Amref Health Africa in Kenya

STRATEGIC PLAN

2023 - 2030

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ASAL	Arid and Semi-Arid Lands
CHMT	County Health Management Team
DDIU	Data Dissemination and Information Use
DEIB	Diversity, Equity, Inclusion and Belonging
EAC	East African Community
ECD	Early Childhood Development
ESRC	Ethics and Scientific Review Committee
GHRIS	Government Human Resource Information System
HFMC	Health Facility Management Committee
HIV	Human Immunodeficiency Virus
ICY	Information and Communication Technologies
IFRC	International Federation of Red Cross
NCD	Non-Communicable Disease
NTD	Neglected Tropical Disease
PCHS	People-Centred Health Systems
PHC	Primary Health Care
RBF	Results-Based Financing
SDG	Sustainable Development Goal
SDH	Social Determinants of Health
SLA	Service Level Agreement
TA	Technical Assistance
WRID	Water Related Infectious Disease

WORD FROM THE **AMREF PATHFINDERS TEAM**

We are pleased to present the **Amref Health Africa in Kenya Strategic Plan 2023-2030**. This plan has been developed through extensive consultations and discussions with stakeholders, including the leadership and staff of Amref Health Africa in Kenya, board members, development partners, implementing partners, and community representatives.

Developing this strategic plan was challenging, and its completion was only possible through the collective effort of everyone involved. We appreciate the sacrifice made by all concerned parties to ensure its success and look forward to realising its impact across Kenya's communities.

WORD FROM **THE BOARD CHAIR**

As the Chair of Amref Health Africa in Kenya's Board, I am proud to share our new strategic plan for 2023 - 2030. This bold plan sets out to transform the health of communities through Primary Health Care, focusing on women and young people.

With over six decades of experience, Amref has established itself as one of Africa's leading health non-profit organisations. Through the previous strategic plan (2018 - 2022), Amref Health Africa in Kenya impacted the lives of more than 30 million people through shared value partnerships with civil society organisations, development agencies, and national and county governments, strengthening diverse aspects of Kenya's health system. For the new strategic plan, we are thinking strategically and innovatively about enhancing the achievement of our vision of Lasting Health Change in Africa. I am pleased to say that we were able to think boldly and infuse the power of emergent drivers of change into how we think about health care progress. This is why the plan provides a new perspective on people-centred health systems and social determinants of health including the effects of the climate crisis on population health and envisions stronger partnerships and alignment with others in the health care space.

I am proud of this plan and the team we have charged to deliver it. I invite you to join us in transforming the health of communities through Primary Health Care with a focus on women and young people.

Mette Kjaer Kinoti
Board, Chair

Dr Ndirangu Wanjuki

Country Director

WORD FROM **THE COUNTRY DIRECTOR**

I am pleased to present the Amref Health Africa in Kenya strategic plan for 2023 to 2030. Our mission is to transform the health of communities through Primary Health Care with a focus on women and young people. We have founded this mission on two pillars: people-centred health systems and social determinants of health.

With a focus on being of value to society, we will build on the successes and lessons from the last strategic plan, 2018 - 2022, that focused on human resources for health, health service delivery, and health financing. We have included key achievements from the last strategic plan as a foundation for this plan. We are proud to have contributed to controlling the COVID-19 pandemic in Kenya, and we will sustain this type of agility in our response to the emerging needs of communities.

So much more needs to be done to address persistent and evolving key population and health system gaps amidst challenges such as the climate crisis and the rapidly growing burden of non-communicable diseases. As highlighted by the Kenya Demographic and Health Survey 2022, critical last-mile access and quality challenges need urgent and concerted action to reduce health inequalities.

To address these challenges, we will deepen existing partnerships and develop new ones across different sectors, to address the health needs of communities in Kenya sustainably.

In the spirit of partnership, we are committed to supporting Kenya to achieve healthy lives and well-being for all. Through collaboration and concerted evidence-based action, Kenya can achieve big bets that will transform Kenya's population health by 2030.

These big bets include drastically reducing maternal deaths to below 100 deaths per 100,000 live births; stopping the epidemic of non-communicable diseases, especially diabetes, high blood pressure, cancer, and mental ill health; eradicating neglected tropical diseases such as intestinal worms, bilharzia, and elephantiasis; eliminating infectious diseases such as malaria, tuberculosis, cholera, polio, and measles; and ending the HIV/AIDS epidemic as a public health threat. In the wake of the climate crisis, we need to end malaria by 2030 before it wreaks devastation on population health, fuelled by the effects of global warming on transmission dynamics.

Special recognition goes to the team of Pathfinders who led the process coordinated by Peter Waiganjo, Sarah Kosgei and Gilbert Wangalwa, including Brenda Asiko-Gichangi, Dr Chris Barasa, Dinah Muthuka, Erastus Cheti, Fidelina Ndunge, Gilbert Wangalwa, Jonah Makhapila, Kioko Kithuki, Lilian Kamau, Mary Mathenge, Maureen Rovinah, Michael Aruya, Morris Matheka, Robert Rapando, Titus Kiptai, William Nyonje, Edna Mosiara, Maumau Njuguna and Anthony Muninzwa for their invaluable contribution to the development of this plan.

I would also like to express my heartfelt gratitude to the Senior Management Team, including Gilbert Wangalwa, Agnes Mutinda, Brenda Asiko-Gichangi, Dr Bernard Langat, Dr Chris Barasa, Anne Gitimu, Fatuma Said, Joan Kigen, Kioko Kithuki, Emmanuel Musombi, Martin Njeru, Morris Matheka, Peter Waiganjo, Dr Denis Wanyama, Samuel Ndungu, Solomon Mutwiri, and Sophia Richu for their unwavering commitment and dedication to this project. We thank Wangari Kebuchi from Expertise Global Consulting for her guidance and support.

Additionally, I would like to acknowledge the board members, including Jones Kimeu, Gerald Macharia, Mary Githinji, Evelyne Munyoki, David Soti, Dr Githinji Gitahi and Mette Kinoti, for their invaluable support, guidance, and leadership during the strategic plan development process.

Lastly, I thank Amref's Global Leadership Team for shaping this strategic plan. The Programme Technical Team and Amref staff deserve our appreciation for their hard work, commitment, and sacrifice to ensure the success of this initiative. Furthermore, I extend my gratitude to all stakeholders, including national and county governments, development partners, and, most importantly, the communities that are why we exist.

EXECUTIVE **SUMMARY**

Amref Health Africa in Kenya is embarking on a new strategic plan for 2023-2030. It sets a bold mission to transform the health of communities through Primary Health Care, building on the successes and lessons from the previous strategic plan.

Our vision for lasting health change in Africa is driven by our mission to transform the health of communities through Primary Health Care with a focus on women and young people. This will help continue the work established from sixty years of work while looking to address emerging challenges and drivers in the health care space.

Our core work pivots on Primary Health Care through two main channels or pillars: people-centred health systems and social determinants of health. Through these pillars, the strategic focus areas of access, quality, accountability, resilience, climate crisis, education and livelihoods will dictate how we engage with the government, our partners, beneficiaries, and the public.

Our work will operate within and alongside established frameworks locally, regionally, and globally including policies within the Ministry of Health and at the county level, the Constitution and Vision 2030, East African and African Union Health Policies, and the Sustainable Development Goals. Of particular interest within this strategic plan is work in climate, education, and livelihoods and how it affects health directly and indirectly. This recognises the impact of other sectoral focus areas on health outcomes, particularly as highlighted in the Kenya Demographic and Health Survey 2022.

To enable the Amref Health Africa in Kenya team to achieve its objectives, we have inculcated transformational objectives into how we deliver our work - people and culture excellence, operational excellence, technical excellence, visibility and thought leadership, resource mobilisation excellence, strategic partnerships, knowledge management/learning, as well as data and digital transformation.

We also have a robust monitoring and evaluation framework to track our progress and a risk mitigation strategy to ensure stability over the implementation period.

WE ARE **AMREF**

Amref Health Africa (Amref) is one of Africa's leading health non-profit organisations. Founded in 1957, we have walked with communities for over six decades, improving their health. With the bold vision of 'lasting health change in Africa,' Amref empowers communities and their health systems to break barriers to primary health care.

In Kenya, Amref has a footprint in all 47 counties. Through shared value partnerships with civil society organisations, development agencies, and national and county governments, we have, during our 2018 - 2022 strategic plan, impacted the lives of more than 30 million people.

Our new strategic plan 2023 - 2030 sets a bold mission to transform the health of communities through Primary Health Care with a focus on women and young people. In our ambitious plan, we will build on the successes and lessons from the previous strategic plan while considering emerging drivers shaping the future of health care in Kenya.

"I have the chance to take control of my health because I want to be healthy and present for my three children."

– Lemuya – Benefiricary from Turkana County

VISION

Lasting health change in Africa.

MISSION

Transform the health of communities through Primary Health Care with a focus on women and young people.

CORE VALUES

Our values are the guiding principles that inform everything that we do at Amref.

INTEGRITY: Demonstrating high ethical standards in all our dealings.

QUALITY: Ensuring excellence is core to our planning and execution.

UBUNTU: Embracing compassion based on our fundamental shared humanity.

WE HAVE A **STRONG TRACK RECORD OF SUCCESS**

Health Policy & Legislation

* Supported **40 counties** to improve PHC services
* Provided technical assistance to formulate health policies & national guidelines.

Research

* **Published 58 manuscripts** in scientific journals to influence policy and practice
* Amref ESRC reviewed **1,242 health research protocols**

Innovative Service Delivery

* NCDs:**1.2 million people** screened
* NTDs: Mass Drug Administration for **8.7 million people**
* WASH: **767,446 school children receive safe water**
* Public Health Security: **761,995 people vaccinated** (COVID-19)
* RMNCAH: Facilitated **673,803 Couple Years of Protection** to women & girls
* Malaria Diagnosis & Treated for **1,227,408 people**
* Supported **21,482 PLHIVs**
* Found **5,145 missing TB cases** & traced **10,576 treatment defaulters**
* Supported **8,351 OVCs**
* **732 Women** received surgical treatment for Obstetric Fistula

Human Resource for Health

Trained **96,964 front-line health workers** to improve the quality of PHC services.

Leadership & Governance

Strengthened institutional capacity of over **9,000 HFMCs to improve PHC services**.

Health Financing

Catalysed mobilising **over USD 14 million** in innovative sanitation financing.

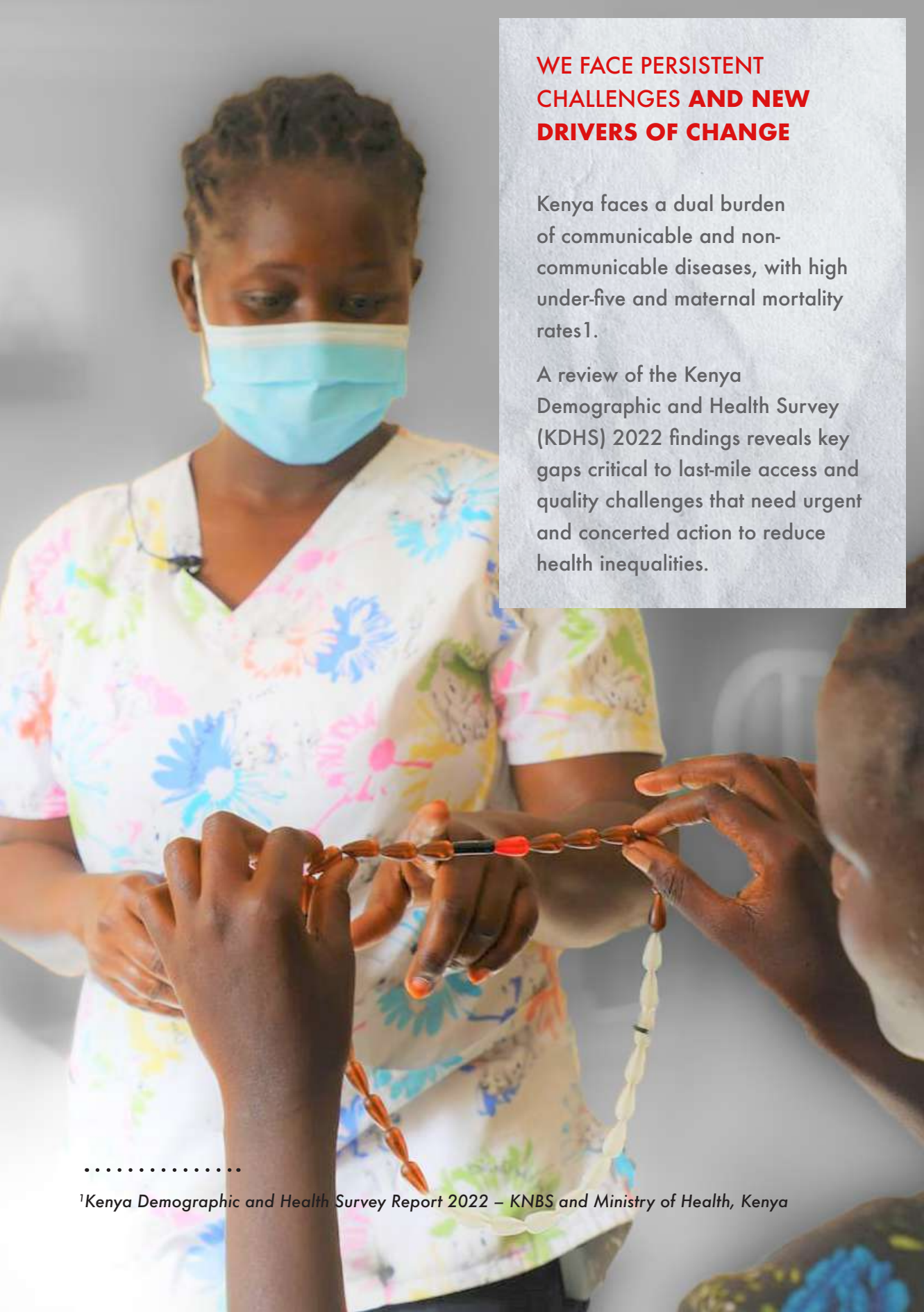
Community Health Systems

Strengthened & financed more than **92 CSOs**, including 12 youth-led organisations.

Laboratory Systems

Provided TA to MoH; Trained over **6,000 staff** and Strengthened laboratory systems

39 Million people reached with health information and services in 47 counties



WE FACE PERSISTENT CHALLENGES **AND NEW DRIVERS OF CHANGE**

Kenya faces a dual burden of communicable and non-communicable diseases, with high under-five and maternal mortality rates[1].

A review of the Kenya Demographic and Health Survey (KDHS) 2022 findings reveals key gaps critical to last-mile access and quality challenges that need urgent and concerted action to reduce health inequalities.

[1] *Kenya Demographic and Health Survey Report 2022 – KNBS and Ministry of Health, Kenya*

- On average, 92% of men and women in the lowest and second lowest wealth categories do not have any form of health insurance, including NHIF (*KDHS 2022*)
- 38% of teenage pregnancies occur among females between the ages of 15 and 19 with no education, which lessens by 18% points with primary education (*KDHS 2022*)
- Pregnant women living in rural areas have 13% points lower access to reproductive health care (ANC visits) than those living in urban areas (*KDHS 2022*)
- Stunting decreases with increasing wealth, from 28% in the lowest quintile to 9% in the highest quintile (*KDHS 2022*)
- Only 31% of children aged 6–23 months were fed a minimum acceptable diet (*KDHS 2022*)
- On average, 41% of married women are not using any contraception for family planning, fuelled by a combination of access challenges and lack of information or autonomy by women to make reproductive health decisions (*KDHS 2022*)
- Limited integration of various services such as family planning and communicable disease control (*including mental health*) into primary health care
- Although skilled birth attendance is high at 89% (*KDHS 2022*), maternal mortality rates remain high, indicating significant gaps in the quality of health services
- By 2030, climate change factors will have an increased impact, including large populations at risk of riverine and sea flooding, increasing waterborne diseases (*Climate Change Impacts on Health: Kenya Assessment, IFRC 2021*), and accelerated malaria transmission
- Gini inequality index of 40.8 and a human capital index of 0.5 (*World Bank data, 2020*) indicate the need to accelerate and deepen efforts to lift millions of people out of poverty and address health and education inequalities.

To equitably improve access and turn the tide on the quality of health services, Amref undertook an in-depth review of local health data and context to identify six drivers in addition to the overarching policy context. These drivers include youth demographic; rapid urbanisation; climate crisis; public health emergencies; technology as an enabler; mental health; and the global and national policy context.

The policy context incorporates a variety of frameworks alongside which Amref will align. The overarching framework of the Constitution of Kenya 2010 identifies the right to health as a fundamental human right. This is further crystalised in Kenya's Vision 2030 as the goal to achieve Universal Health Coverage (UHC). Pathways to achieving this are further detailed in the Kenya Health Policy 2014 – 2030, which considers the functional responsibilities between the two levels of government (county and national) with their respective accountability, reporting, and management lines.

A holistic approach to health care needs to consider the contribution of other sectors to health outcomes. Of core interest are the effects of climate change, education, and livelihoods on health, given key outcomes identified in KDHS 2022 that specifically speak to these core impact areas. These outcomes are not only felt in Kenya but regionally, and as such, our strategic plan links to broader initiatives including but not limited to the Africa Health Strategy 2016 - 2030, the East Africa Community (EAC) Regional Health Sector Policy 2016 and globally to the Sustainable Development Goals that speak directly to food systems, health, education, water and sanitation, livelihoods, urbanisation, climate change and strategic partnerships.

Furthermore, key socioeconomic factors have a significant effect on health care. According to the Kenya Economic Survey of 2022, climate change had an adverse effect on crop production, affecting minimum nutrition parameters and livelihoods across the country. Income inequality worsened, especially in the northern and northeastern parts of the country, where poverty is 68 per cent compared to 32 per cent in the rest of the country. Also, more than one-third of non-poor Kenyans are classified as vulnerable, particularly in households that derive most of their income from agriculture, with low levels of education, and/or headed by women.

Table 1: Key Drivers affecting Healthcare in Kenya

PUBLIC HEALTH EMERGENCIES

- Outbreaks of cholera, COVID-19
- Pressure on health care systems
- Disruptions to essential services delivery.

TECHNOLOGY

- New tools for health workers
- Telemedicine opportunities
- Accurate and efficient health care services
- Low penetration of digital tools excludes a large part of the population from access to health.

MENTAL HEALTH

- 25% of patients have mental health challenges
- Kenya is 5th highest in Africa in mental health cases
- Low awareness of mental disorders
- Less than 1% of hospitals provide mental health care services.

YOUTH

- 75% of the population below the age of 30
- High rates of HIV/AIDS
- Mental health and substance abuse.

URBANISATION

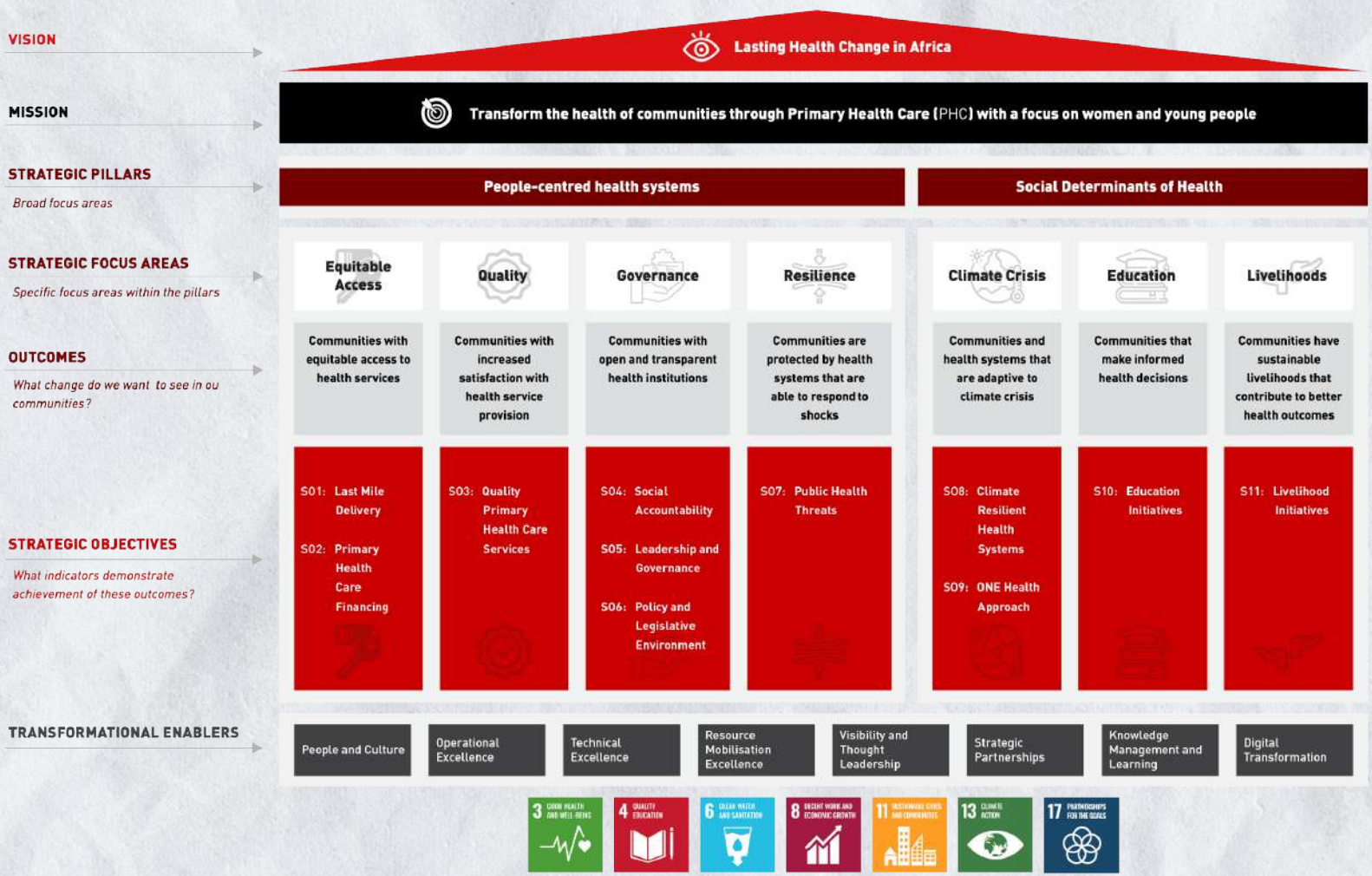
- Poor living and sanitary conditions
- High incidence of respiratory and infectious diseases
- Low financial access to health services
- Increased opportunity to access health care in terms of proximity.

CLIMATE CRISIS

- Rise in vector-borne diseases like malaria and dengue
- Rise in food and water insecurity
- Poor energy practice for cooking causes poor respiratory health
- Deaths by climate change will double by the year 2030.

We hypothesise that IF our programmes are broadly focused on people-centred health systems that enhance equitable access to quality health services, backed by robust social accountability mechanisms and resilient health systems that address the social determinants of health, especially climate crisis, education, and livelihoods, THEN we will transform the health of communities.

STRATEGY AT A **GLANCE**



DELIVERY IS HINGED ON **OUR STRATEGIC FOCUS AREAS**

The two strategic pillars are derived from the identified key gaps and drivers of change. People-centred health systems and social determinants of health support a framework that prioritises health care responsive to communities and formalises interventions that address the underlying causes of health disparities from a multi-sectoral perspective. The Strategic Focus Areas, as detailed below, outline how this will be approached.

Equitable Access

To address the constraints around proximity to health care, convenience of health services, and financial ability to pay for health care.

Quality

To enhance the health care standards expected by beneficiaries and provided by health facilities.

Governance

To increase ownership and involvement in the governance of health care at a national and local level.

Resilience

To ensure that systems are always prepared to respond to people's health needs in a health emergency.

Climate Crisis

To ensure that climate change policies and actions have a net positive effect on health care.

Education

To enhance the positive impacts on health generated by strong education policy and implementation and address inequalities associated with education disparities.

Livelihoods

To increase the financial ability of communities to address their health care needs and address inequalities associated with income inequalities.

OUR APPROACH TO **IMPLEMENTATION IS TRANSFORMATIONAL**

Our approach is underscored by three key principles underlying delivery, and seven enablers to transform our impact:

Trusted Government partner: We need to transition from being the Governments go to partner to being a trusted partner

Sector and thought leader in primary health care: We need to become the recognised sector and thought leader in primary health care in Kenya

High performing culture: In order to deliver this strategy, we need to build a high performing culture that deliver results for Kenyans.

Data and analytics: Agility in execution requires us to have access to real time data.

People centered design and implementation: We need to always design and implement our work internally and externally with people at the centre.

Transformational Enablers

To deliver on this ambitious strategic plan, we will apply seven transformational enablers as levers of change. They are:

1. **People and Culture Excellence**: Attracting the right talent, fostering a vibrant culture, and investing in Diversity, Equity, Inclusion and Belonging (DEIB) to drive the execution of the strategic plan.
2. **Operational Excellence**: Promoting agility in decision-making and value for money. This will include digital transformation and excellence in customer experience.
3. **Technical Excellence**: Providing technical leadership and applying technical assistance to build and enhance technical skills and expertise, strengthen policy and advocacy, and deploy innovation to improve access, quality, health system resilience, accountability, and action on social determinants. This will include promoting initiatives that are inclusive of disadvantaged or at-risk populations.
4. **Visibility and Thought Leadership**: Imprinting the impact of our work in communities and selected publics and influencing new and innovative thinking in the health ecosystem.
5. **Resource Mobilisation Excellence**: Growing existing funding streams and developing new channels of financing that enable flexibility in implementing our ambitious plan, aiming to double annual expenditure from USD 55 million to USD 105 million over the span of this strategic plan.
6. **Strategic Partnerships**: Strengthening engagements and coordination with government and like-minded organisations while bringing on board new and emerging partners across multiple sectors whose missions align strongly with our strategic plan.
7. **Knowledge Management/ Learning**: Promoting the exchange and sharing of ideas to enhance impact and strengthen the ecosystem.
8. **Data and digital transformation**: Adopting value-adding digital technologies and applying data science to optimise the return on health investments. We will expand the application of precision public health.

WE HAVE A PRACTICAL APPROACH TO **RISK AND ITS MITIGATION**

Our risk mitigation strategy helps us to be prepared to address emerging issues as follows:

RISK	RISK ELEMENT	MITIGATION STRATEGY
Sustainability Risk	Lack of diverse and adequate sources of funding	Diversify funding sources by identifying and pursuing a broader range of funding options, including co-creating new initiatives with others.
Regulatory Risk	Unfavorable changes in laws and regulations	Regularly monitor and engage the legal and regulatory landscape and actors.
Global Economic Risks	Unfavorable changes in global priorities	Monitor the microeconomic and macroeconomic factors and adjust plans accordingly.
Human Resources Risk	Limited capacity within the organisation	Undertake a capability review and deploy a capacity-building plan that factors in talent management and complimentary partnerships with other organisations.
ICT Risk	Potential Cyber security attacks	Maintain adequate surveillance mechanisms over the ICT infrastructure to mitigate against cyber security attacks.
Sub-granting risk	Limited capacity of the partner organisations	Apply relevant capacity assessment tools and capacity-building plans for various partner organisations.
Pandemic and other natural calamities risk	Public health emergencies and natural disasters	Maintain a robust disaster response plan in alignment with other organisations and government agencies.
Programme Management Risk	Limited community engagement and ownership	Develop and deploy a strategy for inclusive community engagement and empowerment.
	Limited data and monitoring systems	Develop a robust data and monitoring system. Build data science capabilities.

A STRONG STRUCTURE AND M&E FRAMEWORK IS **ESSENTIAL FOR DELIVERY AND ADAPTATION**

Monitoring and Evaluation Approach: A robust and result-based monitoring and evaluation (M&E) system with both health system and population health metrics will be deployed to track the execution of the strategic plan, outcomes, and impact. The M&E system will promote the use of global and national standard level population and health system indicators, data sources and frequency of data collection. A data dissemination and information use (DDIU) strategy will use M&E data to guide programme management and improvement. We will deploy progress reviews at the two-year and two subsequent three-year marks and (i) evaluate our progress; (ii) assess the continued relevance of the proposed approaches and transformational enablers; and (iii) draw conclusions, distil lessons learned and build knowledge for the future.

Microstrategies: 'Content' issues in this strategic work plan, such as primary health care, people-centred health system, and the transformational enablers, will be translated into context-specific micro-strategies or micro-explanations to offer more practical, actionable guidance to the strategy execution teams. Micro-strategies will also allow management to course-correct the implementation of the strategic plan, including aligning with rapid external environment changes.

Organisational Structure: Delivery against this strategic plan requires the organisation to structure itself in a way that best responds to the mission. This will be done by assessing the current structure, identifying the key internal and external stakeholders, engaging staff, planning for the transition, communicating the changes, monitoring the new structure's implementation, and evaluating its effectiveness.

ANNEXES

GLOSSARY OF TERMS

Diversity, Equity, Inclusion and Belonging (DEIB)	**Diversity, Equity, Inclusion and Belonging** is a framework that promotes recognising and valuing differences among individuals and groups in the health care industry. It aims to eliminate health disparities and ensure equitable access to health care services for all populations, regardless of race, ethnicity, gender, sexual orientation, ability, or socioeconomic status. The goal of DEIB in health is to create a welcoming and inclusive environment where everyone feels valued and respected.
Minimum acceptable diet	**Diet** indicating that children should be fed meals with appropriate frequency and a variety of foods to meet their energy and nutrient needs. It combines minimum dietary diversity and minimum meal frequency for breastfeeding children and the same combination in addition to minimum milk feeding frequency for non-breastfed children.
People Centered Health Systems (PCHS)	**People-Centred Health Systems** are those where individuals, families and communities are served by and can participate in trusted health systems that respond to their needs humanely and holistically. The health system is designed around stakeholder needs. It enables individuals, families, and communities to collaborate with health practitioners and health care organisations in the public, private and not-for-profit health, and related sectors to improve the quality and responsiveness of health care.
Primary Health Care (PHC)	**Primary Health Care** is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and equitable distribution by focusing on people's needs as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care, and as close as feasible to people's everyday environment.
Sustainable Development Goals (SDG)	**Sustainable Development Goals** are a set of 17 goals adopted by the United Nations in 2015 to achieve a sustainable future for all. The SDGs aim to address global challenges and promote social, economic, and environmental sustainability by 2030 and include ending poverty and hunger, promoting good health and well-being, ensuring quality education, achieving gender equality, and combating climate change, among others.
Social Determinants of Health (SDH)	**Social Determinants of Healt**h are the conditions and circumstances in which people are born, grow, live, work, and age, which can impact their health outcomes. These factors include socioeconomic status, education, climate, employment, housing, and other environmental factors. Addressing social determinants of health is crucial for promoting health equity and reducing health disparities.
Universal Health Coverage (UHC)	**Universal Health Coverage** means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the entire continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.
Gini Index	The **Gini Index** is a measure of the distribution of income across a population. A higher Gini index indicates greater inequality.

WE LOOK FORWARD TO **WORKING WITH YOU**

Our work is collaborative and partnership based. We welcome the opportunity to discuss our work and potential partnerships with you. Please contact us at **info@amref.org** or Tel: **+254 (0)20 699 4000**.

You can learn more about Amref Health Africa in Kenya's work on our website: **www.amref.org** and engage with us on our social media channels:

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