

SUSTAINABLE MENTAL HEALTH CARE

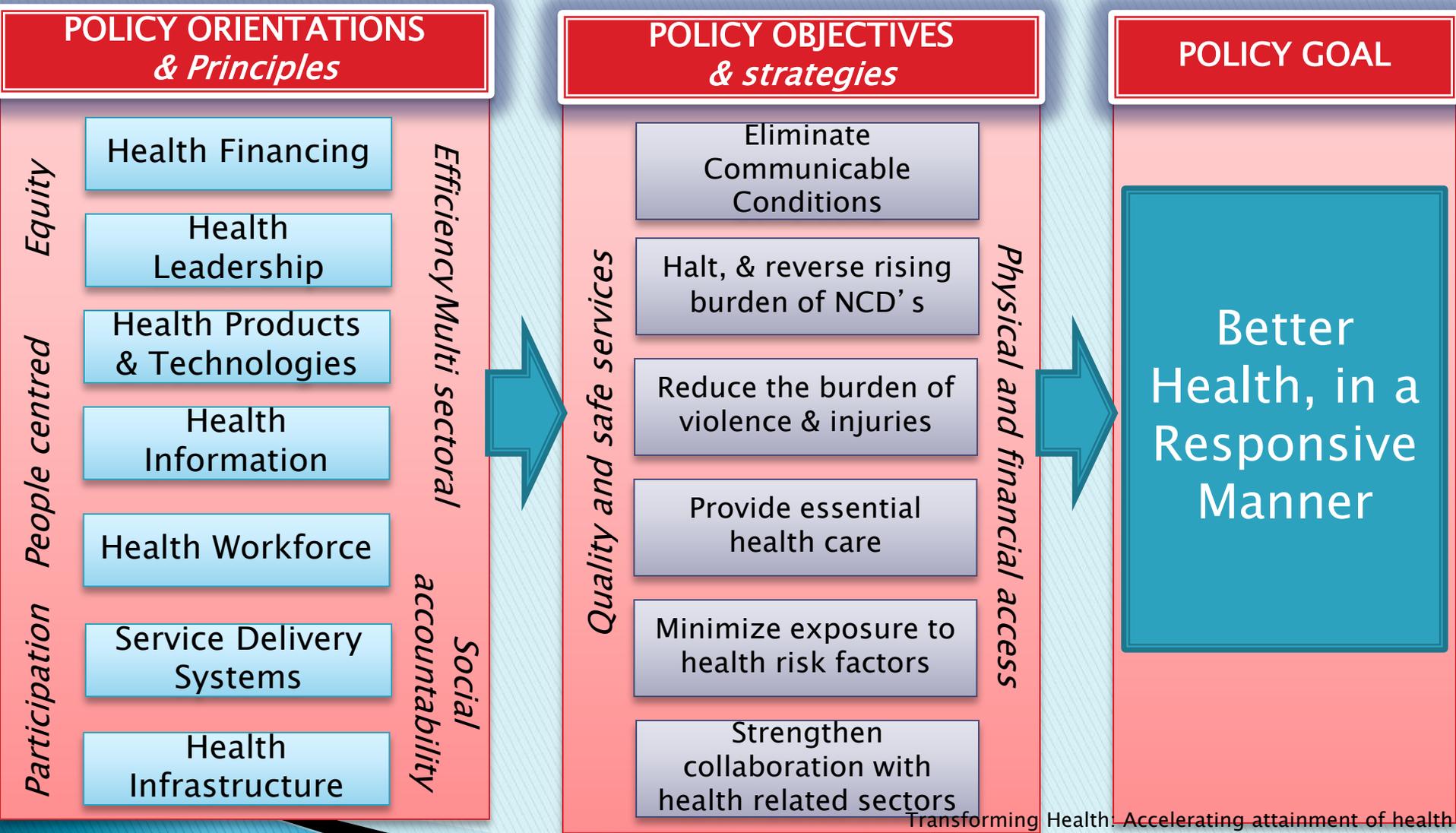
PRESENTATION
NAIROBI
PROF. RICHARD MUGA

OUTLINE OF PRESENTATION

- Discuss the effectiveness of the decentralization scheme.
- challenges in the current health care system?
- What is the referral process from hospital to community setting?
- Discuss elements of successful, HIV/AIDS .



KHP 2012 –2030:Policy Framework





County Vs National Government Responsibilities

- ▶ Outlined in the Fourth schedule of the 2010 Constitution
 - **National government:**
 - Health policy;
 - National referral hospitals;
 - Capacity building and
 - Technical assistance to counties
 - **County Department of Health:**
 - County health facilities and pharmacies; Ambulance services; Promotion of primary health care; Licensing and control selling of food in public places; Veterinary services; Cemeteries, funeral parlours and crematorium; Refusal removal, refuse dumps and solid waste, appointment, confirmation and disciplining OF staff except for teachers

Responsibilities of health actors: the clients

- *Households*: expected to take responsibility for their own health and well-being, and participate actively in the management of their local health services.
- *Communities*:
 - expected to exhibit real ownership and commitment to maximizing their health.
 - should define their priorities, with the rest of the health system seen as supportive.
 - facilitate community based referrals;
 - mobilize community resources to address their identified priorities



Bill of rights: Emerging issues

Constitution areas of focus	Issues for consideration in planning
The right to the highest attainable standard of health, including the right to life, reproductive health, and other attributes of good health	<p>Package of health services</p> <p>Content of Reproductive Health rights</p>
The right to emergency treatment	<p>Conditions that give rise to emergency treatment</p> <p>Scope of emergency treatment</p> <p>Professional indemnity in cases of providing emergency treatment</p>
Clarity on responsibilities of the state (duty bearers), and citizens (right holders)	<p>Responsibilities of duty bearers in emergency situations</p> <p>Responsibilities that arise for the individual, with respect to realizing the right to health</p> <p>The interplay between access to information in regard to the right to privacy</p>

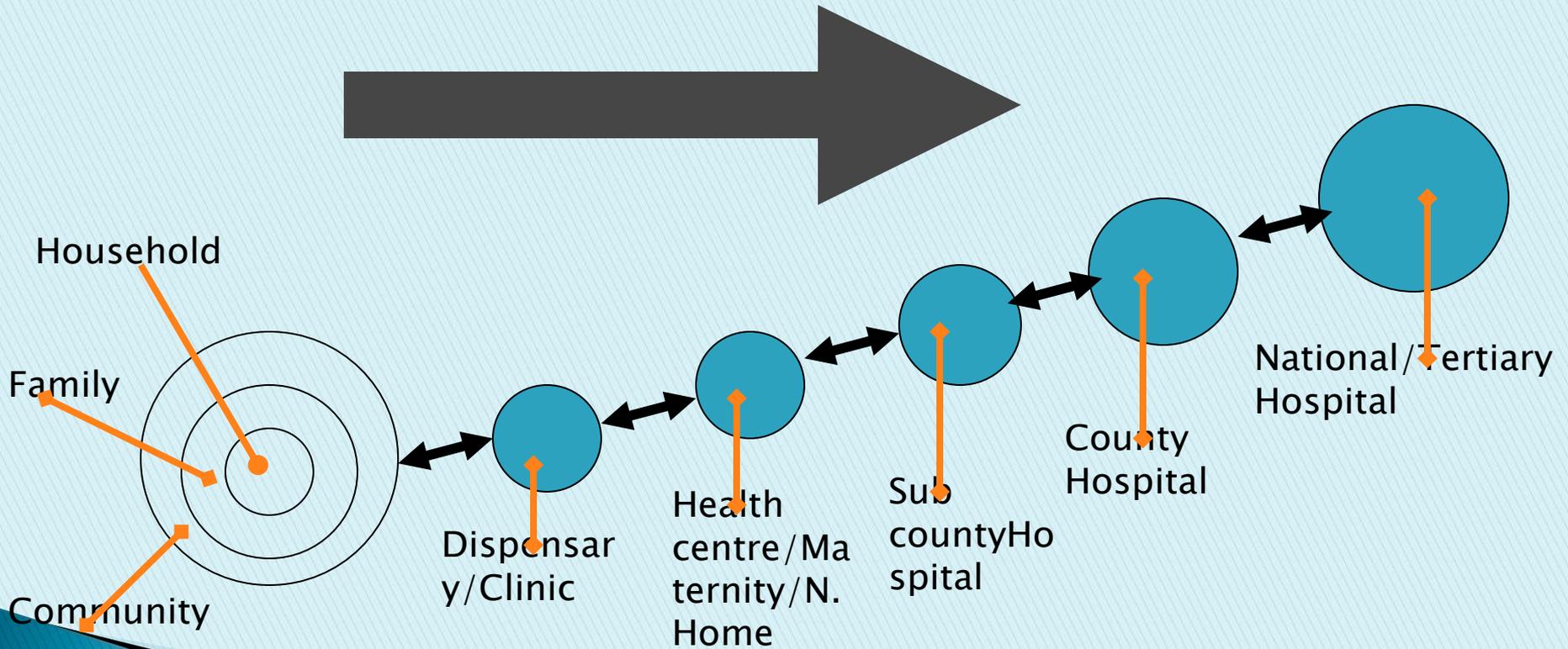


Tiers of Care for Service Delivery

❖ These are

- 1. Tier 1:** Community Level – This is a Community unit as defined in the previous KEPH Level 1 unit.
- 2. Tier 2:** Primary Care Level – Provision of basic outpatient health services – previous KEPH levels 2 and 3
- 3. Tier 3:** County Level – Provision of primary referral services – previous KEPH level 4
- 4. Tier 4:** National Level: Provision of secondary and specialized services – previous KEPH Level's 5 and 6

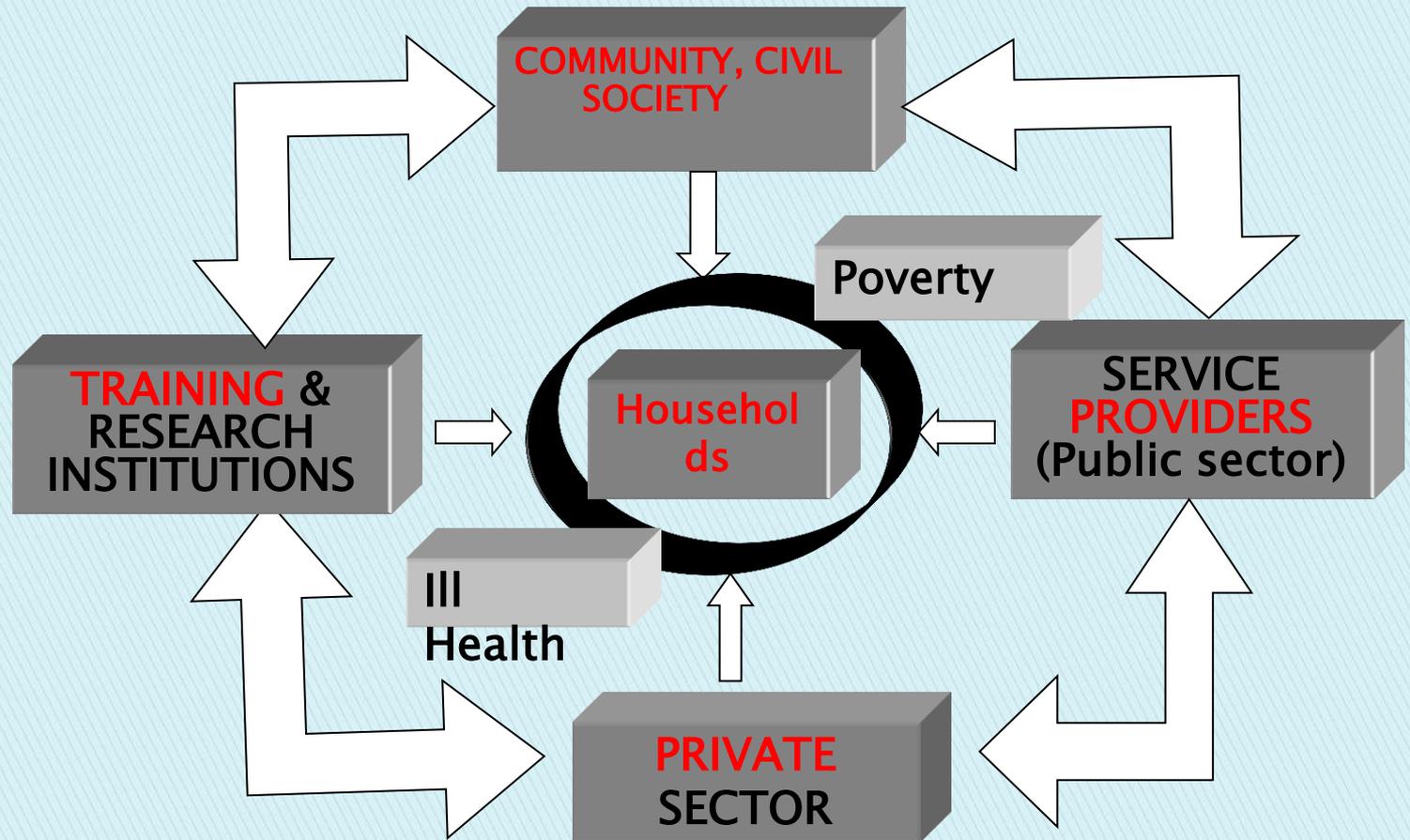
CHWS /CHV LINK HOUSEHOLDS AND FORMAL HEALTH CARE SYSTEM



COMMUNITY HEALTH WORKERS AND MIDWIVES TRAINING SITES

- AMREF ONLINE TRAINING
- GREAT LAKES UNIVERSITY OF KISUMU
 - MOI UNIVERSITY
 - KENYATTA UNIVERSITY
- OTHERS IN ETHIOPIA, TANZANIA, UGANDA





- ▶ All groups within the community targeted for involvement in the spirit of inclusiveness, but the poor and vulnerable focused on

- ▶ Volunteerism
- ▶ Attrition rates
- ▶ Supervision
- ▶ Sustainability
- ▶ Donor demands
- ▶ Political will
- ▶ Poverty
- ▶ Documentation



Challenges needing research

LESSONS LEARNT FROM HIV CARE

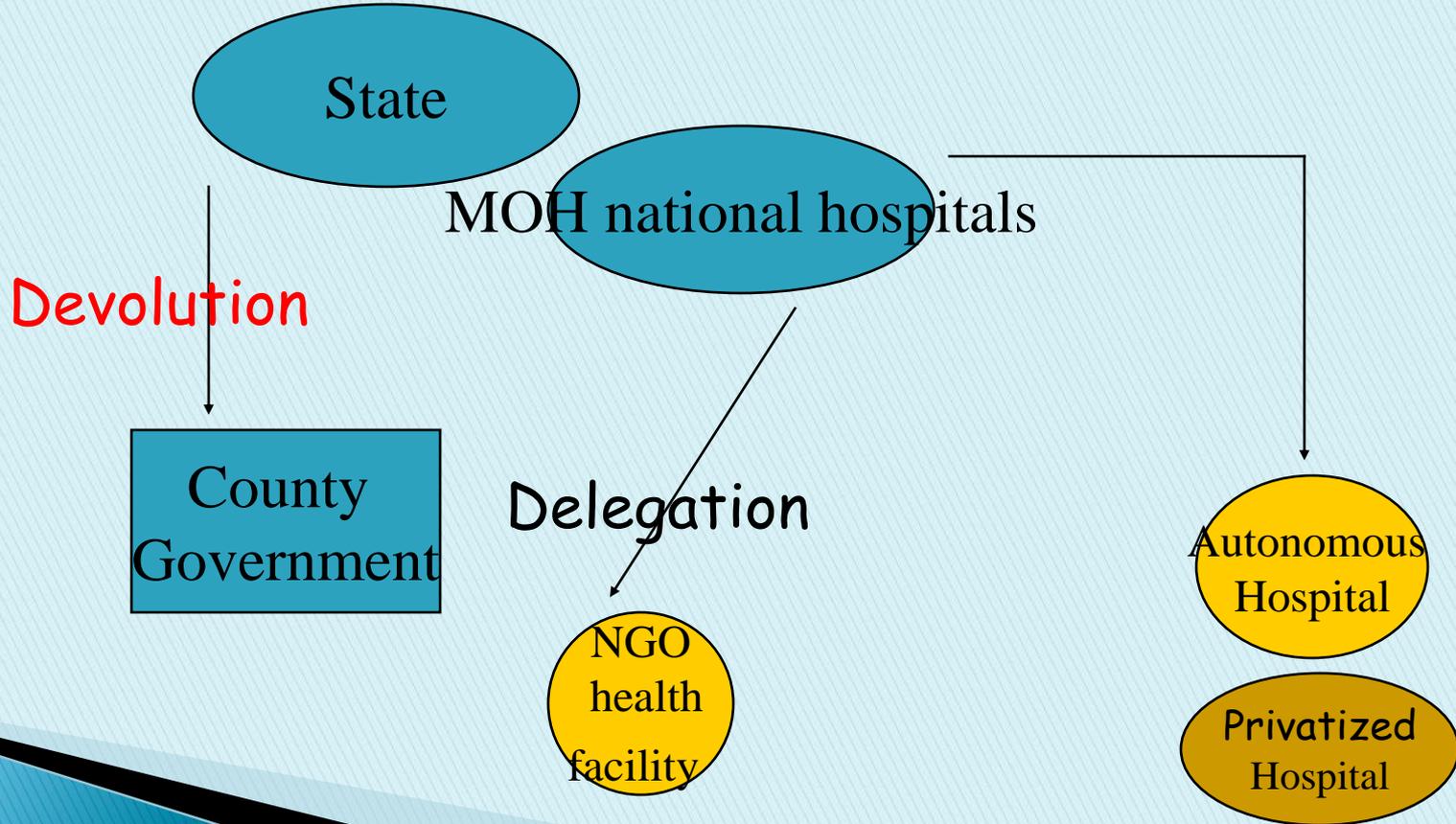
1. Progress has been made through multi-sectoral response
2. Care devolved to the counties
3. KASF(kenya aids strategic framework) 2015–2019 to guide response in line with vision 2030, and new constitution 2010
4. Goal of KASF to achieve universal access to care access Global fund through Kenya C mechanism(KCM)

Forms of decentralization

- ▶ **Deconcentration:** transfer of authority and responsibility from central to field offices of same agency
- ▶ **Delegation:** transfer of authority and responsibility from central agencies to organizations outside their direct control
- ▶ **Devolution:** transfer of authority and responsibility from central government to lower levels through statutory or constitutional measures

Decentralization

State Decentralization





Sustaining financing for health programs: National Hospital Insurance Fund - Kenya
Social health insurance since 1967 now covering 20% of population

Mandate of NHIF

- ▶ Provision of social health insurance to the Kenyan residents

- ▶ **Mission**

To provide accessible, affordable, sustainable and quality social health insurance

Cover is household based so even Kenyans with mental challenges can be covered

Expanded coverage

- ▶ professionals, farmers, informal business persons, students, jua kali, transport sector, domestic workers
- ▶ Removing upper age ceiling of 65
- ▶ Retirees encouraged to continue membership
- ▶ Indigents



Outpatient Cover Cont'd

- Treatment, dressing or diagnostic testing
- Health and wellness education
- Clinical counselling services
- Family Planning
- Anti natal care
- Mental health care

Towards universal coverage

- ▶ Removal of upper age ceiling to allow for senior citizens
- ▶ Efforts are already directed towards engaging
 - the Government
 - Development partners
 - Well wishersto contribute for coverage of the indigents and the absolute poor