

Annex 3A

PROGRAM DESCRIPTION

for

**Activity 2: USAID Health Financing, Analytics and Social Protection Systems for
Health Activity**

Table of Contents

List of Acronyms and Definitions	3
Definitions:	5
Background and Context	5
Activity results framework	7
Geographical Focus	7
Sub purpose I: Improved domestic resource mobilization (DRM) for sustainable financing of essential health services.	7
Sub purpose 2: Improved financial protection and social inclusion systems for health	9
Sub purpose 3: Improved availability and use of quality evidence to inform policy, planning, and implementation of health services	12
Relationship with HSS Activities	17
Relationship with other Health Investments	18
Relationship with non-health investments	18
Partnerships	18

List of Acronyms and Definitions

ART	Antiretroviral Therapy
AWP	Annual Work Plan
CDCS	County Development Cooperation Strategy
COG	Council of Governors
CSOs	Civil Society Organizations
DHIS2	District Health Information Software
DQA	Data Quality Assessment
DRM	Domestic Resource Mobilization
EHR	Electronic Health Records
EMR	Electronic Medical Records
EPCMD	Ending Preventable Child and Maternal Deaths
FBO	Faith Based Organization
FP	Family Planning
FY	Financial Year
GHSA	Global Health Security Agenda
GOK	Government of Kenya
HCW	Health Care Worker
HIS	Health Information Systems
HRH	Human Resources for Health
ICT	Information and Communications Technology
IDSR	Integrated Disease Surveillance and Response
IFMIS	Integrated Financial Management Information Systems
iHRIS	Human Resources Information System software
KEPSA	Kenya Private Sector Alliance
KHF	Kenya Healthcare Federation
KHSSP	Kenya Health Sector Strategic Plan
KMHFL	Kenya Master Health Facility List
KNBS	Kenya National Bureau of Statistics
LARA	Landscape Analysis and Rapid Assessment
MCA	Member of County Assembly
MOF	Ministry of Finance
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
MTP	Medium Term Plan
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHIF	National Hospital Insurance Fund
OOP	Out of Pocket
PCID	Protecting Communities from Infectious Diseases
PER	Public Expenditure Review
PFMA	Public Financial Management Act
PMTCT	Prevention of Mother-to-Child Transmission
RMNCAH	Reproductive Health, Maternal, Newborn and Child, Adolescent Health
SDGs	Sustainable Development Goals
SHI	Social Health Insurance

TA	Technical Assistance
TB	Tuberculosis
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WASH	Water and Sanitation
WFP	World Food Program
WHO	World Health Organization

Definitions:

Domestic Resource Mobilization: Domestic resource mobilization (DRM) is the process through which countries raise and spend their own funds to provide for their people. It includes activities such as tax reform to increase overall government revenues; public financial management to ensure that existing resources are allocated to the best value and reduce systemic inefficiencies that delay the expenditure of resources; and investing to mobilize private capital for specific up-front costs associated with service expansion. DRM also means advocating for greater resources for the health sector; expanding risk pools associated with health insurance to make individual private spending more predictable and efficient; and increasing coordination between the public and private sectors to improve provision and financing of health care.

Social Protection: Focus on addressing the underlying causes of health inequities, lack of access and demand for services among vulnerable and underserved populations, lack of access and demand for social services including health care among vulnerable and underserved populations. Social protection initiatives seek to protect vulnerable and underserved populations from shocks and stresses, have a positive impact and improve health outcomes

Accountability: The process as well as norms that make decision makers answerable to ones for whom decisions are taken i.e., the decision maker and the beneficiary. There are three accountability types as relates to the health system strengthening: Financial accountability, performance accountability and citizens' voice

Development Partners: International development agencies and organizations that include but are not limited to multilateral organizations like the United Nations, US Government development agencies, the World Bank, The European Union, the Department for International Development (DFID) among others.

State: Government of Kenya (GOK) ministries, departments, statutory and independent offices at the National and County levels of government.

The non-state actors: refer to non-government affiliated bodies including Faith Based Organizations (FBOs), local development organizations, academia, private sector players and the civil society.

Background and Context

The strategic focus of the health sector in Kenya is guided by the Constitution of 2010, the Kenya Vision 2030, the health sector Medium Term Plan III 2018-2020 (MTP III) of Vision 2030, and the Kenya Health Policy 2014–2030. The theme of the Third MTP is “Transforming lives: Advancing socio-economic development through the ‘Big Four’.” The medium-term plan provides the strategic direction to guide the health sector over the next five years with an overall objective to accelerate attainment of Universal Health Coverage (UHC) which is one of President Kenyatta’s “Big Four” Agenda items for enhancing socio-economic development.

Kenya is confronting inadequate domestic resource mobilization (DRM) from both public and private sources and over-reliance on donors and households to finance delivery of essential quality health care services, fragmented risk pooling, inefficiencies in resource allocation and use, and inequitable access to affordable quality essential health care services. The high out-of-pocket

(OOP) expenditures places a high burden on households thus limiting access to essential health services especially by the less financially secure. As Kenya moves towards upper-middle income status, donor funding should continue to decline and ways of sustainably raising adequate funds from domestic sources to finance the health system should expand.

The Kenya Constitution of 2010 introduced devolution, sharing health functions between the national level and 47 county governments but the transfer of functions and funding to the counties began in the budget for FY 2013/14. Since then, Counties have made remarkable progress towards increasing funding for health. However, counties continue to be plagued by low budget absorption estimated at around 79 percent (MOH, PER 2018/19); experience delays in disbursements of funds from national and county treasuries to departments of health and to health facilities; inadequate capacity in health planning budgeting; and weak governance and accountability structures at facility level.

Social determinants of health continue to be an underlying cause for health inequities, lack of access and demand for health services among vulnerable and underserved populations. Social protection initiatives can protect vulnerable and underserved populations from shocks and stresses and have a positive impact and improve health outcomes (The Kenya Social Protection Policy 2011). The Kenya National Safety Net Program (NSNP) is a government SP program established to improve and enhance social protection delivery in the country. It provides a common operating framework for the government's four main cash transfer programs i.e. persons with severe disabilities, older persons, OVC and the Hunger Safety Net Program. USAID/KEA continues to address social determinants of health and works to strengthen social protection in Kenya. Some of the social protection activities that the Mission is implementing through WFP include the cash transfer program in urban informal settlements of Nairobi and Mombasa to address loss of income and livelihood due to COVID-19; Food System Program Safety Net Program targeting in Baringo, Isiolo and Samburu counties in response to food insecurity.

The Kenya Health Act 2017 and Health Information Policy 2014-2030 provide for a National Health Information System that is responsive to the needs of the population. The Kenya Health Sector Strategic Plan 2018-2023 identifies gaps in monitoring and evaluation of health services that include an inadequate capacity for analysis; limited development of targeted dissemination products; inadequate use of information for decision making and limited use of integrated, comprehensive and high-quality health information. The culture of information use is not fully embraced in the health sector due to weak legal framework to coordinate and manage health related information generation across sectors, and different actors.

This Activity has three components: (i) The health financing component is expected to improve domestic resource mobilization for sustainable financing of the health system (ii) The Social protection component should improve social protection systems for health towards equitable access to quality health care services (iii) The analytics component is anticipated to improve availability and use of quality evidence to inform policy, planning, and implementation of health services.

The activity is expected to collaborate with the key local systems including but not limited to National MOH, County health departments, Council of Governors (COG), County Treasuries, County Assemblies, Citizens, the National Treasury, Legislative bodies, Civil Society

Organizations (CSOs), Private sector, the academia and other relevant stakeholders towards improved equity, quality and resource optimization improving domestic resource mobilization for health.

Activity results framework

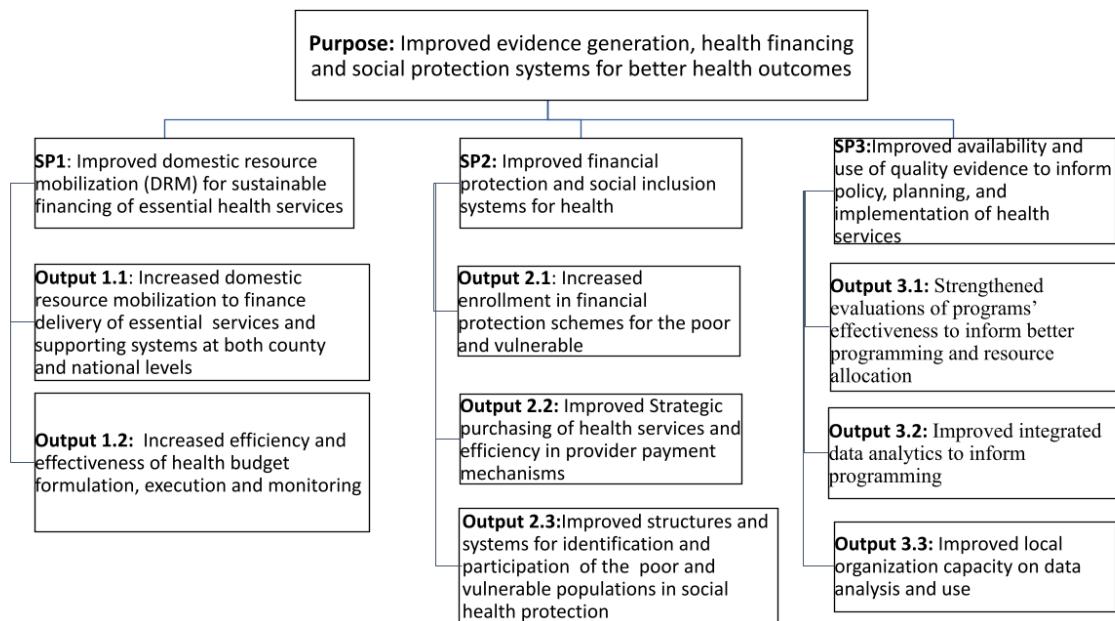


Figure 1: Health Financing, Analytics and Social Protection Activity Results Framework

Geographical Focus

Activity	Geographic Coverage	Total Estimated Amount (USD)
Health Sector Financing		
Activity 2 – USAID Analytics, Health Financing and Social Protection Systems for Health	National and COG level and 14 counties – these have budget level <30% (F3 & F4 on county zoning table) Zone 2 [8 of 8 counties] Zone 3 [3 of 8 counties] Zone 4 [3 of 5 counties]	\$27,500,000

Sub purpose I: Improved domestic resource mobilization (DRM) for sustainable financing of essential health services.

The health sector in Kenya is primarily being funded by donors and households (via OOPs) which is not sustainable. Although donor funding has declined over the years, the government has not filled the gap left by decreases in external funding. Currently government allocation for health stands at about 9% of total government budget (combined national and county), which is way

below the Abuja Target of 15 percent (MOH National and County health budget analysis FY 2019/20).

While the majority of resource mobilization efforts to date have focused on the public sector, the private health sector plays a key role in both the provision and financing of health services to Kenyan's (mostly middle class). However, private sector capacity remains an untapped resource to support financing of essential health services due to several barriers: the high cost of care; unfavorable policy environment; limited investment opportunities to attract private capital for health; and low insurance coverage rates among others.

The aim of this sub purpose is to ensure gradual increase in the volume of funding for health from the public and private sectors while optimizing efficiency in allocation/use for sustainable and equitable financing of quality essential health services. The activity is expected to support the government and private sectors to improve domestic resource mobilization for the health sector at both national and county levels. The support should also address the inadequate funding in the public health sector at both national and county levels including priority strategic programs; address health financing policies, and regulatory barriers that have potential to create an enabling environment for the private sector to expand its role in domestic resource mobilization for health to finance delivery of essential health services. Other areas of focus include working with the governments (national and counties) to improve efficiency in resource allocation, use, and enhance access to affordable quality health services.

Expected outputs for sub-purpose 1:

Output 1.1: Increased domestic resource mobilization to finance delivery of essential services and supporting systems at both county and national levels.

This output is expected to be achieved through working with the relevant stakeholders to address capacity gaps in health planning and budgeting, and in evidence generation on health financing systems, and use to inform policy, and strategy development, planning and budgeting at national and county level.

The Recipient should contribute to the development and implementation of strategic and evidence-based approaches aimed at incentivizing government led investments at all levels (i.e matching funds for priority strategic programs at national and county levels, and for improving budget absorption at all levels). The Recipient is also expected to support both national and county governments to address health financing policies, regulatory and access (i.e. affordability of services) systems barriers that hinder expansion of the private sector in domestic resource mobilization for health. In addition, the Recipient should contribute towards the development and implementation of tested private sector models for sustainable financing of affordable health services and evidence generation to inform policy and strategy development as well as in the design and eventual implementation of private financing approaches and activities at both county and national levels.

This output is expected to contribute to the achievement of the following illustrative health systems outcomes:

- Increased government allocation for health and strategic programs at county and national levels
- Improved capacity in health planning and budgeting at national level
- Expanded and sustainable role for Kenya's private sector in domestic resource mobilization to finance essential health services at all levels

Output 1.2: Increased efficiency and effectiveness of health budget formulation, execution and monitoring at county level

This output is expected to be achieved by addressing: capacity gaps in health planning and budgeting including public participation, bottlenecks in budget absorption for health; inefficiencies in the priority and needs based allocation and application of health budgets; and legal and structural barriers that affect timely flow of funds to county health departments and public health facilities. In addition, the Recipient is expected to contribute to strengthened systems and processes towards improved budget formulation, efficiency in resource application/use, execution and monitoring of health budgets by county health departments and other stakeholders.

This output is expected to contribute to the achievement of the following illustrative health systems outcomes:

- Increased efficiency in resource allocation and use in the devolved health sector
- Progressive increase in budget allocation for health sector by county governments
- Strengthened health systems and structures for accountability in the devolved health sector
- Improved absorption of health budgets at the county level
- Timely flow of funding from counties to health facilities
- Strengthened capacity of counties in health planning and budgeting
- Improved monitoring of health expenditures and health outcomes by county governments and other key stakeholders at all levels.

Sub purpose 2: Improved financial protection and social inclusion systems for health

This sub purpose supports GOK health systems to address health inequities and ensure a resilient society where the vulnerable and underserved are protected from shocks and stresses, overcome barriers to accessing health service and enhance social protection efforts focusing on social determinants of health and social protection schemes for health.

Kenya's Social Protection Framework and the UHC policy are well aligned to international best practices of cushioning the poor and vulnerable groups via cash transfers. The overall goal of UHC policy is to achieve better health outcomes, enhance equity and social inclusion for vulnerable populations. The GOK Universal Health Coverage (UHC) policy recognizes and prioritizes addressing financial and social determinants of health through multisectoral actions.

This sub purpose will complement the broad social protection work being undertaken by other development activities.

Progress towards achieving GOK's goals for UHC, especially related to enrolling one million poor households in financial protection schemes and more broadly, identifying and targeting households

eligible for social protection programs, is hindered by lack of a robust interoperable data system to inform accurate and evidence-based identification of poor and vulnerable households.

The purpose of this sub purpose is to: (i) strengthen GOK's capacity to obtain and maintain accurate data on household welfare necessary to inform strategies to enroll beneficiaries in financial and social protection schemes, (ii) equip and empower citizens and communities for meaningful engagement in defining health priorities, identifying the underserved and strengthening the social health protection schemes, (iii) address financial barriers to ensure equitable access to health services via financial risk protection mechanisms by the poor and vulnerable groups and (iv) improve efficiency and equitable purchasing of essential health services within NHIF to support UHC roll out.

The Recipient's implementation of strategies and approaches should contribute to efficient financial risk pooling models for health that could benefit the poor and vulnerable groups. The Recipient could pursue the strategic expansion of opportunities for the private and public sectors to engage with NHIF in strategic purchasing of essential health services (i.e within the health financing purchasing function).

Priority local systems and institutions include but are not limited to: National MOH, Ministry of Labour and Social Protection, NHIF, County Health Departments, Council of Governors (COG), County Treasuries, County Assemblies, The National Treasury, Legislative bodies, Private sector health providers, Kenya Private Sector Alliance (KEPSA), Kenya Healthcare Federation (KHF).

Expected outputs for sub-purpose 2:

Output 2.1: Increased enrollment in financial protection schemes for the poor and vulnerable

This output is expected to be achieved through working closely with the priority local systems and institutions in Kenya to: 1). identify and address policy and legal barriers that hinder efficient risk pooling and insurance expansion rates among the different socio-economic groups to support UHC roll out; and 2). develop efficient financial risk pooling models for the benefit of the poor and vulnerable including a sustainable financing framework. The Recipient should contribute towards promoting evidence generation and use to inform policy and strategy development processes as well as monitoring the implementation of the schemes by the Government and other key stakeholders.

The outputs of this Activity are expected to contribute to the achievement of the following Illustrative health systems outcomes:

- Expanded risk pooling schemes for the poor and vulnerable groups
- Improved policy and legal frameworks to support financial risk pooling for the poor and vulnerable groups.
- Increased government allocation for the poor and vulnerable groups.

Output 2.2: Improved strategic purchasing of health services and efficiency in provider payment mechanisms

This output is expected to be achieved through working closely with the key local systems and institutions towards strengthened health systems for financial risk pooling and strategic purchasing

for improved efficiency and equitable access to affordable quality essential health services within NHIF. essential health services within NHIF. In addition, the Recipient should contribute to evidence generation towards informed health financing reforms including legal and regulatory frameworks to support UHC roll out.

This output is expected to contribute to the achievement of the following illustrative health systems outcomes:

- Improved efficiency and equitable purchasing of essential health services
- Improved efficiency in provider payment mechanisms
- Improved efficiency in claims processing and reimbursement systems within NHIF
- Equitable and harmonised progressive benefit packages for health services

- Strengthened quality assurance systems within NHIF

Output 2.3: Improved structures and systems for identification and participation of the poor and vulnerable populations in social health protection

According to the Kenya Social Protection Sector Review (2017), there are various grievance and complaints channels, however, awareness of such grievance mechanisms is often low, and the community members may not feel empowered to issue grievances. In some instances, there is a lack of participation of different social protection sectors at all levels to address social protection challenges to enhance inclusivity and accountability.

Government and civil society organizations often work independently from one another within their own defined systems and use their own beneficiary data. Different, non-data informed targeting methods are used to identify eligible households for social protection programs, including financial protection schemes under NHIF. The lack of coordination and harmonization among government entities and between government and civil society including multilateral as well as bilateral donors often leads to duplication of commitments and insufficient coverage of eligible households that would benefit from safety net programs. Within the scope of this Activity's emphasis on financial protection for health, the recipient will be expected to focus on supporting GOK's relevant local systems and institutions in consolidating and harmonizing disparate approaches and procedures to the data driven identification, targeting and determination of the vulnerable and poor. This will require coordination of stakeholders and information sharing on needs, coverage, gaps, impact, and good practices.

In line with the USAID/KEA's CDCS approach to integration, this Activity will support the Kenya Government to build and/or strengthen sustainable and interoperable systems for use by GOK and civil society when determining which households to include in social and/or financial protection for health schemes. Such systems should ensure the privacy and confidentiality of data. The activity further support development and/or strengthening of resilient systems that will enhance proper identification and improve implementation of financial protection schemes in various counties. The Activity will work with the national and county governments' local systems and institutions and key stakeholders to improve harmonization and coordination. In addition, the Activity will also collaborate and cooperate through strategic partnership frameworks with other players in the health financing and social protection in the planning and implementation of

assessments, identification, and consolidation of financial protection schemes through the GOK single national harmonized data repository for the poor and vulnerable.

Understanding contextual factors and application of that local knowledge in community engagement activities will be critical in tailoring interventions to achieve better health outcomes. To build on the social work and protection systems already existing in Kenya and those supported through ongoing work within offices in USAID, UNICEF, DANIDA, World Bank and FCDO this Activity will support the equipment and facilitation of local communities to contribute to their health, influence financial protection initiatives to increase access and demand for health care for vulnerable and underserved populations.

This output is expected to be achieved through working closely with national and county governments, and other social protection stakeholders towards strengthened transparency and accountability of the existing government and citizens led systems and structures e.g. Beneficiary Welfare Committees and others specifically for health for effective implementation of health policies, proper targeting and enrollment of vulnerable households in financial protection schemes. The Recipient should contribute to strengthening of the existing collaborative and coordination structures with the Ministry of Health, Ministry of Labour and Social Protection/Department of Children Services and other key social protection stakeholders aimed at developing and implementing strategies, increase participation, demand, and uptake of social and health services for vulnerable and underserved populations.

The following are some of the illustrative health systems outcomes that this output will contribute to improved identification of the poor and vulnerable through data driven decisions for improved health outcomes:

- Effective implementation of financial health protection schemes for increased coverage and access to quality health care services by the poor and vulnerable households
- Empowered citizens and communities for meaningful engagement on social protection for improved health services.
- Increased citizens participation to enhance transparency and accountability in social health protection schemes for better health outcomes

Sub purpose 3: Improved availability and use of quality evidence to inform policy, planning, and implementation of health services

The aspirations of the Kenya Health Policy 2014-2030 will be achieved by investing in the health-system building blocks within the Kenya Health Strategic Plan 2018-2023. These include health service delivery; health leadership and governance; human resources for health; health products and technologies; health financing; health infrastructure; health information monitoring and evaluation; and health research and development. Good-quality information contributes to effective health-sector governance and stewardship, improving the quality and availability of health-care service delivery. Capacity building for the health planners, policy makers and managers responsible for national and county level outcome and impact level monitoring continues to be a priority area of investments. The targeted capacity building for this group will increase their skills in data interpretation and use in policy formulation, strategy development, annual programming and adapt strategies to achieve set goals. Systematic evaluation of the effectiveness

of national and sub national HIV/AIDS, TB/HIV, Family Health, Malaria, Nutrition, WASH and Global Health Security Agenda programs. This will strengthen accountability on the extent to which high level results are being achieved, transparency on priority and needs based resource allocations to these programs. Data from targeted surveys, surveillance, evaluations and studies are very crucial to provide information to address population-level needs other than individual's needs.

In addition, Kenya has fragmented digital health systems that have been developed that are not aligned with national standards and national plans. Integrated data analytics provides health leaders at all levels with the information from different sources that they need for health planning and management decisions in ways that facilitate use of triangulated data in national program evaluations. Additionally, evidence-based decision-making often relies on information that requires exchange and integration of data from several sources. This Activity will support implementation of strategies and approaches that will result in the integration of data from diverse systems for evidence-based policy development, program planning, implementation and management.

As part of achieving Journey to Self Reliance (J2SR) goals, one of the strategic shifts in programming is for countries and governments in host governments to take an increasingly greater role in providing and managing health resources for their population. This calls for enhanced local capacity for resource mobilization, prioritization and accountability. These shifts have seen a greater call towards engagement of local organizations to manage health programs in developing nations. Whereas these local organizations may have some initial experience in health program management and implementation, capacity gaps do exist. It is important therefore to invest in developing capacity for health program management by nurturing and building upon the strengths, resources and problem-solving capabilities already present. One of the key areas for local organization capacity development is on advanced data analysis on program effectiveness and cost effectiveness and use for effective and efficient health programming and policy formulation. Working with national, county governments and other stakeholders, this sub purpose will support the development of highly effective capacity building strategies and approaches on planning and execution of national program evaluations, surveys and surveillance data management and use by local organizations and government departments.

Expected outputs for Sub-purpose 3:

Output 3.1: Strengthened evaluations of programs' effectiveness to inform better programming and resource allocation

Health planners and decision-makers need different kinds of information including health determinants such as socioeconomic, environmental and behavioural factors, and the contextual factors. These include a) inputs to the health system i.e. financial and non-financial resources and related processes e.g policy and organization b) the performance or outputs of the health system: c) responsiveness of the system to user needs and financial risk protection; d) health outcomes e.g mortality, morbidity and disease outbreak, and e) health inequities to inform their decision-making. To address these factors, there is a need to continuously evaluate the program's effectiveness in achieving their programmatic goals.

This output will be achieved through working with the relevant local systems and institutions, both public and private at the national and county levels as well as other relevant stakeholders for improved program design, evaluations and cost effectiveness.

The Recipient should contribute to evidence generation and use to inform the development and adaptations of health plans, guidelines and policies. In addition, the Recipient is expected to contribute to co-creation, development and co-implementation of strategies and approaches for the development and implementation of cost effective and appropriate surveys and surveillance of programmatic activities at both national and county levels.

The Recipient is also expected to contribute towards increased data use to inform targeted programming and development of appropriate strategic shifts in planning and implementation. The Recipient should also support strengthening national and county health management systems for improved identification of priority areas towards implementation of science and/or operations research, surveys and surveillance activities and make investments towards the same.

This output is expected to contribute to the achievement of the following illustrative health systems outcomes:

- Increased implementation of survey and surveillance activities to inform programming
- Increase number of information products developed from targeted surveys, surveillance, evaluations and studies' data and used to inform programming
- Improved use of information to inform policy and decision making at all levels
- Increased proportion of health plans developed that are informed by data

Output 3.2: Improved integrated data analytics to inform programming

Data needs at different levels of the health system and across stakeholders differ. There is a need to identify the different data needs and data sources that will be analyzed to produce synthesized information that is presented in an integrated and appropriate format that allows policy makers, program managers as well as stakeholders to make strategic and meaningful insights and develop appropriate policy and/or programming actions for implementation. The required analysis will include but not limited to socio-economic analysis, effectiveness of approaches, triangulation of financial, human resource, supply chain and health outcome data and provide analytical products or visualization for management and decision makers' consumption. This output is expected to facilitate the development and implementation of a data sharing plan and corresponding analytical products with different audiences at regular intervals, using appropriate formats.

This output is anticipated to be achieved through working with national and county governments towards developing and strategic approaches for integrating the relevant data sources that take a whole health approach in the design and implementation of the data analytics platforms for use at different health care levels. The Applicant recipient will also support the development and implementation of strategic, more efficient approaches for mapping existing data sources and/or databases from the local systems and institutions to support further data analysis on priority health systems as well as health program outcomes and impact.

The Recipient should contribute towards co-creation and implementation of an overall strategy on sustainable strategic partnerships frameworks for maximized use of existing data collection platforms and maximized efficiencies. To ensure sustainability of these efforts, the Recipient is expected to work closely with local systems and institutions towards attainment of this output including triangulation of data from diverse data sources to inform priority setting in resource constrained settings.

In addition, the Recipient should contribute towards national and county governments owned and managed Integrated Data Analytics Platform to eliminate use of data from individual disparate systems. The integrated platform will provide a unified view of the combined data from different sources, so that one can query and view data from a single interface in order to expedite decision-making processes. In addition, the Recipient could contribute to approaches that result in strengthened and consolidated data analytics platforms that facilitate development of data use cases to support decision making with information from integrated systems.

As part of ensuring that the national and county governments are fully supported and facilitated to conduct health systems and program outcomes on Universal Health Coverage, the Recipient is expected to work with local systems and institutions towards a country owned and managed, a comprehensive population level health services cascades platform to assess health systems performance (antenatal care, PMTCT, ART, routine childbirth care, immunizations, treatment of childhood illness, family planning, etc.) across the sequence of interactions between patients and the health care delivery system. The Recipient should contribute towards a strengthened health service cascades that uses a combination of information from several data sources such as population surveys, health facility surveys, health management information systems, logistics management information systems, master patient index, etc. In addition, the Recipient is expected to contribute in the development of approaches for measurement of clinical and prevention endpoints for clinical cascades (e.g. outcome-adjusted coverage, quality adjusted coverage, user-adherence adjusted quality) that are unique to each health service being assessed.

The platform is expected to generate updated coverage cascade dashboards at predictable time intervals for use by the national and county health managers, planners and policymakers during planning and review sessions as well as for tracking health systems outcomes and identify the specific bottlenecks to universal health coverage (financing, access, availability of key commodities or human resources, quality of care, user-adherence, etc.) of key interventions supported.

The Recipient is expected to further contribute towards strengthening evidence generation and use of routine program data by different entities to inform planning, budgeting, policy and strategy development, and quality of care improvements.

The Activity is expected to contribute to the achievement of the following illustrative health systems outcomes:

- Increased number of relevant data-use cases developed to support health service planning and implementation, health policy implementation reviews and adaptations.
- Data triangulation from multiple systems are designed and automated within the analytic platform

- Improved tracking of resource use and health outcomes in response to programmatic priorities
- Increased proportion of health plans developed that are informed by data

Output 3.3: Improved local organization capacity on data analysis and use

USAID focuses on building countries' self-reliance defined as the ability of a country, including the government, civil society, and the private sector, to plan, finance, and implement solutions to solve its own development challenges. J2SR reinforces both commitment and local capacity improvements. With the transition to local organization for program implementation, there is a need for local organization capacity building. Capacity building encompasses individual and organizational skills and knowledge, as well as strengthening institutions and systems to perform core functions effectively and efficiently. Programs that focus on strengthening local capacities and relationships are more likely to have sustained results. Effective program outcome/impact monitoring measurements are dependent on the availability of quality output, outcome and impact measurement data. The capacity to effectively use this data on programmatic actions and addressing identified gaps is also key.

Collaborative efforts in building or reinforcing information systems and ICT infrastructure to avail high-quality data for various decision-making processes are important. The Recipient should contribute in strengthening collaborative and cooperation strategies for leveraging on the existing resources including capacities towards the achievement of J2SR goals. To sustain USG investments in this area of data analytics and use, this output is expected to be achieved through targeted capacity building programs to enable these local institutions attain adequate local capacity to collect, analyze, interpret, manage and use data, as well as to embed data quality improvement in the service delivery programs. In both public and private sectors, there are local systems and institutions that only have capacity on a range of data analytics and data use techniques, but all this capacity has never been maximally used. Collaborative efforts through well thought out strategic partnerships with existing local capacity among local academia, policy think tanks and research institutions will be key if the health sector were to maximize use of this locally available resource in the most cost effective and efficient manner for the benefit of national and sub-national governments, other local development organizations, faith-based organizations, private sector health providers as well as civil society organizations.

The capacity of the national and county governments to monitor the progress of national and sub national HC goals as well as Sustainable Development Goals 2, 3, 6, 17 remains a priority area of focus in the health sector. Easily accessible and available data on service uptake, outcomes and impact, generated by local integrated data sources and systems is an important aspect of this Activity. There are a number of local systems and institutions that have already invested in data sources, which USG looks into tapping into as part of leveraging on resources to maximize efficiency.

The Recipient should work closely will local systems and institutions towards the development and implementation of innovative and cost effective capacity building strategies and approaches that maximize collaborative and cooperation platforms with local systems such as the academia, government training and research institutions (i.e. Kenya School of Government, Kenya Institute

of Policy Research and Analysis (KIPPRA) and Institute of Economic Affairs), on data analytics and use for the priority health sector's local systems and institutions.. In addition, Recipient is expected to contribute towards strengthening of data dissemination strategies and approaches for the different targeted audiences at all levels of the public and private sector health delivery systems. This should include working with the national and county governments and other key stakeholders to jointly co-create country owned and managed strategies and approaches that maximize use of existing data sources, strengthen the integration of the existing vertical data sources, and institutionalize data analysis and use plans at the national and county levels. Some of the illustrative weak areas that the Recipient could address include weak outcome program monitoring and surveillance systems; weak capacity on data management; weak capacity to conduct outcome monitoring; weak collection, collation and use of data; weak institutionalization of data analysis; lack of structured dissemination forums to share lessons and best practices; and poor mapping of audiences for information products.

The Activity is expected to contribute to the achievement of the following illustrative health systems outcomes:

- Strengthened local organization's capacity data management and use
- Increased skills among local organizations in development of data use cases
- Increased use of evidence by local organizations in routine planning, progress reviews and decision-making
- Improved capacity of local organizations on information product development

Relationship with HSS Activities

USAID expects that the HSS partners will coordinate their activities at the national and county levels, leverage on strengths and competencies, avoid duplication, and maximize on the relationships to achieve a strengthened health system's common objective.

This Activity will prioritize development of good working and coordination relationships with other HSS activities. The good working and coordination relationships will help in ensuring that the evidence this activity will be producing will be used for policy development, review and implementation tracking at all levels. The activity will also work on enforcing regulations to implement more equitable and fair financing policies with integrity based on accurate and reliable financial data and information. The specific focus areas include collecting funds, pooling resources, and purchasing or payment for health services.

The following are illustrative relations with the other HSS activities:

- Relationship with Human Resource for Health, Quality Management and Community Health Systems Activity: collaborate on implementation of financing policies in relation to human resources for health and community health systems

- Relationships with the Governance and Strategic Partnerships Activity: collaborate on implementation of financing policies in relation to health governance and coordination of strategic partners to leverage resources
- Relationship with Health Products and Technologies Activity: collaborate on implementation of financing policies in relation to affordability, pricing and efficiency.
- Relationship with the Private Sector Activity: collaborate on implementation of financing policies in relation to domestic resource mobilization, analytics and social protection for health.

Relationship with other Health Investments

This Activity will work with other USAID health investments to strengthen coordination and collaboration on health financing policy formulation, implementation and review, and promoting sustainable financing at national and county levels in ways that maximize impact. The other USAID health investments include those supporting service delivery activities in the HIV/AIDS, Malaria and RMNCAH health programs.

Relationship with non-health investments

USAID supports non-health activities in education, agriculture, Energy, Democracy and governance, Water and sanitation, among others. The Activity will collaborate with these non-health investments on activities contributing to the health system strengthening at the county and national levels. They will work together on stakeholder and private sector engagements to advance sustainable financing of health services.

Partnerships

In working to achieve the overall objectives of this activity the recipient could enter into direct subaward arrangements with national and county governments as well as civil society, local development organizations, academia, research organizations, public policy think tanks, semi-autonomous government agencies and the private sector organizations. These subaward arrangements would increase the capacity and commitment of national and county governments as well as private sector organizations to mobilize domestic resources (financial, technical, in-kind) for transformational and sustainable impact.