

The Roadmap

- The RMNCAH investment framework is the outcome of an eight-month long, MOH-led consultative process involving all 47 counties,
- A wide range of stakeholders involved (MOH, Ministry of Interior and Coordination of National Government, the National Treasury, different government entities at the national level and various stakeholders including CSO, FBOs, private sector, professional associations and development partners.)
- Two MOH-appointed national consultants and two focal points from the Planning, Policy and Health Financing Unit and the Division of Family Health facilitated the consultative process .
- 4 technical consultation meetings held and a validation Meeting was held on July 31, 2015



Kenya: background information

- **Kenya Country platform**

- Inclusive coordination platform in place with RMNCAH & Health Financing TWGs. GFF country focal point appointed by PS-Director of Medical Services

- **Kenya Investment Framework**

- National RMNCAH Investment Framework finalized and approved.

- Focus on supply-side performance incentives, vouchers, CCTs to boost demand.

- Prioritization on 20 selected counties to address inequities, though all counties to be eligible for some level of support based on needs and performance.

- Technical assistance provided by DfID, JICA, UNAIDS, UNFPA, UNICEF, UN Women, USAID, WHO, and the World Bank



Kenya: recent developments

- **Latest updates**

- Concept note for MDTF to provide TA to priority counties and national government:

- **Main challenges**

- Devolution - Coordination -Planning and Budgeting cycles

- **Key opportunities**

- Devolution

- Trust fund for TA will be paired with results-focused financing → strong incentive for improving quality of implementation.

- **Complementary financing**

- Commitments in place from Governments of Denmark, Japan, United Kingdom, and United States, as well as World Bank with resources from IDA and Trust Funds (GFF/PHRD) ; GAVI and Global Fund also now on board.

- World Bank/GFF Trust Fund financing: board approved US\$150m IDA, US\$40m GFF trust fund, US\$1.1 PHRD trust fund.



Challenges and Successes

- Strengthen operationalization of RMNCAH IF by building capacity in planning, avoiding duplicate planning processes, and supporting all partners.
- Build a coherent country platform enabling ease of planning and resource mobilization and supporting the principle of aid effectiveness



Transforming Health Systems for Universal Care Project uses a **Performance Based Approach-** **Operationalizing the Investment Framework**

Situation (health outcome/systems) varies widely by county; thus the project focuses on results at county level and the institutional capacity building at national/county levels:

Year 1	Year 2-5
<ul style="list-style-type: none">i. All 47 counties will be eligible to receive seed funding to jump start implementation based on need once they meet conditions— e.g., performance agreement, opening bank account, assigning responsible staff, etc.]ii. Need measured by: (a) proportion of births not attended by skilled birth personnel and (b) County Revenue Allocation (CRA) ratio	<ul style="list-style-type: none">i. Annual performance based allocations will then be shared among all eligible counties based on improved results and CRA ratioii. Performance measured by improved results: (a) ANC4+; (b) SBA; (c) FIC; (d) mCPR; (e) quality of care; (f) HMIS