REPUBLIC OF KENYA

COUNTY GOVERNMENT OF NYAMIRA

COUNTY HEALTH STRATEGIC & INVESTMENT PLAN 2013/14-2017/18

DEPARTMENT OF HEALTH SERVICES

January, 2014

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MESSAGE FROM THE EXECUTIVE COMMITTEE MEMBER

This County Health Strategic and Investment Plan (CHSIP), the first ever under the devolved system of government brought about by the Kenya Constitution 2010. It covers the period 2013/14-2017/18 and lays a framework upon which the department shall achieve its intended objectives and aspirations for the next five years. It is a product of extensive collaboration and comprehensive feedback, from internal and external stakeholders. It establishes the strategic framework for planning, delivery of health care services as well as monitoring & evaluation of performance in the county. The plan is modeled on the following health system pillars; health infrastructure, health service delivery, human resource for health, healthcare financing, health management information system, leadership &governance and health products and technology

The investment plan defines the Department's vision, mission, objectives, strategies, outcomes and performance benchmarks and provides a framework for ensuring delivery of tangible results to all residents of Nyamira County. The plan is anchored on the Kenya Health Policy Framework 2013-2030, the Kenya Health Sector Strategic and Investment Plan 2012/13-2017/18, the national and international health sector guidelines and obligations. The plan draws deeply from the achievement of the National Health Sector Strategic Plan II (NHSSP II) while at the same time takes cognizance of the fact that the objectives of the NHSSP II have not been fully achieved in Nyamira County. Implementation of NHSSP II encountered a number of challenges, includinglimited access, reduced funding,high poverty levels and lack of adequate health infrastructure in the county. As a government we view these challenges as potential investment opportunities that if exploited can jumpstart the economy of the county while improving health status of the residents. It should be noted by all national and international investors that Nyamira County is open to discussions and engagements especially along the public private partnerships (PPP) arrangements.

This plan takes particular interest in Maternal and Child Health, Community Health Services, Reproductive Health, HIV/AIDS-accelerating uptake of counselling and testing, linkages to care, tackling the emerging trend of MDR-TB, sustain gains in malaria control as we envisage elimination of malaria in the county. The growing trend of non-communicable diseases especially cancer, diabetes and cardiovascular diseases presents an increasing burden on the county health services and the Department is committed work jointly with all stakeholders to provide a sustainable solution. In this regard the

department shall on adopting integrated health promotion approaches with focus at household and community level. This will foster and deepen public understanding of the nature and quality of services they should demand from the service providers and their responsibility. The plan will assist the officer bearers to and the public understand the constitutional stipulations and engender appropriate behaviour, attitude change towards service delivery.

It is my hope that all stakeholders will find this strategic plan a useful framework for collaborations and implementation of the various strategies of the Department of Health Services. This plan is therefore a critical tool in the implementation of responsibilities and functions assigned to county governments in schedule of the Kenya Constitution 2010. I request and urge all stakeholders, partners and members of my Ministry to put great effort into implementing this plan as a means of achieving our goals.

Dr. Janet Komenda-Ondieki,
Executive Committee Member,
Department of Health Services
June 2014

FOREWORD

After a grueling 20-year journey in search of a new Constitutional Order, the people of Kenya on the 4th August 2010 overwhelmingly voted in a national referendum that gave birth to the Constitution of Kenya 2010 which was promulgated on 27th August of 2010 as an embodiment of the Kenyan peoples' best hopes, aspirations, ideals and values for a peaceful and more prosperous nation. Article 6 (1) of the Constitution of Kenya 2010 divides the Kenyan territory into counties which are created in article 176 (1) of the same Constitution with Nyamira County being one of them. The Fourth Schedule of the Constitution of Kenya 2010 distributes functions and powers of governance and service delivery between the national government and the county governments and part 2-2 of this schedule specifies the health functions to be performed by the County governments. It is in this regard that the County Government of Nyamira embarked on the development of this health strategic and investment plan as a tool to guide the performance of the devolved functions over the next five years.

The process of developing this Strategic Plan was made possible through joint effort in terms of commitment, time and financial resources from the county department of health, the management teams and the development partners. The process has been long and participatory in line with the article 10 (2a) of the Constitution of Kenya 2010. The Department is most grateful for all assistance provided towards completion of this important document. We sincerely thank all the residents of Nyamira who took their time to provide views during the public consultation forums across the county.

The Executive Committee Member for Health Services, Dr. Janet Komenda provided overall stewardship for this process. A core team of technical officers from the Departmentworked tirelessly to ensure the Strategic and investment plan was prepared on timely manner. These include Dr. Jack Magara- the County Director of Health, John Monyancha, Rosemary Otiende, Nebart Kigwa, Dr. Henry Owuor, Dr. Agai Odero, Mary Bogita and all the other County health Management team members who participated. Our appreciation further goes to the County Assembly of Nyamira health committee for their valuable input and support led by the Chairlady Hon. Callen Atuya and her deputy Hon. Ken Nyameino. We also acknowledge the technical support from Dr. Peter Kithuka of Kenyatta University, Dr. Boniface Osano of University of Nairobi and Dr. Ruth Kitetu of the Ministry of Health for their technical support.

My humble and sincere submission is that we shall together as a team remain focused on the implementation of this plan in order to achieve our vision of ahealthy and productive County with equitable access to quality health care

Douglas O. Bosire,
Chief Officer,
Department of Health Services

June 2014

EXECUTIVE SUMMARY

The Nyamira County Health Strategic and Investment Plan (CHSIP 2013/14-2017/18) has been developed to guide the Health sector investments towards achieving medium and long term goals for health in the county. It provides the medium term strategic framework, and focus that the County Government intends to pursue in regard to provision of high quality integrated health services as per the County Department's mission and vision.This CHSIP is anchored on the Kenya Health Sector Strategic and Investment Plan 2013/14-2017/18, the draft Kenya Health Policy Framework 2013-2030, Vision 2030, County Integrated Development Plan and the Constitution of Kenya 2010.

The Purpose of the Strategic Plan

The purpose of this first County Health Strategic and Investment Plan (CHSIP I) 2013/14 - 2017/18 is to provide a framework that guides investments in the health sector in order to achieve the county's health goals.

Goal, Objectives and Principles

This plan is anchored on six key policy objectives whose common goal is to:

• Increase equitable access to health services

• Improve the efficiency, effectiveness, quality and responsiveness of county health services

• Provide framework for coordination, partnerships, implementation, monitoring and evaluation of the county health services

• Provide innovative approaches for the financing of the health sector

The CHSIP envisions a high quality health services that will lead to a healthy and productive county with keen focus on equity and accessibility.

The guiding principles which the department espouse in this CHSIP include; equality, non – discrimination, inclusiveness/participation and accountability. Devolution has provided extra opportunities to improve health services to the residents of Nyamira and the department aims to exploit these opportunities to ensure improved health services.

Strategic Implementation

The implementation of CHSIP will be at all the levels of care from the community to the county level jointly with the host communities, relevant stakeholders and development partners- both local and international. The plan assigns responsibility to each of the stakeholders. A coordination framework is

provided for to ensure the planned activities are implemented in a way that creates synergy among the partners, increase efficiency, focus both on processes and outputs while ensuring quality.

Health Planning

The county team appreciates the important role of health planning at all levels. Evidence based health planning from community to county level will be strengthened. To actualise this CHSIP, annual work plans shall be developed by the community health units, the primary facilities, the hospitals and the management teams at sub county and county levels. This will ensure that resources are tied to tangible targets, outputs and ensure fiscal discipline. The sub county targets will be consolidated into county targets with one implementation and M&E framework.

Human Resource Management and Development

Success of the implementation of this plan will largely depend on having a well-motivated and self-driven health workforce. The CHSIP shall provide adequate avenue to incentivize staff with a view to attracting the best while retaining the already available personnel. We shall progressively increase the numbers to match the growing demands, address skills gaps in key areas, and provide a sustainable mechanism of rewards and trainings. To institutionalize proper health leadership we have set as an objectiveleadership trainings under the human resources component. This will ensure we inculcate sound management principles in our health leaders at all level.

Monitoring and Evaluation & Performance Monitoring

The objective of the Monitoring &Evaluation support system is to provide a platform and evidence for informed decision making andcontribute to better quality planning andmanagement. Gaps exist in the current M&E system and there are enormous challenges. Monitoring, supervision and mentoring have been weak and irregular. The plan provides a time bound framework for process, outcome and impact monitoring and evaluation. This will ensure consistent tracking of the progress while documenting all lessons learnt and challenges experienced. The performance indicators set out in this plan are largely consistent with the performance indicators set out in the national health sector strategic and investment plan 2013/14-2017/18 with minimal variations where appropriate.

The Governance of CHSIP 2013/14-2017/18

The department is determined to institutionalize good governance at all levels as one of the key reforms in our county health system. The county team will play mainly an oversight role and facilitate the sub county teams to implement the planned activities. Where it makes economic sense the county team will undertake certain functions especially bulk procurement of goods and services in order to enjoy benefits

of the economies of scale. The health facility management committees and boards will play a critical role in identification of priority issues for health facility planning, offer oversight role and ensuring interest of the host communities are addressed. Further, the committees and boards shall identify and work with the relevant sub county and county management teams to mobilize off budget resources to bridge the existing resource gaps.

The County Health Management Team (CHMT) will play a key role of creating framework of partnerships, collaboration and coordination of all activities by all partners. A Joint Interagency Coordinating Committee shall be created for this purpose. County and sub county Health Stakeholder Forums will be strengthened and broadened to play a greater role in setting health agenda for the county.

Resource Requirements

The implementation of this plan will require substantial financial and non-financial resource that will require considerable support both from the government and development partners. Costing of the CHSIP has been undertaken using the national guideline provided. This means that all inputs required or used in the process of 'producing' and delivering health services have been considered in the costing. The standard costing involved: identification, quantification and valuation of inputs. A program based approach was adopted in the costing of the CHSIP and the first county budget under the CHSIP was program based.

A comprehensive Health Financing Strategy is includedas identified sources and strategies for financing the CHSIP.Most of the resources will be allocated to support preventive health services as we embark on tackling preventable diseases and health promotion. Sources of funding are expected to include the Government of Kenya, cost sharing, the National Hospital Insurance Fund, Free Maternity Service re-imbursements, development partners and others. The existing funding gaps can be are expected to be bridged by private partnership arrangements and off budget partner support. We welcome partnerships to ensure smooth and successful implementation of this CHSIP.

Dr Jack Magara
County Director of Health
June 2014

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Description of Nyamira County

Nyamira County is one of the 47 County Governments in the Republic of Kenya created under the First Schedule of The Constitution of Kenya 2010. Situated in the Western highlands of Kenya, it covers an area of 894 km² with a projected total population of 650, 676 as at 2013 and a population density of 724 persons per square kilometre. The population growth rate stands at 2.4% (KNBS 2010). It borders the counties of Kericho to the East, Bomet to the South East, Kisii to the South, Homa Bay to the West and Kisumu to the North West. The County is divided into 5 Sub-counties namely; Nyamira, Borabu, Masaba North, Nyamira North and Manga which are further sub divided into 20 wards (see Annex 1).

Of the entire county population, 3.3% are under one year of age, 16.2% under five years and 47.3% under fifteen years of age. Women of reproductive age (15 – 49 years) constitute 25% of the population and the total fertility rate in the county is 4.6. Life expectancy is currently estimated at 60years (KNBS, 2008) and the male to female ratio is 49.5:50.5 showing that the county is almost at gender parity. The population comprises of 16.2% under five years, 47.3% under 15 years, 23% between 15-24years, 34% between 24-59 years and 5.4% over sixty years. The median age is 18.8 years, depicting a generally young population in the county (See Annex 2).

1.2 Mandate of County Department of Health Services

The Nyamira County Department of Health Services derives its mandate from the Fourth schedule part 2(2) of The Constitution of Kenya 2010 and The County Government Act 2012. Our mandateis the management of health services in Nyamira County under the devolved governance structure.

1.3 Purpose of the Strategic and Investment Plan

The purpose of this first County Health Strategic and Investment Plan (CHSIP I) 2013/14 - 2017/18 is to guide investments in the health sector in order to achieve the county's health goals. The CHSIP aims to develop sustainable systems that would ensure the department delivers on its mandate and therefore contribute towards the overall development goals of the County Government of Nyamira as espoused in

the County integrated Development Plan (CIDP). The plan also aims to provide a framework within which development partners and county government can work together without duplication of efforts and thus minimize wastage of resources.

Map of Nyamira County

1.4 Linkages between Government and Heath Sector Planning Framework

The long term development blue print for the government of Kenya is the Vision 2030. Health is one of the components of delivering the Visions' social pillar given the key role it plays in maintaining a healthy and skilled workforce necessary to drive the economy. In the vision, the country aims to provide an efficient and high quality health care system with the best standards, to be achieved through 5 year health sector medium term plans .This strategic plan provides the health department medium term focus, objectives and priorities to enable it move towards attainment of the Kenya Health Policy directions and the sector obligations in the Constitution and Vision 2030.Further the plan will guide the development of Annual Operational Plans and preparation of budgets and performance contracting .These linkages are illustrated in Figure 1

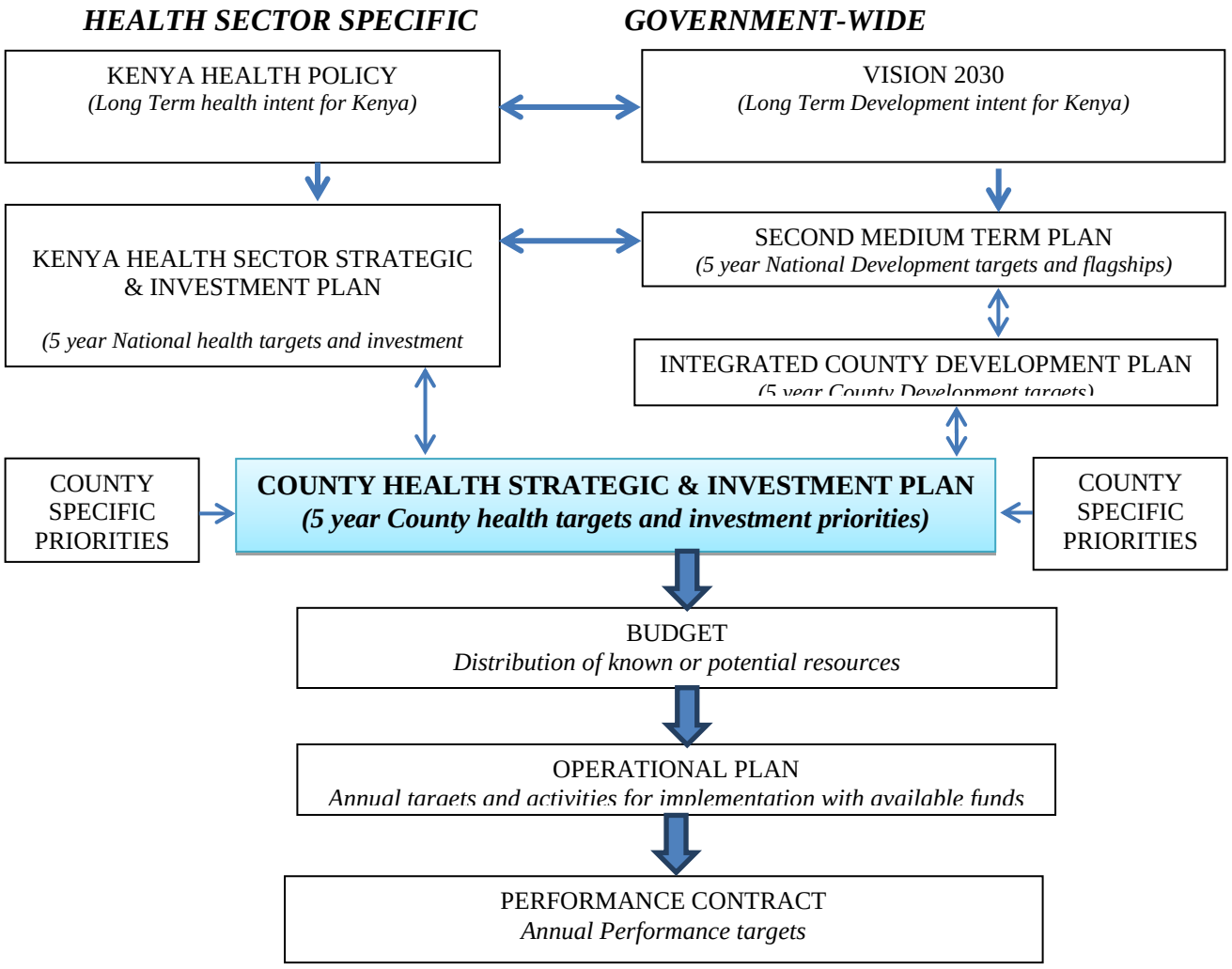


Figure 1: Linkages between Government and Heath Sector Planning Framework

1.5 Key Health Indicators

The county has a death rate of 13 per 1,000 people with an infant mortality rate of 46 per 1,000 births and child mortality rate of 58 per 1,000 births. The maternal mortality rate is 385 per 100,000 births. HIV prevalence is currently projected to be 6.9%, a significant increase from 3.8% in 2009(NASCOP 2013; NASCOP 2009). Among children under five years of age, 3.4% are underweight. Table 1 represents a comparison of county verses national health indicators.

Table 1: Key Health Indicators

Impact level Indicators	County estimates	National	Source of information, year
Life Expectancy at birth (years)	-	60	KNBS, 2008
Crude mortality (per 1,000 population)	13	106	CRD, 2012/13
Neonatal Mortality Rate (per 1,000 births)	30	31	KNBS 2012,
Infant Mortality Rate (per 1,000 births)	46	56	KNBS 2012
Under 5 Mortality Rate (per 1,000 births)	58	74	KNBS 2012
Maternal Mortality Rate (per 100,000 births)	385	400	Ministry of Devolution & Planning ,2013
Adult Mortality Rate (per 100,000 births)	6.57	30	CRD, 2012/13

1.6 Functional Health Units by Type and Ownership

The County Health services are organized across three tiers of service delivery: Community services that focus on organizing appropriate demand for services, Primary care and hospital services that focus on responding to this demand. There are a total 61 Community units facilitated by the government; 114 primary care health facilities that include dispensaries and health centres of which 58% are owned by the government, 18% owned by Faith Based Organizations (FBO) while 24% are privately owned. All the 8 hospitals in the county are owned by the government. Distribution of these units is as shown in table 2.

Table 2: Functional Health Units by Type and Ownership

Ownership	Community Units	Primary Care	Hospitals
Government	61	66	8
FBOs and other private not for profit	0	21	0
Private for profit	0	27	0
Total	**61**	**114**	**8**

1.7 Service Delivery by Health Units

The Kenya Essential Package for Health (KEPH) in this strategic plan defines health services and interventions to be provided for each policy objective by level of care as provided for in the Kenya Health Policy. These services are delivered by both public and non-public actors as shown in Annex 4.

1.8 Status of Health Workforce

The county has a total of 857 health workers of various cadres. However, there is a shortage both in numbers (none of the cadres meets the established staffing norms) and skills mix to effectively respond to the health needs in Nyamira County. The break down is inAnnex 5.

1.9 Leading Causes of Morbidity and Mortality

The leading causes of morbidity and mortality in Nyamira County are respiratory tract infection, HIV&AIDs, perinatal conditions, Tuberculosis, malaria, skin conditions, accidents and diarrheal diseases. There is increasing burden of Non-Communicable Diseases (NCDs) such as cardiovascular diseases, diabetes and cancers which currently account for 11-13% of disease burden. For a detailed breakdown see Annex 3.

CHAPTER 2

STRATEGIC DIRECTION

2.1 Vision

A healthy and productive county with equitable access to quality health care.

2.2 Mission

To provide quality health services for socio-economic development of the people of Nyamira County

Slogan

Afya yetu Uchumi wetu

2.3 Core values

The department and its developmen1t partners will be guided by the following core and ethical values that we strive to ensure becomes our identity in execution of our mandate:

- ***Meritocracy***: the department will strive to ensure that when dealing with our clients and employees, merit informs our decisions
- ***Integrity:*** being bound by the articles in chapter 6 of our constitution, we commit to conduct our business with honesty, accountability and professionalism.
- ***Partnerships:*** Health is everybody's business, as a department we will foster collaborations with both state and non-state actors particularly targeting social determinants of health. We require contributions of all other sectors to meet our goals
- ***Teamwork:*** we reaffirm our belief that better health will only be realized through organized individual and team efforts at all levels. We intend to inculcate team spirit in our staff to improve service delivery and meet the expectations of our clients
- ***Result oriented***: We will remain faithful to processes and deliver outputs that will impact the life of the people of Nyamira

2.4 Core Functions

According to the fourth schedule of the Kenyan constitution and various ministerial circulars the core functions of the County Department of Health are:

- Provision and management of county health services
- Provision of emergency medical services and disaster management
- Promotion of primary health care
- Licensing and control of undertakings that sell food to the public
- Cemeteries, funeral parlours and crematoria
- Waste management.
- Development of County specific health legislation and policies
- Development of health infrastructure
- Resource mobilization
- Planning, implementation, monitoring and evaluation of service delivery
- Financial management
- Procurement of Medical supplies and equipment
- Human resource recruitment, development and management
- Manage clinics, dispensaries, health centres and hospitals

CHAPTER 3

STRATEGIC ANALYSIS

3.1 Challenges

Access to essential health services remains sub-optimum. In most parts of the county, people have to walk averagely 7km to access services but with wide variation with some walking up to 15km to the nearest health facility. Cultural and economic barriers also pose significant challenges to health service delivery and cost of specialist services remain high. Increase of incidences of non-communicable diseases e.g. Diabetes, hypertension and cancers.

The infrastructure for health isn't optimum and lot of ground still needs to be covered. Most facilities and equipment are in a state of disrepair. Rehabilitation of buildings and maintenance of medical equipment is not regularly done. Accommodation for staff remains a big challenge and is a major reason for low skilled care delivery as services in primary facilities isn't available round the clock.

Supply of Health Products is erratic and use of the same is irrational in most of the facilities. Delays in procurement, poor quantification by and late orders from facilities and poor documentation are other challenges. For many people, medicines in the private sector are not affordable and this constitutes a major obstacle to households accessing medicines

The human resources; numbers, skills mix, deployment, attitude pose quite a significant challenge coupled by the fact that no staff rationalization was done at the onset of devolution.

Health leadership is yet to be inculcated as a culture in our system and capacities to lead, manage, plan, monitor and evaluate need significant improvement among others.

The resource envelope from the County Government budgetary allocation to the health department is inadequate to finance the delivery of the minimum essential health care package.

Extensive data is generated by the sector, it is of low quality and there are still many weaknesses in overall information management. As a result, there are many critical areas of the sector with information gaps. Analysis of information is not carried out at the source in a comprehensive manner, and communication and utilization of information is not done at the source. The result of this is that information is not adequately guiding the facilities in decision making.

ICT remains a challenge with prevalence among health facilities being at 6.5% mostly comprising of mobile phone, TV and computers to a smaller extent. To this extent ICT remains underutilized in most facilities and this is a potential area which if explored will drastically reduce costs in service provision.

3.2 Environmental Analysis

SWOT analysis was done using McKinsey's 7S model for the internal environment analysis and PESTELI for the external environment.

3.3SWOT analysis

Table 3: SWOT Analysis

Environment	Variable	Strengths	Weaknesses
	Strategy / focus •	Availability of KHSSP KHPF Vision 2030	Existing strategies were not county specific
		Existing Guidelines	
Internal environment	Structure for implementation	well defined governance structures at county and sub county levels;	Change management skills inadequate
	Systems to support implementation	Existing health delivery system(HIS, Finance, Human Resource, Health Products and Technologies) county wide	Inherent systemic and institutional weaknesses like inadequate infrastructure
	Shared values within County Management team:	**Meritocracy:** -Legal framework for implementation available as provided for in the constitution	Currently not institutionalized
		Integrity: -Social audit mechanisms in place	Institutionalizing integrity hampered by weak systems
		Teamwork: Management teams trained on team building skills	Inadequate management skills at lower levels
		Partnership: -Available Partnership framework- PPP Act -Willing to offer cross cutting support	-Weak Partner coordination structures -Alignment of their objectives to county needs is sub optimal -Reliance on partner support is unsustainable

Environment	Variable	Strengths	Weaknesses
		Result-oriented: Results based management has been adopted by the County Government	-Not inculcated at all levels -Weak HMIS systems at lower levels
	Style of management / leadership	-Facilitative & supportive -performance rewarding schemes in some parts of the county	-Not practiced at all levels; especially tier 2 -reward system not widespread and institutionalized
	Staffing	Trained, committed staff available	Numbers and skills mix inadequate
			Poor distribution and deployment of staffs
	Skills amongst staff	Skilled staff available	Some specialties/competencies lacking
		Availability opportunities for mentorship and OJT	Some opportunities are not aligned to needs & are inadequate
External environment		**Opportunities**	**Threats**
	Political factors	Political good will and interest in health services from the county government	Different political interests overriding merit in prioritization especially in health projects
			Poor involvement in health development issues/interference
	Economic issues – funding environment	Availability from Govt (national & county) and partners	Late & inadequate disbursement of govt funding
			Partner funds program specific, unsustainable and sector lacks control over
		Demand for health services	Poverty impediment to access
		Availability of support for health infrastructure development from the CDF	Siting of projects and alignment with the sector plans
	Sociological issues – societal values / elements affecting management of health	Good health seeking behavior	Cultural barriers; *ebiriria, eturungi for mothers in labour* etc.
	Technological issues	Lots of development partners with interest in e-health Plans by county government to invest IFMIS and	Inadequate ICT equipment Initial cost of purchase, cost of maintenance and skilled staff

Environment	Variable	Strengths	Weaknesses
		Medical devices and Technologies in health	
	Ecological issues – related capacities in other similar management teams, e.g. from other Counties, or other departments in the County	PPP for waste management and legislation of PPP act Environmental health services devolved	Environmental degradation and pollution
	Legislative issues – legal framework	Policies and guidelines in place with more in draft stage (health Bill and KHPF) Intergovernmental relations act	Inadequate knowledge, interpretation and implementation of policies.
	Industry issues – interest in health in County	Employment of staffs by partners to capacity build the public facilities	Poor coordination and cooperation with other non-public health actors of the county Promotion of poor health seeking behavior by quacks and herbalist

Table 4: Health Outputs

Output area	Intervention area	Recent trends and current Situation
Access	Availability of critical inputs (Human Resources, Infrastructure, Commodities)	1. Inadequate human resource of all cadres both technical and none technical 2. Inadequate infrastructure **3.** Inadequate and erratic commodity supply. **4.** Lack of backup in case of black out.
	Functionality of critical inputs (maintenance, replacement plans, etc.)	1. Inadequacies in funding 2. Inadequate technical human resource 3. Inadequate maintenance service units 4.
	Readiness of facilities to offer services (appropriate HR skills, existing water / sanitation services, electricity, effective medications, etc.)	**Average due to;** 1. Inadequate /irregular staff updates 2. Inadequate permanent water source 3. Few facilities with electricity 4. Erratic supply of drugs to the facilities. 5. Weak patient FP system 6. Irregular facilitative supervision
Quality of care	Improving patient/client experience	1. Ongoing mentorship, OJT and quality improvement processes currently being piloted

Output area	Intervention area	Recent trends and current Situation
		in Nyamira sub county 2. Inadequate capacity building 3. Inadequate equipment, infrastructure and commodities.
	Assuring patient/client safety (do no harm)	1. Emergency preparedness available, fire exits, ambulance services in most few facilities. 2. Prompt referral 3. Inadequate ambulance vehicles.
	Assuring effectiveness of care	1. Ongoing mentorship, OJT 2. Improved health seeking behavior in the community through tier one involvement 3. Poor utilization of SOPs

Table 5: Stakeholders Analysis

S/NO	Stakeholder	Stakeholder's Expectation	Our expectation
1	National Government	Align county plans to the national guidelines Execute our functions as spelled out in schedule 4 of the constitution	Technical support Financial support prepare relevant bills for enactment
2	Political leaders	-Member of national assembly: -Quality health services to their constituents	Provide support for infrastructure development (through CDF)
		-MCAs Quality health services Construction and equipping of new health facilities	Approve health budgets and enact county specific health laws
3	Opinion leaders	Quality health services	Facilitate and participate in health promotion Feedback on health care services
4	Community	Quality health services	Co operate Seek and utilize health services adhere to the health instructions Feedback on health care services
5	Health workers	Better working conditions	Commitment, professionalism and

		Good labour relations Improved employee welfare and motivation	delivery of quality health services Feedback on health care services Submit timely and complete required reports
6	Health workers Unions	Better working condition for their members Union dues	Work with county governments to meet expectations of their members and clients
7	Non state actors: FBOs	Provide support with staffs, commodities, financial resources and a suitable environment	Quality services Not to charge when supported Submit required reports
8	CSOs	Funding Technical support	Implement what they have been funded to do and report appropriately
9	Private practitioners	Inspection for licensing, mentorship, commodity support and updates on policies	Quality services Submit required reports
10	Other government departments	Leadership and framework to enable inter-sectoral collaboration	Work with the sector on social determinants of health e.g. water, roads, education, Security, agriculture etc.
11	Training institutions	Feedback on quality of graduates, internship and experience opportunities for their trainees Offer employment opportunities to their graduates	Provide quality in-service and pre-service training Conduct research on contemporary and thematic health issues

Table 6: Partner Analysis

	Partner	Focus Area	Partner Expectation	Health Department Expectation
1	APHIA Plus Western Kenya	HIV/AIDS control, Reproductive Health, Child Survival, Community Health Strategy, TB – Control, M & E	Accountability in resource use, timely reporting	Responsiveness Timely disbursement of funds Mutual respect
2	World Vision	Infrastructural development, safe water and sanitation, child health, O.V.C support, advocacy	Conducive environment, providing linkages to community, and policy guidelines	Adherence to standards and guidelines for public works Timely completion of projects Accountability
3	Population Services International(PSI)	LLITNs Distribution	Timely reporting Accountability	Timely and consistent distribution of commodities
4	Impact Research and Development Organization (IRDO)	Promotion of health service utilization and referral	Conducive environment, providing linkages to community, and policy guidelines	Reporting of activities
5	Kenya Medical Supplies Authority (KEMSA)	Health commodity supply and distribution	Timely ordering of commodities Timely payment Comprehensive list of health facilities	Supply of quality, affordable health commodities Timely processing and delivering of orders
6	Mission for Essential Drugs and Supplies (MEDS)	Health commodity supply and distribution	Timely ordering of commodities Timely payment Comprehensive list of health facilities	Supply of quality, affordable health commodities Timely processing and delivering of orders
7	Management Science for Health (MSH)	Health systems strengthening, research	Timely reporting and accountability in resource use	Responsiveness Mutual respect
8	Kenya Red Cross Society	Jigger control Disaster management	Conducive environment, providing linkages to community, and policy guidelines	Reporting of activities

CHAPTER 4

PROBLEM ANALYSIS

4.1 Strategic Issues

Table 7: Strategic Issues

Key Result Area	Service	Problems	
		Access	Quality
Provide essential health services	General Outpatient	• Inadequate space • Inadequate health products and equipment • Distance	• Inadequate space • Inadequate health products and equipment
	Integrated MCH /RH services	• Poor/inadequate infrastructure • Negative Staff attitude • Ignorance and cultural barriers • Poverty • Erratic supply of essential Commodities • Lack of male/youth involvement	• Equipment: inadequate, state of maintenance • Inadequate human resource: inadequate numbers, skills mix and deployment
	Accident and Emergency	• Infrastructure: ambulances, trauma kits • Inadequate pre-hospital care skills • Inadequate referral system	• Inadequate staff /equipment • inadequate knowledge & skills
	Emergency life support	• lack of infrastructure (ICU), skills and equipment	• lack of infrastructure and equipment for critical care • Lack of specialized staff
	Maternity	• Poor infrastructure • Negative Staff attitude • Ignorance and cultural barriers • Inadequate health products and equipment • Distance	• Inadequate equipment • Inadequate numbers of skilled staff
	Newborn services	• Poor infrastructure • Ignorance and cultural barriers • Community involvement	• Human resource: inadequate numbers and skill mix • Lack of equipment, commodities • Ignorance and cultural barriers
	In Patient	• Negative Staff attitude • Inadequate infrastructure • Inadequate staff • Cost of services	• Inadequate staff /equipment • inadequate knowledge & skills • Inadequate commodities
	Clinical Laboratory	• Poverty/cost • Inadequate laboratory services • Distance	• Staff shortage • Infrastructure and equipment • Lack of adherence to standard

			guidelines
	Specialized laboratory	• Lack of infrastructure	• Lack of diagnostic equipment/reagents • Lack of infrastructure and staff
	Imaging	• Inadequate forensic services • Low socio-economic status • Limited equipment • Distance • Cost of service	• No available forensic services • Lack of trained personnel • Lack of space • Cost of service
	Pharmaceutical	• Low socio-economic status • Inadequate knowledge • Long distance to facilities • Poor staff attitude • Inadequate commodities • Inadequate storage facilities • Poor procurement procedures	• No adequate pharmaceutical drugs • No update on clinical management • Misuse of drugs • Low quality commodities • Inadequate storage facilities
	Blood safety	• Cost • No service available • No proper plans to curb shortage	• Inadequate infrastructure • Inadequate commodities • No space of proper infrastructure. • Inadequate staff • Inadequate equipment
	Rehabilitation	• Inadequate equipment and space • Distance • Cost • Cultural beliefs	• Distance • Inadequate staff
	Palliative care	• No service • No infrastructure	• No equipment • Lack of specialized staff
	Specialized clinics (MOPC, POPC,GOPC, SOPC ,Eye, Dental, ENT)	• Inadequate information on availability of the services • Inadequate staff • Distance • Cost • No infrastructure • Inadequate equipment	• Inadequate equipment • inadequate specialized staff
	Operative surgical services	• Inadequate service • Inadequate infrastructure • Inadequate staff, • Inadequate equipment • Inadequate information on surgery services by the community • Cultural beliefs	• Inadequate infrastructure • Inadequate staff, • Inadequate equipment
	Specialized Therapies (Chemotherapy, Radiotherapy)	• No service • No infrastructure	• No equipment • Lack of specialized staff

Minimize exposure to health risk factors	Health Promotion including health Education	• No service • No infrastructure • Inadequate support • Inadequate IIC materials	• No equipment • Lack of specialized staff • Inadequate funding for IIC materials • Inadequate staff
	Sexual education	Lack of information	Lack of information
	Substance abuse	• Ignorance	• Lack of youth friendly services
	Micronutrient deficiency control	• Inadequate HE • Inadequate knowledge • Socio-economic status	• Inadequate training among staff • Inadequate knowledge Inadequate staff • Inadequate commodities.
	Physical activity	• Inadequate HE • Inadequate knowledge	• Inadequate knowledge Inadequate staff • Inadequate commodities.
Strengthen collaboration with health related sectors	Safe water	• Poverty • Inadequate knowledge on making water safe • Environmental pollution	• Lack of commodities • Inadequate treated water
	Nutrition services	• Ignorance	• Inadequate staff
	Pollution control	• Inadequate knowledge	• Staff laxity
	Housing	• Poverty • Cost of services • Lack of knowledge on services offered • Inadequate financing of health projects	• Inadequate staff • Political interference • Corruption
	School health	• Poverty • Poor involvement during planning	• Inadequate nutrition support • Poor documentation of activities • Poor integration of school health programme into existing plans
	Water and Sanitation Hygiene	• Inadequate HE/social Mob • Dependency and lack of ownership • Poor collaboration between health and other sectors • Inadequate water treatment • facilities	• Inadequate waste management systems • Irregular review meetings
	Food fortification		• Inadequate staff-nutritionist • erratic supply –Vit A
	Population management	• Inadequate HE	•
	Road infrastructure and Transport	• Inadequate HE	• Inadequate skills and knowledge

4.2 Strategic objectives and strategies

Table 8: Strategic Objectives and Strategies

Key result areas	Strategic Objectives	Strategies:
Essential Health Services	**Strategic Objectives:1** Increase the percentage of deliveries conducted by skilled attendant from 57% to 97% by 2018	- Procure the required equipment - Renovations of the existing maternity wards/rooms - Construction of additional maternity ward in existing facilities - Construction of staff houses - Recruitment of more midwives.
	Strategic objective 2: Increase the percentage of women of Reproductive age receiving family planning from 60% to 80% by 2018	- Procurement and distribution of the required health products - Capacity building on RH skills - Create demand through CHW - Conduct RH camps - Resource mobilization from partners for supplementation
	Strategic objective 3: Reduce the percentage of facility based maternal deaths from 0.024% to 0.019% by 2018	- Conduct MDR/audits - Health educate the community on importance of seeking SCD services - Improve referral and linkages at all Tiers - OJT/Mentorship EOMN
	Strategic objective 4: Reduce the percentage of facility based under five deaths from 2.4% to 1.9% by 2018	- Distribution of LLITN - Early diagnosis and treatment - Mortality audits - Health promotion - Procurement and monitoring rational use of Health products - Support supervision to lower units - Equipment: Purchase - Recruitment of new staff Information/guidelines dissemination
	Strategic objective 5: Reduce the percentage of facility based fresh still births from 0.46% to 0.36% by 2018	- Capacity building of HCP/OJT on use of a pantograph - Health educate the community on importance of seeking SCD services - Conduct perinatal audits and give feedback - Procurement of equipment - Improve referral and linkages at all Tiers
	Strategic objective 6: Increase the percentage of pregnant women attending 4 ANC visits from 39% to 79% by 2018	-Health educate the community on importance ANC attendance -Skill and attitude on FANC for HCP and CHWs -Purchase Equipment

		-Improve in Physical infrastructure, -Supportive supervision
Key result Area	**Strategic Objectives**	**Strategies:**
Minimize Exposure to health risk factors	**Strategic objective 1:** To reduce the proportion of population who smoke from 18% to 13% by 2018	- Health education to create behavior change - Establish youth friendly services
	Strategic objective 2: To reduce the proportion of the population consuming alcohol regularly from 35% to31%by 2018	Health education to create behavior change • Establish youth friendly services
	Strategic objective 3: Increase the percentage infants under 6 months on exclusive breastfeeding from 32% to 44% by 2018	Health education to create behavior change
	Strategic objective 4: Increase the proportion of Population aware of risk factors to health from 30% to 60% by 2018	Health education to create behavior change
	Strategic objective 5 Increase the proportion of Population who consume iodized salt from 85% to 100% by 2018	Health education to create behavior change
Key result Area	**Strategic Objectives**	**Strategies:**
Strengthen collaboration with health related sectors	**Strategic objective 1:** Increase the proportion of the population with access to safe water from 66% to 81% by 2018	Procurement of required health products for water treatment. Health promotion on treatment at household levels. Protection of water sources Strengthen health stakeholders forums
	Strategic objective 2: Reduce the proportion of children under 5 with underweight from 3.4% to 2.9% by 2018	• Outreaches • Recruitment of new staff
	Strategic objective 3 Increase the proportion of households with latrines from 97% to 100% by 2018	• Strengthen health stakeholders forum • Health promotion
	Strategic objective 4 Increase the proportion of houses with adequate ventilation from 65% to 75% by 2018	• Recruitment of new staff • Strengthening inter sector collaboration

		• Information dissemination
	Strategic objective Increase the proportion Schools providing complete school health package from 15% to 75% by 2018	• Procurement of required health products • Strengthen inter sector collaboration • Annual work planning and reporting

4.3 Strategic Plan

Table 9: Strategic Plan

Objective	Indicator		Targets (where applicable)				
		Baseline	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Eliminate Communicable Conditions	% Fully immunized children	94	96	97	98	99	100
	% of target population receiving MDA for schistosomiasis	0	0	0	0	0	0
	% of TB patients completing treatment	84	2	2	1	1	92
	% HIV + pregnant mothers receiving preventive ARV's	100	100	100	100	100	100
	% of eligible HIV clients on ARV's	49	55	60	65	75	85
	% of targeted under 1's provided with LLITN's	100	100	100	100	100	100
	% of targeted pregnant women provided with LLITN's	69	75	80	85	90	100
	% of under 5's treated for h diarrhea	3	10	15	20	25	30
	% School age children dewormed	83	86	89	92	95	98
Halt, and reverse the rising burden of non-communicable conditions	% of adult population with BMI over 25						
	% Women of Reproductive age screened for Cervical cancers	1.3	23	33	43	53	63
	% of new outpatients with mental health conditions	0.3	0.2	0.1	0	0	0
	% of new outpatients cases with high blood pressure	0.65	0.63	0.61	0.59	0.57	0.55
	% of patients admitted with cancer	2.4	2.3	2.2	2.1	2.0	1.9
Reduce the burden of violence and injuries	% new outpatient cases attributed to gender based violence	0.44	0.42	0.40	0.38	0.36	0.34
	% new outpatient cases attributed to Road traffic Injuries						
	% new outpatient cases attributed to other injuries	2.2	2.1	2.0	1.9	1.8	1.7
	% of deaths due to injuries	2.6	2.4	2.2	2.0	1.8	1.6
Provide essential health services	% deliveries conducted by skilled attendant	57	65	73	81	89	97
	% of women of Reproductive age receiving family planning	60	64	68	72	76	80
	% of facility based maternal deaths	0.024	0.023	0.022	0.021	0.020	0.019
	% of facility based under five deaths	2.4	2.3	2.2	2.1	2.0	1.9
	% of newborns with low birth weight	2.7	2.5	2.3	2.1	1.9	1.7
	% of facility based fresh still births	0.46	0.44	0.42	0.40	0.38	0.36
	Surgical rate for cold cases	98	100	110	120	130	150
	% of pregnant women attending 4 ANC visits	39	47	55	63	71	79
Minimize exposure to health risk factors	% population who smoke	18	17	16	15	14	13
	% population consuming alcohol regularly	35	34	33	32	32	31
	% infants under 6 months on exclusive breastfeeding	32	33	34.5	37.5	40.5	44
	% of Population aware of risk factors to health	30	36	42	48	54	60
	% of salt brands adequately iodized	85	100	100	100	100	100
	Couple year protection due to condom use						
Strengthen collaboration with health related sectors	% population with access to safe water	66	70	73	76	79	81
	% under 5's stunted		384				
	% under 5 underweight	3.4	3.3	3.2	3.1	3.0	2.9
	School enrollment rate						

Objective	Indicator		Targets (where applicable)				
		Baseline	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	% of households with latrines	97	98	98.5	99	99.5	100
	% of houses with adequate ventilation	65	67	69	71	73	75
	% of classified road network in good condition						
	% Schools providing complete school health package	15	27	39	51	63	75
INVESTMENT OUTPUTS							
Improving access to services	Per capita Outpatient utilization rate (M/F)						
	% of population living within 5km of a facility	75	77	79	81	83	85
	% of facilities providing BEOC	0.8	1	2	3	4	5
	% of facilities providing CEOC	0.8	1.0	1.5	2.0	2.5	3.0
	Bed Occupancy Rate	42	47	55	63	71	80
	% of facilities providing Immunization	90	92	94	96	98	100
Improving quality of care	TB Cure rate	86	2	2	2	2	95
	% of fevers tested positive for malaria	4	3.5	3.0	2.5	2.0	1
	% maternal audits/deaths audits	100	100	100	100	100	100
	Malaria inpatient case fatality	10.8	10.0	9.2	8.4	7.6	6.0
	Average length of stay (ALOS)	6.2	5.5	5.0	4.5	4.0	3.5

CHAPTER 5

STRATEGY IMPLEMENTATION

This Strategic Plan will be implemented gradually in three phases covering the next five fiscal years (2013-2017). With devolution beginning to take shape in the county, we intend to develop the organizational and governance structures to execute and implement the plan at all levels during the first year and the second year of the plan. The department shall then initiate (beginning the second year) development of relevant county specific policies and relevant county health bills for consideration for enactment by the county assembly.

This will run alongside capacity strengthening of the management teams and the governance structures at all levels with emphasis creating health leaders to drive the agenda of the sector. Management trainings for the middle and senior management staff will be essential. We shall specifically improve financial management competencies for the officers in positions of responsibility from the primary facilities to hospitals. We shall adopt and focus on the six health system blocks; healthcare financing, health management information system, leadership and governance, health products and technologies, human resource for health and service delivery systems in order to improve the county health system.

The department shall assess the needs and gaps in each of the system focus areas and set priorities. We shall embark on developing institutional, infrastructural and technical capacity to meet the ever growing demand for health services. In order to ensure equity in the development of the sector, we shall focus on the wards and improve access and quality of care in all the wards in the county. A summary of the implementation process is shown in the fig below (John serializes the fig and give it a number)

5.1 Implementation Phases

Phase one: Putting fundamentals in place	Phase two: Infrastructure, capacity development and expanding Access	Phase three: Quality Improvement Systems
Strategic plan fundamentals include: ▪ Institutional, infrastructural Training and service delivery needs assessment ▪ Detailed infrastructure development design and plan ▪ Detailed plan for technical capacity development ▪ Plan for mobilization of resources ▪ Design for implementation and monitoring plan	▪ Renovations of the existing health facilities ▪ Equipping and staffing of facilities ▪ Siting and development of new facilities in hard to reach areas as identified in the CIDP ▪ Institutionalize health products procurement & management systems ▪ Establishing sustainable resource mobilization systems ▪ Set up of reward/motivation system for best performers ▪ Continued capacity-building	▪ Adopting evidence-based approaches in service quality improvement ▪ Setting up of social accountability and audit systems ▪ Continuous quality improvement systems including institutionalizing 5S-Kaizen ▪ Enhancing operational research ▪ Documenting, sharing and scaling best practices ▪ Adopting innovative and results-based approaches ▪ Performance Management

5.2 Management structure and functions at the County Level

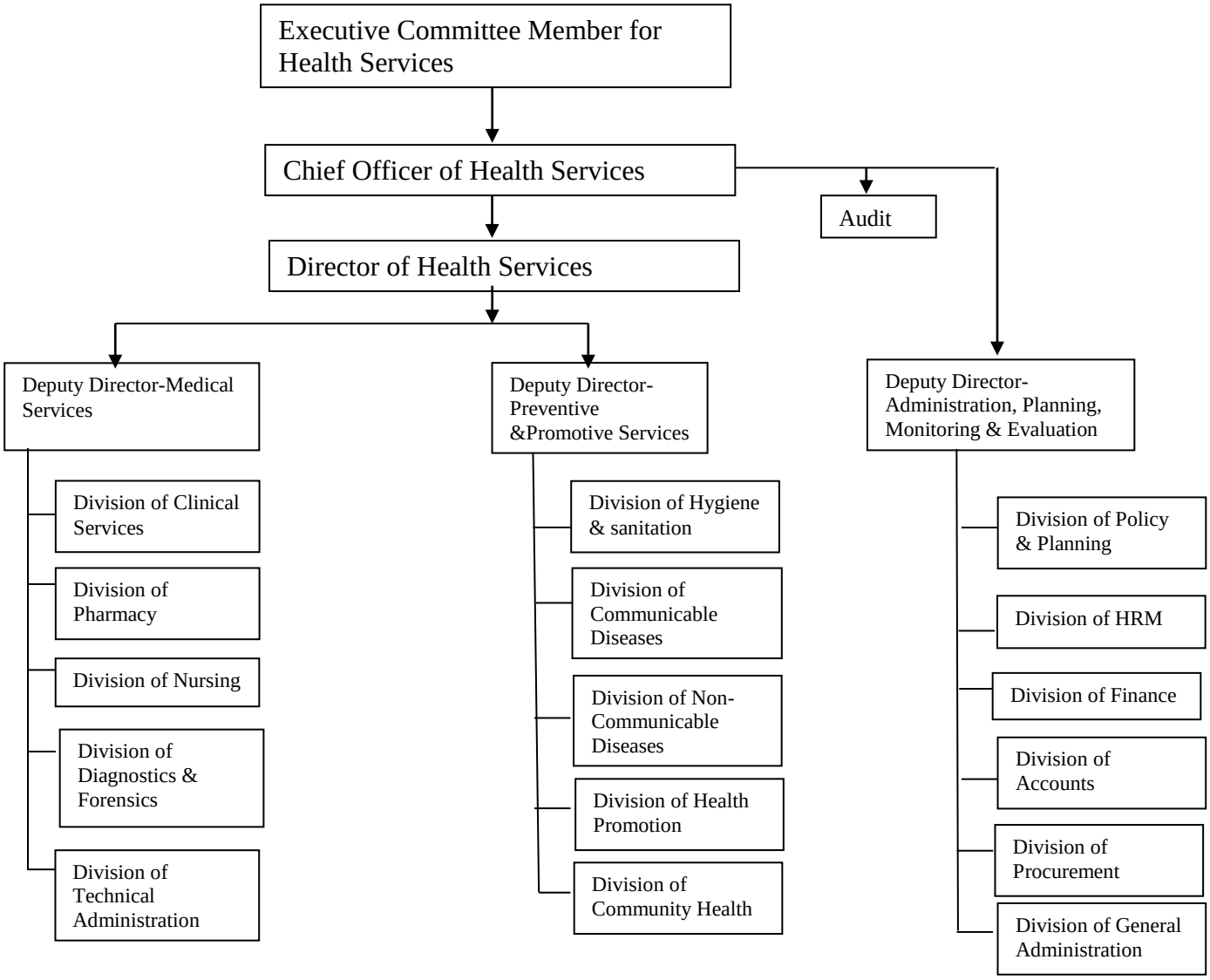
The County level is made up of the Department of Health Services headquarters, with the sub-county level serving as a devolved unit of the county level. The functions of the national level will be:

i. Strategic planning and policy formulation
ii. Ensuring commodity security
iii. Performance monitoring
iv. Capacity strengthening
v. Resource mobilization, and
vi. Operational and other researches

5.3 Overall organogram of the county level

The sub-county will serve as the unit to coordinate operationalization of these functions by the primary care levels. To be able to carry out all the defined functions of the Department of Health Services, the organogram below shall be utilized. Mandate, and functions of each unit plus linkages follow.

5.3.1 Department of Health Services Organogram



As highlighted in the organogram, the key oversight functions will be managed through the Executive Committee Member. The Chief Officer will be the key linkage of technical/ administrative functions with the oversight function. The Director of Health Services will be the main coordinator of technical functions of the Ministry.

5.3.2Office of the Chief Officer

The work of the Chief Officer Permanent Secretary shall be supported as described below.

Coordinating units

- Directorate of Health Services
- Unit of Administration, Planning, Monitoring and Evaluation

Supportive units

- Internal Audit

5.3.2.1 Unit of Administration, Planning, Monitoring and Evaluation

The unit of administration, planning, monitoring and evaluation shall execute its functions through the following six divisions:

1. Division of Policy & Planning
2. Division of Human Resource Management
3. Division of Finance
4. Division of Accounts
5. Division of Procurement
6. Division of General Administration

5.3.3 Office of the Director of Health Services

On the other hand, the Director of health services shall execute his functions through two units:

1. Unit of medical services
2. Unit of preventive and promotive services

5.3.3.1 Unit of Medical Services

The unit of Medical services shall execute its functions through the following five divisions:

1. Division of Clinical Services
2. Division of Pharmacy
3. Division of Nursing
4. Division of Diagnostics & Forensics
5. Division of Technical Administration

5.3.3.2 Unit of Preventive and Promotive Services

The unit of preventive and promotive services shall execute its functions through the following divisions;

1. Division of Hygiene & sanitation
2. Division of Communicable Diseases
3. Division of Non-Communicable Diseases
4. Division of Health Promotion
5. Division of Community Health

The mandate / functions and composition of the divisions are outlined in Annex 6

5.3.4 The County Health Management Team (CHMT)

The CHMT shall be answerable to the Chief Officer through the County Director of Health Services. It will advise the Chief Officer on technical matters pertaining to health services. In implementing the CHSIP, the CHMT will;

- Monitor and review performance of health services including documentation of achievements of key performance indicators
- Coordinate development of the Annual Work Plans in the sub counties
- Consolidate and develop County Annual Work Plans
- Stakeholder coordination
- Conduct regular support supervision to all the health facilities and health related institutions in the county
- Mid-term and end term review
- Provide technical support to the sub counties

5.3.5 The Hospital Management Boards and the Health Centre and Dispensary management Committees

The hospital boards shall perform the following roles in the implementation process;

- Participate in planning of the respective health facilities
- Identify potential new resources sources and develop strategies for resources mobilization for their respective hospitals
- Ensure appropriate, efficient and effective resource utilization

- Market the hospital services to the host communities to improve utilization
- Social audit and accountability
- Performance evaluation
- Protect community interests
- Develop strategic partnerships and linkages

5.4 Monitoring and Evaluation

Monitoring and evaluation (M&E) in the health department is based on supervisory visits, periodic reviews and the health management information system. M&E aims at informing policy makers about progress towards achieving targets as set in the annual work plans (AWP) and the CHSIP and to help provide managers with a basis in making decisions.

The M&E framework will help to:

- Track the implementation of planned activities to ensure they are on schedule.
- Provide a basis for making adjustments and taking corrective action when and where necessary.
- Communicate regular progress to stakeholders.
- Ensure that allocated resources are used efficiently and effectively.
- Ensure that inputs are ready on time.

This Strategic Plan will be executed and monitored primarily through:

- Detailed AWPsfor county, sub county and facility levels.
- Appropriate data collection tools/instruments at all levels
- Feedback reporting mechanisms including reporting formats, report-writing, documentation and dissemination.

Monitoring and evaluation of financial and other resources will constitute part of the M&E system to ensure that all the resources are used according to approved work plans and budgets, and in accordance with the approved financial management guidelines and regulations to ensure accountability.

Interim, Mid-term and End of Period evaluation

i) Internal progress reports

Internally, regular reports will be compiled by the units responsible for implementing the recommended strategies. The reports will be timed to be compatible with quarterly meetings of the departments of health. They will describe the various actions/activities undertaken in the process of implementing the strategy and the achievement realized over the period of implementation such as benefits, performance measurements, progress made, changes, challenges and costs incurred.

ii) Annual report

Annually, a report detailing the various activities and achievements undertaken in the implementation of the strategy will be compiled and submitted to the various stakeholders and partners for discussion and recommendations. The reports will be done annually for each year from 2013 through 2017.

iii) End of Strategic Plan Period review

The county department of health (CDoH) and other stakeholders will undertake a review and appraisal of the strategy in relation to the planned performance and outputs, and provide feedback on the progress to the stakeholders. The review will be done at the end of the period the strategy covers. The report will provide credible, reliable and timely information for evidence-based decision-making and further improvement/adjustment in the nextCounty Health Strategic Plan.

5.4.1 Monitoring and Evaluation Framework

Table 10: Monitoring and Evaluation Framework

Orientation area	Intervention area	Milestones for achievement						
		Milestones	Annual targets					
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Monitoring Indicator
Service delivery	Community services	Increase number of CUs from 61 to 135	76	91	105	120	135	Number of CUs functioning
	Outreach services	Increase the no. of facilities offering outreaches services for hard to reach areas from 60 to 110	70	80	90	100	110	Number of facilities conducting outreaches
	Supportive supervision to lower units	Increase no. of support supervision visits from 20 HFs to 40	24	24	24	24	24	Number of facilities, and districts supervised
	On the job training	Increase number of facilities doing OJT from 67 to 99	74	83	86	88	99	Number of facilities conducting OJT
	Emergency preparedness planning	To train 250 health workers on emergency preparedness	50	50	50	50	50	Number of HWs trained and training report
		To hold emergency preparedness committee	12	12	12	12	12	Number of meetings held

Orientation area	Intervention area	Milestones for achievement						
		Milestones	Annual targets					
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Monitoring Indicator
		meetings in facilities						
		To procure equipment and supplies for emergency preparedness	0	5	5	0	0	No. of equipment procured and supplies purchased
	Patient Safety initiatives, quality improvement processes	Train 600 healthcare workers on patient safety and Quality improvement	100	200	100	100	100	Number of HWs trained and training report
	Therapeutic committee meetings and follow up	Hold Quarterly therapeutic meetings	60	60	60	60	60	Number of meetings held
	Clinical audits (including maternal death audits)	Conduct maternal death audits (%)	100	100	100	100	100	Maternal audit reports
		Conduct perinatal audit	100	100	100	100	100	Perinatal audit reports
	Referral health services	Procure ambulances for 5 sub counties	5	2	2	2	2	No of ambulances purchased
		Establish community based referral system in 1 sub counties		1				No of community based referral system in 1 sub counties
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	Construction/completion of 40 new health facilities	10	10	10	5	5	No of new health facilities constructed and Completion certificate
		To construct office administration block		1		1		Completion certificate
		Construction of Doctors Plaza in Nyamira County Hospital		1				Final inspection report, Completion certificate And completed project
	Physical infrastructure: expansion of existing facilities	Physical expansion14 facilities	2	4	4	2	2	Final inspection report and Completion certificate
	Physical infrastructure: Maintenance	To renovate 74 health facilities	20	20	20	14	0	Final inspection report and Completion certificate
	Equipment: Purchase	Procure assorted medical equipment for 74 facilities	20	20	10	10	14	Fully equipped facilities
		Purchase 5 x-ray machines	2	1	1	1	0	Number of x-rays purchased
		Purchase CT scanner	1	0	0	0	0	Availability of CT scanner
		Purchase portable ultrasound machines	0	1	0	1	0	Number of portable ultrasound machines purchased
	Equipment: Maintenance and repair	Ongoing repair of machines and equipment	9	6	5	6	5	Number of machines and equipment repaired
	Transport: purchase	Purchase of two utility vehicle		1	1			Number of utility vehicles purchased
	Transport: Maintenance and repair	Repair and maintenance of existing vehicles	7	9	10	12	15	Functional vehicles
	ICT equipment: Purchase	54 desk tops computers 14 routers	54					Number of desk top computers purchased
		15 laptops	10	5	0	0	0	Number of laptops purchased
		17 printers	2	2	1	1	1	Number of printers purchased
	ICT equipment: Maintenance and repair	Routine repair and maintenance of ICT equipment (%)	100	100	100	100	100	% of ICT equipment repaired and functional
Health Workforce	Recruitment of new staff	Increase the number of nurses	104	342	156	120	100	Number of HWs recruited
		Increase the number of RCO- 142	30	20	30	20	22	
		Increase the number of HRIO- 11	11					
		Increase the number of Physiotherapy /Occupational	5					
		Increase the number of Lab Staff	20	10	5	5	5	
		Increase the number of x/ray from 1 to 5		1	1	1	1	
		Doctors	10	2	2	2	2	
		PHO/PHT	5	5	5	5	5	
	Personnel emoluments for existing staff	Payment of staff salaries, annual increments, annual promotions	500M	550M	600M	650M	700M	Staff salaries paid, annual increments effected and number staffs promoted
	In service trainings	Support 40 health workers	0	10	10	10	10	Number of staff given sponsorship
	Staff Motivation	Purchase 10 trophies to be awarded to the best performing HFs	10	0	0	0	0	Number of trophies purchased
		Print certificates to be issued to the best performing HWs	80	80	80	80	80	Number of certificates printed and awarded to the best

Orientation area	Intervention area	Milestones for achievement						
		Milestones	Annual targets					
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Monitoring Indicator
								performing HWs
		Support team building activities	8	8	8	8	8	Number of team building activities supported
Health information	Data collection: routine health information	Print and supply registers and summary tools to all facilities – public and non-public – for information collation (paper based) (%)	100	100	100	100	100	% of health facilities with tools
	Data collection: EMR system	Establish IT based system for collecting health information and financial data in20 GoK health facilities (%)	25	50	75	100		% of health facilities with functional EMR system
	Data collection: vital events (births, deaths)	Train health workers on vital events (births, deaths) data collection (%)	140	0	140	0	0	% of HWs trained and training report
	Data collection: Surveillance	Weekly collection of surveillance data from all HFs (%)	100	100	100	100	100	% weekly surveillance data submitted
	Data collection: Research	Conduct 25 operational research	5	5	5	5	5	Number of operational research conducted
	Data analysis	Carry out quarterly data analysis for decision making	4	4	4	4	4	Number of quarterly reports analyzed
	Information dissemination	Carry out quarterly/annual Health Information Dissemination forums	4	4	4	4	4	Number of Health Information reports disseminated
Health Products	Procurement of required health products	Procure health products for all GoK facilities (%)	100	100	100	100	100	% of facilities with health products
	Warehousing / storage of health products	Construction of 1 regional Cold Room and store		1				Completion certificate and functional Cold Room and store
		Distribution of health products all entitled health facilities (%)	100	100	100	100	100	% of facilities with health products
	Monitoring rational use of health products	Training 300 HWs on commodity Mx/forecasting	50	100	50	50	50	Number of HWs trained
		Conduct supportive supervision on commodity mx	4	4	4	4	4	Supervision reports
Health Financing	Costing of health service provision	Annual financial planning	1	1	1	1	1	Report on financial planning
	Resource mobilization	Develop county MTEF based on information from sub-Counties	6	6	6	6	6	Availability of county MTEF
		Develop proposals for resource mobilization	6	6	6	6	6	Developed proposals for resource mobilization
	Health expenditure reviews	Conduct 120 health expenditure reviews	24	24	24	24	24	Number of reviews conducted
Leadership and Governance	Annual health stakeholders forum	Conduct annual stakeholders forum	6	6	6	6	6	Report on stakeholders forum
	Quarterly Coordination meetings	Conduct 120 coordination meetings	24	24	24	24	24	Number of meetings held
	Monthly management meetings	Hold management meetings for County and sub counties	72	72	72	72	72	Number of meetings held
	Annual Work Planning and reporting	Develop annual work plan (AWP) for all facilities and mx units (%)	100	100	100	100	100	% of AWPs developed

5.5 Resource Requirements and Financing

5.5.1 **Resource** requirements

Effective and successful implementation of the Strategic Plan will need funds both for recurrent and investment expenditure. It is expected that through the budgeting process the county government funding will be enhanced to match the planned activities. Other funds will come from development partners based on the agreements which will be developed between county

government and the partners. The projected budget by strategic objectives is given in Tables 11; Table 12; Table 13; and Table 14.

Table 11: Resource Requirements

Orientation	Intervention area	Annual resource requirements				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Service delivery	Community services	6,000,000	7000000	8000000	9000000	10000000
	Outreach services	6000000	6500000	7000000	7500000	8000000
	Supportive supervision to lower units	4000000	8000000	32000000	36000000	42000000
	On the job training	3000000	4000000	5000000	6000000	7000000
	Emergency preparedness planning	5000000	5100000	5200000	5300000	5400000
	Patient Safety initiatives	6000000	8000000	1000000	10000000	10000000
	Therapeutic committee meetings and follow up	1000000	1200000	1300000	1400000	1500000
	Clinical audits (including maternal death audits)	250000	260000	270000	280000	290000
	Referral health services	5000000	6000000	7000000	8000000	9000000
		36,250,000	**46,060,000**	**66,770,000**	**83,480,000**	**93,190,000**
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	50000000	60000000	70000000	80000000	90000000
	Physical infrastructure: expansion of existing facilities	30000000	31000000	32000000	33000000	34000000
	Physical infrastructure: Maintenance	20000000	22000000	23000000	24000000	25000000
	Equipment: Purchase	100000000	100000000	100000000	100000000	100000000
	Equipment: Maintenance and repair	5000000	50000000	50000000	50000000	50000000
	Transport: purchase	20000000	2200000	2300000	2400000	2500000
	Transport: Maintenance and repair	2500000	3000000	3500000	4000000	4500000
	ICT equipment: Purchase	5000000	5100000	5200000	5300000	5400000
	ICT equipment: Maintenance and repair	1000000	1100000	1200000	1300000	1400000
		233500000	**274400000**	**287200000**	**300000000**	**312800000**
Health Workforce	Recruitment of new staff	20000000	25000000	26000000	28000000	30000000
	Personnel emoluments for existing staff	490000000	540000000	600000000	6500000000	700000000
	Pre-service training	0	0	0	0	0
	In service trainings	3000000	3500000	4000000	4500000	5000000
	Staff motivation	2000000	2000000	2000000	2000000	2000000
		515000000	**570500000**	**632000000**	**684500000**	**737000000**
Health information	Data collection: routine health information	6000000	7000000	8000000	9000000	10000000
	Data collection: vital events (births, deaths)	100000	200000	300000	400000	500000
	Data collection: health related sectors	100000	200000	300000	400000	500000
	Data collection: Surveillance	100000	200000	300000	400000	500000
	Data collection: Research	100000	200000	300000	400000	500000
	Data analysis	1000000	2000000	3000000	4000000	5000000
	Information dissemination	1000000	2000000	3000000	4000000	5000000
		8400000	**11800000**	**15200000**	**18600000**	**22000000**
Health Products	Procurement of required health products	600000000	650000000	700000000	750000000	800000000
	Warehousing / storage of health products	10000000	11000000	11500000	12000000	12500000
	Distribution of health products	1000000	1000000	1000000	1000000	1000000
	Monitoring rational use of health products	1000000	1000000	1000000	1000000	1000000
		612000000	**663000000**	**713500000**	**764000000**	**814500000**
Health Financing	Costing of health service provision	24000000	28000000	32000000	36000000	42000000
	Resource mobilization	100000	100000	100000	100000	100000

Orientation	Intervention area	Annual resource requirements				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	Health expenditure reviews	44,000,000	46,500,000	49000000	52000000	57000000
		68100000	**74600000**	**81100000**	**88100000**	**99100000**
Leadership and Governance	Annual health stakeholders forum	500000	600000	800000	850000	900000
	Quarterly Coordination meetings	4000000	5000000	6000000	7000000	8000000
	Monthly management meetings	4000000	4000000	4000000	4000000	4000000
	Annual Work Planning and reporting	3500000	4000000	4300000	4600000	4800000
		12000000	**13600000**	**15100000**	**16450000**	**17700000**
TOTAL		**1,695,250,000**	**1,913,960,000**	**2,110,870,000**	**1,405,130,000**	**1,496,290,000**

5.5.2 Secured and Probable Resources by Source and Investment area

Table 12: Secured and Probable Resources by Source and Investment Area

Category	Source of funds	Total Amount	Purpose (tick where appropriate)*							
			Service delivery	*Human Resources*	*Health Infrastructure*	*HPT*	*Health Information*	*Health Leadership*	*Health Financing*	*Un-specified*
Public Sources	County Government	850,000,000	3912815	434451464.1	98551342	43599939	412780	1805915	31474512	0
	National Government	0	0	0	0	0	0	0	0	0
	HMSF/HSSF	58,418,812	268920	29858986	6773238	2996537	28370	124117	2163181	0
	Free maternity care									
	Additional funding from national government through Subsidies for indigents (HSIP)	0	0	0	0	0	0	0	0	0
	User fees (Hospitals)	80,000,000	368265	40889550	9275420	4103524	38850	169968	2962307	0
	User fee compensation (Primary Care facilities)									
	CDF	0	0	0	0	0	0	0	0	0
	Other (specify)	0	0	0	0	0	0	0	0	0
	SUBTOTAL	**988,418,812**	**5,550,000**	**505,200,000**	**114,600,000**	**50,700,000**	**480,000**	**2,100,000**	**36,600,000**	0
Development Partners	Africa Development Bank	0	0	0	0	0	0	0	0	0
	Clinton Foundation	0	0	0	0	0	0	0	0	0
	Danish Government (DANIDA)	0	0	0	0	0	0	0	0	0
	UK Government (DfID)	0	0	0	0	0	0	0	0	0
	European Commission	0	0	0	0	0	0	0	0	0
	Japanese Government (JICA)	0	0	0	0	0	0	0	0	0
	UN agency (UNICEF)	0	0	0	0	0	0	0	0	0
	UN agency (World Bank)	0	0	0	0	0	0	0	0	0
	UN agency (WHO)	0	0	0	0	0	0	0	0	0
	US Government	0	0	0	0	0	0	0	0	0
	Other (specify)	0	0	0	0	0	0	0	0	0
	SUBTOTAL	0	0	0	0	0	0	0	0	0
Community / NGO	NGO / CSO (specify)	0	0	0	0	0	0	0	0	0
	Christian Health Association of Kenya (CHAK)	0	0	0	0	0	0	0	0	0
	SUBTOTAL	0	0	0	0	0	0	0	0	0
GRAND TOTAL		**988,418,812**	**5,550,000**	**505,200,000**	**114,600,000**	**50,700,000**	**480,000**	**2,100,000**	**36,600,000**	

5.5.3 .Secured and Probable Resources, by Intervention Area and Year

Table 13: Secured and Probable Resources

Orientation	Intervention area	Secured and likely resources				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Service delivery	Community services	1,000,000	2,000,000	3,000,000	4,000,000	5,000,000
	Outreach services	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
	Supportive supervision to lower units	200,000	300,000	600,000	900,000	1,000,000
	On the job training	200,000	500,000	600,000	650,000	700,000
	Emergency preparedness planning	500,000	500,000	500,000	500,000	500,000
	Patient Safety initiatives	250,000	300,000	450,000	600,000	800,000
	Therapeutic committee meetings and follow up	150,000	400,000	450,000	500,000	500,000
	Clinical audits (including maternal death audits)	250000	260000	270000	280000	290000
	Referral health services	1,000,000	2,000,000	3,000,000	4,000,000	5,000,000
		5,550,000	**8,260,000**	**10,870,000**	**13,430,000**	**15,790,000**
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	40,000,000	45,000,000	50,000,000	55,000,000	60,000,000
	Physical infrastructure: expansion of existing facilities	20,000,000	22,000,000	23,000,000	25,000,000	26,000,000
	Physical infrastructure: Maintenance	2,000,000	3,000,000	4,000,000	5,000,000	6,000,000
	Equipment: Purchase	35,000,000	40,000,000	41,000,000	44,000,000	49,000,000
	Equipment: Maintenance and repair	4,500,000	4,800,000	5,000,000	5,100,000	5,500,000
	Transport: purchase	6,000,000	1,000,000	1,200,000	1,500,000	2,000,000
	Transport: Maintenance and repair	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000
	ICT equipment: Purchase	4,800,000	4,400,000	5,000,000	4,900,000	5,100,000
	ICT equipment: Maintenance and repair	300,000	500,000	700,000	700,000	900,000
		114600000	**123200000**	**132900000**	**144700000**	**158500000**
Health Workforce	Recruitment of new staff	10,000,000	15,000,000	20,000,000	22,000,000	25,000,000
	Personnel emoluments for existing staff	490,000,000	610,000,000	630,000,000	652,000,000	700,000,000
	Pre-service training	0	0	0	0	0
	In service trainings	100,000	200,000	500,000	1,000,000	2,000,000
	Staff motivation	100,000	100,000	100,000	100,000	100,000
		505200000	**625300000**	**650600000**	**675100000**	**727100000**
Health information	Data collection: routine health information	50,000	100,000	50,000	120,000	160,000
	Data collection: vital events (births, deaths)	20000	50000	70000	100000	150000
	Data collection: health related sectors	50,000	20,000	30,000	350,000	400,000
	Data collection: Surveillance	50000	75000	65000	80000	100000
	Data collection: Research	60000	80000	90000	140000	200000
	Data analysis	50,000	110,000	120,000	150,000	200,000
	Information dissemination	200,000	300,000	500,000	1,200,000	1,300,000
		480,000	**735,000**	**925,000**	**2,140,000**	**2,510,000**
Health Products	Procurement of required health products	50,000,000	70,000,000	80,000,000	85,000,000	90,000,000
	Warehousing / storage of health products	500,000	1,500,000	2,500,000	3,500,000	4,000,000

Orientation	Intervention area	Secured and likely resources				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	Distribution of health products	100,000	150,000	200,000	250,000	300,000
	Monitoring rational use of health products	100,000	150,000	200,000	250,000	360,000
		50700000	**71800000**	**82900000**	**89000000**	**94660000**
Health Financing	Costing of health service provision	15,550,000	7,100,000	20,150,000	20,200,000	25,250,000
	Resource mobilization	50,000	50,000	60,000	80,000	50,000
	Health expenditure reviews	21,000,000	18,000,000	19,000,000	25,000,000	26,000,000
		36,600,000	**25,150,000**	**39,210,000**	**45,280,000**	**51,300,000**
Leadership and Governance	Annual health stakeholders for a	200000	250000	300000	350000	750000
	Quarterly Coordination meetings	500000	650000	800000	950000	750000
	Monthly management meetings	600000	700000	1000000	100000	2000000
	Annual Work Planning and reporting	800000	900000	950000	1000000	1500000
		2100000	**2500000**	**3050000**	**2400000**	**5000000**

5.5.5 Financial gaps, by Intervention and Year

Table 14: Financial Gaps

Orientation	Intervention area	Gaps				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Service delivery	Community services	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
	Outreach services	4,000,000	4,500,000	5,000,000	5,500,000	6,000,000
	Supportive supervision to lower units	3,800,000	7,700,000	31,400,000	35,100,000	41,000,000
	On the job training	2,800,000	3,500,000	4,400,000	5,350,000	6,300,000
	Emergency preparedness planning	4,500,000	4,600,000	4,700,000	4,800,000	4,900,000
	Patient Safety initiatives	5,750,000	7,700,000	550,000	9,400,000	9,200,000
	Therapeutic committee meetings and follow up	850,000	800,000	850,000	900,000	1,000,000
	Clinical audits (including maternal death audits)	0	0	0	0	0
	Referral health services	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000
		30,700,000	**37,800,000**	**55,900,000**	**70,050,000**	**77,400,000**
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	10,000,000	15,000,000	20,000,000	25,000,000	30,000,000
	Physical infrastructure: expansion of existing facilities	10,000,000	9,000,000	9,000,000	8,000,000	8,000,000
	Physical infrastructure: Maintenance	18,000,000	19,000,000	19,000,000	19,000,000	19,000,000
	Equipment: Purchase	65,000,000	60,000,000	59,000,000	56,000,000	51,000,000
	Equipment: Maintenance and repair	500,000	45,200,000	45,000,000	44,900,000	44,500,000
	Transport: purchase	14,000,000	1,200,000	1,100,000	900,000	500,000
	Transport: Maintenance and repair	500,000	500,000	500,000	500,000	500,000
	ICT equipment: Purchase	200,000	700,000	200,000	400,000	300,000
	ICT equipment: Maintenance and repair	700,000	600,000	500,000	600,000	500,000
		118,900,000	**151,200,000**	**154,300,000**	**155,300,000**	**154,300,000**
Health Workforce	Recruitment of new staff	10,000,000	10,000,000	6,000,000	6,000,000	5,000,000
	Personnel emoluments for existing staff	210,000,000	190,000,000	270,000,000	248,000,000	200,000,000
	Pre-service training	0	0	0	0	0
	In service trainings	2,900,000	3,300,000	3,500,000	3,500,000	3,000,000
	Staff motivation	1,900,000	1,900,000	1,900,000	1,900,000	1,900,000
		224,800,000	205,200,000	281,400,000	259,400,000	209,900,000
Health information	Data collection: routine health information	5,950,000	6,900,000	7,950,000	8,880,000	9,840,000
	Data collection: vital events (births, deaths)	80,000	150,000	230,000	300,000	350,000
	Data collection: health related sectors	50,000	180,000	270,000	50,000	100,000
	Data collection: Surveillance	50,000	125,000	235,000	320,000	400,000
	Data collection: Research	40,000	120,000	210,000	260,000	300,000
	Data analysis	950,000	1,890,000	2,880,000	3,850,000	4,800,000
	Information dissemination	800,000	1,700,000	2,500,000	2,800,000	3,700,000
		7,920,000	**11,065,000**	**14,275,000**	**16,460,000**	**19,490,000**
Health Products	Procurement of required health products	550,000,000	580,000,000	620,000,000	665,000,000	710,000,000
	Warehousing / storage of health products	9,500,000	9,500,000	9,000,000	8,500,000	8,500,000
	Distribution of health products	900,000	850,000	800,000	750,000	700,000
	Monitoring rational use of health products	900,000	850,000	800,000	750,000	640,000

Orientation	Intervention area	Gaps				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
		561,300,000	**591,200,000**	**630,600,000**	**675,000,000**	**719,840,000**
Health Financing	Costing of health service provision	8,450,000	20,900,000	11,850,000	15,800,000	16,750,000
	Resource mobilization	50,000	50,000	40,000	20,000	50,000
	Health expenditure reviews	23,000,000	28,500,000	30,000,000	27,000,000	31,000,000
		31,500,000	**49,450,000**	**41,890,000**	**42,820,000**	**47,800,000**
Leadership and Governance	Annual health stakeholders forums	300,000	350,000	500,000	500,000	150,000
	Quarterly Coordination meetings	3,500,000	4,350,000	5,200,000	6,050,000	7,250,000
	Monthly management meetings	3,400,000	3,300,000	3,000,000	3,900,000	2,000,000
	Annual Work Planning and reporting	2,700,000	3,100,000	3,350,000	3,600,000	3,300,000
		9,900,000	**11,100,000**	**12,050,000**	**14,050,000**	**12,700,000**

ANNEXES

Annex1: Sub counties and Wards

	Sub County Units	Population trends by year					
		2013	2014	2015	2016	2017	No. of Wards
1	Borabu	127,350	130,053	132,813	135,632	138,510	4
2	Manga	95,558	97,586	99,657	101,772	103,932	3
3	Masaba North	121,028	123,597	126,220	128,898	131,634	3
4	Nyamira	173,665	177,350	181,114	184,958	188,883	5
5	Nyamira North	133,075	135,899	138,783	141,728	144,736	5
	TOTAL	**650,676**	**664,485**	**678,587**	**692,988**	**707,694**	**20**

Annex2: Population description

	Description	Population estimates	Target population				
			2013	2014	2015	2016	2017
1	Total population		650,676	664,485	678,587	692,988	707,694
2	Total Number of Households		141,451	144,453	147,519	150,650	153,847
3	Children under 1 year (12 months)	3.3%	21,472	21,928	22,393	22,869	23,354
4	Children under 5 years (60 months)	16.2%	105,410	107,647	109,931	112,264	114,646
5	Under 15 year population	47.3%	307,770	314,301	320,972	327,783	334,739
6	Women of child bearing age (15 – 49 Years)	25%	162,669	166,121	169,647	173,247	176,924
7	Estimated Number of Pregnant Women	3.4%	22,123	22,593	23,072	23,562	24,062
8	Estimated Number of Deliveries	3.4%	22,123	22,593	23,072	23,562	24,062
9	Estimated Live Births	3.35%	21,798	22,260	22,733	23,215	23,708
10	Total number of Adolescent (15-24)	23%	149,656	152,832	156,075	159,387	162,770
11	Adults (25-59)	34%	221,230	225,925	230,720	235,616	240,616
12	Elderly (60+)	5.4%	35,137	35,882	36,644	37,421	38,216

Annex3: Disease Burden

Causes of death				***Causes of ill health (disease or injury)***			
National		***County-specific***		**National**		***County-specific***	
No	**Condition**	**No**	***Condition***	**No**	**Condition**	**No**	***Condition***
1	HIV/AIDS	1	Pneumonia	1	HIV/AIDS	1	Dis. of Respiratory System
2	Perinatal conditions	2	HIV/AIDS	2	Perinatal conditions	2	Clinical Malaria
3	Lower respiratory infections	3	Perinatal conditions	3	Malaria	3	Dis. of the skin (incl. wounds)
4	Tuberculosis	4	Tuberculosis	4	Lower respiratory infections	4	Rheumatism, Joint pains etc.
5	Diarrhoea diseases	5	Ischaemic heart diseases	5	Diarrhoea diseases	5	Accidents - Fractures, injuries etc.
6	Malaria	6	Diarrhoea	6	Tuberculosis	6	Pneumonia
7	Cerebrovascular disease	7	Diseases of blood	7	Road traffic accidents	7	Diarrhoea
8	Ischaemic heart disease	8	Malaria	8	Congenital anomalies	8	Urinary Tract Infection
9	Road traffic accidents	9	Ulcers	9	Violence	9	Eye Infections
10	Violence	10	Diseases of skin	10	Unipolar depressive disorders	10	Hypertension

Annex4: Service Delivery by Health Units

Policy Objective	Services	# units providing services after scaling up						
		Community	*Primary care*			*Hospitals*		
			GoK	*FBO/NGO*	*Private*	*GoK*	*FBO/NGO*	*Private*
		Total = 135	*Total =74*	*Total =16*	*Total =32*	*Total = 9*	*Total =0*	*Total =0*
Eliminate Communicable Conditions	Immunization		74	16	25	9	0	0
	Child Health	0	74	16	25	9	0	0
	Screening for communicable conditions	0	74	16	32	9	0	0
	Antenatal Care		74	16	25	9	0	0
	Prevention of Mother to Child HIV Transmission		74	16	25	9	0	0
	Integrated Vector Management	0	0	0	0	0	0	0
	Good hygiene practices	135	74	16	32	9	0	0
	HIV and STI prevention		74	16	32	9	0	0
	Port health		NA	NA	NA	NA	0	0
	Control and prevention neglected tropical diseases	0	74	16	25	9	0	0
Halt, and reverse the rising burden of non-communicable conditions	Health Promotion & Education for NCD's	135	74	16	0	9	0	0
	Institutional Screening for NCD's	0	74	16	25	9	0	0
	Community screening for NCDs	135	0	0	0	0	0	0
	Rehabilitation	0	0	0	0	2	0	0
	Workplace Health & Safety	0	74	16	32	9	0	0
	Food quality & Safety	1	0	0	0	0	0	0
Reduce the burden of violence and injuries	Health Promotion and education on violence / injuries	135	74	16	32	9	0	0
	Pre hospital Care	55	0	0	0	0	0	0
	OPD/Accident and Emergency		0	0	0	5	0	0
	Management for injuries		74	16	32	9	0	0
	Rehabilitation					2	0	0
Minimize exposure to health risk factors	Health Promotion including health Education	135	74	16	32	9	0	0
	Sexual education	135	74	16	32	9	0	0
	Communication on Substance abuse	135	74	16	32	9	0	0
	Micronutrient deficiency control	0	74	16	32	9	0	0
	Promotion of and health education on physical activity	0	0	0	0	2	0	0
Provide essential health services	General Outpatient		74	16	32	9	0	0
	Integrated MCH / Family Planning services		74	16	32	9	0	0
	Accident and Emergency					1	0	0
	Emergency life support		0	0	0	0	0	0
	Maternity		74	16	32	9	0	0
	Newborn services		74	16	32	9	0	0
	Reproductive health					9	0	0
	In Patient					9	0	0
	Clinical Laboratory		12	6	1	9	0	0
	Specialized laboratory	0	0	0	0	0	0	0

Policy Objective	Services	# units providing services after scaling up						
		Community	*Primary care*			*Hospitals*		
			GoK	*FBO/NGO*	*Private*	*GoK*	*FBO/NGO*	*Private*
		Total = 135	*Total =74*	*Total =16*	*Total =32*	*Total = 9*	*Total =0*	*Total =0*
	Imaging					9	0	0
	Pharmaceutical					9	0	0
	Blood safety		0	0	0	2	0	0
	Rehabilitation					2	0	0
	Palliative care					0	0	0
	Specialized clinics					1	0	0
	Comprehensive youth friendly services		0	0	0	0	0	0
	Operative surgical services		0	0	0	2	0	0
	Specialized Therapies							
Strengthen collaboration with health related sectors	Safe water	135	0	0	0	0	0	0
	Sanitation and hygiene	135	0	0	0	0	0	0
	Nutrition services	135	74	16	32	9	0	0
	Pollution control	0	0	0	0	0	0	0
	Housing	0	0	0	0	0	0	0
	School health	0	0	0	0	0	0	0
	Water and Sanitation	135	0	0	0	0	0	0
	Food fortification	0	0	0	0	0	0	0
	Population management	0	0	0	0	0	0	0
	Road infrastructure and Transport	0	0	0	0	0	0	0

Annex5: Health Workforce

No	Staff cadres	Available workforce				Available by tier			Required numbers as per norms			Total gaps		
		GoK	*FBO /NGO*	*Private*	*Total*	*Hospitals*	*Primary care*	*Com*	*Hospitals*	*Primary care*	*Com*	*Hospitals*	*Primary care*	*Com*
1	Medical officers	17	0	4	21	12	5	0	28	0	0	-16	5	0
2	Dentists	2	0	0	2	2	0	0	8	0	0	-6	0	0
3	Dental Technologists	0	0	0	0	0	0	0	9	0	0	-9	0	0
4	Public Health Officers/Technicians	62	0	0	62	2	43	0	27	17	0	-25	26	0
5	Pharmacists	6	0	0	6	3	3	0	8	0	0	-5	3	0
6	Pharm. Technologist	4	0	1	5	3	1	0	28	0	0	-25	1	0
7	Lab. Technologist	28	9	8	45	20	12	0	20	0	0	0	12	0
8	Orthopedic technologists	1	0		1	1	0	0	8	0	0	-7	0	0
9	Nutritionists	4	0	0	4	3	1	0	10	0	0	-7	1	0
10	Radiographers	2	0	0	2	2	0	0	6	0	0	-4	0	0
11	Physiotherapists	3	0	0	3	3	0	0	10	0	0	-7	0	0
12	Occupational Therapists	3	0	0	3	3	0	0	8	0	0	-5	0	0
13	Plaster Technicians	1	0	0	1	1	0	0	7	0	0	-6	0	0
14	Health Records & Information Officers	5	0	0	5	3	2	0	14	0	0	-11	0	0
15	Medical engineering technologist	2	0	0	2	3	0	0	8	0	0	-5	0	0
16	Medical engineering technicians	1	0	0	1	1	0	0	10	0	0	-9	0	0
17	Mortuary Attendants	1	0	1	2	1	1	0	11	0	0	-10	1	0
18	Drivers	15	1	2	18	6		0	15	0	0	-9	0	0
19	Accountants	2	0	0	5	1		0	7	0	0	-6	0	0
20	Administrators	4	0	0	4	6		0	7	1	0	-1	-1	0
21	Clinical Officers (specialists)	12	0/1	4	15	6	5	0	15	4	0	-9	1	0
22	Clinical Officers (general)	47	2	4	53	23	24	0	31	43	0	-8	-19	0
23	Nursing staff (KRCHNs)	146	8	10	164	45	101	0	48	65	0	-3	36	0
24	Nursing staff (KECHN)	186	9	20	215	93	93	0	78	149	0	15	-56	0
25	Laboratory technicians	7	2	0	9	0	0	0	57	102	0	-57	-102	0
26	Community Oral Health Officers	0	0	0	0	0	0	0	5	23	0	-5	-23	0
27	Secretaries/Typists	6	0	0	6	15	4	0	21	22	0	-6	-18	0
28	Clerical Officers	20	0	0	20									
29	Attendants	0	0	0	0	0	0	0	18	69	0	-	-69	0
30	Cooks	2	0	0	2	2	0	0	33	22	0	-29	-22	0
31	Cleaners(supportive staffs)	58	14	37	109	66	65	0	22	23	0	44	42	0
32	Security	28	1	2	32	26	34	0	20	69	0	6	-35	0
33	Community Health Extension Workers (PHT's, social workers, etc.)	39	0	0	39	3	36	0	19	86	0	-16	-50	0
34	Community Health Workers	949	30	0	979	97	0	852	90	935	420	7	-935	432
35	Other (specify) CASUALS	229	21	0	250	0	0	0	4	0	400	-4	0	-400
		17	0	4	21	12	5	0	28	0	0	-16	5	0

Annex6: Mandate / Functions of the Divisions

DIRECTORATE OF CLINICAL SERVICES		
	DIVISION	**SERVICES**
1	**Clinical Services**	• Set national standards and norms • Co-ordinates medical services at the District/Provincial hospitals and link them with national referral hospitals. • Conduct regular medical audit. • Ensuring availability of quality and adequate radiography services in hospitals • Coordination, monitoring and evaluation of the medical records services provided in the country • Develop, disseminate & oversee implementation of National Health records • Standards and Norms on best practices in Health Records & Information Management • Planning and deploying and reviewing deployment of Health Records staff • Oversee the training & development of Health records and Information personnel • Provision and coordination of quality mental health services • Address Social Factors which impact on ill Health • Develop, Disseminate & oversee the implementation of National Standards and • Norms on Best Practices in Surgery & Rehabilitation Services. • Monitor & Evaluate the Provision of quality surgical & rehabilitation services in all hospitals. • Undertake Capacity Strengthening & Retooling of management, support and service delivery staff. • Ensure Security for the relevant Medical Commodities & Supplies • Ensure availability of appropriate and Functional infrastructure & skills to deliver quality surgical & rehabilitative services. • Ensure Implementation of the National Referral Strategy, particularly establishing • Effective linkage within the various levels of care (district to regional to referral hospitals). • Ensure Implementation of Regular Medical Audits of all surgical & rehabilitative services in the hospitals.
2	**Pharmacy**	• KNPP Development and Coordination • Implementation of National Drug Policy • Pharmaceutical HR Management and Development • Essential Medicines Supplies Management • Pharmaceutical quality assurance

		• Medicines Information & Appropriate Utilization • Medicines Regulation & Quality Assurance • Clinical Pharmaceutical Services
3	**Nursing**	• Planning, supervising and directing nursing services • Nursing Education Overseeing nursing education • Nursing Research Monitoring and evaluation of nursing services • Nursing Commodity Developing and reviewing nursing policies, standards, and guidelines • Community Nursing Health Planning and deploying and reviewing deployment of nursing staff • Overseeing procurement and managing distribution of non-pharmaceuticals supplies and medical instruments • Conduct and disseminate operational research findings on nursing
4	**Diagnostic and Forensic Services**	• Diagnose disease based on evidence • Analyze specimens • Advice the government on issues related to Medical Laboratory services • Deployment of Medical laboratory technologists and Technicians throughout the Country • Purchase and distribute laboratory chemicals/reagents throughout the country • Provide reference services in the country • Managing and coordinating laboratory services countrywide • Developing and review national laboratory services • Managing Hospital blood transfusion services • Planning and budgeting for laboratory service
5	**Technical Administration**	▪ Coordinate provision of health information for use in planning and management ▪ Provision of technical support services and improvements in management of health information ▪ Ensure national application of DHIS 2, generating complete timely and accurate information ▪ Supply registers to all facilities – public and non-public – for information collation (paper based, or electronic) ▪ Establish coordinated system for Electronic Medical Records management in facilities ▪ Assure data storage capacity for County and sub-county HIS

		▪ Coordinate implementation of projects in infrastructure development and maintenance ▪ Coordinate and support management of medical equipment and plants ▪ Oversee development and dissemination of policy guidelines on equipping health facilities, ▪ Coordinate departmental staff training
DIRECTORATE OF PROMOTIVE AND PREVENTIVE SERVICES		
	DIVISION	**SERVICES**
1	**Hygiene and sanitation**	• Housing • Water and Sanitation • School health • Food fortification • Pollution control • Food quality & Safety
2	Communicable Diseases	• Screening for communicable conditions • Vector Management
3	Non-Communicable diseases	• Health Promotion & Education for NCD's
4	Health Promotive	• Health Promotion including health Education
5	Community Health	
DIRECTORATE OF PROMOTIVE AND PREVENTIVE SERVICES		
	DIVISION	**SERVICES**
1	Policy, Planning, Monitoring & Evaluation	▪ HMIS ▪ Formulate and analyze policies for the sector ▪ Assist in budget preparation ▪ Conduct operation research and surveys ▪ Guide investment in the health sector ▪ Development and monitoring AWP and Strategic planning ▪ Performance Monitoring and Evaluation
2	HRH	• Interpretation and implementation of Human Resources Policies. • Promotion of officers in Job Group 'L' and below under delegated authority. • Processing of Retirement documents. • Management employee satisfaction. • Management of Performance Appraisal System. • Management of Staff Welfare. • Disciplinary control and management. • Succession management • Payroll administration • Annual Personal Emolument Budget

3	**Finance**	• Analyzing financial and management reports for planning and • budgeting purposes • Implementation of Treasury guidelines • Compilation of requirements from departments • Submission of ministry's requirements to treasury • Prioritization of ministry's requirements • Budget implementation and control • Preparation of ministry's cash requirement projections • Preparation of disaggregated budget • Issuance of AIEs • Preparation of AIE financing schedules • Compilation and review of pending bills • Vetting of commitments (LPOs, LSOs and imprests) • Preparing responses to audit issues
4	**Procurement**	• Timely procurement of goods and services • Contract Management • Maintenance of registered suppliers and procuring agents. • Prepare, publish and distribute procurement opportunities through invitation to tender and expression of interest. • Co-ordinate the receiving and opening of tender documents. • Maintain and safeguard procurement and disposal documents and records. • Co-ordinate the evaluation of tenders, quotations and proposals. • Prepare and publish notices of tender awards and the ensuing contracts to the PPOA. • Prepare and issue rejection and debriefing letters. • Provide information as required for any petition or investigation under procurement review. • Implement the decisions of the procurement, tender and disposal committee. • Act as secretariat to the tender, procurement and disposal committees • Monitor contract management to ensure successful implementation. • Report any significant departures from the terms and conditions of contract to the Accounting Officer. • Prepare consolidated procurement and disposal plans. • Advise the Ministry on aggregation of procurement to promote economies of scale.
5	**Accounts**	▪ Direct, control and coordinate accounting matters ▪ Liaise with Treasury/CBK on accounting matters relating to Ministry operations ▪ Manage and control Government financial reporting system to ensure delivery of timely management decisions

		▪ Coordinate Accounting Unit operations; requisition exchequer funding and grants ▪ Disburse funds to authorized beneficiaries ▪ Prepare ministries/departments accounts ▪ Prepare annual accounts, follow-up audit reports and Public Accounts Committee submissions ▪ Administer, deploy, train and develop accounts staff in Ministry ▪ Review the existing procedures in the Ministry
	Internal Audit	▪ Evaluate the effectiveness of internal control systems and ascertain whether they are functioning properly ▪ Carry out spot checks on areas such as revenue and appropriation in aid ▪ Review and evaluate the reliability and integrity of record keeping ▪ Review budgetary reallocation process to ensure legislative and administrative compliance ▪ Ensure that revenue, AIA and other receipts due to the government are collected and banked promptly ▪ Carry out a pre-audit of all documents used in initiating commitment and expenditure and in effecting payments such as AIEs, LPOs and contract agreements ▪ Review and pre-audit annual appropriation accounts, fund accounts and annual audited statements ▪ Carry out investigations of irregularities identified or reported on any wastage of public funds ▪ Determine whether the risk management, control and governance processes are adequate and functioning effectively ▪ Follow up on outstanding issues to ensure that prompt appropriate action is taken on reported audit findings ▪ Ensure that the government's physical assets, plant and equipment, supplies, stores, etc., are appropriately recorded in the relevant registers and are kept under safe custody ▪ Report on the results of audit work and recommendations to the Permanent Secretary
	General Administration	• Transport services • Asset management • Corruption prevention • Safety and Security