



DEPARTMENT OF HEALTH SERVICES

SECTOR REPORT

COUNTY GOVERNMENT OF NYAMIRA

CHAPTER ONE

1.0 INTRODUCTION

This Chapter explains in details the background information, Vision and Mission of the sector, strategic objectives goals/objectives, sub-sector and their mandates and the role of stakeholders and sector. The chapter also details the programme performance review in the sector, review of the pending bills in the sector, the medium term priorities and financial plan, analysis of the resource requirements as well as cross cutting linkages, emerging issues challenges, conclusions and recommendations.

1.1 Background Information

Article 43 (1) (a) of the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. Article 43 (2) also provides that a person shall not be denied emergency medical treatment. The Department of Health Services is one of the ten county departments formed in accordance

with the sec 46 of the County Government Act 2012 with key mandate of carrying out the functions outlined in the Fourth Schedule of the CoK 2010. The Department currently oversees 173 health facilities of which the County Government of Nyamira owns 102. The Department has technical teams at the county; county health management team and sub county level-sub county health management team through which it executes its mandate. The department currently has 1,367 health workers spread across all cadres of health and deployed in facilities across the county.

The department has four directorates namely;

- Medical Services
- Preventive and Promotive Health Services
- Health Policy & Planning
- Finance & Administration

The department is guided by 7 policy orientation and principles, which are:

- Health infrastructure
- Service delivery systems
- Health information
- Human Resource for health
- Health financing
- Health products and technology
- Health leadership

1.2 Sector Vision and Mission

Vision

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

Mission

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

1.3 Strategic Goals/and Objectives

- The department is also guided by the following Strategic Objectives:
- Provision essential health services
- Eliminate Communicable Conditions
- Minimize exposure to health risk factors
- Halt, and reverse rising burden on non- communicable conditions
- Improve Health infrastructure
- Foster collaborations for sustainable health service delivery
- Policy development, planning and research
- Sustainable health care financing for achievement of Universal Health Coverage

1.4 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:

- a. Management of county health facilities and pharmacies;
- b. Ambulance services;
- c. Promotion of primary health care;
- d. Licensing and control of undertakings that sell food to the public;
- e. Cemeteries, funeral parlours and crematoria;

1.5 Stakeholders and their roles

The various stakeholders were/will be involved in the implementation of CIDP and they are as follows:

S/NO	Stakeholder	Roles
1	National Government	Policy and legislation Technical support Financial support
2	Political leaders (County Assembly)	Representation Enact county specific health laws Oversight Feedback on health care services
3	Opinion leaders	Promote and participate in health programmes Feedback on health care services
4	Community	Cooperate in provision of health services Utilization of health services Mobilize resources for To participate in decision making on health issues. Provide Feedback on health care services
5	Health workers	Provision of quality health services Provide feedback on health care services

6	Health workers Unions	Welfare and representation of Health workers Provide Feedback on health care services
7	Non-state actors: FBOs	Provision of health services
8	CSOs	Advocacy and feedback
9	Private practitioners	Provide quality health services
10	Other government departments	Collaborate with the health sector on social determinants of health e.g. water, roads, education, Security, agriculture, housing etc.
11	Training institutions	Provide quality in-service and pre-service training Conduct research on contemporary and thematic health issues

CHAPTER TWO

2.0 PROGRAMME PERFORMANCE REVIEW 2017/2018-2019/2020

This section will contain what the sector achieved in the previous financial year vs the set targets.

2.1 Review of sector programme/sub-programme performance-delivery of outputs /KPI /Targets

Table 2.1: Sector Programme Performance Reviews

Program mes	Key Outputs	Sub-Program mes	Key Performance indicator	Planned Target			Achieved Targets			Remar ks
				2017/2018	2018/2019	2019/2020	2017/2018	2018/2019	2019/2020	
Curative and rehabilitative services	Treatment of common and complicated ailments	Medical services	Number of outpatients seeking health services	714398	730018	608,255	864,124	770,960	755,478	
	Outreach services		Number of outreaches conducted	200	250	102	72	89	32	
	Screening of NCDs - hypertension, diabetes		Number of new outpatients found with high blood pressure	13000	15000	12000	14813	41774	23885	
	Training of HCWs on various programmes		Proportion of health care workers trained	60%	70%	80%	21%	27%	100%	
	Defaulter and contact tracing of clients/patients		Number of defaulters traced	300	390	3200	169	201	1286	
	Emergency treatment services		Percentage of referrals	100%	100%	88%	80%	88%	74%	

	Screening for malnutrition		Number of clients treated for malnutrition	790	834	238	660	464	201	
	Construction of Maternity	Infrastructural support services	No. Maternity Constructed	6	5	10	13	0	3	
	Construction of Pit latrines		No. Of pit latrines constructed	10	10	3	11	0	5	
	Procurement of ambulances		No. Heavy duty ambulances Procured	3	2	1	0	1	0	
	Laboratories establishment		No. Of laboratories Established	8	8	9	7	1	0	
	ICU establishment		No. Of ICU established	0	2	1	0	0	1	
	Procurement and distribution of medical equipment to health facilities		No. Of medical equipment procured and distributed to Hospitals	80	15	100	4	8	100	
	Hospital automation		No. Hospitals Automated	7	5	1	0	0	0	
	Construction of staff houses		No. Of staff houses constructed	24	10	12	4	10	6	
	Renovation/ construction of primary facilities		No. Of Primary facilities Renovation/Constructed	25	25	20	2	1	3	
	Upgrading of health facilities		No. Of health facilities upgraded	5	5	5	0	1	0	
	Construction of theater		No. Of theaters constructed	4	2	2	4	1	0	
Preventive and	Health promotion messages	Primary health	Proportion of households	70%	75%	75%	70%	75%	75%	

promotive health services		care	provided with health promotion messages							
	Households with functional toilets		Proportion of Households with functional toilets	100%	100%	100%	82%	89%	99%	
	School aged children dewormed	Community health services	Percentage of school age Children dewormed	100%	100%	100%	103%	123%	94.7%	
	Under one children fully immunized	Maternal and child health services	Proportion/number of children under 1 year of age fully immunized	100%	80%	80%	69%	75%	77%	
	Family planning utilization		Women of reproductive age (WRA) receiving family planning (FP) commodities	100%	100%	64%	75%	64%	83.3%	
	Skilled care deliveries conducted		Deliveries conducted by skilled attendants in health facilities	20%	60%	73%	48%	47%	56%	
	Under 1 distributed with LLITNs		Proportion children under 1 distributed with Long Lasting Insecticide Treated Nets (LLITNs)	100%	80%	74%	56%	62%	68%	
	Cervical cancer screening		Percentage of Women of Reproductive Age	20%	10%	25%	28%	69%	16.4%	

			screened for cervical cancer							
	4th ANC attendance		Percentage of Pregnant women attending at least 4 ANC visits	100%	60%	60%	33%	73%	65%	
	Prevention of mother to child transmission		Proportion HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT)	100%	50%	100%	62%	65%	98%	

+

2.2 Expenditure analysis

2.2.1 Analysis of programmes expenditure

Table 2.2: Programme/ sub-programme expenditure Analysis

PROGRAMMES	SUB-PROGRAMMES	APPROVED BUDGET			Actual expenditure	
		2017/2018	2018/2019	2019/2020	2018/2019	2019/2020
CP 1.1 Policy planning, general administration and support services	CSP 1.1.1 General Administration and support services	1,137,107,752	1,244,950,818	155,061,416	1,172,743,671	148,080,862
	CSP 1.1.2 Policy development and planning	13,178,000	20,779,286	22,239,739	19,574,187	20,451,123
Programme Total		1,150,285,752	1,265,730,104	177,301,155	1,192,317,858	168,531,985
CP 1.2 Curative health services	CSP 1.2.1 Medical services	118,852,564	120,323,974	1,124,680,247	113,345,384	1,066,958,208
	CSP 1.2.2 infrastructural support services	226,481,200	267,497,955	38,655,000	101,213,422	30,951,547
Programme Total		345,333,764	387,821,929	1,163,335,247	214,558,806	1,097,909,755
CP 1.3 Preventive and promotive health services	CSP 1.3.1 Communicable diseases control	37,314,982	51,067,280	160,131,413	47,635,378	112,242,158
	CSP 1.3.2 community Health services	1,340,000	1,494,000	1,890,200	1,413,348	1,790,455
	CSP 1.3.3 maternal and child Health services	225,412,200	279,859,246	427,522,327	263,627,441	422,251,750
Programme Total		264,067,182	332,420,526	637,453,403	312,676,167	536,284,363
	Recurrent	1,409,844,498.00	1,718,474,604	1,724,388,861	1,618,339,409	1,652,071,790
	Development	349,842,200.00	267,497,955	167,136,481	101,213,422	150,654,313

Department Total	1,759,686,698	1,985,972,559	1,891,525,342	1,719,552,831.00	1,802,726,103
-------------------------	----------------------	----------------------	----------------------	-------------------------	----------------------

Analysis of Programme Expenditure by Economic Classification

Table 2.3 Programme expenditure by economic classification

ECONOMIC CLASSIFICATION	APPROVED BUDGET			ACTUAL EXPENDITURE	
	2017/18	2018/19	2019/2020	2018/19	2019/2020
Recurrent expenditure	1,409,844,498	1,718,474,604	1,724,388,861	1,618,339,409	1,652,071,790
Compensation of employees	1,074,047,929	1,181,452,722	1,352,967,946	1,181,452,722	1,352,967,946
Operations and maintenance	334,776,569	650,975,880	333,154,807	435,764,687	265,648,758
Other recurrent expenditures	1,020,000	1,122,000	38,266,108	1,122,000	33,455,086
Capital expenditure	349,842,200	267,497,955	167,136,481	101,213,422	150,654,313
Development expenditure	349,842,200	267,497,955	167,136,481	101,213,422	150,654,313
Other development expenditure	0	0		0	0
Total expenditure	1,759,686,989	1,917,046,057	1,891,525,342	1,719,552,831	1,802,726,103

2.3 Analysis of capital projects

Table 2.4: Analysis of performance Capital Projects

Project/ Programme name	Location	Objective	Year / date started	Year / date of completion	Total cost of the project	Source of funds	Cumulative expenditure/ commitment	Required funding in FY2021/22 to complete the project	Implementation status (% completion)	Remarks/ challenges
Construction and Completion of 80-Bed Amenity Block with Doctors' Plaza at Nyamira County Referral Hospital	Township	Improved infrastructure	May-16	Dec-18	142,319,154	CGN	102,856,482	39,462,672	88%	On-going Inadequate funding
Proposed construction and completion inpatient wards at Manga SC Hospital	Manga	Improved infrastructure	18-May		34,650,000	CGN	1,873,446	32,776,554	10%	On-going Inadequate funding
Proposed construction and completion of twin staff house with two door pit latrine at Kiang'inda health facility	Bosamaro	Improved infrastructure	May-19	2019	3,619,200	CGN	1,722,700	1,896,500	95%	On-going Inadequate funding
Proposed construction and completion of twin staff house with two door pit latrine at Motagara health facility	Bosamaro	Improved infrastructure	May-19	2019	3,990,155	CGN	Nil	3,990,155	55%	On-going
Proposed construction and completion of twin staff house with two door pit latrine at Emenyenche health	Gesima	Improved infrastructure	May-19	2019	3,687,645	CGN	1,967,035	1,720,610	61%	On-going

facility										
Proposed construction and completion of OPD block with two door pit latrine at Kenyamware health facility	Magombo	Improved infrastructure	May-19	2019	3,961,980	CGN	1,000,000	2,961,980	51%	On-going
Proposed construction and completion of OPD block Ribaita health facility	Nyansiongo	Improved infrastructure	May-19	2019	3,802,665	CGN	1,909,807	1,892,848	70%	On-going
Proposed construction and completion of OPD Ikobe health facility	Manga	Improved infrastructure	May-19	2019	3,630,486	CGN	3,630,486	0	100%	On-going
Proposed construction and completion of twin staff house with two door pit latrine at Nyagacho health facility	Kiabonyoru	Improved infrastructure	May-19	2019	2,373,592	CGN	2,373,592	0	90%	On-going
Construction of toilet block at Mochenwa health centre	Gesima	Improved infrastructure	Apr-20	June, 2020	500,000	CGN	500,000	0	85%	On-going
Proposed completion of OPD at Kiendege dispensary phase I	Kemera	Improved infrastructure	Apr-20	June, 2020	1,000,000	CGN	1,000,000	0	90%	Phase II requires additional 2m
Proposed construction of toilet block at Miriri facility	Magombo	Improved infrastructure	Apr-20	June, 2020	300,000	CGN	300,000	0	100%	On-going
Proposed construction and completion in patient ward at Nyabweri health centre	Bomwagamo	Improved infrastructure	Apr-20	June, 2020	13,239,878	CGN	6,872,383	6,367,495	95%	On-going
Proposed completion of Esani hospital phase 4	Gesima	Improved infrastructure	Apr-20	June, 2020	3,982,059	CGN	2,382,481	1,599,578	61%	On-going
Kioge H/C OPD	Bokeira	Improved infrastructure			3,992,720	CGN	3,992,720	0	100%	Improved service delivery
Maternity block at Montontera	Nyamaiya	Improved infrastructure		2019	3,620,684	CGN	3,620,684	0	100%	Improved service

										delivery
Proposed toilet block at Embonga	Bogichora	Improved infrastructure		2020	500,000	CGN	500,000	0	100%	Improved service delivery
OPD block at Geteni health facility	Gachuba	improved infrastructure		2019	3,572,405	CGN	3,572,405	0	100%	Improved service delivery
Twin staff house at Nyamaiya health centre	Nyamaiya	improved infrastructure		2019	3,334,090	CGN	3,334,090	0	100%	Improved service delivery
Proposed construction of toilet block at Gesure health centre	Manga	improved infrastructure		2020	500,000	CGN	500,000	0	100%	Improved service delivery
Proposed in patient wards at Gesima	Gesima	improved infrastructure			34,999,235	CGN	11,581,638	19,791,722		Allocation for the 2020/21 3,625,875
Proposed IN PATIENT WARD at Magwagwa	Magwagwa	improved infrastructure			64,551,975	CGN	14,564,820	46,687,155		Allocation for the 2020/21 3,000,000
Proposed in patient wards at Nyamusi Hospital	Bokeira	improved infrastructure			34,560,000	CGN	10,370,370	18,923,757		Allocation for the 2020/21 5,265,843

2.4 Review of Pending Bills

The department has approved pending bills spread across recurrent and development totaling to **70,112,593**

2.4.1 Recurrent Pending Bills

The recurrent head has approved pending bill of **40,035,473** which is as a result of budget cuts due to; non-attainment of revenue targets,

2.4.2 Development Pending Bills

The development head has approved pending bill **30,077,120** due to; long procurement process leading to delays in payment of contractors

CHAPTER THREE

3.0 MEDIUM TERM PRIORITIES AND FINANCIAL PLAN 2021/2022-2023/2024

3.1 Prioritization of Programmes and sub-Programmes

1. Policy Planning, General Administration and support services
2. Curative health services
3. Preventive and Promotive health services
4. Healthcare Financing

3.1.1 Programmes and their objectives

PROGRAMMES	OBJECTIVES	SUB-PROGRAMMES
Policy planning, general administration and support services	Enhancing institutional efficiency and effectiveness in service delivery by 90%	General Administration and support services
		Policy development and planning
		Infrastructural support services
Curative health services	To provide quality diagnostic, curative and rehabilitative services by 80%	Medical services
Preventive and promotive health services	To provide effective framework and environment that supports implementation of health services by	Communicable diseases control

	90%	Non- communicable diseases
		Community Health services
		Maternal and child Health services

.12 Programmes, sub-programmes, expected outcomes, outputs, and key performance indicators (KPIs)

Table 3.1: Programmes/Sub-programme, outcomes, outputs and KPIs

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target Baseline 2019/20	Actual achievement 2019/2020	Target 2020/2021	Target 2021/22	COST 2021/22	Target 2022/23	Target 2023/24
Name of Programme: Curative Health services										
Outcome:										
Medical Services		Doctors Plaza/Amenity ward completed	No. of amenity wards completed	1	0	1	1	19,462,672	1	1
		Completion of inpatient wards-Ongoing flagship projects (manga, Gesima, Magwagwa, Nyamusi, Amatierio, Kiangoso)	No. of inpatient wards completed	4	0	4	3	135,558,026	3	3

	Completion of Eye Hospital at Nyamwetuereko	Complete and functional eye hospital				-	1	30,047,463	1	1
	Completion of OPD complex at Ekerenyo Hospital	Completed OPD complex at Ekerenyo				-	1	31,589,821	1	1
	Completion of 300bed Isolation/Specialist hospital at NCRH	Completed Specialist hospital					1	16,500,000	1	1
	Renovation of theatre at Sub County Hospitals	No. of theatres renovated	2	1	2	2		5,000,000	2	3
	Installation of integrated HMIS in sub county hospitals	No of hospitals with HMIS installed	-	-	-	2		6,000,000	2	2
	Construction of theatre at Nyamaiya H/C	No. of theatres	2	0	-	1		4,000,000	2	3
	Construction of In patient complex with ICU and Theatre at Ekerenyo	New IP complex completed			1	1		TBD	1	1
	Equipping of hospitals	No. of Hospitals	8	8	8	8		20,000,000	8	8

			equipped							
		Renovation of hospitals; (NCRH mortuary, Paediatric ward, general repairs & painting)	No. of sections of NCRH renovated	8	3	1	1	15,063,680	1	1
		Renovation for laboratory	No. of facilities renovated for laboratories	5	0	5	5	10,000,000	5	5
		Supply essential medicines and medical supplies	No. Of hospitals with essential medicines and medical supplies	8	8	8	8	80,000,000	8	8
		Food and rations	No of hospitals supplied with adequate food and rations	8	8	8	8	10,000,000	8	8
Programme; Policy planning, general administration and support services										
SP 1.2		Recruitment of medical specialist (general surgeons 1, physicians 1, obstetricians 1, Orthopedic Surgeon 1, Nephrologist 1)	No. of specialist doctors recruited	5	0	6	2	8,500,000	2	1

General administrative and support services	Recruitment of Medical officers	20	12	0	12	4	10,560,000	4	4
	Personnel emoluments	No. of personnel compensated	1253	1253	1253	1367	1,550,000,000	1417	1417
	Recruitment of theatre nurses	No. of theatre nurses recruited	3	0	20	6	7,200,000	6	6
	Recruitment of anesthetists	No. of anesthetists recruited	2	0	10	4	4,800,000	4	4
	Recruitment of ICU Nurses	No. of ICU nurses recruited	2	0	4	2	1,920,000	4	4
	Recruitment of general nurses	No. of general nurses recruited	25	0	50	20	19,200,000	20	20
	Procurement of utility vehicles	No. of utility vehicles	1	0	1	1	4,700,000	1	1
	Repairs and maintenance of HF's	No. of repairs	25	25	25	25	16,000,000	25	25
	Payment of utility bills (Electricity, water, M/V maintenance, rent)	No of utility bills settled					42,000,000		

Policy planning		Plans and reports developed	No. of plans and reports developed	10	10	10	10	5,000,000	10	10
		Conduct Trainings	No. Of trainings conducted					3,200,000		
		Preparation of community health policy & bill Environmental Policy & Bill	No. of policies and bills enacted	2	2	2	2	3,000,000		
Healthcare Financing										
SP. Universal Health Coverage		Premium financing for indigents	% Of indigents covered by health insurance	-	-	20	40	18,421,620	50	60
Revolving Drug Fund		Improve access to HPT for chronic ailments	No Chronic ailments covered by RDF Program	-	-	-	2	25,000,000	3	4
Sustainable Health Facility Financing		Ring fencing of health facility revenues	% Of facility revenues retained				50	TBD	75	100
Preventive and Promotive Health Services										

SP. Communicable Disease control	Essential medicines and medical supplies	No. of health facilities with essential medicines and medical supplies	102	102	108	109	50,000,000	110	110
	Reduction of prevalence of diseases	Proportion of disease prevalence reduced	5%	5%	5%	5%	12,000,000	5%	5%
Primary Health services	Increase immunization coverage	Proportion of children immunized	68%	80%	92%	95%	10,000,000	95%	95%
	Skilled care deliveries increased	Proportion of skilled care deliveries increasing	53	54%	58%	63%	5,000,000	68%	73%
	Improved access to PHC services	No of OPD constructed				12	48,000,000	12	12
	Water tanks in primary facilities	No. of water tanks procured	25	0	25	25	2500000	25	25
	Pit latrines constructed	No. Pit latrines constructed	3	5	10	10	500000	10	10

		Burning chambers	No. of Burning chambers	10	5	10	10	3000000	10	10
		Incinerator constructed	No. of Incinerators constructed	1	0	1	1	5000000	1	1
		Improved security of health facilities by fencing	No of facilities fenced				3	2,400,000	3	3
		Renovation of primary facilities	No of facilities renovated				7	9,000,000	7	7
		Construction of placenta pits	No. of placenta pits constructed	12	2	10	10	3,000,000	10	10
		Construction of septic tank & soak pits	No. of septic tank constructed	2	1	1	2	4,000,000	2	2
		Construction/renovation of maternity at various primary facilities	No of Maternities Constructed /renovated	10	2	10	5	15,400,000	5	5
		Construction of staff houses	No. of staff houses constructed	12	6	5	13	25,300,000	10	8
		Construction of new HF	No of New HF constructed				4	18,000,000	4	4

		Completion of ongoing ward-based projects					23	54,405,366		
		Primary Health facilities supported with grants	No. of Primary HFs supported with operational grants	94	94	94	98	26,855,221	102	104
			Danida Grant CGN funding	0	0	0	25%	3,420,000	50%	75%

3.1.3 Programmes by Order of Ranking

1. Policy Planning, General Administration and support services
2. Curative health services
3. Preventive and Promotive health services
4. Healthcare Financing

3.2 Analysis of resources requirement versus allocation by:

3.2.1 Sub-sector/sector (recurrent)

Table 3.2 recurrent requirements/allocation

		REQUIREMENT				ALLOCATION			VARIANCE/2021-2022 R Vs A
Sector Name		2020/2021 Estimate	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
Department of Health Services									
Revenue sources	Local revenue	75,273,640	100,273,640	110,301,004	121,331,104	118,699,369	130,569,306	143,626,236	
	Exchequer	1,647,583,375	1,701,814,440	1,871,995,884	2,059,195,472	1,206,653,422	1,327,318,764	1,460,050,641	
	Grants	370,724,981	289,107,760	318,018,536	349,820,390	408,424,479	449,266,927	494,193,620	
Totals	NET	1,757,994,705	2,091,223,204	2,300,345,5	2,530,380,076	1,733,777,270	1,907,154,997	2,097,870,497	
Expenditure	Compensation to employees	1,431,604,887	1,615,792,813	1,777,372,094	1,955,109,304	-	-	-	
	Other recurrent	326,389,818	475,430,391	522,973,430	575,270,773	-	-	-	

--	--	--	--	--	--	--	--	--	--

3.2.2 Sub-sector/sector (Development)

Table 3.3 Development requirements/allocation

Sector Name		REQUIREMENT				ALLOCATION		
		2020/2021	2021/2022	2022/23	2023/24	2021/2022	2022/23	2023/24
Vote and Vote Details: Department of Health Services								
5267	Gross	410,860,931	455,227,028	510,749,731	571,824,704	158,187,029	174,005,732	191,406,305
	GOK	410,860,931	455,227,028	510,749,731	571,824,704	158,187,029	174,005,732	191,406,305
	Loans	0	0	0	0	0	0	0
	Grants	0	0	0	0	0	0	0
	Local AIA	0	0	0	0	0	0	0

3.2.2 Programmes/sub-programmes (recurrent and capital)

Analysis of resources requirement vs Allocation for 2020/21-2022/23

ANALYSIS OF PROGRAMME RESOURCES ALLOCATION (AMOUNT KSH MILLIONS)												
	2020/2021			2021/2022			2022/2023			2023/2024		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
General administration and policy services												
General administration												
Policy services												
Total	141,936,735	-	141,936,735	176,958,584	-	176,958,584	194,654,442	-	194,654,442	214,119,887	-	214,119,887
Curative health services												
Medical services	1,075,832,648	-	1,075,832,648	1,119,408,010	-	1,119,408,010	1,231,348,811	-	1,231,348,811	1,354,483,692	-	1,354,483,692
Infrastructural development		410,860,931	410,860,931	-	32,499,125	32,499,125	-	35,749,038	35,749,038	-	39,323,941	39,323,941
Preventive and promotive health care												
Health promotion	532,504,808		532,504,808	443,364,337	-	443,364,337	487,700,771	-	487,700,771	536,470,848	-	536,470,848
Communicable disease control	7,720,514		7,720,514	119,734,243	-	119,734,243	131,707,667	-	131,707,667	144,878,434	-	144,878,434
Total		2,168,855,636				1,891,964,299			2,081,160,729			2,289,276,802

Table 3.4 Programme/sub-Programme Resources Requirement

ANALYSIS OF PROGRAMME RESOURCES REQUIRMENT (AMOUNT KSH MILLIONS)												
	2020/2021			2021/2022			2022/2023			2023/2024		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
General administration and policy services												
General administration				146,089,464	-	146,089,464	160,698,410	-	160,698,410	176,768,251		176,768,251
Policy services				11,200,000	-	11,200,000	12,320,000		12,320,000	13,552,000		13,552,000
PROGRAM TOTAL	141,936,735		141,936,735			157,289,464			173,018,410			190,320,251
Curative health services												
Medical services	1,075,832,648		1,075,832,648	1,136,472,573	-	1,136,472,573	1,250,119,830		1,250,119,830	1,375,131,813.33		1,375,131,813.33
Infrastructural development	-	410,860,931	410,860,931	-	555,227,028	555,227,028		610,749,731	610,749,731	671,824,703.88		671,824,703.88
PROGRAM TOTAL			1,486,693,579			1,691,699,601			1,860,869,561			2,046,956,517.21
Preventive and promotive health care												
Health promotion	532,504,808	-	532,504,808	586,930,776	-	586,930,776	645,623,854		645,623,854	710,186,239		710,186,239
Communicable disease control	7,720,514	-	7,720,514	37,108,762	-	37,108,762	40,819,638		40,819,638	44,901,602		44,901,602
Healthcare financing												
PROGRAM TOTAL			540,225,322			624,039,538	686,443,492		686,443,492	755,087,841		755,087,841

Healthcare financing												
Universal health coverage				18,421,620		18,421,620	20,263,794		20,263,794	22,290,173		22,290,173
Revolving drug fund				25,000,000		25,000,000	27,500,000		27,500,000	30,250,000		30,250,000
Sustainable health facility financing				30,000,000		30,000,000	33,000,000		33,000,000	36,300,000		36,300,000
Total programme						73,421,620			80,763,782			88,840,160
GRAND TOTAL	2,168,855,636		2,168,855,636			2,546,450,232	2,801,095,255		2,801,095,255	2,801,095,255		2,801,095,255

CHAPTER FOUR

This chapter seeks to analyze the cross-sector linkages, point out emerging issues and present the challenges facing the sector.

The health sector is mandated to provide quality health services to the people of Nyamira in accordance with the constitution and other statutory and policy requirements. To discharge its mandate, the sector requires cross sector linkages through involvement of National and County Governments; and other stakeholders. Some of the key cross-sector linkages are: -

4.1 CROSS SECTOR LINKAGES AND EMERGING ISSUES/CHALLENGES

The county department of health services has been working with various sectors to improve health indicators. Of particular interest are those sectors that deal with social determinants of health. They include:

1. **Agriculture, Livestock and Fisheries** – the Agricultural sector substantially contributes to food security and good nutrition which is an important determinant of health especially preventive & promotive health. Investment in indigenous and nutritious vegetables not only improves income of households but also significantly reduces health challenges like malnutrition, which hampers growth and development of the children. Animal disease control programs also prevent transmission of zoonotic diseases like rabies among others that consequently positively influences population health. The department will continue the collaboration we have had with the sector for improvement of health of our people.
2. **Roads**- this sector is necessary in the provision of physical access to health services. There are several roads that have been opened up and even murraming to improve access. It is expected that roads leading to health facilities would ease the process of referrals, supervision and distribution of medical commodities. The Department will work closely with the transport/infrastructure sector to identify key link and feeder roads that would improve access to healthcare.
3. **Environment and Water:** Water as a key resource is important in provision of health services. Access to clean water and sanitation facilities is the hallmark of prevention of water borne diseases. The department intends to continue working with this sector to ensure improved access to this key resource not only to the health facilities but also to key areas where diarrheal diseases are prevalent in the county.

4. **Traffic Police:** There has been an increase in road traffic accidents, which are a second leading course of injuries especially involving motorcycles. The department intends to work with the police to enhance road safety messages are passed on to the community.
5. **Education:** As a social determinant of health, it plays a role in ensuring that health indicators are improved. The sector is also a major stakeholder in the planning and development of skills for utilization in the labour market. The sector has played a big role during the implementation of school health activities. Education is a key tool in health promotion and is also a key factor in improving health indicators. For instance there is evidence that increased levels of education especially to women have a positive effect in maternal and child health. The department will work very closely with the sector to address issues of teen pregnancy and implementation of other high impact interventions like deworming of school going children and child to parent initiatives.

Cross Cutting Areas

Budget preparation, planning, monitoring and evaluation, gender and disability mainstreaming is expected to be implemented by all sectors

4.2 Emerging issues/Challenges

Lack of joint planning and implementation

This has led to insufficient engagement with the various sectors and non-state agencies leading to negative impacts on health service delivery and worsening of some indicators. In some instances duplication has been reported where joint planning between the sector and other stakeholders have not been institutionalized.

Inadequate funding to the sector and delays in disbursement of exchequer

The current funding to the sector is inadequate in comparison to the realistic resource requirements. Unmet revenue targets, delayed and non-disbursement of exchequer also impacted negatively on the implementation of the sector programmes resulting to pending bills. The requirement by treasury that pending bills form the first charge at the beginning of the financial year affects implementation of planned activities.

Industrial unrests

This has caused frequent disruptions of service delivery across the country and county. A sustainable solution needs to be found. These unrests have also had financial impact on the department as most of the return to work agreements has had financial implication thus leading to significant growth of the personnel emoluments component of our budget. The gains attained in some of the service delivery areas have also been lost especially in skilled care delivery and immunization services. A lot of efforts are now being put on finding framework for dialogue that would improve industrial relations with the employees.

Emerging infections

The year 2020 saw the emergence of a new disease, which grossly affected all sectors of the economy including health care. This was the year in which the novel corona virus (Covid-19) emerged, the pandemic nature of the disease necessitated shifting of focus from the normal health programs to response to the pandemic. The overall effect of this is yet to be determined but service utilization markedly went down as fear engulfed clients due to perceived increased risk at health facilities. This also affected revenue collection and further increased resource gaps.

Non-communicable diseases

With the enhanced screening programs initiated by the department, a lot more non-communicable ailments are now coming to the fore and this together with the rising cases of communicable diseases are creating a double burden that is extremely stretching our health care system. Our capacity to address rising cases of tumors, cardiovascular diseases and metabolic ailments like diabetes is now a growing concern and requires more resources to be able to adequately respond.

Healthcare financing

Resources available to the sector continue to shrink while the household incomes are reducing financing health service delivery continues to be daunting task. The health insurance penetration remains low thus posing challenge to our journey towards UHC. The recent census showed close to 30,000 households are poor and are unable to pay for healthcare. The policy shift towards UHC in line

with global agreements on UHC and SDGs to which our country is a signatory puts additional pressure on the County Government to finance payment of health insurance premiums to cushion the indigents from financial catastrophic expenditures.

Sustainably financing routine operations of the health facilities has also been a key system challenge that makes facilities unable to meet their obligations.

The donor funding is progressively reducing and alternative sustainable financing mechanisms have to now be developed to avoid losing the gains already made.

Commodity challenges

Health products and technology is a key pillar in a functional health care system. Budgetary constraints have hampered the ability of the sector to adequately meet the needs of our clients. This coupled with commodity management weaknesses have posed greater risk to commodity security

4.3 CONCLUSION

The Sector plays a key role in accelerating economic growth through provision of integrated healthcare. The sector is also a key player in the implementation and delivery of the Sustainable Development Goals (SDGs), Vision 2030 as well as health agenda in the BIG 4 agenda. The performance of the sector thus in one way or the other affects the other sectors of the economy.

Investment in health sector will have ripple effect that would greatly contribute to economic regeneration and development. The department will work closely with other sectors to address the social determinants of health and the emerging challenges which include; gaps in resources allocated, frequent industrial actions, commodity challenges, non-communicable conditions and access to universal health coverage among others. Going forward, achievement of the sector's goals will highly depend on coming up with innovative approaches that would improve efficiencies and reduce reliance on external funding of health programs.

4.4 RECOMMENDATIONS

To achieve its mandate, the Sector recommends the following:

- i. The need to embrace alternative financing mechanisms such as PPPs to supplement the increasing budget gap for completion of projects and programs
- ii. Introduce a program on healthcare financing to streamline prepare framework for UHC roll out and pilot the revolving drug fund concept to improve access to commodities especially for chronic ailments
- iii. Need for scale up of digitization of hospitals to improve efficiency and enhance revenue collection
- iv. Progressive increment of resources for HPT while developing innovative ways to minimize wastages and improve efficiency
- v. Developing and operationalization of a multi-sectorial coordination framework for partnership;
- vi. Prioritize research and innovation within the sector to improve efficiency, preparedness and timely response to the ever-changing demands within the sector
- vii. Enhanced monitoring and evaluation capacity for the Sector in tracking and reporting on implementation;
- viii. To curb strikes in the sector by adopting alternative dispute resolution mechanisms

