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USAID/KENYA FIVE YEAR IMPLEMENTATION FRAMEWORK FOR THE HEALTH SECTOR (2010-2015)

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ACRONYMS

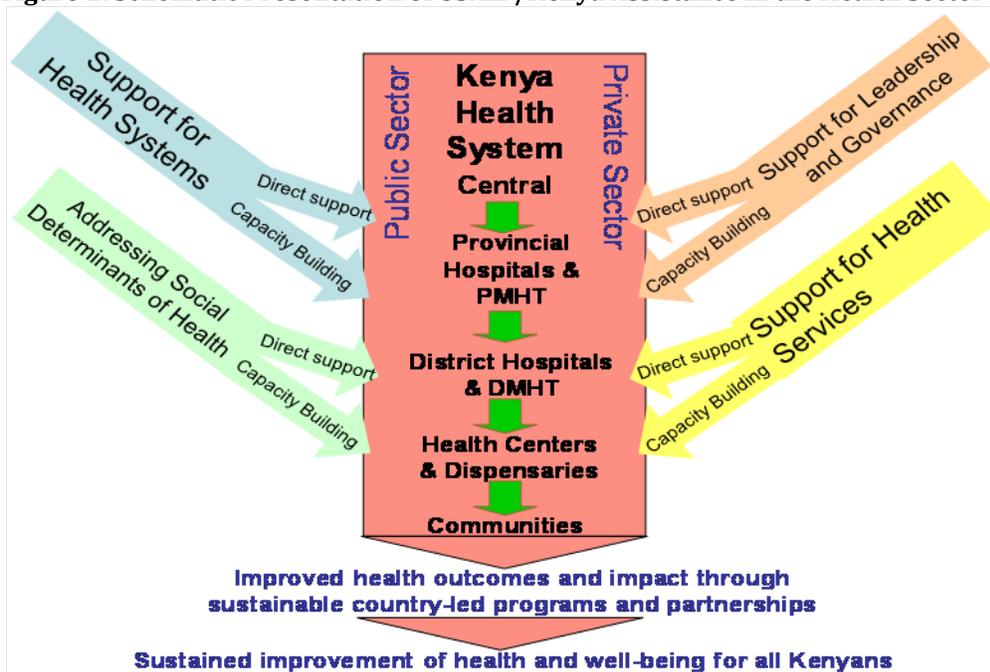
ACT	Artemisinin-Based Combination Therapy	KEMSA	Kenya Medical Supplies Agency
AfDB	African Development Bank	KEPH	Kenya Essential Package for Health
AIDS	Acquired Immune Deficiency Syndrome	KFW	German Development Bank
ANC	Antenatal Clinic	KNBS	Kenya National Bureau of Statistics
AOP	Annual Operation Plan	LB	Live Birth
APHIA	AIDS, Population and Health Integrated Assistance Project	LLIN	Long lasting Insecticide Treated Bednets
ARI	Acute Respiratory Infection	LMS	Leadership, Management and Sustainability Project
ART	Antiretroviral Therapy	M&E	Monitoring and Evaluation
ARV	Antiretroviral Drug	MARP	Most At-Risk Population
BCC	Behavior Change Communication	MCH	Maternal and Child Health
BMI	Body Mass Index	MDG	Millennium Development Goals
CBO	Community-based Organization	MDR-TB	Multi-Drug Resistant Tuberculosis
CDC	Centers for Disease Control and Prevention	MGCSD	Ministry of Gender, Children and Social Development
C-DOTS	Community-based Directly Observed Treatment, Short Course	MIS	Management Information System
CHEW	Health Extension Worker	MNCH	Maternal, Neonatal and Child Health
CHW	Community Health Worker	MoDNKOAL	Ministry of Development of Northern Kenya and Other Arid Lands
CPR	Contraceptive Prevalence Rate	MOMS	Ministry of Medical Services
CSO	Civil Society Organization	MOP	Malaria Operational Plan
CSW	Commercial Sex Worker	MOPHS	Ministry of Public Health and Sanitation
D&G	Democracy and Governance	MPH	Master of Public Health
DANIDA	Danish International Development Assistance	MSM	Men Who Have Sex with Men
DFID	Department for International Development	MUAC	Mid-Upper Arm Circumference
DHMT	District Health Management Team	NACC	National AIDS Coordinating Council
DHS	Demographic and Health Survey	NASCOP	National AIDS/STI Control Program
DLTLD	Division of Leprosy, Tuberculosis and Lung Disease	NGO	Non-Governmental Organization
DOD	Department of Defense	NHIF	National Health Insurance Fund
DOMC	Division of Malaria Control	NHSSP	National Health Sector Strategic Plan
DOTS	Directly Observed Treatment, Short Course	OPH	Office of Population and Health
EPI	Expanded Program on Immunization	ORS	Oral Rehydration Solution
FBO	Faith-based Organization	ORT	Oral Rehydration Therapy
FP	Family Planning	OVC	Orphans and Vulnerable Children
FP/RH	Family Planning, Reproductive Health	OYB	Operating Year Budget
FSI	Food Security Initiative	PEPFAR	The President's Emergency Plan for AIDS Relief
FY	Fiscal Year		The President's Emergency Plan for AIDS Relief (reauthorization)
GBV	Gender Based Violence	PEPFAR II	Provincial Health Management Team
GDA	Global Development Alliance	PHMT	Persons Living with HIV/AIDS
GDC	German Development Cooperation	PLHA	The President's Malaria Initiative
GDP	Gross Domestic Product	PMI	Prevention of Mother-to-Child Transmission
GHI	Global Health Initiative	PMTCT	Point Of Use
GOK	Government of Kenya	POU	Public-Private Mix
HHS	Department of Health and Human Services	PPM	Public-Private Mix for Directly Observed Treatment, Short Course
HIS	Health Information System	PPM-DOTS	Public Private Partnership
HIV	Human Immunodeficiency Virus	PPP	Rapid Diagnostic Test
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome	RDT	
S		RH	Reproductive Health
HMIS	Health Management Information System	SDH	Social Determinants of Health
HR	Human Resources	STI	Sexually Transmitted Infection
HRH	Human Resources for Health	TB	Tuberculosis
HSCC	Health Sector Coordinating Committee	TB-CAP	Tuberculosis Control Assistance Programme
HSS	Health Systems Strengthening	TFR	Total Fertility Rate
HTC	HIV/AIDS Counseling and Testing	UNAIDS	Joint United Nations Programme on HIV/AIDS
ICC	Interagency Coordinating Committee	UNFPA	United Nations Population Fund
IFC	International Finance Corporation	UNICEF	United Nations Children's Fund
IMCI	Integrated Management of Childhood Illnesses	US	United States
IPT	Intermittent Preventive Treatment	USAID	United States Agency for International Development
IPTp	Intermittent Preventive Treatment of Pregnant Women	USAID/K	United States Agency for International Development/ Kenya
IR	Intermediate Result	USG	United States Government
IRS	Indoor Residual Spraying	VMMC	Voluntary Medical Male Circumcision
ITN	Insecticide Treated Bednet	WASH	Water and Sanitation for Health Project
JICA	Japanese International Cooperation Agency	WB	World Bank
JICC	Joint Interagency Coordinating Committee	WFP	World Food Programme
KAIS	Kenya AIDS Indicator Survey	WHO	World Health Organization
KDHS	Kenya Demographic and Health Survey		

EXECUTIVE SUMMARY

This five-year Implementation Framework for the health sector provides a rationale and structure for programming the resources of the U.S. Agency for International Development in Kenya (USAID/K) for the period 2010-2015. The Implementation Framework is based on the Government of Kenya’s (GOK) recent health policy and strategy frameworks, and builds on the successes of and lessons learned from USAID/K’s prior assistance.

This Implementation Framework clearly builds on the successes of the APHIA II program by maintaining a focus on integrated services and assuring increased coverage of the key interventions in order to reach service targets and objectives. However, the scope has been expanded to not only encourage the delivery of quality health services but also to strengthen leadership, in-country capacity building, and systems development to ensure long-term sustainable services. As noted in the schematic presentation below (*Figure 1*), USAID/K’s assistance centers on supporting local institutions -- at both the national and sub-national levels and in both the public and private sectors -- to improve health

Figure 1: Schematic Presentation of USAID/Kenya Assistance in the Health Sector



outcomes and impact through sustainable country-led programs and partnerships. The program specifically seeks to achieve four major results: 1) strengthened leadership, management and governance for sustain health programs; 2) strengthened health systems for the sustainable delivery of quality services; 3) increased use of quality health services and information; and 4) enhanced social determinants of health (SDH) to improve well-being of targeted communities and populations. USAID/K applies five cross-cutting elements in its approach to achieving the Strategic Objectives and Results, namely involvement with the whole market, innovation, youth-focus and gender-focus, and equity.

For the foreseeable future, USAID/K's health portfolio will be predominantly focused on HIV/AIDS prevention, care and treatment as Kenya is a priority country for The President's Emergency Plan for AIDS Relief (PEPFAR II) and receives significant funding to address the HIV/AIDS and related problems. Similarly, resources available from the President's Malaria Initiative (PMI) assure continued funding for malaria programs. However, because of declines or plateaus of health indicators among key target groups, USAID/K will seek additional funding to balance the current program to increase coverage for family planning, maternal, neonatal, and child health, nutrition/food security, and safe water and hygiene. Also, for the first time, USAID/K will seek to operationalize strong linkages to other sectors in order to address contextual factors that impact on health, but have conventionally been perceived as outside of the control of the health sector. Referred to as the "social determinants of health" these include such factors as educational level, literacy, environment, and social-cultural norms and structures which generally impact negatively on the poor, marginalized and underserved populations.

Incorporating tenets of United States Government (USG) strategies and international mandates together with needs and priorities in Kenya, USAID/K has developed the following guiding principles that will serve as the reference point for program planning and implementation over the next five years:

- Assure country-led and country-owned programs
- Align to Kenyan, USG and development partner strategies
- Invest in leadership, capacity building and systems development for long-term sustainability
- Maximize a client-centered approach through integration of services and systems
- Increase involvement of the private sector in health care delivery
- Ensure strategic collaboration and coordination
- Manage for results with mutual accountability

The service delivery program will be primarily undertaken in five zonal areas working through the provincial health offices, and penetrating down to the district health and the community levels. While the goal is to focus on the establishment of a sustainable national health system for all Kenyans, the program will place priority on the poor, marginalized, underserved, and high risk populations. The implementers of this Framework will continue to use the proven approaches, but are mandated to seek maximum innovation and creativity. Further, the Framework urges data use, analysis and evidence-based decision making to test approaches and interventions that might achieve greater public health impact.

Clearly, this Framework does not offer "business as usual." Rather, it is an innovative and results-driven plan of action. What differentiates this Framework from previous programs is that USAID/K will:

- Be a country-led and country-owned program committed to improved, active coordination with GOK and other stakeholders in both the public and private sectors

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- Avoid the development of “parallel” service delivery programs and systems
- Move from an “emergency” vertical disease orientation to one that will emphasize both service delivery and systems development
- Tailor programs in five “zones” based on epidemiologic needs, system strengths, socio-economic, geographic, and gender barriers including activities in urban settings of the of the newly designed Northern Arid Region

The strategic approaches selected for this Implementation Framework were the result of an interactive process including a November 2009 an assessment team and staff from USAID/K’s Office of Population and Health (OPH) and other Mission offices, reviewed the AIDS, Population and Health Integrated Assistance Project II (APHIA II) as well as other USAID-funded programs at the national, provincial, district and community levels. The assessment team made field visits throughout the country and interviewed GOK officials, development partners, USG implementing agencies, and representatives of a wide range of local organizations. In January 2010, a “Visioning” team composed of staff from USAID/K and USAID/Washington continued the consultative process, reviewing the assessment findings and defining the parameters for a new strategic framework which lays out the key results and outcomes expected over the next five years. To ground truth the proposed directions and approaches, the team met individually with government and a number of partners, and hosted a Stakeholders’ Forum attended by officials from the GOK as well as by bilateral and multilateral donor partners.

In addition to building on GOK strategies and policies, USAID/K’s new approach was heavily influenced by evolving USG approaches to health sector development, including the Global Health Initiative (GHI), the recent reauthorization of PEPFAR II and PMI.

SECTION I. BACKGROUND AND DEVELOPMENT CHALLENGE

A. Background and Context

1. Socio-Economic Context

There are marginalized, underserved, and poor populations within the country that have been less likely to see improvements in development and health. Adult literacy is above 70% but women particularly in rural areas are far less likely to be educated. Despite good economic growth in recent years, a little less than half of all Kenyans still live in poverty – notably in urban slums and rural areas. Additionally, economic development has been slow to come to Northern Kenya which is characterized by chronic food insecurity and inconsistent adequate clean water. While the status of women may be gaining greater attention in Kenya, nonetheless 39% of women report experiencing physical or sexual violence. This is more notable in rural areas but also exists in Nyanza and Western Provinces. There are 2.4 million children under the age of 18 that are orphans, with 42% of them orphaned due to HIV/AIDS.

2. Demographic and Health Context

Improvements in HIV/AIDS treatment and care, malaria control and treatment, family planning, and some key child survival interventions, including immunizations, have contributed to the increases in life expectancy. Although the annual population growth rate has slowed to 2.8%, with the significant momentum of a large reproductive age cohort, the population will continue to grow for years into the future. The population is becoming more concentrated in urban areas, particularly in urban slums, and in the agricultural, fishing, and manufacturing regions of three provinces -- now representing over 50% of the population (Rift Valley-25%, Eastern-15%, and Nyanza-14%). Roughly 80% of the population continues to live in rural areas but, increasingly, pastoralists in more arid rural areas are becoming settled.

HIV/AIDS and Tuberculosis (TB). About 1.5 million adults are assumed to be infected with HIV, with 70% of these living in rural areas of the country. HIV prevalence is highest in Nyanza (14.9%), Nairobi (8.8%), and Coast Provinces (8.1%). About 130,000 new adult infections and 32,500 new infant infections (via vertical transmission) occur each year but modes of transmission are markedly different in these three provinces. Even though HIV is typically more clustered in urban areas and along transport corridors, increasing prevalence in rural areas has been documented. New patterns of infection have also been documented highlighting discordant couples, casual sex, and Most At-Risk Populations (MARPs).

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Other significant health statistics are shown in *Table 1* below.

TABLE 1: Kenya Data Snapshot¹

	KENYA
POPULATION DYNAMICS:	
Total Population:	38 million
% Under 15 Years Old	43%
% Female	51%
%Urban	21%
Births	1.5 million
Life Expectancy	54 years
Annual Population Growth	2.6%
SOCIO-ECONOMIC FACTORS	
Per Capita GDP	\$360
Annual Economic Growth	10%
Adult Literacy	74%
HEALTH SYSTEM	
Financing:	
Total Health Expenditure Per GDP	4.6%
Health Facilities:	4767
Dispensaries	3514
Health Centers	691
Hospitals	562
Human Resources:	
Physicians	17 per 100,000 population
Nurses	120 per 100,000 population
HEALTH	
Total Fertility	4.6 per woman
Adult HIV Prevalence	7.1%
TB Incidence	353 per 100,000 population
Population At Moderate-High Risk for Malaria	5.6 million
Neonatal Mortality	31 per 1000 live birth
Infant Mortality	52 per 1000 live birth
Under-Five Mortality	74 per 1000 live birth
Maternal Mortality	488 per 100,000 live births

¹ Sources of data

- Kenya Ministry of Public Health and Sanitation (MOPHS), Division of Leprosy, Tuberculosis, and Lung Disease (DLTLD), *Annual 2008 TB report* - detailed subset
- Kenya National Bureau of Statistics (KNBS), Kenya Ministry of Public Health and Sanitation (MOPHS), and ORC Macro September 2009. *Kenya Demographic and Health Survey 2008/9 (preliminary report)*; Kenya National Coordinating Agency for Population and Development (NCAPD), Ministry of Health (MOH), Central Bureau of Statistics (CBS), ORC Macro 2005
- *Kenya Service Provision Assessment Survey 2004*. Nairobi, Kenya. National Coordinating Agency for Population and Development, Ministry of Health, Central Bureau of Statistics, and ORC Macro
- NASCOP *Kenya AIDS Indicator Survey 2007*
- Noor AM, Gething PW, Alegana VA. The risks of malaria infection in Kenya in 2009. *BMC Infectious Diseases* 2009; 9:180
- WHO *World Health Statistics: 2009*

Despite improvement in prevention, care, and treatment of HIV-infected persons, gaps persist in access to testing and antiretroviral drugs (ARVs) as well as quality and these are not consistent across the country. Only 38-45% of adults and just 15% of children needing treatment and care receive it. Kenya is also the first Sub-Saharan African country to achieve the World Health Organization (WHO) TB sub-targets for case detection and treatment -- success that in turn moves the country closer to achieving the TB sub-goal of the Millennium Development Goals (MDG) 6. Many TB patients also have HIV but the linkages between TB and HIV treatment sites remain weak.

Malaria. The expansion of key malaria interventions particularly indoor residual spraying (IRS) and insecticide treated bednets (ITNs) have resulted in declines in the burden, severity, and transmission patterns. Greater proportions (46%) of children under-five use ITNs than in previous years. Malaria parasitemia among children under five has declined from over 80% in the 1990s to 26% in 2008 and large parts of Kenya no longer experience malaria. Nevertheless, malaria remains endemic in parts of Nyanza, Western, and Coast Province. At the same time, intermittent preventive treatment of pregnant women (IPTp) during antenatal clinic (ANC) visits is only 15% and stock-outs of Artemisinin-based combination therapy (ACT) have occurred at decentralized levels.

Family Planning and Reproductive Health. Kenya is one of the pioneer countries in Africa to initiate a family planning (FP) program and its success has been extensively acknowledged. According to 2008-09 KDHS the contraceptive prevalence rate (CPR) among married women has risen from 7% in the late 1970s to 46% today. Total fertility (TFR) for the whole country is 4.6, the lowest recorded in Kenya over the last one and a half decades. The 2003 KDHS estimated the unmet need for family planning at 25%. Although 2008-09 KDHS figures for unmet need have not yet been formally released, data show that 49% of currently married women did not want more children in 2008 compared to 44% in 2003 (desire to limit); 14% of married women would like to have a child soon in 2008-09 compared to 16% in 2003 (desire to space); 27% of married women want a child later in 2008-09 compared to 29% in 2003 (desire to space). The *National Reproductive Health Strategy, 2008-2012*,² states that the high rates of unmet need is largely due to inadequate service provision, exacerbated by periodic stock-outs of contraceptives in some area, and poor access, especially among the poor and other socially disadvantaged groups. The GOK estimates that the number of couples and sexually active unmarried individuals who need family planning will grow by 200,000 each year between 2005 and 2015. The key challenges to improving family planning statistics enumerated in the government's 2007 *National Reproductive Health Policy*³ remain valid today. They included wide regional and socio-economic disparities in CPR; lack of security for contraceptive commodities; lack of sustained demand creation for family planning services; relatively low community and private sector participation in family planning service provision and low involvement of males; method mix that does not permit wide method choice and cost-effectiveness;

² *National Reproductive Health Strategy, 2008-2012*. Ministry of Public Health and Sanitation, Division of Reproductive Health, 2009

³ *National Reproductive Health Policy, Enhancing Reproductive Health Status for all Kenyans*. Ministry of Health. 2007

inadequate family planning training for service providers; and low level of integration of family planning with HIV/AIDS services. Particular challenges exist in increasing access to and utilization of reproductive health services by the poor, and hard to reach and vulnerable groups, including adolescents, orphans and vulnerable children, pastoralists, persons with disabilities, migrant and displaced populations, among others.

Maternal, Neonatal, and Child Health. As noted in the 2008-09 KDHS, Kenya has made incredible progress in a number of health areas over the last five years, but in the area of maternal and neonatal health there are still a number of challenges. At least 7,000 women die each year from pregnancy related complications and most of these deaths are preventable. Maternal mortality is estimated at 488 per 100,000 live births with higher estimates in Nyanza, Western, Rift Valley and North Eastern Provinces. The low proportion of deliveries conducted by skilled attendants (44%) contributes significantly to maternal mortality. Neonatal mortality is 31/1,000 live births, only a slight decrease from 33/1000 in the 2003 KDHS. On the other hand, infant mortality and under-five mortality now stand at 52 and 74 per 1000 births, respectively, reflecting a decline of over 30% when compared to 2003 KDHS. These two improvements are attributed largely to increased vaccine and malaria interventions coverage although the proportions of fully vaccinated children are low in North Eastern and Nyanza Provinces. Recent outbreaks of polio in some parts of the country as a result of cross border transmission and vaccine stock-outs in many parts of this country have compromised the gains over the last five years. The Government's March 2009 *National Road Map for Accelerating the attainment of the MDGs related to Maternal and Newborn Health in Kenya*⁴ and the *Child Survival and Development Strategy 2008-15* found the challenges to the improvement of maternal and newborn health programs in Kenya include lack of recognition of dangers in pregnancy and failure to seek health care; poor accessibility and low utilization of skilled attendance during pregnancy, child birth and postpartum period; the limited access to essential and emergency obstetric care in many facilities due to inadequate staffing, limited health provider skills and competencies, inadequate equipment and supplies ; socio-cultural barriers which contribute to delays in seeking care; and limited national commitment of resources for maternal and newborn health and shortcomings within the health system. These challenges contribute to poor maternal health which results in high perinatal and neonatal morbidity and mortality.

Nutrition. The 2008-09 KDHS found improvements in many health indicators since the 2003 KDHS. However, nutritional status of children under five indicates has not improved. Stunting (long term malnutrition) stands at 35%, up from 30% in 2003. Stunting increases rapidly with age, peaking in the second year of life. Rural populations and boys typically have higher levels of stunting. Eastern Province has the highest rates of stunting (42%). Wasting (failure to receive adequate nutrition immediately before survey--often the result of a recent illness such as diarrhea or rapid deterioration of food supplies) has also increased, especially in the 2008-2009 period of economic crisis and food insecurity. Wasting stands at 7%, a 1% increase from the 2003 KDHS. Wasting is highest among children 6 to 8 months old (typically the weaning period). The highest rates of wasting are

⁴ *National Roadmap for Accelerating the Attainment of the MDGs related to Maternal and Newborn Health in Kenya.* Ministry of Medical Services and Ministry of Public Health and Sanitation. 2009

found in North Eastern Province (20%). In addition, infant and young child feeding practices are suboptimal with only 32% of children under 6 months exclusively breastfeeding and 60% of children 4 to 5 months old receiving complementary foods.

Challenges. In the summaries above, disparities for rural, urban, inter-provincial, and income quintiles are often masked by national averages. Under-five and infant mortality are much higher in Nyanza, Western, North Eastern, and Coast while newborn mortality is highest in Nyanza, Nairobi, and Coast. Nyanza has the highest incidence for malaria in the country but also has a high burden for other health conditions. Rural areas such as Northern Kenya represent “hard-to-reach” areas requiring unique implementation for not only HIV but also MCH and family planning interventions. Specific challenges exist for urban slums and transportation corridors as well as remote and rural areas such as Northern Kenya. Although the 2008-09 KDHS has demonstrated advances for selected health indicators, challenges still remain as Kenya moves to achieve the health sector goals identified in the *Kenya Vision 2030*⁵. The GOK’s support for the health sector is currently at 8%, well below the 15% agreed upon target in the Abuja Declaration. More recently, political instability has presented additional threats to the public health system. Unless these issues are collectively addressed through a systems perspective to support focused service delivery, Kenya will have great difficulty in meeting its MDG targets.

3. Government Health Goals, Structures and Organization

The goals of the National Health Sector Strategic Plan II⁶ include: 1) Reducing under-five mortality to 33 per 1,000 live births; 2) Reducing the maternal mortality ratio to 147 per 100,000 live births; 3) Increasing the proportion of deliveries by skilled personnel to 90%; 4) Increasing the proportion of immunized children below one year to 95%; 5) Reducing the number of cases of TB to 444 per 100,000 persons; 6) Reducing the proportion of in-patient malaria fatality to 3%; and 7) Reducing the national HIV prevalence to less than 2%. *Kenya Vision 2030* guides the country’s overall development, including health. The main health sector objectives include revitalization of the health care infrastructure; restructuring of the health system with a shift in focus to preventive and promotive care; strengthened health care service delivery with devolution to community level health units; and development of equitable health care financing mechanisms.

As part of Government’s reorganization process in 2008, the Ministry of Health was split into the Ministry of Public Health and Sanitation (MOPHS) and the Ministry of Medical Services (MOMS). The role of MOPHS is to provide focus on public health and preventive measures and leadership in ensuring that public health policy objectives are implemented. The role of MOMS is to “complement the MOPHS interventions by ensuring that essential medical care is available as and when needed, paying special attention to the context of disease and health”⁷. Although each of the Ministries has different functions, they work closely together to avoid duplication of efforts. At the central level, both Ministries oversee,

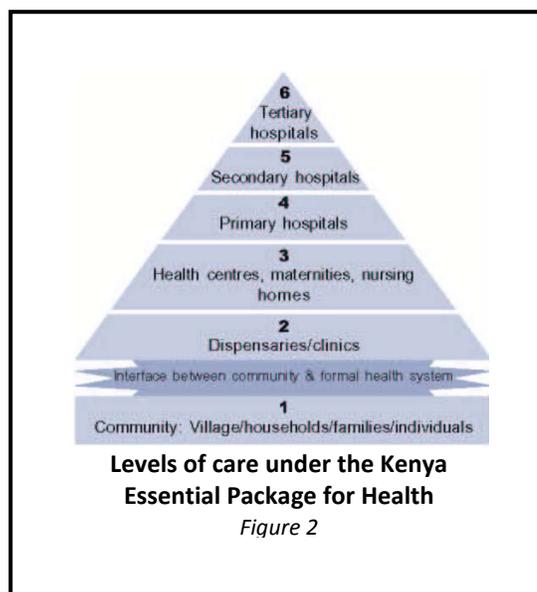
⁵ *Kenya Vision 2030, First Medium Term Plan 2008-2012*. Ministry of Planning and National Development. 2007

⁶ *Kenya’s Health Policy Framework, National Health Sector Strategic Plan (NHSSP) II 2005-2010*. Ministry of Health

⁷ *Strategic Plan (2008-2012)*. Ministry of Medical Services 2008

govern and facilitate health activities, while passing on more responsibility for service provision and supervision to the provincial and district health management teams (PHMT and DHMT, respectively). By having DHMTs set local priorities and manage all health activities, the two Ministries continue to promote ongoing decentralization efforts.

Both Ministries have issued strategic plans for 2008-2012 to address the issues articulated in *Kenya Vision 2030*. The MOPHS places high priority on its community-based strategy, *Taking the Kenya Essential Package for Health to the Community*⁸, which details how health services will be delivered to the village level. *Figure 2* summarizes the levels of care.⁹ The strategy establishes quotas for community health workers (CHWs) and their supervisors, community health extension workers (CHEWs) and addresses specific issues, including terms of references for both groups and budgetary implications. The strategy also promotes the right of Kenyans to demand appropriate services from all providers. This system has not yet been fully implemented across all health sectors. The GOK is currently in the process of revising the community strategy (with an anticipated launch in March 2010) to re-cost the community health units; give further attention to the private sector and non-governmental organizations (NGOs); and address establishment of a community health information system.



The decentralization of services has been challenged by recent district proliferation – from 63 to 254 districts – increasing the number of inadequately staffed health facilities and facilities needing to be upgraded. About half of the 1700 facilities built by local authorities under the Constituency Development Fund remain non-operational as well. In 2009, the Division of Health Management Information Systems published a list of health facilities which showed that of the 6,000 facilities on record, approximately 67% are public sector facilities -- of which 74% are managed by the GOK and 26% by NGOs or faith-based organizations (FBOs). Overall, about one-third of health facilities registered in Kenya are managed by the private sector. Finally, in 2009, the Ministry of Development of Northern Kenya and Other Arid Lands (MoDNKOAL) was established to address long-standing development and health inequities in Northern Kenya and is currently drafting strategic plans in collaboration with the other ministries.

⁸ *Taking the Kenya Essential Package for Health to the Community: A Strategy for the Delivery of Level One Services*. Ministry of Health. June 2006

⁹ *Strategic Plan 2008-2012*. Ministry of Public Health and Sanitation. 2008

4. USAID/Kenya Assistance to Date

For many years, and particularly since 1995, USAID/K has supported activities in population, health and nutrition under a series of bilateral agreements aligned with GOK priorities. USAID has supported programs at the national level and also in select districts throughout the country. Under the 1996-2005 country strategies, USAID/K and its partners made significant gains in the area of fertility reduction and HIV/AIDS prevention, counseling and testing, care and support, and the reform of the health sector despite a major drop in funding from previous years. By today's standards, USAID/K maintained a modest, but balanced program and achieved significant program results and has been providing lessons to other African countries on how to successfully and sustainably improve health services delivery and increase service use.

Beginning in 2005, Kenya was designated as a USG PEPFAR priority country and funding for HIV/AIDS almost doubled almost overnight, with dramatic annual increases between 2006 and 2009. HIV/AIDS funding became nearly 85% of the health budget and the USAID/K health program took on an "emergency" stance. Intensive efforts focused on comprehensive HIV/AIDS programming. Prevention programs included preventing sexual and medical transmission, counseling and testing, and preventing mother to child transmission. Care and support programs focused on palliative care and care and support of orphans and vulnerable children (OVC). Treatment programs focused on providing high quality ARV medications to adults and children as well as preventing, detecting and treating opportunistic diseases, including tuberculosis. The overall program was focused on reaching and maintaining the HIV targets. This approach has been extremely successful in rolling out prevention and treatment programs to those affected by HIV/AIDS and those potentially at risk. In fact, over three years, the results have been phenomenal. As of September 2009:

- 1,628, 428 individual had been counseled and tested for HIV
- 300,000 individuals were receiving ARV drugs
- 524,594 orphan and vulnerable children were receiving care and support service
- 694,471 persons living with HIV/AIDS received care and support
- 517, 624 pregnant women had been counseled and tested for HIV

Some systems support was undertaken during the massive scale-up period including policy development; improvement of management information and surveillance systems; improvement of community-based program reporting systems for community level workers; and management systems for decentralization of services. For expediency, parallel systems were developed and actual investment in building sustainability was limited. In addition, the other programs such as family planning, malaria, tuberculosis, and child survival were initially overshadowed.

USG annual allocations for HIV/AIDS began to stabilize in 2008, and have remained relatively constant since then. Concurrently, there have been augmentations in other

funding streams. For example, in 2007-2008 funding increased significantly for family planning/reproductive health (FP/RH). In 2009, USAID/K received additional funding for FP/RH programming, bringing it to a level which is likely to continue in future years. In 2008, Kenya became one of the 15 countries in the PMI program and since then, USAID/K has received a significant plus up in support of malaria prevention and treatment programs. Tuberculosis and maternal, neonatal and child health (MNCH) funding also have been increasing. In recent years, additional support for programs in water, food security and nutrition has been included to the health portfolio. The overall result is that while HIV/AIDS is still by far the largest program, funding for other health components is rising as reflected in the provisional 2010 Operating Year Budget (OYB) request (*see Section IV. B.1*).

B. Development Challenge and USAID/Kenya's Response

The essential development challenge facing Kenya's health program is how to develop and maintain a sustainable, strong, and responsive health system given the shortages in financial resources, human resources, infrastructure, technical capacities, and governance systems. *Kenya Vision 2030* presents specific key needs for meeting Kenya's health sector goal of "providing equitable and affordable quality health services to all Kenyans in order to continue to reverse negative health trends." The needs outlined in the plan include the necessity to: develop equitable financing mechanisms to increase resources to marginalized, poor and underserved populations, including women, girls and youth, and to disadvantaged areas; improve preventive health care in underserved and rural communities through implementation of the community-based strategy; address critical issues related to hiring and retention of human resources; improve the health management information system (HMIS) to provide timely and comprehensive data for decision making; resolve constraints in delivering health commodities; improve partnership with the private sector to improve delivery of health services; and address accountability, transparency and corruption issues which have exacerbated these challenges and negatively impacted advancement in the health.

Many of the system weaknesses that contribute to poor advances in health outcomes can be addressed by building on the extensive USAID/K investments to date, particularly in HIV/AIDS. The 2009 Kenya APHIA II assessment highlighted opportunities for future investment, including leadership and management, policy, financing, human resources, the private sector, commodities and logistics, and M&E. While this is different from a strictly vertical disease approach, the purpose is to assist in the development of the necessary components for an effectively run and reliable health system. This system would rely on multiple actors, both public and private, at national, provincial, district and community levels to work together to meet the national health sector objectives.

USAID/K's approach is informed and guided by the GHI which emphasizes working with the GOK and other partners to support national health development processes with the ultimate goal of providing equitable, quality health services to all Kenyans. USAID/K will help Kenya to reach that goal, while continuing to meet program targets set out by the GOK

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and the USG as defined in the recent PEPFAR Reauthorization, the President's Malaria Initiative and other guidance.

SECTION II. RATIONALE, GUIDING PRINCIPLES AND PARAMETERS

A. Rationale

The United States and Kenya have a special relationship that extends back to American support for pre-independence Kenya. Kenya stands out among African nations of special interest to the U.S. due to its location, relative stability, and economic potential. Investments in the health sector have yielded significant results over the last decade. Given the recent commitments by the GOK to revitalize the national health system in both the public and private sectors, USAID believes that there is now a unique opportunity to make a significant contribution to improving the health status and well being of Kenyan citizens.

To carry out new Implementation Framework, USAID/K will undertake a two-pronged approach to ensure that gains achieved through significant USG investments are not lost, particularly in HIV/AIDS, malaria, FP, and TB.

- In the first prong, USAID will build on the momentum of the current program, focusing on achieving near-term impact through targeted improvements to maximize the existing service delivery capacity, including deliberate integration of MNCH, nutrition, water and sanitation interventions, where appropriate. Applying additional resources to existing programs and expanding coverage of high impact “quick win” interventions with innovative approaches through the public, NGO, FBO, and for-profit private sector will accelerate service coverage.
- In the second prong, longer term approaches will focus on strengthening broader health systems to further expand and sustain health impact. These will include strengthening Kenya’s leadership and governance, management, institutional capabilities, as well as systems specific to the delivery of health services, e.g., financing, information, and commodities, to increase access, efficiency, and equity, especially for poor and marginalized populations.

The long-term goal for USAID/K is to work towards a sustainable system that would leave the Kenya health sector in a position to meet and be responsive to the health needs of Kenyan citizens. The ultimate objective is to have strengthened capacity of the GOK to provide needed stewardship for the national health system, both public and private. This will require access to reliable financing that affordably covers health care cost. It will also require a robust health care system that can deliver quality health services that assure improved health outcomes. USAID/K strategic investments over the next five years will only set the stage to make this a reality. This Framework, in the narrative that follows, describes immediate interventions that USAID/K plans to support during this initial phase that hopefully will lay a firm foundation needed for that fully sustainable health system of the future.

B. Guiding Principles

This Implementation Framework builds on the USAID/K's experience and lessons learned in the past and moves from PEPFAR I with an "emergency" approach to PEPFAR II which looks toward investments to contribute to long-term sustainability. The goal of this Framework is to create a more balanced and deliberate approach bringing together a broad range of high-impact and efficient investments which can contribute to a significant and sustainable public health impact.

Incorporating tenets of the USG strategies and international mandates together with health needs and priorities in Kenya, USAID/K has developed the following guiding principles that will serve as the backbone for program planning and implementation over the next five years. The actualization of these principles is highlighted throughout this Framework. The theme of *innovation* is threaded through all of the guiding principles and the proposed Implementation Framework. While continuing to use the proven approaches and interventions, the Framework encourages maximum innovation and creativity, e.g. "thinking outside of the box." This Framework encourages data use, analysis and evidence-based decision-making to reinforce approaches and interventions to achieve greatest public health impact and maximum results.

1. *Assure country-led and country-owned programs*

Country leadership and ownership are main drivers of sustainability. To this end, USAID/K promotes the tenets of the 2005 Paris Declaration which encourages countries to define and manage their development policies and strategies. Working closely with the GOK, other donors and its own partners, the USAID/K program will support country ownership and enable long-term country capacity to plan and manage and evaluate high impact health service delivery program. This will involve assuring close alliances with the GOK; fully engaging civil society to assure that health services meet the needs of people; and expanding involvement of private for-profit commercial sector, private institutions and organizations and not-for-profit private sector institutions, including professional associations, NGOs, FBOs and community-based organizations (CBOs).

Guiding Principles

- Assure country-led and country-owned programs
- Align to Kenyan, USG and development partner strategies
- Invest in leadership, capacity building and systems development for long-term sustainability
- Maximize a client-centered approach through integration of services and systems
- Increase involvement of the private sector in health care delivery
- Ensure strategic collaboration and coordination
- Manage for results with mutual accountability

INNOVATION

2. *Align to Kenyan, USG and development partner strategies*

In developing this Implementation Framework, USAID/K considered Kenya's country program strategies and plans and other development partner strategies and matched them, as appropriate, with USG foreign assistance strategies, programs and priorities. USAID/K will harmonize its actions with the GOK and development partners in the country to pursue the national objectives set forth in *Kenya Vision 2030*.

3. *Invest in leadership, capacity building and systems development for long-term sustainability*

USAID/K will assist the public and private sectors and civil society to cultivate leadership, build expertise and institutional capacity, and strengthen systems to assure the national health system is responsive and sustainable. The health system should not only be fully capable of offering basic health services but should also be able to support and supervise adequate numbers of appropriately skilled health workers; reliably provide essential medicines and commodities; organize efficient, cost effective and integrated delivery of quality services; and have available health information at all levels for decision making, program planning and performance and results monitoring.

4. *Maximize a client-centered approach through integration of services and systems*

The GOK and other health institutions are committed to a client-centered approach that targets each client's health needs and focuses on specific positive health outcomes for that client. This strategy takes into account that women are often the gateway to health families and women. In program planning, creating gender equity will be an important consideration. One method to improve the client-centered approach is to enhance integration of both services and systems. Integrated service delivery, such as co-location or shared interventions, can lead to more effective and efficient services tailored to client needs. Integration should also transcend across system components such as information systems, commodities logistics, human resource management, training and supervision of health workers. Further, integration requires a rational sequencing and linkages of activities over time for optimal health systems strengthening and scale up. Even beyond, creating synergies with other sectors, such as education or agriculture, will further extend engagement and ultimate impact.

5. *Increase involvement of the private sector in health care delivery*

The private sector in Kenya stands out as an area that is poised to play a much larger role in providing health care in Kenya. Key findings of a 2009 USAID/K and World Bank/IFC assessment showed significant use of the private sector as an important source for citizens to obtain health services. For example, children with symptoms of acute respiratory infection (ARI) are taken to private sector providers more often than public sector ones; one-third of couples obtain their family planning method from the private commercial sector; and one third of men and one quarter of women go to for-profit and not-for-profit providers to receive an HIV test. Of the 5,129 health facilities in the country, 2,217 are in the private commercial sector, and 792 are non-profits.

USAID/K can assist the private sector to support services based on need at both national and sub-national levels, including at the community level. Moreover, such a program can work through a diverse set of partners comprising the commercial sector as well as a broad range of private faith-based, community and civil society organizations.

6. *Ensure strategic collaboration and coordination*

Strong collaboration between the GOK, donors and development partners is essential to ensure a synergistic approach without duplication of effort and high transaction costs. USAID/K has agreed to support the GOK efforts to coordinate a whole country approach to health by facilitating the organization and effectiveness of its coordinating mechanisms. USAID/K pledges to work collaboratively with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO, and other members of the Development Partners in Health/Kenya Consortium to promote complementary actions among all donor partners engaged in the health sector. In order to harmonize at the project level, especially in the provinces and districts, in both the public and private sector, USAID/K will require its implementing partners to fully support country priorities and programs and to establish seamless mechanisms for coordination and communication with the GOK and other local organizations, donors and development partners.

7. *Manage for results with mutual accountability*

As partners, Kenyan institutions and USAID must place more focus on the end result: impacting the health and well being of the people of Kenya in order to make a tangible difference in their lives. USAID/K and its partners, working together, will develop better tools and systems to measure this impact. Moreover, there must be mutual accountability and more transparency in decision making and effective and efficient use of USAID funds. It is imperative that the GOK and other Kenyan institutions jointly plan and be accountable for the strongest, most cost effective and efficient contribution to the targeted end results.

C. Technical Emphasis

This Implementation Framework is not about service delivery alone, but rather about creating an enabling environment, structure and supporting systems so that high quality services can be delivered in the most effective and efficient manner. The program will primarily support technical areas of HIV/AIDS, malaria, family planning and tuberculosis and, to the extent that funds are available, MNCH and nutrition, food security, water and sanitation, and selected interventions related to the social determinants of health. The narrative below outlines what is included in the key technical areas, relevant considerations and the beneficiaries that will be served. The Framework allows for additional technical areas to be added should an emergency occur or additional technical priorities are identified and funding is available. To the extent possible, programs in these

technical areas will be integrated in order to reduce vertical programming and avoid duplication of effort.

The primary beneficiaries of the programs summarized below will include the poor and underserved (particularly from the lowest two quintiles); vulnerable and marginalized groups; those most at risk for contracting HIV/AIDS including young women and adolescent girls, people living with HIV/AIDS (PLHA), commercial sex workers (CSWs), men who have sex with men (MSM), truck drivers, discordant couples, and substance abusers; OVC; youth; young couples/newlyweds; women of childbearing age and their partners; pregnant and post-partum women; newborns and children under five years of age; and those at risk by health condition, age, gender, social and religious determinants or other circumstances.

HIV/AIDS activities of USAID/K will continue to provide support for prevention, care and treatment in conjunction with the Department of Health and Human Service (HHS), including the Centers for Disease Control and Prevention, the Department of Defense (DOD), the U.S Peace Corps and the Department of State. USAID/K will coordinate program implementation efforts with the National AIDS Control Council (NACC) and the National AIDS and STI Control Programme (NAS COP), the GOK agencies responsible for HIV/AIDS policy and program implementation. USAID/K will support evidence-based prevention programming through continued analysis of the Kenya AIDS epidemic. Prevention programs will continue to promote behavior change among young people to emphasize delayed sexual debut and reduction in the number of partners. Prevention measures will also include rapid scale-up of voluntary medical male circumcision (VMMC) and piloting the implementation of The Partnership for an HIV-Free Generation, a planned global initiative to link the core competencies of private sector partners with the programmatic experience and reach of traditional partners in youth prevention. USAID/K will also continue to support client and provider initiated HIV/AIDS Counseling and Testing (HTC) targeting the general population and MARPs. The program will further support p PMTCT by improving access to quality PMTCT services and integrating those services into facilities providing MCH and FP services. In addition, emphasis will be placed on addressing gender-related vulnerabilities, such gender-based violence and high infection rates for young women 15 to 24 years of age.

USAID/K's care and support program will focus on HIV palliative care, OVC, nutrition, home-based care and TB/HIV services to ensure a continuum of care for HIV infected and affected populations. Palliative care support will be comprehensive, covering clinical, psychological, spiritual and preventive care services. Nutrition services will cover assessment, counseling and nutritional support services for clinically malnourished, pregnant and lactating women in PMTCT programs and for OVC between six months and five years of age. OVC programs will support caregiver training, access to education, targeted food and nutritional assistance, protection, medical care, psychological support and economic strengthening. Integrated TB and HIV programs for rapid diagnosis of HIV among those with TB and vice versa, and treatment of TB among those who are HIV-positive will also be supported.

In the area of treatment, USAID/K will assist the GOK at the national level to disseminate and implement policies, guidelines and curricula and in commodity management. The program will continue to support worker training in antiretroviral therapy (ART) and procurement and distribution of ARV drugs to GOK and other non-public sector facilities throughout the country. Currently 300,000 people receive ARVs, with USG supporting 100% of the budget. Technical assistance will focus on greater budget contribution by the GOK and establishing avenues for sustainable treatment such as use of the private sector for those with the ability to pay. USAID/K will also continue to strengthen the GOK strategic information system for improved reporting and data utilization through district, provincial and national level reporting systems and annual planning. The program will provide targeted short-term capacity building through ongoing trainings and will collaborate with local universities to develop Master's degree programs in Public Health (MPH) in HIV program management, monitoring and information (M&E), informatics and health economics. Other investment areas cover medical and technical interventions to improve blood safety and reduce exposure through safer medical injections.

Tuberculosis programming from USAID/K is approximately \$2.9 million per year, providing support to the Division of Leprosy, TB and Lung Disease (DLTLD) through the Tuberculosis Control Assistance Program (TB-CAP). Numbers of TB patients continue to increase each year. However, widespread co-infection with HIV (close to 48% of new TB patients) makes TB treatment difficult. The GOK co-located the DLTLD and the NASCOP with the MOH and MOPHS to better address TB-HIV/AIDS co-infection. This resulted in increased collaborative TB-HIV/AIDS activities across the country. The DLTLD implements TB-HIV/AIDS treatment services, directly observed treatment (DOTS), community-based directly observed treatment (C-DOTS), and public-private mix DOTS (PPM-DOTS), as well as activities to address multi-drug resistant TB (MDR-TB).

Building on previous investments, the TB program will continue to support interventions for strengthening the TB drug logistics system which focuses on forecasting and distributing TB and other drugs and supporting staff supervision; providing support on implementation of "patient packs," which contain enough anti-TB drugs to fully treat one patient; scaling up the pilot PPM-DOTS to expand the involvement of all providers in DOTS; scaling up TB treatment initiation and adherence and strengthening and expanding C-DOTS, including an urban TB control strategy in Nairobi and other major cities; developing, reviewing, and implementing infection control policies and TB-HIV/AIDS co-infection guidance at major hospitals and facilities; strengthening the capacity of both the DLTLD and NASCOP to scale up TB-HIV/AIDS integration; improving partner coordination, program management, and information management systems; implementing advocacy, communication, and social mobilization policy guidelines to increase demand for HIV testing and TB diagnosis and treatment; and strengthening the surveillance capacity and routine monitoring and evaluation of TB and TB-HIV/AIDS co-infection, including MDR-TB.

Malaria prevention and control in Kenya is a key part of USAID's Implementation Framework. With support from PMI, USAID/K works in close consultation with the

Ministry's Division of Malaria Control (DOMC) and with numerous national and international partners. Key interventions will continue to include assuring the universal coverage of ITNs within prioritized regions of the country; procuring and distributing long-lasting insecticide-treated bednets (LLINs) through ANC clinics; expanding indoor residual spraying (IRS) to selected endemic districts and providing enhanced epidemic surveillance, response, and entomological monitoring in those districts; training community health workers to increase coverage of intermittent preventive treatment of pregnant women (IPTp) and strengthening community-based behavior change and social mobilization activities that are designed to increase client demand for ANC and IPTp services. In addition, to improve case management of malaria, USAID will procure Artemisinin-Based Combination Therapy (ACT), continue to strengthen the supply chain and logistics systems for malaria drugs, and will help facilitate the DOMC's direct supervision system. USAID will expand the grants program to add new partners and broaden its geographic coverage and will support community-based behavior change communication (BCC) activities with Peace Corps Volunteers, as well as the production of communication materials for use at the national level. Finally, USAID will continue to support a strong monitoring and evaluation component to measure progress towards the project goal and to identify and correct problems in program implementation; and maintain support for capacity building in the DOMC and the MOPHS for supervision of malaria activities, the functioning of technical working groups, and effective management of the Kenya grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Family Planning will be a key component of the USAID/K health program given the high unmet need for services. The focus will be on eliminating barriers to and increasing the quality, access and demand of integrated services to meet enormous unmet need for family planning in Kenya. Service and behavior change interventions will enable couples to have healthy timing and spacing of their children and careful design will ensure full voluntary choice. The programs will include a broad range of methods at both the facility and in the community, and increased attention will make long-term and permanent methods more readily available. The program will work to build systems to ensure that the necessary protocols and standards are in place and trained staff, facilities and contraceptive commodities are available for quality family planning service delivery. Family planning will be integrated with MNCH, HIV and other programs as feasible and appropriate. Innovative outreach will take service delivery to the community level (for example, community-based programming using CHEWs, peer educators, community champions, mothers' clubs and other community outlets such as the health committee structures). Behavior Change programs will emphasize why family planning is important, where to get services, and what choice of methods are available and what are the specific risks and benefits of each method. Advocacy will build champions for and a strong constituency to promote and support family planning and its use. While USAID/K and the GOK support availability of family planning services and commodities for all Kenyans, the emphasis of this Framework will be to build the system for ultimate self reliance. Increased use of family planning will reduce unintended pregnancies and promoting positive reproductive health behaviors of men and women, reduce the need for abortion, and ultimately impact on the reduction

maternal and child mortality and morbidity, and assisting the GOK to meet the MDG and other national health goals.

Maternal, Newborn, and Child Health will focus on scaling up high impact interventions to reach women, adolescent mothers, newborns, and children under five years of age. Maternal and newborn health will be integrated everywhere since newborn survival depends, to a large extent, on effective antenatal and obstetric care. As funding allows, evidence-based, high impact interventions to reduce maternal mortality will be expanded, including active management of the third stage of labor to prevent postpartum hemorrhage in all facilities, magnesium sulfate to manage eclampsia, partograph for managing prolonged labor, emergency obstetric care, and postpartum care. USAID/K will support the implementation of the community unit to operationalize the recommendations of the *2009 UN Joint Statement on Home-based Newborn Care*, including early postnatal visits to the mother and newborn. Essential newborn care (clean cord care, immediate and exclusive breastfeeding, and warmth) will be scaled up in facilities and in the home. USAID/K will improve the capacity of all levels of health facilities to provide basic resuscitation, kangaroo mother care, and infection management. High impact interventions for child survival will be scaled up, particularly immunization, community case management of malaria, pneumonia (with antibiotics), and diarrhea (with oral rehydration therapy and zinc), as well as support to GOK's effort in scaling up integrated management of childhood illness. An important component of this program would be more deliberate and strategic integration with HIV/AIDS programs (particularly PMTCT, pediatric AIDS, and OVC); malaria (particularly IPT, ITN, and community case management); and water and sanitation as described below.

Nutrition - Malnutrition is an underlying contributor to morbidity and mortality from HIV/AIDS, TB, and MNCH. Poor nutrition is an underlying cause of over 50 percent of deaths in children. The Child Survival and Development Strategy 2008-15, indicates that the relative risk of dying, for a child under five in Nyanza, Western and North Eastern Province is seven times greater than for a child of the same age group in Central province. Both acute and chronic malnutrition are prevalent in Kenya. In most provinces, childhood stunting, reflecting chronic malnutrition, exceeds 30%. Additional problems center on lack of early and exclusive breastfeeding, inappropriate early feeding of complementary foods, anemia, and micronutrient deficiencies. USAID support to strengthen nutrition will focus on reduction of maternal and child anemia through iron supplementation and de-worming of pregnant women and children, Vitamin A for postpartum women and children, exclusive breastfeeding for six months, complementary feeding at six months, infant feeding, and health education on adequate nutrition for pregnant women and children under five, with strategic linkages with the food security program.

Water, Sanitation, and Hygiene has important cross-sector linkages. Water and sanitation interventions address infection management which impacts a number of diseases including HIV/AIDS, diarrhea, and sepsis. The key interventions will include hand washing with soap and point-of-use water treatment products. These interventions also link with income-generation approaches, public-private partnerships, and infrastructure

development. A focus will be to expand existing Point of Use (POU) products and available POU options using existing platforms. The primary beneficiaries for these interventions include poor, marginalized and at-risk populations, especially those living in areas of chronic food insecurity, arid regions of Kenya, as well as children, women, and HIV-infected individuals.

Social Determinants of Health includes factors such as poverty, educational level, literacy, geography and environment, and socio-cultural norms and structures. These are factors which impact health but are typically beyond the control of health systems. These factors affect multiple health outcomes including maternal, infant, child morbidity and mortality; family planning choices; the prevention and management of infectious diseases; and the prevalence of violence against women and children. USAID/K will support interventions that address the social determinants of health primarily through linkages and integration with the USG's broader development portfolio.

D. Key Program Partnerships and Relationships

Both the GOK and the USG recognize the importance of strong partnerships as a platform for doing business since public health work cannot be conducted in isolation. Further, strong linkages can enrich a relationship by bringing additional skills and infrastructure to a problem, by expanding the reach of just one single organization, and by sharing the burden of achieving specific objectives. The program in Kenya has a variety of partners at all levels of program implementation, including government organizations, private sector partners -- both commercial and not-for-profit -- civil society and community organizations, universities and professional associations, bilateral donors and multilateral organizations, to name a few. The partnerships and alliances listed below are an important means to maximize potential for the delivery of sustainable and quality services.

Partnership with the Government. The GOK's strategies emphasize the importance of partnerships to advance the health of all Kenyans. USAID/K subscribes to the vision that country-led programs and partnerships are the foundation upon which sustainable gains in health outcomes and impact will be built. As described in detail throughout this document, USAID/K's Implementation Framework will support partnerships with the GOK across the health system at all levels of service delivery.

Partnerships with Other Donors. Over the years, USAID/K has developed strong working relationships with virtually all the bilateral donors and multilateral organizations working in Kenya. Leveraging resources and activities of other donors has become almost an art form, running the gamut from information sharing and joint advocacy to shared programming and joint funding in the respective partners' areas of interest. The various consultative donor fora offer important opportunities to regularly to share information and discuss major issues. Under this Implementation Framework which is focused strongly on collaboration with the GOK and all of its partners, USAID/K, now more than ever, will need to maintain a strong presence in the official as well as the unofficial donor venues to understand other donors' perspectives and leverage their support.

Partnerships with the Private Sector. Globally, USAID has long recognized the potential of the private sector to expand access to and further population and health goals through its resources, expertise, and infrastructure. An IFC study found that in Ethiopia, Nigeria, Kenya and Uganda more than 40 percent of people in the lowest quintile receive health care from private for-profit providers.¹⁰ Kenya's private sector, both for-profit and not-for-profit, is one of the most developed in Sub-Saharan Africa and serves as an important source of care even among the poor. A skilled, informed, and well equipped private sector provider presents significant opportunities to address health challenges, to focus on quality and results, and to increase clients' choice of and access to services and commodities. USAID/K in concert with the GOK and other donors including the World Bank (WB) and International Finance Corporation (IFC), can maintain the momentum achieved over the past year to advance objectives for a strengthened private sector. In this Framework, all Results have linkages with private sector organizations and service providers. Strengthening the private sector will also support the GHI and PEPFAR II goals of increased country ownership and health systems strengthening, and will promote greater sustainability in health service delivery.

Relationship to the Global Health Initiative. The guiding principles of this Framework align closely with those of the GHI announced by U.S. President Barack Obama in May 2009. GHI encompasses all future USG foreign assistance in health (\$63 billion) over five years (2009-2013) in a deliberate effort to work with host country governments and the international community to advance common global health objectives and to improve specific health outcomes. GHI will build on the successes and lessons learned from PEPFAR, PMI, Stop TB, Stop Polio and other global health programs while expanding efforts to strengthen health systems, improve child and maternal health and family planning, and promote better integration and alignment of global health programs. This Framework is designed to contribute to these outcomes by assisting Kenya accelerate coverage of high impact interventions through the implementation of quick wins and innovative approaches while simultaneously building strong health systems which can sustainably provide positive health impact across health programs, with special focus on HIV/AIDS, malaria, family planning, maternal and child health and tuberculosis. The Framework will foster country ownership and stakeholder partnership and coordination, build capacities of public and private sector institutions; empower women and girls through increased emphasis on gender-sensitive approaches and linkages with other sectors that address social determinants; and builds on GHI's three-dimensional approach focusing on increasing the delivery of services, development and strengthening of health systems, and addressing social determinants that influence the uptake of health services.

Relationship to PEPFAR II. The PEPFAR Five-Year Strategy, launched in December 2009, outlines the direction of the program for its next phase. The PEPFAR strategy reflects lessons learned in the first five years of the program, expands existing commitments

¹⁰ The Business of Health in Africa, International Finance Corporation, 2008

around service delivery, and places a heightened emphasis on sustainability. In an expansion of its earlier philosophy, PEPFAR programs may now be “carefully and purposefully integrated with other health and development programs.” USAID/K’s Framework mirrors the next phase of PEPFAR and will focus on:

- Transitioning from an emergency response to promotion of sustainable country programs
- Strengthening partner government capacity to lead the response to this epidemic and other health demands
- Expanding prevention, care, and treatment in both concentrated and generalized epidemics
- Integrating and coordinating HIV/AIDS programs with broader global health and development programs to maximize impact on health systems
- Investing in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes

Relationship to the President’s Malaria Initiative. PMI is a 15 country, five-year US \$1.2 billion interagency initiative led by USAID and implemented together with the Centers for Disease Control and Prevention (CDC). In Kenya, PMI works closely with the Division of Malaria Control (DOMC) and other national and international partners in developing policies and support for the malaria activities. The USG’s annual Malaria Operational Plan (MOP) for PMI is developed in close collaboration with the MOPHS/DOMC and partners and serves as a model for collaboration. In 2010, PMI budget support to Kenya will be about US \$40 million.

Relationship to Multilateral Policy Declarations or Goals. The Framework is consistent with multilateral policy declarations including the 2005 Paris Declaration on Aid Effectiveness and the Millennium Development Goals.

Paris Declaration on Aid Effectiveness – The strategy of the MOMS notes that principles of the 2005 Paris Declaration on Aid Effectiveness are not fully inculcated into the thinking of the sector as “parallel financing continues, and not all funds are being channeled to the defined sector priority areas, leading to inefficiencies in the use of available resources.” This Framework will address this issue to assure that the five principles of the Paris Declaration -- ownership, alignment, harmonization, managing for results and mutual accountability – are fully interwoven into USAID/K’s program.

Millennium Development Goals - Like many other countries, Kenya is a signatory to the MDGs. Of the eight goals, MDGs 3, 4, 5, and 6 (promote gender equality and empower women, reduce infant mortality; improve maternal health; and combat HIV/AIDS, malaria and other diseases) are explicitly addressed in this Implementation Framework. However, the 2008-09 KDHS, the National Health Sector Strategic Plan II (*NHSSP II*) *Midterm Review Report*¹¹ and other surveys show that progress is not uniform in achieving coverage of key

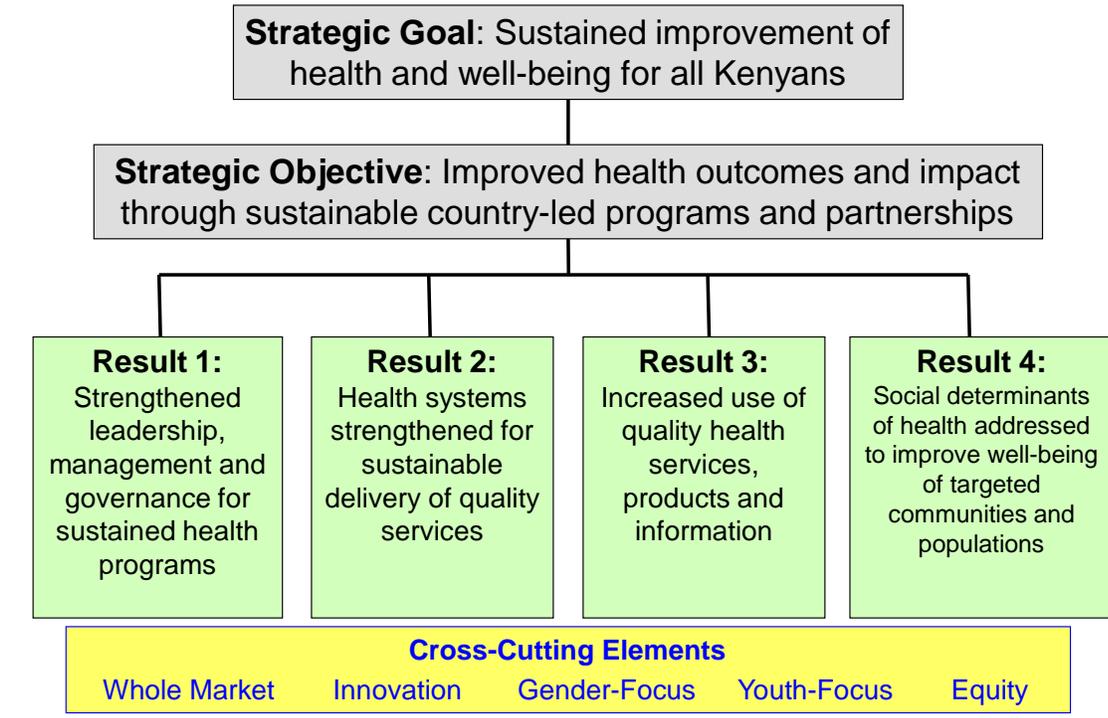
¹¹ *NHSSP II Mid Term Review Report.* Ministry of Health. November 2007

interventions that would impact the health MDGs by 2015. USAID/K clearly has a role to play in assuring that support to these key interventions helps the GOK to achieve the health MDGs by 2015.

SECTION III. RESULTS, INTERMEDIATE RESULTS AND OUTCOMES

A. Results Framework

Results Framework



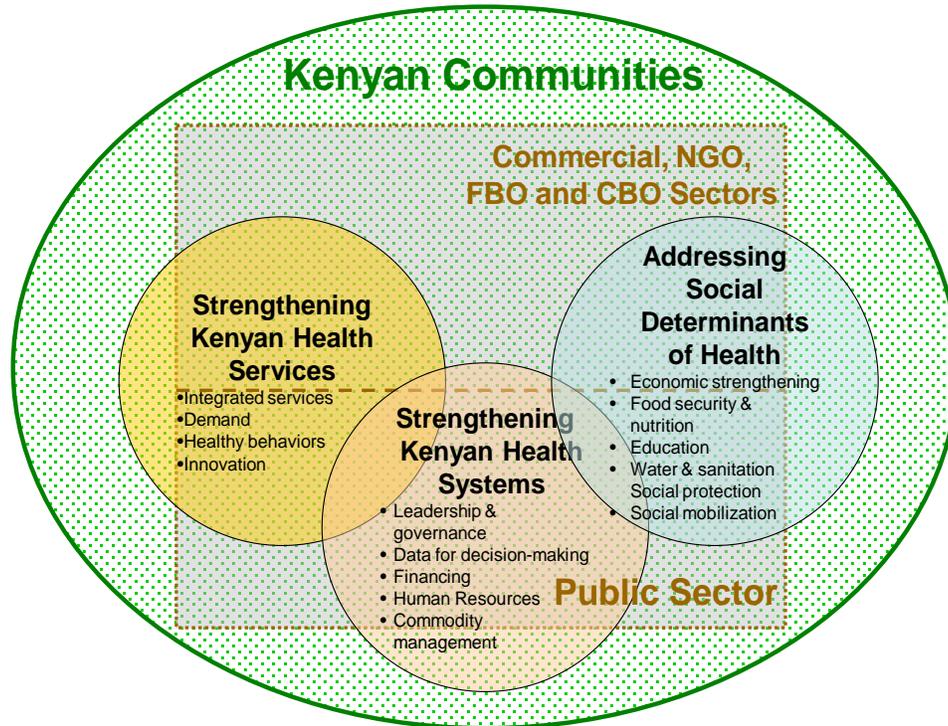
USG assistance to Kenya has two objectives which are to improve the health status of Kenyans and to develop the capacity of national institutions to sustainably provide quality health services, especially to marginalized, poor and underserved populations. The Strategic Objective builds on over twenty years of significant investments in key health outcomes by USAID/K and seeks to move the USAID’s investments to another level, specifically to promote the development of organizations and programs that will continue to provide benefits for the health of Kenyans even without continued USG or other donor support.

This Implementation Framework will support sustained, improved outcomes for HIV, malaria, FP, TB, MNCH, and nutrition. Success will require interconnectedness across the four Results of the Framework, since no Result can be achieved in isolation. Key linkages are highlighted throughout the following narrative.

Figure 3 below schematically highlights the approach that USAID will use in implementing this Framework.

Figure 3

USAID/Kenya Health Approach



USAID/K will apply five cross-cutting elements in its approach to achieving the Strategic Objective:

- *Whole market.* USAID will provide support to both the public sector and private sector -- including commercial, non-governmental, faith-based and community-based organizations -- to maximize efficiencies and coverage for meeting the health needs of Kenyans.
- *Innovation.* USAID recognizes that innovation is critical to identifying new approaches which can significantly improve health outcomes, and will promote innovation across all result areas in its programs. USAID acknowledges the risks associated with innovation and will ensure that implementing mechanisms are designed to value and support innovation.
- *Gender-focus.* There is strong evidence that women are gateways to healthy families and crucial to achieving long-term development goals. USAID will utilize a gender-focused approach, incorporating responsiveness to the special needs, perspectives and abilities of women and girls within its programs. A critical strategy of improving the health status of women and girls is also to fully involve men and

engage them in family decisions regarding health care. Men can serve as influential role models by the adoption of health behaviors. Also as informed husbands, brothers and fathers, men can be strong advocates within their families and communities by encouraging and supporting the use of particular health services or relevant behavior changes.

- *Youth-focus.* Youth are an underserved group with reduced access to health services and with special obstacles to adopting healthy behavior. Improving the health status of youth requires unique and targeted interventions suited to their needs. USAID will incorporate the special needs of youth into all programs to promote healthier lives and outcomes for Kenya's young people.
- *Equity.* Access to health services and information is not equitable. Groups can be underserved due to geography, socio-economic status, ethnicity, lifestyle choices, or other characteristics. Health inequities can lead to further hardship, such as reduced income or social disenfranchisement. Quintile data from the 2008-09 KDHS demonstrates that socioeconomic disparities in health outcomes are significant. USAID/K recognizes that interventions focused on increasing health equity can require greater per capita investments, and will provide assistance to the GOK in the design and implementation of policies and programs in support of improved health outcomes for poor and disadvantaged populations.

USAID/K will develop a strong M&E system to measure progress towards its Strategic Objective through indicators that correspond to major components: health impact, health outcomes, and use of sustainable, country-led programs and partnerships. Illustrative indicators *for health impact* include: HIV prevalence; malaria incidence; total fertility rate; under-five mortality; maternal mortality; and TB incidence. Illustrative indicators *for health outcomes* include: survival rate on ART; percent exposed infants confirmed HIV negative at 18 months; bed net coverage; CPR; immediate and exclusive breastfeeding; percent of children under five with diarrhea who received oral rehydration therapy; and skilled birth attendance.

Illustrative indicators for sustainable, country-led programs and partnerships include: percent of USAID health funds supporting implementation of GOK strategies; percent of USAID health funds directly supporting Kenyan private sector institutions (NGOs, FBOs, and commercial organizations); percent change in total GOK health expenditure per GDP; and [number of provinces and districts able to independently manage and implement Annual Operating Plans (AOPS) *or* number of in-country institutions capable of independently providing needed training for the health system].

B. Result 1 - Strengthened Leadership, Management and Governance for Sustained Health Programs

Intermediate Results to Support Achievement of Result 1

- 1.1** Improved leadership and management at national and sub-national levels of the health system
- 1.2** Strengthened country ownership and multi-sectoral coordination
- 1.3** Increased transparency and accountability
- 1.4** Strengthened policy development, dissemination and implementation
- 1.5** Increased civil society empowerment and engagement

A major goal for the GOK is to develop the needed capacity to effectively carry out the leadership, management and governance responsibilities necessary for successful stewardship of the health sector. Effective health governance covers multiple responsibilities, including maintaining the strategic direction of policy development and implementation; strong management and financial planning; detecting and correcting undesirable trends and distortions; articulating the case for health in national development; and establishing effective transparency and accountability mechanisms. Health governance also requires the establishment of national policies and processes to define the relative roles and responsibilities of the public, private and voluntary sectors, including civil society, in the provision of and planning for health care. USAID/K will work with the GOK to design programs that will align with and advance the goals of the MOMS and MOPHS health sector strategic plans to strengthen stewardship of the health sector through country-led and country-managed processes.

USAID/K will provide technical support to build host country capacity and fundamental skill sets for strengthened leadership and management, policy dissemination and implementation, strategic multi-sectoral coordination and civil society participation in health. This will include support for the goals agreed upon in the *USG-GOK Partnership Framework to Support Implementation of the Kenya National HIV Response as Articulated in the Kenya National AIDS Strategic Plan III (KNASP III)*. New areas for USAID/K investment in health governance will include technical support for increased transparency and accountability, and promotion of broad stakeholder participation in delivery of health services, including for the private sector, NGOs and FBOs.

This Result will directly contribute to attaining outcomes identified for Results 2 through 4, and will also be impacted by progress in those Results.

Intermediate Result 1.1 - Improved leadership and management at national and sub-national levels of the health system

Leadership in governance is about articulating values and vision; inspiring others; encouraging dialogue among all levels of decision-making, including communities; and establishing processes for transparency. It is about setting agendas, identifying problems, and initiating change that makes for substantial improvements. Management entails getting people together to accomplish desired goals and objectives, and involves planning, organizing, clarifying individual roles and responsibilities, staffing and directing groups or efforts for the purpose of accomplishing and evaluating established goals and objectives.

In response to requests from the GOK, USAID/K will continue its programmatic support for strengthened leadership and management. The overall objective will be to develop the long-term capacity of the GOK to direct, manage and finance its health programs and to effectively implement strategic plans and policies at national and sub-national levels of the health system. Assistance will include building the needed competencies and management systems for strengthened administration, programmatic oversight, and use of data in planning for effective use of resources and improved delivery of health services. Leadership and management activities will be designed to strengthen capabilities that are critical for success across all building blocks of the health system and will support achievement of objectives outlined across this Framework. Programmatic investments will expand upon previous pre-service and in-service training and will ensure that leadership and management training models are institutionalized and sustained by local universities, training centers and centers of excellence.

The role of civil society in ensuring that communities and individuals take responsibility for their own health is essential. Community groups, such as health committees, women's groups, FBOs, and NGOs are strong players in educating and building awareness about positive health practices and about encouraging positive health behaviors. USAID/K programming can support this by building the necessary leadership skills at the community level for developing increased responsibility for positive health practices, targeting HIV/AIDS prevention, women and girls' centered approaches, and community practices related to care of women and newborns before, during and after delivery.

Expected Outcomes for IR 1.1

- Strengthened long-term capacity of the GOK and other stakeholders to direct, manage, and finance Kenya's HIV/AIDS, malaria, family planning, MNCH, tuberculosis, nutrition and other disease-specific health programs
- Increased effectiveness of health administration and efficiency in use of health resources
- Leadership and management training scaled up and sustained at national and sub-national levels
- Strengthened supervision, coordination, quality assurance, professional standards, regulation and accreditation within the health sector

- Strengthened capacity of civil society and community organizations to provide leadership for health
- Changes in leadership and management monitored, measured and evaluated to inform program design and capture best practices

Intermediate Result 1.2 - Strengthened country ownership and multi-sectoral coordination

USAID/K will partner with the GOK to support achievement of the objectives of the health sector strategic plans of MOMS and MOPHS. Strengthening the necessary systems, human resources and financing schemes will foster greater government responsibility and accountability to effectively implement a country-led and country-owned program.

USAID will also strengthen GOK capacity and processes to assure multi-sectoral coordination of GOK, donor and partner investments at national, regional and district levels. Illustrative approaches might include working with GOK staff to develop skills in financial management, administration and oversight, harmonization of resources, M&E, and communication in order to facilitate the work of coordinating bodies such as the Joint Interagency Coordinating Committee (JICC), the Health Sector Coordinating Committee (HSCC), and systems support and technical Interagency Coordinating Committees (ICCs), DHMTs or Community Health Units. Approaches will also encourage broad stakeholder engagement, including the private sector, NGOs and communities, to develop a common direction and plans of action for delivering health services and addressing health needs. In the spring of 2010, a team of USAID/W, USAID/K and other experts will analyze leadership, management and governance issues to determine the most appropriate interventions for USAID/K to undertake in order to achieve the expected outcomes for IR 1.2.

Expected Outcomes for IR 1.2

- Strengthened country-led, country-owned and country-managed health sector at national and sub-national levels
- Strengthened capacity to cost programs, identify revenue sources, and effectively and equitably allocate and expend resources
- Strengthened in-country capacity for leading multi-sectoral planning processes and for establishing linkages between strategic planning, budgeting and resource use
- Strengthened coordination with non-health sector ministries, partners, programs and projects for improved health outcomes
- Strengthened capacity for data use and for evidence-based decision making at all health system levels, including the community

Intermediate Result 1.3 - Increased transparency and accountability

Structural and procedural reforms to increase accountability and transparency and to reduce corrupt practices play an important part in improving health governance. In Kenya, institutional checks and balances are known to be weak and to thereby negatively impact

the health sector and its performance. This Implementation Framework includes increased transparency and accountability as stated goals and will help promote reforms for development of systems that increase financial oversight and strengthen performance. USAID/K will help GOK address the critical needs for transparency and accountability through provision of technical assistance for strengthened M&E at different levels of the health system.

Assistance approaches will include support for the GOK ministries and non-public sector organizations and institutions in the design and promotion of mechanisms for accountability and transparency in fiscal processes. These goals are directly linked to outcomes defined for financing under IR2. Development of GOK and civil society capacity to put in place and run oversight boards, and establishment of systems for increased availability, quality and flow of information represent other avenues for investment. The USAID/K program can also take advantage of opportunities to coordinate with and request input from USAID's Democracy and Governance (D&G) Office to promote synergies that advance common interests for increased in-country transparency and accountability.

Expected Outcomes for IR 1.3

- Strengthened transparency and accountability for health at national and sub-national levels through improved M&E systems
- Increased financial accountability and transparency systems with defined tracking mechanisms supported and adopted by public and non-public sector institutions and organizations
- Enhanced processes and systems to encourage accountability and foster communication among partners in the local, regional and national system
- Increased numbers of organizations and institutions demonstrating accountability and transparency standards for donor and/or other funding

Intermediate Result 1.4 - Strengthened policy development, dissemination and implementation

Policy formulation is well-advanced in the health sector thanks in part to USAID and other partners who have worked over the past decade and a half to support the GOK in developing key policies. GOK policy and strategy documents illustrate a state-of-the-art grasp of key challenges for health and the strategic responses needed to address those challenges. However, the November 2009 APHIA II assessment found that policy development work remains to be done in areas that address broader sectoral issues, such as human resources for health (HRH), integration of services, health systems strengthening (HSS) and the engagement of the private sector in delivery of health services. Also, in addition to development of policies and strategies at the national level, resources must be available for guidelines, communication strategies and implementation at sub-national levels in order to assure that the policies and strategies are understood and carried out.

USAID/K will provide technical support to the GOK for national level policy development in those areas that still require assistance and for strengthening the processes of MOMS and

MOPHS for policy implementation and translation at provincial and district levels. USAID/K will also strengthen the GOK's capacity to use data for evidence-based decision-making and management at the local level for improved implementation and planning. Such support will be critical as Kenya continues to move forward with decentralization and shifting decision-making to lower levels of the health system. There are also opportunities for strengthening the policy process by working with parliamentarians and policy champions on building advocacy skills for advancing health objectives and in strengthening coordinated policy responses across ministries.

Expected Outcomes for IR 1.4

- Policies developed to support engagement of the private sector in delivery of health services
- Policies developed or updated for HRH, program integration, and HSS
- Strengthened capacity to lead and manage implementation of the policy process
- Strengthened capacity to assess, monitor and evaluate the impact of policies on health outcomes
- Priorities for health programming incorporated in Annual Operational Plans (AOPs) at provincial and district levels
- Strengthened capacity for data use and for evidence-based decision making
- Strengthened capacity of policy champions and parliamentarians to advocate for health

Intermediate Result 1.5 - Increased civil society empowerment and engagement

Strong health champions and civil society advocates play a key role in health governance by raising issues with policymakers that are important to them, pushing for action on those issues, and holding government accountable for the actions it agrees to take. USAID/K will continue to build upon past investments for strengthening civil society and community networks and coalitions for advocacy and participation the policy process. Avenues for increased engagement with government on key health issues at both national and sub-national levels of the health system will continue to be developed, including for broader participation by vulnerable, marginalized and underserved groups in the policy process.

Increased civil society empowerment and engagement activities can also be linked with the GOK rollout of the community strategy that will foster greater engagement in health at local levels. The Framework can support establishment of active citizen health boards and community represented health unit management committees to monitor resources and services and enable communities to become more engaged in management of their health programs. USAID/K programming can also support capacity building for increased civil society engagement in addressing the social determinants of health, both through community structures and through civil society organizations (CSOs) and networks that will advocate at regional and national levels.

Expected Outcomes for IR 1.5

- Increased capacity of advocates to effectively communicate with their communities and dialogue with policy makers at national and sub-national levels

- Strengthened capacity of CSO, networks and communities to hold the government accountable for delivery of health services and to assure that resources directed to facilities under performance-based financing are applied to health programs of those communities
- Strengthened capacity of the advocacy community in the use of data and application of evidence for policy dialogue
- Increased leadership and participation of people living with HIV/AIDS, women, youth and those most impoverished and vulnerable
- Increased civil society capacity to address the social determinants of health

C. Result 2 - Health Systems Strengthened for Sustainable Delivery of Quality Services

Intermediate Results to Support Achievement of Result 2

- 2.1** Improved programs through use of strategic information
- 2.2** Increased efficiency and equity in the distribution of financial resources for health
- 2.3** Strengthened human resources for quality health services
- 2.4** Strengthened commodity management systems

USAID's focused interventions for strengthening Kenya's national health system will alleviate systems bottlenecks that have negative impacts across health programs and would not be addressed by vertical program interventions. Success in improving key health systems means that at the end of five years, the GOK and Kenyan institutions should be better able to use data for program management, make key policy decisions, and manage health programs effectively and efficiently with less reliance on direct external support from donors, such as financial subsidies, seconded staff, or donated commodities.

Building on a history of previous USG investments in Kenya, USAID/K is well positioned to focus resources on HSS for a number of reasons:

- The GOK and its development partners have a renewed commitment to implementing a coordinated program that will allow the GOK meet its broad objectives and goals, including strengthening the national health system, as defined in Kenya's *National Health Sector Strategic Plan II* and *Vision 2030*
- There is high level USG policy support for this approach. Both PEPFAR II and GHI emphasize building sustainable, country-led health programs through strengthening health systems
- The broad range of health resources available to USAID/K, including HIV, malaria, FP, TB, MNCH, nutrition and food security, and water, sanitation and hygiene, will support integrated financing for HSS, permitting the achievement of positive outcomes within all those technical areas

These efforts will improve the use of quality health services, supporting Result 3 and will improve key social services systems, supporting Result 4. This Result will require strong leadership, solid management and good governance by the GOK and, thus, builds and depends upon successes under Result 1.

Intermediate Result 2.1- Greater use of strategic information for program management, policy-making and decision-making

At all levels of the health system, appropriate decisions and policies regarding health programs and services should be informed by relevant health data and information. However, lack of reliable and timely health information as well as lack of awareness and capacity to use health information result in uninformed, and sub-optimal, decisions. USAID/K will strengthen use of strategic information for program management, policy-making and decision-making. USAID/K's approach will be to support the GOK's *Health Information System Policy*¹² and *Strategic Plan for Health Information System (2009-2014)*¹³ in coordination with the GOK and other development partners.

To improve capacity for using data for program management, policy-making, and quality improvement, USAID/K will support the GOK to improve awareness and capacity of health workers at all levels of the health system to access and use Health Information System (HIS) data to inform program decisions and policies. Activities that USAID/K may implement to achieve this outcome may include strengthening skills at all levels for accessing relevant health data from the HIS; strengthening awareness and capacity at all levels to use data for program management, policy-making, and quality improvement; advocating for standardized use of data in supportive supervision and management procedures; or supporting innovations in use of mobile information technologies to link communities, remote rural areas, and other "hard-to-reach" areas to the HIS.

To improve human capacity for quality data capture and reporting at all levels, USAID/K's approach will focus on the capacities and incentives necessary for improving the capture of health information at lower levels of the health system, including at the community level and for private sector providers. Illustrative activities may include strengthening skills and incentives for information collection and reporting at all levels, at public and private facilities; dissemination of standardized, streamlined protocols that minimize the data collection burden to existing health workers and data managers; assessing the potential for task shifting of reporting responsibilities; or improving recruitment and retention of health records and information officers.

To improve the systems for quality data capture and reporting at all levels, USAID will support the GOK in strengthening the HMIS to better meet the needs of the Kenyan health system. Illustrative activities may include supporting harmonization of monitoring and

¹² *Health Information System Policy*. Ministry of Medical Services and Ministry of Public Health and Sanitation. 2009

¹³ *Strategic Plan for Health Information System 2009-2014*. Ministry of Medical Services and Ministry of Public Health and Sanitation

evaluation requirements across the GOK and development partners; supporting the GOK in deployment of the planned new HMIS database to the facility and community level; training health workers at lower levels to utilize the new HMIS system; or assisting in the development of requirements for the new HMIS system, especially for incorporating community level information.

Additionally, to collect, analyze and disseminate key national health statistics, USAID will support the GOK to implement and publish key national health surveys, such as the KDHS and *Kenya AIDS Indicator Survey* (KAIS)¹⁴.

Expected outcomes for IR 2.1

- Improved capacity for using data for program management, policy-making, and quality improvement
- Improved human capacity for quality data capture and reporting at all levels
- Improved systems for quality data capture and reporting at all levels
- Collection, analysis and dissemination of key national health statistics

Intermediate Result 2.2 – Increased efficiency and equity in the distribution of financial resources for health

Increased efficiency in the production of health care services and greater equity in their distribution will accelerate sustainable gains in the health of Kenyans. Increased production efficiency will help facilities and program managers to enhance their results with existing resources. Greater equity, through increased risk pooling and reduced out-of-pocket expenditure, will extend health care to include previously marginalized populations.

The GOK recognizes the inadequacy of the current health finance system to meet equity and efficiency aims, and has identified several means to address them in its health sector strategies including the strategic plans of both MOMS and MOPHS. Among these are the national health financing strategy,¹⁵ which sets forth a long-term vision for comprehensive social insurance; the Health Sector Services Fund and Medical Services Fund, which eliminate bottlenecks in budget execution and increase the use of output-based reimbursement mechanism to health facilities; and the use of cost information for decision making.

Increase availability of innovative health financing mechanisms for all Kenyans. Areas of focus include expansion of micro-insurance; implementation of voucher mechanisms that extend access to the minimum package of services; and leveraging of the National Health Insurance Fund (NHIF) risk pool to extend market power to poor households with chronic health care needs. Illustrative activities to meet this outcome include expansion and replication of existing micro-insurance pilots; expansion of voucher pilots and extension to other services, through joint implementation with other donors and within the context of

¹⁴ *Kenya AIDS Indicator Survey. Preliminary Report.* Ministry of Health/NASCOP. 2007

¹⁵ *Towards a Health Financing Strategy for Kenya.* Ministry of Medical Services and Ministry of Public Health and Sanitation. February 2009

GOK plans; rigorous evaluation of the economic impact of pilot schemes on governmental and household economics, and on household health; and technical assistance to the NHIF to design inclusive insurance terms for individuals with chronic health needs.

Increase use of reliable cost information by health care managers at all levels. Areas of focus include increased use of costing tools to assess unit costs of various services and service packages; stakeholder involvement in the application of cost information to policy and guidelines; and increased application of cost-effectiveness information for decision making. Illustrative activities include modification of existing costing tools to be applied to a comprehensive set of services, including linkages between costs and outcomes; communication with stakeholders regarding the value of cost information for program decisions; facilitation of policy dialogue in response to cost-effectiveness results; and technical assistance to reallocate resources in alignment with costing results.

Improve effectiveness of health management through efficient reimbursement mechanisms. The focus will be on performance-based financing as a reimbursement mechanism that promotes efficient management decisions at facility level. By linking reimbursement to output and quality of care – and not to an input mix that may be prescribed by someone outside the facility – performance-based financing allows managers of health facilities to make independent decisions regarding industrial organization and the production of services, thereby increasing competition and efficiency. Linkages will need to be established with activities under IR1 to ensure that resources sent to the facility are applied to health service delivery, and to prevent leakage. Activities to help achieve this outcome may include development of reliable and informative financial information systems; development of an auditable performance-based financing scheme; and establishment of technical exchange relationships with well-performing U.S.-based facilities and graduate programs in health care administration.

Enhance public sector budget execution. Areas of focus include the budgeting process and use of health information therein; interaction between the decentralized planning process and budget appropriations; and the rational flow of funds. Important linkages exist with IR1 since leadership and governance efforts are required to facilitate the necessary dialog regarding resource allocation, use and reporting between the Ministry of Finance and the Ministries of Health. Civil society has a role to play to ensure transparency and accountability across the budget cycle. Enhancing budget execution will be supported by activities such as detailed assessment of the flow of funds; dialogue with stakeholders to enhance budget execution and alleviate bottlenecks; support for training of provincial and district-level personnel with spending authority; and training for line personnel engaged in all aspects of budget execution.

In the spring of 2010, staff from USAID/K's OPH will work with a team from USAID/W and other experts to analyze the potential of future return on USG investments in health care financing, assess USAID's comparative advantage for work in Kenya, and further delineate the specific interventions that USAID/K should undertake in the next five years to achieve the expected IR2.2 outcomes noted below.

Expected outcomes for IR 2.2

- Increased availability of innovative health financing mechanisms
- Increased use of reliable cost information by health care managers at all levels
- Improved effectiveness of health management through efficient reimbursement mechanisms
- Enhanced public sector budget execution

Intermediate Result 2.3 – Strengthened human resources for quality health services

The importance of a healthy, competent, and motivated workforce is critical to ultimately improving health outcomes. Despite some progress, Kenya is at a crisis point in terms of the number of trained providers in the system which strongly depresses the ability to provide quality services to its population. Investments must be strategically placed so that Kenya can expand its workforce at all levels of the health system and improve the functioning of that workforce as determined by country priorities. In the next five years, it will be important to expand and improve pre-service trainings. It is also important to find innovative models for in-service training that supports integrated service delivery and focuses on a training approach that minimizes provider time away from the site for extended periods. It will be important to invest in strengthening the capacity of pre-service educational institutions, as well as cultivating new generations of health care workers and training allied health professionals earlier in their educational careers.

Strengthening Kenya's ability to plan for, recruit, train and retain adequate and appropriate human resources for all health system levels is a fundamental component of this Implementation Framework. Building on present advances in developing a human resource plan, activities over the next five years should ensure finalization of the plan, support its implementation, monitor and evaluate progress, and support related policies. It will also be critical to support innovation to improve the recruitment and retention of Kenyan health workers. On-going gains in building the HIS, increasing management and leadership capacity, and supporting health financing will also improve human resource outcomes.

Expected outcomes for IR 2.3

- Strengthened HRH planning and management
- Strengthened institutions and curriculum for pre-service, in-service and community focused training
- GOK supported in the development, review and implementation of responsive HRH policies
- Strengthened partnership between GOK, non-governmental institutions and regulatory bodies for effective HRH performance

Intermediate Result 2.4 – Strengthened commodity management systems

Health outcomes and services in Kenya are hampered by the irregular supply of health commodities at public sector service delivery points, as well as inadequate quality of pharmaceuticals in the private sector. USAID/K will support strengthening of health commodity and pharmaceutical management systems, with the goal of sustainably improving health services and outcomes.

Expected areas of focus in strengthening the performance of the Kenya Medical Supplies Agency (KEMSA) are expected to include strengthening governance, including leadership and management; infrastructure and systems; and technical capacity. This support will be provided in an integrated manner, including both essential medicines management and commodities associated with priority health programs. Illustrative activities include strengthening ability of KEMSA's Board to carry out its functions as defined in its charter; strengthening of KEMSA's financial systems to international standards; supporting development and operations for the logistics management information system; improving efficiency in KEMSA's warehousing and distribution systems; or providing indirect, performance-based financing for distribution.

USAID/K will improve capacity and systems for managing health commodities within the health ministries through focus in several areas. USAID/K will strengthen technical capacities at the national program offices (NASCOP, the Division of Reproductive Health, and the Division of Malaria Control) to address product selection, quantification, procurement planning, and distribution planning. USAID/K will strengthen coordination for commodity management among stakeholders, for example, through the Procurement and Supply Chain ICC as well as technical (health program) ICCs. USAID/K will strengthen technical capacity for commodity management within lower levels of the health system -- primarily district and facility level-- and strengthen the commodity and logistics components of supervisory systems. USAID/K may support research on system design issues to improve commodity management at lower levels; for example, by assessing potential benefits and challenges related to task shifting for logistics reporting or for expanding the pilot "pull" logistics system. USAID/K may also assist the GOK develop distribution systems to serve community-based distribution systems.

For improving regulation of pharmaceuticals, USAID/K will particularly focus on regulatory policies and implementation that will improve the safety and efficacy of pharmaceuticals available through the private sector. Illustrative activities include strengthening the Pharmacy and Poisons Board in its regulatory role and improving its capacity to ensure the safety and effectiveness of pharmaceuticals in both the public and private sectors; reforming pharmaceutical regulatory policies; and supporting the rational use of medicines.

In March 2010, a USAID/W technical specialist will work with OPH and GOK staff to assess the current status of the KEMSA commodity supply system and make concrete

recommendations for specific program interventions to be considered during the 2010-2015 timeframe to achieve the IR 2.4 outcomes noted below.

Expected outcomes for IR 2.4

- Improved performance by the KEMSA in commodity management, especially in the warehousing and distribution of health supplies
- Improved capacity and systems to manage health commodities within the health ministries, from the national to community level
- Improved regulation of pharmaceuticals, to improved quality of medicines, especially in the private sector

D. Result 3 - Increased Use of Quality Health Services, Products and Information

Intermediate Results to Support Achievement of Result 3

- 3.1** Increased availability of an integrated package of quality high-impact interventions at community and facility levels
- 3.2** Increased demand for an integrated package of quality high-impact interventions at community and facility levels
- 3.3.** Increased adoption of healthy behaviors
- 3.4** Increased program effectiveness through innovative approaches

The GOK has articulated the importance of increasing availability, access, and utilization of quality health services by the people of Kenya in several policy documents. Priority interventions for each life cycle cohort have been integrated in the Kenya Essential Package for Health (KEPH) to be delivered through six levels of the health system. Within the KEPH, the GOK has selected a set of priority interventions as a minimum package for immediate implementation, e.g., HIV/AIDS, sexually transmitted infections, MNCH, FP, malaria, TB, and environmental health. USAID/K will undertake its support to the GOK within the context of this national plan for a minimum package within the KEPH, focusing especially on high-impact interventions.

The objective of this Intermediate Result is two-pronged: to support the GOK to achieve health impact and to strengthen public and private sector capacity at national, provincial, district and community levels to sustain health impact. This Framework will move towards a more robust and effective integration of HIV/AIDS, malaria, and FP with TB, MNCH, nutrition, and water and sanitation. For the near term, USAID/K support will spotlight rapidly increasing coverage of a focused set of high impact interventions to address the main causes of mortality by improving the quality of services, identifying and overcoming bottle-necks, and addressing missed opportunities for unmet need for all those services within the existing system capacity. USAID/K will simultaneously strengthen leadership and governance and broader health systems as described in Results 1 and 2. USAID/K will also address social determinants that influence the utilization of these services as

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described in Result 4. In so doing, USAID/K will help improve the overall capacity of GOK, NGOs, and the private sector to deliver the full range of KEPH services and empower Kenyans to demand and access those services and to adopt healthy practices.

USAID/K will provide support at all levels of the health system. At the national level, USAID/K support will strengthen GOK's capacity to develop policies, standards, and guidelines on service delivery; strengthen its role as the steward of health care in both public and private sectors; and increase the capacity around the use of data-driven tools. USAID/K will ensure a reliable supply of HIV, malaria, and family planning commodities through USAID/K's procurement and distribution channels until supply becomes reliable through national systems (see IR 2.4). USAID/K support will strengthen the capacity of PHMTs and DHMTs to plan, manage, and supervise service delivery programs, products, and information with an emphasis on the use of data for decision-making for improved quality, supervision, and accountability. USAID/K will continue to build training and service delivery capacities at the district and sub-district level, and will especially increase technical support to improve capacities at the community level and linkages between the community and health facilities. Finally, USAID/K envisions increased engagement with the private sector to enhance its capacity to provide quality services, products and information.

While USAID/K will provide support to increase coverage of a range of high impact interventions including HIV, TB, malaria, FP, MNCH, nutrition, and water and hygiene, USAID/K support will continue to be dominated by HIV/AIDS funds. In order to achieve a better balance between the various technical areas, a key approach will be to implement stronger and more deliberate data-driven "wraparound" programs that integrate HIV/AIDS, malaria, TB, FP, MNCH, water and sanitation, and nutrition to address missed opportunities for a client-centered approach. HIV/AIDS integration will emphasize prevention, including PMTCT, as well as universal access to quality HIV/AIDS care, treatment, and support for those who need it, transitioning from a parallel system to a country-led and managed program. USAID/K will also leverage funds with other donors to complement their respective funding priorities to achieve a balance between the technical areas. Investments in the package of services will be tailored according to the epidemiological need of various geographic areas as well as USG's requirement to achieve outcomes and impact in all technical areas.

In each of these technical emphasis areas, USAID/K will coordinate with GOK, private sector partners, and donors to increase the availability, use, and coverage of high quality services which will ultimately result in improved health outcomes and impact. The efforts described in this Result will be integrally linked with the other three Results; success in achieving this Result will depend on stronger leadership and governance, stronger health systems, and improvements in broader social determinants that influence the uptake of health services and the adoption of healthy behaviors.

Intermediate Result 3.1 - Increased availability of an integrated package of quality high-impact interventions at community and facility levels

USAID/K will support GOK to accelerate the rapid expansion of an integrated package of quality high-impact interventions identified from the broader KEPH package, strengthening wraparound programming and leveraging other donor funding as strategic approaches to increase the availability of the full range of high impact interventions. Broader systems strengthening as described in Result 2 will sustain the expansion of this package and will also improve the capacity of health facilities to provide the full spectrum of the KEPH. USAID/K will increase its support to operationalize and implement the national community strategy, including strengthening the capacity and functionality of the community unit of CHWs and CHEWS.

As noted in Result 2, USAID/K will strengthen the capacity of PHMT and DHMTs to use data to plan, manage, and supervise service delivery, and to improve the capacity of DHMTs for contracting services. USAID/K will strengthen the capacity of health facilities to increase availability of the integrated package of high impact interventions, instituting a continuous quality improvement process, and establish strong referral and supervision links between the community unit and the health facilities. Reliable procurement and distribution of essential medical supplies and commodities will be critical to assure delivery of quality services.

USAID/K also envisions the expansion of private sector approaches such as social marketing, social franchising/accredited provider networks, and the Global Development Alliance (GDA), to increase the availability of a standardized set of high quality, high impact interventions. Increased availability of services must address geographic, socio-cultural, economic, legal and regulatory barriers that impede access to care especially by the poor and “hard to reach” populations of urban slums, remote rural areas, and pastoralist groups. Therefore strategies and activities outlined under Result 3 must be closely integrated with those of Result 4 which address the broader barriers that reach beyond the strict purview of health services.

Expected outcomes for IR 3.1

- Improved capacity of public sector facilities to provide reliable and consistent high quality package of high impact interventions at community, dispensary, health center and district hospital levels
- Increased capacity of the DHMTs to plan and manage service delivery
- Strengthened capacity to record, report, and use data for decision making
- Strengthened capacity at levels 1, 2, and 3 for focused response as dictated by local need and epidemiology
- Improved capacity of the private sector to provide a package of high quality, high impact interventions
- Increased capacity of functional community units to promote preventive health behaviors, identify, refer/manage complications

- Increased availability of HIV/AIDS treatment services at points of contact for PLHA with health system, e.g., rural facilities, TB clinics
- Increased availability of malaria prevention and treatment services, including IPT, ITNs, ACTs and rapid diagnostic tests (RDTs)
- Increased availability of screening and treatment for TB
- Increased availability of FP services in public and private sector facilities and in communities
- Increased availability and capacity of functional skilled birth attendants in public and private sectors and in health facilities and communities
- Increased availability of essential newborn care and resuscitation, nutrition, safe and clean water at point of use, and prevention and management of childhood illnesses
- Expanded coverage of high impact interventions for women and men of reproductive age, youth, vulnerable groups, MARPs, mothers, newborns, and children

Intermediate Result 3.2 - Increased demand for an integrated package of quality high-impact interventions at community and facility levels

Improved availability of services does not necessarily translate to increased use of those services unless people know about, are aware of, and perceive the need for those services. Demand for services is often limited or constrained by many barriers including lack of knowledge, inability to pay, social barriers such as disempowerment of women and their inability to make decisions for themselves and their children, marginalization and stigma directed at MARPs, lack of male involvement, lack of understanding of the importance of preventive health care and of seeking prompt health care, geographic distance, etc.

USAID/K support will institute quality improvement processes to enhance the provision of dignified and humane care by health providers and will stimulate demand for the full range of KEPH, with a special focus on the high impact interventions. Increasing demand for health care must address the myriad of barriers through a multi-prong approach addressing (a) lack of knowledge through interpersonal BCC in households and in health facilities and through mass media and social marketing; (b) social barriers through community mobilization, greater involvement of men and community leaders, and links with other sectors such as education; (c) economic barriers through health financing mechanisms for the poor, building on successful Kenyan and international models, and links with the economic sector, and (d) geographic barriers through community-based distribution of services and other innovative delivery approaches.

Expected outcomes for IR 3.2

- Reduced social, economic, and geographic barriers to accessing and utilizing services
- Increased capacity of districts to organize appropriate communications strategy
- Increased capacity of facilities to provide client-centered, humane and dignified care
- Increased capacity of community units to mobilize communities

Intermediate Result 3.3 - Increased adoption of healthy behaviors

Improvements in health status can only be achieved if people adopt optimal healthy practices. Simple high impact interventions can be practiced at home such as healthy timing and spacing of pregnancies, birth preparedness, exclusive breastfeeding, hand washing and hygiene practices, nutrition, use of insecticide-treated nets, HIV prevention, early identification of complications and prompt care seeking. Lack of knowledge about the importance of these home-based practices is a key factor in low adoption of such optimal behaviors. Priority activities and approaches to increase knowledge and change attitudes towards these practices include interpersonal behavior change communication, community mobilization, and mass media. USAID/K will support the GOK to develop a comprehensive and cross-cutting approach for all high impact interventions to promote key healthy behaviors strategic and to tailor it so it is appropriate for the local context; operationalize and implement the community strategy which will include strengthening the capacity and functionality of the community unit of CHWs and CHEWs to promote preventive health behaviors; and strengthen the capacity of NGOs and CBOs to mobilize communities to promote social change, enhance male involvement, and empower girls, women, and youth to adopt health behaviors. Behavior change is influenced by a myriad of social values that often go beyond health interventions. The success of this Result will require links with other sectors as described in Result 4.

Expected outcomes for IR 3.3

- Improved appropriate health care seeking behavior
- Improved home-based healthy practices with a special focus on the high impact interventions
- Improved compliance with preventive and curative protocols

Intermediate Result 3.4 - Increased program effectiveness through innovative approaches

Expanded access to services requires a culture of data analysis and problem solving to improve approaches to reach populations that have not been reached by health programs. Innovative ways to provide services are required to address issues of disparity and inequity in underserved, marginalized, poor, and hard-to-reach populations (such as MARPs, youth, urban slums dwellers, and pastoralists). Innovative approaches can also enhance cost-effectiveness of programs, allow for “smart” integration of service packages, and use of information technologies to advance health. USAID/K support will strengthen the capacity of GOK to continuously analyze existing program data to identify causes of stagnation in trends, barriers to access, ways to increase coverage and improve quality. USAID/K will also strengthen local capacity to conduct operations research to test, fine-tune, and generate evidence on innovative program approaches to increase service coverage and to reach underserved populations, disseminate best practices and lessons learned, and to use these lessons to design and implement innovative programs at scale.

Expected outcomes of IR 3.4

- Innovative approaches developed to increase the use of quality services at community and facility levels, especially among the marginalized, poor, and underserved populations
- Data analysis and of best practices institutionalized
- Increased coverage of services among marginalized, poor, and underserved populations

E. Result 4 - Social Determinants of Health Addressed to Improve the Well-being of Targeted Communities and Populations

Intermediate Results to Support Achievement of Result 4

- 4.1** Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs
- 4.2** Improved food security and nutrition for marginalized, poor and underserved populations
- 4.3** Marginalized, poor and underserved groups have increased access to education, life skills, and literacy initiatives through coordination and integration with education programs
- 4.4** Increased access to safe water, sanitation and improved hygiene
- 4.5** Strengthened systems, structures and services for protection of marginalized, poor and underserved populations
- 4.6** Expanded social mobilization for health

Under Result 4, USAID/K will support strategies and interventions that address contextual factors that impact health, but have conventionally been perceived as beyond the control of the health sector. Referred to as the “social determinants of health” (SDH) these include factors such as poverty, educational level, literacy, geography and environment, and socio-cultural norms and structures. Through targeted interventions and “smart” integration with broader development initiatives, USAID/K will enable poor, marginalized and underserved groups to more fully partake in health services, to practice healthy behaviors, and to benefit from the protection of community and government. The GOK has articulated the importance of addressing the social determinants of health in order to achieve the priority goal of health equity stated in *Kenya Vision 2030* and in the *Kenya Essential Package for Health to the Community*.

Successful accomplishment of Result 4 will depend on GOK-led coordination of resources from all sectors and development partners to address the myriad underlying structures impacting health. Inter-ministerial collaboration to maximize GOK’s full range of expertise includes the Ministry of Gender, Children and Social Development and the Ministries of Education and Agriculture. Strategic integration and coordination is also critical between Result 4 activities and the USAID/K’s broader developmental investments in education,

D&G, and in the reduction of poverty and food insecurity. Activities under this Result will aim to fill geographic and other gaps through collaborative planning and supplemental investment in order to maximize rather than duplicate investments. As with Result 3, while USG will provide support to encourage integration, stronger and more deliberate wraparound programs that integrate health with other development goals through complementary funding, are essential.

The USG and USAID/K's comprehensive portfolio of development initiatives in Kenya provides multiple opportunities to maximize investments in the improved health and well-being of the marginalized, poor and underserved. Opportunities for strategic coordination and smart integration with the USG's broader developmental portfolio include several anticipated, new or expanded programs. Notably an initiative to improve food security and nutrition, a new youth project focused on sustainable livelihoods and the expansion of an education program for marginalized children from Coastal and Northern areas to urban slum areas.

Society at large exerts both positive and negative effects on health. While some cultural norms contribute to poor health outcomes including, for example, social exclusion of MARPs or failure to recognize and address child sexual abuse; other socio-cultural norms such as volunteerism and other social safety nets are supportive of good health. Reductions in HIV infection, maternal and infant/child morbidity and mortality cannot occur at large scale without attention to underlying social norms. The steep drop-offs between antenatal HIV testing and uptake of HIV care; and between defilement, reporting and prosecution, attest to the complexity and tenacity of entrenched gender inequalities.

Under Result 4 USAID/K will address social change strategies that underline the destructive impact that gender inequities and violence play in the health and well-being of all community members. In addition, USAID/K hopes to support community mobilization and strengthening efforts that result in expanding social safety nets for the poor. The inclusion of target populations as active participants in their own development, and the responsibility of society at large to protect their most vulnerable members are key assumptions underlying this Result. Indeed, the success of Result 4 will rely greatly on the active involvement of the grassroots communities that comprise the social fabric of Kenya. Therefore, Result 4 will work closely with community level structures to both address social norms and to harness resources that strengthen social safety nets.

Intermediate Result 4.1 - Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs

Economic security measures aimed at strengthening individual and family assets contribute to prevention of poor health outcomes and to management of health crises when they occur. Under IR 4.1, marginalized, poor and underserved populations are supported and/or linked to viable economic strengthening activities appropriate to their age, skills, and experience. USAID/K will particularly focus support on matching older girls

and women to economic activities that reduce their risk of sexual exploitation and engagement in sexually risky behaviors. This may include, for example, establishing links with programs providing savings and loan schemes, micro-insurance, entrepreneurship and vocational and job-readiness training; as well as matching with value-chain and other market-based initiatives.

USAID/K will also support the incorporation of strategies that remove barriers to female participation in economic programs and insure that inadvertent harm is not a consequence of involvement in economic programs. Strong coordination with other USAID/K programs and objectives including the *Improvement in Rural Incomes*, the new Food Security and Youth programs are imperative.

Illustrative Outcomes for IR 4.1

- Increased economic security among target groups of marginalized, poor and underserved populations
- Established partnership programs with multi-sectoral partners to expand jobs and other sustained economic opportunities for target groups
- Target groups linked to local market potential for revenue and sustainability
- Appropriate precautions taken to prevent harmful consequences resulting from participation, e.g., risk exposure, safety of child dependents, conflicts with education.
- Investments in programs aimed at achieving sustainable livelihoods for the poor are maximized and coordinated

Intermediate Result 4.2 - Improved food security and nutrition for marginalized, poor and underserved populations

Under IR 4.2, marginalized, poor and underserved populations will gain an understanding of the interplay between diet, nutrition and hygiene, especially as related to the special nutritional needs of PLHA and other chronically ill persons, pregnant and lactating women, and children under five. In coordination with Result 3, activities under this IR might include, for example, nutrition and hygiene education and counseling, nutrition assessments and body mass index (BMI) monitoring or measurement of mid upper-arm circumference (MUAC); as well as low labor intensive food security interventions.

Where practical, interventions that result in multiple benefits, e.g., increased food security, improved nutrition, and sustainable livelihoods will be encouraged. Strong coordination with other related programs including, but not limited to, the *Global Hunger and Food Security Program* are essential. Through planned collaboration with other food security and nutrition initiatives, USAID/K health partners will be encouraged to link to available resources such as food security expertise, agricultural inputs (equipment, seeds, fertilizers, etc.) and where appropriate, emergency supplies such as food rations and therapeutic foods.

Illustrative Outcomes for IR 4.2

- Increased ability to utilize food and increase production of macro and micro nutrients.

- Successful transitioned from therapeutic nutritional interventions to programs that improve long term food security
- Mission investments in programs aimed at improving food security and nutrition are maximized and coordinated.

Intermediate Result 4.3 - Marginalized, poor and underserved groups have increased access to education, life skills, and literacy initiatives through coordination and integration with education programs

Under IR 4.3, marginalized, poor and underserved groups will have access to education, life skills and literacy initiatives that ultimately contribute to better lifelong health. The link between positive health outcomes and educational attainment are well-established. Higher education levels of girls and women, in particular, have been shown to reduce unplanned pregnancy and HIV risk, infant and child mortality, and child abuse and neglect. Moreover, early learning for all children is an essential platform for reduction of lifelong adverse health outcomes.

Through this IR, USAID/K will support initiatives that improve school preparedness. Enrollment and retention in primary and secondary school will be increased through a combination of interventions focused on those populations most likely to face significant educational access barriers, to drop out, and to fall behind. Particularly important are creative solutions that increase sustainable access to primary and secondary education and reduce reliance on individual scholarships and provision of quickly expended supplies. Additionally, activities proposed under this IR may also include targeted interventions such as life skills and literacy; establishment and improvement of community early childhood development programs; as well as initiatives to increase access to schooling for highly marginalized children and youth. Strong coordination with other mission programs including but not limited to USG education initiatives and the new youth program are imperative.

Illustrative Outcomes for IR 4.3

- Increased school preparedness; enrollment and retention in quality education marginalized, poor and underserved children and youth
- Increased preparation for primary school achievement through regular participation in quality early childhood development programs
- Increased completion of life skills curriculum offered through primary or secondary levels
- Increased enrollment and retention in primary and secondary schools
- Increased transition to post primary and/or secondary education
- Primary and secondary schools with established safe schools initiatives
- Reduced reliance on individual scholarships and provision of quickly expended supplies to secure educational access
- Mission investments in programs aimed at increasing equitable access to quality education are maximized and coordinated

Intermediate Result 4.4 Increased access to safe water, sanitation and improved hygiene

Clean water, sanitation and hygiene practices limit the spread of infections, especially in those more vulnerable to infections including HIV-infected persons, infants, and children. USAID/K could support infrastructure improvements in community and schools that will enhance access to improved water supply and sanitation. For many Kenyans, access to clean water is not reliable. Further, social marketing of water treatment and safe storage at the point-of-use is important. Increasing hand washing with soap within facilities and by educational outreach by community health workers and in schools will reinforce the association between good hygiene and prevention of infections. Expected areas of focus include infection management in lower level facilities, particularly delivery and newborn care, HIV home-based care, and diarrhea case management. Geographic areas where clean water is in short supply, such as arid regions, and where sanitation is particularly poor, such as urban slums, will be targeted. Where possible, linkages will be established between these activities and agriculture, sustainable water and energy management for domestic and productive use within the country.

Illustrative Outcomes for IR 4.4

- Integration of key hygiene practices into HIV and MNCH activities at the community level
- Increased access to improved water sources
- Increased utilization of POU water treatment

Intermediate Result 4.5 - Strengthened systems, structures and services for protection of marginalized, poor and underserved populations

In addition to effecting change in harmful social norms and structures that condone or promote gender-based violence (GBV), child maltreatment and stigma and discrimination of marginalized populations, USAID/K will support specific investment in the improvement and expansion of social and protective systems and services in public and private sectors. At central level, USAID/K will support an assessment and planning with the Ministry of Gender, Children and Social Development (MGSCD) in regard to management, finance, HMIS, and Human Resource (HR) capacity from central to community level. Based on this assessment, USAID/K may support activities such as strengthening of professional bodies, professional certification, and pre-service and in-service training for social service providers. USAID/K may also continue to support quality improvement for children's services as well as extend to community level MGSCD strategies, policies and protocols regarding protection of women and children.

USAID/K could also support line ministries (Gender, Health, and Justice) to develop guidance and protocols aimed at improving referral mechanisms and case management for sexual assault and child maltreatment survivors and for children without family care.

At the provincial and district level, USAID/K could support local multi-sectoral partners to provide quality protective services (legal protection, foster care, safe shelter). Depending on local context and resources, activities under IR 4.4 might include supporting local partners to establish community-run safe shelters and temporary foster placement for GBV and child maltreatment survivors. Collaboration with the *Women's Empowerment and Justice Initiative* is essential to the achievement of this sub-result as is regular coordination with UNICEF. Integration with other Results is essential, including Result 3 for health services such as post rape care and child maltreatment; social services systems strengthening efforts (HR, HMIS, etc.) outlined under Result 2; and leadership to mobilize multi-sectoral coordination (justice, health, social services) around reduction of gender based violence and child maltreatment under Result 1.

Expected Outcomes for IR 4.5

- Quality protective services available to survivors of sexual assault, child maltreatment and children without adequate family care
- Capacity of MGCSD to deliver protective and social services assessed
- MGCSD supported to develop policies, protocols and guidance to support quality social services
- Eligible children and families are identified and linked to available government social protection initiatives through CHWs, CSOs, volunteers and local government representatives
- Strengthened referrals between police, court, health and social services established
- USG investments in programs aimed at improving sexual assault cases with police and justice, integrated with health investments

Intermediate Result 4.6 - Expanded social mobilization for health

Interventions under this IR address socio-cultural structures and norms that impact health. Such initiatives will seek to either promote positive societal structures and norms that are conducive to improved health, or to reduce those that are negative and serve as barriers. Involvement of local leadership as well as meaningful participation of marginalized poor and underserved populations is critical under this IR. Social mobilization strategies and activities that increase community dialogue on gender and health equity and on taboo subjects such as homosexuality will promote respect for the rights of marginalized groups and spur positive community action for the creation of safety nets and social inclusion. USAID/K will also support capacity building of local civil society and faith-based organizations in the areas of human and financial resources management, strategic planning, quality assurance, fundraising, organizational governance, and grants management.

Expected Outcomes for IR 4.6

- Improved financial, managerial and technical capacity of indigenous organizations serving social and health needs of marginalized, poor and underserved populations
- District, sub-district and village health committees plan and coordinate implementation of effective multi-sectoral partnerships for health

- Women, youth, child and MARPs groups meaningfully participate in the design, delivery and monitoring of interventions on their behalf
- Increased social inclusion and reduced stigma and discrimination of MARPs

The choices for addressing the social determinants for health are great and to effect significant change in this area it will involve innovation, creativity and funding. During the spring of 2010, USAID/K plans to conduct a practical review of potential high-impact interventions within the USAID Mission, with other USG partners, and other donors to explore with the GOK those synergistic interventions most likely to have maximum impact on health outcomes. The results of this review will feed into the final design of this component.

F. A New Generation of Innovative Programming: What is Different?

To summarize Section III, this Implementation Framework builds on the successes of the APHIA II program by maintaining a focus on integrated services and assuring increased coverage of the key interventions in order to reach service targets and objectives. On this foundation and closely aligned with GHI, PEPFAR II, and PMI, the Framework will guide the USAID/K health portfolio for the next five year period.

For the foreseeable future, USAID/K's health program is likely to remain predominantly focused on HIV/AIDS because of the availability of PEPFAR funding. However, the scope of the program has been expanded, not only to encourage the delivery of quality health services but also to strengthen leadership, in-country capacity and systems to ensure long-term sustainable services. Under this Framework, USAID/K's assistance centers on supporting local institutions -- at both the national and sub-national levels and in both the public and private sectors -- to improve health outcomes and impact through sustainable country-led programs and partnership.

This Framework does not offer "business as usual." Rather, it is an innovative and results-driven plan of action. What differentiates this Framework from previous programs is that USAID will:

- Move from an "emergency" vertical disease orientation to one of a developmental and systems approach
- Assure the program is country-led and country-owned
- Commit to improved, active coordination with GOK and other stakeholders in both the public and private sectors
- Explicitly work to improve leadership and develop host country champions to promote actions to assure a sustainable health care system
- Develop managers who can plan, manage and be accountable for effective and efficient health programs
- Undertake a two-pronged approach which emphasizes both service delivery and systems development

- *In service delivery* – USAID will work through the existing public and private sector service delivery systems rather than creating a parallel system
- *In systems development* – USAID will maintain greater focus on sustainability and strengthening country systems and capacities, both in the public and private sector
- Seek a more balanced technical program by increasing attention to family planning, and high impact interventions for MNCH, nutrition, and food security
- Tailor programs in five “zones” based on epidemiologic needs, system strengths, socio-economic, geographic, and gender barriers
- Begin program activities in urban settings in the Northern Arid Region
- Address selected contextual factors that impact on health, but are beyond the usual control of the health sector. Many of these will be addressed through linkages to other USAID sector programs including education, agriculture, water and sanitation, economic growth, including micro-finance and democracy and governance
- Encourage and reward innovation and promote information sharing among partners

G. Strong Strategic Collaboration and Coordination

In order for this Framework to keep its unified strategic focus, ensure a synergistic approach, and avoid duplication of efforts, USAID/K must work closely with the GOK to build mechanisms for strategic collaboration and coordination among government, host country and development partners. Specifically, USAID proposes to strengthen capacity, processes and effectiveness of existing health sector coordination structures at the national level (JICC, the HSCC, and the various health technical coordinating committees, as well as with NGOs and professional associations). At the sub-national levels, USAID/K, through its implementing partners, will support the PHMTs and the DHMTs. At the community level, USAID/K will encourage full engagement and participation of district and community health committees, civil society groups and community organizations. In order to harmonize this work at the project level, especially in the provincial, districts and community levels, USAID/K will require its implementing partners to fully support agreed-upon country priorities and programs and to establish seamless mechanisms for coordination and communication with the GOK and other local organizations, donors and development partners, and with USAID’s implementing partners in the designated program areas. The purpose of strategic coordination and collaboration will be to:

- Transparently share information to the members of participant organizations and professional constituencies
- Establish consensus and harmony with the public and private sector strategic visions, program approaches and planning processes
- Gain community support and build constituencies for implementation and harmonization of strategies and specific interventions
- Build communication networks that can tap technical agents of change and advocate broad support for program planning, fund raising, program design activities, and results monitoring

This facilitative and deliberate coordination and collaboration will enhance the ability of the GOK and its development partners to develop a transparent and unified country-led partnership to improve health outcomes and ultimately improve the health and well-being of the people of Kenya.

SECTION IV. PROGRAM ARCHITECTURE, MANAGEMENT AND IMPLEMENTATION

A. Program Architecture

USAID/K will execute this Implementation Framework through a structure designed to provide broad technical assistance and other support to Kenya's national health system. Across all areas of the Results Framework, USAID/K will support implementing agencies that will strengthen public and private sector systems and services from the national to provincial to district to community levels. Support to the public sector will be planned in coordination with national Ministries and program offices, parastatal organizations, PHMTs, DHMTs, and health facility and community staff, as appropriate. Support to the private sector (NGOs, FBOs, for profit organizations, etc.), will be planned in association with professional associations, trade organizations, or national, sub-national, and community organizations. USAID will also provide grant funding to private sector community-based organizations to support delivery of services, products, and information and to help poor, marginalized and underserved populations overcome social determinants and barriers.

USAID/K desires to ensure that its support to Kenyan service delivery programs is tailored to the specific needs and characteristics of distinct areas within the country. Given Kenya's diversity, uneven development, and varying health needs, USAID/K has grouped Kenya into "zones" for more efficient and effective management and coordination with the GOK and with the private sector. These groupings are also consistent with groupings recognized as important by the GOK, e.g., provinces and the Northern Kenya region. While USAID/K has supported every province in Kenya, the intensity of this support has varied by province and even by district – with not every district being supported. USAID/K support is complemented by other USG support, including CDC, DOD, and Peace Corps). The implementation at district and province levels must consider the potential contributions of other USG agencies to the overall strategy in order to maximize effectiveness and efficiency as well as minimize gaps and redundancies.

For this reason, USAID/K foresees utilizing several implementing agencies that will provide focused support within a limited set of provinces (hereafter referred to as zones). These zones are demarcated in *Table 2* and include:

- Northern Kenya Zone
- High Needs Zone
- Moderate Need with Urban Areas Zone
- Moderate Need - Rift Valley Zone
- Transitioning Zone

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Table 2
USAID/Kenya Zonal Descriptions by Need

	High Need		Moderate Need (With Urban Areas)		Moderate Need Rift Valley	"Transitioning"		Northern Kenya (Arid Lands) ¹⁶
	Nyanza	Western	Nairobi	Coast	Rift Valley	Central	Eastern	North Eastern
Population (millions)	5.2	4.5	3.2	3.1	8.9	3.9	5.5	1.5
Total Fertility Rate (/woman)	5.4	5.6	2.8	4.8	4.7	3.4	4.4	5.9
HIV Prevalence (%)	14.9	5.4	8.8	8.1	6.3	3.6	4.6	0.8
Population At-Risk for Malaria - Moderate/High Endemicity	2.84 m	2.56 m	--	120,000	30,000	--	--	--
TB- All Cases Prev (/100,000 pop)	419.1	217.5	580.9	367.4	202.9	276.3	278.4	173.0
Health Facility Births (%)	44.2	25.3	89.4	44.4	32.9	73.0	42.8	17.3
Neonatal Mortality Rate (/1000 LB)	39	24	48	44	30	31	31	33
Infant Mortality Rate (/1000 LB)	95	65	60	71	48	42	39	57
Under Five Mortality Rate (/1000 LB)	149	121	64	87	59	51	52	80
Child Stunting (% < 2SD)	30.9	34.2	28.5	39.1	35.7	32.4	41.9	35.2
Major Funding Source to Zone	HIV/Malaria		HIV	HIV/Malaria	HIV	HIV		FSI/Water
Additional Funding Sources	TB-Nyanza, FP, MCH, WASH		TB, MCH, WASH	TB, FP, MCH	FP	FP-Eastern		FP, MCH, HIV
Potential Funding Level	++++		+++	+++	+++	++		+

SOURCE: KAIS 2007, DHS 2008/9, KNBS – 2009 Population Projection; DMC data 2009; TB 2009; MoDoNKOAL Vision 2030 Annex

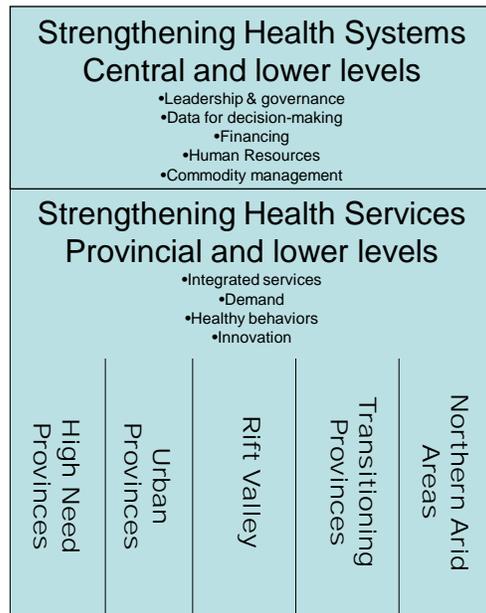
¹⁶ Northern Kenya includes small sparsely populated parts of three other provinces (Coast, Eastern, and Rift Valley) - . The total population of Northern Kenya (Arid Lands only) is 3.2 million. For indicators, North Eastern Province is most representative of Northern Kenya.

Under this design, the implementing agencies will provide technical assistance and other support to improve services at the provincial, district, facility and community levels. Because well performing health systems are essential to provide quality health services, these implementing agencies will be expected to collaborate and coordinate closely with implementing partners focusing on the systems strengthening components of the Results Framework.

To strengthen health systems, including leadership, management and governance, USAID/K will fund a range of national implementing partners that will provide technical assistance and other support to the GOK and private sector organizations. Implementing agencies working to strengthen the Kenyan health system will therefore be strongly encouraged to work at provincial, district and facility levels through the most efficient means possible. They will be expected to collaborate closely with service delivery partners. The implementation structure is depicted below.

Figure 4

Implementation Structure



USAID/K assistance to the Kenyan health system will be most effective where it is aligned with GOK and private sector plans; delivered in an integrated and coordinated manner; and streamlined to preclude creating undue burdens for national organizations. USAID/K will ensure that active, appropriate, and impartial coordinating mechanisms are in place to promote rational and harmonized USAID/K support from the national level. Central implementing agencies will be encouraged to locate personnel at sub-national levels, as needed, for maximal impact on health systems and

roll-out of national health policies. USAID/K will also encourage close collaboration among implementing partners working at lower levels of the health system through joint work plans, frequent coordination meetings, co-location, or similar mechanisms. Further, USAID/K, jointly with its implementation partners, will develop a Five Year Action Plan (2010-2015) which will be updated annually. In the spirit of transparency and to assist with joint programming with the GOK and other development partners, this tool will be essential to dynamic, innovated, and responsive design for USAID/K support to the Kenyan national health system—both private and public.

B. Managing for Results and Performance Monitoring and Measurement

As noted above, USAID will develop a Five Year Action Plan which will be updated annually with the GOK and USAID's implementing partners, in consultation with other development partners. USAID/K will organize and manage the Action Plan in order to assure the maximum results and the best return on the USG investment. To that end, this Framework is organized around expected outcomes and results in terms of impact, not on inputs or level of effort.

The two-pronged approach that USAID/K has designed to rapidly expand coverage of high impact interventions and address social determinants of health while simultaneously strengthening broader health systems, is quite different from the standard program in USAID/K's repertoire. Managing for results will require the development of a strong M&E system that measures not only service delivery, but the new approaches to strengthen leadership, management and governance, health systems, and health service delivery, as well as address social determinants of health.

To this end, USAID/K will develop a new set of logically related indicators at each level of the Framework and define how each will be measured. A unique challenge will be to assure that the transformational impact of the investment is actually producing change in an environment where the program is country led, owned and, to the extent possible, managed by host country organizations. The challenge for M&E will also be to keep the focus of performance monitoring on the *significance and impact* of services delivered as well as documenting the effectiveness of creating an optimum environment so quality services can be delivered.

To ensure that the new two-pronged approach of programming protects and sustains significant gains already achieved in HIV/AIDS, malaria, and FP and expands coverage in other newer efforts such as MNCH, nutrition and addressing social determinants, USAID/K will establish monitoring system similar to an "early warning system" to continuously monitor any reversal in service coverage trends and rates. USAID/K will also use the new outcome monitoring tools and indicators that have been developed and field-tested by USAID /W to conduct rapid assessments using low-cost methodologies such as Lot Quality Assurance Sampling. Using these rapid assessments will allow USAID/K to delay the next KDHS to 2015 so the findings can help validate results of the program.

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USAID/K will hold itself accountable for good stewardship and management of USG resources which will be fully documented by the strong performance M&E system. At the same time, USAID/K will seek innovation and creativity as it takes the new approaches to scale-up and replication throughout the health sector in Kenya.

C. Indicative Resource Allocations

1. Past and Current Budgets Allocations

USAID has had a bilateral health program in Kenya for decades. In the 1990s, USAID/K's health program had a relatively stable budget of approximately \$15 million. This included all health activities, although the relative share of resources for particular health objectives changed over time. HIV/AIDS funding grew steadily through the late 1990s from \$2 million in FY95 to \$9 million in FY00; funding for population/family planning decreased in the same period from \$12 million to \$6 million; child survival funding hovered around \$2 million per year.

Table 3

The relative shares of health program funding between population, HIV/AIDS, and child survival have changed substantially in the past decade. In the late 1990s, initial HIV monies were allocated to Kenya for HIV/AIDS prevention, voluntary counseling and testing, and care and support of affected individuals with special emphasis on OVC. With the inception of PEPFAR in 2005, funding for HIV/AIDS increased dramatically as part of an emergency response to global HIV/AIDS. Emphasis included support to a robust HIV treatment and care program, including the provision of ARVs to AIDS-affected individuals, and care and support of OVCs. HIV/AIDS funding increased rapidly to \$116 million in 2006 and twice that in 2008; PEPFAR funding to Kenya in FY2010 is expected to be \$336 million. As indicated in *Table 3* above, all other health accounts have increased, as well.

USAID's 2009 health budget was nearly \$340 million for all health activities.

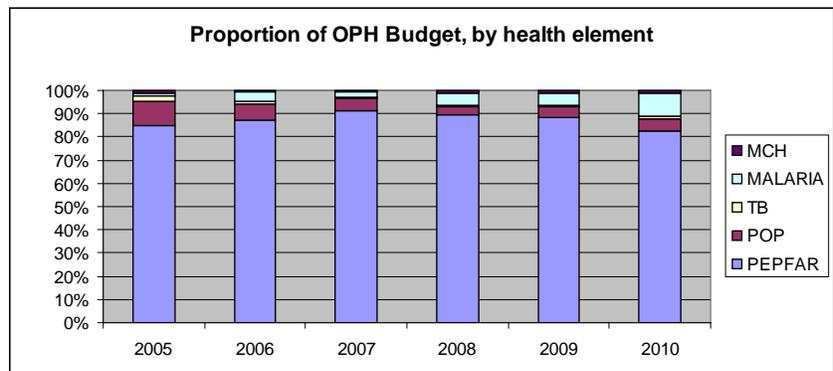
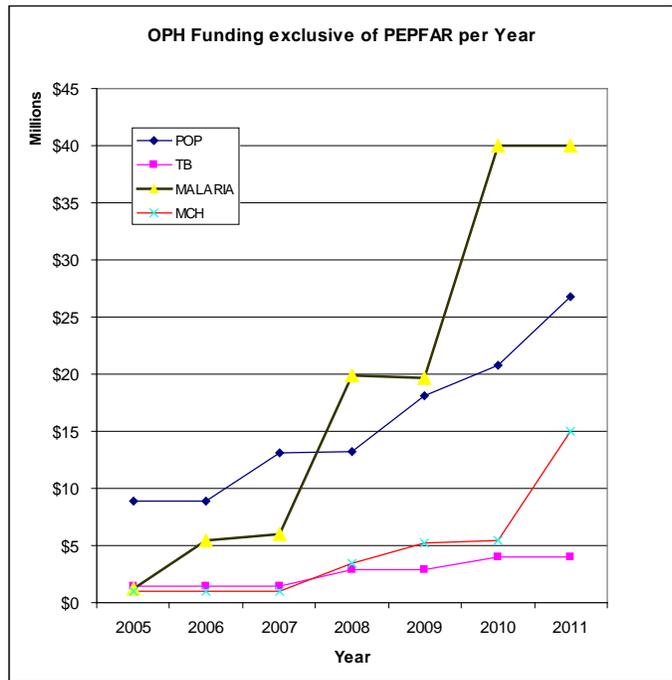


Table 4

**USAID/KENYA FIVE YEAR IMPLEMENTATION FRAMEWORK
FOR THE HEALTH SECTOR (2010-2015)**

As noted in *Table 4*, the 2010 budget is dominated by HIV/AIDS, followed by strong support for malaria, FP and, to a lesser degree, TB. An emerging concern is that non-HIV related needs for MNCH, nutrition and water may be overlooked. Given the current funding streams it has been very difficult for USAID/K to balance its program according to the GOK's expressed public health needs.

2. Estimates of Future Allocations

An important challenge for USAID/K in the implementation of this Framework will be to respond more comprehensively to the public health challenges that exist in Kenya. Indeed, the skewed funding relative to GOK priorities has been raised as a concern in recent assessments and consultations. These concerns notwithstanding, the dominance of HIV/AIDS funding within the OPH portfolio is unlikely to change unless PEPFAR funding to the country decreases substantially

Two scenarios are presented to illustrate the possible levels of funding available for each health element. In the Scenario I (*Table 5*), budget amounts are flat-lined from expected 2011 levels.

Table 5

SCENARIO I – FLATLINE					
(in 000s)					
	PEPFAR	POP	TB	MALARIA	MCH
2005	\$72	\$9	\$2	\$1	\$1
2006	\$116	\$9	\$1	\$5	\$1
2007	\$219	\$13	\$2	\$6	\$1
2008	\$332	\$13	\$3	\$20	\$3
2009	\$340	\$18	\$3	\$20	\$5
2010	\$336	\$21	\$4	\$40	\$6
2011	\$336	\$27	\$4	\$40	\$15
2012	\$336	\$27	\$4	\$40	\$15
2013	\$336	\$27	\$4	\$40	\$15
2014	\$336	\$27	\$4	\$40	\$15
2015	\$336	\$27	\$4	\$40	\$15

In the second scenario (*Table 6*), reasonable assumptions are employed to improve the balance between health elements. These assumptions require both a substantial decrease in HIV/AIDS funding and large, continuing proportional increases in non-HIV funding.

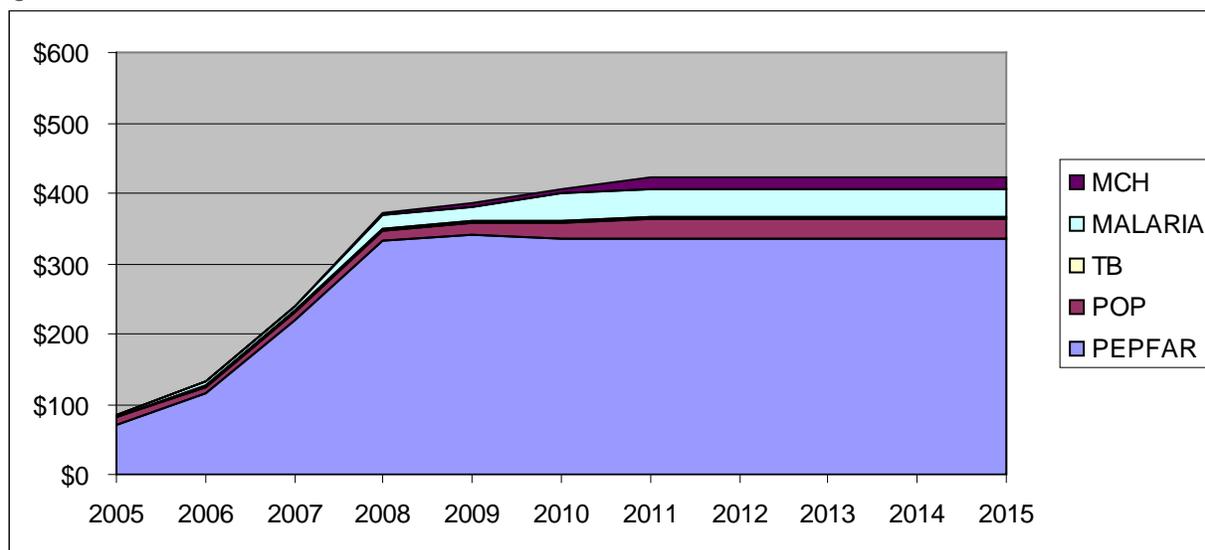
**USAID/KENYA FIVE YEAR IMPLEMENTATION FRAMEWORK
FOR THE HEALTH SECTOR (2010-2015)**

Table 6

SCENARIO II -- BALANCE w/PEPFAR decreasing and non-HIV increasing (in 000s)					
	PEPFAR	POP	TB	MALARIA	MCH
2005	\$72	\$9	\$2	\$1	\$1
2006	\$116	\$9	\$1	\$5	\$1
2007	\$219	\$13	\$2	\$6	\$1
2008	\$332	\$13	\$3	\$20	\$3
2009	\$340	\$18	\$3	\$20	\$5
2010	\$336	\$21	\$4	\$40	\$6
2011	\$336	\$27	\$4	\$40	\$15
2012	\$332	\$34	\$6	\$50	\$19
2013	\$328	\$46	\$8	\$55	\$21
2014	\$324	\$67	\$11	\$60	\$24
2015	\$320	\$73	\$12	\$65	\$27

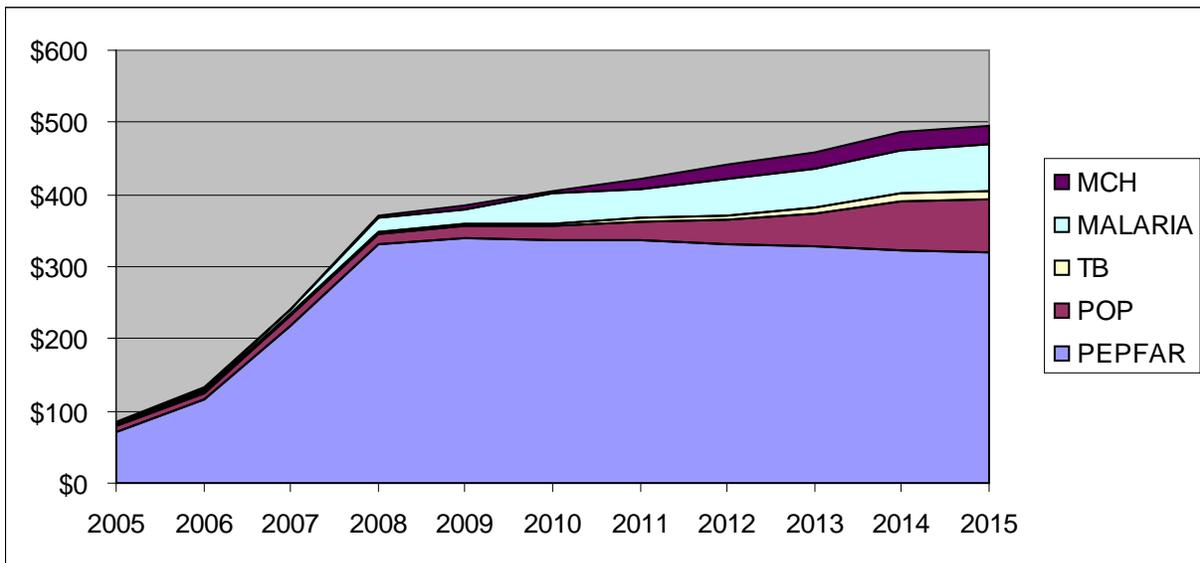
Figures 5 and 6 (below) illustrate the difference in relative shares of the OPH budget.

Figure 5



USAID/KENYA FIVE YEAR IMPLEMENTATION FRAMEWORK
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Figure 6



The challenge will be to program creatively within budgeted funding levels by seeking better linkages and program integration, to seek wraparound programming for maximum impact, and to strengthen government systems through disease-specific investments that yield benefits for the broader health system. USAID/K will need to advocate aggressively for increases in health spending from the GOK, and other multilateral and bilateral donors; assist the GOK in restoring its status with the Global Fund to Fight AIDS, Malaria and Tuberculosis; fully explore health financing options that pool available household and other resources; and increase rational participation of the private sector. Given its current position as the largest bilateral donor in the health sector, USAID/K must also collaborate with multilateral and bilateral donors and play a catalytic role in leveraging support of and joint programming with others. In addition, given the potential volatility in the country during future elections, the uncertainty of available future funding under USG budgets, and potential infusion of new monies for special problems, USAID/K may have to expand or contract its budget to meet new needs. Throughout this process, USAID/K must remain flexible and adapt to an uncertain and changing political and fiscal environment.

3. Harmonization and Leveraging of Donor Support

The GOK has made a strong commitment to and developed country-wide strategies for the health sector. As a result, Kenya has attracted a wide array of donor interest and financial support. However, at this time, implementation of the government's strategies is highly dependent on donor support. HIV/AIDS, TB, and malaria in particular have attracted substantial donor investments. For the past 10 years the USG, through USAID/K and CDC, has been the largest bilateral donor, providing consistent and sustained support to Kenya's measures to combat the HIV/AIDS epidemic. Other HIV/AIDS bilateral and multilateral partners include UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the World Bank. They have been joined by bilateral donors, including the Department for International Development (DFID), the

Japanese International Cooperation Agency (JICA), Economic Union, etc. Other infectious diseases are receiving heightened levels of GOK and donor support. For malaria, USAID has launched the rapidly expanding PMI. Roll Back Malaria includes assistance from WHO, DFID, UNICEF and other bilateral donors, all of whom are engaged in coordinating the national and field responses to malaria.

Donors support for reproductive health, FP and safe motherhood, is primarily through USAID and United Nations Population Fund (UNFPA) and, to a lesser extent, DFID, WHO, Danish International Development Agency (DANIDA), German Development Cooperation (GDC and KfW), and the Netherlands. The Gates Foundation provides special initiative grants to promote these areas through its Urban Initiative for FP/RH and special youth initiatives. UNICEF, USAID/K, DFID and the World Food Programme (WFP) fund interventions and provide direct food support to health and nutrition programs. UNICEF, USAID/K and the Clinton Foundation underwrite a broad range of child survival interventions, including oral rehydration therapy (ORT), immunization, and the Integrated Management of Childhood Illnesses (IMCI).

In recent years there has been an increasing interest in health reform, capacity building and systems strengthening. World Bank and the African Development Bank (AfDB) have taken the primary lead on the systems and infrastructure support; DFID, USAID/K, and WHO have worked together on human resources development; USAID/K, the Millennium Challenge Account, the World Bank, DANIDA, and GDC have concentrated effort on procurement and supply chain management. The World Bank, AfDB, and GDC have focused on health financing, particularly health insurance; and USAID/K with the World Bank sponsored an initiative to identify areas for public-private partnerships; WHO with support of USAID/K focused on standards of quality of care.

The strategic plans of both MOMS and MOPHS have indicated that the funding partners have not adhered to good partnership principles of harmonization, alignment, predictability of funding and respect for government ownership. In assisting the GOK to formulate a more coherent and balanced program, USAID/K will work with its implementing partners to develop a deliberate plan of action for increased harmonization and transparency with the GOK. While this plan of action has not yet been developed, it might include identifying and prioritizing funding sources. Given that USAID/K is the largest donor for the health sector, it is in a unique position to identify and broker specific joint programming, matching, and cost sharing arrangements with other donors. USAID/K could also be useful to the GOK in formulating a more systematic plan for harvesting, leveraging and brokering new funds.

SECTION V. MAINTAINING THE MOMENTUM

This Framework is not meant to be a static document that sits on the shelf. It is a blueprint for future implementation requirements which will set in motion USAID's updated and innovative health portfolio and new bilateral program for the period 2010 to 2015. Actualizing the process will require effort and imagination on the part of USAID/K and its partners. In January 2010, the Visioning team proposed to the USAID mission a "to do" list of some 50 tasks that require attention to maintain the momentum for undertaking the next five year program. The "here and now" tasks -- those that need to be done within the next 6 to 9 months -- include:

- Solidify support for the new Framework within USAID/K, with USAID/W and USG partners in-country
- Complete consultations and consolidate support among key in-country stakeholders including GOK officials and implementers, counterparts at the regional and local levels, and other development partners
- Intensify and formalize coordination mechanisms with the GOK and development partners
- Define the realignment opportunities within the current bilateral program and the USAID/W field-supported projects, including:
 - Preparation of new solicitation documents for new procurements needed
 - Modification of scopes for existing projects with over 3 years remaining
 - Amendment of work plans for existing projects with fewer than 3 years remaining to reorient technical direction
 - Official transfer of USAID/W's OVC Track One responsibilities to the USAID/K project portfolio
- Conduct further analyses that will strengthen the current Implementation Framework and will provide specific directions for possible new procurements including:
 - Commodities security and logistics (planned for March 2010)
 - Leadership, management and governance
 - Health care financing
 - Human resource management and training
 - Quality assurance, data for decision making, evaluation, and M&E support
 - Communications and behavior change
 - Private sector
 - Community support and mobilization
- Conduct meetings or study tours to other USAID missions in Africa and elsewhere to learn about innovative approaches that could be adapted to USAID/K's programming

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- To address the issues related to the heavy management burden on OPH staff, consider realigning or adjusting staff roles and responsibilities, including additional training or cross-training that optimizes OPH staff capacity for technical leadership, external coordination and communication, project oversight, and program integration

- Design specific plans of action to assure:
 - Maximum harmonization of USAID/K with GOK and other donors
 - Accountability and transparency in fiscal management of USG funds
 - Enforceable measures to mitigate fiduciary risk
 - Internal performance monitoring and evaluation

- Aggressively seek an increase in non-HIV funding in the 2011-2012 budget cycle to help balance the technical emphases of the program

The Mission and the OPH health team can take pride in its current management and the implementation of a very complex and challenging health program. While this Implementation Framework makes recommendations and offers suggestions for the future, the changes proposed will build on USAID's strong history and are intended to accelerate actions leading to greater country ownership and program sustainability for the future.

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