



ASCEND

Accelerating Sustainable Control and Elimination of Neglected Tropical Diseases



CROWN AGENTS
ACCELERATING SELF-SUFFICIENCY & PROSPERITY



KIT Royal Tropical Institute



Bangladesh • Ethiopia • Kenya • Malawi • Mozambique • Nepal • South Sudan • Sudan • Tanzania • Uganda • Zambia



KENYA PUBLIC FINANCIAL MANAGEMENT (PFM) TRAINING AND DOMESTIC RESOURCE MOBILISATION (DRM) TRAINING REPORT

Accelerating the Sustainable Control and Elimination of NTDs (ASCEND)

Training targeting National and select County NTD Programme Managers and NTD Focal points

Table of content

List of Acronyms	3
Introduction.....	5
Public Financial Management/Domestic Resource Mobilization Training.....	6
Training approach.....	8
Training Evaluation	8
Training Outcomes	8
Recommendations and follow-up actions.....	10
Annexes	11

Table of Figures

Figure 1: Programme-based budgets national structure	7
Figure 2: Training effectiveness evaluation score	8

List of Acronyms

BCC	Behaviour Change Communication
DRM	Domestic Resource Mobilisation
DVB	Division of Vector Borne Diseases
HRH	Human Resources for Health
KBTS	Kenya Breaking Transmission Strategy
NTDs	Neglected Tropical Diseases
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MoH	Ministry of Health
MTEF	Medium Term Expenditure Framework
PC-NTDs	Preventive Chemotherapy Neglected Tropical Diseases
PFM	Public Financial Management
PBB	Programme-Based Budgeting
RMNCAH+N	Reproductive Maternal New-born Child and Adolescents Health and Nutrition
SCH	Schistosomiasis
STH	Soil Transmitted Helminths
TA	Technical Assistance
UHC	Universal Health Coverage
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation



Kenya NTD National programme team attending the DRM/PFM Training



NTD National focal persons in Kenya, being taken through the overall ASCEND project by the M & E Advisor Mr. Kioko



Tina and Benjamin taking the team through the customs and storage fees rationalisation process

Introduction

The national NTD programme in Kenya, falls within the Division of Vector – Borne and Neglected Tropical Diseases (DVB&NTD) which is hosted under the department of preventive and promotive health within the Ministry of Health (MoH). The NTD programme was formed to integrate efforts towards elimination and control of NTDs in Kenya. NTD goals and targets are clearly outlined in two main policy documents; the 2nd Kenya NTD strategic plan for control of Neglected Tropical diseases 2016 – 2020. Additionally, the Kenya Breaking Transmission Strategy 2019 -2023, clearly outlines the focus on four main PC-NTDs.

The 2nd Kenya national strategic plan for control of Neglected Tropical Diseases (NTDs) 2016 -2020, provided an overall approach to control, elimination and eradication of NTDs in the country. The plan outlined the aim of accelerating the reduction of disease burdened and overall poverty alleviation associated with NTDs. As part of the big 4 agenda, NTDs were required to be included in the overall framework as part of the diseases that affect the marginalised and vulnerable communities. Resource requirements for the implementation of the strategy were however not included in the strategy.

The national Kenya breaking transmission strategy (BTS) 2018 -2023 focuses on four preventive chemotherapy (PC) Neglected Tropical Diseases (NTDs) endemic to Kenya – Soil Transmitted Helminths (STH), Schistosomiasis (SCH), Lymphatic Filariasis and Trachoma. It is aligned to the WHO-NTD guidelines of 2012 that recommend preventive chemotherapy; intensified disease management, integrated vector management, management of neglected zoonotic diseases and provision of safe water, sanitation and hygiene as strategies that have the greatest impact on NTD control. Some of the key highlights of the strategy include investing, in strong coordination mechanisms, expand partnerships at the global, national and country level. Other areas that are key in the implementation of the BTS strategy include coordination with Water Sanitation and Hygiene (WASH) interventions and Behaviour Change Communication. The ultimate goal of the strategy is to ensure that by 2023, the programme will have broken transmission of disease through the combined strategies of expanded mass drug administration (MDA), WASH and Behaviour Change Communication (BCC). Currently the implementation of the strategy is in its 3rd year, a midterm evaluation would suffice to show whether progress has been made and any implication COVID-19 has had on implementation of the interventions.

BTS strategy that was developed included resource requirements; for instance, drug requirements including the donated drugs was estimated at USD 501,780,000 over a period of the 5 year of the strategy whereas other focus areas such as MDAs, WASH and BCC estimated resource requirements was USD 19, 916,800. The extend of funding from internal and external financing sources to support the implementation of the strategy is yet to be known. Development of strategies without clear resource mobilisation strategies to support the implementation creates gaps, resulting in insufficient funding to support and realise the goals and objectives outlined in the strategies.

ASCEND Lot 1 project in Kenya is supporting the NTD programme in the control and elimination of three diseases which include; Schistosomiasis, Lymphatic Filariasis (MMDP only) and Visceral Leishmaniasis (VL). The activities are being implemented in 14 NTD endemic counties; Schistosomiasis and Lymphatic filariasis activities are supported in 6 counties at the coast region- Mombasa, Kilifi, Kwale, Lamu, Tana river and Taita Taveta, while VL is implement in Turkana, Baringo, West Pokot, Marsabit, Wajir, Isiolo, Kitui and Garissa.

ASCEND Lot 1 is also supporting the NTD programme to strengthened health systems for long term sustainability towards control and elimination of NTDs. Key health systems areas include providing TA to the development of specific policy documents such as the costed Kenya Leishmaniasis strategic plan; conducting HRH assessment, identifying gaps and addressing the gaps to bring about the change required within the unit; conducting training and support towards engaging in the health sector wide planning, budgeting, monitoring and review process with a key goal of ensuring that NTDs are included in health sector priorities and budgets; providing TA to ensure that supply chain related issues are addressed and training of the NTD programme team nationally and sub nationally to build the capacity in budget justification and advocacy.

Prioritisation of NTDs budgeting and monitoring of activities at national level and at subnational level in endemic counties is critical in ensuring the sustainability of NTD programmes contributing to achieving the control and elimination national goals. Given that the governance of health services in Kenya is fully devolved to the

counties, the national level main role is to develop national policy and provide strategic oversight whereas the county government are engaged in lower-level policy, domesticating national level health policies; ensuring implementation of the national policies at the county level. The NTD national programme works with the county NTD focal points and partners to ensure NTD interventions are conducted sustaining efforts towards realisation of goals outlined in the NTDs policy frameworks.

Public Financial Management/Domestic Resource Mobilization Training

Health financing and public financial management has been overlooked by health teams in policy implementation and discussions directly impacting on availability of domestic resources for NTD programmes. Country health teams are now increasingly engaging on the PFM processes affecting the quality and volume of spending in the health sector. Conversely, specific programmes such as in NTD need to engage, participate and argue for a pie of the health sector budget through increased revenues and improving PFM in public-funded health systems. This approach requires the NTD programme teams to position themselves and engage in budget negotiations.

This training was tailored and structured to target the NTD programme managers and focal points at national and subnational level. The training focused on the following areas;

- Increasing the capacity of the national level NTD programme staff as Trainer of Trainers (ToT) in understanding the budget cycle process, negotiating and justifying NTD programme budget requests during the budget formulation processes and the implementation of the budgets.
- Understand the political economy of the budget formulation process, engage key decision-makers and influencers of the MoH budget as well as engage in continuous advocacy in ensuring NTDs are prioritised in plans, budgets and spending.
- Improve national and county NTD programme public financial management and reporting practices in line with the PFM 2012 and project requirements
- Ensure inclusion of domestic resources as a budget line at the national and county level in the preventive and promotive health programme as a sub-programme or a budget line within the programme-based budgeting national and county structures

The NTD programme heavily relies on external financing and donated drugs from the existing global NTD drug donation programme to meet its current need. Sustaining efforts towards control and elimination of NTDs will only be achieved when governments prioritise NTDs in the public budgets, and this can happen when the NTD programme managers are involved in the budgeting cycle processes and work towards ensuring efficient use of allocated resources.

Some of the areas covered during the training include understanding the planning and budgeting cycles processes, justifying NTD programme budget requests; advocacy targeting decision-makers. The main expected outputs of the training included;

- Increased the capacity and engagement of the NTD and Vector Control programme managers and staff in informed dialogue within the department, MoH economic and planning on health financing and budgeting for NTDs
- Clear and concise understanding of the guiding principles of budgeting as well as the political dynamics that enable budget elaboration and approval processes
- Understanding the MTEF process and their role in ensuring prioritization of NTD
- Gain an understanding of challenges around health budget formulation, disbursement, expenditures and reporting for NTDs and how to navigate through them successfully
- Identify NTD related PFM (budget and expenditures) issues for advocacy to policy makers, decision

For purposes of planning and budgeting, the NTD and the vector control units falls within the Directorate of Preventive and Promotive health services. The budget and planning programme processes within the

programme-based budgeting (PBB) framework for this directorate are within the Preventive and promotive and RMNCAH+N services programme. This programme has five sub-programmes;

- Communicable diseases prevention and control
- Non-communicable disease prevention and control
- Radioactive waste management
- Reproductive Maternal Neonatal Child and adolescent’s health
- Environmental Health

National Programmes outlined and used for programme-based budgeting

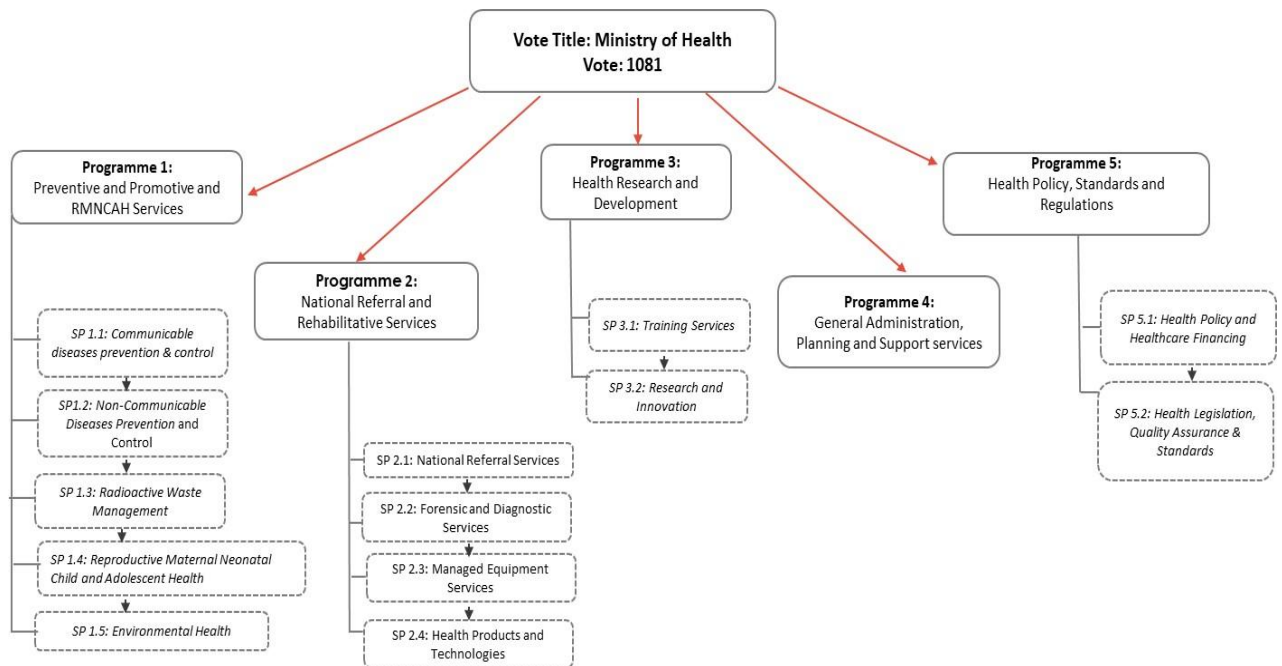


Figure 1: Programme-based budgets national structure

The NTD and vector control programme falls within the communicable disease prevention sub-programme. There is no specific budget line for NTDs within this sub-programme call for concerted efforts for NTDs to be included.

To support efforts towards ensuring there is a budget line for NTDs, ASCEND Lot 1 conducted a DRM/PFM training targeting NTD programme managers at the national level and disease focal points at the subnational level.

The main topics/sessions covered during the training were;

- Global health financing landscape for NTDs
- Health Financing and Public financial Management
- NTD Planning and Prioritization in the Health sector – NTD Master Plans, VL strategic Plans, Kenya Breaking Transmission Strategy (KBTS)
- Overview of the budgeting process in the public sector
- Public financial systems link to health financing and UHC, what does this mean for NTD programming?
- Understanding the budget cycle steps/role of the NTD programme/vector control teams
- Sectors working groups – membership/ roles and responsibilities
- Programme Based Budgeting (PBB)
- Costing in Programme Based Budgeting
- NTD related supply Chain issues – Options for solving these challenges?
- Navigating the political economy for budgeting for health and NTDs
- How to make the budget processes work for NTD programmes at the country level

- Update on preparation of MTEF 2021/22 – 2023/24
- Domestic Resource Mobilization (DRM) and Advocacy
- Action Planning and next steps

Training approach

The following methodologies;

- Lecture method
- Group discussions
- Experience sharing and brainstorming
- Scenarios/plenary discussion of real cases

Training Evaluation

The training provided the participants with the relevant skills to work with the head of the department, prepare annual budget requests, share and justify with the head of the department, as well as consistently working with economic and planning department to justify budget requests for NTDs and vector control departments.

Among the most liked and informative topics include; Public Financial systems link to health financing and UHC, what this means for the NTD programme at the country level. Budgeting in the public sector, MTEF and costing in Programme-based budgeting (PBB). NTD related supply chain planning and related issues, and how to address them from a PFM perspective. Domestic resource mobilisation and Advocacy for NTDs

Among the least liked from select participants is the MTEF and budgeting for NTDs

Beneficiary feedback on

1. Training effectiveness had the following scores

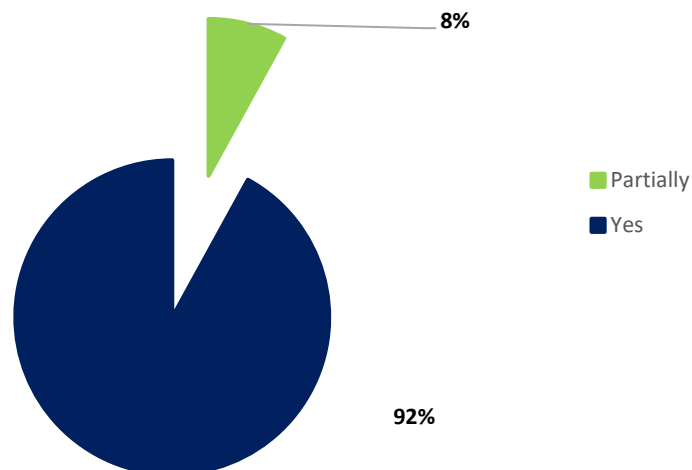


Figure 2: Training effectiveness evaluation score

2. In terms of the training objectives being met, relevance of the content, application of the knowledge and skills gained in their jobs was also 92 % across these areas of evaluation.

Training Outcomes

NTD and Vector control programme teams increased their understanding on the planning and budgeting cycles as well as overall PFM. They understood the process of prioritization, planning and link to the budget process. They reviewed the health sector programmes and discussed the best way to include budgets into the programme liaising with the head of the department/unit.

The NTD programme team agreed to work with the economic and planning unit within the Ministry of Health led by the head of the department to implement budget related issues outlined in their action plan. They also saw the need for the programme manager to be the liaison given that the department falls under communicable diseases and work with the team to develop annual budget requests that have been vetted by the team. These are mainly supply chain related expenses that government can absorb focusing on the drug donations storage, reviewing NTD drug donations charges, including some aspects of the budgets within the health sector annual budgets.

The NTD programme team are required to link the NTD strategy resource requests with annual planning and budgeting cycles linking with the health sector economic and planning as well as the department accountants

It was clear from the team that they do not engage in the planning and budgeting processes, and solely rely on external partners for support. With declining donor funding, the team needs to be well prepared and identify the programme manager as the liaison between the programme and the planning as well as budgeting key decision-makers.

The following **action plan** was developed, with clear activities at the national and county level identified for follow-up.

	Activity	By When	Responsible
1	National budget line for NTD/DVB Letters from WHO/MoH commitments	January 31st, 2021	Ag Head of NTD programme – Wycliffe (Titus, Roselyne)
2	Sharing of the Job groups and cadres – analysis – HRH for NTDs, updating entire system	December 15th, 2020	Wycliffe (NTD/DVB to provide the data)
3	National budget line for NTD/DVB Letters from WHO/MoH commitments	January 31st, 2021	Ag Head of NTD programme – Wycliffe (Titus, Roselyne)
4	Advocacy for DVB/NTDs – BCC, radio, television, IEC materials, advocacy strategy,	Ongoing	Agnes Kithinji – (Titus, Mwiti, Kioko)
5	Advocacy for Resource mobilization – Internal and external resources, resource mobilization strategy	March 31st, 2021	Wycliffe - Florence, Roselyne,
6	Capacity Strengthening - Structure, Institutions e.g. KMTC - ensure it is included in the curriculum, include clinical staff including OJT	March 31st	Roselyne – Wycliffe, Julius (ASCEND HRH capacity assessment)
7	IVM - vector surveillance and disease surveillance, draft IVM strategy, WHO needs strengthening, needs to be prioritized and funded – mainstream vector management in disease control for sustaining efforts - Coordination and partnerships across other sectors – education, water and health Malaria – one vector, IVM strategy. Finalizing strategy – exploring funding to support	Ongoing - June 2021	Patrick – Roselyne, Julius, Daniel Mwiti
8	Costing activities budgeting – Dates budget cycle	December 31st	Wycliffe to lead: Joyce – PPTs, Stephen Kaboro
9	Accountant at DVB/NTD – one employee, update of HR record records – there is an accountant at the department. Establish the need for an accountant	December 31st, 2020	Mwiti

	Activity	By When	Responsible
10	KEMSA Charges for storage DVB/NTD – WHO donations, Trachoma 3% - too high taxes and clearing costs for trachoma Ensure these are pushed through the PS – establish a budget line, long term – consider signing grant agreement with ITI - tax exempt	March 31st, 2021	Titus, Wycliffe, Kioko, Mwiti (ASCEND – Tina and Benjamin)
11	NTDs commodities storage – Warehousing - Negotiate on the pricing with KEMSA, MOH high level they can help negotiate – Request to have an NTD store to be considered in addition to negotiating with KEMSA. Renovation of a room with shelves and safe cabinet	January 31st, 2021	Dr Kuria, Wycliffe, Kioko, Titus, Mwiti (ASCEND – Tina and Benjamin)
12	Agree on indicators – Procurement of a programme vehicle		
13	Capacity strengthening – Trainings, Diagnostics, recruitment, OJTs, domestic resource mobilization, advocacy for NTDs that are endemic in the respective region, cascading to select counties – targeting CHMTs, director	Ongoing	County NTD coordinator, focal points – Migori, Homabay
14	Infrastructure development – Labs, e.g., in Migori, equipment, renovations, requires guidance		Wycliffe/County NTD coordinator - Migori
15	Coordination of county level CTAG -	Ongoing	Wycliffe - County coordinator, focal points – with support from national teams (ASCEND can support three counties)

Recommendations and follow-up actions

- There is need for follow up given the budgeting process is still ongoing to ensure that an NTD budget line is included. The team will need to identify specific line item that the government can pay for e.g., the storage charges for some of the donated drugs.
- Ongoing mentorship and coaching will be required during this budgeting cycle and work planning process
- The head of the department will need to be briefed on the follow up steps and liaise with the economic and planning departments to start engaging on ensuring resources are availed for specific NTD interventions.
- The programme will also need to coordinate partners and ensure that resources are aligned and harmonised in supporting the implementation of the NTD policies.
- The team will need to mainstream advocacy efforts for DRM at the national and county level within other advocacy interventions that are currently ongoing. These DRM/advocacy efforts are expected to strengthen transparency, inclusivity and engagement of programme teams in the budgeting processes.
- ASCEND will support the programme team in developing policy briefs, building the case for prioritising NTDs in ongoing health sector planning budgeting and UHC/PHC efforts.

Annexes

Annex 1: Training Programme

Programme

National NTD and Vector Control Managers and Focal Points Health Financing and Public Financial Management (PFM) Training

Expected Training Outputs

- Increased the capacity and engagement of the NTD and Vector Control programme managers and staff in informed dialogue within the department, MoH economic and planning on health financing and budgeting for NTDs
- Clear and concise understanding of the guiding principles of budgeting as well as the political dynamics that enable budget elaboration and approval processes
- Understanding the MTEF process and their role in ensuring prioritization of NTD
- Gain an understanding of challenges around health budget formulation, disbursement, expenditures and reporting for NTDs and how to navigate through them successfully
- Identify NTD related PFM (budget and expenditures) issues for advocacy to policy makers, decision makers and other stakeholders

DATE	TIME	SESSION	RESOURCE PERSON	
Monday Nov 30th, 2020	8:30 - 9:00am	Registration	NTD MOH/ASCEND	
	9.00 - 9.30am	Welcome and Introductions	NTD, MoH/Duncan	
	9:30 - 10:00am	<i>Opening remarks</i>	NTD, MoH	
	10:00 - 10:30am	Establishing workshop rules Expectations of Participants		
	10:30 – 10:50am	Over view of ASCEND	Duncan Ochieng	
	10:50 - 11:00am	Workshop Objectives	Joyce Kyalo	
	<i>HEALTH BREAK (11:00 – 11.15am)</i>			
	11:15 - 11:45am	<i>Session 1:</i> Global Health Financing Landscape for NTDs	Joyce Kyalo	
	11.45 am - 12.15pm	<i>Session 2:</i> What and Why Health Financing and Public Financial Management (PFM)?		
	12.15 - 12.45 pm	<i>Session 3:</i> NTD Planning and Prioritization in the Health sector – NTD Master Plans, VL strategic Plans, Kenya Breaking Transmission Strategy (KBTS)		
	12.45 - 1.15pm	<i>Group Activity</i>		

		Health Sector Planning & Planning for NTDs	
	LUNCH BREAK (1:15 – 2:00pm)		
	2:00 - 4:00pm	Session 4: An overview of Budgeting in the public sector	Joyce Kyalo
		<ul style="list-style-type: none"> Public Financial Management Act (Kenya) 	
		<ul style="list-style-type: none"> Institutional Arrangements that guide the budgeting process 	
		<ul style="list-style-type: none"> Medium-Term Expenditure Framework (MTEF) 	
		<ul style="list-style-type: none"> Itemised Budget Versus Programme Based Budgeting (PBB) 	
	4:00 - 4:30pm	Session 5: Public financial systems link to health financing and UHC, what does this mean for NTD programming?	Joyce Kyalo
	HEALTH BREAK (5:00 – 5.30pm)		
Tuesday December 1st, 2020	8:30 - 8:45am	Recap of day 1	NTD, MoH
	8:45 - 9.30 am	Session 7: Understanding the Budget cycle steps/ Role of the NTD programme/Vector Control teams	Joyce Kyalo
		Session 8: Sectors working groups – membership/ roles and responsibilities	
	9.30 – 10:30am	Session 9: Programme Based Budgeting (PBB)	
	HEALTH BREAK (10:30 – 11.00am)		
	11:00 - 12:00pm	Session 9b: Costing in Programme Based Budgeting	MOH Economic & Planning
	12:00 - 1:00pm	Session 10: NTD related supply Chain issues – Options for solving these challenges?	ASCEND/ TP & BO
	LUNCH BREAK (1:00 – 2:00pm)		
	2.00 - 3.00pm	Session 11: Navigating the political economy for budgeting for health and NTDs	MOH Economic & Planning
		Session 12: How to make the budget processes work for NTD programmes at the country level	
3.00 - 3.45pm	Update on preparation of MTEF 2021/22 – 2023/24		
3.45 - 4.30pm	Session 13: Intergovernmental engagement for NTDs (National & NTD endemic counties)	Joyce Kyalo	
	Session 14: Measuring NTD programme prioritization success - NTD budget line, increasing annual budget, budget disbursement, increasing annual expenditure for NTDs,		

		External financing contribution, increased knowledge and engagement in NTDs health financing and PFM processes	
	<i>HEALTH BREAK (5.00 – 5.30pm)</i>		
Wednesday 2nd, 2020	09:00 - 09:30am	Day 2 Recap	NTD, MoH Team
	9:30 – 10:00am	<i>Session 15:</i> Domestic Resource Mobilization (DRM) and Advocacy	Joyce Kyalo
	10:00 – 10:30am	<i>Group work</i> Identify advocacy issue (s)	
	10:30 – 11:00am	Developing NTD Budget/Resource mobilization advocacy objectives	
		Assessing internal and external environment	
	<i>HEALTH BREAK (11:00 – 11.30am)</i>		
	11:30 – 12:30pm	Identifying target audience	NTD, MOH
		Developing advocacy messages	NTD, MOH
	12.30 – 1.00pm	Plenary Discussions – Issues, Objectives, Target audience, Messenger	NTD, MOH
	<i>LUNCH BREAK (1:00 – 2:00pm)</i>		
	2:00 - 3:30pm	Creating an action plan (NTD resource mobilization -Public and external)	Joyce Kyalo/ NTD, MOH
	3.30 - 4.00pm	Plenary discussions and next steps for implementation of action plan activities	Duncan/NTD MoH
	4.00 - 4.30pm	Concluding remarks	NTD, MoH
	<i>HEALTH BREAK</i>		

Annex 2: Beneficiary Feedback form

TRAINING FEEDBACK FORM

Name of training _____

Date _____

Venue _____

Please help us improve our trainings by answering following questions. Filling this form is voluntary and answers will be anonymous.

				Comments
Did the training achieve its objectives? <i>Please refer to the training objectives mentioned in training agenda</i>	No	Partially	Yes	
Was the content relevant to your job/position?	No	Partially	Yes	
How effective were the below mentioned training aids?				
a. Power point presentations/audio/visuals	No	Partially	Yes	N/A
b. Presentation style during lectures/talks	No	Partially	Yes	N/A
c. Case studies/demonstrations	No	Partially	Yes	N/A
d. Discussions (group, panel, others)	No	Partially	Yes	N/A
e. Field visits/mock sessions/role plays/exercises	No	Partially	Yes	N/A
f. Other (specify)-----	No	Partially	Yes	N/A
Will you apply the knowledge and skills gained here in your job?	No	Maybe	Yes	
Were the pre-training logistics appropriate?	No	Partially	Yes	
Were the logistics, venue, and coordination during the training appropriate?	No	Partially	Yes	
Overall, was the training effective?	No	Partially	Yes	
List 3 topics that you LIKED THE MOST				
List 3 topics that you LIKED THE LEAST				
Additional comments				