho
Data Review and & MTEF Data Entry Meeting	8 to 9 Oct 2018	37×2 days（CHMT, SCHMT）	Kericho

Facility in Charge Meeting	16 Oct 2018	68（CHMT, SCHMT）	Kirinyaga
Annual Performance Report Validation/County Annual Performance Template Consolidation	18 to 19 Oct 2018	27×2 days（CHMT, SCHMT）	Kirinyaga
APR, UHN and Strategic Plan Workshop	22 to 26 Oct 2018	15×5 days（CHMT, SCHMT）	Nakuru
APR Stakeholders Meeting	13 Nov 2018	41（CHMT, SCHMT）	Kirinyaga
Data Review Meeting	6 to 7 Dec 2018	32×2 days（CHMT, SCHMT）	Kericho
Kericho Health Summit Meeting	18 Jan 2019	70（CHMT, SCHMT and others）	Kericho
Mid-Term Review of Kirinyaga Annual Workplan 2018/2019	24 Jan 2019	77（CHMT, SCHMT）	Kericho
TOT Meeting for MTEF Management Tool	25 Jan 2019	36（CHMT, SCHMT）	Kericho
TOT for MTEF Management Tool	30 Jan 2019	53（CHMT, SCHMT）	Kirinyaga
CHMT-SCHMT Sensitization Workshop for AWP	7 Feb 2019	48（CHMT, SCHMT）	Kericho
Health Facilities Sensitization and Training	12 to 15 Feb 2019	100×4 days（CHMT, SCHMT and others）	Kericho
Introduction to MTEF Management tool ver 2.5	18 Feb 2019	18（CHMT, SCHMT）	Kirinyaga
AWP Sensitization Meeting for CHEWS, Sub-county and HF	28 Feb to 1 Mar 2019	85×2 days（SCHMT）	Kirinyaga
SCHMT Consolidation	12 to 15 Mar 2019	48×4 days（SCHMT）	Kericho
SCHMT AWP Consolidation	19 to 21 Mar 2019	29×3 days（SCHMT）	Kirinyaga
CHMT AWP Consolidation	19 to 21 Mar 2019	30（CHMT, SCHMT）	Kericho
CHMT AWP Consolidation	26 to 28 Mar 2019	21×3 days（CHMT, SCHMT）	Kirinyaga
AWP Stakeholders Meeting	5 Apr 2019	36（CHMT, SCHMT and others）	Kirinyaga
TOT4 for 2018/2019 Data Compilation and Facilitator Training Meeting	28 to 29 May 2019	24×2 days（CHMT, SCHMT）	Kirinyaga
TOT4 for FY 2018/2019 Data Compilation and Facilitator Training	3 to 4 Jun 2019	22×2 days（CHMT, SCHMT）	Kericho
AWP Process Review with AWP Handbook Validation and APR Preparation Workshop	18 Jun 2019	35（CHMT, SCHMT）	Kirinyaga
AWP Process Review with AWP Handbook Validation and APR Preparation Workshop	25 Jun 2019	32（CHMT, SCHMT）	Kericho
Mutual Learning Forum (Kericho + Kirinyaga + Nyeri)	2 Jul 2019	47（CHMT, SCHMT）	Kirinyaga
APR Sensitization and	16 Jul 2019	41（CHMT,	Kericho

Allocation with CHMT/SCHMT		SCHMT）	
APR Sensitization and Allocation with Hospital	17 Jul 2019	42（CHMT, SCHMT）	Kericho
APR Sensitization and Allocation of CHMT/SCHMT and Hospital	19 Jul 2019	57（CHMT, SCHMT）	Kirinyaga
APR CHMT Consolidation	20 to 23 Aug 2019	43×4 days（CHMT, SCHMT）	Kericho
APR SCHMT Consolidation	21 to 23 Aug 2019	27×3 days（CHMT）	Kirinyaga
APR CHMT Consolidation	27 to 29 Aug 2019	30×3 days（CHMT, SCHMT）	Kirinyaga
APR County Consolidation	27 to 30 Aug 2019	15×4 days（CHMT、SCHMT）	Kericho
TOT5 final (Keying in Approved Budget; Facilitator certification)	3 to 4 Sep 2019	25×2 days（CHMT、SCHMT）	Kirinyaga
APR Validation Workshop	6 Sep 2019	40×1 days（CHMT, SCHMT）	Kericho
APR Validation Workshop	9 Sep 2019	28（CHMT, SCHMT）	Kirinyaga
TOT5 final (Keying in Approved Budget; Facilitator certification)	9 to 10 Sep 2019	25×2 dyas（CHMT、SCHMT）	Kericho
APR Stakeholder Meeting	12 Sep 2019	45（CHMT, SCHMT, Stakeholders）	Kericho
APR Stakeholder Meeting	18 Sep 2019	45（CHMT, SCHMT, Stakeholders）	Kirinyaga

Minutes of Project Steering Committee Meeting
For Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya
Tuesday, 9th Dec 2014
9:30am – 12:15pm
The Heron Portico Hotel, Milimani, Nairobi

ATTENDANCE

No.	Name	Title	Organization/Department	Comment
1	Dr David Kiima	SDDMS	Head, Department of HSC & IGA , MOH	Chair
2	Dr John Kihama	DDMS	Department of HSC & IGA, MOH	
3	Dr Nancy M. Njeru	ACP	Department of HSC & IGA, MOH	Taking Minutes
4	Mr. Tsuyoshi Ito	Chief Advisor	MoH/JICA Project	
5	Mr. Naoki Take	Deputy Chief Advisor	MoH/JICA Project	
6	Ms. Kayoko Takaki	Project Coordinator	MoH/JICA Project	
7	Prof. Satoru Watanabe	JICA Advisor at MoH	MoH/JICA Project	
8	Ms. Kumiko Yoshida	Project Formulation Advisor	JICA Kenya	
9	Mr. Elijah Kinyangi	National Programme Officer	JICA Kenya	
10	Dr Jackson Kioko	SDDMS	Head, Department of PPS	
11	Dr. Rael Mutai	SADMS	Division of Health Care Financing, MOH	
12	Dr. P. Santau Migiro	DDMS	Department of Curative and Rehabilitation Health Services, MOH	
13	Ms. Jenovefa Njoroge	Ass. Director	Division of MOH, MOH	
14	Ms. Catherine Mahihu	Admin. Officer	MoH/JICA Project	Taking Minutes
15	Ms. Kaori Saito	County Health Planning Specialist	MoH/JICA Project	

AGENDA

1. Opening Remarks
2. Self-Introductions
3. Confirmation of Agenda
4. Frame work and strategy for the project (JICA)
5. Establishment of Intergovernmental Affairs Secretariat
6. Members of Kenyan Counterpart
7. Members of Project Steering Committee (PSC)

8. Planned activities for the project (JICA)
9. AOB
10. Remarks (JICA)
11. Closing Remarks (MOH)

BRIEF DESCRIPTION

Min 1: Opening Remarks (MOH)

The Chair, Dr. David Kiima, gave the welcoming remarks. The Director of Medical Services, Dr. Nicholas Muraguri, sent his apologies for his absence. Dr. Kiima chaired the meeting on his behalf.

Min 2: Self-Introduction

The Chair asked members to make introductions.

Min 3: Confirmation of Agenda

The agenda was adapted as stated.

Min 4: Framework and Strategy for the Project (JICA)

The presentation by Mr. Ito introduced the background to the 5 year project whose overall goal is that devolved health systems are strengthened to ensure equitable and quality services in achieving universal health coverage in entire Kenya. The presentation (done in phases) gave details of the project purpose, immediate outcomes, discussed the strategies of the project, the proposed activities, the various stages of the project and proposed processes of strengthening coordination and clarification of roles and responsibilities. Discussions were made at length especially in line with the timelines presented; coverage of the 47 counties; the need to shorten the pilot phase and carry out the actual implementation of the project; and the actual technical capacity of JICA team to implement the project.

DISCUSSIONS OF FRAMEWORK AND STRATEGY OF THE PROJECT

a) Standardization of training

- The project proposed extracting important elements from the existing training curriculum to make sure they are useful and responds to the demands of the counties. However, this will be done through a consensus effort with other stakeholders.
- This process of the project will have a focus in managerial aspects at county level.

- Discussions and consensus formulation with stakeholders will be important to harmonize existing training with demands of the counties.

b) Situation analysis scope

- The situation analysis will assist the project to understand the existing structure of CHMTs, service provision, health performance and other conditions of the counties. A standard structure of CHMT is available but the analysis will investigate what is actually being implemented.
- Dr. Jackson Kioko spear-headed the structuring process of CHMTs across the country although some counties have changed the structure. This could be used as a starting point.
- Situation analysis will involve three main activities – 1) literature review, 2) questionnaire survey, and 3) visit of 5 counties in urban, rural and arid and semi-arid areas.
- Situation analysis will consider the results from the 2nd National Leadership Management and Governance Assessment being currently undertaken.

c) Training in the 2nd and 3rd Stage

- The 2nd stage activities of undertaking “trials” of the training and the horizontal learning mechanism at the partner counties can be changed to state “piloting” instead to prevent making it sound like an experiment.
- The Project proposed that the 2nd stage can be flexible and activities in the 3rd stage can be moved forward to the 2nd stage. Plans for further activities can be concluded later.
- Clustering of counties in terms of regions (former provinces) will be considered during training. Trainings can be organized for a group of 5 counties, then 10 counties but these activities will be revised based on discussions with the MOH counterparts.

d) Scope of the project

- Concerns were raised regarding the capacity and efficiency to reach all 47 counties including the National Government, and capacity build all counties and achieve overall goal of the project - the ability of the project to carry out capacity building in the last two years of the project was raised. JICA has sufficient capacity to implement the project nationwide as it is focusing on the managerial and not the technical capacities
- Counties involved in other initiatives organized by DPs may have different understanding of the roles of CHMTs.
- Need linkage with other capacity development initiatives, best practises from other JICA projects and engagement with political leaders for accessing resources.

e) Financial input

- The project budget covers coordination activities, outreach and training programs.

f) Other discussions

- The role of partner counties is to work together to standardize the training before going to the rest of the counties.

- A selection criterion for the counties (in first stage) will be done in consultation with the Ministry
- The Chair requested the project to provide further clarification of “trial and piloting” of the training and the horizontal learning mechanism at the partner counties.
- The Chair also requested the project to clarify whether the project will go to levels below CHMTs. The project replied it focuses on County Health Management Teams (CHMT) and not the facility management teams.
- A situation analysis for the current structures and operations of CHMTs at the counties will be done and presented to the National Health and Leadership Congress. However, the Kenya Health Policy and the National Health Sector Strategic Plan and the Ministerial Sector Strategic plans as well as the integrated County plans will be considered to inform the CHMT structures.
- From the onset, Constitution of Kenya, the Devolved Acts of County Governments, the Inter-governmental Acts, the Inter-governmental Forum, and Council of Governors need to be considered in implementing the project. This will be coupled with overall alignment to avoid duplication in Capacity building activities where engagement of other development partners will be done at a different platform to enhance alignment of capacity building activities.
- After the situation analysis informs the planning, we will know which counties are doing poorly and which are willing to participate. No bias should be directed towards some counties.
- Other elements need to be included such as the Kenyan Health Policy, National Health Sector Strategic Plan, Ministry’s Health Strategic Plan, and Integrated County Strategic Plan.
- Need to work with heads of departments and ensure the CS and PS are in the know and informed what will be impacted. Also, the need to follow due process to incorporate county representation early enough in the project initiation stage was emphasized.
- Need to take stock of how many trainings are going on parallel to each other.
- Inter-governmental issues are the main objectives of the project. The project has two different platforms: to strengthen the inter-governmental arm and also provide capacity development.

Min 5: Establishment of Inter-governmental Affairs Secretariat

- Dr. David Kiima is the Head, Department of Health Sector Coordination and Inter-governmental Affairs
- Dr. Kihama was proposed as the contact person for Health Sector coordination & Intergovernmental Affairs (HSC & IGA)
- The council of governors needs a secretariat as well for ease of communication

- The last meeting identified these thematic issues to be reported to the Inter-governmental Forum:
  - HR for Health
  - Healthcare Financing
  - Medical Equipment
  - Health Products & Technology
- The project will incorporate the useful comments and questions discussed in the meeting regarding the WP. The PS will approve or appoint someone to approve the WP and share with the DMS and CS.
- The project needs to be presented to the Sector forum set for 15th March 2015 for buy in and consultation and followed thereafter with the official launch of the project

Motion was moved by the Chair to approve what the project presented in draft form of the WP and the project will incorporate the comments based on the meeting discussions and the MOH will review and incorporate any missing information and present to DMS, PS and CS for approval. Motion carried.

Min 6: Members of Kenyan Counterparts

- The Chair pointed out that there is need to look at the Ministerial Strategic Plan and see where this WP fits and those individuals involved in those areas will be the project's counterparts.
- The coordination mechanism falls under DMS, and the docket of Policy, Planning and Health Financing. Someone will be identified from this department.
- The Human Resource Development (HRD) department will be highly involved in the project.
- PS had identified HRD as the main department for the project. However, there is still confusion regarding the appropriate lead department for the project.
- HRD does training and coordination but the technical part is not HR's alone. The Health Policy and Planning department falls under the coordination docket according to the constitution.
- Other counterparts can be picked from other directorates under the umbrella of HRD.
- HRD can lead the process. The head of HRD can be the main contact person or delegate the main contact person.
- The Chair can do a write up to the heads of departments to appoint someone to be the counterpart and these names forwarded to HRD. Mr. ITO will provide the areas of need for counterparts

Min 7: Members of the Project Steering Committee (PSC)

- Dr. Kiima, Head HSC & IGA was proposed as the projector manager. Other heads of departments form the Project Steering Committee.
- Council of Governors can nominate one person to join the Committee (Director of County Health or CHC for Health) including County Secretariat under the Health Sector.
- Ensure invitation is done officially to the Chair or Vice Chair requesting this type of representation in our committee.
- PS/Chair can write to the CEC for health requesting representation in the project.
- The letter to CEC should be sent before the next PSC meeting requested to be held in January to finalize committee membership.
- DPs can be engaged in other forums.

Min 8: Planned Activities for the project (JICA)

Discussion of project activities

- Official launch of the project: Needs to be launched to inform stakeholders. Announcement of the project can be done at the next congress then launched separately if possible by the CS.
- Another forum other than the National Health and Leadership Congress should be selected to introduce the concepts modified in Activity 2 with County Executives for Health Form.

Min 9: Closing Remarks from JICA and MOH

- Both the JICA Kenya representative and Chair thanked everyone for coming and sharing their input and giving good responses and feedback.
- Support from this project will assist universal coverage to be realized. Need for devolution support.
- Both JICA team and MOH will ensure that the project succeeds and is an example in the health sector.

POST MEETING ACTIONS

No.	Action	Assigned To	Timeline
1.	Project be presented in the Sector Forum on 15th March 2015	Project and MOH	
2.	Revise work plan to address comments given	Mr Ito	Jan 2015
3.	Share the discussion progress with the DMS, CS & the PS	Dr Kioko/Dr Kiima	11th Dec 2014

4.	Follow up for county representation (Write letter)	Dr Kihama	11th Dec 2014
5.	Identification of officers by each Directorate(Write letter)	Dr Kihama	
6	Project to provide further clarification on “trial/ piloting” of the training and the horizontal learning mechanism at the partner counties.	Project	
7	The project to provide clarification on whether it intends to go to levels below CHMTs.	Project	
8	Elements to be included in the situation analysis: The Constitution, the Devolved Acts of County Governments, the Inter-governmental Acts, Kenyan Health Policy, **National Health Sector Strategic Plan**, Ministry’s Health Strategic Plan, and Integrated County Strategic Plan.	Project and MOH	
9	Involvement of the Inter-governmental Forum, Council of Governors, CS, PS and Heads of Departments	Project and MOH	
10	Share areas of need for counterparts	Mr. ITO	
11	Liaise with those coordinating the congress to see if the project announcement can be included.	Project and MOH	

MEETING END TIME: **12.15pm**

DATE OF NEXT MEETING: **January 2015. Final date to be announced.**

Minutes of Project Steering Committee Meeting on

Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya

Monday, 9th February 2014

9:00am – 1:00pm

The Sarova Panafric Hotel, Nairobi

Attendance

No.	Name	Title	Organization/Department
1	Dr. Nicholas Muraguri (Chair of the meeting)	Director of Medical Services	MOH
2	Dr David Kiima	Head	Department of HSC & IGA MOH
3	Dr. Maurice P. Siminyu	Chair of CEC Council	CEC Health, , Busia County
4	Dr. Izaq Odongo	Head	Department of Curative and Rehabilitation Health Services, MOH
5	Dr. Jackson Kioko,	Head	Department of Preventive and Promotive Health, MOH
6	Mr. Fred E'O'G Mwango		Department of Administration, MOH
7	Mr. David Njoroge	Head	Human Resource Development Division, Department of Administration, MOH
8	Mr. M.S. Gitaru	Head	Human Resource Management Division, Department of Administration, MOH
9	Dr. Charles Kandie	Head	Quality Assurance Division, Department of Standard, MOH
10	Dr John Kihama	Head of division	Inergovrenmental Affairs Division, Department of HSC & IGA, MOH
11.	Dr. Jackson Omondi	Head of Division	Health Sector Coordination
11	Ms. Maki Ozawa	Deputy Director	JICA Human Development Department, JICA
12	Mr. Elijah Kinyangi	National Programme Officer	JICA Kenya
13	Prof. Satoru Watanabe	JICA Advisor at MoH	MoH/JICA
14	Mr. Tsuyoshi Ito	Chief Advisor	MoH/JICA Project
15	Mr. Naoki Take	Deputy Chief Advisor	MoH/JICA Project
16	Ms.Kaori Saito	County Health Planning	MoH/JICA Project
17	Ms. Kunika Wakamatsu	Training Planning	MoH/JICA Project
18	Ms. Akiko Tsuru	Communication and Advocacy	MOH/JICA Project
19	Ms. Kayoko Takaki	Project Coordinator	MoH/JICA Project
20	Ms. Catherine Mahihu	Admin. Officer	MoH/JICA Project

Agenda

1. Opening Session Speeches
    a. Head/HSC&IGA – Dr. David Kiima
    b. JICA Kenya – Mr. Elijah Kinyangi
    c. Chairperson Health CEC – Dr. Maurice P. Siminyu
    d. Opening Remarks and launching of the PSC - Director of Medical Services – Dr. Nicholas Muraguri
2. Project briefing (Framework, strategy, management structure and latest situation of the progress) and Briefing on Project Work Plan – Project Team
3. Plenary Discussions
4. Way forward

The meeting was called to order at 9 am by the moderator, Head/Health Sector Coordination & Inter Governmental Affairs, Dr. David Kiima. The meeting started with a word of prayer by Ms. Eunice Ambani followed by self-introductions, after which Dr. Kiima gave the welcoming remarks and an overview of the objective of the meeting.

Min.1/02/09: Opening Session – Moderator: Dr. David Kiima (Head/HSC&IGA)

Elijah Kinyangi; JICA Team Rep: - Mr. Kinyangi appreciated all the members for taking the time to attend the 1st PSC meeting. He noted JICA was excited to launch the project as a follow-up of the work done by the SEMAH Project in Nyanza, providing a platform to roll-out to all the other 47 counties. He also pointed out that JICA was pleased that the Chairperson of Health CEC, Dr. Siminyu was in the meeting to share perspectives from the counties. He finally noted that the meeting was an opportunity to share information related to the project have a common understanding on the strategies for the project and he looked forward to its successes.

Opening Remarks and Launching of the PSC Dr. Muraguri: Director of Medical Services: - In his remarks, Dr. Muraguri was grateful and pleased to be part of the meeting. He announced that he had visited 42 counties in past six months, and during his visit he witnessed the willingness and passion for devolution in the counties. After the reorganization of services, changes at managerial levels and the political aspect, what he expected to find was competent people in the right positions, but he found a mixed grill with people in important positions that did not match their skill sets. He recognized that the project was very much aligned with the plans of MOH. He recognized that the current situation affected certain services such as procuring drugs, service delivery, resource allocation and human resource management. The Director reiterated that support was needed at county level to deliver on their mandate and there were functions at county level that cut across all

the directorates and decisions being made at county level affected the national level. He also added that lower levels at counties needed to know how to organize themselves. Certain challenges that the Director noted including: allocation of budget, quantification of commodities, and management of important contracts. He concluded by noting that the JICA support was welcomed. There was a lot of information from the SEMAH project in Nyanza where Dr. Kioko, Head/PPH, was a part of, and there was need to build on the good work done by the last project. He emphasized that he was personally available to chair the quarterly PSC meetings, and for day-to-day affairs, Dr. Kiima would be available. He reaffirm that the leadership (both the PS and CS) of MOH was very supportive and available for consultation. He stated that he looked forward to a fruitful output and counties were ready to be engaged and both arms of government were in support of each other. Finally the Director appreciated and commended Dr. Siminyu's support and work in mobilizing the counties.

Rep of Secretary Administration – MOH, Mr. Fred Mwango: Mr. Mwango, appreciated being part of the meeting and the project because there was a lot of discrepancies and disharmony regarding what pertains and operates at the county and what operates and pertains at the national level, and since the national level is supposed to administer the policies in the health sector, he noted he was glad that the national level was beginning the process through concurrence, cooperation and consensus.

Head/Preventive and Promotive Health – Dr. Jackson Kioko: Dr. Kioko reiterated that the lessons learnt through the SEMAH project would be applied in the project and his full support for the process was guaranteed.

Chairperson Health CECs Forum – Dr. Maurice P. Siminyu: In his remarks, Dr. Siminyu conceded that rapid devolution of the health sector brought a lot of problems, but those on the ground welcomed the change. He also pointed out that the counties tried to be independent since the constitution regards them as distinct governments. However, counties were inter-dependent and operate by cooperation and consultation and therefore there must be a cooperation mechanism that allows counties and the national level for mutual communication. He noted that counties were guided by the policies made at national level. Those policies are customized to county relevance, discussed at cabinet level, then passed at the county assembly, then approved by the Governor. At the county level, he noted that apart from the county cabinet, counties were guided by council of governors which have the summit, where communication with the national government was done and chaired by the President. He conceded that the channels of communication between the counties and the national level were a challenge, but now there would be a secretariat for the council of

county executives based in Delta house, Westlands, and in the future there would be a single secretariat both for the council of governors and the council of county executives. Dr. Siminyu pointed out county executives would want to make sure the health sector performed well, since health was viewed as a barometer of success of the devolution. He thanked the national government for Management Equipment Services (MES) project to the county governments for buying medical equipment for diagnostic, surgical and anesthetic use. He also pointed out that now county governors have increased the percentage of revenue given to the health sector (average 20-30%), which are going into development projects, ICUs, emergency units, sub-county hospitals, and new ambulances have increased significantly due to improved referral systems.

Min. 2/02/09: Project briefing (Framework, strategy, management structure and latest situation of the progress and Briefing on Project Work Plan – Chief Advisor, Mr. Tsuyoshi Ito, Deputy Chief Advisor, Mr. Naoki Take, County Health Planning, Ms. Kaori Saito and Communication and Advocacy, Ms. Akiko Tsuru)

Moderator: Project Manager, Dr. David Kiima

The Chief Advisor was grateful to all for coming to inaugurate the project. In his presentation, he noted there is need to develop a shorter name for the project which would be discussed in the near future. In the presentation, he described the project purpose and noted that the project may need to target a little wider than just CHMTs to cover other members of the county departments of health. In describing the three outcomes of the project purpose, he pointed out that the purpose of the coordination mechanisms development is to strengthen the department of HSE&IGA and through the department, support better coordination on the county side. The Chief Advisor also indicated the project does not intend to develop a new training program, but review existing training program and then re-organize and harmonize them to make them appropriately target development of necessary competencies of the counties. He stated that the project had been coordinating and closely working with HRD unit of MOH for devolvement of a common strategy regarding county training. As an practical approach for harmonization of training programs, the Chief advisor indicated that the project did not have intention to introduce a stand-alone training program, but with coordination with other partners, the project proposed to introduce categorization of training subjects in to basic, practical and advanced, which would be more suitable to the situation that a single standardized package of training may not be applicable for all counties due to differences in capacity of staff in the counties. He also emphasized the importance of a linkage between managerial planning and financial management, harmonization of county planning and sub-county or facility level planning. He also noted that horizontal learning would utilize the exiting experiences of counties, therefore the

goals would be to enhance the horizontal learning among counties and self-learning within the counties to allow them to be more self-reliant. He also indicated that for the impact assessment, the project would come up with indicators together with the HSC&IGA department.
The project team members also presented on areas they would be working as follows; harmonization of training programs through review of existing curriculum and supporting a training needs (TNA) assessment being conducted by Ministry of Health; Situation analysis in the 47 counties to grasp an overall picture of the current situations regarding county health systems; horizontal learning system and Mentoring and Evaluation.

Min. 3/02/09: Plenary Discussion

General areas of concern deliberated upon in the forum were as follows:

- Counterparts: Dr. Kiima announced that the names of the counterparts would be received soon. He also pointed out that HRM was inadvertently left out of PSC and should be included. Dr. Kiima was in consultation with department heads, some have not given the names of the people to be nominated. He anticipated submitting the names of the counterparts soon after DMS's approval.
- Allocations of funds for health sector in counties: The priorities for fund allocation are set by Governors' preference in counties and therefore, the amount and proportion of fund allocation for health in counties are varied. Dr. Siminyu shared an idea of regulating the fund allocation for health sector by National/County law (e.g. certain percentage of total budget should be allocated for health as of mandatory) to secure certain amount of budget for health related use, as Commission on Revenue Allocation (CRA) only allocates the budget, not involved in actual usage of the budget.
- Annual Work Plans (AWP) of counties: Dr. Siminyu mentioned some counties have developed or currently developing strategic plans, and the consultants were drawn from the national level and were aware of the national strategic plan. Mr. Njoroge pointed out that to maintain proper linkages between the counties and the national level, county strategic plans should be shared so they are in alignment with the national strategic plans and there is a planned TNA where both counties and the national government can share their AWPs.
- Structure of county department of health and CHMT: Dr. Siminyu noted that currently CHMTs are being reconstituted, through reshuffling, election or replacement of incompetent CHMT members, but competent CHMT members would retain their positions. In general, many of CHMT members are also heads of departments at county level and they are responsible for improving actual health service performance at sub-county and facility levels as well. Mr. Njoroge added that subjecting those who joining and existing CHMTs to the some parts of county training program would assist in mitigating changes and

maintaining sustainability of skills and competencies at county level. Mr. Ito clarified that the project would like to develop a common strategy with MOH and the project would support identifying areas of training and target people to be trained, but the main focus of the project would be on capacity building of CHMTs and county department of health for their health system management.

- Impact Assessment. The project intended to assess not only CHMTs but also the department as a whole, or assessment of the county health department could be added as one of the indicators.
- Training: Dr. Kioko suggested making customer management a compulsory training subject to reduce service quality gaps (Referring to the project briefing PPT).

Min 4/02/09:Way forward-Moderator: Dr. Kiima

- Need to separate inputs that would have an impact and those that would not fit to the project.
- Names of Kenyan project counterparts will be provided as soon as possible.
- PSC meeting will be held quarterly.
- PSC members to send comments on the Work Plan of the project by the end of the week (13th February) to Dr. Kihama and Mr. Ito. The Project team shall prepare a revised plan and share it with the PSC members through email by the end of the following week and thereafter, the work plan will be finalized.
- Dr. Siminyu would assist the selection of counties for situation analysis.
- PSC members need to link to prepare for the next PSC taking into consideration the county TNA, Kenya Health and Leadership Congress, HRH Conference and Inter-governmental Forum.

Min 5/02/09: Closing remarks

- Ms. Ozawa, expressed JICA's appreciation to the member of the PSC for their attendance to this 1st PSC meeting. She also explained that support for UHC and for management strengthening under the devolution were the priority issues for JICA, and eventually, the project was expected to contribute to health service provision in this country.
- Dr. Siminyu expressed his gratitude to JICA and PSC members for the commitment to the project.
- Dr. Kiima closed of the meeting.

END

Minutes of the Second Project Steering Committee Meeting for MOH / JICA Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya

Date: Wednesday, 27th May 2015
Venue: The Silver Springs Hotel
Time: 9.00am to 1.30pm
Circulate to: All members of the project steering committee

PSC Members Present:

No	Name	Organization	Position
1.	Dr. David Kiima	MOH	Head, Dept. Health Sector Coordination & Inter-governmental Affairs
2.	Dr. Mohammed Kombo	Lamu County	CEC Health Services / Vice Chair, Council of County Health Executives
3.	Ms. Cirindi Murianki	MOH	Head, Human Resource Development Unit
4.	Dr. Jackson Omondi	MOH	Head, Division of Health Sector Coordination, Dept. Health Sector Coordination & Inter-governmental Affairs
5.	Mr. Julius Mutiso Mulonzi	MOH	Deputy Chief Health Records and Information officer, Dept. Health Sector Coordination & Inter-governmental Affairs
6.	Ms. Lydia Kamau	MOH	Quality Assurance Officer
7.	Ms. Kumiko Yoshida	JICA Kenya	Project Formulation Advisor
8.	Mr. Elijah Kinyangi	JICA Kenya	Program Officer
9.	Prof. Satoru Watanabe	JICA/MOH	JICA UHC / Health Financing Advisor
10.	Mr. Tsuyoshi Ito	JICA project	Chief Advisor
11.	Mr. Naoki Take	JICA project	Deputy Chief Advisor / Health Systems Management
12.	Ms. Kaori Saito	JICA project	County Health Planning Specialist
13.	Ms. Kayoko Takaki	JICA project	Project Coordinator / Training Coordinator
14.	Dr. Hazel Mumbo	JICA project	Training Coordination Specialist

In Attendance:

No	Name	Organization	Position
15.	Mr. Kenichi Ito	JICA HQ	Mission Leader, JICA Consultative Mission Team / Director, JICA Human Development Department
16.	Dr. Makoto Tobe	JICA HQ	Member, JICA Consultative Mission Team / Senior Advisor, JICA Human Development Department
17.	Ms. Maki Ozawa	JICA HQ	Member, JICA Consultative Mission Team / Deputy Director, JICA Human Development Department
18.	Ms. Catherine Mahihu	JICA project	Administration Officer
19.	Ms. Emi Onosaka	JICA project	Intern

Apologies:

No	Name	Organization	Position
20.	Dr. Nicholas Muraguri	MOH	Director of Medical Services
21.	Dr. Jackson Kioko	MOH	Head, Dept. of Preventive and Promotive Heath
22.	Dr. John Kihama	MOH	Head, Division of Inter-governmental Coordination, Dept. Health Sector Coordination & Inter-governmental Affairs
23.	Dr. Andrew Mulwa	Makueni County	CEC Health Services / Chair, Council of County Health Executives
24.	Dr. Elizabeth Ogaja	Kisumu County	CEC Health Services and Promotion of Health Investments / Secretary, Council of County Health Executives
25.	Mr. David Njoroge	MOH	Director, Huma Resource Management & Development

Agenda:

1. Welcome and Introduction - Dr. D. M. Kiima
2. Opening Remarks
    a. Head, Dept. HSC/IGA – Dr. D. M. Kiima
    b. Vice Chair, Council of County Health Executives – Dr. Kombo MB
    c. Mission Leader, JICA Consultative Mission Team – Mr. Kenichi Ito
    d. Head, Dept. HSC/IGA – Dr. D. M. Kiima, Rep for Director of Medical Services – Dr. N. Muraguri
3. Confirmation of the Minutes of 1st PSC Meeting
4. Progress of the Project - Project Team
5. Future Direction of the Project - JICA Mission Team
6. Plenary Discussions
7. Way forward
8. Closing Remarks
    a. Representative, JICA Kenya Office – Ms. Kumiko Yoshida
    b. Vice Chair, Council of County Health Executives – Dr. Kombo Mohamed
    c. Head, Dept. HSC/IGA – Dr. D.M. Kiima

Min.1/27/05/15 - Welcome Remarks and Introduction

The meeting was called to order at 9:05am by the chair, Dr. Kiima, Head of Department of Health Sector Coordination & Inter-governmental Affairs (HSC/IGA). The chair welcomed MOH colleagues, JICA consultative mission and project teams to the second PSC meeting.

Min.2/27/05/15 - Opening Remarks

Dr. D.M. Kiima - Head, Dept. HSC/IGA

In his speech, Dr. Kiima welcomed and thanked JICA for the support in implementing this project in particular and for the technical and financial assistance in Kenya. He noted that Kenya was implementing the new constitution albeit with successes and challenges. He reiterated that the two levels of government are distinct and interdependent and carry out their functions through consultation and collaboration, building consensus through communication, coordination and commitment to achieve

the ultimate goal of higher standards of health care provision. He further outlined the functions of the two levels of government as stipulated in the fourth schedule of the constitution which include the national government's role to provide capacity building assistance at county and national level.

Dr. Kombo MB, Vice Chair, Council of County Health Executives

In his remarks, Dr. Kombo conveyed his gratitude to JICA and MOH for inviting him to the meeting. He shared some of his experiences with devolution. He noted that since devolution, Lamu County had employed a total of 60 new staff members, while Mandera County had employed 200 new nurses. The County Government in Lamu had bought a wide range of new laboratory equipment to enhance service delivery developed health infrastructure and the purchased new ambulances. In his conclusion, he encouraged and supported the project's direction in ensuring that all regions and counties are covered to help address the health inequality across the country.

Mr. Kenichi Ito, Mission Leader, JICA Consultative Mission Team

Mr. Ito thanked MOH stakeholders, the Vice Chair of Council of County Health Executives and JICA Project team members for attending the meeting. He reiterated that the overall background of the project was in line with the goal of the Ministry of Health, to strengthen managerial functions of the county health teams. He observed that the first phase of the project's preparatory activities and a series of assessments of the current situation in Kenya had been achieved. He expected fruitful discussions and consensus building on the overall direction of the project.

Director of Medical Services (DMS)

On behalf of the DMS, Dr. Kiima assured the participants of the MOH is commitment to the Project. He noted that the situation analysis and the M&E workshop conducted in the first phase of the project provided information useful for the future direction of the project.

Min. 3/27/05/15 - Confirmation of the Minutes of 1st PSC Meeting

The minutes of the 1st PSC meeting held on 9th February 2015 were confirmed with corrections as a true record of the meeting's proceedings. The confirmation was proposed by Mr. Elijah Kinyangi and seconded by Ms. Maki Ozawa.

The corrected version of the minutes of meeting will be printed, signed and filed for

record purposes.

Min. 4/27/05/15 - Progress of the Project – Project Team

The Project team made a comprehensive presentation on the progress of the project activities. The topics covered by the presentations were as follows;-

- Overview of the Project
- Stages of the Project
- Progress of the 1st stage as of May 2015
    - Overall progress
    - Strengthening of coordination mechanism
    - Situation analysis
    - Core functions of CDOH
    - Harmonization of health systems management training
    - Monitoring and evaluation of management capacity of counties
    - Development of horizontal learning mechanism

As for details of the presentation, refer to the Appendix.

Min. 5/27/05/15 - Future Direction of the Project - JICA Mission Team

Mr. Kenichi Ito, Ms. Maki Ozawa and Dr. Makoto Tobe the visiting mission members of the JICA consultative Mission for the Project presented the proposals for revision of the Project Design Matrix (PDM, Version 1). The proposals were based on the discussions between MOH and JICA during the consultative mission and had the following highlights:

Item	**Version 0 (25th February 2014)**	**Version 1 (27th May 2015)**	**Comments/Changes**
Direct Target Group	Personnel involved in managerial capacity development of counties within ministry of health, and members of county Health Management	Ministry of Health (MoH) personnel involved in managerial capacity development of counties, and members of County Department	Changed. Members of Sub County Health Management Teams and Facility

	Teams (CHMTs), Sub county Health Management Teams (SCHMTs) and Health Facility Management Teams (HFMTs) of 47 counties	of Health (CDoH) of all 47 counties	Management Teams were excluded from the direct target group
Overall Goal	Devolved health Systems are strengthened to ensure equitable and quality services in achieving Universal Health Coverage in entire Kenya	Devolved health Systems are strengthened to ensure equitable and quality services in achieving Universal Health Coverage in entire Kenya	No change. The overall goal was judged to be relevant to the current situation
Project Purpose	Managerial functions of County Health Management Teams (CHMTs) are strengthened	Managerial Functions of County Department of Health (CDoH) are strengthened	Changed from CHMT to CDOH. The 2 dimensions addressing achievements in partner counties through project intervention and achievement at national level respectively were maintained
Output 1	Managerial support functions and coordination mechanisms in the National level are strengthened	Managerial support functions and coordination mechanisms at National level are strengthened	Changed from CHMT to CDOH. The outputs as originally set are still effective as a means of achieving the project purpose
Output 2	Leadership and managerial capacities of CHMTs are strengthened	Leadership and managerial capacities of CDOH are strengthened	

Output 3	Horizotnal learning mechanism among and within CHMTs is strengthened	Horizontal learning among and CDOH is strengthened	

Min. 6/27/05/15 - Plenary Discussions

Scope of Department of the HSC/IGA

Mr. Kinyangi asked a clarification about the scope of the Health Sector Coordination Division under the HSC/IGA. Dr. Kiima responded that its scope was still not clear while the scope of the Intergovernmental Affairs Division is to maintain the communication channel between the national and county governments. This was partly because the Health Sector Coordination Framework was still under consideration and there are other players involved in coordination including the Health Sector Steering Committee, the Public Private Partnership Unit, and so on.

CHMT and CDOH

There was an opinion that it would be difficult to define the function of a CHMT and develop indicators if the structures of CHMTs are different according to counties as seen in the situation analysis report. Also, CHMT is a part of CDOH and management function of CDOH is not limited to the CHMT. Due to this consideration, the JICA Consultative Mission Team proposed to change the direct target group of the Project from CHMT to CDOH.

There was a question about the definition of the “managerial function” in the project purpose. The JICA Consultative Mission Team responded that the project purpose in the PDM should be very specific which shall be defined during the mid-term review after the CDOH core functions were clarified with the support of the Project.

Dr. Kombo pointed out that the core functions of the CDOH should be considered the different jurisdictions of CDOH in different counties. He observed that some CDOHs were assigned their responsibilities by their respective county governments for health and sanitation, while others were for health and environment. Therefore, the scope of works of CDOHs are different according to the portfolio they were assigned, making it difficult to consider the CDOHs as homogeneous units.

Project Design Matrix

There were comments that the objectively verifiable indicator 1-1 and 1-2 under the output 1 of the PDM should be stated with clearer expressions. The JICA Consultative Mission Team responded that the indicators were to be improved when the Version 1 of the PDM was finalized.

Selection of Partner Counties

Dr. Kiima stressed the importance of having criteria for selecting two partner counties. The process should include consultation with other stakeholders, looking at the county health profiles and other elements such as availability of financial resources for county health service delivery.

There was another proposal that the selection of partner counties should also consider county health performance as captured in the annual performance report of MOH. In this regard, counties ranked in the middle-range in terms of the health performance would be potential candidates for partner counties since the possibility of success of technical transfer and that of obtaining useful lessons for other counties would be higher.

Ms. Ozawa expressed her opinion that it would be desirable to have candidates of the partner counties by August 2015 to meet the original implementation plan of the Project

Min. 7/27/05/15 - Way Forward

PSC Membership

Based on the minutes of the 1st meeting of the PSC, Ms. Ozawa requested the chair for correction of the list of names of PSC members. Dr. Kiima noted that in the first PSC meeting, it was agreed that the PSC membership from MOH consisted of the DMS as the chair and all existing department heads. The Dept. HSC/IGA of MOH was designated as the secretariat. Other members of the PSC included chair of the Council of County Health Executives, JICA Representative(s), JICA UHC Advisor and members of the project team. Prof. Watanabe noted that it was agreed that the representative of development partners be removed from the PSC membership. Dr. Kombo requested that the chair of the HR Committee and secretary of the Council of County Health Executives be added to the PSC membership to bolster county representation. Dr. Kiima noted that the DMS needs to be consulted before changing the membership because that

the PSC as constituted was inaugurated by the DMS at the first PSC meeting.

Selection of Partner Counties

Based on available results from studies conducted so far (Situation Analysis and TNA) and mapping by Development Partners, the project will provide information to the Chair and Vice Chair of the Council of County Health Executives to facilitate consultation with other CEC members and propose names of two counties for further consultation with the DMS. The information shared by the Project should include suggestions from the technical team based on review of county performance against selected health indicators and other relevant considerations.

Revision of PDM

The JICA mission was to revise and finalize the PDM and then share the revised draft Minutes of Discussion (M/D) and PDM with the members of the PSC through the JICA Kenya office. The JICA mission would then receive feedback on the final drafts and then send the agreed M/D for signature by the DMS.

Record of 1st PSC Meeting

The Minutes of the 1st PSC meeting would be revised by the project team based on the discussion at the 2nd PSC meeting and would be shared with the PSC members for feedback.

Action Points

Action	Responsible	By When
Selection of two partner counties	-Council of County Health Executives -Project Chief Advisor -DMS	Next PSC meeting in August
Revision of Minutes of the 1st PSC meeting	Project team	By 13th June 2015
Finalization of Version 1 of the PDM	JICA Consultative mission team	Next PSC meeting in August

Min 8/27/05/15 - Closing Remarks

Ms Yoshida, JICA Kenya Office, thanked Ministry of Health for organizing the PSC

meeting. She also thanked the JICA HQ mission team for their hard work to come up with the refined project concept and PDM as discussed during the meeting. She noted that devolution is everybody's business in Kenya including the developing partners. It is JICA's commitment to work with GoK to improve people's access to quality health care and to achieve Universal Health Coverage by 2030, while coordinating with other DPs for better harmonization of technical assistance tools and approaches.

Dr. Kombo on behalf of the Council of County Health Executives expressed his gratitude to JICA and PSC members for the commitment to the project. He noted that UHC is a national goal and that he was honored to be part of the project. He was thankful to the national government and JICA for providing an opportunity to change the face of health care in the country.

On behalf of the DMS, Dr. Kiima thanked the JICA Mission team, the Project team and colleagues in MOH for the partnership between JICA and the government of Japan not only in health but in other sectors as well. He noted that MOH is committed to seeing the success of this project and outcomes that positively impact the Kenya Vision 2030 and progress towards achieving Kenya's development goals.

The meeting was adjourned at 1:30 pm.

Minutes of the Third Project Steering Committee Meeting for MOH / JICA Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya

Date: Monday, 28th September 2015
Venue: The Silver Springs Hotel
Time: 2:00 pm – 4:00 pm
Circulate to: All members of the project steering committee

PSC Members Present

No	Name	Organization	Position
1.	Dr. David Kiima	MOH	Head, Dept. Health Sector Coordination & Inter-governmental Affairs
2.	Dr. Andrew Mulwa	Makueni County	CEC Health Services / Chair, Council of County Health Executives
3.	Mrs. Hellen Chepkirui Rono Ng'eno	Kericho County	CEC Health Services
4.	Mrs. Joyce Muriithi	Kirinyaga County	CEC Health Services
5.	Dr. Jackson Omondi	MOH	Head, Division of Health Sector Coordination, Dept. Health Sector Coordination & Inter-governmental Affairs
6.	Dr. John Kihama	MOH	Head, Division of Inter-governmental Coordination, Dept. Health Sector Coordination & Inter-governmental Affairs
7.	Ms. Rachel Kamau	MOH	Head, Patient and Health Care Workers Safety Unit, Dept. Health Standards, Quality Assurance and Regulations
8.	Ms. Wilder Muturi	MOH	Principal HRD Officer
9.	Mr. John Wanyungu	MOH	M&E Officer, Dept. Health Sector Coordination & Inter-governmental Affairs
10.	Ms. Eunice Ambani	MOH	Technical Officer, Dept. Health Sector Coordination & Inter-governmental Affairs
11.	Mr. Kazuhiro Tambara	JICA Kenya	Senior Representative
12.	Ms. Kumiko Yoshida	JICA Kenya	Project Formulation Advisor

No	Name	Organization	Position
13.	Mr. Elijah Kinyangi	JICA Kenya	Program Officer
14.	Prof. Satoru Watanabe	JICA/MOH	JICA UHC / Health Financing Advisor
15.	Mr. Tsuyoshi Ito	JICA project	Chief Advisor
16.	Ms. Kaori Saito	JICA project	Health Systems Management / County Health Planning Specialist
17.	Dr. Hazel Mumbo	JICA project	County Human Resources for Health Development Specialist
18.	Ms. Kayoko Takaki	JICA project	Project Coordinator / Mutual Learning Specialist

In Attendance

No	Name	Organization	Position
1.	Ms. Catherine Mahihu	JICA project	Administrative Officer

Agenda

1. Welcome by Head, Dept. HSC/IGA - Dr. David Kiima
2. Self-introduction
3. Opening remarks
    a. Director of Medical Services – Dr. Nicholas Muraguri
    b. Chair, Council of County Health Executives – Dr. Andrew Mulwa
4. Confirmation of the Minutes of 2nd PSC Meeting
5. Introduction of the Partner Counties
6. Work Plan of the 2nd Stage of the Project – Project Team
7. Plenary discussions
8. Way forward
9. Closing remarks
    a. Senior Representative, JICA Kenya Office – Mr. Kazuhiro Tambara
    b. Chair, Council of County Health Executives – Dr. Andrew Mulwa
    c. Head, Dept. HSC/IGA - Dr. David Kiima

Min.1/28/09/15 - Welcome Remarks and Introductions

The meeting was called to order at 14:15 by the chair, Dr. Kiima, Head of Department of Health Sector Coordination & Inter Governmental Affairs. The chair welcomed MOH colleagues, the Chair of Council of County Health Executives, Representatives from the two partner counties, JICA Kenya Office and the Project team members to the third PSC meeting. He conveyed apologies from the Director of Medical Services who was unavailable due to other official engagement.

Min.2/28/09/15 - Opening Remarks

Dr. D.M. Kiima - Head, Dept. HSC/IGA
In the absence of the Director of Medical Services, Dr. Kiima requested for opening remarks by Dr. Andrew Mulwa.

Dr. A. Mulwa, Chair, Council of County Health Executives
Dr. Mulwa conveyed his appreciation to all the members gathered for the 3rd PSC meeting, although this was the first occasion for him to attend PSC meeting. He encouraged the members to actively participate in the meeting for fruitful discussions.

There was one concern was raised by Dr. Mulwa concerning the membership of PSC. Due to what he considered as an imbalance in representation between the national government and the county governments, he requested the PSC to consider increasing number of representatives from the counties. He suggested inclusion of the Vice Chair and the Secretary of the Council of County Health Executives as members of PSC.

Dr. Kiima understood the concern raised by Dr. Mulwa, and the PSC members agreed to include the Vice Chair and the Secretary of the Council of County Health Executives in the PSC.

Min.3/28/09/15 - Confirmation of the Minutes of 2nd PSC Meeting

The agenda on confirmation of the minutes of the 2nd PSC meeting held in May 2015 was deferred to the next PSC meeting. Summary of the minutes shall be prepared beforehand of next PSC meeting and the confirmation shall be made based on the summary to be tabled at the next meeting.

Min.4/28/09/15 - Introduction of the Partner Counties

Kericho and Kirinyaga counties were selected and expressed their willingness to collaborate with the Project as partner counties to improve managerial capacities of CDOH members. Both counties were officially recognised at the PSC meeting as partners of the Project. The CEC member for Health from each county introduced themselves and the accompanying county health directors.

Min.5/28/09/15 - Work Plan of the 2nd Stage of the Project - Project Team

Presentation on the Project framework by Mr. Ito, Chief Adviser

The Project team made a comprehensive presentation on the Project framework and work plan for the 2nd stage. The topics covered by the presentations were as follows;-

- Objectives of the Project
- Four components of the Project and its approach
- Three stages of the Project and activities implemented in the 1st Stage
- Activity plan of the 2nd stage
    - Coordination mechanism
    - Clarification of core functions of CDOH
    - Harmonization of county training programme
    - County support for MTEF cycle management
    - Development of horizontal learning
- Composition of the Project Team

As for details of the presentation, refer to the Appendix.

Min.6/28/09/15 - Plenary Discussions

Questions on technical aspects of health service delivery in the counties

Ms. Kamau, Head of the Patient and Health Care Workers Safety Unit of the Department of Health Standard and Quality Assurance and Regulations, raised a question on how the Project could contribute to reinforcing technical capacity with regard to the patient and healthcare workers' safety, in addition to the managerial capacities of counties. According the Ms. Kamau, there were needs in capacity development in the area patient and healthcare workers' safety and that counties require further improvement of related techniques.

Dr. Mulwa responded to her questions by stating that MOH had a responsibility for human resource development in health sector, and counties were in need of technical support from MOH. He added that necessary regulations and guidelines developed by the ministry regarding capacity development including patient and health workers' safety need to be disseminated to support counties. In addition, he expressed his expectation that the Project targeted strengthening managerial capacities that could contribute in every aspect of service delivery and improvement of health performance.

In his rejoinder, Mr. Ito pointed out that priority issues for managerial capacity development should be raised from the counties but not by the Project. The Project was in a position to support the counties, but the decision makers regarding the type of support required were the CDOH. In other words, if capacity development for patient and healthcare workers' safety was a priority for a county, the project may address the issue through strengthening of management capacities that would contribute in improving occupational health and safety issues.

Ms Yoshida, Project Formulation Advisor of JICA Kenya Office, suggested that if there were any documents regarding patient and health workers' safety produced by the national government, then dissemination of those documents could as well be supported by other development partners.

Expected deliverables of the 2nd Stage

Mr. Kinyangi, Programme Officer of JICA Kenya Office, inquired from the Project team what specific deliverables the Project expected to produce in the second stage.

In his response, Mr. Ito listed up the expected outcomes as follows: identification and substantiation of effective communication channels between the two levels of government; training harmonisation through developing the common strategy; identification of measurable indicators in regard to monitoring and evaluation of health systems management; and systematised process of selecting best practice and enhancement of a mutual-learning system.

Indicators for Functional CHMT

Ms. Yoshida raised several concerns and suggestions: that the definition of the "Functional CHMT" and elaboration of the Core Function of CDOH need clear

methodologies; the term of "self-evaluation" should probably be changed to "self-assessment"; MTEF Cycle support should include budgeting and resource mobilization; relationship between different levels of the mutual-learning system (national, county, sub-county and facility) should be clarified; and the mutual-learning may need to consider possibility of a web-based learning platform.

Responding to the points raised, Ms. Saito, Health Systems Management/County Health Planning Specialist, informed the Core Function Working Group has started discussion on break down of the Core functions in into "What" and "How", where "What" describes detail actions necessary and "How" shows the means to apply them to the health service provision.

Dr. Kiima asked whether the term of "functional" meant those ideal for CHMTs of the two partner counties, or those that would be a common understanding and all counties would refer to.

Mr. Ito pointed out that the Core Functions would not be an obligatory standard. More important point is to make avail a model set of functions which would support CDOHs to identify their own functions and use it for establishment of effective organization structures.

Horizontal Learning

Dr. Kiima proposed that the term of the "horizontal" be changed in order to avoid misunderstanding by stakeholders. He suggested the use of "benchmarking" as an alternative that may assist in making the intention of the horizontal learning clearer. Another proposal from him was to set up clusters of counties that could learn from each other should be done carefully not to duplicate with the existing arrangement.

Min.7/28/09/15 - Way Forward

Action Points

Action	Responsible	By When
Preparation of the minutes of both the Partner County Introductory Meeting and the 3rd PSC Meeting, and a summary of the 2nd PSC Meeting	-Project team -Dept. HSC/IGA	Next PSC meeting

Prepare a program of work for the support to the Partner Counties.	Project team	Before the first meetings in the Partner Counties in October
Project to initiate meetings with the two partner counties.	Project team	In October
Revise the draft Work Plan and obtain the approval from PSC	Project	

Min.8/28/09/15 - Closing Remarks

Mr. Tambara, Senior Representative, JICA Kenya

Mr. Tambara thanked Ministry of Health and the project team for organizing the PSC meeting. He noted that the project being at the beginning of the second stage, would better move forward rather than spend time to develop drafts and have more discussions with stakeholders. A trial and error approach would be more effective as it takes time to build consensus across a wide range of stakeholders. He also pointed out that everyone had their own definition of core functions, but he noted that the functions should be derived from outcomes. Measuring outcomes defines its functionality. Identify the key factors to produce such outcomes and those outcomes might be part of functionality. He concluded his remarks by thanking the project team, county and MOH representatives for their commitment in ensuring the success of the Project.

Dr. A. Mulwa, Chair, Council of County Health Executives

Dr. Mulwa expressed his gratitude to JICA and PSC members for the meeting. He noted that the discussion focused on how best the partnership could deliver health services to everyone in the Counties. Going forward, he pointed out that proper structure of the Inter-Governmental Forums (IGF), Technical Working Group for COG, COG and other platforms is urgently needed. This would be discussed by the health committee of COG to define the way forward.

Dr. D.M. Kiima, Head, Dept. HSC/IGA

Dr. Kiima, MOH, thanked the JICA, the project team and colleagues of MOH, on behalf of the DMS, for their support and the partnership. He agreed with Dr. Mulwa that restructuring of IGF meetings is necessary but noted that there is need for a road map to mobilize resources (finances, time and human resources), work with the Council of Governors and its committees and ensure those two bodies meet regularly and to synchronize their activities. He concluded that MOH would be committed to see the success of this project, outcomes that impact Kenya Vision 2030, and achieving the

country’s health development goals.

The meeting was adjourned at 16:25 pm.

Minutes of the Fourth Project Steering Committee Meeting for MOH / JICA Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya

Date: Wednesday, 3rd March 2016
Venue: The Silver Springs Hotel, Nairobi
Time: 9:00am to 2:00pm
Circulate to: All members of the Project Steering Committee

PSC Members Present

No.	Name	Organization	Position
1.	Dr. David Kiima	MOH	Head, Dept. Health Sector Coordination & Inter-governmental Affairs
2.	Dr. Mohammed Kombo	Lamu County	CEC Health Services / Vice-chair, Council of County Health Executives
3.	Dr. Elizabeth Ogaja	Kisumu County	CEC Health Services and Promotion of Health Investments / Secretary, Council of County Health Executives
4.	Mrs. Hellen Chepkirui Rono Ng'eno	Kericho County	CEC Health Services
5.	Mr. Wambu Miano	Kirinyaga County	CEC Health Services
6.	Dr. John Kihama	MOH	Head, Division of Inter-governmental Coordination, Dept. Health Sector Coordination & Inter-governmental Affairs
7.	Mr. John Wanyungu	MOH	M&E Officer, Dept. Health Sector Coordination & Inter-governmental Affairs
8.	Dr. Pauline Duya (for Dr. Onyancha)	MOH	Dept. Health Standard, Quality Assurance and Regulations
9.	Dr. Anne Wamae (for Dr. Odongo)	MOH	Head, Clinical Practice Division, Dept. Curative Service
10.	Ms. Kumiko Yoshida	JICA Kenya	Project Formulation Advisor
11.	Mr. Elijah Kinyangi	JICA Kenya	Program Officer
12.	Prof. Satoru Watanabe	JICA/MOH	JICA UHC / Health Financing Advisor
13.	Mr. Tsuyoshi Ito	JICA project	Chief Advisor
14.	Ms. Kaori Saito	JICA project	Health Systems Management / County Health Planning Specialist
15.	Ms. Chiaki Kido	JICA project	Health Monitoring and Evaluation Specialist
16.	Dr. Hazel Mumbo	JICA project	County Human Resources for Health Development Specialist
17.	Ms. Kayoko Takaki	JICA project	Project Coordinator / Mutual Learning Specialist

In Attendance

No.	Name	Organization	Position
1.	Mr. Simion Ndemo	JICA project	County Support Assistant
2.	Ms. Catherine Mahihu	JICA project	Administrative Officer

Apologies

No.	Name	Organization	Position
1.	Dr. Jackson Kioko	MOH	Ag. DMS and Head, Dept. of Preventive and Promotive Heath
2.	Dr. Andrew Mulwa	Makueni County	CEC Health Services / Chair, Council of County Health Executives
3.	Mr. Kazuhiro Tambara	JICA Kenya	Senior Representative
4.	Dr. Jackson Omondi	MOH	Head, Division of Health Sector Coordination, Dept. Health Sector Coordination & Inter-governmental Affairs

Agenda:

1. Welcome and introduction – Dr. Kiima
2. Opening remarks
    a. Director of Medical Services (Acting), Chair of the Meeting – Dr. Kioko
    b. Chair, Council of County Health Executives – Dr. Mulwa
3. Confirmation of the Minutes of the 2nd and 3rd PSC meetings
4. Appointment of the Project Director
5. Progress and achievement of the Project – Project Team
6. Plenary discussions
7. Short project title
8. Any Other Business
9. Way forward
10. Closing remarks
    a. Representative, JICA Kenya Office
    b. Chair, Council of County Health Executives – Dr. Mulwa
    c. Director of Medical Services (Acting) – Dr. Kioko

Min.1/03/03/2016 - Welcome and Introduction

The meeting was called to order at 10:15 am after a long wait to form a quorum. The CECs for Kisumu, Kericho and Lamu joined after the meeting had started. Apologies were given for above mentioned persons.

Min.2/03/03/2016 - Opening Remarks

By the time the meeting started, Dr. Kioko who indicated through an apology of being late had not arrived in the meeting, Neither Dr. Kombo who was to give opening remarks on behalf of the Council of County Health Executives. The session was skipped for a moment.

Min.3/03/03/16 - Confirmation of the Minutes of the 2nd and 3rd PSC Meetings

Minutes of the past two PSC meetings (the 2nd PSC meeting which happened on 27th May, 2015 and the 3rd PSC meeting of 28th September, 2015) were examined. Notable areas to be amended included that:

1. The format of writing the minutes should be the same to avoid confusion;
2. Action points to be captured to elicit response and knowledge of way-forward.

Examples of the second point above are:

1) Min.5/27/05/15 of the second PSC meeting - Future direction of the Project

There is need to have descriptions for the output 2 and 3.

2) Min.6/27/05/15of the second PSC meeting - Plenary Discussion

Some items should be deleted like sentence 1 in the table and clarification for the sentences 2 and 3 from top of the table. The items should be numbered for ease of reference.

3) Heading of the minutes of the 3rd PSC meeting:

The title of the project should be captured well and indicate that the minutes were for the 3rd PSC meeting.

4) Attendance list of the 3rd PSC meeting:

In capturing the positions of attendants, they should be captured in full, e.g., County Executive Committee Member for Health but not as in the case of number 9 and 10 in the minutes of 28th September.

5) Min.3/28/09/15 of the 3rd PSC meeting - Opening Remarks:

Name of Dr. Muraguri should be replaced by that of Dr. Kiima since Dr. Muraguri was represented by him. Also the name of Dr. Mulwa should be replaced with the one of Dr. Kombo.

6) Min.2/28/09/15 of the 3rd PSC meeting - Confirmation of the Minutes of 2nd PSC Meeting:

It should be interchanged with Min.3/28/9/15 of the Opening Remarks to capture the spirit of flow of agenda.

7) Min.6/28/09/15 of the 3rd PSC meeting Plenary Discussions

The minute statement is hanging since it does not capture what was agreed.

It was resolved that the appointed rapporteurs (Secretariat) to revert to the long version of the plenary discussions of the 2nd and 3rd PSC meeting minutes and capture the action points properly, acquire approval via email and signatures before they are brought to the next PSC meeting for confirmation.

The decision by the chair for this amendment was proposed by Mr. Elijah Kinyangi of JICA and was seconded by Dr. Hazel of the project.

Min.4/03/03/2016 - Appointment of the Project Director

It was agreed that by design of project architecture, the DMS office is vested with the position of the Project Director regardless of the person who is occupying the office of DMS.

Min. 5/03/03/2016 - Project Progress and Achievements – Project Team

The Project team made a comprehensive presentation on the progress of the project activities. The topics covered by the presentations were as follows;-

- Overview of the Project (Four components of the Project and its approach)
- Stages of the Project

- Progress of the 2nd stage as of February 2016
  - Basic strategy
  - Strengthening of coordination mechanism
  - Clarification of core functions of CDOH
  - Monitoring and evaluation of management capacity of counties
  - Harmonization of county training program
  - County support for MTEF cycle management at Kericho, Kirinyaga
  - Development of horizontal learning mechanism

As for details of the presentation, refer to the Appendix.

Min.6/03/03/2016 - Plenary Discussions

Intergovernmental Event Schedule Coordination

There was a comment that the MOH should try to involve the counties to schedule coordination by the HSC/IGA. Mr. Ito responded that focal persons for the scheduling will include a representative from Council of Governors (COG).

County Training on Health Systems Management

Dr. Ogaja commented that the counties do not have clear method to determine how many number of health workers are necessary to deliver proper health services, and hence, county health managers need to attend a training on the WHO's method of human resource assessment. Dr. Hazel responded that each county would need to prepare its HRD policy and training plan once the Common Strategy is in place in order to fill the gaps in Human Resources for Health, therefore, the WHO's method would be examined to see if it can be used in the context of Kenya.

There was also a concern on how the training curriculum on management is linked to the carrier development and promotion of trained staff. Dr. Hazel responded that the accredited institutions would offer the training courses, which will be in accordance with the standard curricula of the Common Strategy, and the certificate issued will be recognized through the CPD mechanism.

Organizational Structure of CDOH

Mr. Miano raised that the Core Functions will help in harmonizing the functions of the CDOH in all the counties. In order to secure the buy-in from the COG, the Core Function is necessary to be compliant with relevant laws and regulations. Ms. Saito responded that the COG would be fully involved in the process of Core Function formulation.

There was a suggestion that the County Government Act 2012 was worth referring for the Core Function formulation since CEC supervises all the functions of county operations within their docket.

There was anotther comment raised that the Core Function would only serve as a prototype of how CDOHs seem to function.

Mrs. Ng'eno commented that the communication between the Project and counties needs to involve CEC, because CEC was the one who is answerable in most occasions.

MTEF Cycle Management

Mrs. Ng'eno raised the issue that, in most counties, there were notable capacity gaps mainly in M&E, health economics, and MTEF management. Also, the Chief Officers for Health need to be sensitized on MTEF planning cycle.

Ms. Saito shared information on future action of MOH that MOH was now on track in preparing a AWP guideline which will incorporate the Program Based Budgeting, and that the Project would follow up this move by the MOH.

Min.7/03/03/2016 - Short Project Name

Among the eight suggested acronyms, "OCADEP" scored 4, receiving the highest votes. However, because the acronym did not include a term of "County," there was a unanimous vote to add another "C" for county to make it "OCCADEP", and approved by the PSC members.

The name should always read as follows: "MOH/JICA-OCCADEP" This name from now henceforth shall be officially recognized and used unless otherwise stated.

Min.8/03/03/2016-Any Other Business

No AOB was raised.

Min.9/03/03/2016-Way Forward

Action	Responsible	By When
Revisit WHO's assessment method of work force training needs.	The project team	No timeline
Consider the promotion requirement and CPD aspects in the revision of the management training curriculum.	The project team, MOH	According to the Common Strategy Steering Committee
Look at issues of challenges faced by counties: "sensitization of health economist on health services in the public sector," "week management structure," "capacity development of CO who may come from other field than the health" and "effective communication among CDOH staff."	The project team	In the course of the support to the Partner Counties
Secure involvement of county representative for the strengthening of the "scheduling" function of HSC/IGA.	The project team, MOH	By kick off of stakeholders meeting on the scheduling
Follow up the latest activity by MOH on AWP Planning Guideline.	The project team	Immediately
Drafts of the minutes of the 2nd and 3rd PSC meetings should be revised and shared among the PSC members.	The project team, JICA Kenya	By end of March

Min.10/03/03/2016-Closing Remarks

JICA Kenya was happy on the collaboration and gains already shown and asked for same commitments in future.

Dr. Kombo, on behalf of Council of County Health Executives, mentioned that he was excited that the MOH and the counties are working in harmony and hoped the same spirit would continue.

Dr. Kiima closed the meeting, on behalf of Dr. Kioko, by thanking all who participated

The meeting ended at 2.00pm and date of next meeting will be communicated.

Minutes of the Fifth Project Steering Committee Meeting for MOH / JICA Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya

Date: Wednesday, 13the July 2016
Venue: Sarova Panafric Hotel, Nairobi
Time: 9:00am to 12:00pm
Circulate to: All members of the Project Steering Committee

PSC Members Present

No.	Name	Organization	Position
1	Dr. Jackson Kioko	MOH	Ag. Director of Medical Services
2	Dr. Mohammed Kombo	Lamu	CEC Health Services / Vice-chair, Council of County Health Executives
3	Dr. Elizabeth Ogaja	Kisumu	CEC Health Services and Promotion of Health Investments / Secretary, Council of County Health Executives
4	Mrs. Hellen Chepkurui Rono Ng'eno	Kericho	CEC Health Services
5	Mr. Wambu Miano	Kirinyaga	CEC Health Services
6	Dr. John Kihama	MOH	Ag. Head, Dept. Health Sector Coordination & Inter-governmental Affairs
7	Dr. Pauline Duya (rep. Dr. Pacifica Onyancha)	MOH	Dept. Health Standard, Quality Assurance and Regulations
8	L.M Thiga (rep. Dr. Izaq Odongo)	MOH	Head, Dept. of Curative and Rehabilitation Services
9	Aloice Sudhe (rep. Ms Cirindi Murianki)	MOH	Head, Division of Human Resource Development, Department of Human Resource Management and Development
10	Dr. Jackson Omondi	MOH	Head, Division of Health Sector Coordination Dept. Health Sector Coordination & Inter-governmental Affairs
11	Mr. Kazuhiro Tambara	JICA Kenya	Senior Representative
12	Ms. Kumiko Yoshida	JICA Kenya	Project Formulation Advisor
13	Mr. Elijah Kinyangi	JICA Kenya	Program Officer
14	Prof. Satoru Watanabe	JICA Kenya	JICA UHC / Health Financing Advisor
15	Mr. Tsuyoshi Ito	MOH/JICA OCCADEP	Chief Advisor
16	Ms. Kaori Saito	MOH/JICA OCCADEP	Health Systems Management / County Health Planning Specialist
17	Dr. Hazel Mumbo	MOH/JICA OCCADEP	County Human Resources for Health Development Specialist

In Attendance

No.	Name	Organization	Position
1	Ms. Maiko Fujima	MOH/JICA OCCADEP	Accounting Supervisor
2	Mr. Simion Ndemo	MOH/JICA OCCADEP	County Support Assistant
3	Catherine Mahihu	MOH/JICA OCCADEP	Administrative Officer
4	Lornah Mutegi	MOH/JICA OCCADEP	Assistant Administrator
5	Mr. Fredrick Mutugi	MOH	Intern

Apologies

No.	Name	Organization	Position
1	Dr Andrew Mulwa	Makueni	CEC for Health Services / Chair, CEC Council of County Health Executives

Agenda:

1. Welcome – Ag. Head, HSC&IGA, Dr. John Kihama
2. Self-introduction
3. Opening remarks
   (a) Director of Medical Services (Acting), Dr. Jackson Kioko
   (b) Chairperson, CEC Health Forum, Dr. Andrew Mulwa
4. Confirmation of the minutes of the 2nd, 3rd and 4th PSC Meetings
5. Overall Progress and achievements of the projects – Project Team
6. Progress (Achievements and challenges) of the partner county support – Partner Counties
7. Proposal on the PDM indicators
8. Plenary discussions
9. AOB
10. Way forward
11. Closing remarks
    (a) Senior representatives, JICA Kenya Office, Mr. Kazuhiro Tambara
    (b) Dr. Andrew Mulwa
    (c) Dr. Jackson Kioko

Min 1/13/07/2016 – Welcome

The meeting was called to order at 9:45 am by the Ag. Head of the Department of Health Sector Coordination and Intergovernmental Affairs, Dr. John Kihama. It was officially opened by a call to prayer. This was offered by Dr. Hazel Mumbo.

Min 2/13/07/2016 – Introductions

These were made by way of self-introduction.

Min 3/13/07/2016 – Opening remarks

(a) Chair of the PSC, Ag. Director of Medical Services, Dr. Jackson Kioko

Dr. Kioko started off by offering an apology for being late and made the following remarks:

(1) He appreciated the progress made by the Project and underscored the importance of dedicating more time and effort towards the realization of the Project goals and objectives.
(2) He said the Project is geared towards addressing the challenges of management capacity development and service delivery improvement at the counties. As such, he suggested that the counties should establish structures that are responsive to the health needs of the people and should become the epicenters for learning of quality service delivery improvement.
(3) He mentioned that the counties should strive to demonstrate six main characteristics. These are:
- Transformative and value based leadership: The counties should be transformative and exhibit value based leadership in the devolved health systems. They should thus adopt a holistic approach to achieve health strategic objectives and other international obligations.
- Service delivery effectiveness: Such effectiveness should be improved in terms of waiting time at hospitals (turn-around time), type of personnel, their cultures, competencies and processes. In addition, he called for a re-engineering in systems and mechanisms that are better able to interrogate the quality of service delivery.
- Responsive to the health needs of the people: The counties should be able to come up with institutions that are responsive to the health needs of the people.
- Human capacity management: The counties should identify needs for human resource management and imparting of necessary skills to the health workers of the counties.
- Competitive institutions: The county departments need to be competitive institutions, which would serve to boost productivity, competitiveness and service delivery. Such institutions would therefore be able to compete for resources.
- Inclusive approach: The counties should consider a health system which also embraces outside the box of the county department to find the best use of scarce resources.

(b) Vice Chair, CEC Council of County Health Executives, Dr. Mohammed Kombo (on behalf of Chair, Council of County Health Executives, Dr. Mulwa)

(1) Dr. Kombo began by registering apologies from Dr. Mulwa, the Chair of CEC Council of Health Executives, who was late due to traffic. He then proceeded to commend the Ag Director of Medical services, Dr. Kioko for commenting on key issues that are fundamental to the growth and development of the devolved health system.

(2) He reiterated Dr. Mulwa's comments on the need for a holistic approach towards health service delivery. This, he said, should be done from a three dimensional perspective, that is, 1) personnel and capacity or skills; 2) financing and accountability; and 3) public participation in the access and demand for services. Public participation is an indicator of how beneficial the Project is to the people. It would thus lead to ownership of the Project. However, he pointed out that there are still many challenges in the counties such as lack of staff and financing, which led to underserving the people and inaccessible health care facilities. Some of the population still lives beyond 5 km of such amenities.

(3) In closing, he thanked the national government for its guidance and collaboration with the counties in perpetuating growth. He also thanked the MOH/JICA-OCCADEP for supporting the two counties, Kericho and Kirinyaga, which other counties can borrow their experience from and replicate in their own.

Min 4/13/07/2016 – Confirmation of previous PSC Minutes

There was consensus that the minutes of the second and third PSC meeting would be confirmed retrospectively by having the participants in these meetings propose and second the minutes. The comments that had been raised before were reflected in these minutes. In the absence of the persons that attended these two meetings, then the minutes would remain unconfirmed but subsequent ones will be confirmed at every subsequent meeting.

Concern

It was found that the minutes of the third PSC meeting were in a different format compared to other meeting minutes, though content did not change. Mr. Ito was tasked to amend the format and re-share the minutes.

Matters arising from the fourth PSC meeting minutes

(1) On page 2, the Attendance List. It was pointed out that the reference for CEC for Health in the counties should not be the same. For Kericho, Lamu and Kirinyaga, the title should read, "CEC for Health Services" and that for Kisumu should read "CEC Health and promotion of Health Investments"

(2) Spelling error. Makuneni should read Makueni

(3) On the same page, the reference. CEC Health Forum for the counties should appropriately read as “CEC County Health Executives”.
(4) Min 3/10/2016. There is an assumption that the action points that were captured were reflected in the review. The standard of making reference to the minutes should be adhered to.
(5) Min 4/10/2016 on Appointment of the Project Director. There was a concern that the county representatives are also referred to as the Project Directors, but it was clarified that the project concept and the signed Record of Discussion between the two governments (Japan and Kenya) has this position of the Project Director vested within the office of the DMS at the national level.
(6) There was a concern that the proposed Health Bill requires that the County Directors of Health be under the national government rather than the county government, a matter which the counties are vehemently against.
(7) Min 5/10/2016 on Project Progress and Achievements. It was suggested that the achievements and key issues be highlighted to avoid disconnect. This portion of the minutes should thus be expanded to pick on some of the achievements or they be highlighted in the annex.
(8) Min 6/10/2016. There was concern whether there is a national HRD policy which counties can use as a template for their own customization. The response was “Yes”. , There are drafts of the Training Policy and the Training Guideline. However, still there was an issue that training needs assessment should be done in a standardized way but most of the counties were not aware of any methodology. Since only a few of the health mangers were trained on the WISN methodology, which is a training needs assessment method recommended by WHO, there was a call for proper training on methodology so as to boost capacity building in this regard.
(9) Min 8/10/2016, AOB. This minute item seemed misplaced, since it appears as the last item in the meeting agenda.
(10) Min/9/10/2016, The Way Forward. These minutes shall be responded to in current PSC meeting and presentations. There was concern that real timelines need to be assigned for the stated action points. 31st July was proposed as the deadline for these action points.
(11) Action Pont 2. It was also proposed that specific individuals from the Project team who are responsible for certain indicated actions be pinpointed so as to improve effectiveness of minutes reporting. As well, a report should be given on the progress and challenges for ideal solutions

<u>Confirmation of the fourth PSC meeting minutes</u>

The minutes were proposed for confirmation by the CEC for Health Services, Kirinyaga –Mr. Wambu Miano and seconded by CEC for Health Services, Kericho –Mrs. Hellen Ngeno

Going forward, it was suggested that a more appropriate approach be adopted towards handling of minutes as well as provision of a folder for the chairman which contains all confirmed and

signed minutes. A concern was further raised that the counties should not be the only ones confirming the minutes, rather, all attendees should at least participate in this exercise.

Min 5/13/07/2016 – Overall Progress and Achievements of the Project - (See annex 1)

(1) Mr. Tsuyoshi Ito gave an overview of the project, and then briefed on the progress and the way forward of the strengthening of the coordination mechanism of the HSC/IGA.

1) Progress

(a) IGF

- 5 Thematic Committee has been set up, draft SOP for TTC/IGA preparation has been developed.

(b) Schedule coordination

- Focal person groups (MOH departments, COG, NACC, NHIF, KEMSA, KMTC, DPHK) has been set up with a TOR and a coordination guideline. Schedule coordination for the 1st quarter has been conducted as a traial.

2) Way Forward

(a) IGF

- Activation of the TTCs

(b) Schedule coordination

- Better coordination with the COG for the schedule coordination

(2) Dr. Jackson Omondi briefed on the progress and the way forward of the Core Functions

1) Progress

- Draft of the Core Functions has been shared through Dr. Kombo to the counties.
- The senior managers of the ministry will be briefed on it before a stakeholders' meeting.

2) Way Forward

- Hold an expanded stakeholders forum for health sector validation and then send it to COG.

(3) Ms. Kaori Saito spoke on the progress and the way forward of the M&E support

1) Progress

(a) Indicator Manual

- Participated to the retreat of all TWGs and the zero draft of the third version of the Indicator Manual was produced.

(b) Functional CDOH assessment

- Draft of the Functional CDOH Assessment Framework was prepared (See annex 2)

2) Way Forward

(a) Indicator Manual

- The Mid-term Review of the KHSSP will be the main activity of the M&E Unit of the MOH and finalization of the Indicator Manual will use lessons and findings from the Mid-term Review exercise.

(b) Functional CDOH assessment

- Start using this for the Partner County support

(4) Dr. Hazel Mumbo explained the progress and the way forward of the Common Strategy

1) Progress

The Common Strategy Steering Committee has four Sub-committees: Management; Technical; Coordination; and M&E. The Project supported three Sub-committees except the Technical Sub-committee.

(a) Management Sub - Committee.

- TNA report was finalized.
- Assessment of gaps in existing curriculum was completed and major gaps were identified as M&E, HSS- Research, PBB, and Financial Management
- Standard curricula for management area including "general" and "technical" were drafted.

(b) Coordination subcommittee

- A SOP and flow charts for training implementation and coordination have been prepared.
- The SOP and the flow charts have been incorporated into the MOH Training Guideline.

(c) M&E subcommittee

- Frameworks of the training implementation monitoring and the evaluation have been prepared.

2) Way Forward

- Cross cadre CPDs will be arranged for the management curricula.
- Stakeholder sensitization on the Common Strategy will be conducted.
- Content and manuals for the management curricula will be develop by November 2016.

(5) Mr. Ito presented on the Mutual Learning

1) Progress

- Selection framework was established.
- 1st selection according to the prepared guideline was completed.
- The 1st selection process was reviewed.
- Draft report is underway

2) Way forward

- The award winners selected to be awarded during the midterm review meeting.
- Strengthening of sharing and promotion of the the Best Practice

Min 6/13/07/2016 – Progress (achievements and challenges) of the Partner County Support

The Progresses of the Partner County Support were presented by the CECs of the two Partner Counties.

(1) Kirinyaga County (See annex 3)

(a) Benefits provided

- Health managers have a better understanding on MTEF
- Draft AWP plan for 2016/2017 is ready

(b) Challenges

- Competing tasks
- Inadequate support for AWP preparation in terms of finances
- Non health members at the county assembly needs to be sensitized
- Materials for county sensitization does not include budget plans
- Different financial calendars of different partners

(c) Way forward

- Review timelines of identified action points
- Capacity build health managers and health care providers on MTEF
- Develop an M&E framework
- Disseminate the 2016/2017 AWP to the sub-counties and the health facilities

(2) Kericho County (See annex 4)

(a) Achievements

- Ability to prepare an AWP according to the MTEF cycle
- Improved knowledge on AWP planning
- M&E TWG has been established with a clear TOR

(b) Challenges

- Underutilization of AWP at the facility level
- Inadequate understanding on monitoring indicators
- No M&E framework at the county

(c) Way forward

- Develop an M&E framework with priority indicators
- Sensitization on priority indicators to the sub-counties and the facilities
- Train staff on AWP implementation
- Strengthen the Supportive Supervision
- Train staff on the Scorecard and link it with the AWP

Min 7/5/2016 – Proposal on the PDM indicators - (See annex 5 and 6)

The Project presented 12 indicators as a proposal on the Objectively Verifiable Indicators of the Project Purpose of the PDM.

(a) Way forward

- Collect comments from the PSC members on the most appropriate indicators
- Prepare draft proposal for sharing
- Final confirmation of the indicators in the next PSC**.**

Min 8/13/07/2016 – Plenary discussions

(1) How quality of services can be demonstrated given that the indicators measuring this are challenging.

Response

Due to the fact that carrying out a client satisfaction survey is cumbersome, in that there are many and diverse opinions to be scrutinized, it was suggested that universal indicators should be availed and measured across all counties.

Project purpose: Limited to the scope and yet there are many interventions by the partners in the counties.

Quality of care: The Ministry to pick a set of indicators to be used by counties to measure this.

Self-assessment: Which other parameters can be used to show that progress is being made in giving quality care.

It was decided that quality be defined comprehensively because its meaning is very subjective.

Core function finalization: Will shape up various areas within the counties and help to reduce discriminate delivery of services. Once the document is ready it will be used to capacity build and strengthen organization arrangement**.**

(2) When will the other counties benefit from the leadership management capacity strengthening support? This is because the experiences shared by the two counties being supported was exciting – Dr. Ogaja from Kisumu.

Response

What the team from the two counties presented drew in some best practices that may be shared or replicated in the other counties. There may be no direct support as such but in some instances some neighboring counties may benefit by being invited to partake in the trainings offered.

CDOH core function*:* The time line has been lost and there is need for the WGs to meet and catch up. This document should be shared through the county representatives.

Health Bill: How it may affect the way we operate in future should be put into perspective

Appreciation about best practices*:* Although not many potential clients submitted, we need to circulate the best practice guidelines to the counties for emphasis.

Min 9/13/07/2016 – Way Forward

1. Amend and send final draft of the 4th PSC minutes
2. Apply the standard method of drafting minutes to all PSC meetings

3. Signing of the minutes of the previous PSC meetings (at the beginning of the next PSC meeting)
4. Arrange for quarterly in-house meeting for DMS briefing before actual PSC.
5. Finalize all sets of documents so that they can be launched at the same time
6. Send the PDM indicator document to select the indicators and give feedback on identified deadline.
7. Recirculate the RD and project brief document to the Council of County Health Executives so that they can share with their Governors.
8. Prepare a filing system of the project documents- especially for PSC.
9. All other way-forwards mentioned in the presentation should be adhered to.

Min 10/13/07/2016 - AOB

Mr. Elijah Kinyangi, from JICA Kenya Office, said that progress of the Project reveals that the bilateral relationship is strong and thanked Dr. Kihama in his new capacity as head of HSC/IGA. He mentioned TICAD 6 Conference for resilient HS for UHC.

Dr. Ogaja commented on the issue of managing health projects and whether infrastructure projects are value adding. She suggested the need for assistance in handling this issue, since some of those contracted to do the work end up being very ineffective.

Min 11/13/07/2016 - Closing Remarks

(a) Senior Representative, JICA Kenya Office, Mr. Tambara

He observed that devolution is still in process and that demarcation of responsibilities is a challenge. He however noted that the Project is making progress, based on the presentations made and that he remained confident that the activities designed for the counties will progress well till the end.

(b) Vice Chair, CEC Council of County Health Executives, Dr. Mohammed Kombo

This was done on behalf of Dr. Mulwa by Dr. Kombo. He thanked everyone present and said that day's discussions had been fruitful.

(c) Acting Director of Medical Services, Dr. Jackson Kioko

Dr. Kioko appreciated the progress made thus far, particularly in the two counties and said that since we are in transition from the MDGs to SDGs, we need to learn from projects that have been concluded like the SEMAH project.
He said the DMS office will be committed to support this project until the end for success.

He said investing in health is equivalent to investing in development and therefore NT needs to realize why they need to put more money in health. He delivered an example where, when accidents occur, they end up in the health sector.

He was glad that the idea of MTEF is being embraced in the counties and asked counties represented to set up systems to support this cause in a participatory manner.

Political messages for the politicians is that they need to invest in the people whom they always depend on.

On social protection for health, he called for the use of existing opportunities like CHWs to register every household for UHC coverage.

He made the following suggestions:

1. All documents that are lined up for launching should be ready and launched in a single event.
2. Project team to have in house meeting quarterly prior to the PSC meeting.
3. IHRIS concept is the best thing that has happened, and it will help target the right people.
4. AWP planning involvement of the county assembly to mobilize resources if good so that the right decisions are made.
5. Counties to strive in the attainment of 40% of the total budget allocation. In making AWPs, counties should target this percentage.
6. Since the quality of care is measured by presence of commodities, the allocation to commodities should be greater.
7. That county profile information on allocation of resources to health will be publicized to help in social accountability and said that the score card will even be owned by the politicians.

Min 12/13/07/2016 - Adjournment

The meeting ended with a word of prayer at 14:30 hours and next meeting is purposed to happen in early November 2016. The exact date shall be confirmed to the members before then.

Minutes of
the Sixth Project Steering Committee Meeting for
MOH / JICA Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya
held on 22nd November 2016 at Silver Springs Hotel, Nairobi

In attendance

(a) PSC Members Present

No.	Name	Organization	Position
1	Dr. Jackson Kioko	MOH	Ag. Director of Medical Services
2	Mrs. Hellen Chepkurui Rono Ng'eno	Kericho	CEC Health Services
3	Mr. Joseph Ngochi (rep Mr. Wambu Miano)	MOH	County Clinical Officer OCCADEP- Focal person
4	Dr. Pacifica Onyancha)	MOH	Dept. Health Standard, Quality Assurance and Regulations
5	Ms Maki Ozawa	JICA HQ	Deputy Director, JICA Human Development Department
6	Dr. Makoto Tobe	JICA HQ	Senior Advisor on Health
7	Ms. Kumiko Yoshida	JICA Kenya	Project Formulation Advisor
8	Mr. Tsuyoshi Ito	MOH/JICA OCCADEP	Chief Advisor
9	Ms. Kaori Saito	MOH/JICA OCCADEP	Health Systems Management / County Health Planning Specialist
10	Dr. Hazel Mumbo	MOH/JICA OCCADEP	County Human Resources for Health Development Specialist
11	Ms. Hiromi Kawano	MOH/JICA OCCADEP	Project Coordinator/ Mutual Learning Specialist
12	Ms. Yumiko Inoue	MOH/JICA OCCADEP	Training Planning Specialist

(b) Secretariat

1.	Dr. John Kihama	MOH	Ag. Head, Dept. Health Sector Coordination & Inter-governmental Affairs
2.	Dr. Jackson Omondi	MOH	Head, Division of Health Sector Coordination Dept. Health Sector Coordination & Inter-governmental Affairs

(c) Co – Opted Members

No.	Name	Organization	Position
1	Mr. Simion Ndemo	MOH/JICA OCCADEP	County Support Assistant
2	Catherine Mahihu	MOH/JICA OCCADEP	Administrative Officer
3	Lornah Mutegi	MOH/JICA OCCADEP	Assistant Administrator

(d) Apologies

No.	Name	Organization	Position
1	Dr Andrew Mulwa	Makueni	Chair, CEC Council of County Health Executives; CEC for Health Makueni
2	Dr. Mohammed Kombo	Lamu	CEC Health Services / Vice-chair, Council of County Health Executives
3	Dr. Elizabeth Ogaja	Kisumu	CEC Health Services and Promotion of Health Investments / Secretary, Council of County Health Executives
4	Dr. Peter Kimuu	MOH	Head, Dept. Standards, QA and Regulation
5	Dr. Izaq Odongo	MOH	Head, Dept. of Curative and Rehabilitation Services
6	Mr. David Njoroge	MOH	Director, HRM-HRD
7	Dr. Ruth Kitetu	MOH	Head, Health Sector Policy & Strategic Planning Unit
8	Ms Cirindi Murianki	MOH	Head, Human Resource Development Unit
9	Mr. Musyimi F.K.	MOH	Head, Secretary Administration
10	Mr. Elijah Kinyangi	JICA Kenya	Programme Officer

Agenda

1. Welcome – Head, HSC&IGA, MOH
2. Self- Introductions
3. Opening remarks
    a. Director of Medical Services – Dr. Jackson Kioko
    b. Chairperson, Council of County Health Executives – Dr. Andrew Mulwa
4. Revision of the Project Design Matrix (PDM)
5. Confirmation of the minutes of the 5th PSC Meeting
6. Annual Plan of the Project – Chief Advisor of the Project
7. Overall Progress and achievements of the Project – Project team
8. Progress of the Partner County Support
    a. Council of County Health Executives, Kericho, Mrs. Hellen Chepkurui Rono Ng'eno
    b. Council of County Health Executives, Kirinyaga, Mr. Wambu Miano
9. Plenary discussions
10. A.O.B
11. Way forward
12. Closing remarks
    a. Senior Advisor of Health, JICA – Dr. Makoto Tobe
    b. Chairperson, Council of County Health Executives – Dr. Andrew Mulwa
    c. Director of Medical Services – Dr. Jackson Kioko

Minute 1/22/11/2016: Welcome Remarks and self-introduction

The meeting was called to order at 10.57 a.m. by the chair, Dr. John Kihama, who requested a volunteer to pray and afterwards, asked the members present to introduce themselves. He welcomed the members to the 6th PSC meeting of the MOH/JICA-OCCADEP and wished them a productive discourse.

Minute 2/ 22/ 11/2016: Opening remarks

Dr. Jackson Kioko - Project Director, Director of Medical Services.

1) The Chairperson of the PSC, the Director of Medical Services, was called upon to give his remarks. He began by appreciating the organizers of the project meeting for their consistency and commented on the importance of having time-bound programs in future so as to enable members to organize themselves well around allocated time.
2) He remarked upon the timeliness of the project with the devolution of health sector to the counties.
3) He said that the ministry remains committed to the management and functioning of county health systems and added that the ministry will continue to uphold the delivery of its promises through functional health systems in the country. There is thus need to strengthen the leadership and management structures in Kenya's health system so as to ensure the above promises are met and services are provided.
4) He said some of the challenges the counties are facing stem from CHMTS not empowering the teams below them in supportive supervision, which would enable them to effectively interrogate what's happening below them.
5) He emphasized on the role of the project in post 2015 health targets and Kenya's vision 2030. In the same breath, he urged that there is need for counties to own the Project and drive the process.
6) He eventually appreciated the members present and expressed his interest in visiting one of the partner counties in order to gain greater insight about their perception of the project

Min 3/22/11/2016: Revision of Project design matrix (PDM)

1) Dr. Tobe from JICA- Tokyo Office took the members through version 1 of 2015 background information about the project design matrix and the three output areas.
2) He said that the primary responsibility of delivering quality health services now lies squarely on the devolved counties, hence the need for JICA to strengthen managerial capabilities in all counties. He indicated that the functionality of CHMT and its managerial functions have to be measured so as to use them as project purpose indicator.
3) Under output 2 of strengthening leadership and managerial capacities of CDOH, he emphasized that people need to be empowered to conduct advocacy, monitor how plans are implemented and review achievements. From his presentation, it was clear that planning, prioritization and equity are important components to consider before the implementation phase.
4) The objective of his presentation was to build consensus around the indicators to be used in measuring the impact of the project through midterm evaluation.
5) On strengthening the managerial functions of CDOH in all 47 counties, the project purpose indicators were proposed as follows;
    a. MTEF / AWP of counties are approved by County Executive Committee member of health by end of November and March respectively each year.

b. Percentage of health facilities supervised by CHMT/ SCHMT at least on a quarterly basis each year.
c. Performance monitoring meeting at least once each fiscal year
d. APR reports submitted by counties to CEC by November each year.

6) On Strengthening the leadership and managerial capacities of CDOH within the 2 partner counties, the output 2 indicators proposed were:
   a. Partner counties develop MTEF / AWP plans with;
      - Situation analysis
      - Priority setting
      - Equity towards UHC
      - Coordination
      - Public participation

The above indicator should be accompanied by descriptive analysis.

   b. Budget allocation to the CDOH
      - The domestic resource to the department was reconsidered from 30% to 40%
   c. Percentage of actual health budget compared to the required budget on AWP is increased.
   d. Budget execution rate is increased.

There was concern raised on execution rate in that many factors influence this indicator but it was clarified that measuring the indicator will come along with its share of bottle necks. Dr. Kioko commended the use of this indicator, saying that it will address inefficiencies on the side of financial management and proper utilization of allocated resources.

Concerns and comments

1) There was concern regarding what exactly is measured in supportive supervision and whether there was any reference to a standardized supervisory tool.
2) In regards to supervision, two important points were raised. First, there is need for strengthening SCHMTs which will be able to assist the CHMTs in supervision within the sub counties. Secondly, self- evaluation is key, where the health facilities supervise themselves and the CHMTs and SCHMTs come in to verify that comments deserve their assigned weights using the standard tool.
3) In regards to the 30% allocation to the health department, it was argued that most of it goes to salaries and thus there is need for continuous advocacy for more allocation. During such advocacy, personal emoluments need to be removed so as to better determine the actual proportion that will be used to operationalize the health function.
4) The DMS pointed out that the issues around allocation arose from the fact that no costing was done prior to devolving health. He suggested the need to enclose the 40% within the national budget from the on-set.
5) It was generally agreed that the indicator of 30% be revised to read 40%.
6) On support supervision, it was mentioned that it is difficult to collect all support supervision reports from all 47 counties, but instead collect APR reports from all the

counties which have support supervision component and thereafter a sample study may be done.

7) It was confirmed that there is a standard support supervision tool but indicators are revised now and then. The national team needs to prioritize county visits and institute continuous quality improvement; further, it needs to allocate finances to conduct supportive supervision at least once a year.
8) On output 2, there is need for standardization of AWP budget allocations and also to identify a denominator for budget allocation.
9) Dr. Kihama asked members present to propose and second the amendments that were made on the PDM. Dr. Oyancha proposed and was seconded by Mr. Ngochi of Kirinyaga County.
10) There was a general agreement that baseline data be collected by end of February 2017 so as to be incorporated in the Project mid-term review in March 2017.

Min 4/22/11/2016: Confirmation of previous minutes and action points from the 5th PSC.

1) Though page 7 of the 5th PSC minutes talked about various annexes, these were not included in the minutes. It was agreed that this will be added in the final version of the minutes. In terms of action points, they should be able to show the persons responsible and timelines.
2) On page 12 action point 1, there was a concern whether the ISO has provided any standard means of numbering. It was agreed that the numbering applied in the 6th minutes should be adopted going forward. It was further pointed out that the 1st, 2nd, 3rd and 4th minutes still remain drafts as they had no official signatures. It was decided that these minutes should be duly signed and that both names of the proposer and seconder be included in the minutes so as to authenticate the documents.
3) In addition, going forward, previous minutes should be confirmed before matters arising are discussed.

The following action points from the 5th PSC were not realized:

Number of action point as in the table.	Action point	Status of Action point or what is being done
3.	Provision of folder with all confirmed and signed minutes	Follow up on the signing of previous minutes
8.	More involvement of COG in schedule coordination	A CoG representative appointed but has not yet attended a meeting. A proposal to visit to the COG to enable them understand how scheduling work will be done and why their participation is necessary
9.	Hold expanded stakeholders forum on	Not yet done

	CDOH Core Functions	
10.	Start using functional CDOH assessment for partner support	Not yet done but Kericho has got the M&E plan which they may start using. Kirinyaga do not have any M&E Plan.
12	Stakeholder sensitization on common strategy to be conducted.	Ongoing
13.	Content and manuals for management curricula to be developed by November, 2016.	Will be achieved by end of November.

4) It was proposed that action points related to the partner counties would be addressed during their presentations.

On endorsement of the minutes as true record of the proceedings of the 5th PSC, Dr. Omondi proposed and was seconded by Ms. Yoshida from JICA – Kenya office.

Concerns

1) The list of persons in attendance should be separated so that it is easier to distinguish the members of the PSC committee, the secretariat, and the coopted members in attendance.
2) As well, it was noted that any amendments in previous minutes should be included under matters arising and not under confirmation of minutes.

Min 5/22/11/2016: Annual plan of the Project

The Chief Advisor of the project proposed that the members go through the report and raise their concerns or inputs, if any.

Reference was made to page 15 on the Gantt chart which should be reviewed every month and then shared with the PSC members so that they can understand project progress. It was further proposed that monthly meetings between HSC/IGA and the project be reactivated in order to enhance this process.

Min 6/22/11/2016: Overall progress and achievements of the project

The achievements are a reflection of the period July 2016 to October 2016. The important pillar in the first, second and third stages is mutual learning to be used in both levels of government. **(See Annex 1)**

A. He briefed on the achievements and the way forward of the strengthening of the coordination mechanism of the department of HSC/IGA.

Achievements and Outputs

- Strengthening of coordination mechanisms i.e. activation of TTCs, and Intergovernmental event scheduling with HSC/IGA
- Supported IGF for 2nd quarter of the year and coordinated with DPHK on involvement of DPs in the TTCs
- Set up online shared calendar that captures all intergovernmental events; however not much information has been uploaded to this calendar.
- The Schedule Coordination Focal Person Group had difficulties in collecting event schedule information in a timely manner.

Way forward:

- Support finalizing the participation of DPs to TTCs by the next TTC/IGF meeting (by the end of March 2017).
- Support HSC/IGA to establish linkages with other major health conferences by the end of May 2017.
- Reconsideration of schedule coordination with a more realistic and efficient method by end of Quandary 2017.

B. Ms. Saito briefed on the clarification of core function of CDOH

Achievements and Outputs

- Basic consensus was formed among the two governments.

Way forward:

- Briefing to the PS and the CS by the end of 2016.
- Hold a stakeholders' forum in January 2017.
- Reflect the inputs/comments given at the stakeholders' forum in February 2017.
- Forward the revised CDOH Core Function to COG.
- Wait for the Health and Biotechnology Committee for their review.
- Endorse the CDOH Core Function at an IGF meeting by the end of the third quarter of the 2016/17 financial year.

C. Ms. Saito spoke on the progress and the way forward of the M&E support

Achievements and Outputs

- Found that the functionality of CHMT was difficult to be represented universally by one or two indicators.
- The project supported defining and addition of wider range of indicators, which are regarded as important to see the managerial function of CDOH.

- The zero-draft of the 3rd version of the Indicator Manual was compiled in July 2016, and waiting for feedback from the MTR results.
- Based on the analysis of DHIS data, it was found out that availability of data in the health leadership and management area was very low

Way forward:

- Focus is now clarification of indicators for management areas.
- Stakeholder's meeting to share feedback from the Mid-Term Review of KHSSP in January 2017.
- Hold an Investment TWG to clean-up indicators of the management area in February 2017.
- Sharing final draft and collection of comments during February to March 2017.
- Finalization of the 3rd Indicator Manual by the end of March 2017.
- Data collection through county APR reports to complement DHIS data until February 2017.
- Analysis of available data on the baselines of the indicators in January 2017.
- Collect current data to see the progress during January to February 2017 for the Mid-term review of the project in May 2017.
- Candidate indicators for the CDOH Core Functions were selected from the indicator manual currently being revised
- Assessment by using the candidate indicators would be conducted in the partner counties to monitor the functionality of the CDOH of the partner counties as well as CDOH management capacity.

D. Dr. Hazel Mumbo explained the achievements and the way forward of the Standardization of county training for management area (Common Strategy)

Achievements and Outputs

- The draft of the Common Strategy Report.
- Final drafts of the Technical and General Health Systems Management Curricula.
- Agreement on iHRIS-Train reactivation among the key stakeholders.

Way forward:

- Common Strategy Report Launching in January 2017.
- Finalize the Participants' and Facilitators' manuals by the Common Strategy launching.
- Planning of the TOT for the management training curricula in January, 2017.
- Sensitization of stakeholders on the Common Strategy by the 3rd quarter of the year 2016/17 through national and cluster HRH-ICCs.
- Sensitization and advocating stakeholders on use of iHRIS-Train data base.
- Support HRD for implementation of the Common Strategy from January 2017

E. Ms. Kawano presented the achievements and way forward of the Mutual Learning

Achievements and Outputs

- The "Guideline on the Best Practice Selection" was finalized. It includes concept brief, selection criteria, award categories, best practice reporting format, and scoring sheet.
- Best Practice selection timeline for 2015/16 was prepared, however, the activities have not been implemented.
- The award ceremony for the 2014/15 took place at IGF Meeting.

Way forward:

- Support the 2015/16 selection of the Best Practice.
- Strengthening of sharing and promoting function of the Best Practice.
- Introducing mutual learning concept to the Partner Counties

Concern.

1) DPHK interests are captured in every thematic area and it should thus be able to choose a representative for each thematic areas. However, due to conflicting interests among DP members, who represent their own organizations rather than DPHK, it may be difficult for them to create synergy in representing in the TTCs. Caution therefore should be taken not to create parallel structures of representation. The issue to be discussed at the next TTCs forum and also with the DPHK (Dr. Onyancha).
2) On Miss Kaori's presentation, the indicator manual does not have the same indicators like the project PDM. Therefore the project implementation and progress monitoring will be separate. There was a proposal from the members that the indicators be included in the manual.
3) There was a clarification however that the indicators for AWP are included in the manual but those of the MTEF have not been included yet.

Min 7/22/11/2016: Progress from partner counties as presented by CECs.

Kericho:

The progress in Kericho County was presented by its CEC, Mrs. Hellen Ngeno, who also used the opportunity to share Kericho's M&E plan with some of the members present.

The achievements and aligned activities are as in **Annex 2.**

Kirinyaga

The presentation for Kirinyaga was done by Mr. Joseph Ngochi, who represented the CEC Mr. Wambu Miano. **(See Annex 3)**

Mr. Ngochi cited the following challenge:

1. Most members of Kirinyaga CHMT possess inadequate skills in programme based budgeting. There is thus urgent need for training around this.

Funding for all activities to take off as planned.

Min 8/22/11/ 2016: Plenary discussion

Due to time constraints – the committee did not go to plenary since most of the issues had been discussed at different stages of presentation.

Min 9/22/11/2016: Way forward

The Way forward was agreed upon as shown in the table below. There was a concern that in the subsequent PSC meetings – the way forward to be arranged as per the various output areas.

Action	Timeline	Responsibility
PSC		
Collect signatures for the previous minutes.	December 2016	PSC Secretariat
Prepare a filing system for the project documents.	Immediately after the minutes signing	PSC Secretariat
Mid-term review		
Collect baseline and the latest data for all PDM indicators and conduct self-evaluation.	End of February 2017	JICA expt. team
Conduct a Mid-term review of the project.	March 2017	JICA
Schedule coordination		
Visit to COG secretariat for event schedule coordination.	December 2016	HSC&IGA
Reconsider schedule coordination for more realistic and efficient methods.	End of January 2017	HSC&IGA
IGF		
Finalize the DP participation to the	End of March 2017	HSC&IGA

TTCs.		
Establish linkages between IGF and other major health conferences.	End of May 2017	HSC&IGA
CDOH Core Function		
Brief the CDOH Core Function to the PS and the CS.	End of December 2016	HSC&IGA
Hold a stakeholders' forum for the CDOH Core Function.	January 2017	CDOH TWG
Reflect the inputs/comments given at the stakeholders' forum to the CDOH Core Function.	February 2017	CDOH TWG
Forward the revised CDOH Core Function to the COG Health and Biotechnology Committee for approval.	April 2017	CDOH TWG
Present the CDOH Core Function for endorsement at an IGF meeting.	March 2017	CDOH TWG
Indicator Manual		
Conduct capacity assessment using the candidate indicators for the CDOHs of the Partner Counties to monitor the functionality of the CDOH.	January 2017	Partner Counties
Hold a stakeholder's meeting to share feedback from the Mid-Term Review of KHSSP to the Indicator Manual.	January 2017	M&E Unit
Hold an Investment TWG to clean-up indicators of the management area.	February 2017	Investment TWG
Share the final draft of the Indicator Manual and collect comments.	February to March 2017	M&E Unit
Finalize the 3rd Indicator Manual.	End of March 2017	M&E Unit
Common Strategy		
Disseminate the final draft of the Common Strategy.	January 2017	HRD Unit

Finalize the Participants' and Facilitators' manuals.	January 2017	HRD Unit
Plan TOTs for the management training curricula.	January, 2017	HRD Unit
Sensitize stakeholders on the Common Strategy through national and cluster HRH-ICCs.	March 2017	HRD Unit
Sensitize and advocate stakeholders on use of the iHRIS-Train.	March 2017	HRD Unit
Implement the Common Strategy.	From January 2017	HRD Unit
Best Practice		
Conduct the selection of the 2015/16 Best Practice.	From December 2016 till March 2017	M&E Unit
Strengthen the sharing and the replication promotion functions of the Best Practice.	From January 2017	M&E Unit
Introduce a mutual learning mechanism to the Partner Counties.	From January 2017	M&E Unit
Overall direction of the project		
Direct the project activities to be converged on the focus area of the strengthening of the MTEF/AWP cycle management capacity in the 4th and 5th year of the project.	Whole remaining period of the project	Project manager, Chief advisor

Min 10/22/11/2016: AOB

There was no AOB.

Min 11/22/11/2016: Closing remarks

(a) Dr. Makoto Tobe, Senior Advisor Health from Japan.

He said that since the partner counties were now aware of the indicators to be tracked, they could leverage on the indicators to advocate for more technical and financial support to improve planning. He also expressed his surprise that the project was the one still making presentations on annual work plans and overall progress, despite having been

operational in the country for the last 2 years. He emphasized that this is a Kenya project and therefore ownership should be exhibited.

(b) Mrs. Hellen Ng'eno, CEC Kericho.

She expressed her gratitude to the project and MOH team for enabling the county to surpass others in embracing effective planning. She said the lessons learnt will be shared with other counties. She was grateful that an agreement was reached to adjust the indicator for measuring the health department allocation to 40% and asked the National Government to assist in making counties understand that the only devolved function is health and thus it needs a lot of support financially. She thanked the JICA – OCCADEP team, the JICA-Tokyo team and Ministry Officials for making vital contributions to strengthen county understanding and improve leadership and finally expressed her hope to see 100% supportive supervision.

(c) Mr. Ngochi, representative from Kirinyaga

He appreciated the project and indicated that the county was very much willing to fast track activities with project and MOH so as to be at par with Kericho County. He said that if the 40% target is realized, then the county will accomplish many activities effectively. He promised to brief the CEC about the progress encountered at the meeting.

(d) Dr. Kihama, Chair of the meeting.

On his part, he said that devolution came with its challenges but that the project would be instrumental in addressing some of these challenges

Min12/22/11/2016: Adjournment

The meeting ended at 14:56 pm

MINUTES OF THE SEVENTH PROJECT STEERING COMMITTEE MEETING
FOR
Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya
(OCCADEP)

The 7th Meeting of the Project Steering Committee (hereinafter referred to as "the PSC") of Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya ((hereinafter referred to as "OCCADEP") was held on 13th June 2018. OCCADEP is jointly implemented by the Ministry of Health (MOH), Kericho and Kirinyaga Counties (hereinafter referred to as "the Partner Counties") and Japan International Cooperation Agency (JICA) as a five-year project that commenced in November 2014. The 7th PSC meeting aimed to (1) review the progress, (2) revise the composition and the frequency of PSC, (3) revise the Project Design Matrix (PDM), and (4) discuss and approve the work plan for the period ending September 2019.

The PSC members and participants exchanged their views and ideas for the way forward. Through this meeting, the PSC composition and frequency were revised and the 3rd version of PDM and the work plan were approved.

The detailed contents and discussion are attached hereto.
Nairobi, Kenya
13th June, 2018

Dr. Jackson Kioko
Director of Medical Services
Ministry of Health, The Republic of Kenya

Keiko Sano
Chief Representative
JICA Kenya Office

Dr. Patrick Amoth
Head, Department of Health Sector Coordination and Intergovernmental Affairs
Ministry of Health, The Republic of Kenya

Shioko Momose
Chief Advisor,
Organization Capacity Development Project for the Management of Devolve d Health Systems in Kenya

The 7th Project Steering Committee (PSC) meeting of the Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya (OCCADEP) was held on 13th of June 2018 at Pan Afric Hotel in Nairobi.

1. Opening Session

The meeting was called to order at 9.30 a.m. by Dr. John Kihama, Head of Intergovernmental Affairs Division at MOH. He welcomed the participants to the meeting and invited a prayer that was led by Mr. George Karoki, County Director of Health, Kirinyaga County. The participants made self-introductions.

2. Welcome Remarks

2.1 Dr. Patrick Amoth, Project Manager, Head of Department of Health Sector Coordination and Intergovernmental Affairs thanked and all the participants for sparing time to attend the PSC meeting. He noted that although the project had achieved notable success, PSC members should keep in mind that the remaining project implementation period was short and a lot has to be accomplished before the end in September 2019.

2.2 He requested the leadership and guidance of Dr. Kioko, the Project Director, Director of Medical Services, on the revision of the PSC composition and its frequency, and Project Design Matrix (PDM) to make OCCADEP more effective and efficient to achieve its goal and purpose.

2.3 He further noted that OCCADEP was important with significant lessons to be learned and aims to eventually be scaled up to all the other counties in the country.

3. Opening Remarks

Dr. Jackson Kioko - Project Director, Director of Medical Services

3.1 Dr. Kioko began his remarks by appreciating the attendance of the participants at the meeting. He was concerned at the fact that the PSC had not been meeting regularly as required and advised members to adhere to the schedule that was initially agreed at the signing of the Record of Discussions (R/D). He however, acknowledged the numerous challenges faced within the ministry in terms of providing leadership that prevented the PSC from being held.

3.2 He reminded members that OCCADEP was developed to enhance the capacity of the county governments to be able to respond to the numerous health needs of the population immediately after devolution. He noted that OCCADEP was designed based on the experiences and outcomes from the SEMAH project implemented in the former Nyanza Province that delivered successful results.

3.3 Given the remaining short project implementation period, he urged members to realign their thinking towards making contributions to the nation’s overall goal of achieving Universal Health Coverage (UHC).

3.4 He emphasized that revision of the PSC composition should be guided by certain principles of representation and availability of members that would add value to the Project.

3.5 He acknowledged the structural and operational challenges faced in the counties and the need to adopt and disseminate the standardized organizational structure in the county health

departments, and the need to have visionary leaders and managers that understand what needs to be done within the county, sub-counties, facilities and community units in order to achieve UHC.

3.6 He appreciated what the project has been able to accomplish and was looking forward to learning the progress made by OCCADEP and the activities planned for the remaining project period.

4. Overall Progress and Achievements of OCCADEP

Dr. Patrick Amoth – Project Manager, Head of Department of Health Sector Coordination and Intergovernmental Affairs

Dr. Amoth briefed members on the overall progress and achievements of the Project as summarized in the following section.

4.1 The designing of the Project started when the government of Kenya requested JICA for technical assistance to strengthen the organizational capacity under the devolved health system.

4.2 The overall goal of the project is that devolved health systems are strengthened to ensure equitable and quality services in achieving UHC in Kenya. The project purpose is to ensure that managerial functions of the partner county departments of health (CDOH) are strengthened.

4.3 The management structure of the project is comprised of the Project Director, Project Manager, counterparts at national and county levels and the PSC.

4.4 Proposal to change the frequency of the PSC meetings from quarterly to twice a year and to conduct Project Technical Meetings (PTM) to complement the PSC.

- October or November 2018: PTM to discuss the progress of the first quarter of the fourth term of OCCADEP and share learnings and way forward.
- March 2019: PTM to discuss on progress of the second quarter of the fourth term of OCCADEP and assess achievement based on the indicators set in the PDDM.
- April or May 2019: PSC to discuss on the results of the Terminal Evaluation.
- September 2019: Final PSC for evaluating the Project's achievement and closure of OCCADEP.

The PTM would review progress and exchange lessons learned and the minutes of meeting would be shared with the PSC members for information. He also proposed that instead of the PSC reporting to the Health Sector Coordination Committee (HSCC) as indicated in the R/D, the committee should report annually to the UHC Steering Committee.

4.5 He further proposed revision of the PSC membership as follows:

(MOH)

- Director of Medical Services, MOH (As Chair / Project Director)
- Head, Department of Health Sector Coordination and Inter-Governmental Affairs (As Project Manager)
- Head, Department of Policy Planning
- Head, Department of Health Standards, Quality Assurance and Regulation
- Head, Department of UHC coordination

(Counties)
- County Executive Committee (CEC) members of health from Kirinyaga
- County Executive Committee (CEC) members of health from Kericho

(JICA)
- Chief Representative, JICA Kenya Office
- JICA Experts

Any other members accepted by the Chair

4.6 He highlighted the achievements made by the project during the course of its first-half period and shared the summary of recommendations of the Mid-term Review (MTR) conducted in March 2017. Activities implemented in the third term and the plans for the fourth term of the project were also explained. He noted that based on the results of the MTR, the Project Design Framework had to be revised to focus more on the two partner counties with emphasis on building capacity for the Medium Term Expenditure Framework (MTEF) cycle management.

4.7 He concluded that the project was contributing to the efforts for achievement of UHC through: strengthening consultation and cooperation between national and county governments for accelerated actions around UHC; building county capacities in order to deliver quality health services; and identifying and scaling up of best practices.

5. Progress of Reforms on the Health Sector Intergovernmental Consultative Forum (HSIGCF)

Dr. John Kihama, Head of Intergovernmental Affairs Division at MOH.

5.1 Dr. Kihama took members through the progress on the HSIGCF reforms. He noted that the HSIGCF during its 9th session held on 15th February 2017 had discussions on its operations and governance structures and need to strengthen its operations. Following the discussions, MOH in consultation with the Council of Governors (COG) and with support from JICA Kenya Office, commissioned a study by a local consultant to review the performance of the HSIGCF during the term between 2013 and 2017. The purpose of the review was to identify opportunities to improve and re-align the HSIGCF so that it can perform its role more efficiently and effectively.

5.2 He explained the findings of the review highlighting the following key issues:

- The two legislations (The Intergovernmental Relations Act Section 13 (2) and the Health Act 2017) are not conflicting but rather complementing each other in terms of giving a new direction on how IGF should operate.
- The forum was launched without a clear definition of roles and responsibilities for actors.
- The need to put in place mechanisms and systems to track implementation of resolutions and recommendations from the HSIGCF.
- Challenges exist in the leadership and composition of Thematic Technical Committees (TTCs).
- Weakness in documentation of outputs from committees and HSIGCF meetings.
- Lack of a proper budget plan and funding for HSIGCF and TTC meetings

5.3 He noted that based on the review, a draft operational manual was developed and discussed at the HSIGCF Reforms Stakeholders Meeting held on 15th and 16th February 2018 and subsequently at the 11th IGF held on 9th and 10th May 2018. The following are the recommendations generated from the two meetings:

- Composition of TTCs
    i. Each TTC should have a maximum 15 members
    ii. Members of each TTC will comprise of:
        - MoH: Heads of Departments, Heads of relevant divisions and units (maximum 3 people)
        - County Directors of Health (CDH) : maximum 8 people
        - SAGAs: 1 person
        - DPs: maximum 3 people
- HSIGCF Secretariat
    i. MOH and COG to nominate the staff, 2 nominees from MOH and 2 nominees from COG.
    ii. There should be an office for the secretariat preferably at National Hospital Insurance Fund (NHIF). However, options of locating the secretariat at MOH or COG can also be considered.
    iii. Meanwhile, the current arrangement of the secretariat function can be maintained at MOH with active links with COG.
- Recommendation on Budget and Financing for Operations of the HSIGCF
    i. The MOH/National Government should bear the responsibility of funding the HSIGCF under the UHC agenda.
    ii. Funding for the HSIGCF to be shared by both levels of governments effective from FY 2019/2020 onwards. In the meantime, the MOH/National Government to mobilize resources for FY 2018/2019.
    iii. For efficiency gains, the HSIGCF should leverage on sector meeting and events that bring together the national and county governments.
    iv. Whenever there are emerging issues that require consultations through HSIGCF both levels of governments will co-finance the meetings.

5.4 In his conclusion, he noted that the way forward was to finalize the operational manual in consultation with Council of County Executive Committee Members for Health and COG Secretariat, and submit the operational manual to the co-chairs of the HSIGCF for final approval.

6. Progress of the Kericho County Support

Dr. Betty Langat, County Director of Health, County Department of Health (CDOH), Kericho County

6.1 Dr. Langat gave a brief description of Kericho County's demographics, the distribution of health facilities, and background information on OCCADEP's support in the county.

6.2 She also introduced the activities achieved through OCCADEP's support highlighting the development of the M&E plan, Annual Working Plan (AWP), tools to manage MTEF cycle and organogram and work flowchart to facilitate the MTEF cycle.

6.3 She pointed out that the County still faced challenges in planning at the community level. Other challenges included: a) AWP templates being sent late from MOH; b) consolidation and utilization of AWP at the sub-county level was still weak; c) lack of a clear link between AWP activity budget and actual expenditure; and d) members of County Assembly Health Committees not actively involved in the development of AWPs and lobbying for funding to the sector.

6.4 Dr. Langat presented the following next steps and recommendations for the county:

a. Linking AWP activity budget to actual expenditure
b. Strengthening capacity of County leadership, such as assembly members on health activities.
c. Support for health sector Annual Performance Review (APR)
d. Support for monthly and quarterly data review meetings
e. Strengthening Community health units
f. End term review of County Health Sector Strategic and Investment Plan (CHSSIP)1
g. Development of the 2018/2022 CHSSIP 2
h. Conducting stakeholders meetings for planning and review of sector activities

7. Progress of the Kirinyaga County Support

Mr. George Karoki, County Director of Health, CDOH, Kirinyaga County

7.1 Mr. Karoki gave a brief overview of the activities conducted through support of OCCADEP in the county since the beginning of the year. He noted that the CDOH held a series of meetings in the beginning of 2018 to update Dr. Agnes Gachoki, new CEC for Health in the county on the previous activities carried out by the Project prior to her appointment.

7.2 The value added support by OCCADEP included: a) a mid-term review of the 2017/2018 CDOH annual work plan; b) revision of the AWP to realign to the revised county budget; c) preparation of the 2018/2019 AWP as an advocacy and negotiation tool for the 2018/2019 budget; d) increased participation by lower level health facilities in the planning process; and e) boost of confidence for CHMT members in the health planning process.

7.3 The planned activities in the county with the support from OCCADEP were explained as follows:

a. Development of the CHSSIP 2018-2022- May-November 2018
b. Review of the 2017/18 AWP performance - August 2018
c. Development of the 2019/2020 MTEF Budget – August 2018-April 2019
d. Monitoring and Evaluation Framework and plan Development - May-October 2018
e. M&E implementation is the key.
f. Development of Kirinyaga County Health Department AWP 2019/2020 January 2019-April 2019 and implementation of the electronic MTEF management tool
g. Study visits, sharing lessons learned among other CDOHs

7.4 Dr. Gachoki added that the 2018/19 AWP is aligned to the county's 5-year County Integrated Development Plan (CIDP) and the CDOH is revising the CHSSIP with OCCADEP's support to realign it to the CIDP.

8. Demonstration of the MTEF Management Tool

Mr. Isaac Langat, County Health Administrative Officer, Kericho County

8.1 Mr. Langat demonstrated the skills acquired from technical transfer by the Project on how to enter AWP data into the excel MTEF Management tool developed by the project.
8.2 Dr. Langat, Director CDOH Kericho, noted that the source document for data that feeds into the MTEF management tool was the county's approved budget, and the tool will be used by county accountants for tracking expenditure linked to activities in the AWP.
8.3 Mr. Langat noted that the tool will enhance efficiency and productivity of the county health department in managing, planning, budgeting and monitoring. He recommended that some adjustments be made to make the tool more user-friendly.

9. Comments from the PSC Members and Participants

9.1 Dr. Kioko pointed that there is need for a paradigm shift in financing for the health sector from a system that rewards poor performance exhibited by high morbidity and mortality rates. He underlined the need of mindset change to focus more on preventive and promotive and not a system that focuses on facility – oriented curative services for a sick population.
9.2 Dr. Kioko made reference to the proposed revision of the frequency of PSC meetings noting that given the sense of urgency in the remaining project period, meeting twice a year would hinder monitoring activities to make a meaningful impact to this project. He also suggested realigning the PSC meetings to the UHC's meeting cycle so that there would be proper flow of information.
9.3 Ms. Momose, Chief Advisor to OCCADEP explained that PTMs were planned to be held to provide a technical layer that would analyze the issues to be addressed by the PSC. She also added that most of the participants at the PTM were also members of the PSC.
9.4 As regards the way forward for the HSIGCF reforms, Dr. Kioko advised that clear timelines be set to guide the necessary actions. He emphasized that timelines for implementation of the HSIGCF recommendations were necessary to enable reporting on the actions to be carried out.
9.5 Dr. Gachoki agreed with Dr. Kioko that there was need to focus more on preventive and promotive health measures. She said that the community health approach is important for achieving UHC and shared that in strengthening community health, Kirinyaga County had purchased android phones for the Community Health Extension Workers (CHEWs) to collect data from households. She also expressed her appreciation to the project for assistance in development of a brochure for the health facilities in-charges to chart their activities on a monthly basis, which will go a long way in helping them achieve the county's deliverables.
9.6 A question was raised regarding the rationale behind choosing Kisumu and Kakamega counties for the study tour with Members of County Assembly (MCA) planned for the following week. Dr. Kioko pointed out that Siaya County could have been considered for learning on Community Health Strategy given that the County is paying Community Health Volunteers

(CHVs) based on performance, which has improved the health indicators and coverage of preventive health services over time. As for the timing, Dr. Langat pointed out that although the study tour would not respond to advocacy for lobbying for funding for the financial year 2018/19, MCAs attending the study tour will have information to support CDOH in securing funding during the supplementary budget process in January 2019.

9.7 Several suggestions were raised regarding the MTEF management tool such as:

a. MTEF management tool to be utilized at sub-county level in order to consolidate information from facilities and community units.
b. CECs and CDOH should have a more summarized chart or dashboard in order to monitor data swiftly.

9.8 It was noted that harmonizing the structure at the county level to generate confidence by involving all concerned was key. This involved linking the work specified for each actor with the available resources in order to relate actual expenditure with items are already been planned.

9.9 By virtue of OCCADEP's partnership with Kericho and Kirinyaga counties, Mr. Kinyangi noted that JICA Kenya Office has targeted some of the available training programs in Japan and other countries to benefit the two partner counties. He encouraged the CHMTs to harness the knowledge and skills of the ex-participants of training programs and cascade the same to other levels in the overall context of improving the quality of services in the counties.

10. Revision of the Project Design Matrix (PDM) and Work Plan for the 4th Term

Ms. Shioko Momose – Chief Advisor, JICA-OCCADEP

10.1 Ms. Momose explained the proposed revisions to the PDM as contained in version 3 to the PSC for consideration and approval. She explained the reasons for the revisions citing the recommendations agreed in the MTR conducted in March 2017. The main reasons were that the initial PDM was deemed to be too ambitious, and therefore had to be revised in the scope of the remaining period focusing the activities on the two partner counties. A detailed comparison table of PDM version 2 and version 3 was provided (Annex 5).

10.2 Ms. Momose explained the logical framework of PDM and how the indicators were selected based on the activities and expected outputs. She also gave a detailed explanation of the evaluation process at each stage of the project and how it will be assessed.

10.3 She also added that during the third term, intensive discussions were held with HSC/IGA, CDHs and CHMT members of the partner counties, JICA Kenya Office and JICA Headquarters on the proposed revisions. The proposed revisions to the PDM were also discussed and agreed in principle at the PTM held on 3rd April 2018.

10.4 Following the detailed presentation on the PDM, Ms. Momose explained the work plan for the fourth term in which the activities and sub-activities were based on the revised PDM. She highlighted the schedule and clarified the contents of activities linking to the expected outputs.

11. Approval of Composition & Frequency of PSC, Revised PDM Ver.3 and Work Plan

11.1 Comments and observations were invited from the PSC on the revised PDM and work plan for the fourth term. The PSC unanimously adopted and approved the revised PDM version 3 (Annex 4) and work plan for the fourth term (Annex 6) with the following recommendations:

a. The title of the PDM be changed to 'PDM Version 3 Approved on 13th June at the 7th PSC Meeting
b. Under the overall goal, indicator 2, the six counties will be identified through study tours and partner counties' presentations at the HSIGCF to promote the tools developed by OCCADEP to other counties.

11.2 Based on the guidance given by Dr. Kioko on the composition and frequency of the PSC and comments given by Ms. Momose, the PSC concluded the meeting twice a year was sufficient. It was agreed that the PTM would complement the PSC to provide a technical layer to OCCADEP that would enable to analyze the issues to be addressed by the PSC. Therefore, the PSC adopted and approved the proposed revisions to the composition and frequency of the PSC (Annex 3).

12. A.O.B

12.1 Ms. Yuki Kobayashi, MTEF Cycle Operation Advisor, reiterated the concerns of Dr. Langat regarding the importance of logically inter-linking the CHSSIP, CIDP, and AWP in the correct order. She appealed to the ministry and development partners supporting the formulation of CHSSIP and AWP templates that the templates be availed at the appropriate timing so that CDOH team can work according to the MTEF Cycle Calendar, and they do not have to rework on the template when availed late.

13. Closing Remarks

Mr. Shinjiro Amameishi, Senior Representative, JICA Kenya Office

13.1 Mr. Amameishi expressed his appreciation for the active participation of the members. He acknowledged the challenges faced by the counties in implementing the MTEF life cycle and linking CHSSIP to the CIDP and AWP. He also noted the challenges faced by the national government in activating the HSIGCF to enable effective communication, consultation and dissemination of good practices. He stressed the importance of HSIGCF taking appropriate actions in implementing its resolutions and recommendations.

13.2 Dr. Amoth assured JICA of the ministry's full commitment to HGICF. He stated that the 12th HSIGCF would be held in November 2018 when the department will have funds in supplementary budget and was confident that the next HSIGCF will be fully supported by the national government.

Dr. Agnes Gachoki, CEC Kirinyaga

13.3 Dr. Gachoki commended participants on the interactive discussions on very pertinent issues affecting the routine delivery of health services in the counties. She thanked the OCCADEP team for making vital contributions to strengthen the county's understanding on the importance of health planning and budgeting. She remarked that being hands-on with the project, she is able to brief the County governor for Kirinyaga and discuss with members of

the county assembly to advocate for more financial support to the health budget. She also expressed hope that in the future the county will be able to allocate more funds for planning and set up an M&E unit for sustainability after the project closes.

Annex1: Program of PSC
Annex2: List of Participants
Annex3: New Composition of PSC members and its frequency
Annex4: PDM Ver3
Annex5: Comparison sheet of PDM Ver2 and Ver 3
Annex6: Work Plan

TIME	Agenda Item	PRESENTER
08:00 - 08:30	Registration	Kate, Judy
08:30 - 09:00	Welcome /Prayers /Introductions	Dr. John Kihama, Head of IGA Div.
09:00 - 09:20	Opening remarks	Dr. Jackson Kioko, DMS, Project Director
09:20 – 09:40	Overall progress and achievements of the project	Dr. Patrick Amoth, Head of Dept. HSC/IGA, Project Manager
09:40 – 09:55	Progress of the HSC/IGA on IGF Reforms	Dr. John Kihama, Head of IGA Div.
09:55 – 10:25	Progress of the Partner County Support o CEC or Director of Health, Kericho County o CEC or Director of Health, Kirinyaga County	Dr. Shadrack Mutai, CEC /Dr. Betty Langat, CDH/ Dr. Agnes Gachoki, CEC / Mr. George Karoki, CDH
10:25-10:40	Demonstration of the MTEF Management Tool	CHMT member from Kericho
10:40 – 11:00	**HEALTH BREAK**	
11:00 – 11:20	Revision of the Project Design Matrix (PDM) and Work Plan for the 4th term	Momose Shioko, Chief Advisor, JICA-OCCADEP
11:20 – 11:40	Comments from the floor	Dr. John Kihama, Head of IGA Div.
11:40 – 11:50	Approval of Composition & Frequency of PSC, PDM and Work Plan	Dr. Jackson Kioko, DMS, Project Director
11:50 – 12:00	A.O.B	Dr. John Kihama, Head of IGA Div.
12:00 – 12:40	Closing remarks o CEC for Health, Kericho and Kirinyaga County o Senior Representative, JICA Kenya Office o Director of Medical Services,	Dr. Shadrack Mutai, CEC Kericho & Dr. Agnes Gachoki, CEC Kirinyaga Mr. Shinjiro Amameishi, Senior Representative, JICA Kenya Office Dr. Jackson Kioko, DMS, Project Director
12:40 – 14:00	**HEALTH BREAK**	

List of Participants

(a) PSC Members Present

No.	Name	Organization	Position
1.	Dr. Jackson Kioko	MOH	Director of Medical Services
2.	Dr. Agnes Gachoki	Kirinyaga	County Executive Committee, Health
3.	Dr. Patrick Amoth	MOH	Head, Dept. of Health Sector Coordination and Inter-governmental Affairs (HSC&IGA)
4.	Shinjiro Amameishi	JICA Kenya	Deputy Representative
5.	Kumiko Yoshida	MOH JICA	JICA Expert/ UHC Advisor
6.	Shioko Momose	JICA OCCADEP	Chief Advisor/ Health System Management
7.	Nobuyuki Hashimoto	JICA OCCADEP	County Health Management Advisor
8.	Yuki Kobayashi	JICA OCCADEP	MTEF Cycle Operation Advisor
9.	Shinichi Kimura	JICA OCCADEP	Project Coordinator /Training Programme

(b) Secretariat

1.	Dr. John Kihama	MOH	Head, Div. IGA, Dept. HSC&IGA
2.	Dr. G.K Toromo	MOH	Dept. HSC&IGA
3.	Stephen Cheruiyot	MOH	Economist, Dept. HSC&IGA

(c) Co – Opted Members

1.	George Karoki	Kirinyaga	County Director of Health
2.	Dr. Betty Langat	Kericho	County Director of Health
3.	Itsuko Shirotani	JICA Kenya	Project Formulation Advisor
4.	Elijah Kinyangi	JICA Kenya	Senior Program Officer, JICA Kenya Office
5.	Isaak Langat	Kericho	Sub-County Assistant Chief Health Administrative Officer
6.	Dr. Collins Biwott	Kericho	Sub County Department of Health, Kipkelion East

7.	Wilfred M. Mutemi	Kirinyaga	County Public Health Officer
8.	Henry Onyiego	MOH	Dept. Policy Planning
9.	Catherine Mahihu	OCCADEP	Administrative Officer
10.	Njeru Judy C. Muthoni	OCCADEP	Project Assistant. Kirinyaga County

Agreed Revision on PSC structures at 7th PSC on 13 June 2018

- PSC conducted twice a year.
- Report annually to UHC Steering Committee
- Members

(MOH)

- Director of Medical Services, MOH (As Chair / Project Director)
- Head, Department of Health Sector Coordination and Inter-Governmental Affairs (As Project Manager)
- Head, Department of Policy Planning
- Head, Department of Health Standards, Quality Assurance and Regulation
- Head, Department of UHC coordination

(Counties)

- CECs for Health from Kericho and Kirinyaga

(JICA)

- Chief Representative, JICA Kenya Office
- JICA Experts

Any other members accepted by the Chair

Project Design Matrix (PDM): Version 3 (revised on 13 June 2018 at the 7th Project Steering Committee meeting)

Title: Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya (OCCADEP)

Period: November 2014 - September 2019 (5 years)

Direct Target Groups: Ministry of Health (MOH) personnel involved in managerial capacity development of counties, and members of County Department of Health (CDOH) of Kericho and Kirinyaga.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Devolved Health Systems are strengthened to ensure equitable and quality services in achieving Universal Health Coverage in Kenya.	1 The budget allocation of non-salary items within the recurrent budget in the Partner Counties are at least 25% and 30% for Kirinyaga and Kericho respectively. 2 At least 6 counties including the Partner Counties are utilizing the MTEF tools developed by the Project.	Budget composition from CDOH. The data can also be found in APR - On site visit and interview.	
Project Purpose			
Managerial functions of County Department of Health (CDOH) are strengthened.	1. CHMTs, SCHMTs have monitored and evaluated at least 50% of Health Facilities using at least one of the MTEF tools developed by the Project.	- Monitoring by the Project (monthly report)	

CDOH here means the CDOH in the partner counties.

	2. Annual Work Plan (AWP) and Annual Performance Review (APR) of health sector are submitted by April and November respectively every fiscal year.		- Monitoring by the Project (monthly report)	
	3. At least 50% of county specific action points agreed in the way forward/resolutions at Health Sector Intergovernmental Consultative Forum (HSIGCF) are implemented in the Partner Counties.		- Monitoring by the Project (monthly report)	
Outputs				
1 Mutual support and learnings among MOH and CDOHs are strengthened through HSIGCF and other mechanisms.	1-1	Way forward/resolutions and county specific action points are confirmed in every HSIGCF.	- Minutes and the report of the HSIGCF	HSIGCF is held regularly after FY2018/19
	1-2	Events to share the lessons learned from the Counties are held more than twice by the end of the Project.	- Reports from the Project (monthly report)	
	1-3	Best Practices and lessons learned from the Partner Counties are documented and disseminated through the MOH website and/or in other forms.	- Website of MOH, Project materials, etc.	
2 MTEF cycle management (planning, budgeting, implementation and monitoring) is strengthened in CDOHs of Partner Counties.	2-1	At least 4 MTEF tools (i.e. User-friendly MTEF Annual Cycle work flow-chart, AWP Practical Guideline, MTEF management tool, etc.) are developed and disseminated in Partner Counties by the Project	- Materials developed by CHMT and OCCADEP	
	2-2	At least 70% of CHMT and Health Facilities in each Partner County utilize more than one of the MTEF tools developed by the Project.	- Monitoring by the Project (monthly report)	

CHMT, SCHMT and Health Facilities.

<table>
<tr><th>Activities</th><th colspan="2">Inputs</th><th></th></tr>
<tr><td>1. Mutual support and learnings among MOH and CDOHs are strengthened through HSIGCF and other mechanisms.</td><td>Japan</td><td>Kenya</td><td></td></tr>
<tr><td>1-1 [Ministry of Health (MOH)] Identify and strengthen county coordination and support mechanism in MOH.</td><td>Dispatch of Experts</td><td>Counterparts</td><td rowspan="2">Fund for convening HSIGCF is secured by Kenyan side.</td></tr>
<tr><td>1-2 [Human Resource Development (HRD)] Identify capacity gaps and available training programs in county health systems management (HSM).</td><td rowspan="3">1. Chief Advisor
2. Health Systems Management
3. Training Coordination
4. Health Planning
5. Project Coordinator</td><td rowspan="3">1. Project Director
2. Project Manager
3. Technical Staff
4. Training institutions
5. Other personnel mutually agreed upon as needed</td></tr>
<tr><td>1-3 [HRD] To develop HSM county training strategy.</td></tr>
<tr><td>1-4 [Health Sector Coordination and Intergovernmental Affairs (HSC/IGA)] Provide technical support to HSIGCFs between two levels of government to discuss issues of common interest.</td></tr>
<tr><td>1-5 Share the lessons learned of the Project through existing fora and other occasions among counties.</td><td rowspan="7">Equipment and Material

1. Necessary equipment and materials for the project activities
2. Other equipment and materials mutually agreed upon as necessary

Local Costs

Training and forums (cost sharing with MOH, Counties and Partners)</td><td rowspan="7">Facilities, equipment and materials
1.Office space for the Project

2.Necessary equipment and materials for the Project activities

Local Costs

Operational costs for implementing activities</td><td rowspan="7">Turn-over of CDOH staff trained on the health management by the Project does not adversely affect Project activities.</td></tr>
<tr><td>2. MTEF cycle management (Planning, budgeting, implementation and monitoring) is strengthened in CDOHs of Partner Counties.</td></tr>
<tr><td>2-1 [HSC/IGA, HRD] To conduct situation analysis to identify county’s managerial challenges and CDOH core functions.</td></tr>
<tr><td>2-2 [Project Steering Committee (PSC)] To identify partner counties of the Project.</td></tr>
<tr><td>2-3 Provide technical assistance for the health sector Medium Term Expenditure Framework (MTEF) cycle (or planning, budgeting and review cycle) to the Partner Counties.</td></tr>
<tr><td>2-4 [Partner Counties] Document experience and lessons learned from implementation of MTEF cycle in the Partner Counties.</td></tr>
<tr><td>2-5 [Partner Counties] Provide feedbacks to intergovernmental frameworks on lessons learned.</td></tr>
</table>

Comparison Table PDM ver 2 and ver 3

PDM ver2 (approved in Nov 2016 at the 6th PSC)	Revised PDM (ver3)
Overall Goal Devolved health systems are strengthened to ensure equitable and quality services in achieving UHC in entire Kenya.	Devolved health systems are strengthened to ensure equitable and quality services in achieving UHC in Kenya.
Project Purpose Managerial functions of CDOH are strengthened.	same
Output1 Managerial support functions and coordination mechanisms at national level are strengthened.	Mutual support and learnings among MOH and CDOHs are strengthened through HSIGCF and other mechanisms.
Output2 Leadership and managerial capacities of CDOH are strengthened.	MTEF cycle management (planning, budgeting, implementation and monitoring) is strengthened in CDOHs of Partner Counties.
Output3 Mutual learning among CDOH is strengthened.	
Indicator for Overall Goal 1. Core Health Indicators at national level (Maternal Mortality Ratio [MMR], Under Five Mortality Rate [U5MR], and Infant Mortality Rate [IMR]) are improved. 2. Service utilization of antenatal care, delivery conducted by skilled attendants, and child immunization of the poorest 40% is increased.	1. The budget allocation of non-salary within the recurrent budget in the Partner Counties are at least 25% and 30% for Kirinyaga and Kericho respectively. 2. At least 6 counties including the Partner Counties are utilizing the MTEF tools developed by the Project.
Indicators for Project Purpose 1. Medium-Term Expenditure Framework (MTEF) and Annual Work Plan (AWP) of health sector are approved by County Executive Committee (CEC) member for health by the end of November and March of each fiscal year, respectively. 2. % of health facilities supervised by CDOH/sub-county at least four times per year	1. CHMTs, SCHMTs have monitored and evaluated at least 50% of Health Facilities using at least one of the MTEF tools developed by the Project. 2. Annual Work Plan (AWP) and Annual Performance Review (APR) of health sector are submitted by April and November respectively every fiscal year. 3. At least 50% of county specific action

3. Performance monitoring meeting[3] conducted at least once a year 4. Counties submitting annual performance review (APR) report to CEC by November of each year	points agreed in the way forward/resolutions at Health Sector Intergovernmental Consultative Forum (HSIGCF) are implemented in the Partner Counties.
Indicator for Output 1 1. Functions of Health Sector Coordination and Intergovernmental Affairs (HSC/IGA) are set up. 2. County health systems management training strategy, as a component of an integrated county training strategy for health, is developed based on needs of the counties, and revised based on feedback from experiences in the partner counties. 3. Number of Inter-governmental Health Forum (IGF) convened.	1. Way forward/resolutions and county specific action points are confirmed in every HSIGCF. 2. Events to share the lessons learned from the Counties are held more than twice by the end of the Project. 3. Best Practices and lessons learned from the Partner Counties are documented and disseminated through the MOH website and/or in other forms.
Indicators for Output2 1. Partner counties develop MTEF and AWP of health sector with: a) situation analysis / review of achievements in previous year b) priority setting c) consideration on equity towards Universal Health Coverage (UHC)4 d) coordination with relevant stakeholders including development partners (DPs) / implementation partners (IPs) e) public participation 2. Budget allocation to the health sector is no less than 30% in the partner counties (excluding external funding). 3. % of actual health budget compared to required health budget based on the AWP is increased. 4. Budget execution rate is increased.	1. At least 4 MTEF tools (i.e. User-friendly MTEF Annual Cycle work flow-chart, AWP Practical Guideline, MTEF management tool, etc.) are developed and disseminated in Partner Counties5 by the Project 2. At least 70% of CHMT and Health Facilities in each Partner County utilize more than one of the MTEF tools developed by the Project.
Indicators for Output 3 1. Number of documents and events to share lessons learnt and good practices.	
1.1 [Ministry of Health (MOH)] To identify and strengthen county coordination and support mechanism in MOH.	same

Performance monitoring meeting is defined as a meeting which monitors progress of implementation of activities in the annual work plan (AWP) and health service indicators during a year at county level.

Universal Health Coverage is defined as a status that all people have access to needed health services of sufficient quality and that the use of these services does not expose the user to financial hardship. Inequity in the health service utilization and the financial risk protection due to area of residence (urban/rural), household income, gender, education levels, age (children and the aged), ethnicity (minorities), and others needs to be reduced to promote equity towards UHC.

CHMT, SCHMT and Health Facilities.

1.2 [Human Resource Development (HRD)] To identify capacity gaps and available training programs in county health systems management (HSM).	same
1.3 [HRD] To develop HSM county training strategy.	same
1.4 [Health Sector Coordination and Inter Governmental Affairs (HSC/IGA)] convene Inter-Governmental Health Forum (IGF) between two levels of government to discuss issues of common interest	1-4 [Health Sector Coordination and Inter Governmental Affairs (HSC/IGA)] Provide technical support to HSIGCF between two levels of government to discuss issues of common interest.
	1-5 Share the lessons learned of the Project through existing fora and other occasions among counties.
2.1 [HSC/IGA, HRD] To conduct situation analysis to identify county's managerial challenges and CDOH core functions.	same
2.2 [*Project Steering Committee (PSC)*] To identify partner counties of the Project.	same
2.3 [Health Policy & Planning, HRD, Quality and Standard; Training Institutions] To provide technical assistance for the health sector Medium Term Expenditure Framework [MTEF] cycle (or planning, budgeting and review cycle) to the partner counties.	2.3 To provide technical assistance for the health sector Medium Term Expenditure Framework (MTEF) cycle (or planning, budgeting and review cycle) to the Partner Counties.
2.4 [Partner Counties] To extract lessons learnt from the partner counties' experiences.	same
2.5 [HRD, Quality and Standard; Training Institutions] To provide feedbacks to inter-governmental frameworks and the county training strategies.	2.5 To provide feedbacks to intergovernmental frameworks on lessons learned.
3.1 [MOH, Counties]To reinforce recognition mechanism and dissemination fora for good practice	
3.2 [Partner Counties] To document experience and lessons-learnt from implementation of MTEF and AWP cycle in the partner counties.	
3.3 [Partner Counties] To share the lessons learnt of the Project through existing fora.	
Target Group MOH personnel involved in managerial capacity development of counties, and members of County Department of Health (CDOH) of all 47 counties of Kenya.	**Target Group** Ministry of Health (MOH) personnel involved in managerial capacity development of counties, and members of County Department of Health (CDOH) of Kericho and Kirinyaga.

Work Plan

Overall Goal：Devolved Health Systems are strengthened to ensure equitable and quality services in achieving Universal Health Coverage in Kenya.

Project Objective：Managerial functions of County Department of Health (CDOH) are strengthened.

Activities	Term 4																	
	2018								2019									
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Output 1: Mutual support and learnings among MOH and CDOHs are strengthened through IGF and other mechanisms.																		
Activity 1-4：[Health Sector Coordination and Inter Governmental Affairs(HSC/IGA)] Convene Inter-governmental Health Forum (IGF)between two levels of government to discuss issues of commoninterest.																		
1-4.1 Materialize Operation Guideline	■	■	■															
1-4.2 Techical Assistance to IGF when held	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Activity 1-5 ： Share the lessons learnt of the Project through existing fora and other occasions between counties.																		
1-5.1 Share the lessons learned of the Project through study tours or other meetings		■					■	■							■			
1-5.2 Share the lessons learnt of the Project through IGF and MOH homepage.							■	■		■				■				
Output 2: MTEF cycle management (Planning, budgeting, implementation and monitoring) is strengthened in CDOHs of Partner Counties.																		
Activity 2-3：Provide technical assistance for the health sector MediumTerm Expenditure Framework [MTEF] cycle (or planning,budgeting and review cycle) to the partner counties.																		
2-3.1 Provide technical assistance to APR and AWP				■	■	■			■	■	■							
2-3.2 Conduct monitoring, supportive supervison on activites, expenditures and review of prioritized health indicators of the county.		■			■		■	■			■			■				
2-3.3 Develop MTEF tools and train the targeted group on how to use		■		■		■		■	■	■	■		■	■				
Activity 2-4：[Partner Counties] Document experience and lessons-learnt from implementation of MTEF and AWP cycle in the partnercounties.																		
2-4.1 Document utilization of the MTEF tools and extract lessons learned.					■	■			■	■			■	■	■			
2-4.2 Document the whole MTEF cycle experience and extract lessons learned										■			■	■	■			
2-4.3 Document the lessons learned from other Project supported activities from study tours, Strategic Plan development and Sensitization event for assembly members.			■						■				■	■	■			
Activity 2-5：[Partner Counties] Provide feedbacks to inter-governmental frameworks on lessons learned.							■	■		■				■				

MANAGEMENT	OUTPUT 1	OUTPUT2	MONTH/ YEAR	MTEF Tools				
				MTEF Chart	Governance Structure	MTEF Brochure	MTEF Management Tool	AWP Practictical Guideline
	Mutual support and learnings among MOH and CDOHs are strengthened through IGF and other mechanisms.	MTEF cycle management (Planning, budgeting, implementation and monitoring) is strengthened in CDOHs of Partner Counties.						
	(i) Technical support for IGF when held <till the end of the Project> **(ii) Revise IGF Operation Manual**	(a) AWP Stakeholders meeting (KI) (b) County Health Investments and Strategic Plan formulation (KE&KI) (c) Sensitization of Assembly members regarding Health Sector Budget (KE) **(d) M&E activities in the MTEF Cycle <Continue up to the end of Project>**	**May-2018**	Ver.1 dissemination and obtaining feedback	Ver.1 dissemination and obtaining feedback	Development of Draft Ver.1	Development of Prototype	
PSC	(iii) Study Visit & MCA Advocacy for Kericho (Kisumu & Kakamega)		**Jun-2018**				Testing Prototype, training, obtaining feedback, and development of Ver.1	
			Jul-2018	Revising Ver.1 and development of Ver.2	Revising Ver.1 and development of Ver.2			
		(e) APR development process (KE&KI) (f) County Health Summit (KE)	**Aug-2018**					Development of Ver.1
			Sep-2018	Training and dissemination of Ver.2, obtaining feedback, and development of Ver.3 (final version)	Training and dissemination of Ver.2, obtaining feedback, and development of Ver.3 (final version)	Finalising Ver.1, training and dissemination	Finalisation of Ver.1, training and dissemination.	
	(iv) Study Tour for Kirinyaga		**Oct-2018**					
	(v) Technical Meeting (MOH&Partner CDOHs)		**Nov-2018**					
	(vi) Document best practices from Output 2 (Partner Counties)		**Dec-2018**					
	(vii) Provide feedback to IGF from Output 2 activities (viii) Technical Meeting (MOH&Partner CDOHs)	(g) AWP process including Stakeholders' Meeting (KE&KI)	**Jan-2019**			Training and dissemination of Ver.1, obtaining feedback, development of Ver.2	Obtaining feedback on Ver.1 and development of Ver.2	
			Feb-2019					Dissemination of Ver.1 obtaining feedback, and development of Ver.2
Endline Survey			**Mar-2019**					
Terminal Evaluation & PSC			**Apr-2019**					
		(h) AWP process including sensitisation to MCAs (KE&KI)	**May-2019**					
			Jun-2019					
			Jul-2019	Dissemination of Ver.3 (final version)	Dissemination of Ver.3 (final version)	Dissemination of Ver.2 (final version)	Dissemination of Ver.2 (final version)	
			Aug-2019					
PSC			**Sep-2019**					

MINUTES OF THE 8TH MEETING OF THE PROJECT STEERING COMMITTEE

FOR

Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya (OCCADEP)

The 8th Meeting of the Project Steering Committee (hereinafter referred to as "the PSC") of Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya ((hereinafter referred to as "OCCADEP") was held on 22nd March, 2019. OCCADEP is jointly implemented by the Ministry of Health (MOH), Kericho and Kirinyaga Counties (hereinafter referred to as "the Partner Counties") and Japan International Cooperation Agency (JICA) as a five-year technical cooperation project that commenced in November 2014 scheduled to end in September 2019.

The 8th PSC meeting aimed to (1) Review the progress of project, (2) Hear the results of the terminal evaluation assessed by the Terminal Evaluation team.

Through this meeting, the evaluation team presented the recommendations towards end of the project and after the project. However, the report was not approved at the meeting since it was not verified in advance. The summary of proceedings and the main points discussed is contained in the document attached hereto.

Dr. Patrick Amoth
Head
Department of Health Sector Coordination and Intergovernmental Affairs
Ministry of Health, The Republic of Kenya

Shioko Momose
Chief Advisor
Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya

ATTACHED DOCUMENT

1. Welcome /Prayers/ Introductions

The meeting was called to order at 9.30 a.m. by the session chair, Dr. John Kihama. Following brief prayers, the participants introduced themselves. He welcomed the participants to the PSC meeting of OCCADEP and wished for a productive session. The agenda of the meeting is contained in Annex 1 while the list of participants is included as Annex 2.

2. Opening Remarks

Dr. Patrick Amoth, Head, Department of Health Sector Coordination and Intergovernmental Affairs (HSC/IGA), Ministry of Health

3.1 On behalf of the Project Director, Dr. Patrick Amoth (Project Manager) welcomed the participants to the meeting. He thanked JICA-OCCADEP project for their work in Kericho and Kirinyaga. He also appreciated the support of OCCADEP toward the Health Sector Inter-Governmental Consultative Forums (HSIGCFs).

3.2 He reminded participants that the core of the meeting was to hear the results of terminal evaluation as the project was coming to an end in September 2019. He stated that the Project has achieved great milestones including development of the MTEF tool as a key innovation during the implementation period. It is imperative that the MTEF tool and other key lessons learnt be scaled up to other counties for UHC.

3.3 He stated that KES 30 million will be disbursed to counties as conditional grants in support of the UHC and that planning, budgeting and expenditure reporting will be pegged on Counties' utilization of the MTEF Management tool in order to follow-up the grants. He reported that this proposal was shared with the Director of Medical Services (DMS) who was equally supportive of the idea. Taking note that the MOH has low budget absorption rates (34%), Dr. Amoth observed that application of the MTEF Management Tool would also be useful for MOH management to streamline planning, budgeting and expenditure tracking. He noted the available opportunity to introduce the tool to the County Directors of Health at the forum to be chaired by the DMS as provided for in the Health Act, 2017.

3. Report on Overall Progress of the Project

Ms. Shioko Momose, Chief Advisor, OCCADEP; Dr. John Kihama, HSC/IGA, Dr. Betty Lang'at, Director, Kericho County Department of Health; Dr. Esbon Gakuo, Programs Coordinator, Kirinyaga County Department of Health

Ms. Shioko Momose explained the background and the framework of the Project and outlined the activities implemented for the first half of the Project. Dr. John Kihama explained about the activities implemented for Output 1, while Dr. Betty Lang'at and Dr. Esbon Gakuo from

Kericho and Kirinyaga respectively explained about the activities implemented for Output 2 in the partner counties.

The PowerPoint presentation that was used to explain the overall progress of the Project is contained in Annex 3.

4. Summary Result of Terminal Evaluation

Ms. Keiko Kita, External Evaluator; Ms. Yumiko Yoshii, JICA Headquarters; Dr. Mutile Wanyee, MOH

The terminal evaluation was carried out jointly by the Japanese and Kenyan evaluation team. The evaluation team members presented the summary results from the evaluation. Relevance of the Project was evaluated as "high", effectiveness as "satisfactory", efficiency as "fair", impact as "relatively low" and sustainability as "satisfactory". The team also presented several recommendations towards the end and after the end of the Project as well as lessons learnt. The PowerPoint presentation that was used to explain the summary results from the terminal evaluation is attached in Annex 4.

5. Plenary Discussion

5.1. Ms. Momose (Chief Advisor to OCCADEP) stated that in assessment of the Achievement of the Overall Goal, description of Indicator number 2 was not correct and thus it cannot be judged that there is "no progress". She underlined the fact that the Project has already made efforts utilizing the MTEF tools in the 2 partner counties and have been presenting the MTEF tools to other counties and therefore there was no justification to assess the impact as "relatively low".

5.2. Dr. Amoth said that there was significant progress towards project goals and purpose and there was need to anchor MTEF tools to conditional grants. Dr. Amoth mentioned that this tool has the potential to be used in the four UHC pilot counties.

5.3.Mr. Kinyangi (JICA) inquired whether MOH had any concrete ideas on how to anchor utilization of the MTEF tool to the conditional grants to the Counties. Dr. Amoth responded that this requires discussion and consensus building among the stakeholders and therefore is work in progress

5.4. Ms. Yoshida (UHC Advisor to MOH) said that she was happy to learn that the Project has progressed a lot since 2017. She suggested that the link to the website where the MTEF tools are posted should be shared widely so that people can easily access the webpage.

5.5. Dr. Wanyee (co – evaluator) stated that the monitoring and evaluation unit was in charge of collecting and sharing the good practices. She said that there was a need for making the lessons learnt of the partner counties available to all in the Ministry of Health. She suggested that the MTEF tools developed in the Project should be presented at the Kenya Health Forum, 2019.

5.6.Mr. Cheruiyot (HSC / IGA) mentioned that the Project has made wonderful achievements and that lessons learnt can be used for other counties. He said that both MTEF

Management tool and the MTEF Process Guide should be utilized so that the officers follow the MTEF cycle.

5.7. Dr. Wanyee underscored that she had noticed a significant change in the planning and budgeting process during the terminal evaluation visit to Kirinyaga where she witnessed the Sub County Annual Work Plan consolidation.

5.8. Dr. Wanyee also commented that there was a need to increase consultations through HSIGCF.

5.9. Dr. John Kihama, stated that the frequency of the meetings as well as the funding for HSIGCF were issues beyond the control of HSC/IGA as these are handled at the top leadership of MOH and Council of County Executives for Health.

6. Demonstration of the MTEF Management Tool.

Dr. Esbon Gakuo, Programs Coordinator, Kirinyaga County Department of Health

6.1. Dr. Esbon Gakuo said that the MTEF Management tool acts as a management implementation tool for conducting activities in AWP. The tool has the ability to auto-generate reports for decision making. The tool links planned health activities and health expenditure with key health indicators which can also be tailored to cater for any stand-alone health project with an implementation plan and a budget line.

6.2. Then, Dr. Gakuo demonstrated how to use the MTEF Management tool.

7. Plenary Discussions.

7.1. Mr. Cheruiyot praised the MTEF Management Tool as it can now minimize data errors. It can track service delivery activities and is able to showcase what activities can improve the quality of health services. This will help improve service delivery indicators. The continued use of the tool both for planning and monitoring was emphasized.

7.2. Mr. Cheruiyot stated that the National Government was responsible for capacity building, setting standards and development of tools and guidelines. There are many health systems such as IFMIS that need to be integrated together and that it's being looked into by the Ministry of Health.

7.3. On the perceived linkage to Integrated Financial Management Information System (IFMIS), Dr. Gakuo clarified that IFMIS is a payment tool and cannot handle planning and budgeting. Therefore, the MTEF Management Tool is complementary to IFMIS.

8. Closing Remarks

Ms. Shioko Momose, Chief Advisor, OCCADEP; Mr. Tsunenori Aoki, Director of Health Team 1, Health Group 1, Human Development Department, JICA

8.1. Ms. Momose thanked the joint evaluation team for their work. She emphasized that the Project will continue until September 2019 and requested the Kenyan evaluation team members to become supporters of the Project. She asked the Kenyan counterparts to study well the recommendations from the evaluation report and think together how to respond to them.

8.2. Mr. Aoki stated that he has learned that the Project added value and made an impact in the area of management. He said that he had heard voices in the county that the capacities of the health officers have been strengthened through utilizing the MTEF tools. He said that the tools should be repeatedly used while going through the MTEF cycle to further strengthen managerial capacities. He underlined that the project is in line to achieve the Universal Health Coverage target in the counties, and urged Kericho and Kirinyaga to share their experiences with other counties as a way to scale up the utilization of MTEF tools. He stated that the project's work was progressive and the National Government should have a way to support and monitor the progress of the activities utilizing the tools as well as updating the tools.

8.3. Finally, he thanked the participants for their inputs and the co-evaluators for participating in the process of terminal evaluation. He then mentioned that JICA was exploring more opportunities either internal or external, to offer support especially to the Ministry of Health.

ANNEX

1. Program
2. List of participants
3. Progress Report
4. Summary of Result of Terminal Evaluation

Annex 1

MOH/JICA - OCCADEP

ORGANIZATIONAL CAPACITY DEVELOPMENT PROJECT

FOR THE MANAGEMENT OF DEVOLVED HEALTH SYSTEMS IN KENYA

PROJECT STEERING COMMITTEE MEETING

VENUE: **Panafric Hotel, Nairobi** DATE: **22nd March 2019**

PROGRAM

TIME	Agenda Item	PRESENTER	Session Chair
08:30 - 09:00	Registration	Ms. Mercy Ronoh	Mr. John Kihama
09:00 - 09:15	Welcome /Prayers /Introductions	Dr. John Kihama	
	Remarks	CEC for Health, Kericho and Kirinyaga County	
09:15 - 09:30	Opening remarks	Dr. Patrick Amoth, Head DHSC/IGA, Project Manager	
09:30 – 10:00	Progress of the Project - Overall Framework of the Project - Activities for Output 1 - Activities for Output 2	Ms. Shioko Momose Dr. John Kihama Dr. Betty Lang'at Dr. Esbon Gakuo	
10:00 – 11:40	Report of Terminal Evaluation	Evaluation Team	
11:40 – 12:00	**HEALTH BREAK**		
12:00 – 12:45	Demonstration of the MTEF Management Tool	Dr. Esbon Gakuo	Mr. Stephen Cheruiyot
12:45 – 13:30	Plenary Discussions		
13:30 – 13:45	Closing remarks o Representative, JICA o Project Manager	Mr. Tsunenori Aoki (Director, HRD, JICA) Dr. Patrick Amoth	
13:45 – 14:30	**HEALTH BREAK**		

List of Participants (Annex 2)

(a) Evaluation Team

No.	Name	Organization	Position
1.	Tsunenori Aoki	JICA	Director, Human Development Department (HDD)
2.	Yumiko Yoshii	JICA	Deputy Director, HDD
3.	Keiko Kita	JICA	External Evaluator
4.	Dr. Mutile Wanyee	MOH	Senior Deputy Director of Medical Services (SDMMS)
5.	Dr. Joseph Gichimu	MOH	Economist

(b) PSC Members

1.	Dr. Patrick Amoth	MOH	Head, Dept. of Health Sector Coordination and Inter-governmental Affairs (HSC & IGA)
2.	Dr. John Kihama	MOH	HSC & IGA
3.	Stephan Cheruiyot	MOH	Economist, Dept. HSC & IGA
4.	Shioko Momose	JICA OCCADEP	Chief Advisor/ Health System Management
5.	Nobuyuki Hashimoto	JICA OCCADEP	County Health Management Advisor
6.	Dr. Yasushi Sawazaki	JICA OCCADEP	County Health Planning

(c) Co – Opted Members

1.	Dr. Esbon Gakuo	Kirinyaga CDOH	Programme Coordinator
2.	Dr. Betty Langat	Kericho CDOH	County Director of Health
3.	Shoko Isokawa	JICA Kenya	JICA Representative
4.	Elijah Kinyangi	JICA Kenya	Senior Program Officer, JICA Kenya Office
5.	Kumiko Yoshinda	MOH/JICA	JICA Expert / UHC Advisor
6.	Kipkurui Japheth	MOH	Intern
7.	Mercy Ronoh	JICA OCCADEP	Assistant Administrative Officer
8.	Eric Mureiithi	JICA OCCADEP	Project Assistant. Kirinyaga County
9.	Njeru Judy C. Muthoni	JICA OCCADEP	Project Assistant. Kirinyaga County

MINUTES OF THE 9TH PROJECT STEERING COMMITTEE MEETING FOR Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya (OCCADEP)

The 9th Meeting of the Project Steering Committee (hereinafter referred to as "the PSC") of Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya ((hereinafter referred to as "OCCADEP") was held on 9th July 2019 at Afya House, Nairobi. OCCADEP is jointly implemented by the Ministry of Health (MOH), Kericho and Kirinyaga Counties (hereinafter referred to as "the Partner Counties") and Japan International Cooperation Agency (JICA) as a five-year technical cooperation project that commenced in November 2014 and ends in September 2019. The 9th PSC meeting aimed at (1) sharing the the overall progress of the project to the new PSC members, (2) sharing the lessons learnt from the activities implemented in FY2018/19 by Partner Counties and their way forward, and (3) confirming the work plan for the remaining period towards September 2019.

The PSC members and participants exchanged their views and ideas on the way forward.

The detailed contents and discussion points are attached hereto.

Nairobi, Kenya

9th July 2019

Dr. J. Wekesa Masasabi
Director General
Ministry of Health, The Republic of Kenya

Katsutoshi Komori
Chief Representative
JICA Kenya Office

Dr. Osman Warfa
Head
Department of Health Sector Coordination and Intergovernmental Relations
Ministry of Health, The Republic of Kenya

Shioko Momose
Chief Advisor
Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya

1. Welcome / Prayers/ Introductions

The meeting was called to order at 9.00 a.m. by the session chair, Dr. Jackson Omondi (see Annex 1 and 2 for the program and list of participants). He then invited Dr. Abel Nyakiongora, Head, Department of Health Sector Coordination and Inter-governmental Relations to welcome the Members to the 9th PSC meeting on behalf of Dr. Osman Warfa, the Project Manager. He conveyed Dr. Warfa's apologies for not making it for the meeting due to other competing engagements. He then asked the participants to introduce themselves and thanked them for their attendance. He finally welcomed Dr. Joel Gondi to give the Director General's opening remarks.

2. Opening Remarks

Dr. Joel Gondi, Senior Deputy Director of Medical Services, Ministry of Health

Dr. Joel Gondi conveyed the apology from the Project Director, Dr. John Wekesa Masasabi who could not join the meeting. He read the opening remarks from the Project Director (see Annex 3).

The Project Director in his remarks first thanked JICA for continued support in health sector both at national and county level. He stated that as health sector, they had the great responsibility of providing quality health to all Kenyans, as reflected in Kenyan national policy documents and SDGs. He mentioned as a country, Kenya made significant progress specifically for maternal, newborn, child, adolescent and nutrition health, through concerted efforts with partners including JICA.

He said that when the health sector was devolved, there were challenges in leadership, budgeting, monitoring and evaluation, but learnt from the good lessons and achievements from the previous JICA project for Strengthening of Health System Management in Nyanza Province implemented from 2009 to 2013. OCCADEP Project commenced at opportune time to strengthen the health systems in Kericho and Kirinyaga Counties though initially meant for 47 counties. He said that he is aware that Kisumu and Nyeri counties have benefitted from OCCADEP, especially in how to manage the MTEF Cycle.

He promised that MOH will continue to engage JICA in all of their programs for the success of UHC, and that the success and lessons learnt from the two counties using the MTEF tools can be replicated in other counties.

Finally, he appealed to the participants that as the project ends in September this year, there is need to look at sustainability component in their deliberations, so that the gains made in the four counties are not reversed but supported.

3. Overall Progress of the Project

- **Dr. Jackson Omondi, Head Division of Partnership Coordination**
- **Ms. Shioko Momose, Chief Advisor, OCCADEP**

Dr. Jackson Omondi on behalf of the Project Manager took the participants through the background of the project and what was achieved in the first half of the Project period (two and half years) of the whole project period of November 2014 to September 2019. He explained the project framework, structure and the functions and composition of the PSC.. Then, he presented the major achievements and explained that the Mid-Term Review conducted in March 2017 recommended the change of focus of the project to 2 areas: (i) enhancing mutual learning between MOH and Counties, and (ii) strengthening MTEF cycle management in the two partner counties.

Ms. Shioko Momose then explained the progress in the second half of the Project period, after the Mid-Term Review, from January 2018 to July 2019. She explained that for mutual learning, OCCADEP developed HSIGCF Operational Manual, provided technical assistance to 11th and 12th HISGCF, held

two Project Technical Meetings, introduced MTEF tools to MOH departments, and facilitated various learning forums such as Kisumu Study visit for Kericho CDOH; validation of AWP Handbook, involving Nyeri and Kisumu counties; Mutual Learning Forum among Kericho, Kirinyaga and Nyeri counties. For strengthening MTEF cycle management, she explained OCCADEP mainly supported AWP and APR processes, and presented the tools developed by the project, i.e. MTEF Process Guide, MTEF Cycle Calendar, Organizational Chart, AWP Handbook for level 2-3 facilities, and MTEF Management Tool and Consolidation Tool for financial tracking.

She emphasized that for the post project sustainability, OCCADEP nurtured trainers in Kericho and Kirinyaga who can train other counties for MTEF management cycle and MTEF Management Tool. She also indicated that Kirinyaga and Kericho signed a joint communique witnessed by Nyeri and JICA Kenya Office (see Annex 4), which outlines the plan of how they are going to promote sustainability after the project ends. She also projected the Ministry website where all the tools and best practices identified by the Project are uploaded for easy access. Finally she presented the results of the Terminal Evaluation held in March 2019 according to the five criteria. She then touched upon the recommendations from the terminal evaluation and the activities to be conducted before the end of the project in September 2019. She appealed to the participants in the meeting that the main activities to be conducted were to advocate the lessons leant and to promote the MTEF/AWP Tools to other counties through existing fora, which the Ministry is urged to actively facilitate and coordinate. The presentation is attached as Annex 5

4. Demonstration of the MTEF Management Tool

Dr. Esbon Gakuo, Programs Coordinator, Kirinyaga County Department of Health

Dr. Esbon Gakuo underlined that the MTEF management tool strengthened the managerial functions at the County Department of Health (CDOH), especially for the financial management part. By showing MTEF Cycle Management Calendar, he explained that it helped CDOH to plan and budget within the timeframe as the calendar was designed to follow the cycle. He explained that the Tool brought the planning and budgeting processes together and made it realistic linking the plan and the financial transaction. He stated that the two counties started using the Tool from 2018 to review and monitor the plan, and were able to mentor health facilities using the Tool.

He emphasized that the Tool can be used for any health project as long as they have a plan and a budget. He suggested MOH to officially recommend the counties to adopt the tool for AWP, which will enable CDOHs to populate the financial tracking information not only by facilities but by all levels. He told the members that the tool was developed by JICA OCCADEP in collaboration with Kirinyaga and Kericho CDOHs. He then demonstrated the functions of the MTEF management tool.

Dr. Betty Langat, County Director of Kericho CDOH presented an example of application of the MTEF Management Tool in tracking the funds from the World Bank THS-UC project against the budget approved by the World Bank, which is reflected in County Allocation of Revenue Act (CARA). She showed the Dashboard generated by the MTEF Management Tool that showed how much has been absorbed and the level of implementation for each activities that was planned for THS-UC Project. She emphasized that it is quite important especially for managers to first tease out what could be the problem of funding and implementation from the Dashboard. Then to move to other sheets to check (i) when money was paid and spent; (ii) how much they have spent or not spent for specific programs, activities, and line items; (iii) which individuals were paid; (iv) if the activities were done, were there any impacts to the health indicators. She stated that the reasons Kericho used the MTEF Management Tool for THS-UC were because the fund was ring-fenced, budget was clear, and activities were approved. She concluded by saying that the tool makes the use of funds very transparent, and because it is an electronic

file, it enables one to showcase what is funded and what is not funded in a timely manner and therefore can be used for an advocacy tool such as requesting MCAs for specific budgets.

5. Achievements of FY2018/19 of Kericho CDOH and Kirinyaga CDOH and the way forward

The session was facilitated by Mr. Elijah Kinyangi, Chief Program Officer, JICA Kenya Office. In the session, Dr. Betty Langat and Dr Esbon Gakuo presented the activities carried out and their achievements made with the support of JICA OCCADEP.

5.1. Kericho County

Dr. Langat reported that Kericho CDOH managed to combine sub-county monthly meetings with data review meetings supported by OCCADEP. She said that by combining these two, the SCHRIOs could give feedback to facilities which not only improved the data quality but also the health performance indicators. Regarding APR, with OCCADEP support, the county was able to develop the APR from the facility level to the county level. She testified that they could identify which facilities were facing challenges and they managed to compare and analyze why a certain sub-county was not performing well in indicators. Regarding Kericho county health summit, she expressed that it was a great opportunity to share the achievements and plans with the stakeholders and would like to continue holding the event. She said that through the summit, the CDOH managed to obtain lots of support and could influence MCAs to change their inclination from building new facilities to strengthening health systems. Dr. Langat emphasized that they would use the AWP handbook and MTEF tools for mentorship to staff at health facilities, because they saw the improvement in AWPs when OCCADEP provided trainings and would encourage facilities, including hospital management teams to utilize their own AWPs in order to improve service delivery.

5.2. Kirinyaga County

Dr. Gakuo made the presentation on behalf of the County Director, Mr. George Karoki who sent an apology. He outlined the progress made since the previous PSC meeting held in March 2019. He explained that the AWP was developed using MTEF Management Tool with experts' mentorship to health facilities. He explained that CHMT monitored the submission of monthly financial expenditure reports by the health facilities. He elaborated how refresher training of trainers for the Tool was conducted and mentioned that they had done a participatory assessment in order to examine the level of understanding of the participants who had undergone trainings on how to utilize the tools. Some of the trained health staff have already served as trainers and extended training to the Nyeri CDOH team on how they can utilize the tool for pilot UHC fund.

In June 2019, Kirinyaga CDOH validated the AWP Handbook and reviewed their activities along the MTEF Cycle. In July, the lessons learnt were shared with Kericho and Nyeri counties through the mutual learning event held in Kirinyaga county. In the same event, Kirinyaga CDOH and Kericho CDOH developed a joint communique that outlines the plan that the two counties will implement from October 2019 in order to sustain the achievements of the project. For the next APR process, he stated that Kirinyaga would also involve the health facilities for the first time. He concluded by saying that the biggest achievements from OCCADEP was that health managers of all levels became very familiar with the MTEF cycle, and that the quality of planning has improved. In addition, he stated that MTEF Management Tool helped to link the annual work plan with budget, and it enabled them to track financial information. He expressed the willingness to share all these lessons learnt, best practices and the MTEF Tools with other counties.

6. Plenary Discussion

6.1. Source of data and ability to use the data

Q. Dr. Lily Nyaga asked a question on the validity of the health information data and the ability to confirm that the data entered reflected what had been achieved from the funds invested.

A. Dr Gakuo responded that health service data are readily available from DHIS, nevertheless, he explained that the MTEF Management Tool allowed users to think of what activities, inputs, and programs have to be carried out to improve the health indicators. He noted that the Tool brought the financial information that was previously lacking, and enabled them to link it to the indicators.

A. Dr. Langat added that the data from DHIS was of poor quality and that was why Kericho CDOH conducted data review workshops to clean the data. She hoped that in the next APR, officers would be able to analyze if there are any indicators for which the targets set were not achieved. It should be further analyzed to check if the issue was properly addressed through the planned activities, or if the issue was about the quality of data.

6.2. Sustainability of OCCADEP

Q. Mr. Karani commended the Project and sought to know what mechanism had been put in place to sustain the achievements after the end of the project.

A. Dr. Gakuo responded that for the time being, activities supported by OCCADEP were included under THS-UC budget up to FY2020/21. Dr. Langat said that Kericho CDOH have budgeted the data review, data cleaning and other activities in the county budget even though initially there was no budget for planning. She mentioned that by 2021, the county would be able to take up the budget and institutionalize the planning process.

6.3. MTEF Management Tool

6.3.1. Dr. Nyakiongora thanked the presenters for the good presentations and commented that there was a weak linkage between the allocated budget and the planned activities in the past but it was important to be able to break each activities into line item budgets.

He then asked two questions: (1) to what extent do the finance officers who do the budgeting are involved in AWP process, and (2) if the program based budgeting have program managers who receive the budget and are accountable for the results that come from the investments made.

Response to (Q1)

Dr. Gakuo said that the success of the tool depends on the access to the information on financial transactions. The access to the financial information depends on the commitment of top leadership. He stated that Kirinyaga CDOH did not have much access to County Government Budget information, which is due to confidentiality and issues around transparency. He said this would be one of the major challenges for scaling up the MTEF management tool. He further explained that it was not easy to have access to the financial information if the top management is not willing to release financial information. He explained that in many counties, most of financial information is still held at county level, and is not devolved to the lower spending units. The financial information is not devolved from the county department to sub-counties and facilities, except for cases such as DANIDA program that involves direct disbursements from national government to facilities through the CRA and Special Purpose Accounts (SPA).

On the part of Kericho County, Dr. Langat responded that the scenario is slightly different from Kirinyaga. Kericho County Government has decentralized the budgeting to the department and they have given a ceiling to do the budgeting, and expenditure was recorded in the department. She explained that accountants have been employed at the County Department of Health (CDOH) and have access to the financial information through them. Therefore, especially for projects, CDOH can obtain financial information without going through the County Finance Department. However, some expenditures are still not documented and some of the issues are still not clear. She emphasized that Chief Officers and CEC are trying to decentralize to the accountants so that they can use the Tool. Based on the THS-UC report, she feels that there is a need for political will for promoting transparency and accountability through the use of the Tool.

Response to (Q2)

Dr. Gakuo said that with regard to Program Managers, there are several management positions already conceptualized based on the organizational chart for management prepared by OCCADEP but they are not yet effected in Kirinyaga.

As for Kericho County, Dr. Langat said they have two Chief Officers. One is, Chief Officer Medical services who is in charge of curative services and the other for Preventive and Promotive in charge of primary health care services. Only one Chief Officer is the accounting officer. The department of health services had proposed 3 directors but the approved Organogram has only one director of health service. She mentioned that this would depend on the organization of individual counties.

6.3.2. Dr. Muleshe asked if the tool can give an early warning and if the tool is able to compare multi-year trends in performance.

Dr. Gakuo responded that the tool can be used anytime to capture the expenditure on the dashboard, so it can be checked at any time, weekly or monthly basis. In addition, he emphasized that the tool can be consolidated to see sub-county and countywide performance.

He further explained that if there was a need to compare the budget year to year, it will require dashboards for the respective years, as much as the Tool covers for MTEF 3 years.

6.3.3. Mr. Karani asked at what stage is expenditure captured.

In response, Dr. Langat referred to the THS-UC FY2018/19 summary report generated from MTEF Management Tool in which the expenditure was entered right after each payment was done. The summary report indicated that the activities planned for the first and second quarter were not done, although the funding was received.

Q. At this point, Mr. Kinyangi sought to know why there was no expenditure from July to March and why activities planned for immunization were not carried out.

A. Dr. Langat explained that the County had a new Chief Officer for Finance who was required to co-sign with Chief Officer for Health. The Chief Officer Finance did not have the token to enable access to IFMIS for the first and second quarter; hence Kericho CDOH did not have access to the THS fund during that period. For why the immunization activity was not implemented, Dr. Langat explained that the planned activity was the procurement of gas and cylinders for fridges at health facilities for vaccine storage. This was planned to be done by the Procurement Office of the County who failed to float bids.

6.3.4. Dr. Muleshe asked about the challenges faced in using the MTEF management tool.

Dr. Gakuo said that the big challenge was resistance to information disclosure and transparency while the other challenge was lack of IT knowledge and skills by the users such as nurses who required constant mentorship. Dr. Langat added that the utilization of the tool requires a lot of commitment at initial stages, because staff had to key-in the details of the AWP into the Tool from hard copy that needed a lot of commitment and acceptance. She also shared that facilities fear the financial transparency imposed by the tool and wonder if the Tool would be used as evidence for disciplinary action if funds were misappropriated.

6.3.5. Dr. Kariuki first congratulated the two counties and asked how much time it takes to enter the information and how the tool can accommodate additional information required based on county executive orders and development partners' work plans that come in the middle of the fiscal year. On a different note, he commented that UHC should be implemented within the existing three programs and not to be a separate program as was shown in the Tool presented.

Dr. Gakuo responded that the whole process of entering data does not take much time since the standard activities are all entered from the drop-down list of the MTEF Management Tool. He emphasized that the whole county should use one uniform tool. He also explained that the tool can accommodate additional information and / or revisions arising from mid-stream executive orders and he demonstrated the column to be filled-in in the tool for revised budget or any new / additional funds. Dr. Langat said that it takes just one day to enter the data in the tool. It takes a lot of time to develop AWP in the beginning, but for monitoring and implementation phases, it takes just half a day.

6.3.6. Dr. Karimi asked if additional staff should be hired for using the tool and if they could use this tool for county budget other than THS-UC fund.

Dr. Langat said that Kericho county plans to do this for THS-UC and other DP funded Project as a pilot. After obtaining political goodwill and acceptance based on the pilot results, they would use the Tool for county budget tracking and presentation.

6.3.7. Ms. Moleen Cheptoo asked if there is any plan to share the knowledge, skills and the tool to other counties.

Dr. Langat mentioned that Kericho and Kirinyaga counties have already shared with Kisumu and Nyeri counties, and hoped to sensitize them again. If there is a buy-in from the Ministry, she felt that the Kericho trainers can go to train other counties.

Ms. Momose commented by saying that OCCADEP will end in September 2019. So far, Kericho and Kirinyaga Counties have worked very hard and they have confirmed that utilization of the MTEF Management Tool is not difficult. Ms. Momose said that the whole process together with Kericho and Kirinyaga was like trial and error and needs follow-up at least quarterly so that the two counties can perfectly utilize the tool. She mentioned that Kisumu and Nyeri have been sensitized and capacitated, but funds are needed for follow-up. She said it would be a good start using the Tool for THS-UC budget, since THS-UC is straight forward and there would not be any transparency issues. She advocated for a buy-in from THS-UC which can help the scale-up of the tools.

6.3.8. Dr. Lily Nyaga asked about the ownership and the training capacity of two partner counties in terms of MTEF Management Tool. She also asked how the tool can be accessed and shared.

Dr. Gakuo said that there was an assessment of competence in using and teaching MTEF Management Tool, and that now there are 25 to 30 members who have competence at CHMT, SCHMT and hospital level. He also responded by saying that the tool is in excel worksheet and stand alone, not web-based, which can be shared with individuals easily. The only limitation is posed on the number of people who can edit the tool.

7. Closing Remarks

Mr. Shinjiro Amameishi, Senior Representative, JICA

Mr. Shinjiro Amameishi started by appreciating the attendance at the meeting by the new members of PSC and in taking great interest regarding Project activities. He mentioned that he was impressed with the presentations made by Kirinyaga and Kericho, and appealed to the Ministry that this model needs to be up scaled as it was also recommended by the Terminal Evaluation team. He finally mentioned that although this project will end, JICA may consider further support to relevant activities.

Dr. Abel Nyakiongora, Head Department of Health Sector Coordination and International Health Relations, Ministry of Health

In his closing remarks, Dr. Nyakiongora stated that the meeting had been focused and exciting. He attended the meeting where Ms. Momose had briefed the Director General who is the Project Director of the project. He said that MOH will follow up with JICA with regards to the support after the project ends in September. Finally, he thanked the members for their participation and he declared the meeting closed at 12.48 pm.

ANNEX

1. Meeting Program
2. List of participants
3. Opening Remarks by Director General (Project Director)
4. Joint Communique by Partner Counties
5. Presentation on Overall Progress

MINUTES OF THE 10TH PROJECT STEERING COMMITTEE MEETING FOR Organization Capacity Development Project for the Management of Devolved Health Systems in Kenya (OCCADEP)

The 10th Meeting of the Project Steering Committee (hereinafter referred to as "the PSC") of Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya ((hereinafter referred to as "OCCADEP") was held on 20th September 2019 at Panafric Hotel, Nairobi. OCCADEP is jointly implemented by the Ministry of Health (MOH), Kericho and Kirinyaga Counties (hereinafter referred to as "the Partner Counties") and Japan International Cooperation Agency (JICA) as a five-year technical cooperation project that commenced in November 2014 and ends in September 2019. The 10th PSC meeting aimed at (1) sharing the overall framework and achievement of the project, (2) reviewing status of the Health Sector Inter-Governmental Consultative Forum (HSIGCF) and its Operational Manual, (3) sharing the activities in managing the MTEF Cycle in the Partner Counties and its achievements, and (4) discussing challenges identified and the way forward on improving managerial function of County Department of Health.

The PSC members and participants exchanged their views and discussed the way forward on how to sustain and further expand the achievements of OCCADEP after its completion.

The detailed contents and discussion points are attached hereto.

Nairobi, Kenya

20th September 2019

Dr. J. Wekesa Masasabi
Director General
Ministry of Health, The Republic of Kenya

Katsutoshi Komori
Chief Representative
JICA Kenya Office

Dr. Osman Warfa
Head
Directorate of Health Sector Coordination and Intergovernmental Relations
Ministry of Health, The Republic of Kenya

Shioko Momose
Chief Advisor
Organizational Capacity Development Project for the Management of Devolved Health Systems in Kenya

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Welcome / Prayers/ Introductions

The meeting was called to order at 8.40 a.m. by the session chair, Dr. Jackson Omondi (see Annex 1 and 2 for the program and list of participants). He then invited Dr. Osman Warfa, Acting Director for Health Sector Coordination and Inter-governmental Relations to welcome the Members to the 10th PSC meeting on behalf of Dr. John Wakesa Masasabi, Acting Director General (DG) for Health and the Project Director. He then asked the participants to introduce themselves and thanked them for their attendance.

1. Opening Remarks

Dr. Warfa conveyed the apology from the Project Director, Dr. John Wekesa Masasabi, DG who could not join the meeting and Dr. Amoth who was to stand in for Dr. Masasabi. He read the opening remarks from the Project Director.

The Project Director in his remarks first thanked JICA for continued support in health sector both at national and county level. He stated that as health sector, they had the great responsibility of providing quality health to all Kenyans, as reflected in the Constitution of Kenya, 2010, Kenya Health Policy (2014-2030), Kenya Vision 2030) and SDGs. He mentioned that as a country, Kenya has made significant progress specifically for maternal, newborn, child, adolescent and nutrition health, through concerted efforts between the two levels of governments and with support from development partners including JICA.

He said that when the health sector was devolved, there were challenges in leadership, planning, budgeting, monitoring and evaluation, but learnt from the good lessons and achievements from the previous JICA project for Strengthening of Health System Management in Nyanza Province implemented from 2009 to 2013, OCCADEP Project commenced at an opportune time to strengthen the health systems in Kericho and Kirinyaga Counties though initially meant to reach all the 47 counties.

He said that he was aware that four other counties were trained by OCCADEP partner counties, especially in how to manage the MTEF Cycle.

He promised that MOH will continue to engage JICA in all of their programs for the success of long term vision and aspirations of UHC, and that the success and lessons learnt from the two counties using the MTEF tools should be spread to all other counties. He also added that MOH through National Treasury had already submitted the request for another project to JICA to build on the gains by OCCADEP towards sustaining the MTEF cycle management.

2. Progress of the Project

(ア) Overall Framework of the Project and its Achievements

o Ms. Shioko Momose, Chief Advisor, OCCADEP

Ms. Shioko Momose took the participants through the background of the project, the project framework, structure and the functions and composition of the PSC. She then explained what was achieved during the whole project period of November 2014 to September 2019, alongside the 2 areas of focus: (i) enhancing mutual learning between MOH and Counties, and (ii) strengthening MTEF cycle management in the two partner counties.

For mutual learning, OCCADEP implemented followings:

- Supported 7 HSIGCFs

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- Developed HSIGCF Operational Manual
- Provided technical assistance to 11th and 12th HSIGCF
- Supported HRD on several materials including Common Strategy for Human Development and Capacity Building
- Supported the then HSC/IGA on drafting the Core Function Working Paper which defines the roles and responsibility between MOH and CDOH
- Conducted Kisumu Study visit for Kericho CDOH Team (June 2018)
- Supported Kericho County Health Forum and invited Kisumu and Kirinyaga (Jan 2019)
- Sharing of learnings from managing AWP in financial terms (May and June 2019, to Kisumu by Kericho, Nyeri by Kirinyaga)
- Conducted Joint validation for AWP Handbook for level 2&3 (June 2019 in Kirinyaga with MOH and Nyeri, in Kericho with Kisumu)
- Conducted Mutual Learning Forum (July 2019 in Kirinyaga, with Kericho and Nyeri)

For strengthening MTEF cycle management, OCCADEP implemented following:

- Supported AWP and APR processes which merged top-down and bottom-up flows
- Supported the data review for sub counties
- Supported the development of County Health Sector Strategic Plan and UHC Roadmap
- Development of Tools to assist the MTEF Cycle Management (MTEF Tools) such as (i) Planning, Budgeting and Performance Review Process Guide for Health Sector, (ii) MTEF Calendar, (iii) Organizational Chart, (iv) AWP Handbook for Level 2&3 Health Facilities, and (v) MTEF Management tool and consolidation tool.
- With the partner counties, concluded with Joint Communique for activities to be conducted after the end of the Project
- Trained 60 officers of Kericho and Kirinyaga CDOH for MTEF Tools, who were assessed and categorized into 5 levels of (i) Chief Master Trainer, (ii) Master Trainer, (iii) Lead Trainer, (iv) Senior Facilitator, and (v) Facilitator.
- Chief Master Trainers, Master Trainers and Lead Trainers have been teaching staff in other counties. Kirinyaga trained Nyeri and Machakos CDOHs on how to track financial flows on CDOH utilizing MTEF Management Tool. Kericho trained Kisumu and Migori on how to track financial flows on CDOH utilizing MTEF Management Tool.
- The trainers can be deployed anywhere to teach Program-based Budgeting (PBB) and how to track financial flows based on AWP or funded projects such as the World Bank's THS-UC.
- For Machakos and Migori, the THS-UC Project was used to demonstrate how MTEF Management Tool could help the management in decision-making.

As for challenges faced during the support, she stated that the way AWP/APR templates were continuously revised and released later than the timing set in the county MTEF Cycle disrupted the counties in developing

timely AWP/APR through top down and bottom up approaches. She made a plea to MOH that this is a serious issue and needs to be taken up in the future.

She indicated that all the MTEF Tools and products of OCCADEP are uploaded on MOH Best Practice link on the Website and the revision of Tools and updating of the Website are responsibilities of HSC/IGR.

She then ended by reminding the participants on the recommendations made by the Joint Terminal Evaluation Team towards the sustainability after OCCADEP ends as follows:

Output 1

- The MoH and partner counties share the lessons learnt and good practices with other counties by capitalizing on existing workshops and conference occasions.
- The MoH follows up on activities and conduct monitoring in partner counties and the MoH will roll out the MTEF tools in the UHC pilot counties.

Output 2

- The MoH and partner counties maintain the current series of activities for MTEF/AWP cycle management for 2019/2020, and revise MTEF tools accordingly
- The MoH follows up on partner counties and conduct monitoring of MTEF/AWP cycle activities that will contribute to other counties.
- The MoH and partner counties implement the necessary activities identified from the implementation of the Project for further strengthening of capacity building.

(イ) IGF and IGF Operational Manual

o **Dr. Osman Warfa, Acting Director for Health Sector Coordination and Inter-governmental Relations**

Dr. Warfa started by acknowledging that the project has left all the expertise and requirements for the Kenyan side to sustain the good achievements by OCCADEP, and appealed to the certified trainers from the two partner counties to train other counties on the same.

He then presented OCCADEP activities on HSIGCF and HSIGCF Operational Manual as follows:

- Legal framework of HSIGCF anchored in the Intergovernmental Relations Act 2012 and the Health Act 2017 (Part IV)
- Review of 2013-17 HSIGCFs were conducted to analyze the structure of HSIGCF and challenges regarding participation and resources
- HSIGCF Operational Manual was developed based on the review results and finalized in July 2018.
- The Operational Manual covers: (i) mandate and TOR, (ii) structure, (iii) composition, (iv) outline and roles of secretariat, (v) TOR of thematic technical committee, (vi) scheduling and convening, (vii) agenda setting and venue selection, (viii) communication and reporting, and (ix) financial arrangements of HSIGCF

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He also updated the meeting with the two recent developments. Firstly, the summit would be held any time, which was being discussed at the level of County governors and the President. Secondly, the Ministry of Devolution and ASALS (MODA) is finalizing the development of intergovernmental framework.

The main objective of the Framework is to establish an intergovernmental mechanism that promotes consultation and cooperation between the National and County Governments with a view to facilitate seamless implementation of the Government policies and programmes and MOH is involved in this process.

He stated that the structure has been revised so that the Ministry of Devolution & ASALS would be taking sectoral issues to the summit of two levels of government, only when they cannot be sorted at the level of the sector and with even with Ministry of Devolution. What is foreseen is that in the next summit, probably 1 or 2 issues would be tabled and resolved within the shortest time possible. This is the direction to be aimed at.

He also shared that Ministry of Health and CoG are discussing how to implement Kenya Health Forum Action Plans in terms of who is to do what and when, and these would be discussed in the next consultative forum, which is being planned now.

He explained that there is discrepancy on the membership of intergovernmental forum set in the Health Act 2017 and the Intergovernmental Relations Act 2012 but relevant parties are working on it to reaching a consensus.

Regarding the funding of HSIGCF, he stated that MOH has no budget and the upcoming meeting would be supported by the World Bank THS project. He also appealed to other development partners (DPs) to provide their support in the future meetings and requested counties to capture the participation cost in their budget. He continued to say that there would be a calendar in the future so that MOH could request DPs for support in good time.

While explaining on the Operational Manual, he shared the lesson learnt from the recent Kenya Health Forum, jointly organized by the MOH, the Senate, National Assembly and CoG. He stated that CoG and other parties would prefer to be notified in good time and in consultation beforehand for the next Health Forum.

As for the structure of HSIGCF, he shared that they would merge the six Thematic Technical Committees (TTCs) into four under the Partnership Framework. He also shared that it is discussed that a part of HSIGCF be cascaded to the Health Summit.

Regarding the Secretariat, he touched upon the initiative to bring other sectors such as energy, water, ICT and sanitation, in order to realize UHC.

In terms of scheduling, he expressed that MOH would hold the HSIGCF twice a year, saying it was already held in February 2019 and another HSIGCF is planned in October for which the agenda is being drafted. He also explained that the communication and invitations should be sent out to COG at least 21 days prior to the event.

At the end he explained the way forward as follows:

- Proposed dates for the next HSIGCF planned in mid-October were communicated to COG and CECs with the request of agenda identification.
- Institutions were asked to nominate the members to the planning committee, which would be in charge of communication, identifying an appropriate venue, and who should be the participants. We

are aware that the committee would take the roles of the Secretariat as a result of lessons leant from the recent Health Forum.

- Resource mobilization from DPs would start soon.
- The two major agenda are to discuss how to implement the Health Forum Action Plans and to discuss Partnership Framework. Governors could also attend because there are some action points that came out from the Health Forum Action Plans need to be discussed by Governors and CS. The two issues had already been agreed.

(ウ) Comments, Questions and Answers

(1) Sandra, DPHK Secretariat's comments and a question

- She firstly commented about MTEF/AWP alignment, saying that there are also other DPs who are supporting county planning and budgeting, so leadership of MOH is needed in collecting best practices of MTEF/AWP from OCCADEP as well as other agencies. She proposed Dr. Warfa to lead the process with planning unit and M&E Unit, saying that that is the only way to keep OCCADEP's achievement alive.
- Regarding budgeting for IGF processes, she commented that donor funding has been reducing in the past few months and would continue to shrink. She appealed for sustainable financing from within the government – both counties and MOH, and less reliance on the partners.
- Lastly, she posed a question on how the HSIGCF is linked to the partnership structures that are coming on board soon, and how TTCs from county level is linked with the proposed ICC thematic working groups that would be sector-wide.

(2) Dr. Wangia, Project Manager of WB-THS's comment and a question

- She asked that as most of the mandate of providing technical assistance lies in the national government, if OCCADEP trained MOH on the MTEF tools. She said that it would be easier to expand use of the tools to all the counties from MOH compared to from county to county approach.

(3) Dr. Agata's comment

- He stated that although at onset OCCADEP was designed to cover entire country but after consultation with MOH at the Midterm Evaluation exercise, it was decided to concentrate on the two partner counties to come up with products that are sharable to other counties. OCCADEP was able to demonstrate how these MTEF tools can be shared, and thanks to Kirinyaga and Kericho, four other counties were trained. The issue now is for MOH to take advantage to share and expand of what was already been achieved. The question is also directed to World Bank's THS that one of the components of THS is to support county to county collaboration. How are you going to support expansion of this program through that county to county collaboration?

(4) Ms. Momose's response

- Regarding compilation of the best practices, she mentioned that all the best practices of OCCADEP are uploaded on the MOH website, nevertheless, she appealed to M&E Unit of MOH to request counties to fill best practices in their APRs on how MTEF Tools were utilized and its contribution to their management in the counties. She also requested M&E Unit to guide counties on how to identify and document best practices.

- As for MOH Trainers of MTEF Tools, she shared that OCCADEP made presentations to UHC department and Finance Department. She explained that OCCADEP attempted to train MOH officers but due to unavailability created by competing tasks and frequent transfers to other departments this did not go far. But she reiterated that OCCADEP managed to train county officers who can train other counties.
- She explained that it turned out to be difficult to capture all the money flow using MTEF Management Tool under the current county set-up, and that is why it was proposed to use the Tool to capture and analyze THS funding, such as disbursement and absorption.
- She explained that OCCADEP discussed with many DPs on MTEF Cycle Management and PBB support. She expressed hope that THS-UCP could take up the MTEF Tools for dissemination, saying that Kirinyaga, Kericho, Machakos, Migori, and Nyeri would be able to train other counties. She also appealed to JICA Kenya Office to support until they can take off.

(5) Dr. Warfa's response

- Regarding the link of HSIGCF and DPs, he responded that the involvement of DPs is covered under Partnership Structure, but it is also possible to locate DPs in the structure of HSIGCF. (Mr. Elijah Kinyangi of JICA Kenya Office explained that since the forum was of intergovernmental nature, DPs were defined and involved as observers) Dr. Warfa expressed his view that DPHK could be linked in the structure in a dotted line to create a clearer picture of the DP engagement.
- Regarding how MOH could take up good practices from OCADEP and disseminate to other counties. he stated that forums with CECs, Chief Officers and CHMT Forum could be used for that. He went on and asked Dr. Wangia if THS-UCP could support one of these forums so that these best practices could be shared.

(6) Dr. Wangia's response

- She shared an idea that the THS-UC project accountants' training to be held in October 2019 would be an appropriate forum to share the MTEF Tools, explaining that the tool can firstly be introduced for tracking THS-UCP funding but eventually can be used for the entire funding available for AWP implementation.
- She added that other forums like AWP planning forums, which are held three times a year inviting County Director of Health, THS-UCP Focal Person and CHRIO, could also be utilized by MOH to slot some time for sharing these good practices. In addition, accountants can also be invited for refresher trainings.

(7) Dr. Warfa's response

- He proposed that not only MTEF Tools but also how to develop a high quality AWP was supported by OCCADEP and that could be shared at such forums. He noted that the Tools could also be shared by CEC Kericho, Kirinyaga and Machakos, adding that findings from OCCADEP Project should be discussed at such forums, not to forget UHC presentation forums where Dr. Betty Langat, Kericho County Department of Health could be invited. In conclusion, he emphasized that further dissemination of the products from the two OCCADEP partner counties is possible.

(8) Dr. Warfa's question

- He then asked a question to the two partner counties if they observed any changes in the challenges for the THS-UCP fund absorption by using MTEF Management Tool.

(9) Dr. Langat's response

- She stated that absorption of funds improved in the THS-UCP in Kericho from 30% to 58% and that Kericho managed to use the Tool to analyze which activities were not implemented. She elaborated by saying that the county discovered bottlenecks in delays in the procurement processes and that discussed the issue with County Treasury, who agreed to develop a tool to monitor procurement processes.

(10) Mr. Karoki's response

- He explained that all the money to the county budget is deposited in one County Revenue Fund (CRF), which makes it difficult for the health sector to access their fund.
- He also stated that an issue of procurement is even making the situation more difficult to realize the absorption within a given time.
- He stated that the Tool made CDOH from lower levels of the facilities to management level to understand what the problems are, and that they were able to think about how to achieve the targets.
- He shared that THS-UCP funding absorption rate in Kirinyaga is 60%.

(11) Dr. Omondi and Dr. Langat

- They suggested that Regional Economic Bloc forums could be another forum for sharing good practices.

3. Activities in Managing the MTEF Cycle and its Achievement

o Mr. George Karoki, Kirinyaga County Director of Health

He opened his presentation by saying that the lessons from OCCADEP are well grounded in the CDOH, and that they would roll them out to other counties.

He then talked about how AWP and APR processes have evolved comparing before and after the support of OCCADEP. He summarized that both partner counties were conducting those activities before OCCADEP but with the support of OCCADEP, they were done in a more organized and systematic manner focusing on quality. He noted that:

- APR process became a result of both top-down and bottom up processes, especially in Kericho where they started the process from level 2-3 facilities.
- Data ownership was strengthened in Kericho through data review meeting, and in Kirinyaga, through APR validation, the data was owned by CDOH before presenting it to stakeholders.
- During the period of the OCCADEP, APR was presented to stakeholders which had never happened before.

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- During the period of the OCCADEP, in Kirinyaga, AWP process began from Community Units, and in Kericho from level 2-3 facilities.
- By using MTEF Management Tool for AWP, CDOH can obtain accurate budget information such as allocated budget and its balances and a dashboard can be produced automatically.
- With the budget ceilings given to level 2-3 facilities in Kirinyaga, the AWP became more realistic and was not wish lists like before. Budget guideline was given on how to use DANIDA funding and not to exhaust the fund to pay only for casual workers.
- Standardized health activity list was developed for all level of CDOH in Kirinyaga. Later, Kericho thought the idea useful and developed their standardized activity list

He then pointed out challenges faced by the two counties: (i) delays in sharing the templates by MOH often being sent out too late, and (ii) the latest APR template does not correspond with that of AWP.

He ended by sharing that Kericho and Kirinyaga signed the communique in order to sustain and expand the good achievements of OCCADEP. He also stated that they have already trained on MTEF Tools in four counties and declared that through the suggested forums, they would roll them out to other counties.

4. Challenges Identified and Way Forward on Improving Managerial Function of CDOH

o **Dr. Betty Langat, Kericho County Director of Health**

Before the presentation by Dr. Langat, Mr. Kinyangi shared his experience from the Kericho APR Stakeholders Meeting held in the previous week, saying that Kericho managed to mobilize diverse stakeholders ranging from Deputy County Commissioner to MCAs who were keen about county health performance, County Health Bill, and DPs and private hospitals who shared their areas of support and interest.

Dr. Langat explained the major challenges faced by the partner counties for the consecutive two years during the time of OCCADEP support. She elaborated the issue of lack of linkage between the AWP and APR templates, stating that the APR template received recently for FY2018/19 required extra information, for which they had never set the baseline and targets because they were not in AWP template. She appealed to MOH that they need to work on these two templates so that they are linked.

She also explained that following MTEF cycle, AWP is supposed to feed the County Budget needed by April but the new template for FY2018/19 AWP was sent by MOH in end of March 2018 when the County had completed all the AWP process. In terms of APR, she explained that the report is supposed to inform County Budget Review and Outlook Paper (CBROP) in the county that is needed by end September. However, the recent letter from CoG stated that APR process should start in October. She appealed that MOH and CDOH should all operate within the timelines defined along the MTEF Cycle.

She went on to explain what OCCADEP developed together with partner counties: MTEF Cycle Calendar, Organizational Structure, Planning, Budgeting and Performance Review Guide for the Health Sector (MTEF Process Guide), AWP Handbook for Level 2 & 3 health facilities, MTEF Management Tool/MTEF Management Data Aggregation Tool. She recommended MOH to utilize MTEF Cycle Calendar as well.

She then presented the four functions of MTEF Management Tool with examples:

- Links AWP and Program Based Budget (PBB)
- Links Activity and Line-Items

- Auto-generates various reports
- Enables to monitor PBB based AWP implementation status that enable decision making (dashboard)

She stated that one thing they have not actually worked on critically was the link between the activity expenditure and the outcome in terms of the indicators. She then gave the example of immunization activity that stalled after they analyzed performance using the tool they identified that the bottleneck was county procurement system, and CDOH is now working with the County Treasury for improvement. She said they would intensify utilizing the tool for this purpose from now on.

She explained the achievements of the Tool, including the submission of Financial Transaction Sheet by level 2-3 facilities to track DANIDA fund, which was entered by SCHRIO into the Tool.

Then she showed the dashboard of the Tool filled with THS funding information, demonstrating how it is easy to monitor utilization of fund against budgeted and approved budget, by program and sub-program.

Finally, she explained the challenges of using the Tool at county level, saying that it is easy to use for World Bank-THS and DANIDA projects but there has been complications in using it for County Budget, which she elaborated as follows:

- In Kericho, facilities and SCHMT had been budgeting for what they would not spend. For example, Level 2-3 facilities had been asked to budget in their AWP for drugs and non-pharmaceuticals, which they do not get funding nor procure by themselves. They could not monitor what is not in their AWP when they themselves do not receive funds as spending units. Similarly, level 4 facilities had also been asked to budget for 100 % of drugs and non-pharmaceuticals and lab reagents in their AWP, when they themselves would only handle 20% of those. Furthermore, SCHMT had been planning their activities in their SCHMT AWP, but currently they are not allowed to handle any funding at their level, until the Health Bill is approved by MCAs.
- After developing AWP using MTEF Management Tool, which also tracks the funding and expenditure, they came to conclusion that it would be simpler for each level to budget for what they receive and spend. That means, level 2-3 facilities budget for service delivery activities and items which can be spent from DANIDA fund, Linda Mama, and Foregone Fee. For level 4 facilities, they should budget for what can be spent from FIF, Linda Mama, and NHIF, all the rest should be budgeted by CHMT, including drugs, non-pharmaceuticals and lab reagents for level 2-4 for which CHMT is in charge for procurement and distribution, together with CHMT and SCHMT activities. In this way each level will be able to track what they budgeted for in the AWP. This is based on the principle that AWP is a planning tool, at the same time, AWP is also supposed to be a management tool to monitor implementation progress (including tracking financial progress).
- The needs for certain activities or items which are not directly handled by level 2-4 facilities but by CHMT, such as development projects, personnel emoluments, and drugs, can be notified by level 2-4 facilities to CHMT so that CHMT can budget for them under their AWP. In this sense, CHMT is expected to be more active in managing their AWP.
- She explained that in Kericho, although the location of development project is decided by MCAs, facilities can express their priorities.

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5. Plenary Session.

(1) Mr.Pepela's comments

- He stated that since devolution, MOH had had lots of hurdles in terms of issuing AWP/APR templates in good time. There were a number of partners introducing different tools and guidelines in addition to those of National Treasury.
- He also said that the national level also follows MTEF cycle but still have challenges, for example, for FY2019/20, the national level is still consolidating the AWP.
- He expressed the need for MOH to move in time and communicate centrally from the Planning Office to CoG and not from any other channels.

(2) Dr. Nyakiongora's comments and a question

- He appreciated the presentation and valued the MTEF Tools saying that when he was a district medical officer there was no such guidelines. He also promised to post MTEF Cycle Calendar in his office and to bring it to his county.
- He stated that planning has big challenges in terms of linking line item based budget and activities. He went on and asked how far the standardized activity list is able to capture activities which are dynamic and may change from year to year, and that if it is able to capture primary health activities of level 1 in level 2-3 facility work plan.

(3) He expressed that the tools are also needed in MOH and Ministry of Finance, who provide overall guidance to the MTEF process. He commented on the importance of engaging the National Treasury since MOH is not really in control of MTEF Cycle.

(4) Mr. Karani's questions

- He asked if Kericho has any tool that helps in monitoring their activities, such that they do not wait for the end of the year to realize they did not do certain activities.
- He also posed a question if Kericho has County Department of Public Works which could help Level 2-3 facilities to plan for construction in terms of costing.
- Lastly, he asked which indicators changed after OCCADEP's intervention.

(5) Mr. Pepela's comments

- He commented that the recommendation of moving health products budgeting from facilities to CHMT is a good idea because County Pharmacist is indeed doing it.
- He would like to urge national level directorates to use MTEF Management Tool by filling in standardized activities.

(6) Dr. Agata's comments

- He stated that when it comes to transforming health systems, OCCADEP is actually deeply embedded in the direction of UHC, more specifically through utilizing MTEF tools. He urged that initiatives of OCCADEP should have already been owned by MOH through the major projects that are now being implemented.

- He recognized that OCCADEP was able to strengthen CHMT, HMT, and SCHMT as critical entities in this transformation. He urged MOH to ensure that partners who are providing support for UHC to take account of these three entities.

(7) **Mr. Mbui's response**

- He pointed out that the tool is dynamic because the information set in the Tool can be modified by the Administrator (with access control), who is able to add and / or remove certain information such as programs and sub-programs in the master file. He introduced an example of adding UHC as the 4th program in the Tool when they taught the application of the tool to a UHC pilot county. He cautioned, however, that the change of activity list can only be done before it is given to the facilities because the data filled-in the tools would eventually be aggregated for the whole county. He also explained that 45 health indicators are linked to the activity.

(8) Dr. Langat's response

- She explained that the Tool had gone through a series of developments and upgrading over a year and thus the entry of THS-UCP was done in the 4th Quarter, although the Tool itself can monitor from the 1st to 4th Quarter. She indicated that for FY 2019/20, Kericho had managed to enter THS-UCP plans so that it can be monitored monthly and quarterly.

- Regarding working with the Department of Public Works, she explained that they are able to get Bill of Quantities (BQs) and construction costs and give them to the facilities. However, what she wanted to emphasize was that it is the CHMT who expends the construction budget and not the level 2-3 facilities.

- For changes in terms of indicators, she said that the Tool was able to help following up resources and improvement in terms of indicators.

(9) Dr. Wangia's question

- She asked if the Tool would show the savings per activity, such as a case where the planned activity was carried out 100% but the planned budget for the activity was spent only 90%.

(10) Dr. Muleshe's question

- He stated that county politics are very dynamic and that there is a high turn over of officers in the County Department of Health, who were made champions and consultants of the Tools. He asked if the counties have put in place measures for sustainability.

(11) Dr. Langat's response

- She stated that the Tool is able to capture the amount spent and balances, just like a vote book shows line item and its balance. She added that the Tool can generate reports on line-budget expenditure as well. She elaborated that the Tool can indicate delays in implementation, which can attract the user to find the root causes for delays.

(12) Mr. Karoki's response

- He noted that even in cases where some officers left CDOH, capacity development can continue, because they had managed to achieve this far as a team, and the key officers, who are HRIOs, had always been involved. He also observed that some facility in charges were also trained through OCCADEP.

- He indicated that other sector county departments could also use this tool, not only Health Department.

(13) Ms. Kobayashi's comment

- She reminded the meeting that AWP Handbook has a section at the end that proposes how AWP template should be improved.

(14) Mr. Wanjala's questions

- He asked how this tool was used for resource mobilization and actualizing AWP so that it would not remain as a wish list, and how each partner's commitment was reflected in AWP.

(15) Dr. Langat's response

- As for resource mobilization, she explained that it was done through APR. She elaborated by saying that they reviewed FY(X-1) activities and came up with challenges and priorities which they shared with stakeholders, who are expected to select what priorities they could support. She went on and said that they would be able to use this tool for advocating to the MCAs so that they could allocate more budget to health.

(16) Mr. Karoki's response

- He explained that the Tool builds and promotes transparency and they showed it to the partners.
- His intention is to bring County Department of Finance on board with utilization of this tool so that the County Government is aware CDOH has a tool to monitor the approved budget for health activities. He mentioned that so many activities were not able to take off because of the political interests.

6. Closing Remark

- **Mr. Shinjiro Amameishi, Senior Representative, JICA Kenya Office**

He firstly expressed on behalf of JICA, sincere appreciation for the efforts made by MOH and OCCADEP JICA Expert Team and the CHMTs from Kericho and Kirinyaga. He said he was very much impressed with the big achievements. He recognized that the latter half of this project after the mid-term review held in March 2017, has made a tremendous progress.

He stated that one of the biggest achievements were that the two counties utilized the MTEF Management Tool and it is functioning. In addition, their knowledge experience had already been shared with other 4 counties.

He stated that two issues should be taken up. One is the sustainability issue by the two counties to disseminate the tool to other counties. He said that in order to realize sustainability of the achievements derived from the Project, the two counties are expected to maintain and further strengthen themselves to become model counties. He mentioned that the other issue was to roll out the MTEF Tools. He appealed to MOH that although there were some challenges in HSIGCF, he expected the forum to further function in this regard. If the two counties became model counties and MOH's efforts were combined, he believed that they can roll out the system.

He concluded that OCCADEP would come to an end in a week's time but JICA has an intention to formulate another project to support further the expansion of MTEF Management Tool, for which they would send a detailed planning survey mission. He thanked once again the MOH, OCCADEP team, and the two counties.

Dr. Omondi thanked the members for their participation and the meeting was closed with a word of prayer at 12.48 pm.

ANNEX

1. Meeting Program
2. List of participants

Annex 1: Program

MOH/JICA - OCCADEP
ORGANIZATIONAL CAPACITY DEVELOPMENT PROJECT
FOR THE MANAGEMENT OF DEVOLVED HEALTH SYSTEMS IN KENYA
PROJECT STEERING COMMITTEE MEETING

VENUE: Pan Afric Hotel DATE: 20th September 2019

PROGRAM

TIME	Agenda Item	PRESENTER	Session Chair
08:30 - 09:00	Registration	Ms. Mercy Ronoh	Dr. Jackson Omondi
09:00 - 09:15	Welcome /Prayers /Introductions	Dr. Osman Warfa Head DHSC/IGA, Project Manager	
09:15 - 09:30	Opening remarks	Dr. John Wekesa Masasabi Director General Project Director	
09:30 – 09:50	Progress of the Project - Overall Framework of the Project and its Achievements	Ms. Shioko Momose Chief Advisor, JICA-OCCADEP	
09:50 – 10:10 **10:10 – 10:30**	- IGF and IGF Operational Manual - Q&A	Dr. Osman Warfa	
10:30 – 10:50	**HEALTH BREAK**		
10:50 – 11:20	Activities in Managing the MTEF Cycle and its Achievement	Mr. George Karoki County Director Kirinyaga CDOH	Mr. Elijah Kinyangi
11:20 – 11:50	Challenges Identified and Way Forward on Improving Managerial Function of CDOH	Dr. Betty Langat County Director Kericho CDOH	
11:50 – 12:20	Plenary Discussions		
12:20 – 12:50	Closing remarks o Senior Representative, JICA Mr. Shinjiro Amameishi		Dr. Jackson Omondi
	HEALTH BREAK		

Annex 2:

List of Participants

(a) Ministry of Health

No.	Name	Position
1.	Dr. Osman Warfa	Director of Health Sector Coordination & Intergovernmental Relations
2.	Dr. Abel Nyakiongora	Head, Department of Health Sector Coordination and International Health Relations (HSCIHR)
3.	Dr. Stephen Muleshe	Head, Department of Intergovernmental Relations
4.	Dr. David Kariuki	Head, Department of Health Policy, Research and Development
5.	Dr. Jackson Omondi	Head, Division of Partnership Coordination, Department HSCIHR
6.	Dr.Elizabeth Wangia	Project Manager-THS
7.	Dr. Rebecca Kiptui	Head UHC Secretariat
8.	Mr. Erastus Karani	Regional B Coordinator, Department of Intergovernmental Relations
9.	Mr. Phirez Ongeri	Regional C Coordinator, Department of Intergovernmental Relations
10.	Mr. Samson Mosiere	Regional D Coordinator, Department of Intergovernmental Relations
11.	Mr. Johnny Musyoka	Regional E Coordinator, Department of Intergovernmental Relations
12.	Ms. Pepela Wanjala	Deputy Director Health Records Information Management, Department of Health Informatics and Monitoring and Evaluation
13.	Ms. Kumiko Yoshida	UHC Advisor (JICA Expert)
14.	Anthony Komen	Statistician, Department of Health Informatics and Monitoring and Evaluation

(b) Counties

No.	Name	Position
1.	Dr. Betty Langat	Kericho County Director of Health
2.	Ms. Emily Cheres	County Reproductive Health Coordinator, Kericho County
3.	Isaac Langat	Health Administrative Officer, Kericho County
4.	Moses Ngetich	County Clinical Officer, Kericho County

5.	Shadrack Korir	Bureti Sub County Health Record & Information Officer, Kericho County
6.	Dr. George Karoki	Kirinyaga County Director Of Health
7.	Jane W. Kabungo	County Nutrition Coordinator, Kirinyaga County
8.	Elizabeth Chomba	County Monitoring and Evaluation, Kirinyaga County
9.	Julius Mbui	Kirinyaga South Sub County Health Record & Information Officer, Kirinyaga County

(c) Development Partners

No.	Name	Position
1.	Sandra Erickson	DPHK Secretariat
2.	Per Clausen	DANIDA Adviser

(d) JICA Kenya Office

No.	Name	Position
1.	Mr. Shinjiro Amameishi	Senior Representative
2.	Ms. Shoko Isokawa	Representative
3.	Dr. Naphtali Agata	Health Sector Consultant
4.	Mr. Elijah Kinyangi	Senior Program Officer

(e) JICA OCCADEP

No.	Name	Position
1.	Ms. Shioko Momose	Chief Advisor/ Health System Management
2.	Mr. Nobuyuki Hashimoto	County Health Management Advisor
3.	Ms. Yuki Kobayashi	MTEF Cycle Operation Advisor
5.	Mr. Kimura Shinichi	Project Coordinator
6.	Ms. Mercy Ronoh	Administrative Assistant

MTEF Tools distributed and sensitized/trained in the partner counties

Tools	Status of Utilization					
	Kericho			Kirinyaga		
	CHMT	SCHMT (6 SCHMTs)	HF (161 HFs including hospitals)	CHMT	SCHMT (5 SCHMTs)	HF (62 HFs including hospitals)
Cycle Calendar	100%	100%	100%	100%	100%	100%
Process Guide	100%	100%	100%	100%	100%	100%
Management Tool Ver. 1 for FY2018/19	100%	100%	N/A (Financial Transaction Record and Information Sheet was prepared)	100%	100%	N/A (The Financial Transaction Record and Information Sheet was prepared)
Financial Transaction Record and Information Sheet for HF (both the original & the revised version)	N/A	N/A	100%	N/A	N/A	100%
Data Aggregation Tool Ver.1 for FY2018/19	100%	100%	N/A (The Tool is not meant for HFs)	100%	100%	N/A (This Tool is not meant for HFs)
Management Tool Ver. 2.5 for FY2019/20	100%	100%	N/A (The AWP Program Based Service Delivery Plan FY2019/20 was prepared)	100%	100%	N/A (The AWP Program Based Service Delivery Plan FY2019/20 was prepared)
AWP Program Based Service Delivery Plan FY2019/20	N/A	N/A	100%	N/A	N/A	100%
Data Aggregation Tool Ver.2.5 for FY2019/20	100%	100%	N/A (The Tool is not meant for HFs)	100%	100%	N/A (This Tool is not meant for HFs)
AWP Handbook for Level 2&3 Health Facilities	100%	100%	100%	100%	100%	100%

添付6．指標2.2のプロジェクト終了時までの達成状況

AWP Handbook - For Level 2&3 Health Facilities <sensitization tool>	100%	100%	100%	100%	100%	100%
Management Tool Ver. 3.02 for FY2020/21 onward	100%	100%	N/A (Financial Transaction Record and Information Sheet was prepared)	100%	100%	N/A (The Financial Transaction Record and Information Sheet was prepared)
Data Aggregation Tool Ver.3.02 for FY2020/21 onward	100%	100%	N/A (The Tool is not meant for HFs)	100%	100%	N/A (This Tool is not meant for HFs)
Instruction Booklet of ' MTEF Management Tool'	100%	100%	N/A	100%	100%	N/A
Technical Instruction Booklet of ' MTEF Management Tool' for the Tool Administrators	Partly (The Tool Administrator only)	Partly (The Tool Administrator only)	N/A	Partly (The Tool Administrator only)	Partly (The Tool Administrator only)	N/A
MTEF Management Tool Ver.3.0 MAINTENANCE MANUAL (*1)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)
MTEF Management Data Aggregation Tool Ver.3.0 MAINTENANCE MANUAL (*2)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)	N/A (Announced and posted on MOH website only)

Note:

1) The underlined part are the MTEF Tools that was completed after the Terminal Evaluation.
2) 1 & 2: Both MAINTENANCE MANUALs are not the subject for distribution but for being used by venders that would be outsourced.

List of MTEF Tools

MTEF Tool No. 01a	**Kericho CDOH MTEF Management Organization Structure**
File name in the MOH website	MTEF Tool_01a_Kericho CDOH Organization_20190828_fin
Style & Format	Poster, PDF (*Word version was provided to Kericho CDOH for possible revision)
Objective	Making public CDOH structure in Kericho to all health personnel
How to use	Paste on the office wall to expose to all health personnel to understand the structure of CDOH's public health units and facilities as well as responsible personnel in each health subject.
Expected Users	All health personnel in Kericho CDOH including Community Unit

MTEF Tool No. 01b	**Kirinyaga CDOH MTEF Management Organization Structure**
File name in the MOH website	MTEF Tool_01a_Kirinyaga CDOH Organization_20190828_fin
Style & Format	Poster, PDF (*Word version was provided to Kirinyaga CDOH for possible revision)
Objective	Making public CDOH structure in Kirinyaga to all health personnel
How to use	Paste on the office wall to expose to all health personnel to understand the structure of CDOH's public health units and facilities as well as responsible personnel in each health subject.
Expected Users	All health personnel in Kirinyaga CDOH including Community Unit

MTEF Tool No. 02	**MTEF Cycle Calendar**
File name in the MOH website	MTEF Tool_02_MTEF Cycle Calendar_V3.2
Style & Format	Poster, PDF (*Word & Excel versions are also posted on MOH website)
Objective	Making public MTEF cycle of County Health Department to all health personnel
How to use	Paste on the office wall to expose to all health personnel to understand the work process of Health management under MTEF cycle.
Expected Users	All health personnel in CDOHs in whole Kenya counties

MTEF Tool No. 03a	**MTEF Management Tool Ver.3.02**
File name in the MOH website	MTEF Tool_03a_MTEFmgtTOOL_allcounties_V3.02_20190912
Style & Format	Electric tool, Excel (Macro program) file
Objective	Smoothing management in planning, budgeting, financial monitoring and reporting
How to use	Using the instruction guide, operate the file for AWP preparation, expenditure

	monitoring, which produces various analytical and report forms.
Expected Users	All health managers at various levels who are responsible for planning, costing, budgeting and/or expenditure monitoring

MTEF Tool No. 03b	**Data Aggregation Tool for MTEF Management Ver 3.00**
File name in the MOH website	MTEF Tool_03b_DataAggTool_V3.00_20190823
Style & Format	Electric tool, Excel (Macro program) file
Objective	Consolidation of AWPs and financial transactions of concerned health units under CDOH
How to use	To consolidate various MTEF Management Tools, this tool is used. All data of AWP costing and expenditure of Sub-county level and County level.
Expected Users	CHMT and SCHMT responsible person for consolidation

MTEF Tool No. 03c	**Instruction Booklet of ' MTEF Management Tool' for the Health Officers under CDOH**
File name in the MOH website	MTEF Tool_03c_UsersBooklet_MTEFmgtTool_201908
Style & Format	Guidebook, PDF (*Word version was posted on MOH website)
Objective	Guiding MTEF Management Tool Users on how to operate it
How to use	MTEF Management Tool users can refer it step by step.
Expected Users	All health managers at various levels who are responsible for planning, costing, budgeting and/or expenditure monitoring

MTEF Tool No. 03d	**Technical Instruction Booklet of ' MTEF Management Tool' for the Tool Administrators**
File name in the MOH website	MTEF Tool_03d_AdminBooklet_ MTEFmgtTool_201908
Style & Format	Guidebook, PDF (*Word version was posted on MOH website)
Objective	Guiding MTEF Management Tool Administrator on how to set the master tool before distribution
How to use	MTEF Management Tool Administrators can refer it to set up the tool.
Expected Users	Appointed administrators under each CHMT (3-5 people)

MTEF Tool No. 03e	**MTEF Management Tool MAINTENANCE MANUAL**
File name in the MOH website	MTEF Tool_03e_MTEFMgtTool_MaintenanceManual_201908

Style & Format	Technical Manual, PDF (*Word version was posted on MOH website)
Objective	Provision of the tool program design layout for IT vendors to maintain and revise MTEF Management Tool
How to use	For general maintenance and possible revision of MTEF Management Tool, the outsourced vendors can refer it when contracted.
Expected Users	IT vendors who have enough knowledge on Microsoft- Excel VBA

MTEF Tool No. 03f	**MTEF Management Data Aggregation Tool Ver.3.0 MAINTENANCE MANUAL**
File name in the MOH website	MTEF Tool_03f_DataAggTool_MaintenanceManual_201908
Style & Format	Technical Manual, PDF (*Word version was posted on MOH website)
Objective	Provision of the tool program design layout for IT vendors to maintain and revise Data Aggregation Tool for MTEF Management
How to use	For general maintenance and possible revision of Data Aggregation Tool for MTEF Management, the outsourced vendors can refer it when contracted.
Expected Users	IT vendors who have enough knowledge on Microsoft- Excel VBA

MTEF Tool No. 04	**Planning, Budgeting and Performance Review Process Guide for Health Sector -Simple Guide to MTEF for Health Sector**
File name in the MOH website	MTEF Tool_04_Process-Guide-for-Health-Sector
Style & Format	Guidebook, PDF (*Word version was posted on MOH website)
Objective	Guiding health personnel as a reference of annual work process by month under MTEF cycle
How to use	Using the guide in this book, all health personnel can understand when and what to do by who in health management in MTEF cycle.
Expected Users	All health personnel in CDOHs in whole Kenya counties

MTEF Tool No. 05a	**AWP Handbook for Level 2&3 Health Facilities - A guide on developing AWP**
File name in the MOH website	MTEF Tool_05a_AWP-Handbook-20190710-min
Style & Format	Guidebook, PDF (*Word version was posted on MOH website)
Objective	Guiding health personnel to prepare each section of AWP for level 2 & 3
How to use	Using the guide in this book, health personnel at facility level 2 & 3 can understand how to prepare AWP.
Expected Users	All health personnel in Level 2 & 3 facilities in whole Kenya counties

MTEF Tool No. 05b	**AWP Handbook - For Level 2&3 Health Facilities <sensitization tool>**
File name in the MOH website	MTEF Tool_05b_AWP Handbook-PPT
Style & Format	Sensitization manual, PPT
Objective	Presentation manual for CDOH presenter to guide health personnel to prepare each section of AWP for level 2 & 3
How to use	Using this presentation slides, health personnel at facility level 2 & 3 are sensitized on how to prepare AWP.
Expected Users	CHMT or SCHMT representative who can deliver a presentation to all health personnel in Level 2 & 3 facilities

List of Materials Developed for Human Resource Development, HSICF, etc

Human Resource Related	**Training Curriculum for Health System Management**
Objective	The document analyses the existing curriculum for management of health systems and assesses the current needs of the County Departments of Health (CDOH) in the wake of devolution.

Human Resource Related	**Training Needs Assessment of Kenya's Health Work force**
Objective	This report identifies skills gap in Health Specialist, Clinical and Management staff at post-graduate and post-basic levels needed for effective service delivery at all levels of the health system; in-service training needs and the number of healthcare workers that require training at the County level to effectively deliver KEPH; and assesses capacities of CDH, CHMT and SCHMT in leadership and management for service delivery.

Human Resource Related	**Existing Health Systems Management Curriculum Analysis**
Objective	Making public MTEF cycle of County Health Department to all health personnel
How to use	Paste on the office wall to expose to all health personnel to understand the work process of Health management under MTEF cycle.
Expected Users	All health personnel in CDOHs in whole Kenya counties

Human Resource Related	**Leadership in Health Systems Management: Common Strategy**
File name	MTEF Tool_03a_MTEFmgtTOOL_allcounties_V3.02_20190912 (on MOH website)
Style & Format	Electric tool, Excel (Macro program) file
Objective	This document is developed to address the discrepancies encountered in the implementation of the training function of the Human Resources for health in the sector at the National and County levels. It gives step by step procedures for conducting training that should be followed by all stakeholders involved in training health workers.
Expected Users	All health managers and DPs who are planning to conduct trainings in the Health Sector.

Devolution Related	**Core Function Working Paper**
Objective	The document was developed in the midst of devolution when the roles and responsibilities were not clear between MOH and CDOHs.

Inter-Governmental related	**HSIGCF Operation Manual**
Objective	An Operational Manual that has been developed in order to hold an effective and efficient HSIGCF. The manual was signed by the CS and Chair of Health CECs Forum
How to use	To be used in planning, implementation and follow-up processes.
Expected Users	To be used mainly by the Secretariat of HSIGCF The Operation Manual is posted on the website http://www.health.go.ke/wp-content/uploads/2019/07/IGF-Operations-Manual_signed.pdf

Joint Communiqué

Issued at

Mutual Learning Forum

Between

Kirinyaga CDOH & Kericho CDOH

In attendance

Nyeri CDOH

Supported by JICA-OCCADEP

2nd July 2019

Joint Communiqué

Kericho and Kirinyaga County Departments of Health (hereinafter referred to as The CDOH) hereby commit themselves to the following agenda:

Regarding Dialogue Days:

1. The CDOH will support Level 1 interventions by developing a community health services bill (Kericho) and lobbying for the adoption of the Community Health services bill by the respective County Assemblies as the cornerstone for achieving UHC (both Kirinyaga and Kericho).
2. The CDOH will foster mutual learning and exchange visits among Community Units within the county and also outside the county to learn best practices from well performing Community units.

Regarding Monthly Reporting & Data Review:

1. All health units including community units and health facilities will be encouraged to utilize data for monitoring and decision making.
2. The CDOH will strive to conduct monthly data reviews to improve data quality and service uptake
3. The CDOH will encourage all Health facilities and Sub-counties to utilize the MTEF Management Tool to track implementation of their AWPs.

On Quarterly Performance Reporting and stakeholder engagement:

1. The CDOH, jointly with its partners and stakeholders, will conduct quarterly performance reviews to appraise implementation progress and share best practices.
2. The CDOH shall hold at least 2 stakeholder fora annually which will provide a framework for information sharing among stakeholders, comparing achievements against targets and sharing best practices.

On Annual Work Plan (AWP) & Annual Performance Review (APR) processes:

1. That the CDOH will formally adopt the draft "AWP Handbook for Level 2&3 Health Facilities" and disseminate to all planning units within the department.
2. During budgeting process, the CDOH will prioritize AWP and APR development activities as

a means of entrenching sustainability and utilization of internal funding.

3. The department will adopt a participatory bottoms-up approach to annual review of the Annual Work Plan
4. Where possible, the CDOH shall utilize the MTEF Management Tool especially the summary reports and dashboard to monitor and evaluate the annual plans at ALL levels
5. The CDOH shall endeavor to participate in the National Health Summit and showcase best practices.

Regarding utilization of the MTEF Management Tool:

1. The CDOH will endeavor to monitor and mentor the utilization of the MTEF Management Tool at ALL public health facilities especially for tracking financial information.
2. Where financial information is not available at the health facility/service delivery level, the CDOH shall designate responsible officers to provide and populate the data into the MTEF Management Tool.
3. The CDOH will utilize the MTEF Management Tool to monitor THS UC funds in the FY 2019/2020.

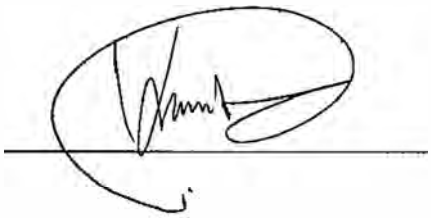
Kirinyaga County
Mr. George N. Karoki, County Director of Health

Kericho County
Dr. Betty Langa't, County Director of Health

Witnessed by

Dr. Nelson Muriu, County Director of Health, Nyeri

Mr. Elijah Kinyangi, JICA-Kenya



Ms. Shioko Momose, JICA-OCCADEP

2019.7.2

List of MTEF Management Trainers (Kirinyaga CDOH)

No.	Status of Certificate	Name	Position
1	Master Trainer	Esbon Gakuo	Pharmacist
2	Master Trainer	Julius Mbui	SCHRO, Kirinyaga South
3	Master Trainer	Jackline Munene	Manager, Kimbimbi Hospital
4	Lead Trainer	Ruth Wambui	CHRIO
5	Lead Trainer	Elizabeth Chomba	County M&E Officer
6	Lead Trainer	Eric Muriithi	OCCADEP Project Staff
7	Senior Facilitator	Judy Claire Muthoni Njeru	OCCADEP Project Staff
8	Facilitator	Wilfred M. Mutemi	County Health Promotion Officer
9	Facilitator	Benson Mwangi	SCHRIO, Kirinyaga West
10	Facilitator	Eric Mutugi	SCHRIO, Kirinyaga Central
11	Facilitator	Ruth Mwai	Deputy County Nursing Officer
12	Facilitator	Faith Ngatia	SCHRIO, Kirinyaga East
13	Passing Grade	David Maina Njoroge	SCHRIO, Kirinyaga North
14	Passing Grade	Ephantus Mugo	Sub-County Nursing Officer
15	Passing Grade	Jackson Njagi	Hospital HRIO
16	Passing Grade	Pauline Kiai	Hospital HRIO
17	Passing Grade	Esther Njuguna	Hosiptal HRIO, Sagana
18	Passing Grade	Dennis Maina	Sub-County Nursing Officer
19	Passing Grade	Mary Nguri	Hospital HRIO

List of MTEF Management Trainers (Kericho)

No.	Status of Certificate	Name	Position
1	Master Trainer	Isaac Langat	Assistant Chief Health Administrative Officer
2	Master Trainer	Charles Terer	Sub County AIDS and STI Coordinator
3	Master Trainer	Shadrack Korir	SCHRIO
4	Lead Trainer	Limo David	SCHRIO
5	Lead Trainer	Beatrice Chelangat	SCHRIO
6	Lead Trainer	Edmond Koech	OCCADEP Project Staff
7	Lead Trainer	Willy Kipyegon	OCCADEP Project Staff
8	Senior Facilitator	Valerie Langat	Sub County AIDS and STI Coordinator
9	Senior Facilitator	John Kikwai	SCHRIO
10	Senior Facilitator	Kirui Collins	Medical Superintendent (SCHMT Bureti)
11	Facilitator	Gilbert Kipngetich	Sub County AIDS Coordinator
12	Facilitator	Eric Yegon	ICT Officer for County Government
13	Facilitator	Lilian Maritim	SCPHN
14	Facilitator	Daisy C. Kilel	Hospital Accountant
15	Facilitator	Davies Sang	Hospital Accountant
16	Facilitator	Anne Koske	Health Administrative Officer
17	Facilitator	Vincent Tanui	SCHRIO
18	Passing Grade	Mesheak Rotich	HRIO
19	Passing Grade	Stanley Tonui	Sub County Reproductive Health Coordinator
20	Passing Grade	Paul Cheruiyot	SCHRIO