



**PROGRAM LEARNING BRIEF**

October 2013

# Health Systems Strengthening in Fragile Contexts

Concern's approach to health systems strengthening in remote and underserved areas in Kenya: Opportunities and lessons learned

Dertu Jarso carries one of her two children back to their typical Gabbra nomadic shelter in Marsabit. Photo: Gideon Mendel

## KEY FINDINGS

- Although the health system may have a mandate to implement specific activities, there is often a lack of commitment, in the form of resources, to implement effectively
- Government health system actors are implementing many additional activities, for which there is no mandate or policy
- Systems strengthening approaches must be integrated and holistic for optimum effectiveness

## BACKGROUND

Kenya has made significant progress in the health sector over the last decade. However, in the northern Arid and Semi-Arid Lands (ASAL) region, which accounts for 80 percent of the country's territory and an estimated 25 percent of the population, maternal, newborn, and child health (MNCH) indicators are not on track to meet Millennium Development Goal targets.

The isolated ASAL region suffers from chronic food insecurity, frequent drought, and ethnic tensions. Marsabit County, in the heart of the ASAL region, primarily consists of highly vulnerable pastoralist populations, and an extremely under-resourced health system.

Within this context, Concern Worldwide is implementing a four-year community-based health initiative in two districts within Marsabit County: Marsabit Central and Moyale. The purpose of the project is to contribute to reductions in maternal,

infant, and child morbidity and mortality among 31,620 women of reproductive age and 23,268 children under five among the pastoralist population by increasing access to quality maternal and child health services, improving household-level knowledge and practices, strengthening village-level health structures, and improving the policy environment for pastoralist maternal and child health. Technical interventions focus on maternal and newborn care, nutrition, diarrhea prevention and control, and pneumonia case management.

**By using a systems-strengthening approach, Concern is building the capacity of the DHMTs to activate and manage the community health system.**



## PROJECT DESIGN

**Key to improving access to and utilization of MNCH services in a low population density, nomadic pastoralist context such as Marsabit is a robust community-based health system.**

This learning brief is focused on the project's systems strengthening approach to working with the Moyale and Marsabit Central District Health Management Teams (DHMTs), who are the primary implementing partners in all activities. The systems strengthening approach includes meetings with the DHMTs to jointly develop detailed work plans on a quarterly basis, as well as to review progress against the work plan from the previous quarter.

Where the DHMTs identify areas where external support is required, Concern is prepared to offer strategic assistance. This systems strengthening approach is designed to empower the DHMTs to have full leadership of all health activities in the district, with Concern playing a supporting role. By using a systems-strengthening approach, Concern is building the capacity of the DHMTs to activate and manage the community health system.

## METHODOLOGY

**Given the emphasis on working with the DHMT to strengthen the health system to deliver essential community and primary health services, Concern sought to better define systems strengthening from an operational point of view, especially in a remote and under-resourced area.**

Using the World Health Organization's health system building blocks as a guide, Concern developed the following framework to delineate key elements of the health system which must be addressed in a comprehensive systems strengthening approach:

- **Technical capacity:** Training health facility staff, addressing quality of care, reporting
- **Managerial capacity:** Planning, supervision, coordination, leadership
- **Human Resources:** Recruitment, retention, motivation
- **Financial capacity:** Budgeting, payments, resource mobilization
- **Supplies and logistics:** Ordering, receiving, storing, distribution

With this framework in place, Concern then commenced a three-part systems analysis that

would help the project better understand the strengths and weaknesses of the health system currently in place and prioritize appropriate capacity building interventions aimed at improving the ability of the DHMT to implement health activities. The stages in the analysis were:

- 1 System mandate:** What is DHMT supposed to do, according to national directives such as the Community Health Strategy?
- 2 Gap analysis:** What policies exist that are not being implemented as planned? What are the reasons for this?
- 3 Strategy development:** How can Concern partner with the DHMT to address the gaps identified to strengthen the overall health system to effectively operate, as per its mandate?



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## FINDINGS TO DATE

### Key findings from the system analysis include:

- **Although the system may have a mandate to implement specific activities, there is often a lack of commitment, in the form of resources identified and/or allocated, to do so effectively.** A key example of this is the Community Health Strategy. The national government has developed a detailed Community Health Strategy, including standardized guidelines, curriculum, and training materials. However, sufficient resources have not been allocated to the Marsabit and Moyale DHMTs to operationalize this mandate. As a result, Community Units, which include CHWs, Village Health Committees and Community Health Committees, have not been put in place, and no community health structure exists as envisioned by the policy.
- **Government health system actors are implementing many additional activities, for which there is no mandate or policy.** Often, members of the DHMT are spending

significant amounts of time implementing initiatives for which there is no policy or mandate; such as vertical programs initiated by partner organizations based on their individual priorities and respective funding mandates. When this occurs, health workers spend more time on partner organizations' priorities, and away from their core tasks, such as supervision and outreach.

- **Systems strengthening approaches must be integrated and holistic for optimum effectiveness:** Capacity building interventions must focus on all areas of the health system. Concern's approach in the past has been to focus capacity building support to the technical, and to a lesser extent, managerial elements of the health system. However, the technical piece of the system is interdependent on other aspects of the system. Nurses may be highly trained and motivated but if they do not have adequate supplies or a nurse to relieve them to go on leave, the system will continue to be weak.



Jirimo Sora carries her one year old child, Jilo Sora, who has just been identified as being severely malnourished during a visit to an outreach clinic. Photo: Phil Moore

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## CONCLUSIONS AND LESSONS LEARNED

- **Prioritize project activities based on government mandate:** Instead of programs being developed around partner organization priorities, initiatives to be supported should instead be planned around existing government mandates and priorities. Ideally, the partner organization and the government carry-out joint planning and budgeting, which requires high levels of transparency on both sides. If the partner proposes adding new strategies or initiatives to existing government work plans, a clear integration strategy must be developed and approved by the government. The integration strategy should include an analysis of the additional costs to the system (in terms of time/resources diverted away from existing interventions), resources required for the government to implement the intervention, and a time frame for which the government may take over direct implementation
- **Focus on essential services first:** The system analysis reveals commitments the Government has made and which are deemed 'essential', such as having trained staff in place, supervision, functioning supply chains, and transportation. To effectively strengthen the health system, we must first ensure those essential services are in place before we begin introducing new initiatives, such as on-the-job training and outreach services. In addition, we must analyze the additional pressure new initiatives will put on the system and weigh whether the gains made will be worth the additional cost to the system.



Pastoralist Gabbra women Kame Darasso, Habima Mohamed and Doko Isako wait nearby a health facility in Marsabit District. Photo: Gideon Mendel

- **Strive for Integration:** The health system becomes fragmented when a new initiative is introduced that negatively affects the normal functioning of the system. For example, when health facility staff are required to report on the usage of supplementary feeding products to separate donors (based on each donor's respective reporting requirements), or when an uncoordinated cadre of CHWs have been trained for various vertical programs. This leads to poor coordination, loss of control, and ineffective service provided by the overall health system.



A teenage Gabra pastoralist herds his family's goats into the bleak rocky hillsides seeking out fresh pasture in Marsabit County. Photo: Gideon Mendel

● **Progressive realization:** Ultimately, strengthening the health system is a fluid process. "Progressive realization" describes a situation where we recognize that the system will face constraints in filling a gap and therefore the ideal, being a strong system, is reached progressively. There are three main strategies that need to be considered based on the gaps:

**1** If all essential elements such as staffing and supplies are in place but the system is still not optimally functioning, efforts need to be focused on encouraging the system to function as it should. This includes removing

the extra demands on the system, such as initiatives not part of national protocol.

**2** If some essential elements are not in place, it is necessary to advocate to the government to provide the funding and resources to operationalize national policies.

**3** Advocacy may be a lengthy process. NGOs have a role to assist the system to implement certain elements, so long as this support is provided with a clear strategy for phase-out and handover with agreed-upon milestones to ensure that integration is progressing.

## RECOMMENDATIONS AND USE OF FINDINGS

**Overall, there is no one formula for health systems strengthening, and support must be adapted to respond to the gaps identified.**

It is an ongoing process of encouragement, negotiation, and judgment on what is reasonable to support and what additional services to integrate. The learning presented in this brief serves as

the core principles for Concern's health systems strengthening approach in Marsabit County, and its engagement with the Marsabit and Moyale DHMTs.



A Gabbra pastoralist woman sorts through maize kernels in Marsabit District. Photo: Gideon Mendel

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