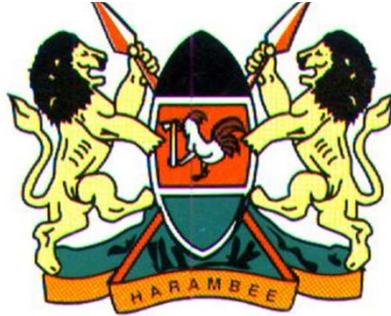


**REPUBLIC OF KENYA**



**THE HEALTH SECTOR INTERGOVERNMENTAL  
CONSULTATIVE FORUM**

**OPERATION MANUAL**

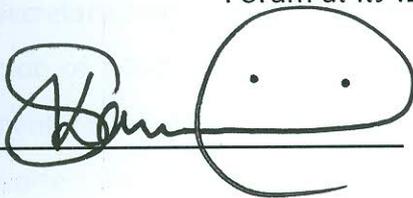
July 2018

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Developed under Constitution of Kenya 2010, Intergovernmental Relations Act 2012 and the Health Act 2017 and done at Naivasha on 10th May 2018

(Adopted by the Health Sector Intergovernmental Consultative Forum at its 12<sup>th</sup> Ordinary Session)

Signed  Date 26-7-18

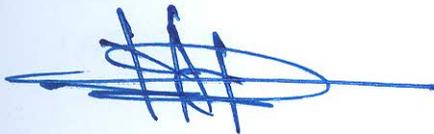
Chairperson

Signed  Date 26/07/2018

Co-Chairperson

## **Acknowledgements**

The preparation and writing of this Intergovernmental Forum Operations Manual was accomplished through the facilitation and efforts of actors who individually and collectively made immense contributions in various ways. Special thanks go to the Cabinet Secretary Ministry of Health, the Principal Secretary Ministry of Health and the Director of Medical Services who authorized the study that finally led to the development of this Operations Manual. Our thanks also go to JICA Kenya Office who supported the study and the process of the development of the Manual both in financial and technical support. Also deserving a special mention are the County Executive Committee Members for Health and the technical staff at the Ministry of Health for their commitment and devotion in going through the document and making valuable inputs. We also must acknowledge the support by Transforming Health Systems for Universal Health Care Project in holding the stakeholders' forum that brought immense input into the document. We also feel indebted to the staff at the Department of Health Sector Coordination and Intergovernmental Affairs and JICA Project for Organizational Capacity Development for Management of Devolved Health Systems (OCCADEP) who worked long hours under tight time constraints and stressful conditions to prepare and edit the initial drafts. Finally we must express our gratitude to the Consultant who led the process of conducting the study and developing the first draft of the Manual.

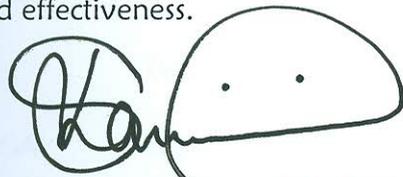


**Dr. Andrew Mulwa**  
**Chair, Health CECs Forum**

## Foreword

The Health Sector Intergovernmental Consultative Forum (HSIGCF) plays a crucial role in providing a platform for structured dialogue on health matters through cooperation, collaboration, consultation, concurrence, consensus, communication and commitment. The HSIGCF is also expected to be a platform for addressing key priority health sector issues of concern between the two levels of governments. This operational Manual describes the process and procedures to be followed in active engagement between the Ministry of Health and the County Governments. The Manual outline structures and key functions, conduct of business, communication mechanism, monitoring and evaluation for sustainability of the HSIGCF. This Manual defines roles and responsibilities of various structures and offices within the scope of work defined by the Intergovernmental Relations Act 2012 and the Health Act 2017. The Manual also outline the formation of the HSCICF secretariat, financing arrangements, reporting and monitoring and evaluation.

The Manual are expected to standardise operations of the HSIGCF to ensure efficiency and effectiveness.



Sicily K. Kariuki (Mrs) EGH, MBS, CBS

CABINET SECRETARY

## List of Abbreviations

|        |  |
|--------|--|
| CEC    | County Executive Committee Member                  |
| COG    | Council of Governors                               |
| CS     | Cabinet Secretary                                  |
| DMS    | Director of Medical Services                       |
| DP     | Development Partners                               |
| DPHK   | Development Partners in Health Kenya               |
| HSIGCF | Health Sector Intergovernmental Consultative Forum |
| HSIGCF | Intergovernmental Consultative Forum               |
| IGRTC  | Intergovernmental Relations Technical Committee    |
| JICA   | Japan International Corporation Agency             |
| MOH    | Ministry of Health                                 |
| PS     | Principal Secretary                                |
| SAGA   | Semi-autonomous Governmental Agency                |
| TTC    | Thematic Technical Committee                       |
| UHC    | Universal Health Coverage                          |
| WHO    | World Health Organization                          |

## **1.0 Background**

The Intergovernmental Relations Act 2012 establishes a framework for consultation and co-operation between the national government and county governments and county governments amongst themselves. Pursuant to provisions of this Act, the health sector has been convening the Health Sector Intergovernmental Consultative Forum (HSIGCF) that brings together county health departments represented by the County Executive Committee members for health (CEC) and the national level represented by the Cabinet Secretary (CS), the Director of Medical Services (DMS) and Heads of Departments at the Ministry of Health (MOH) and Semi-Autonomous Government Agencies.

The Health Sector Intergovernmental Consultative Forum (HSIGCF) plays a crucial role for structured dialogue on health matters through cooperation, collaboration, consultation, concurrence, consensus, communication and commitment. The HSIGCF is also expected to be a platform for addressing key priority health sector issues of concern between the two levels of governments.

This operational Manual describes the process and procedures to be followed in active engagement, consultation, cooperation and mutual accountability between the Ministry of Health and the County Governments. The Manual outline structures and key functions, conduct of business, communication mechanism, monitoring and evaluation for sustainability of the HSIGCF.

### **1.1 Application and scope**

This Manual applies to HSIGCF and its subsidiary bodies. Specifically, this Manual defines roles and responsibilities of various structures within the scope of work defined by the Intergovernmental Relations Act 2012 and the Health Act 2017. The Manual seek to standardise operations of the HSIGCF to ensure efficiency and effectiveness.

## 1.2 Mandate of the HSIGCF

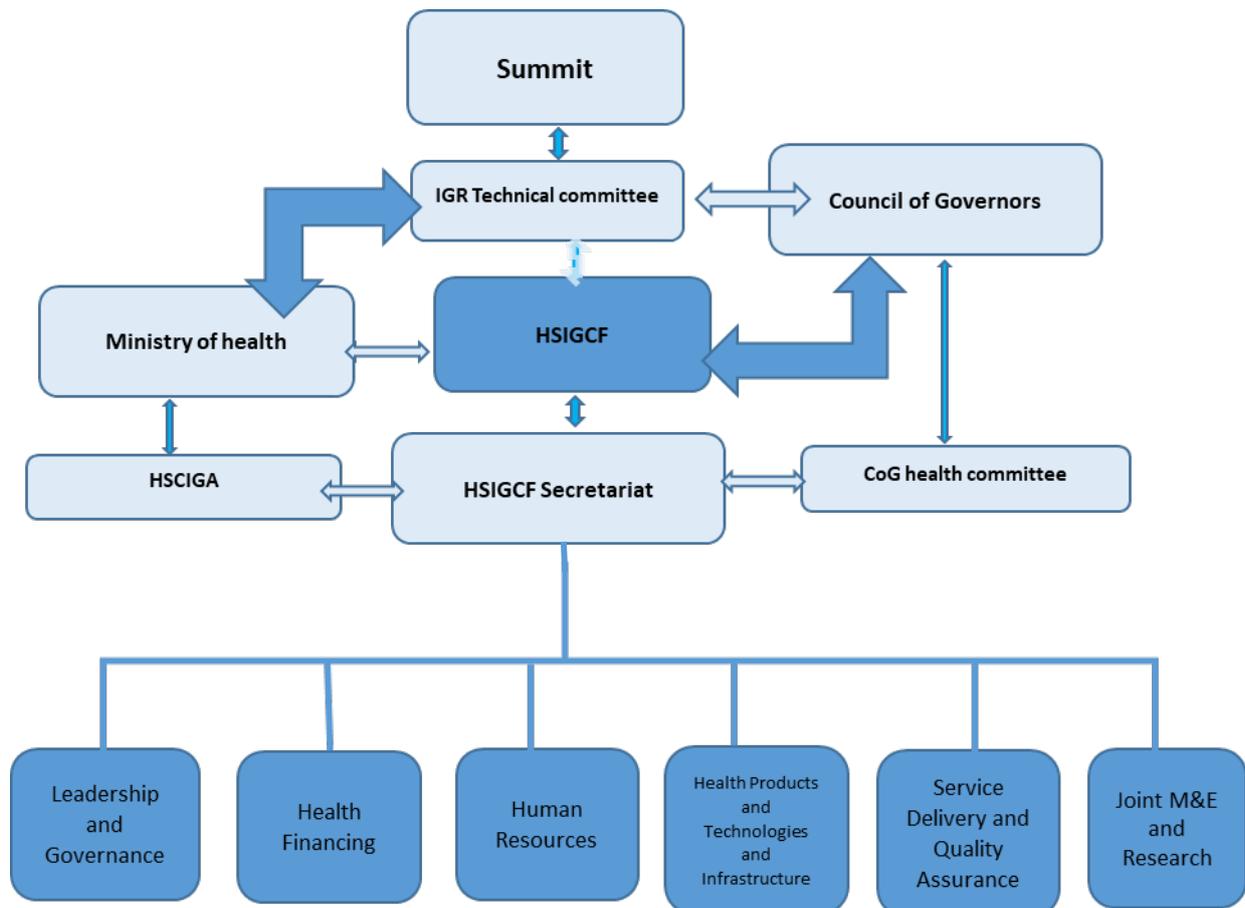
The Forum shall: develop criteria and framework for determining matters requiring inter-governmental consultation; develop inter-governmental agreements for joint implementation of any activities for health service delivery; be a platform for mutual consultation, coordination and collaboration between the national and county governments on all matters related to health.

## 1.3 Guiding Values

The HSIGCF plays a crucial role in providing opportunity for structured dialogue and is guided by the following values; Cooperation, Collaboration; Consultation, Concurrence, Consensus, Communication and Commitment.

## 1.4 Structure of the HSIGCF

The HSIGCF consultative forum will mainly comprise three levels namely, thematic technical committees (TTCs), HSIGCF Secretariat and HSIGCF. These levels will relate to each other and to other intergovernmental relations structures as shown below;



## **2.0 Terms of Reference for HSIGCF**

- i) Identify issues for discussion during the intergovernmental consultative mechanisms and establish systems to address these issues.
- ii) Coordinating and harmonizing development of health policies, standards and laws
- iii) Evaluate the performance of the national or county governments in realizing health goals, and recommend appropriate action
- iv) Monitoring the implementation of national and counties' sectoral plans for health
- v) Promotion of governance and partnership principles across the health system
- vi) Follow up on implementation of recommendations from the National and County Government Coordinating Summit
- vii) Consideration of issues on health that may be referred to the forum by members of the public and other stakeholders and recommending measures to be undertaken.

## **2.1 Composition of the HSIGCF**

The HSIGCF is an intergovernmental mechanism, and membership is only derived from the two levels of government. Other stakeholders including development partners may be invited to participate and/or make submissions on a need basis, and in fulfilment of the broader democratic goal of public participation.

The HSIGCF will therefore basically comprise of:

- i) The Cabinet Secretary of Health
- ii) The 47 County Executive Committee Members for Health

## **2.2 Chairing arrangements**

HSIGCF shall be co-chaired by CS Health and Chair of the Health CECs Forum.

## **2.3 Scheduling of HSIGCF meetings**

An annual schedule of meetings for the HSIGCF aligned to the health sector calendar shall be prepared by the secretariat in consultation with the co-chairs and circulated to all stakeholders. The HSIGCF meets at least twice a year, but additional meetings shall be convened by the co-chairs as may be required.

## **2.4 Convening of the HSI GCF meetings**

This procedure applies to the HSI GCF and all its subsidiary bodies with modifications as may be agreed upon.

The co-chairs will convene meetings based on the annual schedule. Participants should be invited two weeks in advance through a letter signed by the convenor. The invitation shall contain the date, venue and the proposed agenda for the meeting, and shall be sent together with the report of deliberations from the previous meeting. The invitation shall be sent to all members through the agreed communication channels.

The meeting venue shall be selected based on convenience in terms of participants, alignment to other health sector activities and the available resources.

## **2.5 Agenda setting for meetings and venue selection**

This procedure applies to the HSI GCF and all its subsidiary bodies with modifications as may be necessary.

The following process shall be followed at the bare minimum.

1. The HSI GCF secretariat solicits for agenda items from CEC executive committee, TTCs and then share with HSI GCF co-chairs for concurrence
2. The secretariat shall then draft the agenda for the proposed HSI GCF meeting and circulate to all participants together with other materials containing the necessary information to be discussed during the meeting two weeks in advance
3. The meeting agenda may vary based on emerging priority issues within the health sector

## **2.6 Decision making**

This procedure applies to the HSI GCF and all its subsidiary bodies with modifications as may be necessary.

The HSI GCF decisions shall be made by consensus but depending on the nature of the issue, other decision making rules may be applied.

## **2.7 Procedure for conducting meetings**

This procedure applies to the HSI GCF and all its subsidiary bodies with modifications as may be necessary.

The following steps shall be followed in the conduct of meetings

- i. Establish quorum (1/3 plus 1 of all the 47 CECs plus CS Health)
- ii. Opening formalities
- iii. Confirmation of report of the previous meeting
- iv. Status report on matters referred
- v. Presentation of issues requiring decision making
- vi. Consensus on action points through a signed way forward or communiqué

## **2.8 The HSI GCF Secretariat**

This will comprise a minimum of four staff equally nominated by MOH and COG. The Secretariat shall be responsible to the HSI GCF for the day to day administration of the affairs of the HSI GCF. Specific tasks will include

- i) Processing agenda for the meetings (HSI GCF and TTCs) in consultation with relevant stakeholders
- ii) Facilitate the process to convene meetings for both HSI GCF and TTCs
- iii) Administration of the meeting process and support to the Chair and members
- iv) Organisation and keeping of records of the meetings with specific focus on decisions and resolutions made.
- v) Promotion and dissemination of information internally and externally
- vi) Generation of technical materials, briefs and discussion papers for HSI GCF and TTCs
- vii) Tracking implementation of decisions made by the HSI GCF and TTCs
- viii) Facilitate external advisory support as may be required by the HSI GCF.
- ix) Preparing and sharing reports of meetings
- x) Other tasks as may be assigned by the co-chairs of HSI GCF and TTCs

### **3.0 Thematic Technical Committees (TTCs)**

At least six TTCs shall be constituted for: leadership and governance; health financing; human resources; health products & technologies and infrastructure; Service delivery and quality assurance and; joint M&E and research.

#### **3.1 Composition of TTCs**

The membership to the TTCs shall be agreed between the National and County Governments as here below:

Maximum of 15 members per TTC including;

1. MoH staff – maximum of 3
2. CECs – maximum of 8
3. SAGAs – 1
4. DPs – Maximum of 3

#### **3.2 Terms of Reference for TTCs**

- i) Discuss the technical and operational matters of mutual interest
- ii) Review of the achievements regarding the way forward/resolutions and recommendations made at the previous HSI GCF
- iii) Identify and discuss priority issues and give recommendations to the HSI GCF
- iv) Preparation of the draft resolutions and recommendations.
- v) Review resolutions and recommendations by HSI GCF
- vi) Coordinate implementation of HSI GCF resolutions in line with thematic areas of the TTCs

### **4.0 Communication and Reporting**

#### **4.1 Way Forward or Communiqué**

A way forward or communiqué on resolutions passed, matters referred back to the committees and those escalated to other levels shall be prepared, signed by the co-chairs and circulated to relevant stakeholders within two weeks after each HSI GCF

#### **4.2 Meeting reports**

HSI GCF reports shall be prepared by the secretariat soon after the meeting and circulated to co-chairs for their input within two weeks. The final report shall be circulated to participants within four weeks for action as necessary.

### **4.3 Minutes of TTC meetings**

All committees shall take and share minutes of discussions with the secretariat. The minutes shall clearly outline agreements reached and matters referred to other levels within the HSI GCF process

### **5.0 Positioning HSI GCF in the health sector partnership coordination framework**

Several Actors in the health sector will either individually or through their coordination structures link to the HSI GCF at different levels to work in collaboration to support the country's health agenda using the principles of Sector Wide Approach.

### **6.0 Financial Arrangements**

Funding for the HSI GCF shall be shared by both levels of governments effective from FY 2019/2020 onwards. For efficiency gains, the HSI GCF shall leverage on other health sector meetings and events that bring together the national and county governments. Partners may from time to time be requested to provide technical assistance to the HSI GCF as necessary

### **7.0 Monitoring and Evaluation**

The Secretariat shall prepare monitoring and evaluation reports for intergovernmental activities under the guidance of the HSI GCF.

### **8.0 Review of the Operation Manual**

The Secretariat shall under guidance of the HSI GCF leadership and in consultation with relevant stakeholders conduct review of the manual to enhance effectiveness and respond to emerging issues.