



**SITUATIONAL ANALYSIS OF THE PREPAREDNESS TO ROLL OUT
AND DOMESTICATE THE HEALTH AND HEALTH RELATED SDGS IN
KENYA**

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LIST OF ACRONYMS

CIDPs	County Integrated Development Programme
COG	Council of Governors
COTU	Organization of Trade Unions
CSO	Civil Society Organizations
EAC	East Africa Community
EmONC	Emergency Obstetric and Newborn Care
FBO	Faith Based Organization
FGM/C	Female Genital Mutilation/Cut
FKE	Federation of Kenya Employers
FPE	Free Primary Education
GBV	Gender Based Violence
GDP	Gross Domestic Product
IEC	Information Education and Communication
KEPH	Kenya Essential Package for Health
KEPSA	Kenya Private Sector Alliance
KICD	Kenya Institute of Curriculum Development
KNBS	Kenya National Bureau of Statistics
KNCCI	Kenya National Chamber of Commerce and Industry
KYEP	Kenya Youth Empowerment Programme
LLIM	Long Lasting Insecticide Mosquito Nets
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MoDP	Ministry of Devolution and Planning
MTEF	Medium Term Expenditure Framework
MTPSWG	Medium Term Sector Working Groups
NACOSTI	National Commission for Science, Technology and Innovation
PHSL	Philips Health Care Services Limited
PPP	Public Private Partnership
SDGs	Sustainable Development Goals
SEZ	Special Economic Zone
SGR	Standard Gauge Railway
SIM	Sustainable Inclusive Business
SLO	Sustainable Development Goals Liaison Office
STI	Science Technology and Innovation
TOT	Training Of Trainers
TVET	Technical and Vocational Education and Training
UHC	Universal Health Care
UNDP	United Nation Development Programme
UPE	Upper Primary Education
WEF	Women Enterprise Fund
WHO	World Health Organization

1.0 Introduction

1.1 Background

Kenya being a member of the United Nations participated in the SDGs processes at national, regional and global levels including during the adoption of the SDGs agenda. Since adoption of the Agenda 2030, the Government of Kenya, non-state actors and development partners have committed to the implementation, monitoring and evaluation of the agenda.

The agenda was adopted when Kenya was already implementing its long term Economic blueprint for accelerating transformation of the country into a rapidly industrializing middle income nation by the year 2030. The Kenya Vision 2030 comprising of three key pillars; Economic, Social and Political provides the frameworks for the integration of the three dimensions of sustainable development.

The Economic Pillar aims to achieve and sustain an average economic growth rate of 10 percent per annum until 2030. The Social Pillar seeks to build a just and cohesive society with social equity in a clean and secure environment. The Political Pillar aims to realize a democratic political system founded on issue-based politics that respects the rule of law, and protects the rights and freedoms of every individual in Kenyan society.

The Pillars are anchored on enablers and macro or the foundations. The enablers consist of Infrastructure; Information and Communications Technology (ICT); Science, Technology and Innovation (STI); Land Reforms; Public Sector Reforms; Labour and Employment; National Values and Ethics; Ending Drought Emergencies (EDE); Security; Peace Building and Conflict Resolution.

Kenya is investing in its people by undertaking transformation in 6 key social sectors: Education and Training; Health including HIV and AIDS; Water and Sanitation; Environment; Housing and Urbanization; Gender, Youth and Vulnerable groups while Political Pillar is focused on Moving to the Future as one Nation.

To start the implementation of the SDGs in Kenya, it was found necessary to establish the extent to which the SDGs converge with Kenya's own development objectives as set out in the Kenya Vision 2030 and therefore identify which SDGs are relevant to Kenya's development context. This was done by mapping each of the 17 goals with Vision 2030 within the second Medium Term Plan. The mapping indicates that the Kenya Vision 2030 is well aligned to the global development framework and its implementation is directly linked towards achieving both Vision 2030 and SDGs and is indeed a progressive process with goals and milestones that will be achieved over time.

The time-frame of the Vision coincides with the timeframe for the SDGs. This is an opportunity for Kenya as progress towards the national priorities as spelt out in the Vision could be matched with progress towards the SDGs. The vision is implemented at both the national and sub national levels through a five year Medium Term Plan and County Integrated Development Plans respectively. The SDGs will be mainstreamed at these two levels.

Kenya acknowledges that development is primarily about people and therefore is adopting a human rights-based approach to development. In 2010, a new Constitution was endorsed which has a comprehensive Bill of Rights which sets out both the rights extending to all individuals and those of specific groups, including children, youth and persons with disabilities. Specifically, the right to the highest attainable standard of health, education, accessible and adequate housing and water and sanitation, as well as the right to food are all guaranteed in the Constitution as enforceable rights. Chapter four on the bill of rights clearly articulates that “The purpose of recognizing and protecting human rights and fundamental freedoms is to preserve the dignity of individuals and communities and to promote social justice and the realization of the potential of all human beings”.

Further, the Constitution also establishes that any treaty ratified by Kenya will form part of national law. As a result, the implementation of the new constitution will fast tract the achievement of the SDGs.

The Constitution adopted a devolved system of government. The country is now divided into 47 counties whose governments are now responsible for certain functions in such areas as agriculture, health, early childhood education, water and sanitation services, markets, county public works among others. Kenya has therefore aligned itself to the global development agenda. For success, the country will go beyond the current sectoral approach to development and follow an integrated approach, and also ensure that local-national linkages are harmonized to ensure that the SDGs are operationalized at all levels.

In line with the outcome document of the United Nations Summit for the Sustainable development (paragraph 79) which encourages member states to “conduct regular and inclusive reviews of progress at the national and sub-national levels which are country-led and country-driven, Kenya has volunteered to participate in the 2017 High Level Political Forum and present its review in order to share Kenya’s experience in the implementation of the SDGs two years after adoption. The overall objective of this review is to assess the progress made in the implementation of the Sustainable Development Goals for purpose of continued policy planning and implementation.

The specific objectives are; share experiences in the transition from the MDGs to SDGs, to review progress and status on SDGs implementation; highlight progress and initiatives related to eradicating poverty and promoting prosperity

to ensure no one is left behind; identify best practices, lessons learnt, emerging issues and areas that would need support in the implementation of the SDGs; identify challenges and actions being undertaken to address the gaps and challenges.

The report has addressed the main components of the Secretary-General's proposed think tanks reporting guidelines while at the same time adapting them according to our national preferences and to the early stage of implementation of the 2030 Agenda. It is organized into the following sections. Section 3 present the methodology that was used to prepare the report Section III discusses the enabling environment covering the actions taken to create ownership of the SDGs, incorporation of the SDGs into our planning frameworks, and the institutional framework for domestication of the SDGs.

1.2 Purpose and Objectives of the study

1.2.1 Purpose

To determine how countries domesticated and prepared for SDG implementation in East and Southern Africa

1.2.2 Specific Objectives

- i. Establish to what extent has the SDG been introduced, adopted in national and health and health related sector plans?
- ii. Determine to what extent has the interdisciplinary nature of SDG been inclusive and cross cutting?
- iii. Articulate to what extent are the common national and sectoral reporting frameworks been adopted?

1.3 Rationale

The first consultation meeting of Health Think Tanks on the implementation of SDGs brought together over 30 health policy research experts from health policy institutions, academia and policy makers from seven countries and belonging to about 20 institutions, including Universities and Government departments Participants observed and appreciated that a lot of work is being conducted in support of SDG implementation by health Think Tanks (*health policy research institutions*) in the Africa region.

This health policy work to support SDG implementation has not only involved the health Think Tanks present at this consultation meeting but in addition, involves many other health Think Tanks in the region with which there is need to link up and establish networking for synergy and effectiveness. Policy makers also appreciated and welcomed the contribution of health Think Tanks to SDG implementation in the region. The timing of this consultation was therefore perceived as being right. The consultation identified the need for strengthening cross sectoral work to accelerate SDG achievement in the African region, as the over-riding strategic priority.

2.0 Kenyan Context

2.1 Population

The population of Kenya has been growing steadily from 10,942,705 people in 1969 to 38,610,097 people in 2009 as shown in Table 1. Projections for 2012 placed it at 42,387,216 an increase of about 3.8 million people in three years. The Kenya 2013 Index report estimated the Kenya population to have reached 44,037,656. The increase in population has great implications for human resources for health as large population strain resources leading to ill health and other social evils. This calls for a vibrant health care system with adequate, skilled and well distributed human resources to deal with diseases and other ailments.

2.2 Economy

Kenya has the largest and most diverse economy in East Africa, with an average annual growth rate of over 5% for nearly a decade. In terms of Human Development Index Kenya ranks highest in the region. Its entrepreneurship and human capital give it huge potential for further growth, job creation and poverty reduction. The recent discovery of oil and other mineral resources creates great potential for the Kenyan economy. However, despite a decline of the country's absolute poverty rate, wealth has not been distributed equally. Kenya remains a highly unequal society by income, by gender, and by geographical location. Poverty is highest in the arid and semi-arid areas that cover about 80% of the land area and are inhabited by about 20% of the population. Poverty also affects the coastal area, which receives fewer resources. Rapid population growth is another major challenge, further complicated by high unemployment rates especially among the youth. The Kenyan economy is predominantly agricultural with a strong industrial base. From the demand side, growth has mainly been driven by an increase in private consumption and rapid growth in capital investment. From the supply side, the major drivers of the economy have been agriculture, forestry, and fishing; construction wholesale and retail trade; education; and finance and insurance.

2.3 Governance

Kenya has transitioned from eight administrative provinces to the 47 County Governments in a devolution taking shape under the new constitution. In the constitution, Kenya has two levels of government: the National Government and the County Governments. According to the constitution, the governments at the national and county levels are

distinct and inter-dependent and should conduct their mutual relations on the basis of consultation and cooperation. Article 174 of the Constitution identifies the objects of devolved government as the promotion of democratic and accountable exercise of power; fostering of national unity by recognizing diversity; giving of powers of self-governance to the people and enhancing of the participation of the people in the exercise of the powers of the state and in making decisions affecting them; recognizing of the right of communities to manage their own affairs and to further their development; protection and promotion of the interests and rights of minorities and marginalized communities; promotion of social and economic development and the provision of proximate, easily accessible services throughout Kenya; ensuring of equitable sharing of national and local resources throughout Kenya; the facilitation of the decentralization of state organs, their functions and services from the capital of Kenya; and enhancement of checks and balances and the separation of powers.²⁷ An Act of Parliament has established a framework for consultation and co-operation between the national and county governments, and amongst county governments. The mechanisms established for health are the Sectoral Intergovernmental Forum and the Council of County Executives for Health.

2.4 Key indicators

Population	44,037,656 (July 2013 est.)
Population growth rate	2.27% (2013 est.)
Birth rate	30.08 births/1,000 population (2013 est.)
Death rate	7.12 deaths/1,000 population (2013 est.)
Maternal mortality rate	360 deaths/100,000 live births (2010)
Infant mortality rate	total: 42.18 deaths/1,000 live births
Life expectancy at birth	total population: 63.29 years
Total fertility rate	3.76 children born/woman (2013 est.)
HIV/AIDS – adult prevalence rate	6.3%

2.5 Challenges facing the health sector

- Health financing and purchasing of health care services still has a serious implication on access and quality of health care;

- Non-communicable diseases (NCDs) are exerting pressure to the health system. Despite the awareness on the risk factors of NCDs, there has been no significant change on the lifestyle amongst the general population. Cancer, hypertension, heart disease and diabetes are rising and emerging as major health problems. Cancer alone is estimated to cause 21,000 deaths annually;
- Data unavailability especially on neglected tropical diseases (NTDs), cancer and outbreak diseases.
- Childbirth related conditions continue to pose significant challenges, especially inadequacy of emergency services for delivery, under-utilization of existing antenatal services and inadequate skills and competences of health workers in this area.

3.0 Materials and Methodology

3.1 Process of data collection

The coordination of the scoping study was done by the AMREF health Africa which is a member of ACHEST and think tanks consortium. The methods used for data collection included desk review of government documents relating to the implementation of SDGs.

This was augmented by Key informant interviews with staff mainly from the SDGs Coordination Department within the Ministry of Devolution which is the focal point and further interviews were conducted with officers from key government Ministries, Departments, Agencies (MDAs, civil society organizations and private sector.

Recognizing the critical role played by the stakeholders in the SDGs process, the review was highly consultative involving government Ministries, Departments, Agencies (MDAs); sub national governments; development partners; Civil Society Organizations (CSOs); special groups including youth and persons with disabilities, and the private sector in order to increase ownership in the process. This involved the engagement of representatives from these stakeholders and integration of their inputs to form the report. The inputs from these stakeholders were consolidated to produce this report.

This was followed by the preparation of data/information collection templates/tools, targeting specific stakeholders based on goals, targets and their relevance to each stakeholder. The preparation of the tools drew heavily from the Think tanks guidelines, as contained in the Secretary General's Report. This was spearheaded by an internal committee within the Ministry of Devolution and Planning. The committee comprised of three departments namely the SDGs Coordinating Department, Monitoring and Evaluation Department and Kenya National Bureau of Statistics.

The tools were then shared with stakeholders with a deadline for submission. It should be noted that the entry point for the private sector, CSOs, sub national governments, youth and persons with disabilities was their umbrella bodies for ownership and ease of follow-up. These included Kenya Private Sector Alliance (KEPSA), SDGs Kenya Forum, the Council of Governors (CoG), National Youth Council and Association of Persons Living with Disability.

The umbrella bodies held consultations with their members, and prepared reports which formed the basis for this report. A drafting team comprising of the SDGs Coordinating Department, Inter Agency Technical Committee, Kenya National Bureau of Statistics (KNBS), United Nations Country Team on SDGs,

representatives from the civil society, consolidated the inputs from various stakeholders to produce a first draft.

The report benefited from internal reviews from the Ministry of Devolution and Planning which was later shared with stakeholders for their inputs. A validation workshop was held involving various stakeholders. All the comments received in these processes, were to a large extent incorporated to form the final report.

3.2 Limitations

The following limitations were identified during review process;

- i. Absence of baseline data for some of the indicators affected monitoring their progress;
- ii. Inadequate capacity on SDGs implementation, monitoring and reporting affected the adequacy of stakeholder submissions;
- iii. No clear modalities of engaging the large number of stakeholders in the preparatory process; and
- iv. Consolidation of inputs from stakeholders with different views into one report that conforms to the common reporting guidelines

4.0 Findings

4.1 Institutional arrangements

The lessons learnt during the implementation of the MDGs are that successful implementation of such goals hinges upon the existence of a robust institutional framework with distinct but complimentary roles, responsibilities and accountability mechanisms. The selection of institutions, mandates and relationships that are tasked with coordinating, planning, implementing and monitoring actions towards the SDGs and ensuring a strong institutional framework is therefore critical. The increased coverage of the SDGs including new sectors and specifying the means of implementation requires new modes of institutional collaboration.

The Ministry of Devolution and Planning is responsible for the overall management and coordination of the implementation, monitoring and reporting of SDGs process in Kenya. However, the day to day management and operations of the implementation process is delegated to the SDGs coordinating department which is responsible for planning and overall management of the process; reporting and accounting, monitoring and evaluation of all the SDGs activities. This arrangement is what existed during the MDGs period.

During the MDGs implementation, a number of institutional structures were put in place. In light of the achievements of these institutions, they will be retained and strengthened where necessary while others will be established to incorporate the broader scope of the SDGs. In particular the MDGS Project Implementation Unit has been upgraded to a fully-fledged department and will continue to be the focal point for coordination of SDGs in the country.

The Inter-Agency Technical Working Group that consists of officers from the key MDGs implementing Ministries is one of the partnerships arrangements that has been retained and strengthened. The WG provides strategic oversight on SDGs programme design and implementation as well as making decisions on strategic programme choices at the national level. The group is responsible for delivering specific goals and targets and is mandated to meet and agree on a coordinated delivery schedule of programmes and ensure effective implementation and reporting. It is also charged with the responsibility of ensuring that various MDAs implement the SDGs and report on the implementation progress in a timely manner. It also acts as a forum to share information where necessary.

Following the enactment of the devolved laws and the structures created thereof, the Government will take advantage of structures that exist. The Summit, which is co-chaired by the President and the Chair of the Council of Governors and attended by all governors, the Inter-Ministerial Forum and Intergovernmental Sector Forums will provide critical linkages with the sub national Governments. Furthermore, to ensure proper coordination and implementation of the SDGs at the national and sub national levels and between the two levels of Government, sub national governments have been facilitated to establish within the Secretariat of the Council of Governors a SDGs Liaison Office (SLO) which work closely with the 47 sub national governments and the SDGs coordination Department.

The private sector has played a played a key role in the implementation of the SDGs as highlighted in the report. The private sector SDGs Forum is being planned to bring together key stakeholders such as Kenya Private Sector Alliance (KEPSA), Kenya National Chamber of Commerce and Industry (KNCCI), Kenya Association of Manufacturers (KAM), Federation of Kenya Employers (FKE) and the Central Organization of Trade Unions (COTU) so as to have a coordinated mechanism for the private sector.

The Civil Society Organizations are critical stakeholders in the SDGs. During the MDGs period they were organized under the Global Coalition for Action against Poverty (GCAP). They are now organized under the SDGs Kenya Forum, which is the national focal point for Non State actors to collaborate on the SDGs agenda. The forum is already active and is also incorporated into the Inter Agency Committee on the Sustainable Development Goals.

A youth caucus is at its early stages of formation and is drawing membership from the National Youth Council while a Parliamentary SDGs Caucus will also be formed after the formation of the new government. Other institutions will be set up on a need basis.

Lessons learnt from MDGs implementation have shown that strong partnerships and collaboration amongst stakeholders are critical in the successful implementation of the SDGs. Given the universality of the SDGs all relevant stakeholders will be involved in the implementation of the SDGs at the national and sub national levels in Kenya. One important step that we have undertaken is the mapping of all relevant stakeholders who will be involved in the implementation of the SDGs. This will involve renegotiation of the roles, responsibilities and relationships between the different stakeholders and ensure a strong collaboration and creation of synergies which are necessary in implementation of the SDGs. This has proved important in translating 17 SDGs into action.

4.2 Integration of SDGs in the planning processes

Kenya has been at the center of the Agenda 2030 process. Before the expiry of the MDGs period, there was considerable interest in assessing the goals and considering the future of development goals after 2015. This resulted in consultations at international, national and sub-national levels to discuss the future development framework. Kenya held consultations both national and sub-national levels which were intended to foster an inclusive multi-stakeholder process and advocate for a Post-2015 development agenda informed by national and local priorities.

The stakeholders were drawn from both levels of government, Civil Society Organizations, Non-Governmental Organizations, private sector and academia. At the sub national levels the forum included opinion leaders, elected leaders, community based organizations and representatives of the private sector. Finally a national consultation forum on the Post 2015 Development Agenda was held to synthesize the various suggestions and recommendation realized from the various forums. The government through the Ministry of Devolution and Planning continued to hold internal consultations in order to take stock of the MDGs process create awareness on the new agenda and map out strategies on how to push the new agenda forward.

The second national conference was held in February 2015, and aimed at discussing on how to move the agenda forward. The conference involved key stakeholders that included government ministries, the private sector, parastatals, civil society organizations, academia, foundations, research institutions, development partners and various experts from different sectors. The objectives of the forum were; to get a highlight of where Kenya is in the Post 2015 Development Agenda process; to share experiences in the implementation of the MDGs including lessons learnt to guide the new

development agenda; and to discuss the challenges ahead as we move to the new agenda on Sustainable Development Goals. The expected outcomes included; strategies on how to move the agenda forward; and also come up with concrete actions that can be implemented.

The conference came up with recommendations that included; the need to put in place a synergistic framework of means of implementation, including financing, technology and investments in sustainable development capacities. It also recommended the need for embracing a culture of shared responsibilities in order to ensure promises are turned into actions as well as having a monitoring system that include all stakeholders and which is based on enhanced statistical capacities and tapping into potential of new and non-traditional data sources.

This was followed by a CSOs forum organized by the government in September 2015. The main objective of the workshop was to share experiences on implementation of MDGs and sensitize stakeholders on the Post 2015 Development Agenda. The forum also discussed the role of stakeholders in implementation of SDGs and, financing modalities. The participants comprised Civil Society Organizations, Development Partners and Government Ministries. The forum emphasized the need to ensure that all stakeholders are sensitized using appropriate communication channels as well as ensuring involvement of the parliament. It also recommended the need to minimize time taken in publicity and awareness creation so as to leave room for interventions. These consultations culminated into a National Position on the Post 2015, which was presented to both the African Union Commission and the United Nations.

In order to ensure that the 2030 agenda benefits from the experience gained during the MDGs period, the Government undertook a study covering the period 2000-2015 to assess the progress made in achievements of the MDGs, document the experiences, challenges and lessons learnt during the implementation as well as assessing the impact created since they were adopted by the Government of Kenya in 2002. In addition, the study also mapped out strategies on how best to proceed to ensure a successful implementation of the lagging MDGs and transitioning to the SDGs, including identifying risks, challenges mitigation measures and provide the foundation for the implementation of the agenda 2030. The report was disseminated to the stakeholders.

Based on the recommendations of the stakeholders' fora and the study report, the SDGs Road Map was prepared through a consultative process involving all key stakeholders which contributed to awareness creation. The purpose of this strategy was to identify in advance the actions that require being undertaken to position the country to take the fastest and most reliable trajectory possible to achieve the SDGs. The road map focuses on milestones crucial to the successful take off of the SDGs and effective transition from MDGs to SDGs.

The strategy focuses on the following seven broad areas that will guide the transition process in Kenya; mapping of stakeholders and establishing partnerships, advocacy and sensitization, domestication/localization, mainstreaming and accelerating implementation, resource mobilization, and capacity building. The road map has been shared with the stakeholders as it will guide them in the implementation of the SDGs. The launch of the SDGs in Kenya on 14th September 2016 was aimed at awareness creation and rallies the stakeholders behind the implementation of the agenda. The launch drew participants from all stakeholders including those from the National and devolved units. The road map has also been shared widely.

Since the adoption of the SDGs, the government has placed emphasis on advocacy and awareness creation. The government has sensitized senior management in the civil service. At the same time key staffs in all the six Regional Development Authorities have been sensitized on the SDGs. The expectation was that since these Authorities are based in the rural areas and therefore in close contact with the communities they will take the SDGs messages to the lower levels. Further the Coalition of Civil Society on SDGs in collaboration with the government has been undertaking community outreach programmes at the community level to sensitize them on the Agenda 2030. The government has also been invited to forums organized by various institutions including Universities, Faith Based Organizations and civil society organization to sensitize them on the SDGs.

To enhance communication and understanding of the SDGs, the government has also been producing and disseminating IEC materials on SDGs. This has been done in collaboration with UNDP country office and the civil society organizations. There has been the operationalization of social media communication platforms including Facebook and WhatsApp which act as means of dissemination of SDGs to the public to enhance publicity and support. This is a continuous activity.

To support the rolling out of the activities spelt out in the Road Map, an Inter Agency Technical Working Group was established in early 2015. This Working Group (WG) comprises of key ministries in the implementation of the SDGs, Kenya National Bureau of Statistics and National Council for Population and Development, civil society and the private sector. The main mandate of this WG is to spearhead the implementation of the SDGs in the country and in their respective sectors; ensure that the SDGs are mainstreamed in the development planning documents and; track and report on progress on SDGs. The WG has been sensitized on the SDGs and the strategies to localize the SDGs. The Council of Governors (the representative body of all governors in the country) is also involved in capacity building of SDGs at the devolved level in collaboration with the National Government. He planning and budgetary officers at the sub national level have been trained. Emphasis has been given to the Training of Trainers (TOTs) who will train others in their respective institutions.

As result of the importance the government is placing on the implementation of the Agenda 2030, all Ministries, Department and Agencies have been directed to mainstream the SDGs into policy, planning, budgeting as well as monitoring and evaluation systems and processes. This is a demonstration of the firm commitment by the leadership of this country to sustainable development.

As follow up on this, the country mapped out all SDGs targets and indicators against the mandates of the MDAs and assigned the SDGs to the respective development actors. To ensure that MDAs play their respective roles, the ministry responsible for coordinating the implementation, monitoring and reporting on SDGs in the country has reviewed the 4th cycle Strategic Plan Guidelines to ensure that the SDGs are mainstreamed in MDAs' Strategic Plans. The SDGs have also been mainstreamed in the Performance Contracting and MDAs are expected to be reporting to the ministry on a quarterly basis on the progress made in the implementation of the SDGs. One of the areas to report on is the awareness creation on SDGs among their staff members as well as the stakeholders in their respective sectors.

The experience with the implementation of the MDGs in the country showed that progress in the implementation of such commitments depend on effective partnership with the active engagement of all stakeholders including government, civil society, parliament, the private sector, and the United Nations system among others. Therefore the government has continued to engage stakeholders in the SDGs process. The preparation of this report is a good example of how the government is engaging other stakeholders.

In addition, the country under the leadership of the Kenya National Bureau of Statistics(KNBS) has mapped out 128 indicators whose data can be available within the short run and work is going on to increase the number of indicators within the next five years. The indicators have already been discussed within the national government and plans are underway to share them with the sub national governments for their inputs and ownership across government. The indicators will be shared with other stakeholders before finalization. The KNBS has identified the period 2009-2014 as the base period for the SDGs. This is based on data availability and the priorities of the country. The indicators will be used to track and report on the process and progress of the implementation.

The preparation of the Medium Term Plan III (MTP) will be through involvement of all stakeholders who will be represented in the National MTP Coordination Forum and the Medium Term Sector Working Groups (MTPSWGs). The grassroots and County consultative forums and National Consultative fora will serve as avenues to obtain consensus on the MTP III priorities, strategies, programmes and projects. The budgeting process through the MTEF process

follows almost a similar pattern. The preparation of the County Integrated Development Plans is also consultative and therefore creating ownership

4.3 Incorporation of the Sustainable Development Goals in National Frameworks

The Kenya Vision 2030 is the national long-term development policy that aims to transform the country into a newly industrializing, middle-income country providing a high quality of life to all its citizens in a clean and secure environment by 2030.. The Vision is implemented at both the national and sub-national levels through a five year Medium Term Plan and County Integrated Development Plans respectively. The SDGs will be mainstreamed at these two levels.

The first MTP was implemented between 2008 and 2012 and the second MTP is from 2013 to 2017 and the two plans mainstreamed the MDGs. The third and fourth MTPs will be implemented 2018 to 2022 and 2023 to 2028, respectively. The Medium Term Plans identify priority projects and programmes to be implemented in each five years cycle and each is expected to incorporate new and emerging issues. When Kenya embarked on the preparation of the MTPII, the Post 2015 Agenda was still under deliberation and the next goals far from being finalized. By the time the SDGs were adopted MTP II was in third year of implementation. However, the consultations that were held brought on board some of the SDGs issues that were captured in MTP II 2013-2017 as they were already a priority for the country at the time. This means that Kenya is already implementing some of the SDGs as well as continuing with the unfinished business of the MDGs.

This Plan is scheduled to end this year (2017) and preparations for MTP III are well underway. Some of the emerging issues already identified to be taken on board are the regional and international commitments that would ensure the mainstreaming of the 2030 Agenda for Sustainable Development and Africa Agenda 2063. The National Government through consultations with the Council of Governors prepares and disseminates the guidelines for the preparation of the County Integrated Development Plans (CIDPs) which sub national government should follow to ensure policy and developmental coherence. The CIDPs mirror the priorities of the MTPs at the sub national level and therefore will ensure the SDGs and Africa Agenda 2063 re mainstreamed at the sub national level. As per the Constitution 2010, sub national governments are now implementing the relevant SDGs targets at the grass root level hence more targeted interventions and strategies. These are expected to fast track the achievement of such targets as well as reduce or eliminate existing regional disparities.

The Kenya Constitution provides citizens with the right to participate in the decision-making process and further directs the national and sub national legislatures respectively to "facilitate public participation" in their work.

Therefore the preparation of the development plans and all the strategies are guided by the Constitution and are required to be participatory by involving all stakeholders. The Medium Term Plans are prepared through consultative processes which help in ownership and awareness creation and involve the following; County consultation forums; Sector Working Groups- which consist of Ministries, Departments, Agencies, development partners, academia, women, youth, persons with disabilities, media, private sector, and CSOs. Alongside the MTPs are the Sector Plans (five year cycle) which highlight in detail programmes, projects and policies for implementation during the medium term period.

One of the most effective tools in public sector delivery has been the use of Performance Contracting. Following the recent review of the performance contracting framework for Ministries, Departments and Agencies (MDAs) all public institutions are expected to mainstream SDGs into their plans, programmes and policies and consequently report to the Ministry of Devolution and Planning on progress of SDGs implementation. In the same vein the second generation Revenue Allocation Formula was reviewed to prioritize the Poverty Index among resource sharing criteria. The Equalization Fund further allocates more public resources to counties with high poverty indices as a way to fast track the reduction of poverty that is critical to the attainment of the SDGs.

Other stakeholders have also integrated SDGs in their core business/mandate including leading private sector companies and Civil Society Organizations. The private sector in Kenya is fairly well developed and therefore has a huge potential to play its part in implementing SDGs. So far it has taken a keen interest on the implementation of the goals. The United Nations Country Team has further embarked on integrating its programmes into national priorities under the framework of Delivering as One (DAO).

The mainstreaming of SDGs in policy, planning and budgeting and programmes is likely to face some challenges some of which include;

- i. Inadequate linkages/coordination between the National and sub national Governments;
- ii. High political turnover/ change of regimes;
- iii. Poor coordination between development partners;.

4.4 Progress made in the implementation of the sustainable development goal 3: Ensure Healthy Lives and Promote Well-being for all at all Ages

The health sector's goal is, *"to attain equitable, affordable, accessible and quality health care for all Kenyan citizens"* and thereby, reduce health inequalities while also reversing the downward trend that has been seen in health-related outcome and impact indicators. The progress on health goals is anchored on the Kenya Health Policy, 2014 - 2030 and the Kenyan Health Sector Strategic and Investment Plan (KHSSP, July 2014 - June 2018) that have six policy objectives and seven strategic objectives which provide the policy frame work to progress towards attainment of vision 2030 goal for the health sector. The six policy objectives includes; eliminate communicable diseases, halt and reverse burden of Non-communicable diseases, reduce the burden of violence and injuries, provide essential health care ,minimize the exposure to health risk factors and strengthen collaboration with sector providers.

Despite of the initiatives implemented during the MDGs period, maternal mortality ratio, and infant and under five mortality remains unacceptably high at 362/100,000, 39 per 1000 live births and 52 per 1000 live births respectively. Malaria incidence per 1,000 populations is 225. The proportion of births attended by skilled health personnel is 61.8 which is an increase from 43 percent in 2011. Tuberculosis incidence per 1,000 populations was 90 in 2015. The overall TB Treatment Completion Rate increased to 90% while TB treatment cure rate improved to 85%. Death rate due to road traffic injuries per 100,000 populations was 11 in 2014 before increasing to 12 in 2015 and declining to 11 in 2016.

Currently, the number of new HIV infections per 1,000 uninfected is 146. According to the HIV estimates report(2016) HIV preference rate realized a significant drop from 6.7% in 2003 to 5.9% in 2015. However, the prevalence rate among women at 6.3% remains higher than their male counterparts at 5.5% in 2015. The number of new infections annually fell by 19% overall by 66% with regards to transmission from mother to child from 12,000 to 4,6000 between 2013 and 2016. The proportion of pregnant women, adults and children who tested positive and were put on ARVs increased to 66% of those living with HIV and an estimated 580,000 deaths were averted by 2016 by scaling up ART.

The HIV and AIDS equity Tribunal was established in 2009, under section 25 of the HIV prevention and Control Act of 2006. IT is the only HIV specific statutory body in the world and it is granted powers of a subordinate court and has the broad mandate to "ear and determine complaints arising out any breach of the provisions of HAPCA, excluding criminal jurisdiction and may perform any other such functions as may be conferred upon if by HAPCA or any other written law being in force. The tribunal has contributed to reducing HIV related stigma and discrimination through various awards, and has presented an alternative avenue for redress for HIV related human rights violations and has improved justice adjudication over 2000 cases. As the only

judicial mechanism in the world specifically dedicated to the epidemic, HIV and AIDS Tribunal of Kenya can serve as a possible model for replication in other countries.

To mitigate this, the health sector has been rolling out several initiatives aimed at promoting prosperity. They include: Comprehensive and Expanded Immunization programme that includes pneumococcal vaccine for children to cover emerging diseases and ailments which has led to a reduction in Infant and Child Mortality. Exclusive breast-feeding campaigns and introduction of supplemental foods is geared towards reducing mortality rates. Mass distribution of Long Lasting Insecticidal Mosquito nets has reduced the incidence of Malaria especially among Lake Region communities. The increase on the proportions of birth assisted by skilled health providers during delivery, health facilities deliveries and post-natal care are also cited as factors that lowered both Child and Infant Mortality.

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Health Insurance Subsidy Programme (HISP), is an initiative aimed at contributing to better quality of life, poverty alleviation and human development through meeting population health needs; removal of financial barriers to health care and reduce incidences of catastrophic health expenditures. This will be realized by consolidating and expanding social health subsidy mechanisms with view to achieving Universal Health Coverage (UHC). This project targets about 21,530 households of which 17,612 households have been registered to access health services from the hospital of their choice.

Social Health Insurance is one of the most innovative and efficient ways of financing healthcare. It has been recognized in the Kenya Vision 2030 as one of the pillars for Kenya to achieve Universal Health Coverage. In this regard, government has been promoting reforms in the National Hospital Insurance Fund (NHIF) to make it one of the key drivers for achieving universal health

coverage. The aim is to allow access to comprehensive health care for all including vulnerable persons, orphans and the elderly. These recent reforms since 2013 have included, changing the management structure at NHIF to make the institution more effective and responsive to customer needs; reviewing the contributions of all members – after the previous rates stagnated for over 20 years; expanding the benefit package to include in-patient and out-patient cover, major and minor surgeries, cardiac conditions and chronic illness, comprehensive cover for civil servants and disciplined forces and new packages related to addressing non-communicable conditions and instituting strategies to enroll more members. This has resulted in improved access to high quality comprehensive health care at subsidized costs and enhanced access to healthcare by Kenyans particularly the vulnerable segments of the society.

The Managed Equipment Service has allowed Medical facilities to acquire vital hardware as a way to improve access to comprehensive Kenya Essential Package for Health (KEPH) services by different constituents of Kenya's population. Specifically, the project is set to contribute towards acquisition of the requisite infrastructure and equipment to about 100 current Level 4 County Hospitals to the accepted norms and standards. Further these facilities will enable them to provide a wide range of comprehensive health care services and provide prompt diagnosis of non-communicable conditions. The government is also upgrading of health facilities in informal settlements to increase access to vital health care services through a project that uses mobile services to reach deep into these areas.

The Beyond Zero Campaign initiative by H.E. First Lady, Mrs. Margaret Kenyatta aims to end preventable deaths among women and children and give new impetus to fight against HIV through policy prioritization, resource allocation and improved service delivery. The campaign seeks to leverage on the convening power of the First Lady for strengthening existing health and community systems, mobilizing the contributions of private and public sectors and development partners, catalyzing innovation and accelerating action by stakeholders and political leaders and promote leadership and accountability at family, community and national levels for the full implementation of Kenya's HIV, maternal and child health commitments. The achievements of the campaign include delivery of mobile clinics to all 47 county referral hospitals in the country. By bringing health delivery closer to Kenya's citizens, the mobile clinics have been able to treat mothers and children who would otherwise have been obliged to walk miles to seek treatment. This has contributed to a 66% drop in HIV infections from mother to child between 2013 and 2016.

In addition to the above initiatives, health worker density and distribution per 100,000 populations has improved from 21 doctors and 165 nurses in 2014 and increased to 23 doctors and 230 nurses in 2016 which support these initiatives.

At the sub national level, there are a number of innovative initiatives to address health at the community level. These include; Mother waiting home (KIROR): An initiative of West Pokot sub national Government. This is a home outside their home and a home outside the health facility. The KIROR are facilities constructed next to a health. Expectant mothers move to the KIROR a few days to their expected day of delivery and are monitored during labour by the health personnel at the health facility. This ensures that the expectant mothers do not have to travel long distances when in labour. These facilities help in reducing congestion at the health facility while at the same time getting prompt services of qualified personnel during delivery.

Kenya HIV and Health situation room: As part of the big data collaboration, this platform has revolutionized data management programme tracking and evaluation by bringing together data from four(4) different agencies of Government in five(5) sub-system to provide easy to interpret graphical representation of the HIV situation on health facility and community services uptake, commodity supply that is allowing national and county managers to track performance real-time. It is now being expanded to other reproductive maternal health indicators.

The sub national Government of Embu has introduced the commodity exchange programme. This starts with the formation of a county commodity security/Exchange team on WhatsApp social platform. This commodity group has seen a lot of action since its inception. Sub county pharmacists are always busy facilitating the collection of commodities and transferring them to needy sites. It has become much easier to source commodities for sites that run out of essential items and Priority program commodities.

Garissa County Health Management Team adapted the provision of MAMA kits to pregnant mothers and incentives to Traditional Birth Attendants (TBAs) to improve skilled deliveries.

Reproductive Maternal Newborn, Child and Adolescent Health (RMNCAH) Project is a six sub national initiative that focuses on improving maternal and newborn outcomes in six high burden maternal mortality counties in Kenya.

The select counties contribute about 50% of maternal deaths nationally. In those counties, a total of 507 additional health care facilities received Managed NH equipment and are now providing Emergency Obstetric and New born care (EmONC) services. The private sector has also made contribution to this goal as outlined below.

The private sector contribution towards improving health care outcomes include a KEPSA/UNICEF project aimed at improving maternal and infant nutrition through sensitizing members of the private sector on the need to

promote exclusive breastfeeding for children by providing working mothers with a conducive working environment as well as providing breaks for them to breastfeed their children. The project encourages businesses to create mother and baby friendly spaces which includes the creation of a lactation station for lactating mothers.

Mtiba- is a mobile health wallet for healthcare savings, payments and bonus schemes developed by the private It allows individuals and organizations to distribute funds for healthcare to people who rely on them. They can be sure that those funds will be used for healthcare only.

And they know that their dependents are being treated at clinics that charge fair prices and follow internationally recognized quality standards.

Private sector has also created the Pampers Mobile Clinic Program, providing free basic health checks, health talks and products to mothers and their babies. The Pampers vaccine program eliminates neonatal tetanus, a preventable disease that claims the life of 58,000 babies in developing countries each year.

Another initiative involve offering a one-stop shop across six distinct healthcare services namely: medical equipment supply, installation and after-sales service; construction of new medical facilities or upgrade of existing facilities infrastructure; mobile clinics fabrication and deployment; medical applications training; turnkey healthcare programs implementation (PMO); and hospital information systems (HIS) and healthcare information technology (HCIT) deployment.

The Kenya government has a devolved system of government and has devolved health service provision with the aim of improving health outcomes at the sub national and national level because through improved health service delivery. One of the primary functions that the central government has ceded to the sub national government through devolution is health service delivery, where sub national Governments are responsible for delivery of a majority of health services mainly primary level care and curative services.

To ensure the planning is properly done, counties are required to develop several plans. Each sub national government must have:

- a) An integrated development plan-This gives a roadmap for development in the county over a five-year period.
- b) Sector plans- Every sector in the county must also have a ten-year plan, explaining how health, agriculture or water and sanitation will be managed.
- c) Ten-year spatial plans –This explains how the county will manage land and development across the entire county.

The Constitution and devolution laws, particularly the County Government Act, 2012 require the involvement of residents in the preparation of all these plans.

4.5 Role of Health Policy Institutions (Health Policy Think tanks)

Health policy think tanks and academic institutions have a critical role in filling some of the needs—especially ensuring effective sharing of knowledge, technical assistance to tackle implementation challenges, and the creation of innovative strategies to achieve better health.

Think tanks and academic institutions have a natural domain of expertise: knowledge. They help generate, translate, and disseminate knowledge. Thus, they have a responsibility to help accelerate the SDG process through a focus on the political and policy dimensions: engaging in broader policy development, measuring the outcomes of policies and identifying determinants of success, acting as a knowledge broker, and giving a voice to civil society. Their work can provide direct input to high level processes, support a more effective implementation of the goals and actions, and contribute to ensuring the political accountability needed to achieve SDGs.

Finally, these bodies can catalyse innovation in global and national healthcare systems. Some think tanks and academic institutions will have a central role in creating the innovations while others will focus more on measurement, evaluation, and dissemination. New ideas and solutions to longstanding problems can take years to filter through society and people, and the poorest and most disenfranchised are often the last to benefit. Think tanks and relevant academic institutions can help bridge this gap and ensure that innovations get to those who need them more quickly.

SDGs have the potential to be a game changer in global health—a platform and mechanism to greatly improve the health and wellbeing of the world's population. But if the millennium development goals and other global goals are any indication, initial progress will be slow. The cost of this slow action is likely to be measurable in lives lost. Achieving the SDGs will not be easy. Think tanks and academic institutions can catalyse action by beginning to address the “North-South” divide that often plagues these discussions by enabling more “South-South” partnerships and by coming together beyond such divides to take the agenda forward. They can ensure that the best ideas are disseminated widely, no matter where they originate. And by holding governments and multilateral entities accountable, they can contribute to the voice of civil society.

Despite the merits of meaningful engagement of health policy think tanks in the implementation of agenda 2030 for SDGs in Kenya, this has not been achieved with the involvement being haphazard.

4.6 Challenges in implementation of SDGs

- I. Health financing and purchasing of health care services still has a serious implication on access and quality of health care;
- II. Non-communicable diseases (NCDs) are exerting pressure to the health system. Despite the awareness on the risk factors of NCDs, there has been no significant change on the lifestyle amongst the general population. Cancer, hypertension, heart disease and diabetes are rising and emerging as major health problems. Cancer alone is estimated to cause 21,000 deaths annually;
- III. Data unavailability especially on neglected tropical diseases (NTDs), cancer and outbreak diseases.
- IV. Childbirth related conditions continue to pose significant challenges, especially inadequacy of emergency services for delivery, under-utilization of existing antenatal services and inadequate skills and competences of health workers in this area.
- V. There is lack of meaningful engagement of health policy think tanks in the implementation of agenda 2030 for SDGs in Kenya

5.0 Conclusions and Policy recommendations

5.1 Lessons learnt

- That the successful implementation of such goals hinges upon the existence of a robust institutional framework with distinct but complimentary roles, responsibilities and accountability mechanisms. The selection of institutions, mandates and relationships that are tasked with coordinating, planning, implementing and monitoring actions towards the SDGs and ensuring a strong institutional framework is therefore critical.
- The increased coverage of the SDGs including new sectors and specifying the means of implementation requires new modes of institutional collaboration.
- That the strong partnerships and collaboration amongst stakeholders are critical in the successful implementation of the SDGs

5.2 Conclusions

The SDGs came at a favorable time for Kenya as the Agenda 2030 time framework overlaps with that of Kenya Vision 2030. This has enabled the country to easily mirror its National Development Plans and Programme with those of the SDGs. In addition, the timing of the SDGs also coincides with the completion of the Kenya Integrated Household and Budget Survey 2016. This is particularly useful as the data and information generated will provide a clear baseline for the SDGs agenda and thus more effective tracking, monitoring and evaluation of the targets and indicators.

With the Kenya Constitution 2010 and its elaborate bill of rights guaranteed for the citizens, the SDGs era presents a great challenge for the Government and other Non-State development actors to work harder than in the past. However, devolution which was designed to take services closer to the people offers a new fit for development for Kenya and more effective service delivery channels for development.

This Review has been conducted at an opportune time when Kenya is preparing the next generation of the Kenya Vision 2030 Medium Term Plan III and the County Integrated Development Plans. The review has provided useful information that feeds into the preparation of the two planning documents. The process of review has been collaborative involving the Government, Civil Society organizations, and Private sector as well as development partners a clear indication that the government is engaging other stakeholders in the SDGs process and this will continue. The progress made in the achievement of the

goals and targets shows that Kenya is really committed to implement the agenda 2030. Although data gaps and other vital information exist, stakeholders agree that the review is a demonstration of Kenya's willingness to meet its international obligations on the development front.

5.3 Recommendations

- a. Intensified awareness creation and capacity building to position country governments as the SDGs implementers;
- b. Mainstreaming of SDGs into the MTP III, second Generation County Integrated Development Plans and public institutions strategic plans;
- c. Review the National Statistical System (NSS) in light of the SDGs;
- d. Capacity assessment of both National and sub national Governments to achieve the SDGs;
- e. Incorporation of SDGs targets and indicators into performance contracting in the Public Sector;
- f. Needs assessment and costing analysis of the public sector to deliver on the SDGs;
- g. Prepare and finalize an engagement framework between Government and Non State Actors on the SDGs.
- h. To facilitate better coordination within government in support of MTP development as well as the MTEF, the sector working groups should be reconstituted as a single ***Sustainable Development Open Working Group*** through which experts including health policy think-tank's and academia .This group could be co-chaired by the National Treasury and Ministry of Devolution with its membership drawn from the various MDAs, civil society, think tanks, academia and private sector. The sector working groups should be reconstituted as committees of the open working group

6.0 Documents reviewed

1. The 2010 Health situation trends and distribution 1994-2010 and projections for 2011-2030;
2. The 2009 Kenya Demographic and Health Survey (KDHS);
3. The 2009 and 2010 client satisfaction surveys;
4. The October 2010 Review of the Kenya Health Policy Framework 1994-2010;
5. The March 2012 End Term Review of the NHSSP II (2005-2010)