



**MINISTRY OF
HEALTH**

Eight Years of Kenya's Partnership with the GFF

17TH GFF Investors Group Meeting

NOVEMBER 29th -30th ,2023

CABINET SECRETARY – HEALTH

NAKHUMICHA.S.WAFULA

Background

Kenya was among the four frontrunner countries to join the Global Financing facility (GFF) in 2015 at a moment when there was:

- Slow progress in key indicators – maternal and neonatal mortality, and adolescent fertility remained high
- Inequitable health care coverage between counties, rural/urban, demographics
- Uneven distribution of the health workforce and low quality of care
- Less than optimal quality and utilization of data from routine health information systems

| Impact Indicators 2015 | KDHS, 2008-09 | KDHS, 2014 |
|--------------------------|------------------|---------------|
| Maternal Mortality Ratio | 488 | 362 |
| Under-5 Mortality Rate | 74 | 52 |
| Neonatal Mortality Rate | 31 | 22 |
| Adolescent Birth Rate | 103 | 96 |
| Stunting | 35 | 26 |



The GFF Partnership

- The GFF supported a government-led process to develop the RMNCAH Investment Framework (IF) (2016–2020) through a multistakeholder consultative process.
- The IF guided evidence-based, prioritized annual work plans in each county to address:
 - I. Disparities in equitable coverage
 - II. Prioritized bottlenecks
 - III. Gaps in the health system
- The Transforming Health Systems for Universal Care Project (THS-UCP) was approved in 2016, co-financed by the GFF, World Bank and PHRD.
- The aim of the project was to improve utilization and access to quality health care services in order to improve the health outcomes and realization of UHC.





The GFF Partnership Continued..

- All 47 counties prepared performance based & results oriented annual work plans, informed by IF priorities.
- The results-based approach incentivized counties to increase budgets for health and improve service delivery
- The Ministry of Health provided technical and implementation support to all the 47 counties throughout the project period
- The Coordination of RMNCAH-N was through the **RMNCAH-N Multistakeholder Country Platform** , led by the GFF Gov. Focal Point and has representation from national and county levels; development partners; CSO and youth organizations; private sector, among other stakeholders





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The GFF/WBG financing has helped to scale up high-impact interventions and reforms to accelerate health outcomes

- **US\$40 million GFF grant co-financed US\$150 million World Bank (IDA) project** (Transforming Health Systems for Universal Care Project, which closed Sept. 30, 2023)
- Additionally, The GFF provided Technical Support for health financing reforms & new approaches.
- As of June 2023:
 - 14.7 million people received essential health, nutrition, and population services
 - 7.3 million children immunized
 - 7.4 million deliveries attended by skilled health personnel



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“When I was pregnant, I came to this clinic and got antenatal care. I also gave birth at this facility and here is my child Nerisa who is 8 months old. I am happy that I got a safe place to give birth and I did not have to pay. Before I give birth again, I will make sure to get family planning so that I get enough time and resources to send my kids to school and provide for them.”

Jennifer Sarinke

Patient

Shompole Dispensary, Kajiado County



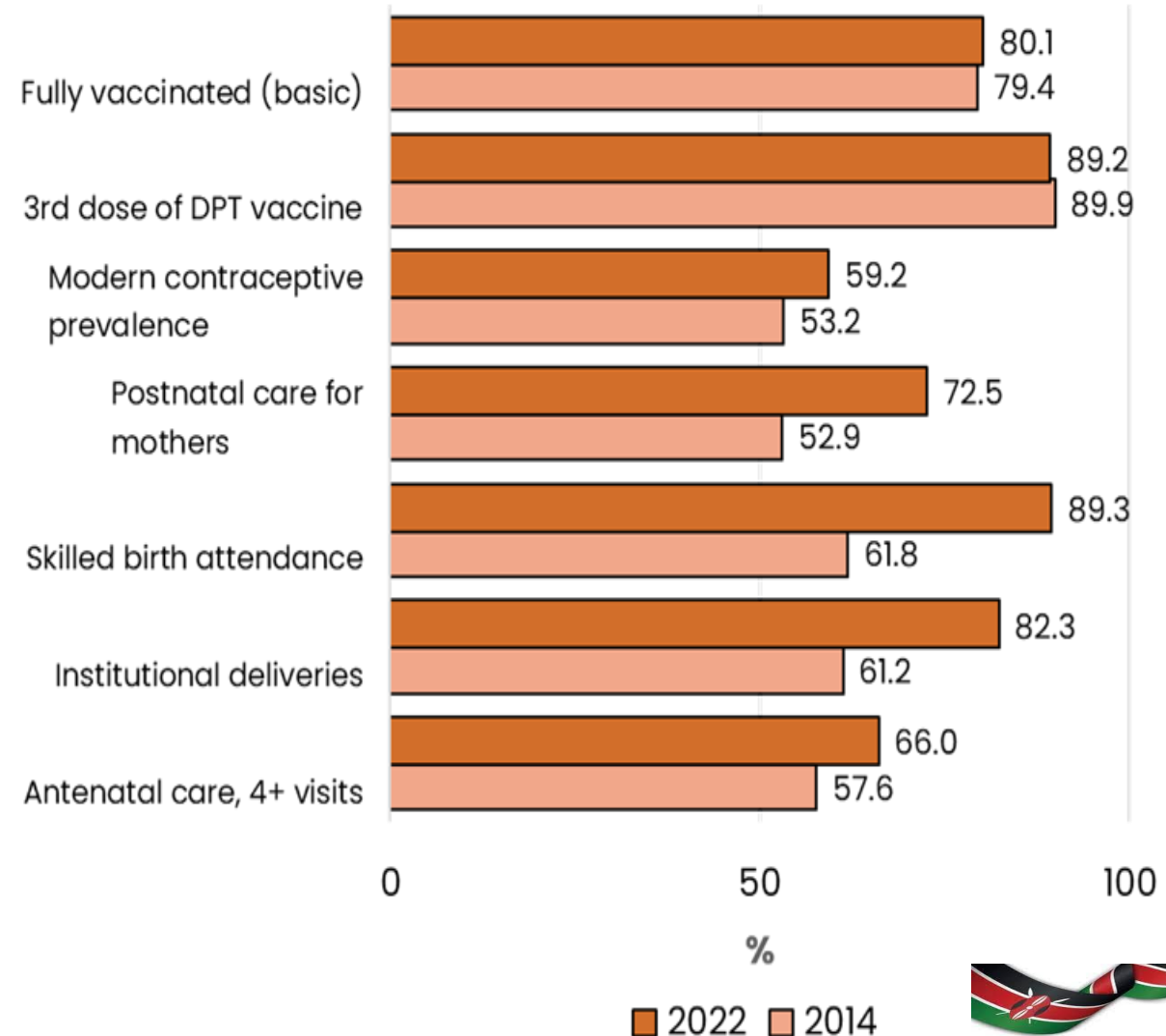
KENYA



Key Results:

- **Increased service coverage:** Across communities, women and children are now able to access critical services such as immunization, pregnancy care, safe deliveries, and family planning incl. modern contraceptives.
- **Improved health outcomes:** lower maternal and child mortality, lower stunting and adolescent birth rates
- **Closed equity gaps:** reached remote communities where the needs were greatest
- **Increased domestic financing for health:** GFF co-financed project tied funding to performance; resulted in increasing the percentage budget allocation to health from an average of 19% in 2015 to an average of 34 % in 2021.

Coverage of RMNCAH Services: KDHS, 2014 and 2022





Notable Gains: Improved Maternal and Child Health

| Impact indicators | KDHS, 2014 | KDHS, 2022 |
|--|---------------|---------------|
| Maternal Mortality Ratio | 362 | 355* |
| Under-5 Mortality Rate | 52 | 41 |
| Infant Mortality Rate | 39 | 32 |
| Neonatal Mortality Rate | 22 | 21 |
| Adolescent Birth Rate, 15-19 | 96 | 73 |
| Percent of births <24 months after the preceding birth | 18 | 17 |
| Stunting among children under 5 years | 26 | 18 |
| Stillbirth Rate | 13 | 15 |





Timely and better-quality health data is informing decision-making

DHIS:

- DHIS data is higher-quality, complete and timely

CRVS:

- Kenya made strides in birth and death registration.
- Pilot project on mobile registration in Narok county contributed to increased birth registration.

RMNCAH Scorecard:

- Kenya's RMNCAH Scorecard is capturing data at national, county and facility levels painting a comprehensive picture of progress and gaps





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Timely and better-quality health data is informing decision-making

“Narok is quite vast. So, for a mother to travel to the CRVS office, it is quite a challenge. So that's why most of them don't report the events for registration. They go unregistered. With mobile registration, we are reaching out to these communities, sparing them the time and cost of transport. We came, processed the certificates, and took them back to the communities”.

KENNEDY NYAMWEYA

County Director, CRVS, Narok County





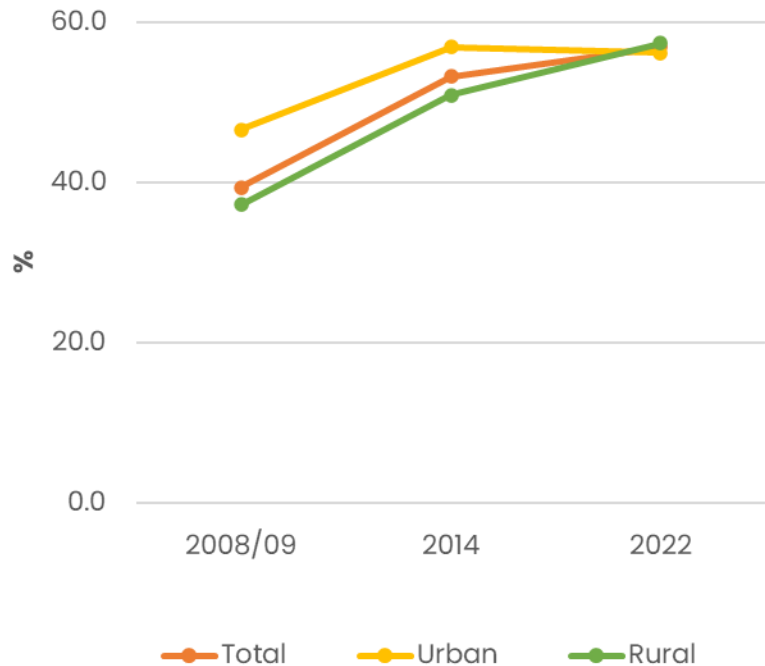
Reaching vulnerable, remote communities and closing equity gaps

▪ **Contraceptive prevalence** for modern methods (mCPR) among currently married women increased more rapidly in rural areas.

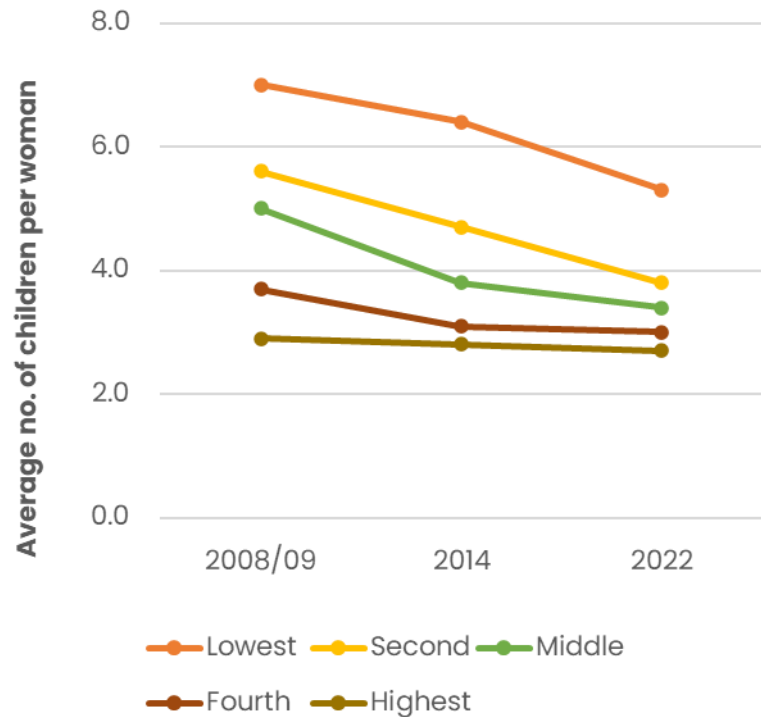
▪ **Gap in Total fertility rate (TFR) by wealth quintile reducing** because of greatest decline among women in the lowest and 2nd lowest wealth quintiles.

▪ **Gap between counties with lowest and highest institutional deliveries reduced**, resulting from accelerated increase in low performing counties.

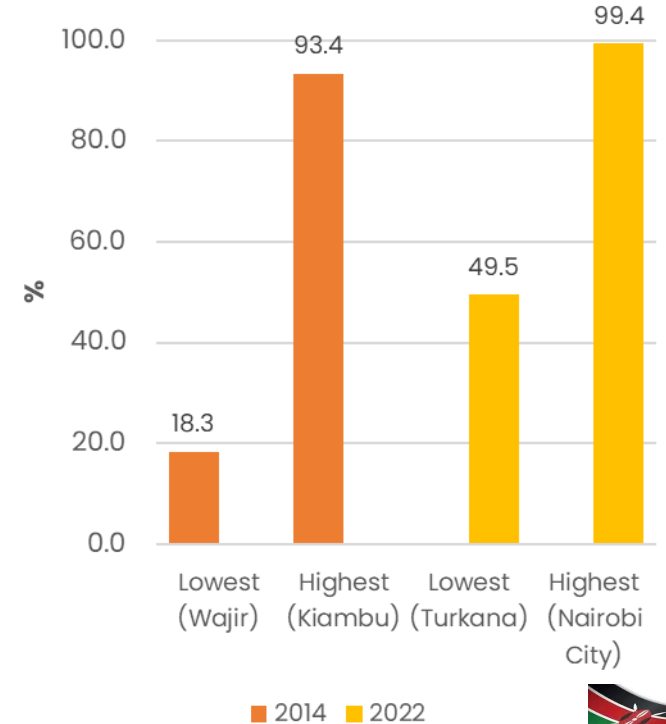
mCPR (KDHS)



TFR (KDHS)



Institutional deliveries (KDHS)



Challenges

- Maternal and newborn **mortality rate** remains high, with worsening stillbirth rate
- **Teenage pregnancy** remains high
- **Lower coverage** of some basic maternal and child health services such as ANC4 at county level
- **Increasing burden** of non-communicable diseases, including for women and adolescents
- Persistent socio-economic and geographic **inequities**
- **Gaps** in infrastructure, human resources for health, and commodities and supplies





Current status

1. Transformational health system and health financing reforms:

- Operationalizing the UHC legislations enacted on 19th October 2023 (Digital Health Act, Primary Health Care Act, Facility Improvement Fund Act and Social Health Insurance Act)

2. Focus on remaining challenges to accelerate maternal and child health outcomes

- Equity, quality of care, Use of data for decision making & non-communicable diseases

3. Ongoing government commitment: government continues to see this agenda (RMNCAH-N) as a priority.

- Strengthened coordination and alignment mechanisms for RMNCAH-N & follow on RMNCAH-N engagements with the GFF partnership after the conclusion of the first Investment Framework.





Building on successes with new financing and expanding collaboration across sectors

1. Pipeline: Building Resilient and Responsive Health Systems

- Discussions underway for co-financing an upcoming IDA project to improve the utilization of quality health services at primary care level aimed at improving the health of women, children and adolescents.

2. Strengthening linkages between health and social protection through the new National Youth Opportunities Toward Advancement project (approved Jun 2023)

- GFF grant of US\$9 million co-financing US\$220 million IDA to help increase employment, earnings and promote savings for targeted youth, at national scale
- GFF funding supports enabling financial security for youth in the informal sector during periods such as pregnancy and after childbirth.

