

ANNEX 3 - PROGRAM DESCRIPTION

HSS Activity 1: USAID Health Governance and Strategic Partnerships

Table of Contents

Acronyms and definitions	1
Definitions:	2
Background and Context	2
Results Framework	4
Geographical Focus	4
Overall purpose	5
Sub purpose I: Strengthened health systems’ governance, institutions, and stewardship for improved delivery of quality health services	5
Output 1.1: Strengthened health sector regulatory and oversight institutions	6
Output 1.2: Improved governance structures to ensure inclusivity and wider engagements of state and non-state actors in decision making	6
Sub Purpose II: Improved health systems accountability and structures for transparent, efficient and effective delivery of quality health services	7
Output 2.1: Strengthened capacity and commitment of leadership to advance shared goals	7
Output 2.2: Strengthened systems and structures to ensure citizens voice and participation in health sector decision making	8
Sub Purpose III: Strengthened structures for evidence-based health sector policy development, implementation and review	8
Output 3.1: Strengthened structures for national and county level legislation and policy development and review	9
Output 3.2: Strengthen systems for tracking legislative and policy implementation and monitoring	9
Sub-purpose IV: Strengthened strategic partnerships for coordination and management of health systems	9
Output 4.1: Strengthened capacity of national, county and intergovernmental coordination structures to manage health systems	10
Output 4.2: Strengthened engagement and coordination of donors, research and policy think tanks in health systems development and management	11
Relationship with other HSSP Activities	12
Relationship with other Health Investments	13
Relationship with non-health investments	14
Partnerships	14

Acronyms and definitions

CDCS:	County Development Cooperation Strategy
CLT:	County Liaison Team
COG:	Council of Governors
DO:	Development Objective
FBO:	Faith Based Organization
GoK:	Government of Kenya
HCW:	Health Care workers
HRH:	Human Resources for Health
HSC:	Health Sector Committee
HSOAC:	Health Sector Advisory and Oversight Committee
IGR:	Intergovernmental Relations
J2SR:	Journey Towards Self Reliance
KHPQS:	Kenya Health Partnerships for Quality Services
KHSPCF:	Kenya Health Sector Partnerships and Coordination Framework
M&E:	Monitoring and Evaluation
MOH:	Ministry of Health
MOP:	Malaria Operational Plan
MOU:	Memorandum of Understanding
MTP:	Medium Term Plan
PMI:	Presidential Malaria Initiative
RMNCH:	Reproductive, Maternal, Newborn and Child Health
SDG:	Sustainable Development Goals
SP:	Sub-Purpose
UHC:	Universal Health Coverage
UN:	United Nations

Definitions:

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

State actors: 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.

Collaboration: The action or process of working together.

Partnership: Relationships established to bring together efforts between stakeholders who invest in or influence the health sector to improve the sector's performance and outcomes. Stakeholders include state and non-state actors. The relationships may be formal through Memorandum of Understanding (MOUs) or other forms of agreements, or informal for dialogue and information sharing. Partnerships are intended to leverage information, technical capabilities and financial resources to achieve common objectives. Informal relationships may also be referred to as collaboration. Examples of state actors include government ministries and agencies at all levels of the devolved sector in Kenya. Non-state actors include the business entities, faith-based organizations, academia, research organizations, multilateral and donor agencies etc.

Structures: Organization of information sharing and decision-making processes in the health sector. For example, the Kenya Health Sector Partnership and Coordination Framework (KHSPCF) has established a coordination framework for partnerships within the health sector. The framework defines who will participate in committees and advisory groups and the terms of reference for these groups.

Background and Context

In 2008, Kenya launched the Vision 2030, a long-term development blueprint for the country to transform Kenya into "a newly-industrialising, middle-income country providing a high quality of life to all its citizens in a clean and secure environment." Vision 2030 has three main pillars: economic, political and social, where the health sector sits.

In 2010, Kenya passed a new constitution (the Constitution). In the Bill of Rights, the Constitution guarantees, among other things, the right to life, the right to health, the right to clean and safe water in adequate quantities as well as rights for children. Under the Constitution, the previous central government is devolved and distributes certain functions between the national government and

newly created forty-seven county governments at the sub-national level. Health is one of the devolved functions except for national referral health facilities and health policy development. Ensuring coordinated functioning of health services remains a challenge with the complexity of sharing resources between the 47 counties and the national government. Article 10 of the Constitution of Kenya lays down the national values and principles of governance that bind all state organs, state officers and public officers. These principles include but are not limited to adherence to the rule of law, ensuring participation of the people, social justice, inclusiveness and equality, good governance, integrity, transparency and accountability.

In 2017, the National Assembly passed the Health Act No. 21 of 2017. This Act responds to the question of coordination between the two levels of government. The Act aims at establishing a unified health system, coordinating the inter-relationship between the national government and county government health systems, regulation of health care service and health care service providers, health products and health technologies. From 2018, the Third Medium Term Plan (MTP III) of the Kenya Vision 2030 outlines the central policies, legal and institutional reforms, and programmes and projects that the Government plans to implement during the period 2018-2022. The MTP III has identified the flagship projects under the "Big Four" initiatives, including achieving 100 per cent Universal Health Coverage (UHC). UHC aims at ensuring that citizens have access to quality healthcare services without experiencing financial hardship.

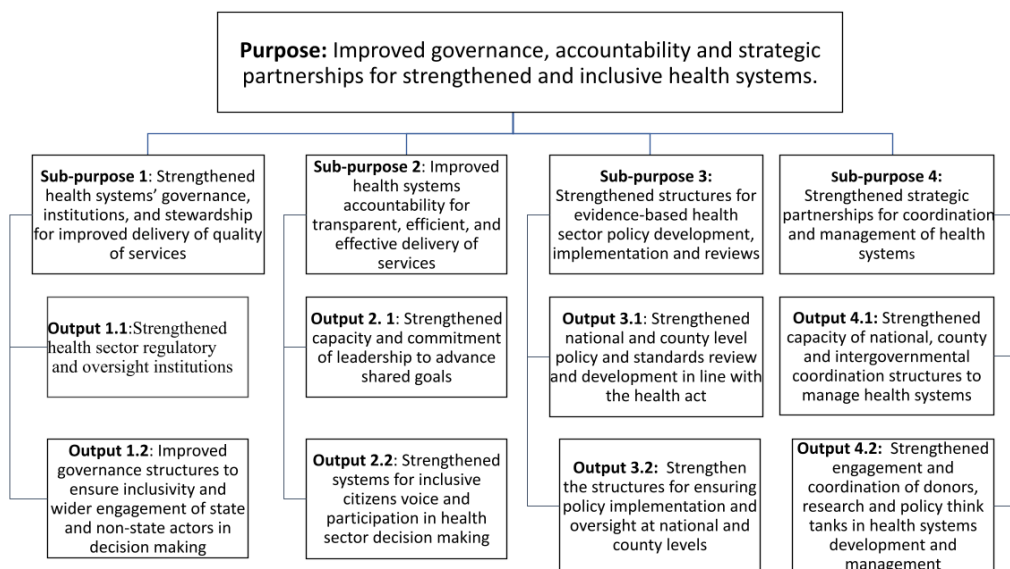
The Kenya Health Policy, 2014 through 2030 and the Kenya Health Strategic Plan 2018-2023, gives strategic direction to ensure significant improvement in the overall status of health in Kenya in line with the Constitution, the country's long-term development agenda, the Kenya Vision 2030, and global commitments. Health is one of the components of delivering the Vision's Social Pillar, given the critical role it plays in maintaining the healthy and skilled workforce necessary to drive the economy. The health sector defined priority reforms and flagship projects and programs, including restructuring the sector's leadership and governance mechanisms and improving the procurement and availability of essential health products and technologies.

Target 3.8 of the Sustainable Development Goals (SDGs) is to "Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all." USAID Vision 2020-2030 has identified three broad outcomes of equity, quality, and resource optimization, which align with the SDG goal of achieving UHC. The vision emphasizes systems thinking and the role of communities, civil society, the private sector and the need for partnership with the public sector in achieving the three broad outcomes.

The USAID Kenya Country Development Cooperation Strategy (USAID-Kenya - CDCS 2020-2025) analysis identified several barriers to development in Kenya, key among them is inadequate systems. Through Development Objective 1 (DO1), the USAID Kenya CDCS 2020-2025 aims to improve Key systems such as health, governance and markets, thereby contributing to addressing the inadequacies of the health system. USAID/KEA is embarking on a deliberate journey to support Kenya towards the journey to self-reliance (J2SR). A critical part of this process is developing diverse, meaningful and robust partnerships with stakeholders at national, county and local levels. Through the planned activities, USAID will engage and build collaborative strategic partnerships that are appropriate and responsive to the needs of both patients and the broader health sector in Kenya.

USAID's engagement and support will align with government plans and priorities and support the Kenya Health Sector Partnership and Coordination Framework (KHSPCF), 2018 through 2030. The framework prioritizes three key areas: (i) improving health stewardship by the Government on the health agenda through the Ministry of Health and County governments; (ii) implementation of appropriate systems for health governance at both national and county level and; (iii) consolidating health partnership arrangements to ensure the coordination of different actors working towards the same goals. This Activity will support the government's efforts to achieve the third priority while building strong linkages and approaches that facilitate the other two focus areas' achievement. This Activity will further support the government's transformation from donor reliance to more innovative partnerships that strengthen and locally sustain health systems in the long term.

Results Framework



Geographical Focus

Activity	Geographic Coverage	Total Estimated Amount (USD)
Health Systems Leadership		
Activity 1 - Health Sector Governance and Strategic Partnerships	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

Overall purpose

The Governance and Strategic Partnerships Activity will contribute to the achievement of the health system's purpose of "strengthening Kenya's health system to be accountable, efficient and inclusive" as well as supporting the establishment and strengthening of the critical partnership and coordination structures in the framework and identify gaps in the systematic coordination of interventions at county level in line with Kenya's devolved health sector.

USAID's HSS support is based on intensive analysis of the current situation, stakeholders' engagements, and review of relevant strategic national documents and reports. As a result, this HSSP Activity is designed with a purpose to "Improved governance, accountability, and strategic partnerships for strengthened and inclusive health systems." This Activity aims at strengthening governance, accountability, and strategic partnerships for inclusive health systems and leadership at all levels of the devolved health system. The proposed activities to be implemented may include identifying and partnering with local organizations and other stakeholders in providing technical assistance and technical inputs in policy formulation, regulation and guidelines, and designing systems for accountability across sectors. These sectors will include but not limited to health, social protection, education, finance and devolution. The stakeholders will consist of but not limited to policymakers, service providers, development partners, private sector, civil society organizations (CSOs) and citizens.

The Activity will focus on the following four sub purpose result statements to achieve the above purpose:

- 1) Strengthened health systems' governance, institutions and stewardship for improved delivery of quality health services
- 2) Improved health systems accountability and structures for transparent, efficient and effective delivery of quality health services
- 3) Strengthened structures for health sector policy development and review
- 4) Strengthened strategic partnerships for coordination and management of health systems

Sub purpose I: Strengthened health systems' governance, institutions, and stewardship for improved delivery of quality health services

The Health Act of 2017 lays the framework for the establishment of a unified health system, coordinating the inter-relationship between the national government and county government health systems, regulation of health care service and health care service providers, health products and health technologies. Ministries, Departments and Programs coordinate health activities at the national level, while the County Health Management Teams (CHMTs) are responsible for health service delivery in the counties. These management structures are vital in strengthening the health system.

This sub-purpose aims to strengthen health systems governance structures, institutions, and support quality health services.

Sub Purpose I: Expected outcomes

- Improved governance and stewardship functions at all levels of government in the health sector.
- Strengthened compliance with health-related laws
- Strengthened intergovernmental collaboration between the national and county level for effective governance, stewardship and synergies.

The following output areas will contribute to the achievement of the sub purpose:

Output 1.1: Strengthened health sector regulatory and oversight institutions

The Activity will develop and support approaches for strengthening of the regulatory bodies to play their role more effectively and contribute to ensuring the delivery of quality services and products to citizens. For example, the Health Act of 2017 at part VII establishes a single regulatory authority for health products and technologies. This proposed body will bring together functions under the Pharmacy and Poisons Board (PPB), Medical, Laboratory Technologists Board (MLTB), National Quality Control Laboratory (NQCL), and the Kenya Bureau of Standards (KEBS).

The Activity will also strengthen county health management boards and, where applicable, health facility management boards. This Activity will collaborate with the government at both national and county levels to support established and proposed structures.

Under this activity, approaches and strategies will address the following:

- Strengthened oversight by regulatory and independent oversight institutions.
- Improved coordination and harmonization of health sector regulatory functions.
- Enhanced adherence to legislation, policies, standards, and guidelines by public and private health services providers.

Output 1.2: Improved governance structures to ensure inclusivity and wider engagements of state and non-state actors in decision making

Participation of public and private providers, citizens and beneficiaries in decision making is key to making the health system inclusive and responsive. The state actors represent the Government of Kenya (GOK) ministries and departments. The non-state actors are non-government bodies that include Faith-Based Organizations (FBOs), the private sector, academia, civil society, public policy thinktanks, minority groups and vulnerable populations groups.

The Activity will develop and implement approaches and strategies that will promote inclusive decision making and wider engagements at all levels. Some of the illustrative areas of focus include but are not limited to:

- Strengthened structures to ensure adequate and regular engagement between state and non-state actors.
- Strengthened structures to ensure optimum engagement of individual citizens, beneficiary groups and community advocacy forums.

Sub Purpose II: Improved health systems accountability and structures for transparent, efficient and effective delivery of quality health services

Transparency and accountability are core in ensuring equitable and quality health services that are responsive to citizen needs. One of the accountability tools include the Community Score Card, a combination of participatory quantitative surveys and focus group discussions at the community bringing together users of public services and service providers to jointly analyze and resolve service delivery problems (Institute of Economic Affairs-Kenya, 2017). The scoring exercises allow citizens to analyze services, such as drug supply or wait times, based on their perceptions. Collaboration between rights holders and duty bearers can lead to sustainable change for better service provision.

The interventions under this sub purpose will be geared towards strengthening the accountability systems, structures and institutions for improved equitable access to quality health services.

Sub Purpose II: Expected outcomes

- Standards and guidelines on data systems interoperability developed and institutionalized.
- Data systems developed in compliance with national standards on interoperability.
- Improved capacity of leaders to make decisions
- Improved leadership commitment

The following output areas will contribute to the achievement of the sub purpose:

Output 2.1: Strengthened capacity and commitment of leadership to advance shared goals

Article 232 of the Constitution of Kenya details principles that guide public servants in execution of their duties to citizens. These principles include: efficient, effective and economic use of resources; responsive, prompt, effective, impartial and equitable provision of services; accountability for administrative acts; transparency and provision to the public of timely, accurate information and involvement of the people in the process of policy making.

USAID invests in health governance to promote robust oversight that curtails corruption and expands accountability and transparency for health activities and results in the public and private sectors. This is achieved through developing sustainable country capacity in transparent and accountable leadership and engaging a new generation of health system leaders at regional, country, and community levels.

One of the accountability tools used to assess technical and organization capacity is the organizational capacity assessment (OCA). This is used by County Health Management Teams in self assessment. The structured self-assessment of a team's capacity allows for reflection on processes and functions and scores against benchmarks. Based on the discussions and scoring, the team shapes and sets priorities to strengthen its capacity. The self-assessment approach increases ownership of the action plan and enables partners to measure their change in capacity and performance over time. This Activity will develop and implement approaches and strategies that will address strengthening of leadership capacity at all levels of governance and strengthening of leadership performance improvement review structures among others.

Output 2.2: Strengthened systems and structures to ensure citizens voice and participation in health sector decision making

Article 1 of the Constitution of Kenya provides that, “all sovereign power belongs to the people of Kenya and shall be exercised only in accordance with this Constitution.” Citizen participation is emphasized in legislative processes, service delivery and public finance. For example, Article 232 requires public servants to involve the people in the process of policy making, further Article 201 on public finance emphasizes the principle of openness and accountability that includes public participation in financial matters.

This Activity will support the implementation of strategies and approaches for increasing the participation of citizens either as individuals or organized groups (community groups, patient/beneficiary groups) in decision making, resulting in increased ownership of the health system and provision of quality health services. The goal of the citizen engagement is to influence decisions on choices that will affect their communities (National Gender and Equality Commission, 2014).

The proposed approaches and strategies are expected to contribute to the achievement of to the following illustrative health systems outcomes:

- Strengthened capacity of CSOs to advocate for more health resources
- Enhanced citizen participation in planning of services
- Improved feedback loops on quality of services provided

Sub Purpose III: Strengthened structures for evidence-based health sector policy development, implementation and review

The Health Act of 2017 lays down the duties of the State in the health sector. These duties include but are not limited to, developing policies, laws and other measures necessary to protect, promote, improve and maintain the health and well-being of every person. The national government is primarily responsible for developing health policies, laws, administrative procedures and programmes. Policy development should be in consultation with county governments, health sector stakeholders and the public.

As part of the Constitution implementation and transition process, several laws are to be enacted by Parliament within specified timelines. These laws further required the enactment of regulations, policies and guidelines. In the past five years, the health sector has enacted two major laws, including the Health Act of 2017 and amended existing health-related laws to align with the Constitution. Several policies and guidelines have been developed and existing ones amended. These amendments are carried out regularly at an individual level and through omnibus amendments on an annual basis as needs arise.

This sub purpose addresses policy development and review structures and systems to track these processes.

Sub Purpose III expected outcomes.

- Strengthened structures for national and county level legislative, policy and guidelines development and review.

- Strengthen systems for tracking legislative and policy implementation and monitoring.

The following output areas will contribute to the achievement of the sub purpose:

Output 3.1: Strengthened structures for national and county level legislation and policy development and review

This output area will support the Government of Kenya, the citizens and various stakeholders in operationalizing health-related legislation, policies, standards, and strategic plans at national and county levels in the health sector.

The proposed approaches and strategies are expected to contribute to the achievement of to the following illustrative health systems outcomes:

- Strengthened processes for evidence-based development of legislation, policies, standards, and strategic plans in the health sector at the national and county levels.
- Strengthened structures for alignment of legislation, policies, standards, strategic and annual work plans in the health sector at the national and county levels.
- Improved the participation of citizens in policy making, planning, and budgeting processes.

Output 3.2: Strengthen systems for tracking legislative and policy implementation and monitoring

This output area will contribute to solid policy implementation and oversight for a functional, regulated health system. The proposed approaches and strategies are expected to contribute to the achievement of to the following illustrative health systems outcomes:

- Improved oversight of national and county health-related legislation, policies and standards and strategic plans at national and county levels.
- Strengthened implementation of health-related legislation, policies and standards, strategic and annual work plans at national and county levels.
- Improved structures for reviewing existing health-related legislation, policies and standards, and strategic plans at national and county levels.

Sub-purpose IV: Strengthened strategic partnerships for coordination and management of health systems

Kenya has a devolved health structure with national and sub-national county-level functions. Significant challenges exist in coordinating and harmonizing policies and interventions within and between these two levels of government, creating gaps in policies and uncoordinated implementation of the same, unclear distinction of functions and inefficient allocation and use of resources at all levels.

Strengthening the structures established to coordinate functions at the national level and creating and strengthening those at national and intergovernmental levels will be critical to accelerate the achievement of health outcomes in Kenya. This Activity will identify and strengthen partnership and coordination structures that support the national and county health agendas in health systems

strengthening. The Activity will also build on the Government of Kenya's frameworks such as the KHSPCF and other national and county partnership guidelines.

County governments are slowly developing coordination structures with a greater focus on health financing systems and less on aligning technical approaches and outcomes. This Activity will enhance policy and program cohesion, align and enhance resource allocation and utilization, improve the quality of services, and accelerate health outcomes in Kenya.

Under this Activity approaches implemented will address the following:

- Capacity and operationalization of the coordination structures within and between the national and county levels
- Engagement of non-state actors in the health sector at the national level and county levels through structured strategic partnership arrangements
- Coordination and harmonization of health sector approaches between state and nonstate actors at national and county levels have led to weakened governance structures.

This sub purpose will achieve the following outputs:

Output 4.1: Strengthened capacity of national, county and intergovernmental coordination structures to manage health systems

The Council of Governors (COG) has an essential role in managing the intergovernmental relationship between the national government and counties in Kenya's devolved health system. The health sector requires deliberate approaches that catalyze strategic and transformative partnerships between the two levels to achieve health sector results. The Health Sector Committee (HSC) within the COG has a vital role in engaging and coordinating partners to support intergovernmental health actions such as health systems research, policy development, implementation, policy outcome reviews and policy adaptations for better health outcomes.

This Activity will engage and strengthen intergovernmental actors to enhance collaboration and synergy in health between the two levels of government.

The proposed approaches and strategies are expected to contribute to the achievement of the following illustrative health systems outcomes:

- Strengthened existing coordination structures between the national and county levels, e.g. the intergovernmental relations technical committee
- Rationalized engagement and establishment of intergovernmental committees and structures for effective and results-oriented engagements.
- Established health systems based outcome performance monitoring and evaluation framework on strategic partnerships at two levels of government.
- Established and functional knowledge management framework that ensures that data and information on partnerships is available and shared for learning and action.

Output 4.2: Strengthened engagement and coordination of donors, research and policy think tanks in health systems development and management

Donors and multilateral agencies have been participants in the health sector for many years. Although the Sustainable Development Goals guide their overall goal, specifically Universal Health Coverage (UHC), these partners have different strategies and objectives. Donors and multilateral agencies collaborate and coordinate their efforts through the Development Partners Health Kenya (DPHK) forum. The DPHK is recognized by the GoK and included in the highest-level health sector partnership and coordination structures, the Health Sector Advisory/Oversight Committee (HSAOC). Development partners are also participants in other health sector coordination structures such as the Sustainable Development Goal Partnership Platform hosted by the UN, bringing together different stakeholders, including the private sector.

USAID's assessment of the donor and multilateral efforts noted that there was duplication of effort and information asymmetry between the actors in health. There is limited sharing of information among partners and with the government, including financial resources and performance, making health sector investments inefficient and in some cases, ineffective.

Research organizations and universities are essential partners in the health sector. These institutions are repositories of information and innovations that have informed policy development and programming interventions. They also have data analytics capacities and information products that would greatly benefit development planning including resources allocation to priority areas of investments. These resources have not been adequately utilized in the health sector in a more structured and through strategic partnership frameworks. This Activity will propose closer strategic collaboration and participation in developing research and evidence-driven solutions to accelerate the achievement of health sector priorities and goals.

This Activity will create efficiencies and facilitate effective engagement of development partners, multilateral organizations and other critical local systems in planning, monitoring, and evaluating interventions in the devolved health structure. Coordination and collaboration will be at two levels, among the donors and multilateral actors and between these actors and the national and county governments.

This Activity will include the intergovernmental partnerships that support the COG. Determining how outcome based performance information is documented will support stakeholder strategies to address the dwindling donor resources and the country's J2SR.

The proposed approaches and strategies are expected to contribute to the achievement of the following illustrative health systems outcomes:

- Improved coordination of interventions and approaches between donors and multilateral agencies for maximized efficiencies in achievement of national and county outcomes
- Strengthened donor coordination platforms for the operationalization of the KHSPCF and create efficiencies between different structures
- Functional co-creation and review structures for outcome-based performance monitoring and evaluation framework on coordination and strategic partnerships efforts that measures progress in the country towards self-reliance.

- Strengthened approaches and knowledge management forums for enhanced learning and application of research among health actors at the national and county levels
- Catalyzed and strengthened strategic partnerships and coordination between research organizations, universities and think tanks with other health sector actors for increased data use in policy formulation including resources allocations in the public health sector, implementations, reviews and adaptations.

Relationship with other HSSP 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 with the existing local systems to achieve a strengthened health system's common objective.

The applicant is expected to propose strategies on the relationship with other HSS activities. The Health Governance and Strategic Partnerships Activity will be responsible for policy development, policy review and monitoring compliance to policies across the health system spectrum in support of interventions implemented by all the HSS activities. The following are illustrative relations with the other HSS activities:

- Relationship with Human Resource, Quality and community health systems activity: This Activity will coordinate with the Health Governance Activity on the implementation, compliance and review of policies on Human resources management, community health implementation and quality assurance. Besides, the two activities will collaborate of coordination of strategic partners at the national and county level dealing with HRH and Quality community systems
- Relationship with Health Analytics, Financing and Social Protection activity: The Health analytics, Financing, Analytics and Social Protection Activity will provide evidence for policy development, review and implementation tracking. The two activities 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.
- Relationship with Health Products and Technologies Activity: The Governance Activity will work with HPT Activity to implement and review HPT supplies system-related policies and standards. This Activity will include policies on accountability in supply chain systems and quality of products, building structures and processes intended to coordinate and integrate various dimensions of supply chain management.
- Relationship with HealthIT activity: Governance and Strategic Partnerships Activity will collaborate with HealthIT on implementation and review of health information system policies. Areas of focus would be on health information standards, unique client identifiers, data confidentiality, data sharing agreements and data protection.
- Relationship with the Private Sector activity: The aim of the Private Sector Activity is to improve health outcomes through increased patient choice of health products and services in the private sector. The two activities will ensure that the private sector is engaged in policy discussions and supports implementation to maximize the contribution of the private sector for improved healthcare delivery to Kenyan citizens.

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 strengthen governance and accountability structures at national and county levels to maximize on impact. The other USAID health investments include those supporting service delivery activities in HIV, OVC, Malaria, Reproductive Maternal Child and Adolescent Health - RMNCAH, and Nutrition.

(i) Kenya Health Partnerships and Quality Services (KHPQS) project:

The KHPQS is the flagship health project at USAID/KEA. The purpose of the KHPQS is to increase access and use of quality county-led health and social services in select counties in Kenya. This is an integrated project providing HIV care and treatment, Orphans and Vulnerable Children (OVC) and adolescents services, Family Planning (FP)/Reproductive Health, Maternal, Newborn, Child and Adolescent Health (RMNCAH) (FP/RMNCAH), Nutrition, Water, Sanitation and Hygiene (WASH) Services at the county level.

The KHPQS is collaborating with the county government and the community, with active citizen participation during planning, implementation, and evaluation processes. KHPQS is further guided by various principles, key of which is the journey to self-reliance, evidence-based interventions, increasing involvement of the private sector and ensuring increased stakeholders' contribution. Specifically, this Activity will **Increase the involvement of the private sector**. The activities must ensure they leverage strategic private sector partnerships and alliances to improve on health and social service delivery. The private sector offers expertise in implementing cost-effective models that can complement access to comprehensive services, maximize efficiency and enable beneficiaries and county governments to become self-sufficient through various opportunities. In addition, the Activity intends to increase **stakeholders' contribution (Financial and non-financial)**. This includes leveraging, cost-sharing, or funding in parallel to USG funding, including in-kind contributions. This includes the use of GoK and private health and social facilities as well as their human resources in implementing its programs. The stakeholders will include but not limited to the national government, the county governments, development partners, local implementing partners and beneficiaries. This will play a significant role in building collaborations, tracking and coordinating investments to enhance accountability to the Kenyan people.

(ii) President's Malaria Initiative (PMI). This strategy included a long-term vision for malaria control in which sustained high coverage with malaria prevention and treatment interventions would progressively lead to worldwide malaria eradication by 2040-2050.

Proposed PMI investments support and build on those made by the Government of Kenya as well as other donors and partners like the Global Fund. During the annual Malaria Operational Plan (MOP) development process, PMI has developed a programmatic inventory to assess the strengths and persistent challenges of Kenya's program. This inventory involves a gap analysis of contributions made by the host government and other donors and partners to Insecticide-treated Mosquito Net (ITN), Sulfadoxine-Pyrimethamine (SP), Rapid Diagnostic Test (RDT), Artemisinin-based Combination Therapy (ACT) and Injectable Artesunate. PMI/Kenya is also exploring partnerships with the private sector for expanded malaria case data capture in the private

sector. They are also exploring options for sustainable and affordable net provision through the private sector.

PMI will also reposition our maturing partnership with Kenya to evolve our relationships with national and county governments, as well as civil society, academia, and the private sector to strengthen the social contract and increase citizen participation, political commitment, and stewardship while crowding-in all forms of domestic resources (e.g., financial, technical, in-kind) for transformational and sustainable impact.

Relationship with non-health investments

Kenya's complex devolved government requires targeted and integrated solutions. USAID defines integration as the approach it takes to capture programmatic synergies between and among its activities in order to achieve results that are greater than the sum of what any one Activity might achieve on its own. USAID recognizes that development challenges in Kenya are frequently interlaced across sectors and mutually reinforcing. As such, the Mission aims to use cross-sectoral efforts to amplify the impact of USAID interventions, as compared to the previous siloed approach. USAID supports non-health activities in education, agriculture, energy, democracy and governance, water and sanitation, among others. The Activity will coordinate and leverage USAID's non-health investments in geographical locations where they will be implementing activities. Updated information on these investments will be provided by the USAID's County Liaison Teams (CLTSs) which are intersectoral committees that interface with each of the counties where USAID has investments.

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.