



Resource Mobilization Plan for Kenya SRS

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Outline

Country overview, current gaps and rationale for SRS

Overview of the Kenya SRS resource mobilization plan

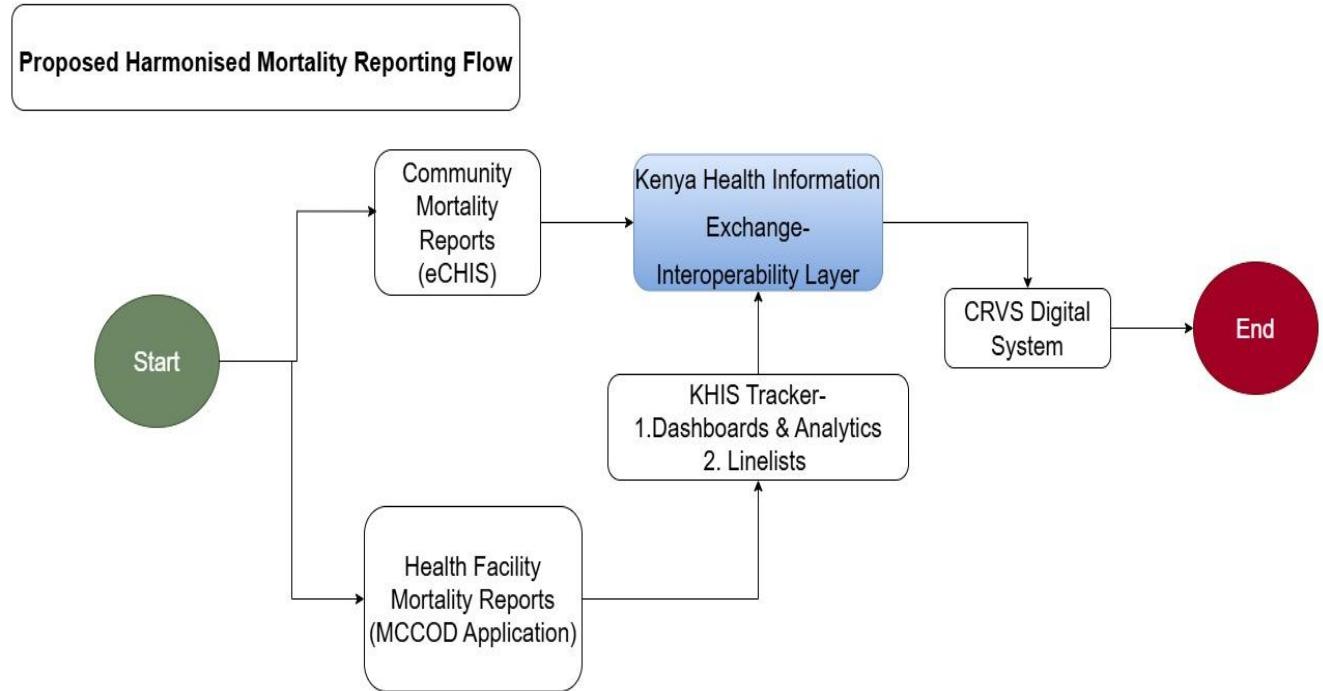
Funding Sources & Types

Status of Resource Mobilization

Activities continuing after Proposal Submission

Background

- Kenya has a devolved health system
 - Service delivery - counties
 - National level - policy, standards, and strategic direction
- Establishing SRS to generate timely, complete, and nationally representative mortality data
- The SRS links community and facility death reporting and civil registration



Gaps and Rationale for SRS

Gaps

- Data collection and reporting are largely paper-based, fragmented and events underreported
- Death registration completeness by CRS in 2024 was 44.8% against the target of 80%, with 45.1% being community deaths
- Cause-of-death (CoD) data from the community lay-reported and often inaccurate
- Thus, untimely data hindering surveillance, missed community deaths and unreliable CoD data
- This impacts effective public health response, planning and resource allocation

Rationale for SRS

- Linkage of civil registration processes and health sector reporting of death will provide timely data for surveillance and improve death registration completeness
- Use of verbal autopsies for community deaths will enhance the quality of cause-of-death data
- SRS will leverage existing structures and systems to provide nationally representative data

Overview of the Resource Mobilization Plan

- **Goal:**
 - Ensure sustainable financing and institutionalization of Kenya's SRS beyond initial donor support.
- **Approach:**
 - Government-led, partner-aligned, and phased financing strategy
 - Progressive transition from donor funding to domestic resources
 - Integration of SRS into existing CRS and MoH systems and budgets

Funding Sources and Types



Government of Kenya (MoH & CRS)

- Budgetary allocations (HR, supervision, digital systems)
- In-kind support: staff time, infrastructure, systems hosting

Development Partners

- Direct financial support for start-up, scale-up, and innovation
- Technical assistance (VA, MITS, analytics, capacity building)

Counties

- Engagement of the COG and CHMT
- Co-financing for community-level operations and supervision
- Support for CHPs, data review meetings, and local dissemination

Academia & Research Partners

- In-kind contributions: analysis, training, research use

Status of Resource Mobilization

- Funding landscape analysis
 - Stakeholder mapping conducted
 - Partners engagement throughout the SRS planning phase; Africa CDC, WHO, US CDC, IOM
 - Technical support and explore avenues for financial collaboration

Status of Resource Mobilization

- **Confirmed / High Certainty**
 - Government commitment to institutionalize SRS within CRS and MoH
 - Out of a 100% cost estimate for full SRS implementation, GoK has committed 84%, while we seek 16%
 - Integration with eCHIS, KHIS, CRVS, and national data infrastructure
 - Budgetary allocations – MTEF
 - KNPHI mobilized resources
- **Medium Certainty (50/50)**
 - Partner support for phased implementation components
 - Planning funds support from the Gates Foundation creates a platform for further partner engagement
 - County-level co-financing in selected implementation areas
- **Funding Gaps / To Be Mobilized**
 - Full national scale-up costs
 - Advanced analytics, research, and long-term evaluations

Partners Engagement

- Partner engagement meetings
 - 3rd December 2025 – partners meeting; WHO, US CDC, ICAP, Palladium, KRCS, MOH – Directorate of Primary Health Care, CIHEB
 - Business case for SRS – value proposition and multi-sectoral benefits
 - Showcased the value of SRS and agreed on the way forward
 - Apparent interest and readiness to support
- The USG–Kenya bilateral GHS agreement offers a structured mechanism through which SRS will be integrated and co-financed, aligning with shared priorities on surveillance, data systems, and pandemic preparedness



Post Proposal Submission Activities

1. Partnership & Resource Alignment

- Engage partners to align SRS support with new budget cycles
- Tailor concept notes to strategic interests
- Follow-up meetings + continued participation in CRVS/MS TWGs

2. Government Ownership & Integration

- Advocate for domestic budget allocations (CRS + MoH)
- Align with national preparedness & response agendas
- Advance policy dialogue on mortality data use

3. Systems Optimization

- Refine ICT workflow for SRS and interoperability
- Maintain surveillance using existing platforms + enhance data use
- Produce & disseminate routine mortality bulletins

4. Knowledge, Evidence & Advocacy

- Document SRS progress & share through KNPHI and other platforms
- Leverage lessons from VA pilot, CHAMPS, and MS projects
- Develop policy briefs to drive institutional uptake

Conclusion

- Kenya remains fully committed to institutionalizing the SRS as part of its national CRVS and surveillance architecture
- Our next phase focuses on coordinated resource mobilization, shared investments, and sustainable co-financing models
- Over time, SRS operations will transition fully to GOK financing, ensuring long-term continuity, improved mortality evidence, and stronger population health outcomes



The background features the Kenyan flag, which consists of four horizontal stripes of equal width. The top stripe is red, the second is black, the third is green, and the bottom stripe is blue. The blue stripe contains the national coat of arms in the center.

Asante!

