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 registry 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$323.95
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 1.8% 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$969 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 (throughout 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.

Health Financing

Civil registration and vital statistics (CRVS) made a priority
Supply chain / commodity management not identified as a priority
Supplies / supply chain management funded
Management of medicines and supplies / supply chain interventions

Other Areas of Priority

SCORES

4
4
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Monitoring the Country-Led Process

Investment Case being developed
Set of evidence based priorities financed
Country-led multi-stakeholder platform (e.g., new or established from an existing platform)
Government focal point
Country platform (or other country led entity) using results framework to review progress on a regular basis
Project under preparation
Civil society represented
Health financing reforms identified
Government focal point not yet identified
Project approved and available online
Health financing is in progress
Government focal point identified
Civil society representative identified
Results monitoring strategy and framework in support of IC*
Government focal point not yet identified
Project disbanding
Country platform holds regular country meetings to discuss results arising from implementing the IC and corrective action
Country has either included CRVS as a priority
Country has started implementing a private sector intervention
CRVS not identified as a priority
CRVS identified as a priority in the investment case
CRVS not yet identified with contact available online (GFF website)
CRVS priority funded (for example GFF Trust Fund, example GFF Trust Fund, IDA, other)
CRVS identified as a priority
Civil registration and vital statistics (CRVS) made a priority
Supply chain / commodity management not yet identified
Supply chain / commodity management identified as a priority
Supply chain / commodity management not yet identified
Supply chain / commodity management funded

* Both included in the IC document or a separate document
** Meaning that funding was allocated, disbursed and released – payment done
*** ANGEC = four antiretroviral care visits
ART = antiretroviral therapy, ART = antiretroviral, OFT = oncology for Tuberculosis, Tetanus, and Pertussis, ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission, PNC = postnatal care.