

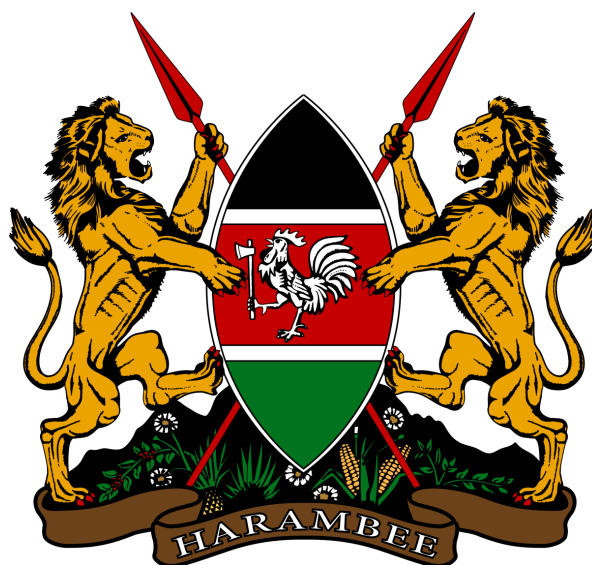


MINISTRY OF HEALTH



KENYA HEALTH SECTOR PARTNERSHIP & COORDINATION FRAMEWORK 2018 - 2030

A framework to guide partnership and coordination of the health sector to support implementation of the Kenya Health Policy 2014-2030



MINISTRY OF HEALTH

KENYA HEALTH SECTOR PARTNERSHIP AND COORDINATION FRAMEWORK 2018-2030

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Kenya Health Sector Partnership and Coordination Framework 2018-2030

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LIST OF ABBREVIATIONS

| | |
|----------|--------------------------------------------------------|
| AEG | Aid Effectiveness Group |
| AES | Aid Effectiveness Secretariat |
| CAS | Chief Administrative Secretary |
| CDH/CDOH | County Directors of Health |
| CEC | County Executive Committee Member |
| CHAK | Christian Health Association of Kenya |
| CHMT | County Health Management Team |
| CHSCC | County Health Sector Coordinating Committee |
| CIDP | County Integrated Development Plans |
| CoG | Council of Governors |
| CS | Cabinet Secretary |
| CSO | Civil Society Organisations |
| DCG | Donor Coordination Group |
| DEG | Development Effectiveness Group |
| DG | Director General |
| DP | Development Partner |
| DPF | Development Partner Forum |
| DPHK | Development Partners in Health Kenya |
| FBO | Faith-Based Organisation |
| GCG | GOK Coordination Group |
| GOK | Government of Kenya |
| HENNET | Health NGOs Network |
| HSAC | Health Sector Advisory Committee |
| HSCC | Health Sector Coordinating Committee |
| HSISC | Health Sector Interagency Steering Committee |
| HSIGCF | Health Sector Intergovernmental Consultative Forum |
| HSIGF | Health Sector Intergovernmental Forum |
| ICC | Interagency Coordinating Committee |
| IGF | Intergovernmental Forum |
| IHP+ | International Health Partnership |
| IP | Implementing Partners |
| JFA | Joint Financing Agreement |
| KCCB | Kenya Conference of Catholic Bishops |
| KEC | Kenya Episcopal Conference |
| KEPSA | Kenya Private Sector Alliance |
| KHF | Kenya Health Forum |
| KHF | Kenya Healthcare Federation |
| KHSSP | Kenya Health Sector Strategic and Investment Plan |
| LMIC | Low- and Middle-Income Countries |
| M&E | Monitoring and Evaluation |
| MDGs | Millennium Development Goals |
| MoH | Ministry of Health |
| MTEF | Medium Term Expenditure Framework |
| NCD | Non-Communicable Disease |
| NGO | Non-Governmental Organisation |
| NHSSP | National Health Sector Strategic Plan |
| NT | Nation Treasury |
| OECD | Organisation for Economic Co-operation and Development |
| PDU | Presidential Delivery Unit |
| PFM | Public Finance Management |
| PS | Principal Secretary |
| SDGs | Sustainable Development Goals |
| SUPKEM | Supreme Council of Kenya Muslims |
| SWAp | Sector-Wide Approach |
| SWG | Sector Working Group |
| TA | Technical Assistance |
| TC | Technical Committee |
| UHC | Universal Health Coverage |
| TWG | Technical Working Group |
| UNDP | United Nations Development Program |
| UN | United Nations |

FOREWORD

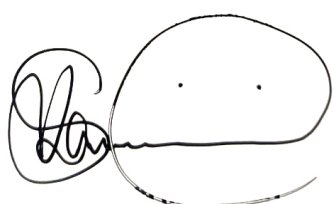
This partnership framework is premised on the Kenya Constitution 2010 and related acts. The Government of Kenya has made a commitment within the “Big Four Agenda” to achieve Universal Health Coverage (UHC) for all Kenyans. This aligns with the Sustainable Development Goals, specifically, SDG3 that underscores the promotion of healthy lives for all. Achievement of this goal requires mobilisation of substantial resources and concerted effort by all stakeholders in enhancing quality healthcare and efficiency in delivery of services.

This Kenya Health Sector Partnership and Coordination Framework 2018-2030 represents a joint effort by all health sector stakeholders (national and county governments, development partners, implementing partners and private health care providers) on how to better coordinate and align efforts towards improving the health of all Kenyans. It represents the aspirations and obligations that all stakeholders have agreed to, which will allow joint efforts towards attainment of the health agenda as elaborated in the Kenya Health Policy 2014-2030.

The framework is built on the principles of development effectiveness as outlined in the 2012 Busan Declaration on Partnership for effective development cooperation, which encourages two-way partnerships based on mutual accountability, benefit, and learning. It also borrows from the principles of Aid Effectiveness, to build confidence, trust, and joint efforts towards attaining the Kenya Health Policy 2014-2030 aspirations.

This partnership framework establishes structures and mechanisms that bring together all key partners in the health sector at different levels to work in collaboration in order to contribute to the improvement of the health of the population. It clearly sets out the partnership structures, roles, and responsibilities for the different actors at the different levels of government and respective expectations from partners at those levels.

Implementation of this framework will require the support of all actors in the sector, and we would like to encourage all actors to adhere to the principles of Government-led and country-owned development, with all efforts aligned to this agenda, and internal harmonisation amongst stakeholders. In line with the expectations towards attainment of Kenya’s sustainable development health agenda, the partnership emphasizes a results-based approach, as well as, joint and mutual accountability towards the objectives and aspirations set by the Kenya Health Sector Policy 2014-2030 and the aspiration to achieve Universal Health Coverage (UHC).



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Cabinet Secretary
Ministry of Health



H.E Dr Mohamed Kuti, EGH
Chair
Health Committee Council of Governors

PREFACE

The Health Sector Partnership and Coordination Framework provides a strategic direction for health and development effectiveness for the next twelve years. This framework describes how the country's health commitments will be delivered, which may include jointly-owned coordination and implementation arrangements, partnerships, and effective progress in monitoring, reporting, and evaluation. In this context, the health sector will strive for results that are owned by all partners as well as being strategic, specific, and measurable.

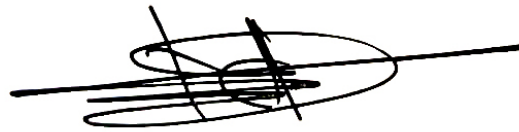
The Partnership and Coordination Framework aims to enhance development effectiveness through a Sector Wide Approach (SWAp) to health service delivery. With numerous and different types of partners supporting the health sector in Kenya at multiple levels and capacities, coordinating and harmonising the investments and actions of all partners is critical to ensure the most effective utilisation of all available resources to address sector priorities and achieve results.

The framework aims to strengthen coordination of health partnerships to support the country's health agenda using the principles of SWAp and development effectiveness. It also provides an enabling environment to achieve harmony and synergy amongst all stakeholders in health in order to contribute to the improvement of the health of the Kenyan population.

The Ministry of Health has the primary responsibility and accountability for achieving the planned outcomes given that these are part of its national development priorities. The framework spells out its principles without creating binding financial obligations to any of the parties involved and will be the key guiding instrument for partnerships during the implementation of the framework.



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Chief Administrative Secretary
Ministry of Health



Dr Andrew Mulwa, CECM
Chair, CECs Health Caucus

ACKNOWLEDGMENT

This Partnership and Coordination Framework was developed through a consultative process that involved many stakeholders in the sector. I wish to acknowledge the Cabinet Secretary and H.E Hon Dr Mohamed Kuti, for their overall leadership throughout the development of this partnership and coordination framework and ensuring that it is concluded to support the achievement of Universal Health Coverage.

I also wish to thank the Chief Administrative Secretaries, Dr Rashid Aman and Dr. Mercy Mwangangi, the Acting Director General, Dr. Patrick Amoth and the CEO Kenyatta Teaching and referral Hospital, Dr J Wekesa Masasabi for their technical guidance and support.

The contributions by the County Governments were key in ensuring an inclusive process and ownership at both national and county levels. I therefore wish to extend my sincere appreciation to the County Executive Committee Members for Health and the members of Health Team at the CoG secretariat for their great contribution and finalisation of the partnership framework

I am indebted to the Technical officers from the Ministry of Health, County Governments, and Development Partners in Kenya (DPHK), Implementing Partners and the Private Sector for their technical and useful inputs into the entire process.

The development of the partnership framework was made possible through financial and technical support from the World Health Organisation (WHO) to whom we are very grateful.

Successful implementation of this framework will require the coordinated efforts and action of many sectors and the participation of all stakeholders in the health sector. I am confident that this framework will inform the process of joint annual planning, sector coordination, partnerships and monitoring.

I request and urge all partners in the Health Sector to put great effort into implementing this framework as a means of accelerating attainment of universal health coverage and improving the quality of life for all Kenyans.



Susan N. Mochache, CBS
Principal Secretary
Ministry of Health



Tessa Mattholie, DFID
Development Partners in Health Kenya
Chair, 2019/20

EXECUTIVE SUMMARY

The Health Sector Partnership and Coordination Framework is built around the need to better align partner support towards a joint strategy and investment plan that is led by the Government. The Partnership aims at enhancing aid effectiveness through a sector-wide approach to health service delivery. The Partnership recognises the numerous and different types of partners supporting the health sector in Kenya at different levels and in different capacities and proposes a framework for coordinating and harmonising the investments and actions of all partners to ensure that best use is made of all available resources to address sector priorities and achieve results.

The Partnership Framework takes into account the devolved system of governance in Kenya and the health sector in particular and proposes structures that bring together partners and stakeholders at different levels to plan and budget together, implement and jointly review progress and be accountable for the ensuing results.

The Health Sector Advisory and Oversight Committee (HSAOC) is the highest level of the Partnership and Coordination Structure. The HSAOC will provide high-level strategic leadership and governance oversight towards the realisation of Universal Health Coverage and health sector objectives set out in the Kenya Health Sector Strategic Plans (KHSSPs). The HSAOC will be chaired by the Cabinet Secretary for Health and co-chaired by the Chair, Council of Governors Health Committee and the chair of DPHK. The membership of the HSAOC will include the Chief Administrative Secretary (CAS); the Principal Secretary (PS) Health; the MoH Director General, Representative of Principal Secretary (PS) National Treasury, and representatives from development partners, NGOs, FBOs, and private sector.

The Health Sector Interagency Steering Committee (HSISC) is the second level in the structure and it will bring together representatives of key sector partners to provide technical-level strategic leadership and direction and will have the delegated authority of the Cabinet Secretary for Health to guide and contribute to the development and implementation of policy decisions. The HSISC will promote coordinated

technical support and policy dialogue on strategic sector issues with government, donors and development partners, the private sector and civil society at both national and county levels, respectively. The HSISC will ensure effective oversight through receiving and reviewing of regular reports from the Interagency Coordination Committees (ICCs) and their Technical Working Groups (TWGs).

The Interagency Coordination Committees (ICCs) will be the technical arm of the partnership and coordination arrangements. The ICCs will provide a forum for joint planning, coordination and monitoring of specific investments in the sector. There will be five ICCs built around the health systems building blocks. The ICCs will be led by technical heads from the Ministry of Health and will comprise of representatives of all stakeholders as may be deemed appropriate. The ICCs will meet as frequently as may be required and will report to the HSISC. The ICCs may establish Technical Working Groups (TWGs) or task teams on specific sub-themes to undertake specific assignments on an ad hoc basis.

The Health Sector Partnership and Coordination Framework also provides for the Kenya Health Forum (KHF), an annual joint forum for all sector partners to review performance and share lessons learnt from the past year. The Forum will be used to identify joint priorities for the coming year. The Cabinet Secretary for Health will be the Chair of the Forum, with a co-chair from the Council of Governors and with representation from all stakeholders.

Finally, the Ministry of Health, the County Departments of Health and other partners will be free to establish partnership structures within themselves and with other partners as need may be in line with the sector partnership and coordination structures.

The Partnership arrangements will be reviewed on a regular basis as part of joint annual review processes to track performance against the roles and expectations of the different partners, the effectiveness of the structures, and progress against the objectives and expected outputs set out in Chapter 6, in order to make adjustments in operational arrangements of the HSAOC, the HSISC, the ICCs and the Partnership Secretariat as needed.

1 INTRODUCTION

1.1 Background

The Kenya Health Policy proposes putting in place effective partnership mechanisms in line with the current realities of sector management (particularly devolution), and development effectiveness.

The partnership is anchored on consensus around aid effectiveness and cooperation for effective development and is based on the principles of aid effectiveness agreed in global aid and development effectiveness high-level fora in Paris, Accra, and Busan in 2005, 2008, and 2011, respectively.

For the health sector, the overall focus of partnerships is built around the need to ensure effective management of the health agenda in implementation of strategic and investment plans towards attainment of the health goals stipulated in the Kenya Health Policy, 2014-2030.

The Health Sector Partnership and Coordination Framework is built around three thrusts:

- Improving **Health Stewardship** by Government on the Health agenda through the Ministry of Health and County governments;
- Implementation of appropriate systems for **Health Governance** at both national and county level; and,
- Consolidating **Health Partnership** arrangements to ensure the coordination of different actors working towards the same goals.

1.2 Situation Analysis

The Sector-Wide Approach (SWAp) in Kenya was started in 2005 with the development of the National Health Sector Strategic Plan (NHSSP) II 2005-2012, which focused on reversing downward trends of health indicators. The SWAp targeted the following: (i) joint planning, (ii) joint monitoring, and (iii) joint coordination. Its implementation was through signing and implementation of the Code of Conduct on the implementation of the Partnership and Coordination Framework.

Partnership structures that were put in place centred around a Health Sector Coordinating Committee (HSCC) that met quarterly and several technical Interagency Coordinating Committees (ICCs) led by Ministry of Health (MoH) Departments and Programmes. The HSCC was supported by the

SWAp Secretariat unit and a steering committee that provided administrative support.

A review of the Health Sector Partnership Framework in 2013 demonstrated that the health sector in Kenya had made significant strides in realising the SWAp principles in implementing the second National Health Sector Strategic Plan 2005-2012 (NHSSP II).

1.3 Health Sector Partnership and Coordination Framework: Values and Principles

This Health Sector Partnership and Coordination Framework reinforces the strong relationship between the Ministry of Health and the Partners to work in concert to achieve national health development priorities, the Sustainable Development Goals, and other internationally agreed development goals. The content of this framework confirms that the cooperation between the Ministry of Health, County Departments of Health and partners is based on a development partnership with strong national and county government ownership and leadership in development and implementation.

As a strategic programme document, this framework underscores the principles of transparency, partnership, and accountability. It demonstrates the commitment of the Ministry of Health, County Departments of Health and partners to work together in a coordinated and coherent manner. The concrete outcomes expected from this partnership and the agreed strategies will advance equitable health care delivery and reduce vulnerabilities, strengthen accountability systems and support the delivery of quality, inclusive health care services.

1.4 Rationale for the Partnership Framework

The Partnership aims to enhance aid effectiveness through a SWAp to health service delivery. With numerous and different types of partners supporting the health sector in Kenya at different levels and in different capacities, coordinating and harmonising the investments and actions of all partners is critical to ensure that best use is made of all available resources to address sector priorities and achieve results. Figure 1 below shows the various elements of a well-functioning SWAp.

The overall objectives are to:

- Strengthen coordination of health partnership to support the country's health agenda using the principles of SWAp and Aid Effectiveness; and,
- Provide an enabling environment to achieve harmony and synergy among all the stakeholders in health in order to contribute to the improvement of the health of the population.



Figure 1: Elements of a Sector-Wide Partnership

Source: Kenya Health Policy 2014-2030

A Partnership Framework will establish structures and mechanisms that bring together all key partners in the health sector at different levels to work in

collaboration to achieve priority sector objectives and results. Effective partnerships will:

- Reduce transaction costs to government and partners by creating forums for collective engagement to identify and act on priority issues;
- Build collaborative relationships between partners that will enhance efficiency and effectiveness in providing support to the health sector;
- Facilitate coordination and harmonisation of investments and actions between partners through joint consultative, planning, budgeting, monitoring and review processes, to eliminate duplication in efforts and to identify critical gaps that need to be addressed; and
- Promote and facilitate mutual accountability for results.

1.5 Methodology for the Partnership Framework Development

The development of the framework was done through a comprehensive consultative process. A review of the implementation of the previous partnership coordination was done in 2013 and the findings greatly informed the coordination mechanisms for this framework. A technical working group was constituted to spearhead the development process. The draft partnership framework has undergone engagements at different levels including, the Intergovernmental Consultative Forum, meeting of the County Executive Committee members, stakeholders meetings and consultations as well as internally at the Ministry of Health.

2 PARTNERSHIP AND COORDINATION IN THE HEALTH SECTOR

The specific objectives of the Kenya Health Sector Partnership and Coordination Framework (hereafter referred to as “the Partnership Framework”) include:

- Defining the scope of different elements of the partnership;
 - Elaborating the partnership structures and their functioning;
 - Defining governing principles for the partnership;
 - Specifying the roles of different actors in the partnership; and,
 - Establishing mechanisms to monitor and evaluate the implementation of the Health Sector Partnership and Coordination Framework.
- In addition to these core principles, all actors need to adhere to additional ‘soft’ principles that allow for the partnership to function. These ‘soft’ principles include:
- **Transparency:** Sector actions should be implemented in an open manner, with information and actions shared by all partners;
 - **Inclusiveness and Consultation:** Different partners should be given an opportunity to provide inputs in sector actions as required;
 - **Trust:** Interaction between and amongst partners conduct their business in an environment of mutual trust;
 - **Mutual Respect:** During engagement with partners, there needs to be real, and exhibit respect for each other, irrespective of what form of partner they are;
 - **Division of Labour:** Partners should focus their engagement in areas where they have a comparative advantage over others, and not all try to be present in all engagements; and,
 - **Empowerment:** Partners should support each other to ensure they are adequately able to engage in the partnership process.

3 RESULTS AND STRATEGIES

3.1 Scope and Elements of the Partnership in Health

A well-functioning Sector Wide Approach (SWAp) recommends bringing all sector partners together under one common planning framework, one common budgeting framework (MTEF), one common funding mechanism, one common M&E framework, and common management arrangements based on country systems for channelling funds, the Public Financial Management Act (PFM) and the Public Procurement and Disposal Act. Based on a desirability (current usefulness in the sector) and feasibility (ease of implementation) assessment conducted in 2013, the stakeholder perceptions of these different elements of the partnership in the Kenya Health Sector were as follows:

Table 1: Desirability and Feasibility of Different SWAp Elements

| SWAp elements | Stakeholder perceptions | |
|--------------------------------|-------------------------|----------|
| | Desirable | Feasible |
| Common Planning Framework | √ | √ |
| Common Budgeting Framework | √ | √ |
| Common Fund | √ | X |
| Common M&E Framework | √ | √ |
| Common Management Arrangements | √ | X |

Stakeholders were unanimous that all the different elements of a partnership process are desirable in Kenya. However, the general consensus was that the implementation of two elements (common fund, and common management arrangements), though desirable, was not feasible in the current environment:

- Establishment of a **common fund** would be feasible for selected areas, such as direct facility funding, and involving a group of like-minded partners. Where feasible, such arrangements would be set up under separate joint funding arrangements; and,
- In a similar manner, while all stakeholders felt the **common management arrangements** are desirable, the feasibility of their application is difficult in the current environment as systems for public procurement and financial management were still being finalised between National and County Governments.

As a result, the current partnership instrument will focus on the three desirable and feasible elements,

while 'triggers' and conditions required to move toward common funding mechanisms and common management arrangements will be discussed and developed over time.

3.2 Common Planning Framework

The comprehensive planning framework for the Health Sector is defined by:

- The **Kenya Health Policy 2014–2030**, which provides long-term intent for health;
- The **Kenya Health Sector Strategic and Investment Plans (KHSSPs)**, which define the overall sector medium-term strategic focus and objectives, plus output and investment targets:
 - The KHSSP provides overall health guidance for developing **Ministry & County strategic plans**, which define specific national and county health priorities;
 - The KHSSP informs priorities in **budgeting processes** at national and county levels;
 - External and Non-State Actors **programme plans** should be aligned to the KHSSP and should be reflected in national and county medium-term plans.
- **Annual Work Plans**, which set out priority targets and activities that the sector will implement at national and county levels, based on available budgets. External and Non-State Actors activities and investments should be reflected in national and county annual work plans and budgets;
- **County Integrated Development Plans (CIDPs)**, which define the county developmental priorities and focus over a specific period of time. These plans must always align with national plans; and,
- **National Programme Plans**, which are expected to align their priorities and investments to the requirements of the Kenya Health Policy and KHSSP.

3.3 Common Budgeting Framework

A budgeting framework that includes all sector resources (State, Non-State, and External Actor resources) guides the sector on where to prioritise available resources. This improves transparency in financing, reduces duplication of funding, and ensures all priorities receive funding from existing resources. A common budgeting framework would not replace these existing frameworks, as they are either legal or based on already existing agreements. It therefore

should be simple, and not lead to significant additional effort, but be mandatory for all partners.

All partners would be expected to provide information using the common budgeting framework on their planned support during the year or defined period. The framework allows health actors to specify, by KHSSP priority area, the resources they are making available for implementation. Resources are captured by different system investment areas and some partner resources are unspecified and can be captured as such. The budget lines are currently aligned to programme-based budgeting and expectations.

3.4 Common Monitoring and Evaluation Framework

The Common M&E framework will be the basis for:

- Guiding decision-making in the sector, by characterising the implications of progress (or lack of it) being made by the sector;
- Guiding implementation of services by providing information on the outputs of actions being carried out;
- Guiding the information dissemination and use by the sector amongst its stakeholders and with the public that it serves;
- Providing a unified approach to monitoring progress by different planning entities that make up the sector; and,
- Providing a mechanism for accountability between National and County governments, and communities and partners.

The common M&E framework will work through and support the attainment of the Country Health Information System focus areas.

The overall purpose of the common M&E framework is to improve joint accountability within the Health Sector. This will be achieved by strengthening capacity at National and County levels for information generation, validation, analysis, dissemination and use of data for decision-making. The common M&E framework focuses on attaining three goals:

- Supporting the establishment of a common data architecture;
- Enhancing sharing of data and promoting use of data for decision-making; and,
- Improving performance monitoring and review processes.

The common data architecture is needed to ensure coordinated information generation, seamless data and information sharing, efficiencies are maximised in data, and information management is optimised. The data architecture goal aims to prioritise support

to the data sources for the agreed sector monitoring indicators, which have been defined in the M&E plan. This ensures the required data is available as and when needed. The data architecture will also support analysis of emerging data.

Effective sharing of data and promoting information use will enable all sector partners to access health information when needed to guide decision-making. The Partnership process shall facilitate production of an annual joint health sector performance report that documents performance against planned targets for activities and outcomes.

In addition, innovative means to share health information shall be supported through the Partnership process.

Finally, a joint performance monitoring and review process will be implemented. Joint quarterly reviews at the planning unit levels and annual reviews at the sectoral level will be carried out, to receive, and debate the sector performance. Each review will have specific, targeted, and actionable recommendations, and involve all sector partners. An annual joint review workshop for all sector partners, the **Kenya Health Forum (KHF)**, will be convened each year to review performance and lessons learnt from the past year and to identify joint priorities for the coming year. A final evaluation will be supported at the end of the KHSSP implementation period.

The actions the sector needs to focus on to ensure a common M&E process include:

- Collation of indicator information for the agreed sector monitoring indicators;
- Development of annual performance monitoring and review reports at all levels;
- Convening of joint quarterly stakeholder performance reviews by National and County stakeholders;
- Convening of the annual Kenya Health Forum that brings all sector actors together to review sector performance; and,
- Conducting of mid-term and end-term reviews of KHSSP.

3.5 Common Funding Mechanisms and Management Arrangements

This document does not set out the framework for common fund and common management arrangements. However, the sector will develop mechanisms of triggers that would enable different sector actors to institute application of these elements.

The sector actors will monitor and follow up on the status of systems to support the establishment of a common fund and management arrangements in the health sector on a regular basis. Support provided to facilitate strengthening of common fund and management arrangements will be captured as part of the Partnership process. At the KHSSP evaluation, progress will be documented to guide clear targeting of actions in the coming strategic plan(s).

3.6 Expected Outcomes

The expected outcomes of the Health Sector Partnership and Coordination Framework will include the following:

- Strengthened engagement of partners in a coordinated manner, based on national health priorities;
- Coordination to avoid fragmentation and duplication;
- Harmonised programmes that are need-based and results-oriented;
- Enhanced partner confidence;
- Transparency and Accountability - established principles of accountability and transparency in engagements;
- Results-based approach for aid effectiveness;
- Efficient and effective resource mobilisation;
- Supported national priority programmes due to the availability of predictable and flexible funding; and
- Improved capacity to engage with partners and donors- enhanced and expanded partnerships.

4 MANAGEMENT AND ACCOUNTABILITY

4.1 Roles and Expectations of Different Actors

The health sector partnership will be based on consultation and cooperation between the various stakeholders. A successful partnership will require strong leadership, guidance, and coordination by the MoH at the national level, and by County Departments

of Health at county level. To effectively engage in an equal partnership, information sharing will be a common thread of the partnership. At county level, the MoH and sector partners will invest in technical and financial support to build the capacity of county governments to enable them to effectively execute their new functions under devolution. Table 2 below gives a summary of expectations by different actors.

Table 2: Roles and Expectations of Different Actors

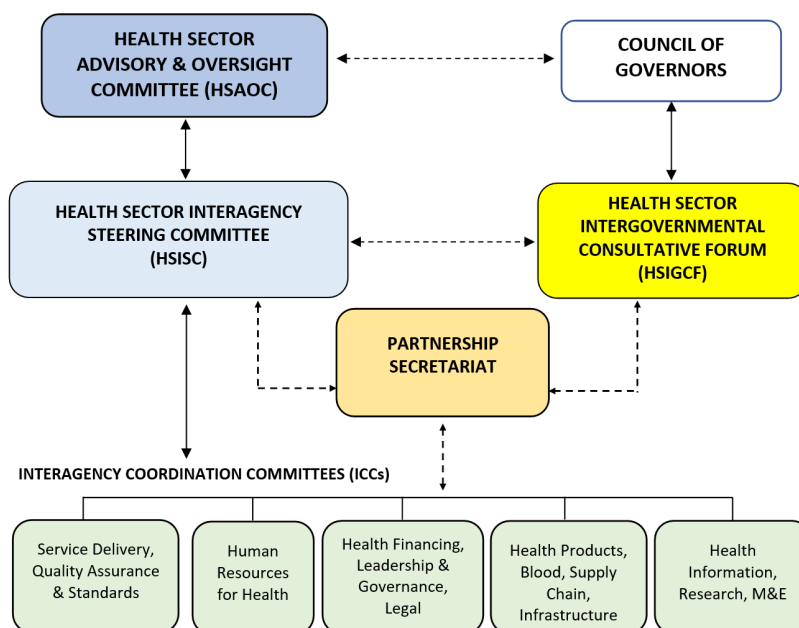
| Partnership principle | State Actors at National and County levels | External Actors | Non-State Actors |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Government ownership | <ul style="list-style-type: none"> • Provide overall leadership in planning administration, implementation and monitoring health sector plans. • Provide overall leadership in implementing the Health Sector Partnership Framework. | <ul style="list-style-type: none"> • Support and collaborate with the Government to achieve the country health agenda. • Provide technical and financial support to GOK to implement Partnership elements. | <ul style="list-style-type: none"> • Support and collaborate with the Government to achieve the country health agenda. • Develop and share plans and reports with GOK and sector partners. |
| Alignment | <ul style="list-style-type: none"> • Develop sector plans and reports to guide alignment of investments from GOK and other health actors. • Establish and convene joint annual planning, budgeting, and monitoring processes and forums to ensure all available resources are aligned and reflected in annual plans and budgets. • Provide guidance and reporting formats to sector partners to report on planned investments at national and county levels. • Improve public financial management and procurement systems to facilitate use of common management arrangements. | <ul style="list-style-type: none"> • Ensure agency programmes and plans are aligned to health sector plans and priorities at national and county levels. • Provide requested information to GOK to inform planning, budgeting and review processes at national and county levels. • Provide requested technical and financial support to strengthen public financial management and procurement systems. | <ul style="list-style-type: none"> • Ensure agency projects and plans are aligned to health sector plans priorities at national and county levels. • Provide requested information to GOK to inform planning, budgeting and review processes at national and county levels. • Review the level of alignment of different actors to the common agenda. |
| Harmonisation | <ul style="list-style-type: none"> • Provide information on sector requirements, GOK inputs and resource gaps to guide prioritisation and harmonisation of inputs from external and non-state actors. • Establish mechanisms for information sharing and harmonisation among State Actors. • Share donor agreements and support information among state Actors, including the Ministry of Finance. • Establish and maintain a comprehensive information repository and resource mapping and tracking system. | <ul style="list-style-type: none"> • Establish systems to ensure adherence to harmonisation commitments. • Actively participate in sector coordination processes and forums at national and county levels. • Establish common arrangements among partners for planning, appraisal and review processes. • Develop and monitor mechanisms to simplify procedures for engagement with the Government. | <ul style="list-style-type: none"> • Establish systems to ensure adherence to harmonisation commitments. • Actively participate in sector coordination processes and forums at national and county levels. • Build the capacity of non-state actors to ensure harmonisation of investments. |

| Partnership principle | State Actors at National and County levels | External Actors | Non-State Actors |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Managing for results | <ul style="list-style-type: none"> Develop a clear results framework for KHSSPs priorities. Coordinate the analysis of information to inform management and policy decisions. | <ul style="list-style-type: none"> Reduce reporting based on processes and activities and move towards reporting on outputs and results. Provide regular reports on support to attainment of sector results. | <ul style="list-style-type: none"> Reduce reporting based on processes and activities and move towards reporting on outputs and results. Provide regular reports on support to attainment of sector results. |
| Mutual accountability | <ul style="list-style-type: none"> Establish systems to ensure all actors supporting activities are recognised. Establish and convene joint annual review processes and forums involving all sector partners. | <ul style="list-style-type: none"> Move towards eliminating 'flag flying' and the need for self-attribution. Align agency review processes to sector joint annual review processes and forums. | <ul style="list-style-type: none"> Move towards eliminating 'flag flying' and the need for self-attribution. Align agency review processes to sector joint annual review processes and forums. |
| Transparency | <ul style="list-style-type: none"> Share information freely, on health activities being carried out. | <ul style="list-style-type: none"> Share information on programmes and support being provided, to guide each other's prioritisation of support. | <ul style="list-style-type: none"> Share information on programmes and support being provided, to guide each other's prioritisation of support. |
| Inclusiveness and consultation | <ul style="list-style-type: none"> Provide frameworks and opportunities for active stakeholder engagement. | <ul style="list-style-type: none"> Actively participate in and contribute to sector forums. | <ul style="list-style-type: none"> Actively participate in and contribute to sector forums. |
| Empowerment | <ul style="list-style-type: none"> Identify areas where capacity strengthening is required to achieve sector and partnership objectives. | <ul style="list-style-type: none"> Provide technical and financial support to build capacity for managing the partnership process Build the capacity of external actors to actively engage and participate in sector processes and forums. | <ul style="list-style-type: none"> Build the capacity of non-state actors to actively engage and participate in sector processes and forums. |

4.2 Health Sector Partnership Structures

The partnership structures elaborated below will guide the sector in the implementation of the health sector partnership and coordination framework.

Figure 2: Health Sector Partnership and Coordination Framework



Tools of the Partnership

1. **GOK leadership** at national and county levels.
2. One **common strategic plan**: KHSSP and county CIDPs, built around Vision 2030 and Medium-Term Plans.
3. One **common budgeting and expenditure framework**: MTEF/PBB and annual work plans and budgets at national and county levels, based on strategic plans and emerging priorities.
4. One **common results monitoring framework** – the Health Sector M&E Framework, linked to the SDG Framework.
5. **Consultative and coordination structures** at national and county levels that engage all key sector partners, in order to make best use of all available resources to address common priorities.
6. **Joint planning, budgeting, monitoring and review processes** at national and county levels.
7. **Joint annual review** forums at national level (Kenya Health Forum) and county level (county health forums) to collectively review progress and performance, and to set priorities for the coming year.
8. **Resource mapping and tracking system** to indicate planned investments and track actual expenditures from GOK and external partners, to enable analysis of investments vs priorities and needs, and to identify critical gaps that need to be addressed.
9. **Stakeholder mapping** to indicate partners involved, areas of focus, duration of engagement and exit strategy, Geographical distribution and available resources

4.3 Terms of Reference (TORs) for Partnership Structures

The specific terms of reference for the respective Partnership and Coordination structures are proposed below.

4.3.1 Health Sector Advisory and Oversight Committee (HSAOC)

The highest level of the Partnership and Coordination Structures is the Health Sector Advisory/Oversight Committee (HSAOC).

The HSAOC will be chaired by the Cabinet Secretary for Health and co-chaired by the Chair of the Council of Governors Health Committee and the Chair of DPHK. The HSAOC will provide overall oversight and direction in the development of key strategic interventions and policy decisions that will lead to progressive realisation and attainment of UHC and KHSSP objectives by 2022 and beyond. The HSAOC will meet at least twice yearly, or as needed.

Membership of the HSAOC will include:

- Chief Administrative Secretary for Health (CAS)
- Principal Secretary for Health (PS)
- Director General Health (DG)
- National Treasury
- CEO Council of Governors
- County Executive Committee Health Caucus officers (3)
- CEO of the Intergovernmental Relations Technical Committee (IGRTC)
- UNDP Resident Coordinator
- DPHK representatives (3)
- Chair of HENNET
- Chair of FBO Service Providers
- Director of Kenya Healthcare Federation
- Other partners may be co-opted as needed to inform discussions and decision-making.

Functions of HSAOC

The specific responsibilities of the HSAOC are to:

1. Provide strategic leadership and governance oversight towards the realisation of Universal Health Coverage and KHSSP objectives for Kenya;
2. Deliberate on and approve the recommendations submitted by the Health Sector Interagency Steering Committee;
3. Review periodic progress reports on the implementation of defined UHC and KHSSP targets set at the County and National Levels;
4. Resource mobilisation, with allocation and distribution of mobilised resources;
5. Periodically update His Excellency the President, the Cabinet and the Council of Governors on UHC and KHSSP progress, as and when requested.

4.3.2 Health Sector Intergovernmental Consultative Forum (HSIGCF)

The Health Sector Intergovernmental Consultative Forum, rooted in the Intergovernmental Relations Act 2012, will continue as currently constituted as a regular consultative forum between the Ministry of Health and County Executive Committee Members for Health. The sectoral working groups or committees operating under the HSIGCF will be harmonised with those proposed under the Partnership and Coordination structure to avoid duplication of efforts and will link with counterpart sector-wide ICCs and TWGs through shared membership and opportunities for joint consultations and discussions at quarterly HSIGCF forums. Apart from the membership from the national government and county governments, attendance of the other partners in the Intergovernmental Consultative Forum will continue being on need basis and observatory.

4.3.3 Health Sector Interagency Steering Committee (HSISC)

The Health Sector Interagency Steering Committee (HSISC) will bring together representatives of key sector partners to provide technical-level strategic leadership and direction and will have the delegated authority of the Cabinet Secretary for Health to guide and contribute to the development and implementation of policy decisions, strategic directions, and key interventions that will lead to progressive realisation and attainment of UHC and KHSSP objectives by 2022.

The Health Sector Interagency Steering Committee will promote coordinated technical support and policy dialogue on strategic sector issues with government, donors and development partners, FBOs, NGOs and civil society, and private sector partners at both national and county levels. The **HSISC will also function as the Sector Working Group for Health** in the wider government MTEF coordination processes.

The HSISC will ensure effective oversight through receiving and reviewing of regular reports from the thematic Interagency Coordination Committees (ICCs) and their Technical Working Groups (TWGs).

The HSISC will be chaired by the Principal Secretary for Health and will be co-chaired by the Chair of the CECMs-Health Caucus and the Chair of HENNET. The HSISC will be held on a quarterly basis, or as need may arise.

Membership of the HSISC will include:

- MoH Heads of Directorates and Departments (6)
- National Treasury (1)
- Ministry of Devolution (1)
- CECs-Health Caucus officers (2)
- Chairs of HSI GCF Thematic Technical Committees (TTCs) (5)
- County Officers for Health (COH) representatives (2)
- DPHK officers and key DP representatives (5)
- HENNET (1)
- FBOs (2)
- Private sector (1) represented by the Kenya Healthcare Federation (KHF)
- Other partners may be co-opted as needed to inform discussions and decision-making.

Functions of HSISC

1. Operational leadership and governance to guide implementation of the Kenya Health Sector Strategies.
2. Provide a forum for mobilising, coordinating and harmonising sector investments to address priorities and achieve common goals and

objectives set out in Kenya Health Sector Strategies (KHSSP) and UHC.

3. Bring all key sub-sector partners together for joint planning, oversight and decision making.
4. Enable partners to become jointly responsible for planning, monitoring, and reviews and reporting.
5. Hold all sector partners jointly accountable for achieving results.
6. Reduce the number of separate meetings with individual partners.
7. Enable harmonisation of inputs and better coordination of investments in the sector partnership for more effective use of all available resources-reduce duplication of efforts and critical gaps.
8. Facilitate coordinated TA and support for priority actions.

4.3.4 Interagency Coordinating Committees (ICCs)

The **Interagency Coordinating Committees (ICCs)** provide a forum for joint planning, coordination and monitoring of specific investments in the sector. The ICCs will be the technical arm of the whole partnership arrangements.

There will be five core ICCs/Sub-committees:

1. Service Delivery, Quality Assurance and Standards
2. Human Resources for Health
3. Health Financing, Leadership & Governance, and Legal
4. Health Products and Supply Chain and Infrastructure
5. Health Information, Research, M&E

Membership of the ICCs

The ICCs will be chaired by the MoH Director General and will be co-chaired by the Chair of the corresponding HSI GCF TTC and a designated DP representative. ICCs will meet at least monthly or as frequently as the committees may determine necessary, and will report to the higher-level committees through the Partnership Secretariat.

ICC members will include:

- MoH Heads of Departments, Divisions, Units and programmes;
- County Directors of Health representatives;
- Representatives from relevant health-related and enabling Ministries.
- Technical representatives from Development Partners and UN Technical Agencies.
- Implementing Partners for related donor-funded projects and programmes;
- Health NGO Network (HENNET) members representing NGOs and CSOs;
- Faith-Based Organisations: Christian Health

Association of Kenya (CHAK); KCCB Catholic Health Commission, and Supreme Council for Kenya (SUPKEM);

- Private sector partners represented by the Kenya Healthcare Federation (KHF).
- Other partners may be co-opted as needed to inform discussions and decision-making.

Functions of ICCs

The main functions of the ICCs are to:

1. Bring all key sub-sector partners together for joint planning, oversight and decision-making.
2. Enable partners to become jointly responsible for planning, monitoring, reviews and reporting.
3. Hold all sector partners jointly accountable for achieving results.
4. Reduce the number of separate meetings with individual partners.
5. Enable harmonisation of inputs and better coordination of investments in the sector partnership for more effective use of all available resources - reduce duplication of efforts and critical gaps.
6. Facilitate coordinated technical assistance and support for priority actions.

The ICCs will form **Technical Working Groups (TWGs)**, task teams or task forces as needed to address specific priority issues and areas of focus.

4.3.5 Partnership Secretariat

The secretariat services for the Partnership will be provided by the Ministry of Health under the leadership of the Director General. The Ministry may seek technical support from other partners as and when needed.

The main functions of the Secretariat are to:

1. Facilitate the work of all partnership committees: HSAOC, HSISC and ICCs.
2. Facilitate communication between the various structures of the partnership.
3. Manage and oversee key tools of the partnership, including sector resource mapping and tracking; joint planning, budgeting and review processes; and sector M&E Framework.
4. Identify key sector issues, action points and tasks that need to be taken up by ICCs and HSISC.
5. Recommend and prepare agenda items for the HSISC meetings.
6. Ensure that actions points arising from ICCs and the HSISC are adequately addressed in a timely manner.
7. Support the Secretariat function of the HSISC.

4.3.6 Health Sector Constituency Coordination Structures

Different sector partners have established their own constituency structures to promote coordination and harmonisation of work, and to guide their engagement with other GOK and sector partners and monitor adherence to their sector commitments. Existing structures include:

- MoH Senior Management Team.
- Council of Governors Health Committee.
- County Executive Committees for Health Caucus for the 47 counties.
- National Senate Committee on Health
- National Assembly Health Committee
- County Assembly Health Committees
- Development Partners in Health Kenya (DPHK), for bilateral donors, UN technical partners, and key private foundations.
- Faith-based health service provider associations: Christian Health Association of Kenya (CHAK), Kenya Conference of Catholic Bishops (KCCB) Catholic Health Commission, Supreme Council of Kenya Muslims (SUPKEM), and the joint FBO Service Providers Coordinating Committee (including CHAK, KCCB and SUPKEM).
- Health NGO Network (HENNET) for NGOs, CSOs, and implementing partners.
- Kenya Healthcare Federation (KHF) for private sector service providers.

4.3.7 County-Level Coordination Structures

Counties are advised to establish county sector partnership coordination structures best suited to their needs and may take guidance from the health sector partnership structures outlined above. The main purpose of county-level coordinating structures will be to ensure that County Directors of Health (CDOHs), County Officers for Health (COHs) and County Executive Committee Members for Health (CECMs-Health) are fully aware of and informed about all health activities being implemented in the county, and to ensure that all resources and investments are aligned to county priorities and are well-coordinated and harmonised in order to make best use of all available resources by reducing duplications in efforts and highlighting critical gaps.

Minimum recommendations to effectively guide partnerships at the county level would be to:

- Establish a **county health sector coordinating committee or forum** that brings together all actors in health at the county level on a regular basis to discuss and agree on important issues affecting the county, and to coordinate and harmonise all

inputs and investments for health at the county level. The forum would ideally meet on a quarterly basis. **Membership** should include state actors at county level e.g. CECM-Health, COH, CDOH, CHMTs, heads of hospitals, sub-county officers, health-related departments (water, education, agriculture); and non-state actors FBO service providers, NGOs and implementing partners, key CSOs, etc.

- County health sector coordinating committees or forums can establish thematic **interagency coordinating committees** and/or **county technical working groups** to address specific technical areas as needed. In counties where thematic ICCs/TWGs already exist, it is recommended that these be aligned to the overall coordination arrangements of that county.
- Establish and convene **joint annual planning and budgeting processes** with all health-related State, Non-State and External actors active at the county level, to discuss county health priorities and to ensure that all available resources are aligned with and accurately reflected in County Health Sector Annual Work Plans and budgets.

- Establish and convene **joint annual review processes and forums** with all health-related State, Non-State and External actors active at the county level, to review progress against annual plans and targets, and to make recommendations on emerging priorities and improving performance in the coming year.

Depending on the size and complexity of a county, establishing lower-level coordinating structures may also be useful:

- Regular **sub-county health committees or stakeholders forums** would serve the same purpose as those at county level, bringing all partners together to address priorities, undertake joint planning to coordinate and harmonise inputs and carry out joint reviews.
- **Health facility committees or stakeholders forums** would bring together health facility managers, community units and community members to facilitate community dialogue on health-related needs and priorities on a regular basis.

5 IMPLEMENTATION OF THE HEALTH SECTOR PARTNERSHIPS

5.1 Coordination to Avoid Duplication

The Ministry of Health will take a lead role in coordinating health sector actors as mandated by the Constitution. MoH will initiate mapping of health sector actors and prepare profiles for partner coordination and engagement purposes. Initiatives will be undertaken to convene a health sector donor coordination meeting to launch the new Partnership Framework as a first step towards reviving overall health sector coordination. The coordination work will entail the sharing of information, policy dialogue, joint planning, the development of a common framework for review and monitoring and the division of work among the relevant government agencies and external partners based on their own, individual comparative advantage and alignment with country strategies and systems.

5.2 Harmonisation and Alignment of Programmes

In line with the Paris Declaration on Aid Effectiveness, that commits signatories to (i) support national health policies and plans as the basis for funding and (ii) avoid introducing new plans and projects that are inconsistent with national health priorities and policies. The Ministry of Health will give priority to engagement that focuses on harmonisation and alignment of health programmes with national priorities. It will work with partners on adopting harmonised performance assessment frameworks in counties and aligning the support with national development and health sector strategies and plans, institutions and procedures.

5.3 Results-Based Approach for Aid Effectiveness

A results-based approach will be entrenched in sector partnerships. Through strengthening the capacity of the Ministry of Health team, the MoH will establish, track, manage and evaluate coordination and engagement of partners at national and county level. The Partnership Framework and the new KHSSP will outline the expected outcomes and monitoring indicators to measure success. Records of partnerships will be maintained and a report

synthesising lessons learned and best practices will be prepared annually. A mechanism will be established for partners to provide feedback on their experience in engaging with the MoH office. The county government offices will coordinate consultations for health sector priority setting and track progress of partnership at the field level. County performance reviews will be conducted jointly with other partners to harmonise review process and reduce transaction and administrative costs.

5.4 Transparency and Accountability

Transparency and accountability are key to achieving results. The Ministry of Health will accord high priority to information sharing. Periodic reporting will be institutionalised and encouraged including information on funding and annual disbursement, terms and conditions, project/programme details, and impact as per each partner's disclosure policy. To ensure existing donors continue supporting the government, a donor reporting system will be put in place to send regular progress reports, monitoring and evaluation reports, and any other relevant information.

Clarity of roles and responsibilities is important to agree on goals and targets and to foster accountability among partners. Each partner's role and responsibilities, including the decision-making process for the implementation of programmes, will be agreed and responsibilities will be shared according to the strengths of each partner. Benefits for each partner will also be elucidated to manage expectations. County governments will follow the MoH approach to greater transparency and accountability and will establish a financial information management system and proactively share information with stakeholders and the public.

5.5 Enhanced and Expanded Partnerships

The Ministry of Health will work toward strengthening its existing partners' portfolio and explore diversification of partners through targeted actions. The MoH team will work with other technical units and county governments in identifying technical areas that would benefit from partner involvement.

Potential partners for a given technical area of work will be identified and a strategy to engage with the partners crafted, which could include developing proposals. A partner's coordination and engagement toolkit/manual will be developed, and talks, briefings and workshops organised to guide in understanding and managing partnerships. Visits to partner organisations will also be periodically organised. MoH will strengthen partner intelligence by creating a repository of information pertaining to various partners, in the form of profiles and a partner's search engine. The County Governments will establish regular contact with the partners' country offices of all health sector actors to proactively expand and maintain their partner base.

5.6 Priorities for Implementation of the Partnership

To improve the overall partnership and coordination efforts, the following issues will be prioritised:

- **Improve operationalisation of agreed coordination structures:** development of clear guidelines regarding how these structures will function, with an agreed calendar of events and an agenda.
- **Strengthening harmonisation efforts amongst stakeholders:** Government harmonisation across National and County levels is ongoing in the context of the Intergovernmental Relations Act (2012). Agreed coordination structures will be empowered to serve as forums for harmonisation of support from both MoH and donors. Clear indicators will need to be agreed on, with monitoring mechanisms in place to promote adherence to the agreed harmonisation principles.
- **Establish a capacity building process for partnerships:** It is critical to have a process that ensures all stakeholders are sensitised about agreed partnership mechanisms in the health sector so that there is a clear common understanding of what partnership is, and appreciation of the rationale. This sensitisation should involve all levels of staff from the topmost leadership to the lowest level.
- **Establish a fully functional partnership secretariat:** The Ministry of Health will ensure that a clear secretariat is established and supported, and will have its functions defined around:
 - Being the single and comprehensive repository of all sector information relating to partnerships – donor agreements and sector documents;
 - Coordinating development of agreed partnership documents – such as joint plans and reports;
 - Monitoring adherence to the agreed partnership principles; and,
 - Scheduling and administrative support for coordination meetings, etc.

6 MONITORING AND EVALUATION

A robust results-based monitoring and evaluation (M&E) system on partnerships will be integrated into the sector M&E framework to support the strategic priorities of the framework. The results-based approach will ensure that partners' coordination and engagement remain aligned to its objectives by enabling the National and County Governments to monitor progress and make modifications as required.

The partnership process in the country will be regularly monitored using agreed indicators. This will ensure that the health of the country is closely monitored and remedial actions taken on time once weaknesses are noted. The key partnership indicators and targets are shown in Table 3.

Table 3: Partnership Action Plan and Monitoring Indicators

| Objectives | Action | Monitoring Indicators | Expected Output | Timeframe | Indicative Cost (Kshs) p.a. |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------|----------------------------|-----------------------------|
| Strengthening partnerships and coordination | Convene partnership coordination meetings and forums at various levels | % of planned meetings held | Minutes of meetings | Quarterly | 25,000,000 |
| | | % of signatories attending meetings | Minutes of meetings | Quarterly | |
| | Compile and create comprehensive profiles of existing and emerging health sector actors | Partners Profile created/ updated | A report on the profile of Partners | March 2019 - June 2020 | 5,000,000 |
| | Develop an online resource tracking database for all partners | Financial resource tracking system set up | Operational tracking system | June 2019 - June 2020 | 15,000,000 |
| | Use and regularly update the online resources tracking system by all partners | % of partners using the online resources tracking system | Quarterly reports from the system | June 2019 - June 2020 | |
| Support for secretariat activities to manage the partnership and coordination framework | Well-resourced Secretariat | Budgeted amount available | March 2019 - June 2020 | 10,000,000 | |
| Enhance harmonisation of sector programming | Develop a health sector strategy for support by all partners | Health sector strategy developed | Strategy completed | December 2018 - March 2020 | 20,000,000 |
| | Jointly identify health sector investment areas for support | Partners' programmes are aligned with national priorities | Report on programmes | Ongoing | - |
| | Use country systems in supporting the sector | % of partners using country systems in financing and procurement | Quarterly report on the use of country systems | Ongoing | - |

| Objectives | Action | Monitoring Indicators | Expected Output | Timeframe | Indicative Cost (Kshs) p.a. |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------|---------------|----------------------------------|
| Monitoring and Evaluation (M&E) | Develop a tool to monitor and evaluate the progress of engagements and partnerships | Operational M&E system on partnerships | Monitoring tool developed | June 2019 | 7,500,000 |
| | Develop a quarterly M & E scorecard | Quarterly M&E scorecard developed | Scored Card | December 2019 | |
| | Conduct a joint mid-term review of the Health Sector Strategy | Mid-term review undertaken | Midterm review report | December 2020 | 50,000,000 |
| | Prepare an annual sector performance report | Annual sector performance report | Annual report | Ongoing | 20,000,000 |
| | Convene regular meetings to review health sector collaborations and coordination of health sector programmes | Increase in joint programmes | Minutes of meetings | Ongoing | Mainstreamed in other activities |

7 COMMUNICATIONS

Successful implementation of this framework requires effective communications. This is expected to:

- Build the commitment of partners around expected results and strategies,
- Strengthen partnerships between the Ministry of Health and partners,
- Convey compelling advocacy messages about

priority policy issues,

- Give a voice to vulnerable groups in Kenya, and
- Inform the interested public about development challenges and priorities in Kenya.

Priorities for joint communications and advocacy will be identified jointly.

8 CONCLUSION

This framework represents a commitment towards improving the health of the people of Kenya by significantly reducing ill-health to levels similar to those of middle-income countries. The framework proposes a comprehensive and innovative approach to strengthen partnership coordination in addressing the health agenda, which represents a radical departure from past approaches to addressing the health partnerships in the country. It is based on the Constitution of Kenya 2010 and the related acts, the Kenya Health Policy 2014-2030, the Kenya Health Sector Strategic Plan, and Kenya's global health commitments.

This framework was developed through an inclusive and participatory process involving all stakeholders in the health sector and related sectors over a period of two years.

The framework defines the objectives, principles, values, structures, and strategies aimed at achieving effective and efficient partner coordination in the sector. It also outlines a comprehensive implementation framework to achieve the stated objectives. It delineates the roles of the different stakeholders in the sector in delivering the health agenda and details the institutional management arrangements under the devolved system of government, taking into account the specific roles of the national and county levels of government. It therefore provides a structure that harnesses and gives synergy to health partnership coordination to improve service delivery at all levels of government for attainment of Universal Health Coverage.

Finally, the framework defines the monitoring and evaluation framework to enable tracking of the progress made in achieving its objectives, and performance against expected roles and responsibilities by all partners will be closely monitored and evaluated.

Reference Documents

1. Kenya Vision 2030, Government of Kenya, 2007
2. Sessional Paper No. 2 of 2017 on the Kenya Health Policy 2014-2030, Ministry of Health, 2014
3. Kenya Health Sector Strategic and Investment Plan 2014-2018, Ministry of Health, 2014
4. Kenya Health Sector Strategic and Investment Plan 2018-2023, Ministry of Health, 2019
5. Effective Development Co-operation Strategic Plan, Kenya (2018- 2022), National Treasury
6. Partners Coordination and Engagement Strategy 2013-2019, WHO, 2013
7. Paris Declaration on Aid effectiveness and the Accra Agenda for Action, OECD, 2005/2008
8. The Busan Partnership for Effective Development Cooperation, OECD, 2012
9. The National Health Sector Strategic Plan 2005-2010 (NHSSP II), Ministry of Health, 2005
10. Code of Conduct for the Health Sector in Kenya, Ministry of Health, 2007
11. Health Sector M&E framework 2014-2018, Ministry of Health, 2014
12. The Evaluation of the Sector-wide Approach in Kenya, 2013

ANNEX 1: KENYA HEALTH SECTOR PARTNERS

Government of Kenya

1. National Treasury
2. Ministry of Health (MoH)
3. Council of Governors (CoG)
CoG Health Committee
County Executive Committees (CECs) Health Caucus
County Officers for Health Caucus
County Directors of Health Caucus
4. Health-related Ministries
Ministry of Devolution (MoD)
Ministry of Agriculture (MoALFI)
Ministry of Education (MoEd)
Ministry of Social Protection (MoLSP)
Ministry of Water & Sanitation (MoWS)
Ministry of Gender (MoPSYG)
5. Enabling Ministries
Ministry of Infrastructure (MoTIHUP)
Ministry of Information, Communications & Technology (MoICT)
Ministry of Energy (MoEn)
6. National Parliament
Senate Committee on Health
National Assembly Health Committee
7. County Assembly Health Committees

Bilateral Development Partners

1. Global Affairs Canada (GAC)
2. Embassy of Denmark, Danish International Development Agency (Danida)
3. European Union (EU)
4. French Embassy
5. German Development Cooperation (GDC)
German Society for International Cooperation (GIZ)
German Development Bank (KfW)
6. Embassy of Japan, Japan International Cooperation Agency (JICA)
7. Embassy of Republic of Korea, Korea International Cooperation Agency (KOICA)
8. Netherlands Development Cooperation (NDC)
9. Swiss Agency for Development and Cooperation (SDC)
10. United Kingdom Department for International Development (DfID)
11. United States Government (USG)
President's Emergency Fund for AIDS Relief (PEPFAR)
US Agency for International Development (USAID)
US Centers for Disease Control (CDC)

United Nations Partners

1. African Development Bank (AfDB)
2. International Organisation for Migration (IOM)
3. UN Office Coordination Humanitarian Affairs (OCHA)
4. Joint United Nations Program on HIV/AIDS (UNAIDS)
5. United Nations Children's Fund (UNICEF)
6. United Nations Population Fund (UNFPA)
7. United Nations Resident Coordinators Office (UNRCO)
8. World Food Program (WFP)
9. World Health Organisation (WHO)
10. World Bank Group
World Bank (WB)
International Finance Corporation (IFC)

Private foundations and global partners

1. Bill & Melinda Gates Foundation (BMGF)
2. Children's Investment Fund Foundation (CIFF)
3. Clinton Foundation Health Access Initiative (CHAI)
4. Global Fund for AIDS, TB and Malaria (GFATM)
5. Global Alliance for Vaccines and Immunisation (GAVI)

Faith-Based Organisations (FBOs)

1. Faith-Based Service Providers Coordinating Committee
2. Christian Health Association of Kenya (CHAK)
3. KCCB Catholic Health Commission of Kenya
4. Supreme Council of Kenya Muslims (SUPKEM)

Non-Governmental Organisations and Civil Society

1. Health NGOs Network (HENNET)

Private Sector

1. Kenya Healthcare Federation (KHF)



MINISTRY OF HEALTH

KENYA HEALTH SECTOR PARTNERSHIP & COORDINATION FRAMEWORK 2018 - 2030

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