



# Resource Mobilization Plan for Kenya SRS

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# Outline

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Country overview, current gaps and rationale for SRS

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Overview of the Kenya SRS resource mobilization plan

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Funding Sources & Types

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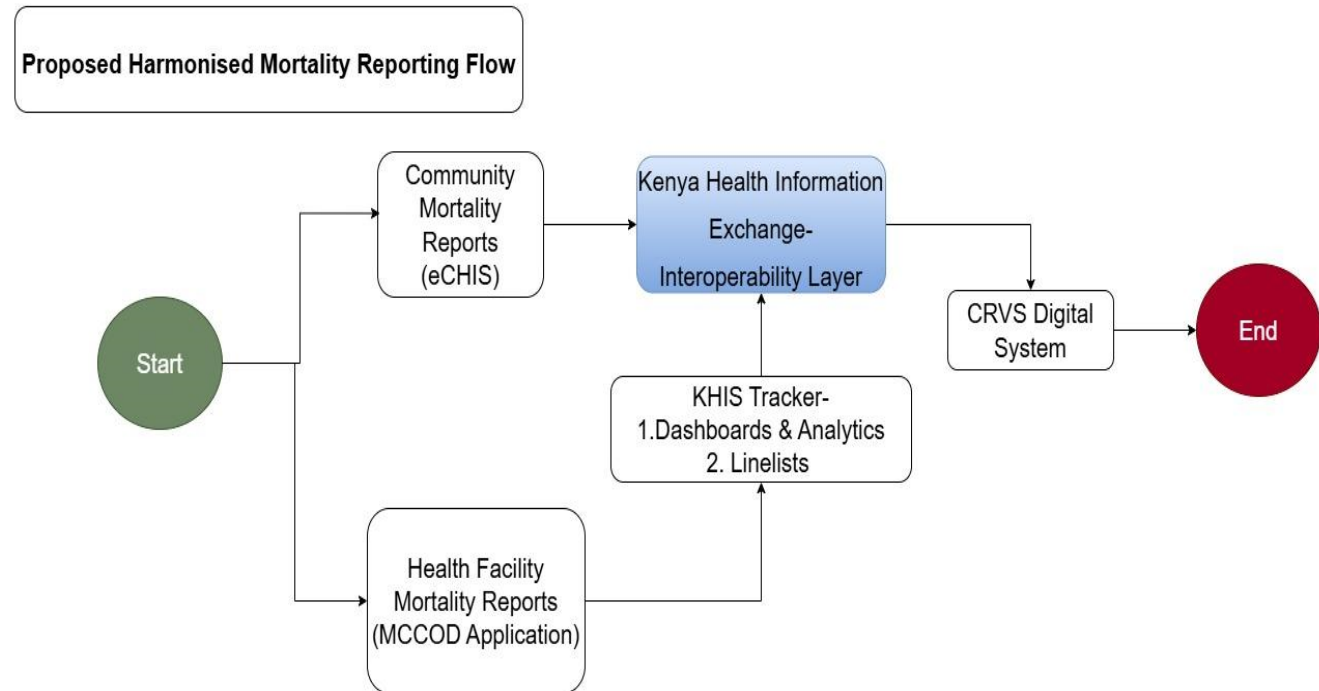
Status of Resource Mobilization

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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

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## 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

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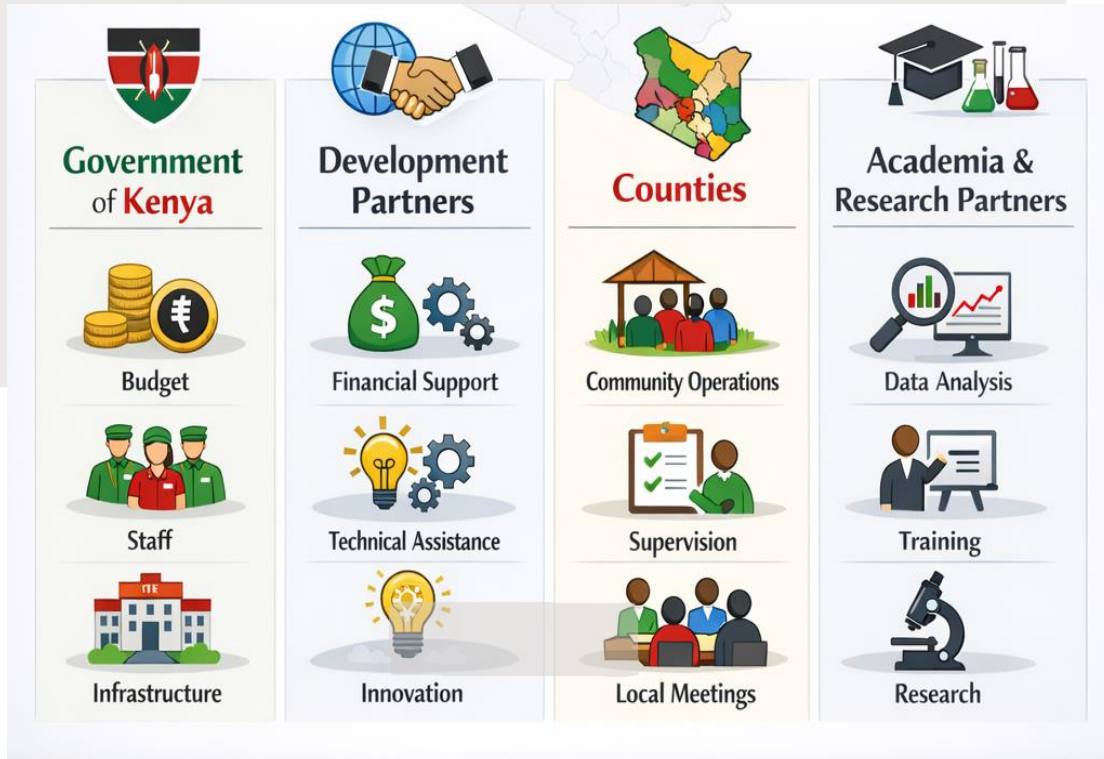
- **Goal:**

- 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

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## 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



Asante!

