

Kenya

KENYA

Country Focus Areas

- **Provide financial incentives** for counties to allocate at least 20 percent of their budgets to health.
- **Reduce fragmentation** and improve the efficiency of spending at the county level by providing Multi Donor Trust Fund technical support to counties' annual work plans.
- **Support platforms for strategic private sector dialogue and engagement.**
- **Scale up birth registration** with maternal and child health services, build the capacity of registration officials in monitoring and supervision and health officials in cause of death certification and coding, and incentivize birth registration.

RMNCAH-N Core 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

Percent of births <24 months after the preceding birth: **17.9%**

Stunting among children under 5 years of age: **26%**

Moderate to severe wasting among children under 5 years of age:
4% moderate; 1% severe

Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: **US\$23.95**

Ratio of government health expenditure to total government expenditures: **6.06%**

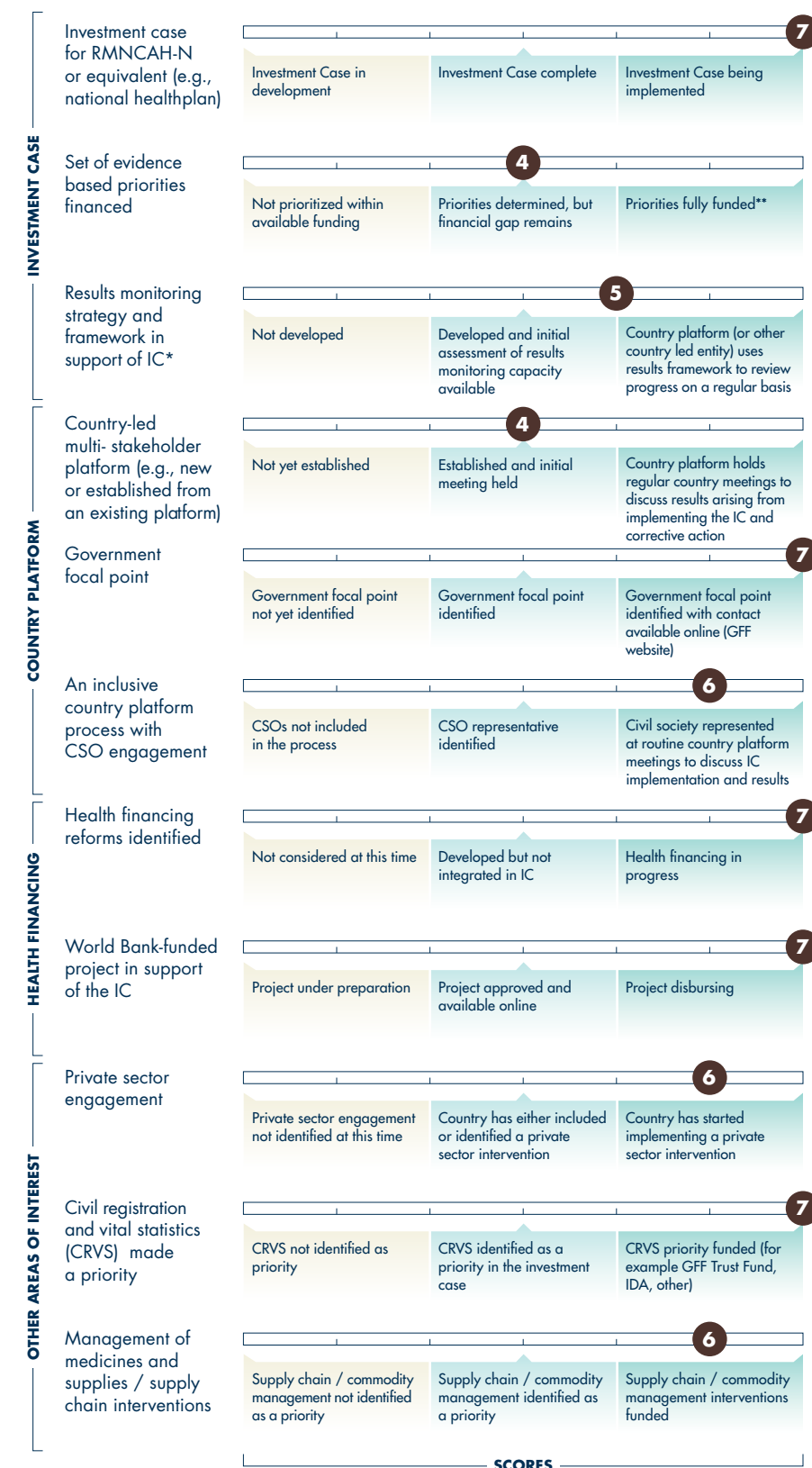
Percent of current health expenditures on primary/outpatient health care: **63.98%**

Incidence of catastrophic and impoverishing health expenditures:
5.83% catastrophic
1.5% impoverishing

Resource Mapping

Resource mapping informs and supports the implementation the RMNCAH investment case. The financial requirement for RMNCAH investments for the 20 priority counties was estimated at US\$989 million from 2017-18 to 2019-20 (source: RMNCAH investment framework). 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 (source: NHA); 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 H6 partners, and the World Bank.

Monitoring the Country-Led Process



* Both included in the IC document or a separate document

** Meaning that funding was allocated, disbursed and released – payment done

*** ANC4 = four antenatal care visits

ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.