

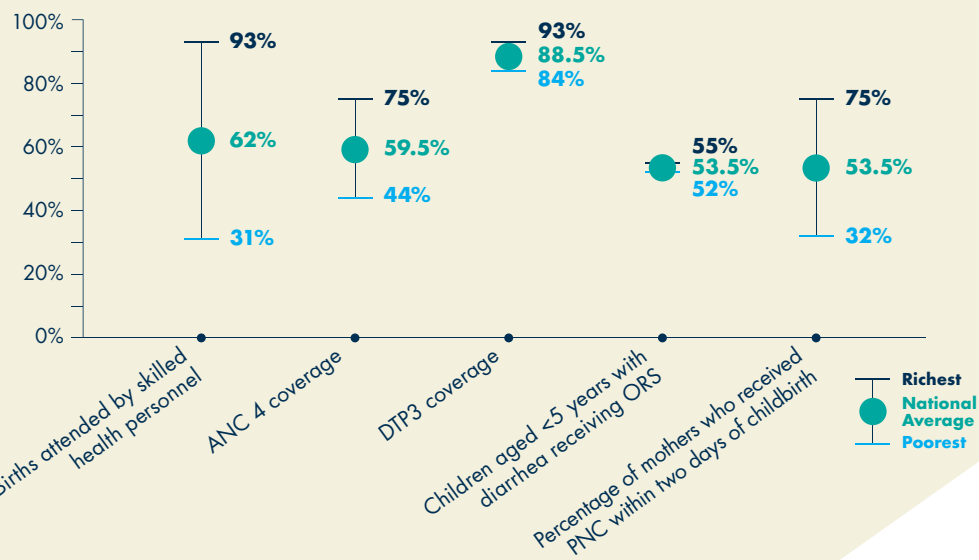
RMNCAH-N Data

CORE IMPACT INDICATORS

Maternal mortality ratio 362 per 100,000 live births	Under-five mortality ratio 52 per 1,000 live births	Percent of births <24 months after the preceding birth 17.9%	Moderate to severe wasting among children under 5 years of age 4% moderate 1% severe
Neonatal mortality ratio 22 per 1,000 live births	Adolescent birth rate 96.3 per 1,000 women	Stunting among children under 5 years of age 26%	

COVERAGE INDICATORS***

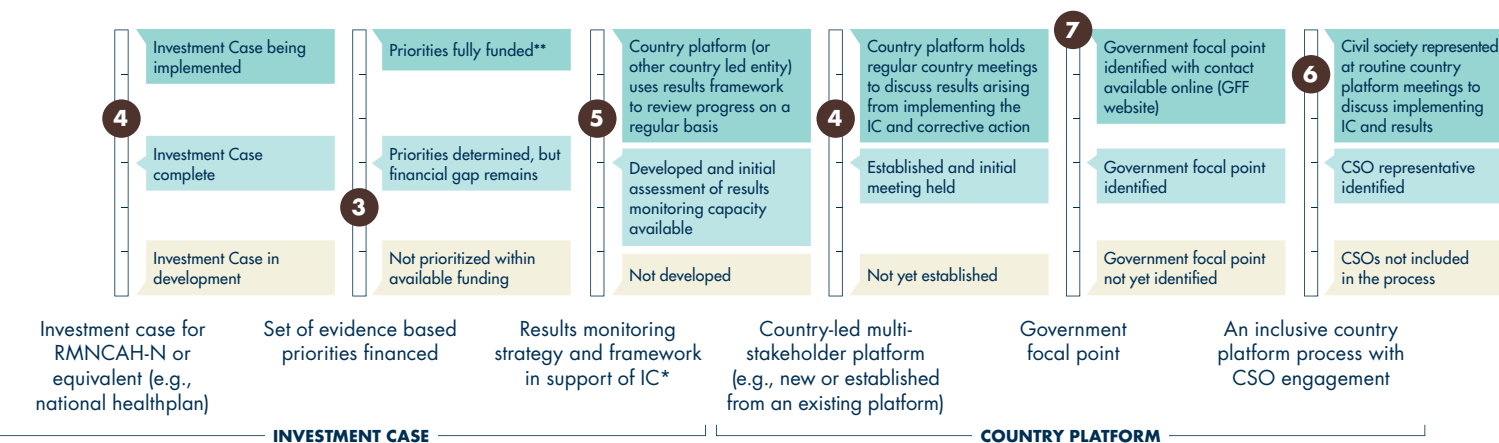
People living with HIV receiving ART 64%	Coverage of pregnant women who receive ARV for PMTCT 80%	Children aged <5 years with pneumonia symptoms taken to a healthcare provider 66%	Modern contraceptive prevalence rate 39.1%
---	---	--	---



Investment Case Priorities

- Address disparities and increase equitable coverage through prioritized investments in underserved counties, and accelerate action for underserved and marginalized populations.
 - Expand community health services networks and access to preventive and promotive interventions
 - Expand universal health coverage through subsidized insurance cover for essential primary healthcare services.
- 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 promotive interventions
 - Expand universal health coverage through subsidized insurance cover for essential primary healthcare services.
- Address prioritized supply side health system bottlenecks to improve access to efficient, effective, high quality service delivery for high-impact interventions:
 - Maternal and newborn health services: BEmONC, CEmONC, 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.

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.

Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources 23.19	Ratio of government health expenditure to total government expenditures 6.29%	Percent of current health expenditures on primary/ outpatient health care 40%	Incidence of catastrophic and impoverishing health expenditures 5.8% catastrophic 1.4% impoverishing
---	--	--	---

OUTPUT INDICATORS

Share of health in total government budget 7.6%	Identified options for strengthening domestic resource mobilization Yes	Taken actions to support domestic resource mobilization Yes	Share of external funding for health that is pooled or on budget 31.05%
Monitoring of catastrophic and impoverishing health expenditure with data less than three years old No	Implemented strategies to reduce key drivers of inefficiency Yes	Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) No	
Country has: implemented or updated a resource mapping exercise Yes	Identified drivers of limited financial protection (especially in relation to RMNCAH-N services) No		

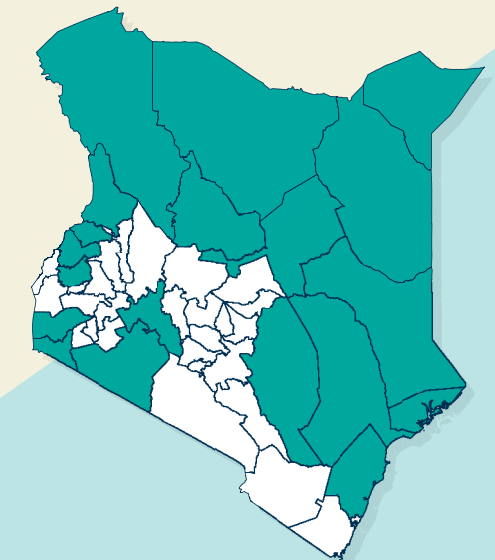
EFFICIENCY

DTP3 dropout rate 7.79%	ANC dropout rate 40%
Health budget execution rate 75%	

World Bank-funded Project (IDA/IBRD/GFF)

COUNTRY	Kenya
BOARD DATE	6/15/16
GFF APPROVED AMOUNT	\$40M
IDA AMOUNT	\$150M

Geographic Focus Areas



FOCUS AREAS

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\$989 million from 2017-18 to 2019-20. 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 H6 partners, and the World Bank.

