



**Expanding Financial Resilience
for Poor and Vulnerable
during COVID-19 Pandemic in
Kakamega, Migori, Makueni,
Meru, Kilifi, and Taita Taveta.
A Proxy Means Testing (PMT)
Approach**

Name of Presenter: Jochoniah
Nzomo

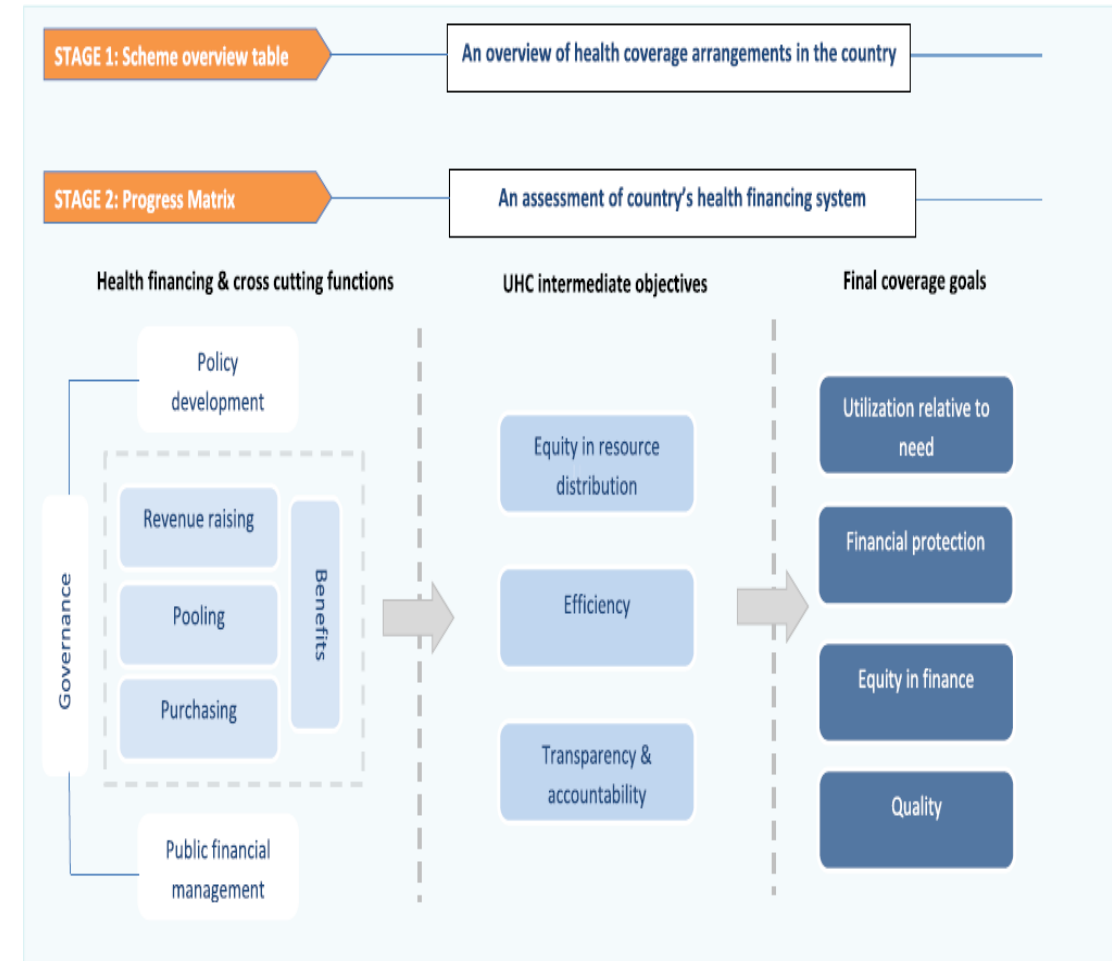


CONTENTS OF THIS PRESENTATION

- BACKGROUND
- OBJECTIVE/ GOAL
- METHODOLOGY/ DESCRIPTION OF INTERVENTION
- RESULTS/FINDINGS
- CONCLUSION/ RECOMMENDATIONS & NEXT STEPS
- Q&A

BACKGROUND

- ❑ When COVID-19 struck, it caused economic, health and social disruptions across many Kenyan households. More specifically, financial constraints resulting from the COVID-19 pandemic had dire implications for the health and well-being of the already poor households.
- ❑ In Kenya, health expenditures already comprise a significant proportion of out-of-pocket (OOP) spending, and only 32.7% is spent on health .
- ❑ Thus, as part of the COVID-19 relief strategy, the Kenyan Government committed to supporting one million vulnerable households across the 47 counties with health financing subsidies. However, the challenge was finding them in a manner that would allow transparency and equality.

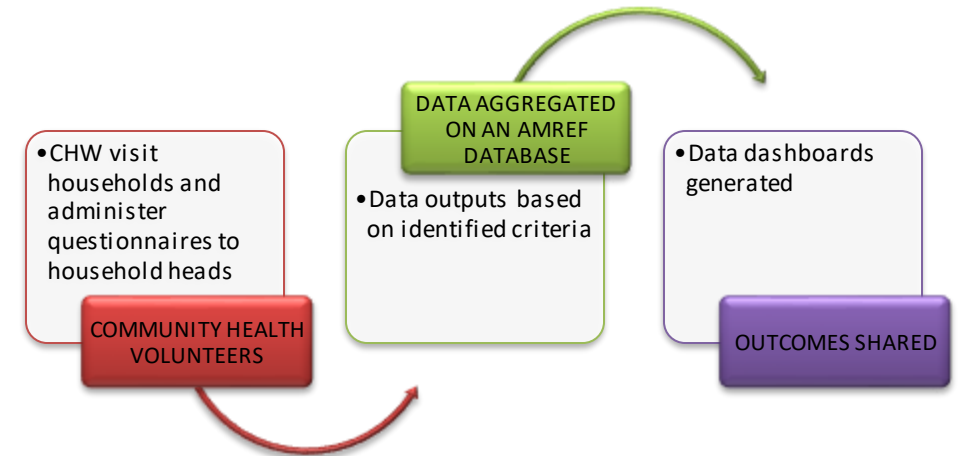


Source: Health financing progress matrix

OBJECTIVE/ GOAL

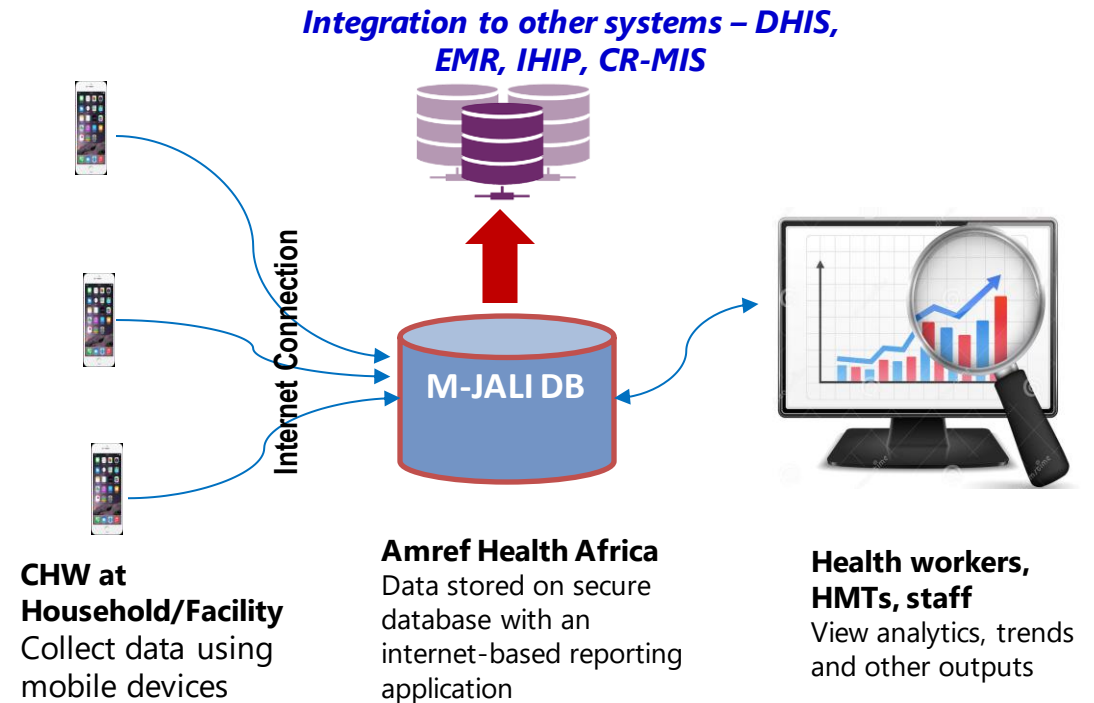
The objectives were to;

1. Identify vulnerable households using a targeted socio-economic survey tool
2. Support the deployment of social net mechanisms, including the national health insurance scheme to reach the identified households
3. Champion a new policy-led approach to ensure appropriate and timely responses in social protection for vulnerable and marginalized households.



METHODOLOGY/ DESCRIPTION OF INTERVENTION

- ❑ Amref utilized its innovative M-Jali solution to digitize a harmonized poverty mapping tool.
- ❑ The harmonized tool was based on the Proxy Means Testing model, where variables were used to calculate the poverty scores for each household.
- ❑ Community Health Volunteers were trained on using M-Jali and the tool to collect household data in six counties.
- ❑ To ensure no bias, data collected underwent scientific analytics to identify and capture the most vulnerable households.



RESULTS/ FINDINGS

- 6,396 CHWs were trained on using M-Jali for household poverty mapping resulting in the mapping of 425,089 out of the targeted 600,000 households (70.85% achievement).
- Using the poverty scores, 138, 621(82.24%) households from a target of 168, 547 marginalized households were identified as more deserving and facilitated for biometric registration and subsequently benefited from health financing cushioning for a period of 1 year.
- Using community-centred approaches and digital technologies coupled with good government relations proved to be a key ingredient in the identification of vulnerable households for social health incentives.

Name of County	Estimated poor Households per county	NHIF premium for the poor HH	UHCscheme phase one sponsored by the National Government (2020/21 FY)	
			Households covered (20% of estimated poor households per county)	NHIF premium
Kakamega	213, 686	1, 282, 114, 860	42, 737	256, 422, 972
Kilifi	176, 878	1, 061, 265, 000	35, 376	212, 253, 000
Migori	120, 381	722, 285, 220	24, 076	144, 457,044
Meru	133, 103	789, 618, 360	26, 621	159, 723, 672
Makueni	149, 630	897, 777, 000	29, 926	179, 555, 400
Taita Taveta	49, 057	294, 339, 420	9, 811	58, 867, 884
TOTAL	842, 735	5,047,399,860	(138, 621)	1,011,279,972

CONCLUSION/ RECOMMENDATIONS & NEXT STEPS

- For Kenya to achieve her UHC targets and accelerate momentum for realizing Sustainable Development Agenda 3.8, it is critical to have tools and skills to identify, target and support those on the margins of society.
- During the spread of the COVID-19 pandemic, Digital technologies by Amref demonstrated that giving community health structures the tools and skills they need to monitor the populations they serve can be an effective way of ensuring that no one is left behind in our vision of ensuring a **“lasting health change in Africa”**.



Goal
Goal 3 – Ensure healthy lives and promote wellbeing for all at all ages.
Target
Target 3.8 – Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
Indicators
3.8.1 – Coverage of essential health services (defined as the average coverage of essential services based on 16 tracer interventions across four WHO-defined categories: reproductive, maternal, newborn and child health; infectious diseases; non-communicable diseases; service capacity and access). 3.8.2 – Proportion of population with large household expenditures on health as a share of total household expenditure or income.



QUESTIONS AND ANSWERS





THANK YOU