Commonwealth Foundation

Supported by the Commonwealth Foundation

KELIN

Reclaiming Rights, Rebuilding Lives

Training on monitoring implementation of the right to health

27 – 28 March 2018, Kakamega County

CONCEPT NOTE & AGENDA

CONCEPT NOTE

Training on monitoring implementation of the right to health

27 – 28 March 2018, Kakamega County

Introduction: Right to health

Article 43 of the Constitution guarantees every person the *right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.*[1]

The right to health is closely related to and dependent upon the realization of other human rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement.[2] The right further extends to not only timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health.[3] This right thus entails the following interrelated and essential elements:

1 *Article 43(1)a* Constitution of Kenya.
2 CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), paragraph 3.
3 Paragraph 11.

Justification

Monetary resources play a central role in realizing the right to health. In Kenya, just like in many other middle and low income countries, inadequacy of monetary resources has always been an overarching challenge in the health sector. However, inadequacy of resources is not the only challenge to the realization of the right to health. Media and audit reports reveal a problem in mismanagement, misappropriation and outright theft of the available scarce resources. This is manifested through corruption in health spending.

This corruption is fueled by the fact that State actors barely make any information available to the public domain for people to be able to hold them accountable. It is corruption in the health sector that contributes to frequent stock-outs of essential medicines; poorly remunerated medical personnel; poorly equipped public medical institutions; among other issues. These problems ultimately affect the poor and vulnerable members of the society who are dependent on public health institutions for health services. Persons living with HIV and TB depend on functional health institutions.

It is against this backdrop that KELIN with financial and technical support from Commonwealth Foundation is implementing a project dubbed *Protection of the right to health of the vulnerable through transparency and accountability.* This project aims at empowering civil society, communities and the media with knowledge on how to monitor transparency and accountability in implementation of the right to health. This project is premised on the fact that an empowered civil society, community and media will act as watchdogs to advocate for transparency and accountability; whistle blow corrupt practices; report and document cases of corruption and file complaints with relevant bodies, e.g., the judiciary, ombudsman, KNCHR among others, to enforce rights.

Objectives of the training:

(i) To increase knowledge of civil society, communities and the media on how to monitor implementation of the right to health;

(ii) To increase knowledge of civil society, communities and the media on processes and mechanisms to ensure transparency and accountability in health sector spending;

(iii) To increase knowledge of civil society, communities and the media on various advocacy to ensure accountability in the health sector;

(iv) To develop an action plan for civil society, communities and the media to monitor implementation of the right to health in Kakamega County.

Methodology

Participants will receive maximum opportunity to deliberate on the right to health, accountability, transparency and monitoring implementation through participatory approaches. Structured PowerPoint presentations, question and answer sessions, case studies and video sessions will be used.

Participants

The training will be attended by 30 participants comprising of representatives of civil society organizations (CSOs), community based organizations (CBOs), media, and communities of persons living with and affected by HIV and TB from Kakamega County.

Venue and date

The two-day residential training will be conducted at Siaya Guest House, Kakamega County on 27 and 28 March 2018.

Con**veners**

This training is convened by KELIN with financial and technical support from the Commonwealth Foundation.

Annexure

Kakamega Health profile at a glance[4]

- Kakamega has one County General Hospital, nine sub-county hospitals, nine mission/NGO hospitals, one private hospital, eight nursing homes and twenty seven public health centers.
- The doctor population ratio stands at 1:34,916 while the nurse patient ratio is 1:2,658.
- It takes 51.1 per cent of the population about 5km to the nearest health centre while 32.2 per cent take between 1.1 and 4.9 km to the nearest facility.
- Kakamega County contributes to 3.4% of the total number of people living with HIV in Kenya, and is ranked the eighth nationally. By the end of 2015 a total of 50,844 people were living with HIV in the County, with 14% being young people aged 15-24 years and 8% being children under the age of 15 years.

Table 32 captures the actual expenditure by County entities.

Table 32: Budget Allocations to County Spending Entities

County Sector	2013/14		2014/15		2015/16		2016/17		Total
	Recurrent	Development	Recurrent	Development	Recurrent	Development	Recurrent	Development	
Office of the Governor			155,126,573	869,000	203,489,248	10,571,602	182,315,545	13,475,847	565,847,815
Public Service and Administration	2,802,807,816	721,610,431	2,194,021,922	11,311,072	2,358,766,817	73,107,904	3,781,851,579	92,233,670	12,035,711,211
County Treasury	199,884,929	16,950,000	97,471,517	484,579,990	224,978,947	116,298,873	112,748,043	77,488,199	1,330,400,498
Water, Environment and Natural Resource	15,011,525	21,562,121	63,601,067	70,488,332	25,499,612	141,994,114	12,509,456	116,932,749	467,598,976
Social Services, Youth & Sports	40,130,833	27,012,828	16,919,269	80,274,731	19,792,330	226,733,123	13,851,972	254,587,479	679,302,565
Transport, Infrastructure & Public Works	24,083,687	129,193,982	30,038,685	928,396,330	12,164,412	1,702,965,031	8,072,567	2,078,127,400	4,913,042,094
Lands, Housing, Urban Areas and Physical Planning	4,430,637	13,500,000	23,869,966	48,591,620	36,086,547	97,409,891	25,083,991	109,007,737	357,980,389
Health Services	159,092,588	434,765,251	1,459,834,113	284,619,232	1,931,858,297	805,197,728	517,119,015	1,336,581,902	6,929,068,126
Agriculture, Livestock, Fisheries and Co-operatives	26,303,410	30,844,133	37,983,357	393,627,229	53,696,431	394,665,139	28,809,817	366,474,760	1,332,404,276

iv) Sector Development needs, Priorities and Strategies

Major development needs	Development Priorities	Strategies to Address the needs
• Quality and affordable health care	• Increase access to quality and affordable health care • Community health strategy	• Construct health facilities • Equipping the health facilities • Ensure availability of pharm and non-pharm products • Use community health workers to promote community-based health care
• Emergency health services	• A functional referral system • Disaster preparedness and response	• Establishment of a fleet management system • Purchase of equipped ambulances • Train paramedics • Capacity building for all staff • Equipment and supplies for emergencies
• Human Resource Development	• Increase staff-patient ratio	• Recruitment and training of staff

4 *Kakamega County Integrated Development Plan 2018-2022*

AGENDA

Training on monitoring implementation of the right to health

27 – 28 March 2018, Kakamega County

26 MARCH 2018

TIME	SESSION	FACILITATOR
26 MARCH 2018		
4:00 pm – 7:00 pm	Arrival and Registration	
7:00 pm – 10.00 pm	Dinner	
DAY ONE: 27 MARCH 2018		
TIME	SESSION	FACILITATOR
8:30 am - 9:00 am	▪ Introductions ▪ Welcoming remarks ▪ Objectives of the Training	Lucy Ghati, KELIN
9:00 am – 9:30 am	Opening Remarks	Kakamega County Assembly Health Committee *Chairperson*
9:30 am – 10:30 am	Kakamega County Health Profile ▪ HIV, TB, Malaria epidemiology ▪ Highlight of health management team ▪ Health resource allocation	William Masidza
10:30 am - 11:00 am	TEA/COFFEE BREAK	
11:00 am – 11:10 am	*Video session: State of Health in Kenya*	
11:10 am - 12:40 pm	Understanding the legal framework on health in Kenya: Provisions within Constitution and Health Act.	Timothy Wafula
12:40 pm – 1:00 pm	Plenary Session	Hezron Ochieng
1:00 pm – 2:00 pm	LUNCH BREAK	
2:00 pm – 3:15 pm	National & County Governance Structures for Implementing the Right to Health in Kenya: ▪ Ministry of Health o NACC o NASCOP o NTLD ▪ County Health Management Team ▪ County CEC for Health ▪ County Assembly Health Committee	Lucy Ghati
3:15 pm – 3.30 pm	HEALTH BREAK	
3:30 pm – 5:00 pm	▪ Introduction to transparency and accountability ▪ Opportunities for health accountability o Public participation o Right to information	Titus Ogalo Transparency International–Kenya
5:00 pm – 5:15 pm	Closing Reflections	Timothy Wafula

TIME	SESSION	FACILITATOR
DAY TWO: 28 MARCH 2018		
8:30 am - 09:00 am	Teach back session	Selected participants
9.00 am – 9.10 am	*Video: UNDP/Commonwealth success stories*	
09:00 am - 10:30 am	Role of civil society and media in monitoring implementation of the right to health.	Lucy Ghati
10:30 am – 11:00 am	Plenary session	Hezron Ochieng
11:00 am – 11:30 am	HEALTH BREAK	
11:00 am – 11:40 am	*Video: Afya House Scandal*	
11:30 am – 12:30 pm	Media reporting on accountability: Experience sharing session ▪ MOH Audit Report ▪ GAVI audit ▪ Inspector General's TB audit report etc. ▪ KNH scandals	Timothy Wafula
12:30 pm – 1:00 pm	Plenary session	Lucy Ghati
12:45 pm – 2:00 pm	LUNCH BREAK	
2:00 pm – 3:00 pm	Action planning and Community mapping: *Group Discussion*	Hezron Ochieng
3:00 pm – 4:30 pm	▪ Group Presentations ▪ Way forward	Hezron Ochieng
4:30 pm – 5:00 pm	Closing reflections	Lucy Ghati