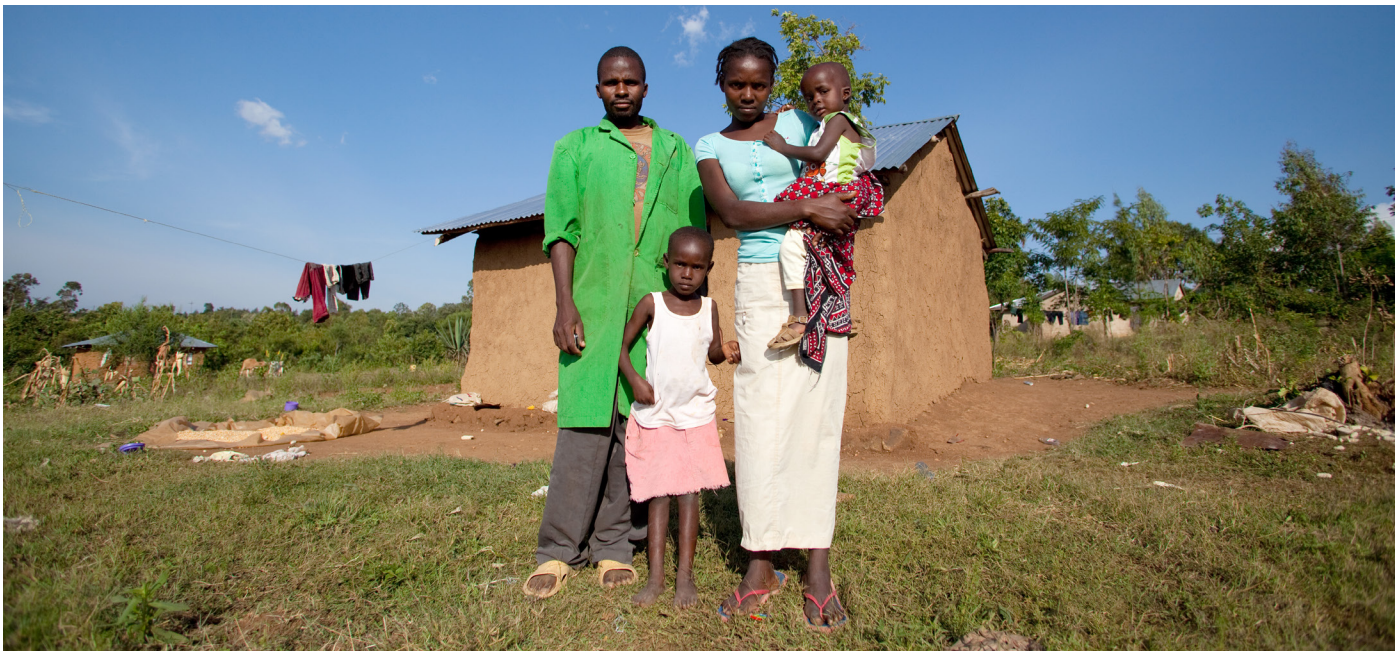


PATH/Eric Becker

Partnership Profiles #1

Building Partnerships to Harmonize Support to Reproductive Health in Kenya

Under the leadership of Kenya's Ministry of Public Health and Sanitation (MoPHS), a core group of development partners have come together to harmonize their support to reproductive health (RH). This group, comprised of key bilateral and multilateral donors, initially formed in response to a growing concern over declining health indicators. Demonstrating an unprecedented level of collaboration, these partners conducted an influential joint assessment that identified opportunities for better coordinated action to address RH challenges and are now collectively implementing its recommendations. Key outcomes to date include the development of a National RH Business Plan that harmonizes programs across the sector, the release of standardized competency-based training curricula on emergency obstetric and neonatal care and the launch of joint efforts to review the National Adolescent and Reproductive Health Policy.

This partnership—which has evolved considerably over time to meet specific challenges—has contributed significantly to both national priority-setting processes and internal strategic planning among the agencies involved. There is much to learn from this experience and this profile documents the genesis, evolution and impact of the RH Donor Harmonization Group in Kenya.

The birth of Kenya's Reproductive Health Harmonization Group

By 2008/09, progress on maternal and reproductive health in Kenya had stalled. Despite significant investments from the government of Kenya and its development partners, maternal mortality had increased from 414/100,000 births to 488/100,000 in the five-year period between 2003 and 2008.[1] Family planning (FP) commodity security was

1. Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. Kenya Demographic and Health Survey 2008-09. Calverton, Maryland: KNBS and ICF Macro.

also severely compromised and government clinics began experiencing more frequent and extended stockouts of key methods. While this issue was addressed in a technical manner by the National Family Planning Working Group and other line ministries, it was recognized that a more coordinated political response was also required.

To generate high-level momentum and action around these key issues, in early 2010 MoPHS convened a group of partners to mobilize around these key issues—a group that has evolved into the Reproductive Health Donor Harmonization Group that remains active today.[2] Inspired by the first International Conference on Family Planning, held in Kampala only a few months earlier, a USAID implementing partner hosted early meetings, which were attended primarily by government and senior representatives from key development partners. Conversations quickly expanded beyond family planning supply issues to broader reproductive and maternal health concerns and provided a useful forum for exchanging information and ideas among development partners and government.

Several development partners drew upon the richness of this group to inform planning for new health programs. Because it was led by government, the group presented a natural venue for discussing gaps and opportunities, as well as learning about the totality of efforts across the country and programs. These discussions helped inform 2009/10 program redesigns by USAID and GIZ and in late 2010, DFID, Danida and UNICEF consulted the group at the outset of their new strategy development processes.

At the same time, a new global partnership was announced that helped galvanize this group and spur further action. In October 2010, the Alliance for Reproductive, Maternal and Newborn Health (RMNH) was launched between USAID, DFID, AusAID and the Bill & Melinda Gates Foundation, to support greater collaboration and collective action to accelerate progress toward Millennium Development Goals 4 and 5. Kenya was selected as one of the Alliance's focus countries and in-country development partners were encouraged to make more effective use of their resources through collaborative efforts. In keeping with this new mandate, DFID Kenya proposed that the RH Donor Harmonization Group undertake a joint assessment of priorities and gaps in RH, which would then inform and improve the group's ability to better coordinate its support of Kenya's national strategic plan.

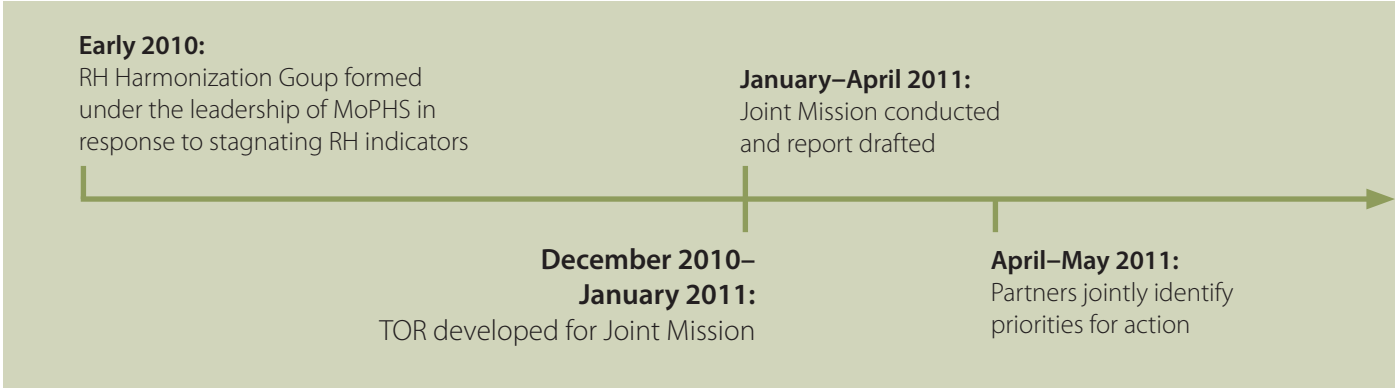
Joint Mission on Harmonizing Support to RH in Kenya

After initially introducing the idea of a joint assessment in late December 2010, the group began work in earnest in early 2011 and quickly recognized that they faced both time and resource constraints. Because the assessment was intended to inform new country strategies and plans for DFID, Danida and UNICEF, it needed to be completed within a strict and short timeline. There were also no additional financial resources specifically set aside for this activity, but because the group was comprised of senior development partner representatives they were able to make on-the-spot resource commitments to drive the process forward. As a result, the assessment team was co-funded by several different agencies, including DFID and GIZ who jointly funded the consultants and other donors who supported staff participation in the exercise.

The RH Donor Harmonization Group moved quickly, finalizing the terms of reference (TOR) in late January 2011 and publishing the findings by May 2011. DFID and GIZ led the development of the TOR, while the MoPHS and other development partners provided conceptual input, developed

2. Members of this group included: United Kingdom Department for International Development (DFID), the United States Agency for International Development (USAID), the German Agency for International Cooperation (GIZ), the German Development Group (KfW), the United Nations Children's Fund (UNICEF), The United Nations Population Fund (UNFPA) and Danida, under the leadership of the Kenya Ministry of Public Health and Sanitation (MoPHS) and the Ministry of Medical Services (MoMS).

Timeline of Development Partner collaboration in Kenya



a framework of deliverables and were involved in final approval of the TOR. The consultants based their assessment of the current RH situation in Kenya on international and national documents and site visits to development partner supported programs. The development partners coordinated and facilitated consultation visits to their individual program sites throughout February and March 2011 and several key development partner representatives participated in these missions. Consultants regularly reported findings to a steering committee, which was comprised of representatives from the development partners, under the leadership of MoPHS and the Ministry of Medical Services (MoMS). Only five months after this work began, the steering committee ultimately approved the publication of the final document, *Joint Mission on Harmonizing Support to RH in Kenya*.[3]

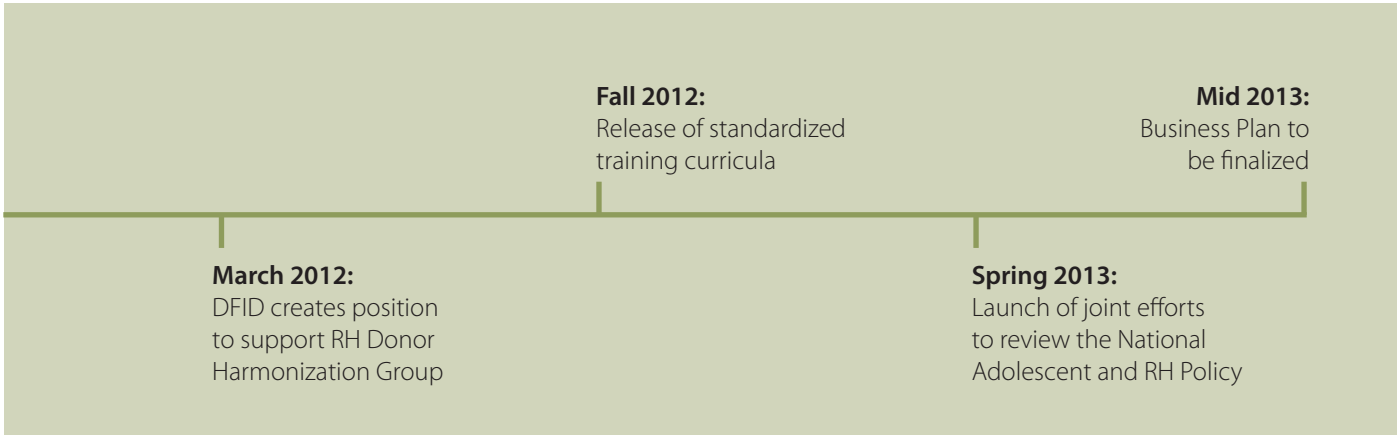
The Joint Mission report is notable in its content and scope. It examines the implications for the health system of the devolution mandated by the new Kenyan constitution, reviews existing national frameworks related to reproductive health, maps development partner support across the country and appraises RH in the context of the WHO health systems building blocks. While the consultants noted limitations related to the data—including the lack of a single MOPHS/Division of Reproductive Health (DRH) document clearly outlining the government's priorities in RH, and difficulties disaggregating development partner funding streams—they also identified a set of core recommendations:

- Develop an expanded "High Impact Practices" Acceleration Plan that can inform an overarching RH business plan and immediately provide technical assistance to support the MoPHS/DRH to develop such plans.
- Priority technical areas for collaborative support included: scaling-up skilled birth attendance; scaling-up emergency obstetric care; making family planning more reliable and address unmet need; and giving special attention to the needs of adolescents and young people in delivering reproductive health services.
- Assist all levels of the health system to manage the implications of the upcoming political devolution, which will assign new technical, financial and administrative responsibilities to lower levels of government.
- Harmonize support through a common technical assistance plan that includes central basket funding or, at a minimum, joint planning and eventual pooled funding for measures addressing essential medicines and medical supplies and human resources for health.

Acting on the Results

Under the leadership of MoPHS, the development partners identified joint priority areas from the recommendations outlined in the Joint Mission. These joint priorities were swiftly incorporated into many of the development partners' strategic plans. Danida and DFID, which were in the process of developing new country programs, relied heavily on the results to shape their new strategies, while other partners subsequently refocused their programs to align more closely with the priorities outlined in the document. As a result of their participation in the Joint Mission, Danida identified RH as a primary activity area under its third Health Sector Programme Support (2012-2017); previous program planning had focused on RH only within the broader context of human resources for health. DFID's Operational Plan for 2011-2015 is almost entirely based on the priorities established in the Joint Mission. It includes a new emphasis on specific FP and maternal health focus areas and outlines a strategy for providing support for community-level FP services through joint efforts with the government of Kenya.

3. Joint Mission on Harmonizing Support to RH in Kenya. May 2011. http://hdrc.dfid.gov.uk/wp-content/uploads/2012/05/288580_KE-Harmonising-Support-to-Reproductive-Health-_RH_-in-Kenya-_Business-Case__Report.pdf



In the two years that have elapsed since the Joint Mission report was released, numerous policy and programming changes have taken place in response to its recommendations.

- The DRH is currently completing the National RH Business Plan, which was one of the primary recommendations of the Joint Mission. This plan, which will be released in mid-2013, charts out the DRH's strategic direction and the actions that DRH will take to achieve its objectives in line with its vision and mission which take into account the National RH policy (2007) and the National RH Strategic Plan (2009 -2015). The Business Plan will further provide an agreed framework that will facilitate Kenya's achievement of MDG 5 and to some extent MDG 4 and empower DRH to provide leadership, coordination and advice on the priorities which require support. In addition, it is envisioned that the RH Business Plan will be the core document against which allocation and reporting of funding and technical assistance will be done, including the allocation and prioritization of additional resources for RH.[4]
- Another key accomplishment has been the development of national, harmonized competency-based in-service and pre-service training curricula on emergency obstetric and neonatal care. The Joint Mission explicitly highlighted the need for "joint planning and up-scaled support of training" on maternal health and family planning, and the development partners responded by supporting a harmonization process under the leadership of the DRH. The finalized curricula are currently being implemented nationally.
- The Joint Mission calls on development partners to provide additional technical assistance to the DRH to strengthen their capacity to manage an increasingly integrated and decentralized public health system. In response, USAID has seconded new technical staff to the MOPHS/DRH—including a FP/RH advisor, a monitoring and evaluation advisor and an immunization advisor—and provided leadership and management training for MOPHS staff.
- The DRH is currently reviewing its National Adolescent and Reproductive Health Policy, with support from Danida and other development partners, in response to the Joint Mission's recognition that there is "seemingly little" coordinated support for adolescent RH.

Finally, in order to sustain the momentum for change generated by the Joint Mission and manage the growing workload created by more collaborative action, the government of Kenya and development partners identified the need for more formalized support to the RH Donor Harmonization Group. In response, DFID allocated 50% of one of its advisors' time to managing the group and supporting the implementation of the recommendations from the Joint Mission. Quarterly meetings of the RH Donor Harmonization Group have allowed development partners the opportunity to discuss progress, review current joint projects, and to further identify linkages and opportunities to work together in a manner that supports the national strategy. Going forward, partners will use the forum to advance the collective priorities outlined in the National RH Business Plan, and to identify and agree upon strategies for supporting the newly-devolved government structures. The group also hopes to build on its successes by extending membership to other donor agencies, and linking with global initiatives such as the RMNH Alliance and the Family Planning 2020 movement.[5]

Success factors

The experience of Kenya's RH Donor Harmonization Group provides a set of clear lessons on effective partnering for change. Drawing on the framework for collaboration developed by the global Alliance for Reproductive, Maternal and Newborn Health[6], key factors underpinning this success include:

Strong leadership and joint decision-making: A critical element of success was the fact that the RH Donor Harmonization Group was constituted under the leadership of the MoPHS and chaired by the Director of Public Health and Sanitation. As a result, it received high-level and strategic guidance from the government, which demonstrated consistent and long-term commitment to the issue. This was seen as an essential element of success by all participants, because it provided a clear mandate for the group's activities and ensured that findings of the Joint Mission were widely endorsed and implemented. The engagement of senior development partner representatives also allowed for joint decision making, which enabled participants to directly address the complex issue of financial resources necessary for the activity and allowed them to move more swiftly within the already tight timeline. Under the new government elected in March 2013, the MoPHS and the MoMS will be reintegrated into a single Ministry of Health, which may allow for even greater government involvement in implementing the outcomes of the Joint Mission.

4. National Reproductive Health Business Plan 2013-2018. Draft. April 2013.
5. For more information please visit: http://www.londonfamilyplanningsummit.co.uk/
6. Based on a comprehensive literature review conducted by USAID, the elements of successful partnership include: clear decision-making processes, shared compelling vision, presence of strong and shared leadership, shared problem definition and approach, power equity and influence, interdependency and complementarity, joint learning, mutual accountability and transparency.

Shared compelling vision and problem approach: Another critical factor underpinning the success of the harmonization effort in Kenya was the singular recognition that family planning and maternal health programs needed to be reinvigorated and that development partners had a key role in doing so. They also jointly recognized the potential power of working together to identify challenges and align responses in support of an overarching government strategy. This vision was focused into a clear activity—conducting the Joint Mission—which subsequently produced actionable recommendations. The group may struggle to maintain momentum in the future as the most clearly articulated recommendations are addressed.

Transparency and mutual accountability: The RH Donor Harmonization Group actively encourages open discussion and information exchange among the MoPHS and key development partners. This transparency, which has increased over time, was a critical element in building consensus on key priorities and the identifying synergies among partner programs. The open exchange was essential for undertaking joint activities, including the Joint Mission and subsequently co-funded activities such as the development of the RH Business Plan. Over time, trust developed among members of the group that allowed for even greater levels of transparency and that open discussion allows for mutual accountability. Government leadership also promoted accountability by actively encouraging progress tracking among members of the group.

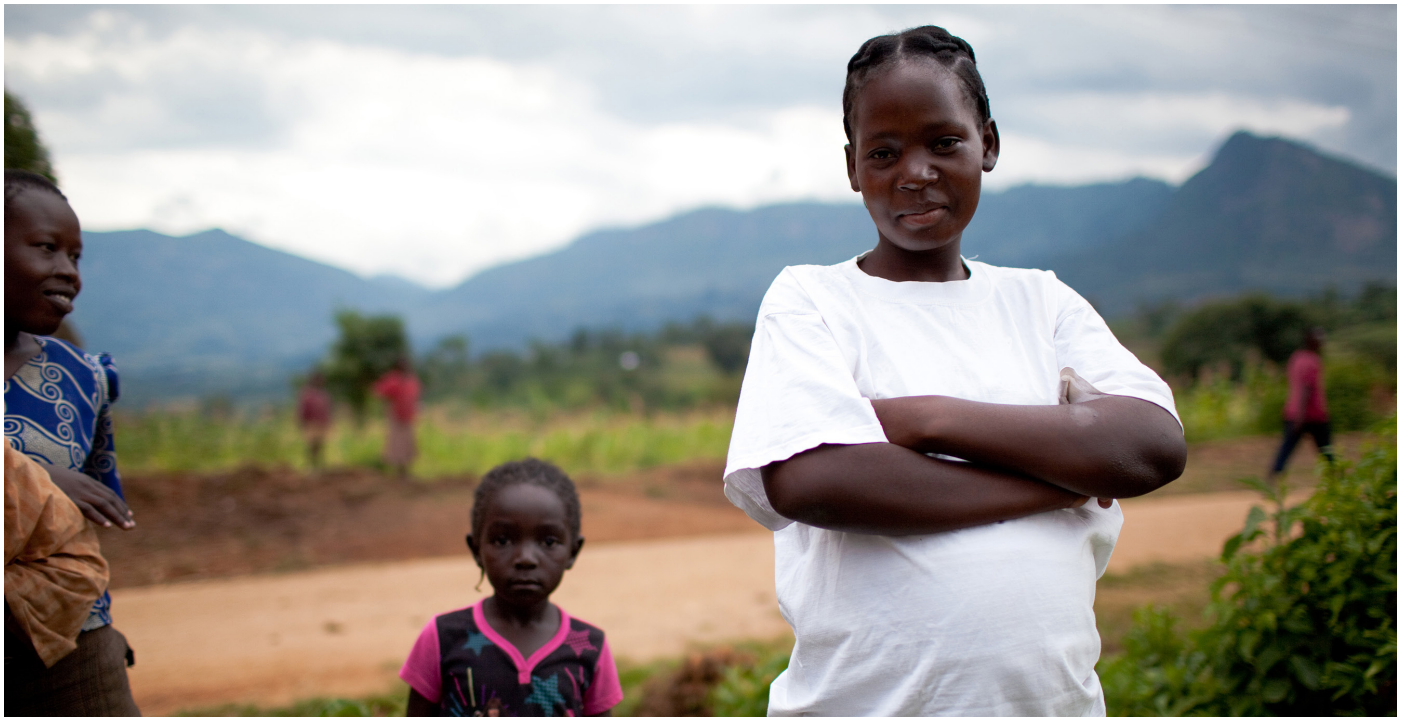
Joint learning: The RH Donor Harmonization Group serves as important forum for members to learn from and about their colleagues. The process of conducting the Joint Mission enabled partners to learn about the operating models and comparative advantages of different partners, while the results provided an empirical basis for joint decision-making. This shared knowledge base helped inform the development of joint priorities reflected in the National RH Business Plan, and underpins collective action and continued collaborative learning on implementation.

Interdependency and complementarity: While the group met the needs of the whole, it also served the individual objectives and expectations of each participating partner. Through this process, the government developed an overarching strategy to help coordinate donor inputs, DFID and Danida received timely and comprehensive inputs to their planning process and other development partners were able to align their efforts with others to achieve results. Because partners were able to determine which issues identified in the Joint Mission that they would address, they were able to draw each institution's comparative advantage to support harmonized support to the national strategy.

For more information

Please contact: **info@rmnh-alliance.org**

This profile was prepared by Jill Keesbury and Molly Canty.



PATH/Eric Becker