### COUNTRY ACCOUNTABILITY FRAMEWORK

## PROGRESS SUMMARY

### Breakdown of catalytic funding by priority area (US$ and % of budget)

<table>
<thead>
<tr>
<th>CRVS</th>
<th>MDSR</th>
<th>Monitoring Results</th>
<th>eHealth Innovation</th>
<th>Resource Tracking</th>
<th>Reviews</th>
<th>Advocacy</th>
<th>Total distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40,000</td>
<td>30,000</td>
<td>50,000</td>
<td>20,000</td>
<td>40,000</td>
<td>20,000</td>
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<tr>
<td></td>
<td>(16%)</td>
<td>(12%)</td>
<td>(20%)</td>
<td>(8%)</td>
<td>(16%)</td>
<td>(8%)</td>
<td>(20%)</td>
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### Progress

**Achieved or on track**

- **Civil registration, vital statistics (CRVS) assessment completed, plan developed**
  - A Strategic Plan for the Civil Registration Department was developed, with a key strategic thrust that involves strengthening reporting of births and deaths through the community.
  - The MOH, in partnership with the Civil Registration Department, is standardizing civil registration registrars and updating the CRVS system, including a population register and possibly biometrics.

- **Available core 11 indicators monitored**
  - Consensus has been reached on the core indicators and the data sources.
  - Kenya is developing a roadmap for strengthening M&E based on an assessment of the current M&E platform.
  - An IHP+ country grant has primarily supported partnership coordination and the joint monitoring and evaluation process for the health sector.

- **Country reporting on health expenditure by financing source**
  - National Health Accounts 2010 findings were disseminated and 25 officers were oriented on SHA 2011; during the workshop participants were able to customize expenditure data using the SHA methodology.

- **Political leaders engaged in RMNCH**
  - Head of State’s directive on Free Maternity Services in all public health facilities became effective 1 June 2013.
  - The Kenya First Lady’s ‘Beyond Zero Campaign’ for MNCH and EMTCT was launched and has been replicated by spouses of County Governors in all 47 counties.

**Continued efforts required**

- **Maternal death surveillance and response (MDSR) system in place**
  - Kenya developed tools for MPDSR. Training in MPDSR and ICD-10 has been completed at national and county levels, and is ongoing at sub-county level.
  - Training of 11 selected pre-service training institutions is scheduled.
  - A countrywide audit of the implementation of the MPDSR plan is under way.

- **National eHealth strategy**
  - Both a national eHealth policy and strategy were drafted.
  - Four quarterly National eHealth/mHealth Forums were convened by the MOH for stakeholders, with focus on maternal and child health.

- **IHP+ compact or equivalent partnership agreement**

- **National health sector review**
  - The last Health Summit was held in 2012. The 2013 Annual Health Review was conducted but not validated. New MOH structure and decentralization led to delays including postponing the Health Summit.

- **Rights based law and policy assessment completed for RMNCH**
  - Provisions for reproductive health in the Constitution of Kenya 2010 were reinforced.
  - A task force was formed to provide technical input to developing RMNCH legislation, and a draft was finalized. Legal drafting is under way prior to forwarding for Cabinet review and Parliamentary debate.
Future needs

1. Support for development of advocacy tools for RMNCH.
2. Support for strengthening of capacity to conduct annual Data Quality Assessment.
3. Strengthened capacity for conducting community reporting and verbal autopsies of maternal and perinatal deaths.
4. Support for scaling up of eHealth/mHealth capacity building activities to additional sites.
