



MINISTRY OF HEALTH



KENYA HEALTH SECTOR PARTNERSHIP & COORDINATION FRAMEWORK 2018 - 2030

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





MINISTRY OF HEALTH

KENYA HEALTH SECTOR PARTNERSHIP AND COORDINATION FRAMEWORK 2018-2030

Disclaimer: Any part of this document may be freely reviewed, quoted, reproduced or translated in full or in part, provided the source is acknowledged. It may not be sold or used for commercial purposes.

Kenya Health Sector Partnership and Coordination Framework 2018-2030

Published by:
Ministry of Health
Afya House
Cathedral Road
PO Box 30016-00100,
Nairobi, Kenya
Email: ps@health.go.ke
<http://www.health.go.ke>

CONTENTS

LIST OF ABBREVIATIONS	6
FOREWORD	7
PREFACE	8
ACKNOWLEDGMENT	9
EXECUTIVE SUMMARY	10
1 INTRODUCTION	11
1.1 Background	11
1.2 Situation Analysis	11
1.3 Health Sector Partnership and Coordination Framework: Values and Principles	11
1.4 Rationale for the Partnership Framework	11
1.5 Methodology for the Partnership Framework Development	12
2 PARTNERSHIP AND COORDINATION IN THE HEALTH SECTOR	13
3 RESULTS AND STRATEGIES	14
3.1 Scope and Elements of the Partnership in Health	14
3.2 Common Planning Framework	14
3.3 Common Budgeting Framework	14
3.4 Common Monitoring and Evaluation Framework	15
3.5 Common Funding Mechanisms and Management Arrangements	15
3.6 Expected Outcomes	16
4 MANAGEMENT AND ACCOUNTABILITY	17
4.1 Roles and Expectations of Different Actors	17
4.2 Health Sector Partnership Structures	18
4.3 Terms of Reference (TORs) for Partnership Structures	19
4.3.1 Health Sector Advisory and Oversight Committee (HSAOC)	19
4.3.2 Health Sector Intergovernmental Consultative Forum (HSIGCF)	19
4.3.3 Health Sector Interagency Steering Committee (HSISC)	20
4.3.4 Interagency Coordinating Committees (ICCs)	20
4.3.5 Partnership Secretariat	21
4.3.6 Health Sector Constituency Coordination Structures	21
4.3.7 County-Level Coordination Structures	21
5 IMPLEMENTATION OF THE HEALTH SECTOR PARTNERSHIPS	23
5.1 Coordination to Avoid Duplication	23
5.2 Harmonisation and Alignment of Programmes	23
5.3 Results-Based Approach for Aid Effectiveness	23
5.4 Transparency and Accountability	23
5.5 Enhanced and Expanded Partnerships	23
5.6 Priorities for Implementation of the Partnership	24
6 MONITORING AND EVALUATION	25
7 COMMUNICATIONS	27
8 CONCLUSION	28
ANNEX 1: KENYA HEALTH SECTOR PARTNERS	29

LIST OF FIGURES & TABLES

Figure 1: Elements of a Sector-Wide Partnership	12
Table 1: Desirability and Feasibility of Different SWAp Elements	14
Table 2: Roles and Expectations of Different Actors	17
Figure 2: Health Sector Partnership and Coordination Framework	18
Table 3: Partnership Action Plan and Monitoring Indicators	25

LIST OF ABBREVIATIONS

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

FOREWORD

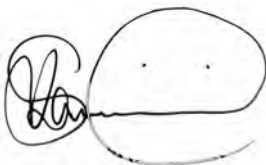
This partnership framework is premised on the Kenya Constitution 2010 and related acts. The Government of Kenya has made a commitment within the “Big Four Agenda” to achieve Universal Health Coverage (UHC) for all Kenyans. This aligns with the Sustainable Development Goals, specifically, SDG3 that underscores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

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

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

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

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



Sicily K. Kariuki (Mrs), EGH
Cabinet Secretary
Ministry of Health



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

PREFACE

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

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

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

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



Dr Rashid A Aman, BPharm, PhD
Chief Administrative Secretary
Ministry of Health



Dr Andrew Mulwa, CECM
Chair, CECs Health Caucus

ACKNOWLEDGMENT

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

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

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

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

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

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

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



Susan N. Mochache, CBS
Principal Secretary
Ministry of Health



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

EXECUTIVE SUMMARY

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

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

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

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

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

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

The Health Sector Partnership and Coordination Framework also provides for the Kenya Health Forum (KHF), an annual joint forum for all sector partners to review performance and share lessons learnt from the past year. The Forum will be used to identify joint priorities for the coming year. The Cabinet Secretary for Health will be the Chair of the Forum, with a co-chair from the Council of Governors and with representation from all stakeholders. Finally, the Ministry of Health, the County Departments of Health and other partners will be free to establish partnership structures within themselves and with other partners as need may be in line with the sector partnership and coordination structures.

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

1 INTRODUCTION

1.1 Background

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

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

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

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

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

1.2 Situation Analysis

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

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

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

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

1.3 Health Sector Partnership and Coordination Framework: Values and Principles

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

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

1.4 Rationale for the Partnership Framework

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

The overall objectives are to:

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



Figure 1: Elements of a Sector-Wide Partnership

Source: Kenya Health Policy 2014-2030

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

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

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

1.5 Methodology for the Partnership Framework Development

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

2 PARTNERSHIP AND COORDINATION IN THE HEALTH SECTOR

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

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

3 RESULTS AND STRATEGIES

3.1 Scope and Elements of the Partnership in Health

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

Table 1: Desirability and Feasibility of Different SWAp Elements

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

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

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

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

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

3.2 Common Planning Framework

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

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

3.3 Common Budgeting Framework

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

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

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

3.4 Common Monitoring and Evaluation Framework

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

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

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

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

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

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

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

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

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

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

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

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

3.5 Common Funding Mechanisms and Management Arrangements

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