FACT SHEET

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BUDGET TREND ANALYSIS TO INCREASE INVESTMENT IN RMNCAH AT NATIONAL LEVEL AND IN ISIOLO, MANDERA AND MARSABIT COUNTIES

The Problem: A Stalled Trajectory for Women and Youth

Progress in **maternal and neonatal health** has hit a plateau, and the outlook for adolescents is increasingly critical. **The Triple Threat nationally and in the counties of** Isiolo, Mandera, and Marsabit which is the intersection of teenage pregnancy, new HIV infections, and Sexual and Gender-Based Violence (SGBV) continues to create a cycle of poverty and poor health. Key RMNCAH/Adolescent indicators are currently **off-track for SDG 3.** Without urgent intervention, high rates of adolescent childbearing and vertical transmission of HIV will continue to undermine development.

The Risk: Fragile Systems and Harmful Practices

The health and rights of adolescents, girls and women is currently sustained by a "fragile" ecosystem:

- **Donor Dependence**: Essential services—including HIV commodities, SRHR outreach, and SGBV recovery centers—rely heavily on external partners. A "funding shock" or partner exit would leave thousands of girls without a safety net.
- **The Shadow Pandemic**: Beyond clinical health, harmful traditional practices like Female Genital Mutilation (FGM) and early marriages remain significant barriers. These practices not only violate human rights but also lead to obstetric complications and high maternal mortality among young mothers.
- **Justice Gaps:** Weak enforcement of protection laws means many SGBV cases are settled through "kangaroo courts," denying survivors the medical and legal justice they require.

The Opportunity:Financing a Rights-Based Future by Counties

Counties can break the cycle of dependence by leveraging on domestic resource mobilization including the Facility Improvement Funds (FIF). In Mandera and Marsabit, where FIF accounts for over 50% of Own Source Revenue (OSR), there is a clear pathway to self-reliance if well harnessed.

- **Strategic Reinvestment:** Ring-fenced FIF revenue can be used to institutionalize Adolescent-Friendly Services (AFS), ensuring that health centers are equipped to handle teen pregnancies and SGBV cases with confidentiality and care.
- **Sustainability:** By transitioning from partner-led outreach to ring-fenced county-funded integrated RMNCAH programs, counties can ensure that the fight against FGM, early marriages, and HIV continues long after donor cycles end.

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THE BUDGET TREND ANALYSIS FINDINGS

Low and volatile RMNCAH financing: RMNCAH allocations are significantly lower than general health budgets in all counties. Marsabit records the highest RMNCAH investment, while Isiolo has the lowest.

Heavy donor and national government dependence: Mandera alone received over Ksh 400 million in national transfers for RMNCAH (FY 2024/25). Core commodities and outreach services remain donor-funded. Counties face high vulnerability to funding shocks and donor exits.

Weak budget transparency and disaggregation: Absence of RMNCAH-specific vote heads in Program-Based Budgets. Limited public access to CIDPs, ADPs, and execution reports.

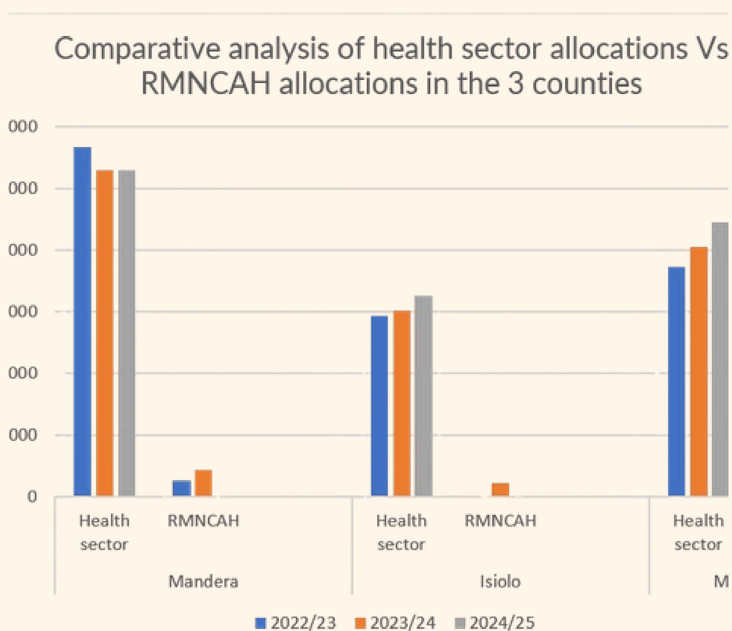
Underutilized Facility Improvement Funds (FIF): FIF constitutes a significant share of Own Source Revenue (OSR): Marsabit: 54%; Mandera: 51%; Isiolo: 30%.

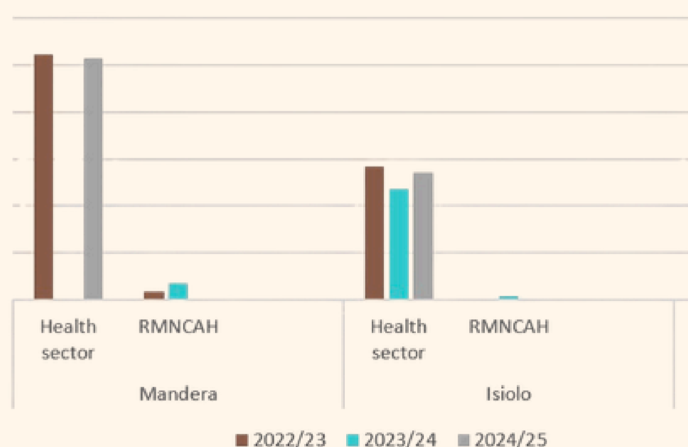
Low RMNCAH Investment: Isiolo currently records the lowest RMNCAH investment among the peer counties analysed. Although the county is a strategic gateway for Northern Kenya, its health indicators for women and children are at risk due to volatile year-on-year allocations.

Decline in Transparency in Marsabit: The county's Budget Transparency Index score fell from 53 to 10 out of 100 in 2024, jeopardising future donor partnerships with entities such as the World Bank. as of FY 2024/25, no data on RMNCAH/RSRHR allocations is publicly available, creating a "black hole" for oversight.

Underutilised Revenue: Facility Improvement Funds (FIF) account for 30% of Own Source Revenue for Isiolo County but lack a ring-fencing mechanism to ensure they remain at the facility level for service delivery.

Mandera presents a unique case in the analysis, as it demonstrates a strong ability to secure national transfers (over KES 400 million) and has committed significant resources to upgrading maternal and newborn units (KES 1.2 billion). The data also reveals a gap between its high RMNCAH allocations (KES 211.9 million in FY 2023/24) and actual expenditures (KES 172 million), suggesting an opportunity to improve budget absorption and efficiency.





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POLICY RECOMMENDATIONS

A. MEMBERS OF PARLIAMENT- NATIONAL ASSEMBLY

The Problem: Over-reliance on donors for 60%+ of FP/HIV commodities.

The Risk: 6.2 million clients may lose access to FP by end of 2026 if domestic funding doesn't fill the gap.

The Solution: Use your legislative and oversight power to ensure Facility Improvement Financing (FIF) and NG-CDF work in tandem to create a self-sustaining health system.

Ask 1: Financing for Family Planning (FP) Commodities

The Challenge: Kenya faces a critical "donor cliff." In FY 2025/2026, the national budget for FP commodities remains inconsistent with the FP2030 Commitment to cover 100% of requirements domestically by 2026.

What can the MPs do?

- **Ring-fencing FP Budgets:** Legislate a dedicated, non-discretionary budget line for FP commodities within the State Department for Medical Services to fill the gap left by donor exit and fully fund FPCs.
- **Zero-Rating SRH Commodities:** Enact tax exemptions on all imported Reproductive Maternal, Newborn, Child, and Adolescent Health commodities to lower procurement costs for KEMSA and private providers.
- **Incentivize County Matching:** Develop a conditional grant framework where the National Government matches county-level allocations for FP service delivery (e.g., a 2:1 ratio) to encourage domestic resource mobilization.
- **Policy directive to subsidize** all SRH commodities in public facilities remain free at the point of use, fully subsidized through the Social Health Authority (SHA).

Ask 2. Combating the "Triple Threat"

The Challenge: Kenya faces a critical "donor cliff." In FY 2025/2026, the national budget for FP commodities remains inconsistent with the FP2030 Commitment to cover 100% of requirements domestically by 2026.

What can the MPs do?

- **Legislative Enforcement of the Sexual Offences Act:** MPs should advocate for increased funding for the Judiciary and Police to eliminate "kangaroo courts" (informal settlements) for SGBV and FGM cases, ensuring criminal prosecution for perpetrators.
- **Mandate Adolescent-Friendly Services (AFS):** Amend the Health Act to require all Level 2& 3 facilities to provide confidential, integrated "one-stop" desks for HIV testing, contraceptive counseling, and SGBV post-trauma care.
- **Education Policy Realignment:** Support the enforcement of the "Return to School" policy for teen mothers through budgetary allocations for community-based "champions" who track and support re-entry.

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Ask 3. Leveraging NG-CDF for Level 3 Health Facilities

The Challenge: While health is a devolved function, the National Government Constituencies Development Fund (NG-CDF) is often restricted to education and security. However, Level 3 facilities (Health Centers) are the primary entry point for RMNCAH services and remain under-equipped in ASAL regions like Isiolo, Mandera, and Marsabit.

What can the MPs do?

- **Expand NG-CDF Scope for Health Infrastructure:** While NG-CDF currently focuses on KMTCs and "National Functions," MPs should leverage the Constituency Oversight Committee (COC) to prioritize the upgrading and equipping of Level 3 laboratories and maternity wings as "complementary infrastructure" to PHC 4UHC.
- **Collaborative Equipping Models:** MPs can utilize NG-CDF to fund the "hardware" (maternity wards, solar power, water tanks, and medical equipment) while signing MOUs with County Governments to provide the "software" (staffing and commodities).
- **ICT for Health:** Allocate NG-CDF funds for the digitization of Level 3 facilities to support the national rollout of the Integrated Healthcare Information Technology System (IHTS), ensuring accurate RMNCAH data for better planning and ability to upload data for SHA reimbursements.

B. WHAT CAN MCA'S DO?

a)Legislative Ring-Fencing: Do not just "enact or amend laws" ; advocate for a specific County Health Act that mandates at least 15–20% of the health budget be ring-fenced for RMNCAH.

b)Oversight on Absorption: Move beyond "scrutinising". Call for a Quarterly Performance Review in which the CEC for Health must explain under-expenditure in RMNCAH lines (e.g., the gap between Mandera's Ksh 211M allocation and Ksh 172M expenditure).

c)The "Sustainability" model: Counties should transition from heavy dependence on national and donor transfers to a more self-reliant model by optimizing domestic resource mobilization and ammending the policy for facilities to retain funds collected under the Facility Improvement Funds (FIF) while putting in place strict accountability mechanisms for utilization.

WHAT CAN COUNTY DEPARTMENT OF HEALTH DO?

a)Distinct Budget Lines: Create a RMNCAH-specific vote heads in the next Program-Based Budget (PBB). This would remove the "invisibility" of funding.

b)Domesticating Commodities: Prepare, present and implement a transition plan to shift procurement of family planning and reproductive health products from donor funding to the county's own budget.

c)Enhancing Transparency: The lack of accessible budget data and documents poses a risk to future partner funding, there is fully adhere to the access to public information requirement under the PFM Act.

d)By increasing RMNCAH investment, Increase and ring-fence funding for RMNCAH services and commodities to mitigate the triple threat and escalating maternal and newborn mortality cases within the health budget annual estimates.

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