

**SDG PARTNERSHIP PLATFORM, KENYA
ANNUAL PROGRAMME PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2019**





SDG PARTNERSHIP PLATFORM

<p style="text-align: center;">Title</p> <p>SDG Partnership Platform, Kenya</p>	<p style="text-align: center;">Country, Locality(s), Priority Area(s) / Strategic Results</p> <p>Kenya</p> <p>Relevant UNDCF (2018-2022) Outcome/s</p> <ul style="list-style-type: none"> - By 2022 people in Kenya access high quality services at devolved level that are well coordinated, integrated, transparent, equitably resourced and accountable - By 2022, people in Kenya have increased and equitable access to and utilize quality health services including Sexual Reproductive Maternal New-born Child Adolescent Health in emergency and non-emergency settings - By 2022, marginalized vulnerable groups and regions in Kenya have increased access to decent jobs, income and entrepreneurship opportunities.
<p style="text-align: center;">Participating Organization(s)</p> <div style="text-align: center;">  <p>UNFPA Empowered lives. Resilient nations.</p> <p>UNDP</p> </div>	<p style="text-align: center;">Implementing Partners</p> <ul style="list-style-type: none"> • Ministry of Health Kenya, Council of Governors, FCDC Secretariat, Amref Health Africa • Additional technical expertise and support has been provided by UNH6 partners. • Strategic support has been provided as well by: Rebel Group, McKinsey, Intellectap
<p style="text-align: center;">Budget/ Cost (US\$)</p> <p>MPTF Contribution: \$802,320</p> <p>Other Contributions: \$1,021,893 cash & in-kind contributions from World Bank / GFF, C. Hilton Foundation, Philips, and Huawei.</p> <p>TOTAL: \$1,824,213</p>	<p style="text-align: center;">Duration</p> <p>Overall Duration: 5 years</p> <p>Current End date: 31st December 2022</p>
<p style="text-align: center;">Assessment/Review/Mid-Term Eval.</p> <p>Assessment/Review - if applicable please attach</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: dd.mm.yyyy</p> <p>Mid-Term Evaluation Report – if applicable please attach</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: dd.mm.yyyy</p>	<p style="text-align: center;">Report Submitted By</p> <ul style="list-style-type: none"> o Name: Arif Neki o Title: SDG Partnership Platform Coordinator o Participating Organization (Lead): UNRCO o Email address: arif.neky@one.un.org



EXECUTIVE SUMMARY

After two years of building momentum, mobilizing partners, and an elaborate design process, the Government of Kenya announced in 2017 at the UN General Assembly, the establishment of the SDG Partnership Platform, Kenya (SDGPP).¹

The Platform was established under the leadership of the Government of Kenya, and with the support of the UN System, development partners, and partners from private sector and philanthropy.

The SDGPP has become a flagship initiative under Kenya's UNDAF 2018-2022² and received in 2018 global recognition from UNDCO and the Dag Hammarskjold Foundation as a best practice to accelerate SDG financing.³

The SDGPP convenes and connects leadership from Government, development partners, private sector, philanthropy, civil society, and academia to create SDG accelerator windows to catalyze SDG partnerships, financing and innovations in alignment with Government development priorities.

Primary Healthcare (PHC) has been the first window established with the goal of being a key driver towards attainment of Universal Health Coverage (UHC) in line with Kenya's SDG3 framework, Big Four Agenda⁴, and UHC roadmap.

Under the leadership of the SDGPP co-chairs, the Cabinet Secretary for Ministry of Health in Kenya, the Chair of the Council of Governors Health Committee, and the UN Resident Coordinator to Kenya, the PHC Window has established a Steering Committee which meets quarterly to jointly discuss and offer strategic guidance for the implementation of the Window's 5-year strategic plan.

Implementation of the PHC Window strategic plan is coordinated by the Platform's Secretariat and facilitated through SDGPP partners with comparative advantage to lead on specific SDGPP strategic support areas (e.g. World Bank and WHO are supporting the development of the Health PPP strategy and toolkit, UNDP is driving innovation through the SDG Accelerator Lab, and UNFPA leads on research, analysis, and Technical Assistance to MOH and COG for private sector engagement for RMNCAH).

The Secretariat also coordinates the mobilization of necessary talent, expertise, and financial support from the SDGPP membership to collectively resource the implementation of its strategic plan. So far, partners contributed between September 2017 – December 2019 approximately \$7,055,000 of funding and in-kind support to the PHC Window for the implementation of its 5-year strategic plan.

As a result, and as this report will clearly show, key milestones have been reached over 2019:

- Enhanced trust and understanding between public and private sectors to partner for the financing and delivery of UHC through the facilitation of over 20 public private dialogues engaging national government, over 25 Counties and key stakeholders from private sector, philanthropy, civil society and academia
- Enhanced government capacities to advance public private collaborations for the financing and delivery of PHC through, for example, the development of Kenya's Health PPP strategy and toolkit
- PHC investment pipeline catalyzed of approximately \$120 million
- SDG Accelerator Lab launched to bridge the talent, drive, resources and capabilities from Silicon Valley with those in the Silicon Savanna in Kenya.

¹ https://gadebate.un.org/sites/default/files/gastatements/72/ke_en.pdf

² [https://www.undp.org/content/dam/kenya/docs/unct/UNITED%20NATIONS%20DEVELOPMENT%20ASSISTANCE%20FRAMEWORK%20\(UNDAF\)%20B5%20web.pdf](https://www.undp.org/content/dam/kenya/docs/unct/UNITED%20NATIONS%20DEVELOPMENT%20ASSISTANCE%20FRAMEWORK%20(UNDAF)%20B5%20web.pdf)

³ <http://daghammarskjold.se/wp-content/uploads/2018/06/UNDG-CountryStudy-Kenya.pdf>

⁴ <http://www.president.go.ke/>



I. Purpose

The SDG Partnership Platform's overall goal aims at contributing to the Government of Kenya's efforts to attain the SDG target 17.17: Effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships encouraged and promoted in Kenya. More specifically, the SDG3 Primary Healthcare Accelerator Window's support is contributing to Government of Kenya's efforts in attaining the SDG target 3.8: Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

This goal is pursued through strategic efforts towards the following objectives:

- Enhanced trust and understanding between public and private sector to partner for financing and delivery of UHC
- Enhanced government capacities to advance public private collaborations for the financing and delivery of PHC.
- Innovative partnerships and financing mechanisms advanced in support of Kenya's domestic resource mobilization agenda for Health.
- Innovative solutions catalyzed to strengthen PHC delivery

II. Results

i) Narrative reporting on results:

From January to December 2019 the following key results were achieved towards the following objectives:

Enhanced trust and understanding between public and private sector to partner for the financing and delivery of UHC in Kenya

- 4 SDGPP PHC Window Steering Committees took place in 2019 facilitating high-level strategic public private dialogues between health executives within Kenya.
- Support has been provided to five National and County Bloc Stakeholder Forums (LREB representing 14 Counties and FCDC representing 10 Counties) in order to enhance trust and understanding between key stakeholders on the UHC rollout and value of PHC partnerships, financing and innovations for the same. Over 15 additional dialogues between County Governments and key stakeholders, including private sector have been facilitated to identify opportunities for PHC. The Secretariat of the Development Partners for Health in Kenya (DPHK) has been supported to further enhance dialogue and coordination between key partners. Approximately 25 Counties have been engaged in various degrees over the course of 2019.
- Organized high-level SDGPP events at Sankalp Africa 2019, World Health Assembly 2019, UN General Assembly 2019, and the ICPD Summit to promote the work of the Government of Kenya and partners in Kenya and enhance trust and understanding between public and private sectors to partner for the financing and delivery of UHC in Kenya.
- H.E Uhuru Kenyatta, the President of Kenya, committed to end Female Genital Mutilation by 2022 in Kenya, a point which was captured in the Nairobi Summit on ICPD25 National Commitment No. 13; "End Female Genital Mutilation by strengthening coordination in the area of legislation and policy framework, communication and advocacy, evidence generation, and support cross border collaboration on elimination of FGM by 2022. In support of H.E commitment, the SDGPP supported the advocacy campaign also engaging the private sector and catalyzing initiatives as Johari Beads.

Enhanced government capacities to advance public private collaboration for PHC financing and delivery

- To refine policies and strategies for the attainment of universal access to quality affordable PHC: the SDGPP offered expert advisory services to the Ministry of Health Executive Office in the following areas: galvanized political leadership and commitment towards Primary Health Care; Ensured the reflection of PHC orientation across relevant Health Sector Policy documents; Strengthened Private Sector



Participation in Policy dialogue and Development; Strengthened the use of evidence in Primary Health Care Policy Design; Engaged community and other stakeholders to jointly define problems and solutions and prioritize actions; Health Financing for Primary Healthcare; Models of care that prioritize primary care and public health functions.

- To build National and County Government capacities to steward optimum private sector engagement for universal access to quality affordable PHC: an assessment was conducted in 2019 on the status of public private partnerships for health in Kenya. This assessment is currently informing an inclusive and consultative process under the leadership of Ministry of Health for development of the Kenya Health PPP strategy and training toolkit. The Health PPP strategy and toolkit are expected to be finalized in April 2020 and the first toolkit training planned to occur in April 2020. In addition to developing an in-person training curriculum, the Toolkit will be customized in 2020 as well into a free online "certificate" programme for both public officers as well as health entrepreneurs to efficiently facilitate access and national roll-out.
- To support government capacities for engaging the public in key strategic initiatives for strengthening the health partnership ecosystem to thrive: developed opinion pieces for health leadership to engage the public on the NHIF reform process and the UHC vision, and developed communication materials for social media content and partners to raise awareness and encourage discussion on UHC implementation to create citizen buy-in for UHC and the National Hospital Insurance Fund reforms. Moreover, the SDGPP organized high-level events at WHA 2019, UNGA 2019, ICPD Summit to promote the work of the Government of Kenya and its partners and to facilitate knowledge exchange about the Platform's work.
- In support of enhancing capacities at the County level, Makueni and Isiolo County Governments received transaction advisory support to inform the design of their proposed PHC PPPs, and for managing the processes under Kenya's policy and regulative frameworks for Health PPPs, including stakeholder management.

Innovative partnerships and financing mechanisms advanced in support of Kenya's domestic resource mobilization agenda for Health.

- Approximately \$5 million investments have been unlocked in 2019 for mPharma, and Jacaranda Health with support of McKinsey: 1) mPharma's acquisition of Haltons Pharmacy (support provided on business modelling). 2) Jacaranda Health Maternity Hospital series A for raising investments to expand its hospital network offering services to low-income families (support provided to business modelling and identification of new markets / areas to establish a new hospital). In addition, McKinsey supported business case development for Zipline's discussions with KEMSA, MOH and Counties. McKinsey has also had exploratory discussions with two more companies in pharmaceuticals and insurance.
- To advance innovative financing for UHC in Kenya, the SDGPP supported the design and marketing of two initiatives; DFID/CIFF' financed Adolescent Sexual Reproductive Health Development Impact Bond, and European Investment Bank and Gates financed Africa Health Diagnostics Platforms. Both initiatives are expected to be launched in 2020.
- Screening of the ecosystem continues in order to identify and facilitate investment opportunities for financing initiatives as the Maternal Outcomes Matter (MOMs) Alliance supported by US Development Finance Cooperation and Merck for Mothers.
- The SDGPP conducted in 2019 research on new pathways for UHC financing ([e.g. Islamic finance](#)), and an [innovative health financing mechanism](#) to inform design of innovative partnerships and financing mechanisms. The research findings have been validated and disseminated through a series of workshops and high-level convenings with key stakeholders.
- To continue to strengthen the Impact Investment ecosystem, and endorsed by the National Treasury, an Impact Investment National Advisory Board (NAB) bringing together all key financing networks in Kenya is currently being established with support of the SDGPP. The NAB is envisioned to formally be endorsed by the Global Steering Group for Impact Investing to be launched in 2020.



Innovative solutions catalyzed to strengthen PHC delivery

- To enhance capacities in Kenya to catalyze innovative solutions, the SDGPP in partnership with the Ministry of ICT and Youth Affairs, Rockefeller Foundation, Center for Effective Global Action at Berkeley, and UNDP co-created and launched the [SDG Accelerator Lab](#) in September 2019 at the UNGA.
- To identify opportunities for catalyzing digital health solutions, SDGPP conducted a review of the status of selected digital health technologies in Kenya and recommended roadmap for supporting their large-scale adoption. The report is currently being disseminated for wider discussion and follow up.
- Over the course of 2019 regular engagements between MOH and key stakeholders have continued to be facilitated to assure strategic guidance, knowledge exchange and learning.

Case study

There is broad consensus that primary healthcare is the most effective and efficient strategy for improving health outcomes. Yet, many governments in developing countries struggle to make their primary care systems fully functional due to a lack of funds and management capacity. As a result, many people do not seek care when they should or bypass primary care and report directly to hospitals, thereby congesting limited hospital capacity.

To address this issue, Amref and Philips developed the Partnership for Primary Care (P4PC) model in close collaboration with Makueni County Government in Kenya, a devolved government serving a population of 1 million people. Through P4PC, responsibilities are shared between the public and the private parties, each party doing what it is best at to leverage comparative strengths. The public sector continues to be responsible for health personnel, infrastructure, drugs and supplies. The private parties make the community health system fully functional, fully equip facilities, roll out social health insurance and provide oversight management over the community and primary care system.

P4PC was tested in an 18-month feasibility study in a catchment area of 20,000 people with 3 primary care facilities in Makueni County. As a result, service quality and utilization of critical services, such as immunization, antenatal care and deliveries went up significantly. Skilled deliveries even reached 100%. Health worker motivation and patient satisfaction increased and significant additional income for the health system was generated.

The feasibility study demonstrated that significant improvements in the community and primary care system can be achieved through a public-private collaboration. Key learnings are that demand-side and supply-side improvements should be made in parallel, activities should be assigned to the party that is most competent and trust is needed underlying the collaboration.

These parties are now preparing for scaling of P4PC to all 224 primary care facilities in Makueni through a formal Public Private Partnership (PPP), which will partially be financed with commercial investments.

Throughout the process, the SDGPP has provided expert advisory services as a lead in the P4PC external advisory board, and will continue to provide its support in guiding stakeholder management, refining the technical P4PC design, facilitating necessary understanding capacities for partners, in particular the Ministry of Health and Makueni County Government, to implement all requisite processes in accordance with relevant policy and regulations (e.g. Kenya PPP Act 2013), in order to co-create a large-scale shared-value partnership delivering value for money and significant SDG3 impacts.

Delays in implementation, challenges, lessons learned & best practices

The Government of Kenya has prioritized delivery of UHC in its Big Four Agenda. This political commitment should be lauded. However, it has also created a very complex environment as the Government, partners and key stakeholders are designing and testing strategies to sustainably deliver UHC to all Kenyans, whilst



operating in an already resource-constrained environment where ODA is further shrinking due to multiple development partners gradually shifting from aid to trade due to Kenya's middle-income-country status.

In 2019 the Government of Kenya rolled-out its UHC pilot and initiated key reforms such as the National Health Insurance Fund. In order to make sure that SDGPP efforts were always in line with Government priorities and strategies, programming has for limited periods consciously been delayed awaiting lessons learned from the respective government initiatives and endorsements on the ways forward.

Moreover, as the SDGPP market research conducted by McKinsey in 2019 (funded by USAID) demonstrated, there is a clear case to invest in PHC from a social as well as financial perspective. However, the investment pipeline is limited and requires significant support to catalyze. The SDGPP is currently supporting an investment pipeline of \$120 million but for example the large-scale PHC PPPs under design as in Makueni require time to design and test in order to make sure they deliver value for money, as well as to unlock the viability gap funding when needed, and transact under the Health PPP Act 2019. Therefore, taking time as necessary to get it all right for the country is an important lesson learned in 2019. Unfortunately, it has also challenged us in timely delivery on the SDGPP ambitions as originally expected.

Finally, and at the operational level, the SDG Partnership Platform's novel approach requires risk appetite and flexibility within the United Nations system to advance innovations so that the UNCT can balance the demand for concrete results with experimentation, trial and error. One main impediment is that legal and administrative restrictions and obstacles slow internal processes. This may stem from the fact that current operational and financial frameworks were set up at a time when ODA was the norm and they have not been fully adapted to newer financing models in the new context for MICs.

Some of the best-practices which the SDGPP continues to apply to address the above described are:

1. National and Sub-National Ownership:

- The SDGPP is owned locally and addresses needs on the ground and promotion of a country led and country owned systems approach, in which public authorities are strengthened in their capacity to plan, manage, monitor and report on priority interventions.
- The SDGPP focusses on systems strengthening efforts and use of institutional infrastructure for programme implementation (rather than establishing parallel systems).
- The SDGPP co-creates, under the leadership of the Government together with key partners from private sector, appropriate models that aim to offer greatest value for money, based on research and evidence, so that national and county governments can scale up these approaches beyond the programme period.
- The SDGPP invests in advocacy and policy dialogue with governments, communities, and partners to build trust and understanding and to sustain relevant achievements.

2. A common agenda: SDGPP partners have a shared vision for change and a joint approach to a solution. This not only helps align efforts but also defines partners' commitments and determines how information will be shared within and outside the group. The agenda takes each partner's perspective and interests into consideration to ensure adequate incentivization.

3. A shared measurement system: SDGPP partners have determined how success will be measured and reported and set each other on annual base milestones and targets to be achieved.

4. Mutually reinforcing activities: diverse partners are engaged in mutually reinforcing activities. Each focuses on what it can do best. Typically, initiatives would be developed from multiple working groups, each addressing a complementary aspect of the development issue.



5. Constant communication: All partners engage in frequent and structured communications to build trust and coordinate mutual objectives. Monthly updates are shared with Steering Committee members and the Steering Committee meetings on quarterly basis.

6. Dedicated backbone support: The Secretariat — the “backbone” of the programme— guides the Steering Committee in pursuing common goals and objectives, as well as provision of strategic oversight in implementation of strategy, activities, measuring impact, communicating results and expanding the resource and partnership base.

As a result of all of this, the Platform has become a Government of Kenya UNDAF (2018 – 2022) Flagship initiative and received global recognition from UNDCO and the Dag Hammarskjold Foundation as a best practice to accelerate SDG financing⁵. Subsequently, and catalysed by its learnings, the Platform upon the request of the Government of Kenya is activating new windows to support thematic SDG clusters under Kenya's “Big Four” agenda commencing with Food and Nutrition Security launched on 26 February 2020 with the Ministry of Agriculture, private sector networks, FAO and IFAD.

In addition, at the global level, there is growing interest in how the SDGPP was set up and how it operates. This was clearly in evidence at a global meeting of UN Resident Coordinators in New York in November 2019, where RCs wanted to know more about the SDG PP in Kenya, and how they could create something similar in their own contexts. As the UN reform process gathers pace, and there is an imperative for UN Agencies to work more effectively as ‘one UN’, this need has come into sharp focus also with the newly-created posts of partnerships and resource mobilization officers within the offices of Resident Coordinators globally.

Meanwhile, and at the global Level, the UN has initiated the Partnership Accelerator for Agenda 2030. The Partnership Accelerator seeks to massively scale up action across multiple elements of the partnering agenda: strengthen individual and institutional capacity to partner; and support and build platforms for partnership. As part of this work, a learning visit was undertaken to the SDGPP in June 2019 by The Partnership Initiative (TPI), as the UN's expert implementing partner. This experience informed a new piece of research which looked across multiple similar structures and began the process of identifying characteristics of an effective partnership platform.

There is now an opportunity to take TPI's research undertaken through the Partnership Accelerator, plus some light touch external reviews of the SDGPP, and engage with key individuals involved in the set-up and management of the SDGPP to reflect on areas such as how it was set up; its success factors; risks, lessons learned; and guidance for others to apply elsewhere.

Systematically codifying and documenting the experience of the SDGPP's evolution will help the SDGPP itself to strengthen its own systems and processes. It will also enable others, notably other Resident Coordinators and their newly appointed partnership officers, seeking to replicate the Platform, to apply and adapt the Kenyan experience in their own contexts.

Qualitative assessment:

The SDGPP is meant to convene and connect leadership from Government, development partners, private sector, philanthropy, civil society, and academia to create SDG accelerator windows to catalyze SDG partnerships, financing and innovations in alignment with Government development priorities. Primary Healthcare (PHC) has been the first window established with as goal to be a key driver towards attainment of Universal Health Coverage (UHC) in line with Kenya's SDG3 framework, and the Big Four.

⁵ <https://www.daghammarskjold.se/publication/unlocking-sdg-financing/>



Under the leadership of the SDGPP co-chairs, the Cabinet Secretary for Ministry of Health in Kenya, the Chair of the Council of Governors Health Committee, and the UN Resident Coordinator to Kenya, the PHC Window has established a Steering Committee which met in 2019 quarterly with its membership including the Co-Chairs, a Representative of the Kenya Healthcare Federation (local private sector network), UNH6 leadership, as well as all PHC Window investors (e.g. Netherlands, USAID, World Bank, Sweden, Switzerland, Conrad N. Hilton Foundation, Rockefeller Foundation, Philips, AstraZeneca, Huawei, and Merck for Mothers) to jointly discuss and offer strategic guidance for the implementation of the Window's 5-year strategic plan.

Implementation of the PHC Window strategic plan is coordinated by the Platform's Secretariat and facilitated through SDGPP partners with comparative advantage to deliver as one on specific SDGPP strategic support areas (e.g. World Bank and WHO are supporting the MOH in developing the Kenya Health PPP strategy and toolkit, the Ministry of ICT, Innovation and Youth with support of UNDP and private sector partners as Philips are advancing innovation through the SDG Accelerator Lab, and the World Bank and UNFPA lead support on research, analysis, and technical assistance to MOH and COG for private sector engagement and RMNCAH).

Over the course of 2019 the SDGPP governance and coordination structures have been strengthened in order to optimize delivery as one with the Government, as UNH6, and with other key stakeholders.

As a result, key milestones have been reached over the course of 2019 making the year reasonably successful for the SDGPP.

However, given the challenges and delays described above, there is room for improving both efficiency, and effectiveness of support, to make sure support translates into action on the ground and reaches the one's furthest left behind. This will be a key priority for the SDGPP in 2020 and moving forward as we leverage our experiences, relationships and lessons learned to raise it to the next level!

Indicator Based Performance Assessment:

Outcome / output	Indicator	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Outcome 1: Enhanced institutional, organizational, and staff capacities at national and county government to advance public private collaboration and innovation for PHC.	# of impactful PHC PPPs increased in Kenya	Partially achieved	Various large-scale PHC PPP initiatives are under their way in Kenya and expected to launch in 2020/2022	SDGPP Monthly Progress reports
Output 1.1 Technical support provided to drafting and refinement of policies and regulations to optimize public private collaboration for universal access to quality affordable PHC.	Advice on refinement of policies and strategies for the attainment of universal access to quality affordable PHC.	Achieved	On track	PHC Advisor progress reports
	Enhanced capacity for technical coordination to County Governments on PHC PPP initiatives and planning incl drafting and refining relevant county legislature	Partially achieved	Support has been provided to COG and selected Counties in understanding the PPP act and planning for Health PPPs but awaiting the direction the Country will take in UHC roll-out and amendment of the PPP act we have hold back to offer further support drafting and refining relevant county legislature	SDGPP Monthly Progress reports
Output 1.2 National and County Government capacities built to steward optimum private sector engagement for universal access to quality affordable PHC	Health PPP Strategy and Toolkit developed and disseminated	Partially achieved	To develop a strong evidence base to inform this work, the assessment on the status of Health PPPs in the Country took longer. Moreover, the process was consciously delayed to let the work be informed by the outcomes of the UHC pilot and strategy for national roll-out of UHC in Kenya.	SDGPP Monthly Progress reports
	At least 50 Public Officers trained in facilitating Health PPPs	Not achieved	Training to start when Health PPP training toolkit will be finalized (expected to be done in April 2020)	SDGPP Monthly Progress reports
	At least 16 county or county bloc health stakeholder forums organized to promote public participation in planning and decision-making and catalyze potential and feasible opportunities for PHC PPPs	Achieved	On track	SDGPP Monthly Progress reports
	Support provided to the UHC media and communications sub-committee in the dissemination of pre-agreed assets	Achieved	On track	SDGPP Monthly Progress reports
	Enhanced capacity for technical coordination to County Governments in follow up of SDGPP LREB Health PPP Symposium	Partially achieved	Technical support has been provided in 2019 to the LREB Secretariat in the follow up of the recommendations of the LREB Health PPP Symposium organized in 2018 with support of SDGPP.	SDGPP Monthly Progress reports
	Enhanced capacity for technical coordination to County Governments in follow up of SDGPP FCDC PHC Co-Create Workshop	Achieved	On track	SDGPP Monthly Progress reports
Outcome 2: Innovative financing and business models advanced in support of the GoK's domestic resource mobilization agenda for PHC / UHC	At least \$50 million private investments unlocked and blended for PHC transformation.	Partially achieved	As the SDGPP market research conducted by McK and funded by USAID demonstrated - there is a clear case to invest in PHC both from a social as well as financial perspective, the investment pipeline is very limited and will require significant support to catalyze. Approximately \$5 million investments have been unlocked in 2019. As PHC PPP capacities are being built, and practice to learn from is growing, we expect more and more investments to be unlocked. Current investment pipeline being curated is valued at \$120 million	SDGPP Monthly Progress reports
Output 2.1: Evidence-base on potential new business models for universal access to quality affordable PHC developed and promoted	At least 4 workshop organized to further model-out and promote various PHC inclusive financing and business models identified through the McKinsey and Intelcap research	Achieved	On track	SDGPP Monthly Progress reports
	At least 4 External Advisory meetings attended offering substantive advice on driving shared-value and equality in delivery of primary healthcare	Achieved	On track	SDGPP Monthly Progress reports
Output 2.2: Public, Private and blended financing models brokered to accelerate universal access to quality affordable PHC	At least 1 Innovative Health Financing Model Advanced (eg Health Impact Bond)	Partially achieved	Throughout 2019 catalytic support has been provided to the design of world's first ASRH-DIB financed by ClFF and DIFD. The DIB is expected to be launched in April 2020.	SDGPP Monthly Progress reports
	At least 4 Public Contracting Authorities (eg Counties) have received transaction support to develop PPP concept note	Achieved	On track	SDGPP Monthly Progress reports
Outcome 3: Innovative solutions and partnerships catalyzed to strengthen the delivery of PHC systems.	PHC delivery more efficient and effective through improved adaptation of technology and innovation	Partially achieved	Promising solutions have been identified but the partnerships to operationalize all need to come to fruition.	SDGPP Monthly Progress reports
	SDG Innovation Lab established	Achieved	On track	SDGPP Monthly Progress reports
Output 3.1 Support design and testing of innovative partnership and solutions				
Outcome 4: Programme operational excellence	SDGPP partnership operations and programming sustained	Partially achieved	Over 2019 the partnership and resource base of the SDGPP expanded but concerted effort will remain required to make sure the SDGPP operations and PHC programming can progress at the right speed and scale in 2021	SDGPP Monthly Progress reports
Output 4.1 SDGPP Secretariat operational capacities enhanced	Programme efficient, effective and accountably implemented	Achieved	On track	SDGPP Monthly Progress reports

III. Other Assessments or Evaluations

- The guidebook SDGPP contributed to aims to help stakeholders to understand the value of MSP and provide guidance on how to build robust and effective collaborations that can achieve extraordinary results for the SDGs. [The research report](#) draws out good practices from in-country 'partnership platforms'. These platforms aim to catalyze and support new MSP for sustainable development.
- [Health Financing Models for Universal Health Coverage in Kenya](#)
- [Islamic Finance Rapid Scoping Study](#)
- A review of the status of selected digital health technologies in Kenya and recommended roadmap for supporting large-scale adoption

IV. Programmatic Revisions

In line with the SDGPP PHC Window 5-year strategic plan, and building on the achievements made over the last 2 years, the following key milestones and targets have been set for 2020:

1. Enhanced MOH Leadership capacities to steward PHC PPP through finalization and implementation of Health PPP strategy, and refinement of PHC policies and practice
2. Enhanced capacities of at least 80 public officers to facilitate PHC PPP through training in Health PPP Toolkit
3. Enhanced trust and understanding between key stakeholders to support UHC rollout, and potential PHC PPPs, through support to at least 10 health stakeholder forums / public private dialogues
4. Makueni and Isiolo County Governments launch PHC PPPs offering value for money with support of SDGPP New PPP opportunities identified through pre-feasibility studies done on PHC networks hub and spokes model, expanding local pharma, and support to Health Technology Assessment.
5. Investment pipeline expanded to \$200 million with a minimum of 20% transacted in 2020
6. Digital Health Solutions scaled through implementation of the digital health review roadmaps.
7. SDG Partnership Platform partnership and resource base expanded
8. UHC media and communications supported through SDGPP platforms
9. Strengthening the monitoring and data capturing of business linkages and actual investments attributed to the Platform's engagement and convening power
10. Best practice document capturing successes and lessons learned to inform progressive policy and practice for SDG3 partnership platforms around the world

The SDGPP PHC Window Steering Committee has underscored the importance for the SDGPP to remain dynamic and adaptable for changing its strategies and programming in line with the UHC roll-out in the Country. Moreover, the SDGPP PHC Window membership has been called to action in response to the COVID-19 outbreak in Kenya and will review its workplan and budgets to shoulder the response in the best ways it can.

V. Resources

The SDGPP broadened in 2019 its partnership and resource base to sustain the PHC programming and expand it to other Big Four Pillar, as for example food-security and nutrition.

- Netherlands, Merck for Mothers, AstraZeneca, Philips, and Huawei increased their support to the PHC Window.
- Sweden, Switzerland, Rockefeller Foundation and Takeda joined the SDGPP in 2019.

So far, partners contributed between September 2017 – December 2019 approximately \$7,055,000 funding and in-kind support to the PHC Window for the implementation of its 5-year strategic plan.

VI. Consolidated Annual Financial Report of the Administrative Agent for the Kenya SDG Partnership Platform Multi-Partner Trust Fund for the period 1 January to 31 December 2019

DEFINITIONS

Allocation

Amount approved by the Steering Committee for a project/programme.

Approved Project/Programme

A project/programme including budget, etc., that is approved by the Steering Committee for fund allocation purposes.

Contributor Commitment

Amount(s) committed by a donor to a Fund in a signed Standard Administrative Arrangement with the UNDP Multi-Partner Trust Fund Office (MPTF Office), in its capacity as the Administrative Agent. A commitment may be paid or pending payment.

Contributor Deposit

Cash deposit received by the MPTF Office for the Fund from a contributor in accordance with a signed Standard Administrative Arrangement.

Delivery Rate

The percentage of funds that have been utilized, calculated by comparing expenditures reported by a Participating Organization against the 'net funded amount'.

Indirect Support Costs

A general cost that cannot be directly related to any particular programme or activity of the Participating Organizations. UNDG policy establishes a fixed indirect cost rate of 7% of programmable costs.

Net Funded Amount

Amount transferred to a Participating Organization less any refunds transferred back to the MPTF Office by a Participating Organization.

Participating Organization

A UN Organization or other inter-governmental Organization that is an implementing partner in a Fund, as represented by signing a Memorandum of Understanding (MOU) with the MPTF Office for a particular Fund.

Project Expenditure

The sum of expenses and/or expenditure reported by all Participating Organizations for a Fund irrespective of which basis of accounting each Participating Organization follows for donor reporting.

Project Financial Closure

A project or programme is considered financially closed when all financial obligations of an operationally completed project or programme have been settled, and no further financial charges may be incurred.

Project Operational Closure

A project or programme is considered operationally closed when all programmatic activities for which Participating Organization(s) received funding have been completed.

Project Start Date

Date of transfer of first instalment from the MPTF Office to the Participating Organization.

Total Approved Budget

This represents the cumulative amount of allocations approved by the Steering Committee.

US Dollar Amount

The financial data in the report is recorded in US Dollars and due to rounding off of numbers, the totals may not add up.



INTRODUCTION

This Consolidated Annual Financial Report of the **Kenya SDG Partnership Platform MPTF** is prepared by the United Nations Development Programme (UNDP) Multi-Partner Trust Fund Office (MPTF Office) in fulfillment of its obligations as Administrative Agent, as per the terms of Reference (TOR), the Memorandum of Understanding (MOU) signed between the UNDP MPTF Office and the Participating Organizations, and the Standard Administrative Arrangement (SAA) signed with contributors.

The MPTF Office, as Administrative Agent, is responsible for concluding an MOU with Participating Organizations and SAAs with contributors. It receives, administers and manages contributions, and disburses these funds to the Participating Organizations. The Administrative Agent prepares and submits annual consolidated financial reports, as well as regular financial statements, for transmission to contributors.

This consolidated financial report covers the period 1 January to 31 December **2019** and provides financial data on progress made in the implementation of projects of the **Kenya SDG Partnership Platform MPTF**. It is posted on the MPTF Office GATEWAY (<http://mptf.undp.org/factsheet/fund/KEN00>).

The financial data in the report is recorded in US Dollars and due to rounding off of numbers, the totals may not add up.

Important to note is that the MPTF is the main SDGPP funding instrument but the SDGPP also receives in-kind and financial support through other mechanisms (as mentioned in Section V above).

The 2019 narrative progress report captures all activities and milestones achieved in 2019 hence resources through the MPTF and other mechanisms.

2019 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the **Kenya SDG Partnership Platform MPTF** using the pass-through funding modality as of 31 December **2019**. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: <http://mptf.undp.org/factsheet/fund/KEN00>.

VI.1. SOURCES AND USES OF FUNDS

As of 31 December **2019**, **5** contributors deposited US\$ **1,940,658** in contributions and US\$ **8,132** was earned in interest.

The cumulative source of funds was US\$ **1,948,790**. Of this amount, US\$ **1,730,422** has been net funded to **2** Participating Organizations, of which US\$ **943,579** has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US\$ **19,407**. Table 1 provides an overview of the overall sources, uses, and balance of the **Kenya SDG Partnership Platform MPTF** as of 31 December 2019.

Table 1. Financial Overview, as of 31 December 2019 (in US Dollars)

	Annual 2018	Annual 2019	Cumulative
Sources of Funds			
Contributions from donors	450,000	635,000	1,940,658
Fund Earned Interest and Investment Income	3,402	3,863	8,132
Interest Income received from Participating Organizations	-	-	-
Refunds by Administrative Agent to Contributors	-	-	-
Fund balance transferred to another MDTF	-	-	-
Other Income	-	-	-
Total: Sources of Funds	453,402	638,863	1,948,790
Use of Funds			
Transfers to Participating Organizations	-	883,320	1,730,422
Refunds received from Participating Organizations	-	-	-
Net Funded Amount	-	883,320	1,730,422
Administrative Agent Fees	4,500	6,350	19,407
Direct Costs: (Steering Committee, Secretariat...etc.)	-	-	-
Bank Charges	7	3	11
Other Expenditures	-	-	-
Total: Uses of Funds	4,507	889,673	1,749,839
Change in Fund cash balance with Administrative Agent	448,895	(250,811)	198,951
Opening Fund balance (1 January)	867	449,762	-
Closing Fund balance (31 December)	449,762	198,951	198,951
Net Funded Amount (Includes Direct Cost)	-	883,320	1,730,422
Participating Organizations' Expenditure (Includes Direct Cost)	453,596	489,984	943,579
Balance of Funds with Participating Organizations			786,842



SDG PARTNERSHIP PLATFORM

VI.2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this Fund as of 31 December 2019.

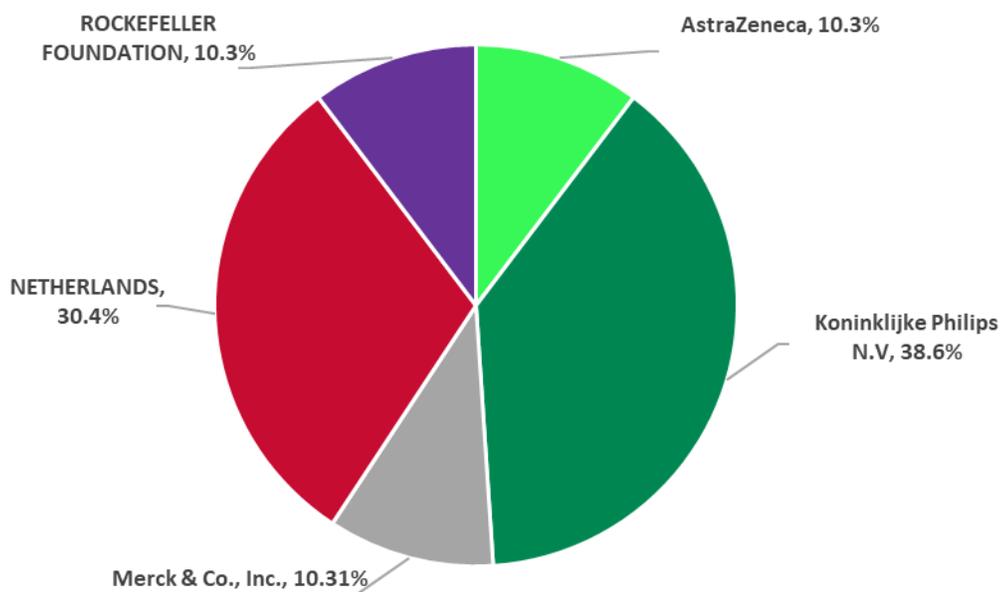
The **Kenya SDG Partnership Platform MPTF** is currently being financed by **5** contributors, as listed in the table below.

The table below includes commitments made up to 31 December **2019** through signed Standard Administrative Agreements, and deposits made through **2019**. It does not include commitments that were made to the fund beyond **2019**.

Table 2. Contributors' Commitments and Deposits, as of 31 December 2019 (in US Dollars)

Contributors	Total Commitments	Prior Years as of 31-Dec-2018 Deposits	Current Year Jan-Dec-2019 Deposits	Total Deposits
AstraZeneca	200,000	100,000	100,000	200,000
Koninklijke Philips N.V	750,000	750,000	-	750,000
Merck & Co., Inc.	200,000	100,000	100,000	200,000
NETHERLANDS	590,658	355,658	235,000	590,658
ROCKEFELLER FOUNDATION	200,000	-	200,000	200,000
Grand Total	1,940,658	1,305,658	635,000	1,940,658

Figure 1: Deposits by contributor, cumulative as of 31 December 2019



VI.3. INTEREST EARNED

Interest income is earned in two ways: 1) on the balance of funds held by the Administrative Agent (Fund earned interest), and 2) on the balance of funds held by the Participating Organizations (Agency earned interest) where their Financial Regulations and Rules allow return of interest to the AA.

As of 31 December **2019**, Fund earned interest amounts to US\$ **8,132**.

Details are provided in the table below.

Table 3. Sources of Interest and Investment Income, as of 31 December 2019 (in US Dollars)

Interest Earned	Prior Years as of 31-Dec-2018	Current Year Jan-Dec-2019	Total
Administrative Agent			
Fund Earned Interest and Investment Income	4,269	3,863	8,132
Total: Fund Earned Interest	4,269	3,863	8,132
Participating Organization			
Total: Agency earned interest			
Grand Total	4,269	3,863	8,132

VI.4. TRANSFER OF FUNDS

Allocations to Participating Organizations are approved by the Steering Committee and disbursed by the Administrative Agent. As of 31 December **2019**, the AA has transferred US\$ **1,730,422** to **2** Participating Organizations (see list below).

Table 4 provides additional information on the refunds received by the MPTF Office, and the net funded amount for each of the Participating Organizations.

Table 4. Transfer, Refund, and Net Funded Amount by Participating Organization, as of 31 December 2019 (in US Dollars)

Participating Organization	Prior Years as of 31-Dec-2018			Current Year Jan-Dec-2019			Total		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
UNDP	847,102		847,102				847,102		847,102
UNFPA				883,320		883,320	883,320		883,320
Grand Total	847,102		847,102	883,320		883,320	1,730,422		1,730,422



SDG PARTNERSHIP PLATFORM

VI.5. EXPENDITURE AND FINANCIAL DELIVERY RATES

All final expenditures reported for the year **2019** were submitted by the Headquarters of the Participating Organizations. These were consolidated by the MPTF Office. Project expenditures are incurred and monitored by each Participating Organization, and are reported as per the agreed upon categories for inter-agency harmonized reporting. The reported expenditures were submitted via the MPTF Office's online expenditure reporting tool. The **2019** expenditure data has been posted on the [Fund website](#) of the MPTF Office GATEWAY.

Table 5.1. Net Funded Amount, Reported Expenditure, and Financial Delivery by Participating Organization, as of 31 December 2019 (in US Dollars)

Participating Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years as of 31-Dec-2018	Current Year Jan-Dec-2019	Cumulative	
UNDP	847,102	847,102	453,596	338,933	792,529	93.56
UNFPA	883,320	883,320		151,051	151,051	17.10
Grand Total	1,730,422	1,730,422	453,596	489,984	943,579	54.53

5.1 EXPENDITURE REPORTED BY PARTICIPATING ORGANIZATION

In **2019**, US\$ **883,320** was net funded to Participating Organizations, and US\$ **489,984** was reported in expenditure.

As shown in table below, the cumulative net funded amount is US\$ **1,730,422** and cumulative expenditures reported by the Participating Organizations amount to US\$ **943,579**. This equates to an overall Fund expenditure delivery rate of **55** percent.

5.2 EXPENDITURE BY PROJECT

Table 5 displays the net funded amounts, expenditures reported and the financial delivery rates by Participating Organization.

Table 5.2 Expenditure by Project within Sector, as of 31 December 2019 (in US Dollars)

Sector / Project No. and Project Title		Participating Organization	Project Status	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
Enabling Support to the SDG PP							
00108116	Establishing and operationalization of the SDGPP, including funding of SDGPP Secretariat Staffing	UNDP	On Going	535,000	535,000	505,647	94.51
Enabling Support to the SDG PP: Total				535,000	535,000	505,647	94.51
TW1 SDG 3 Cluster PHC							
00108117	SDG3 Primary Healthcare Accelerator	UNDP	On Going	312,102	312,102	286,882	91.92
00115127	Implementation of the SDGPP PHC Window	UNFPA	On Going	883,320	883,320	151,051	17.10
TW1 SDG 3 Cluster PHC: Total				1,195,422	1,195,422	437,932	36.63
Grand Total				1,730,422	1,730,422	943,579	54.53

5.3 EXPENDITURE REPORTED BY CATEGORY

Project expenditures are incurred and monitored by each Participating Organization and are reported as per the agreed categories for inter-agency harmonized reporting.

2012 CEB Expense Categories

1. Staff and personnel costs
2. Supplies, commodities and materials
3. Equipment, vehicles, furniture and depreciation
4. Contractual services
5. Travel
6. Transfers and grants
7. General operating expenses
8. Indirect costs
- 9.

Table 5.3 Expenditure by UNDG Budget Category, as of 31 December 2019 (in US Dollars)

Category	Expenditure			Percentage of Total Programme Cost
	Prior Years as of 31-Dec-2018	Current Year Jan-Dec-2019	Total	
Staff & Personnel Cost	348,822	205,467	554,289	62.86
Suppl, Comm, Materials	-	-	-	
Equip, Veh, Furn, Depn	1,360	14,279	15,639	1.77
Contractual Services	5,624	128,310	133,934	15.19
Travel	40,637	48,121	88,758	10.06
Transfers and Grants	-	-	-	
General Operating	27,475	61,757	89,232	10.12
Programme Costs Total	423,919	457,933	881,852	100.00
¹ Indirect Support Costs Total	29,677	32,050	61,728	7.00
Total	453,596	489,984	943,579	

¹ **Indirect Support Costs** charged by Participating Organization, based on their financial regulations, can be deducted upfront or at a later stage during implementation. The percentage may therefore appear to exceed the 7% agreed-upon for on-going projects. Once projects are financially closed, this number is not to exceed 7%.

VI.6. COST RECOVERY

Cost recovery policies for the Fund are guided by the applicable provisions of the Terms of Reference, the MOU concluded between the Administrative Agent and Participating Organizations, and the SAAs concluded between the Administrative Agent and Contributors, based on rates approved by UNDG.

The policies in place, as of 31 December 2019, were as follows:

- **The Administrative Agent (AA) fee:** 1% is charged at the time of contributor deposit and covers services provided on that contribution for the entire duration of the Fund. In the reporting period US\$ **6,350** was deducted in AA-fees. Cumulatively, as of 31 December 2019, US\$ **19,407** has been charged in AA-fees.
- **Indirect Costs of Participating Organizations:** Participating Organizations may charge 7% indirect costs. In the current reporting period US\$ **32,050** was deducted in indirect costs by Participating Organizations. Cumulatively, indirect costs amount to US\$ **61,728** as of 31 December 2019.

VI.7. ACCOUNTABILITY AND TRANSPARENCY

In order to effectively provide fund administration services and facilitate monitoring and reporting to the UN system and its partners, the MPTF Office has developed a public website, the MPTF Office Gateway (<http://mptf.undp.org>). Refreshed in real time every two hours from an internal enterprise resource planning system, the MPTF Office Gateway has become a standard setter for providing transparent and accountable trust fund administration services.

The Gateway provides financial information including: contributor commitments and deposits, approved programme budgets, transfers to and expenditures reported by Participating Organizations, interest income and other expenses. In addition, the Gateway provides an overview of the MPTF Office portfolio and extensive information on individual Funds, including their purpose, governance structure and key documents. By providing easy access to the growing number of narrative and financial reports, as well as related project documents, the Gateway collects and preserves important institutional knowledge and facilitates knowledge sharing and management among UN Organizations and their development partners, thereby contributing to UN coherence and development effectiveness.