Investment Case Priorities

1. Address disparities and increase equitable coverage through prioritized investments in underserved counties, and accelerate action for underserved and marginalized populations.

2. Address prioritized demand-side barriers to increase access, utilization, coverage, and affordability of RMNCAH-N services, and ensure financial protection for the poor:
   - Expand community health services networks and access to preventive and primary care interventions.
   - Expand universal health coverage through subsidized insurance cover for essential services.

3. Address prioritized supply side health system bottlenecks to improve access to effective, efficient, high quality service delivery for high-impact interventions:
   - Maternal and newborn health services: RMNCAH-N, Cenfrocan, and functional referral systems.
   - Family planning: availability, accessibility, acceptability, and quality of FP services.
   - Child health: access to preventive services, primary care services, and emergency care.
   - Nutrition: focus on nutrition for early childhood development.
   - Adolescent Health: Scale-up availability of cross-sectoral adolescent sexual and reproductive health services.

Monitoring the Country-led Process

Investment Case

- Established a set of evidence-based priorities financed by Government and donors.
- Results monitoring strategy and framework in support of IC (new or established).
- Country-led multi-stakeholder platform (cogeneration of results and communication of results among all stakeholders).
- Government focal point identified.
- Country platform held at least one meeting.
- Established and initial meeting held.
- Government focal point identified.
- CSG representative identified.
- CSG not identified in the process.
- Country has started implementing a private sector intervention.
- Country submitted projective proposal.
- Country has started implementing a private sector intervention.
- CSG identified as a priority in the investment case.
- CSGs not identified as priority.
- CSGs not identified as priority.
- Supply chain management intervention funded.
- Civil society supported.
- Supply chain interventions funded.
- Health financing reforms identified.
- World Bank-funded project in support of the IC.
- Private sector engagement.
- Civil registration and vital statistics (CRVS) made a priority.
- Management of medicines and supply chain interventions.

Core Impact Indicators

- Maternal mortality ratio 362 per 100,000 live births.
- Neonatal mortality ratio 22 per 1,000 live births.
- Under-five mortality ratio 52 per 1,000 live births.
- Adolescent birth rate 96.3 per 1,000 women.
- Infant mortality rate 46 per 1,000 live births.
- Stunting among children under 5 years of age 26%.
- Children aged <5 years with pneumonia treated by a healthcare provider 66%.
- Modern contraceptive prevalence rate 36.1%.
- Health expenditure per capita financed from domestic sources 23.19.
- Ratio of government health expenditures to total government expenditures 6.39%.
- Percent of current health expenditure on primary/ outpatient health care 40%.
- Share of external funding for health that is pooled on budget 30.05%.
- Share of government health expenditure that is catastrophic and impoverishing health expenditures 5.5% catastrophic, 1.4% impoverishing.

Resource Mapping

- Health sector coordination, resource mapping, and joint planning and review in Kenya have, for various reasons, been dormant for several years, but are now being revived by Kenya’s Ministry of Health with support from the GFF and World Bank THS-UCP, RMNCAH-N Multi-donor Trust Fund, Clinton Health Access Initiative, USAID, WHO, and other partners. Resource mapping informs and supports the implementation of the government’s new Health Sector Strategic Plan 2018-2022, in which RMNCAH-N, guided by the RMNCAH investment case, will feature as the central component in delivering health services and universal health coverage.

- The financial requirement for RMNCAH investments for the 20 priority counties was estimated at US$199 million from 2017 to 2019. Although detailed information is not currently available, Kenya’s Ministry of Health estimates that the government contributes 40 percent of all health expenditures, households (through out of pocket payments) 31 percent, donors 23 percent, and other private sources 6 percent, representing a slow but steady trend toward an increased government share of funding and a decreased share from external partners. Major external contributing health partners include the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative, Global Fund, Gavi, the governments of Denmark, Japan (JICA), United Kingdom (DFID), and United States (PEPFAR, USAID, CDC), the UN H4 partners, and the World Bank.

- Health Financing Indicators

  CORE HEALTH FINANCING IMPACT INDICATORS

  - Health expenditure per capita financed from domestic sources 23.19.
  - Ratio of government health expenditures to total government expenditures 6.39%.
  - Percent of current health expenditure on primary/ outpatient health care 40%.
  - Share of external funding for health that is pooled on budget 30.05%.
  - Share of government health expenditure that is catastrophic and impoverishing health expenditures 5.5% catastrophic, 1.4% impoverishing.

- Monitoring of Country-led Process

  - Investment Case
  - Country platform
  - Civil society
  - Health financing
  - Project development
  - Private sector engagement
  - Civil registration and vital statistics (CRVS)
  - Management of medicines and supply chain interventions

- Other Areas of Interest

  - Health financing
  - Project development
  - Private sector engagement
  - Civil registration and vital statistics (CRVS)
  - Management of medicines and supply chain interventions

- Geographic Focus Areas

  - Focus areas
  - Richest National Average Poorest
  - Government focal point identified.
  - Supply chain intervention funded.
  - Health financing reforms identified.
  - World Bank-funded project in support of the IC.
  - Private sector engagement.
  - Civil registration and vital statistics (CRVS) made a priority.
  - Management of medicines and supply chain interventions.

- World Bank-funded

  Project (IDA/IBRD/Off)

  Country: Kenya

  Board Date: 6/15/16

  GFF Approved Amount: $40M

  IDA Amount: $150M

- RMNCAH-N Data

  - CORE HEALTH IMPACT INDICATORS

  - Maternal mortality ratio 362 per 100,000 live births.
  - Neonatal mortality ratio 22 per 1,000 live births.
  - Under-five mortality ratio 52 per 1,000 live births.
  - Adolescent birth rate 96.3 per 1,000 women.
  - Infant mortality rate 46 per 1,000 live births.
  - Stunting among children under 5 years of age 26%.
  - Children aged <5 years with pneumonia treated by a healthcare provider 66%.
  - Modern contraceptive prevalence rate 36.1%.

- Coverage of pregnant women who receive ARV for RMCT 20%.

- People living with HIV receiving ART 64%.

- Coverage of pregnant women who receive ARV for RMCT 80%.

- Children aged <5 years with symptoms taken to a healthcare provider 66%.

- Coverage of children aged <5 years with symptoms (DMT 3).

- Moderate to severe wasting among children under 5 years of age 4% moderate 1% severe.

- Address prioritized supply side health system bottlenecks to improve access to effective, efficient, high quality service delivery for high-impact interventions:

  - Maternal and newborn health services: RMNCAH-N, Cenfrocan, and functional referral systems.
  - Family planning: availability, accessibility, acceptability, and quality of FP services.
  - Child health: access to preventive services, primary health care, and emergency care.
  - Nutrition: focus on nutrition for early childhood development.
  - Adolescent Health: Scale-up availability of cross-sectoral adolescent sexual and reproductive health services.

- Health indicator

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- Health indicator

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- Core Impact Indicators

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