REPUBLIC OF KENYA

Ministry of Health

HEALTH SECTOR WORKING GROUP REPORT

MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) FOR THE PERIOD 2019/20-2021/22

November, 2018

FOREWORD

The Kenya Health Policy, 2014–2030, which was developed by the Health Sector, outlines the direction that the Ministry is taking to ensure significant improvements are made in the overall status of health in Kenya in line with the Constitution of Kenya 2010, the country's long-term development agenda, Vision 2030 and global commitments such as the Sustainable Development Goals (SDGs). The Kenya Health Policy 2014-2030 demonstrates the health sector's commitment, under the government's stewardship, to ensuring that the country attains the highest possible standards of health, in a manner responsive to the needs of the population.

The Kenya Constitution (2010), gives Kenyans the right to life and the highest attainable standard of health, which includes the right to quality health care services, reproductive health, emergency care, clean, safe and adequate water for all Kenyans, reasonable standards of sanitation, food of acceptable quality and a clean healthy environment. The Constitution further obligates the State and every State organ to observe, respect, protect, promote, and fulfil the rights in the Constitution and to take "legislative, policy and other measures, including setting of standards to achieve the progressive realisation of the rights guaranteed in Article 43."

The Health Sector is responsible for the provision and coordination of the health policy formulation, ensuring quality of service delivery and regulation and control of health care. The responsibility should be guided by the understanding that good health ensures a robust population able to contribute to productivity, and overall economic development thus contributing directly to the achievement of the national poverty reduction as outlined in the Sessional Paper No. 10 of 2012 of Kenya Vision 2030.

The Health Sector recognizes the importance of efficiency and effectiveness in service delivery. However, there is need for attention to be directed at ways of measuring and documenting the resource flows, allocation and management of resources. This is effectively undertaken through public expenditure review which focuses on the following areas;

- Examination of the Government of Kenya's (GoK) policies and objectives in the health sector, and the broad programmes and activities put in place to achieve these over the next three years, annually.
- Evaluation of the public health expenditures against budgetary allocations with emphasis on the composition of expenditure;
- Identification of budget related constraints and resource use;
- Review the effectiveness of expenditures;
- Assessment of the extent to which the expenditures are aligned to policies and objectives in the health sector,
- Setting out the broad annual financing requirements to implement planned activities using existing facilities and capacity, but removing short-term constraints while working to eliminate long- term constraints; and
- Establishing priorities in recognition that there are constraints of financial, technical and physical nature that must be addressed if the country is to improve its health outcomes.

The Health Sector Medium Term Expenditure Framework (MTEF) for the period 2019/20 - 2021/22 is guided by; the Third Medium Term Plan (2018 – 2022) of Vision 2030; the Kenya

Health Policy 2014 – 2030; The Health Sector Strategic Plan 2018 – 2023, the Government's Transformation Agenda which identified the Big Four of which Universal Health Coverage is one of them and; The Constitution of Kenya 2010.

ACKNOWLEDGEMENTS

The main purpose of the Health Sector Working Group (SWG) Report is to provide legislators, policy makers, donor agencies and other stakeholders with key information on the performance of the Sector for the MTEF period that will enable them to make appropriate policies and funding decisions

The preparation of the Medium-Term Expenditure Framework (MTEF) 2019/20 – 2021/22) would not have been possible without the support, hard work, and endless efforts of a large number of individuals and institutions. The Team worked tirelessly to ensure the Report was completed on time.

The Health Sector comprises of the Ministry of Health and seven Semi-Autonomous Government Agencies (SAGAs) namely, Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Kenya Medical Research Institute (KEMRI), Kenya Medical Supplies Authority (KEMSA), Kenya Medical Training College (KMTC), National Aids Control Council (NACC), and National Health Insurance Fund (NHIF).

The compilation of this Report would not have been successful without the professional input and dedication on the part of those involved. The MTEF preparation process was coordinated by the Offices of the Senior Chief Finance Officer (Division of Finance) and the Chief Economist (Department of Policy Planning and Health Financing). We are particularly grateful to the entire MTEF Report Writing Team whose members were drawn from the National Treasury and the Ministry of Planning and National Ministry of Health and its SAGAs.

I wish to thank all those who participated in the preparation of this Health Sector Report and whose diverse contributions made this exercise a success.

Peter K. Tum, OGW

PRINCIPAL SECRETARY

LIST OF ABBREVIATIONS

ACT	Artemether Combination Therapy
AIA	Appropriation in Aids
AIDS	Acquired Immune Deficiency Syndrome
AIE	Authority to Incur Expenditures
ALARM	Advanced Labour and Risk Management
ALOS	Average Length of Stay
AMR	Antimicrobial Resistance
AMREF	African Medical and Research Foundation
ARV	Anti-Retroviral
ASAL	Arid and Semi-Arid Lands
AU	African Union
AYP	Adolescents and Young People
CAPR	Community AIDS Programme Reporting system
CASPs	County AIDS Strategic Plans
CBA	Collective Bargaining Agreement
CDC	Centre for Disease Control
CHMTs	Community Health Management Teams
CLTS	Community Lead Total Sanitation
COBPAR	Community Based Programme Activity Reporting Tool
COFOG	Classification of the Functions of Government
COG	Council of Governors
CRWPF	Central Radioactive Waste Processing and temporary storage Facility
CSOs	Community Service Organizations
E&PWSD	Elderly and Persons with Severe Disabilities
ETAT	Emergency Triage Assessment and Triage
FBOs	Faith Based Organizations
FKF	Federation of Kenya Football
FY	Financial Year
GAMR	Global AIDS Monitoring Report
GAVI	Global Alliance on Vaccines and Immunization
GDP	Gross Domestic Product
GF	Global Fund
GOK	Government of Kenya
HAIs	Hospital Acquired Infections
HISP	Health Insurance Subsidy Program
IAEA	International Atomic Energy Agency
ICT	Information, Communication and Technology
IPC	Poor Infection Prevention Control

IPPD	Integrated Payroll and Personnel Database
JICA	Japanese International Cooperation Agency
KAIS	Kenya AIDs Indicator Survey
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Authority
KHP	Kenya Health Policy
KHSSP	Kenya Health Sector Strategic Plan
KICD	Kenya Institute of Curriculum Development
KIPPRA	Kenya Institute of Public Policy Research and Analysis
KMTC	Kenya Medical Training College
KNBS	Kenya National Bureau of Statistics
KNH	Kenyatta National Hospital
KQMH	Kenya Quality Model for Health
Ksh	Kenya shilling
LDCs	Least Developed Countries
LMIC	Lower Middle-Income Country
LMIS	Logistics Management Information System
MCP	Medical Commodities Program
MDAs	Ministry, Department and Agency
MES	Managed Equipment Service
MHM	Menstrual Hygiene Management
MOE	Ministry of Education
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
MTP	Medium-Term-Plan
MTRH	Moi Teaching and Referral Hospital
NACC	National AIDS Control Council
NASCOP	National AIDS and STDs Control Programme
NBTS	National Blood Transfusion Services
NCD	Non-Communicable Diseases
NEPHAK	Network for Empowerment of People Living with HIV in Kenya
NGOs	Non-Governmental Organizations
NHIF	National Health Insurance Fund
NMR	Neonatal Mortality Rate
NPHL	National Public Health Laboratories
NSSF	National Social Security Fund
O&M	Operations and Maintenance
OBA	Output Based Approach
ODF	Open Defecation Free

PDQ	Process Data Quickly
PE	Personnel Emolument
PFM	Public Financial Management
PLHIV	Persons Living with HIV/AIDs
PPP	Public Private Partnership
RDI	Training, Research, Development & Innovation
RH	Reproductive Health
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
SAGA	Semi-Autonomous Government Agency
SGDs	Sustainable Development Goals
SIAs	Supplementary Immunization Activities
SIDs	Small Inland Developing States
SLA	Service Level Agreement
SRC	Salaries and Remuneration Commission
SRH	Sexual Reproductive Health
SUPKEM	Supreme Council of Kenya Muslims
SWG	Sector Working Group
TB	Tuberculosis
THP	Traditional Health Practitioner
THS-UC	Transforming Health Systems for Universal Care
TRIPS	Trade Related Intellectual Properties
UHC	Universal Health Coverage
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization

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Executive Summary

Under the Constitution of Kenya, Kenyans have the right to life and the highest attainable standard of health, which includes the right to quality health care services, reproductive health, emergency care, clean, safe and adequate water for all Kenyans, reasonable standards of sanitation, food of acceptable quality and a clean healthy environment. The Kenya Health Policy, 2014–2030 gives direction to ensure significant improvement in the overall status of health in Kenya in line with the Constitution, Kenya Vision 2030 and Sustainable Development Goals (SDGs). It demonstrates the health sector's commitment towards ensuring that the country attains the highest possible standards of health, in a manner responsive to the needs of the population.

The preparation of the Health Sector Working Group (SWG) Report for MTEF period 2019/20-2021/22 was undertaken by a team comprising the Ministry of Health and its seven SAGAs namely; Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Kenya Medical Research Institute (KEMRI), Kenya Medical Supplies Authority (KEMSA), Kenya Medical Training College (KMTC), National Health Insurance Fund (NHIF), and National AIDS Control Council (NACC). The sector covered five key programmes during the period FY 2015/16 to FY 2017/18 namely Preventive, Promotive and Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH); National Referral and Rehabilitative Services; Health Research and Development; General Administration, Planning and Support Services and Health Policy, Standards and Regulations. This Report spells out the key achievements during the 2015/16 to FY 2017/18. Further, it highlights key priorities and resource requirements for the sector during the period FY 2019/20 - 2021/22 as well as sector linkages, emerging issues and challenges.

The key priorities for the health sector during the financial years 2019/20-2021/22 will be geared towards delivery of the Big Four Agenda. First on the list is scaling up Universal Health Coverage (UHC). The initiatives under this include the Linda Mama (free maternity health services), subsidies for the poor, elderly and vulnerable groups, persons with mental illness, secondary school children and the informal sector and reducing out of pocket/catastrophic health expenditures through reforming the provider payment mechanisms and ensuring efficiency and equity in use and distribution of resources. To support delivery of UHC, the sector prioritizes improving quality of healthcare through continued revamping and expansion of health infrastructure. In addition, focus will also be on establishment of centres of excellence in health, health commodity storage centres, new specialized health facilities and laboratories. Critical to these is building capacity in human resources for health at all levels of the healthcare system. To implement the above key priorities, the sector will require financial resources amounting to Ksh 218,440,000,000 against allocation of Ksh 92,490,000,000 in FY 2019/2020 leaving a gap of Ksh 125,950,000,000.

The achievements made by the Sector during the period under review (2015/16-2017/18) were significant as indicated here below;

In the Programme 1- Preventive, Promotive and RMNCAH, interventions aimed at controlling the spread of HIV/AIDS in the country were implemented and great achievements which include reduction of infections by 20%, increased number of children on ARV by 20.7% and adults by 25.4%. However, in spite of the significant strides in the response to HIV and AIDS, adolescents continue to bear the biggest brunt of HIV with two (2) in every five (5) adults contributing to new infections from the age 15-24 years. Tremendous efforts were made to combat malaria throughout the review period, with 63 percent of households in Kenya now owning at least 1 LLIN. Further, 84 percent of public health facilities have diagnostic capacity for malaria. Great strides have also been made in the control and prevention of tuberculosis. The number of TB cases notified gradually increased from 81,518 in FY 2015/16 to 85,188 FY 2017/18, and there are now revamped efforts to find missing TB cases. Non-Communicable Diseases (NCD) interventions continues to be a priority area. The number of diagnosed hypertension cases rose from 857,835 in 2015/16 to 1,100,768 in 2017/18, diabetes cases increased from 262,797 in 2015/16 to 380,422 in 2017/18 while screening of cervical cancer increased from 255,951 in FY 2015/16 to 365,527 in 2016/17FY and then decreased to 234, 029 in FY 2017/18.

The achievements in Programme 2 on National Referral and Specialized Services recorded several infrastructural achievements during the period. At Kenyatta National Hospital (KNH), construction of phase I of the Cancer Centre of Excellence was completed while construction of Surgical Day Care Centre is at 95 percent. In addition, upgrading of KNH's Renal Unit is at 60 percent. At Moi Teaching and Referral Hospital (MTRH), construction of the Chandaria Cancer and Chronic Diseases Centre, Cardiac Care Unit, Shoe4Africa Children's Hospital, Mental Health and Rehabilitation Centre, new modern Laundry and Kitchen as well as expansion and equipping of the General ICU and Neurosurgery Centre were completed. The Managed Equipment Service (MES), completed upgrade of 98 public hospitals by installing diagnostic and treatment equipment to improve access to specialized services countrywide. KEMSAs order fill rate stood at 85% in FY 2017/18 and management targets for order fill rate of 90% in 2018/19 with a hope of maintaining the same or higher in the medium term.

Under Health Research and Development, the major achievements during the period 2015/2016 to 2017/2018 include; remarkable increase of training opportunities in KMTC which was brought about by increase in number of campuses from 45 to 67 spread across 44 counties due to infrastructure development that also led to increase in students' admission which grew from 11,700 in 2015/16 to 14,804 in 2017/18, while the number of graduates increased from 8,466 in 2015/16 to 8,967 in 2017/18. Due to emerging health demands and efforts to address UHC agenda, new programmes in Family medicine, Family Nursing, Nephrology, Orthopaedic, Community Health Extension course and Trauma Medicine were introduced. Further, the Kenya Medical Research Institute produced and distributed HIV ½ KEMCOM rapid testing kit and HEPCELL testing kit for Hepatitis B & C. Innovation of using pyrethrum to control jiggers and sandflies and Herpes treatment product were developed, as well as screening herbal medicines

for cancer treatment. It also offered 75% of Viral Load testing nationally. KEMRI conducted a malaria vaccine phase 3 trial that has been subsequently approved by WHO for rollout and has further developed a Human Identification using Deoxyribonucleic Acid (DNA) testing laboratory for forensic purposes.

The Ministry has developed the 3rd Medium Term Plan 2018-2022 of Vision 2030 with key priority flagship projects. H.E. the President in August 2017, declared the Big four agenda of government for 100% Universal Health Coverage by 2021. In this regard, Government intends to reform the National Hospital Insurance Fund (NHIF) and also strengthen the capacity of Kenya Medical Supplies Authority (KEMSA) to make them key drivers for achieving UHC. The Ministry will play its role of providing Leadership and Governance to ensure success of the sector priorities.

Since the introduction of free maternity services on 1st June 2013, delivery under skilled attendance significantly increased from 44% to 62% in 2016/17 with a drop to 57% in 2017/18 due to Health workers strikes/unrests that was experienced throughout the country. As part of the movement towards Universal Health Care (UHC), the Government has expanded social health protection by implementing the Linda Mama Programme targeting maternal deliveries and their infants. The Health Act No. 21 of 2017 has been enacted paving way for its implementation and development of other health related legislative instruments that will address the health rights as per the constitution. The Ministries of Health and Agriculture, Livestock & Fisheries approved and signed the "National Policy for the Prevention and Containment of Antimicrobial resistance in Kenya" and its "National action plan on the prevention and containment of Antimicrobial Resistance" in June 2017. Kenya Quality Model for Health (KQMH) has been reviewed and forms the basis for Quality of Care measurement and accreditation. 40 Counties had their CHMTs trained on Quality Improvement approaches as enshrined in the KQMH for equipping the health professionals with skills and knowledge in Quality Improvement for improved delivery of health services.

The approved estimates for the Ministry of Health was at Ksh 78.4 Billion in 2017/18 which represented a 29% increase from Ksh 60.7 Billion in FY 2015/16. The actual expenditures for the same period was at Ksh 41.5 billion, Ksh 57.4 billion and Ksh 54.6 billion for the years 2015/16, 2016/17 and 2017/18 respectively. Analysis of budget execution by the Ministry of health shows that budget execution levels was at 68 percent, 80 percent and 70 percent for the FY 2015/16, 2016/17 and 2017/18, respectively.

Delivery of the mandates of the health sector calls for both intra-sector and inter-sector linkages. The Ministry and its respective SAGAs will collaborate in the areas of research, curative, preventive, promotive health, social protection and training of health workers. Expansion, modernization and operations of the health infrastructure to effectively respond to the changing health service needs are highly dependent on energy, infrastructure and ICT sectors. The health sector will also be reliant on the National Security and Public Administration agencies to be able to address internal security challenges, disasters like droughts and floods, frequent road traffic

accidents, fires and acts of terrorism that take a heavy toll on the performance of the sector. The health sector is also aware that devolution of governance requires properly designed health and fiscal systems, health financing, human resources, infrastructure, leadership, health products, and technology and health information system to assure improvements in service delivery. In addition, the sector continues to experience challenges in adequacy of health financing, industrial relations challenges, natural disasters, skewed distribution of health workers and inadequate infrastructure.

During 2019/20 plan period, the sector plans to implement priority programmes aligned to MTP III, the UHC Agenda under the 'Big Four' as well as other sectoral plans. The sector will continue to build capacities for County governments and provide the necessary technical support to effectively execute the functions assigned to them under the Fourth Schedule and also support national referral hospitals with regards to specialized health services. The national government with the SAGAs in the sector will continue to provide the necessary financial inputs so as to mitigate the funding challenges of service delivery. The Government will also explore innovative financing mechanisms such as Private Public Partnerships (PPPs), and ensure efficiency in the utilization of allocated funds by all sector players.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

1.1.1 Health and National Development

The general aspiration of the Kenya Vision 2030 is to transform the country into a globally competitive and prosperous industrialized, middle-income country by the year 2030. In line with Vision 2030 and the Constitution of Kenya, the Government is committed to implementing strategic interventions aimed at accelerating the attainment of Universal Health Coverage (UHC) for all Kenyans by the year 2021.

Kenyan health sector has an elaborate Kenya Health Policy (KHP 2014 -2030) aimed at assisting the Sector realign to new emerging issues and enable the country to attain its long-term Health goal as outlined in the Kenya's Vision 2030 and the Constitution of Kenya. The Health Sector is responsible for the provision and coordination of the health policy formulation, ensuring quality of service delivery and regulation and control of health care. The responsibility is guided by the understanding that good health guarantees an active population that immensely contributes to the overall productivity and economic development of the country. This is a direct contribution to the achievement of the national poverty reduction strategies as outlined in the country's Sessional Paper No. 10 (2012) and the Vision 2030. The Constitution of Kenya further guarantees every citizen the right to the highest attainable standards of healthcare including reproductive health.

To ensure realization of the right to health, the National and County governments have been assigned specific functions and mandates which must effectively and efficiently be executed with the limited resources in an effort to fulfill the constitutional requirement. The medium-term strategies and plans, provide the framework for prioritization and implementation of the health sector priorities. The goal of Medium-Term Plan III (MTP III) 2018-2022 of Kenya Vision 2030 is to ensure an *"Equitable, Affordable and Quality Health Care of the Highest Standard*". This medium-term plan guides the development of sector priorities, policies, plans, monitoring and evaluation processes for financial year 2018/2019-2020/21 MTEF budget.

As per the Fourth Schedule of the Constitution, the mandates of the National Government include health policy, regulation, national referral health facilities, capacity building and technical support to counties. The National government functions are further elaborated in the Executive Order No. 1 of June 2018.

1.1.2 Health Sector and Programme Based Budget

The health sector has been implementing programme based budgeting focusing on key outputs and priorities of the sector, a major shift from input-based budgeting. The Health Sector strategies and interventions targeting poverty reduction are organized along transformative priority programmes to ensure scaling up the required level of investments in the Sector. During the medium-term period the Government will pay special attention to the following priorities in health sector as outlined in the Medium-Term Plan III.

1. Social Health Protection
2. Medical Tourism
3. Health infrastructure
4. Community High Impact intervention
5. Digital Health
6. Human Resources

The Kenya Health Policy 2014-2030 has six policy objectives and eight policy orientations which provide the policy framework to progress towards attainment of Vision 2030 goal for the health sector and universal health coverage. The six policy objectives include; elimination of communicable diseases, halting and reversing the burden of Non-communicable diseases, reducing the burden of violence and injuries, providing essential health care, minimizing the exposure to health risk factors and strengthening collaboration with sector providers. These policy objectives will be achieved through; sustainable health financing mechanisms, effective governance and leadership, improved health products and technologies, adequate health work force, appropriate infrastructure, information and efficient service delivery systems. The Kenya Health Sector and Investment Strategic Plan 2018-2023 has six strategic objectives and eight investment priorities, which lay emphasis on Sustainable Development Goals (SDGs), the achievement of Africa Union Agenda of 2063, achievement of Kenya Vision 2030 and UHC objectives and goals.

The health policy and health sector strategic plan 2018-2023 took cognizance of the SDG goals, AU agenda of 2063 and will implement strategies aimed at eliminating maternal mortality, communicable diseases, NCDs, reducing road traffic injuries among others. The Kenyan Health Sector over the next five years, while taking into account the global and regional commitments towards a just and equitable world, will work towards the achievement of Vision 2030 with the realization that the Health sector is one of the key areas in the social pillar that aims at building a just and cohesive society that enjoys equitable social development in a clean and secure environment. A healthy nation is critical for economic development and poverty reduction. In this regard, sector plans and strategies are essential in spelling out specific issues that the sector will focus to address and which priority programmes will be implemented.

1.1.3 Universal Health Coverage Aspirations for Kenya

The Government is committed to implementing Universal Health Coverage as one of the Big Four Agenda and National priorities by the year 2021. Universal Health Coverage is an integral part of the country's efforts to attain the desired status of health as elaborated in the Kenya Health Policy 2014-2030.

Universal Health coverage will ensure that all Kenyans receive quality, promotive, preventive, curative and rehabilitative health services without suffering financial hardship. As such the main objectives towards UHC in Kenya include;

i) Expansion of the population under Universal Health Insurance coverage (100% coverage with health Insurance)
ii) Ensuring that Kenyans have access to an explicit unified progressive Health benefit package
iii) Increasing the availability and coverage of quality essential interventions; that all people who need services should be able to utilize them
iv) Ensuring financial risk protection for Kenyans and with a special focus for the poor and the Vulnerable groups
v) Ensuring adequacy of Health resources /Ensure that resource base is appropriate for delivery of health services
vi) Promote efficiency in allocation and use of existing resources
vii) Equity in distribution of services and resources.
viii) Regulation of medical Health insurance sector and development of collaborative engagements with private medical insurance companies with a focus on Universal Health coverage
ix) Strengthening leadership and Governance within the Health sector for UHC

1.1.4 Rationale for the Health Sector Report

The Health Sector Working Group (SWG) Report for the MTEF period 2019/20 - 2021/22 presents an analysis of the Sector performance and achievements of the period 2015/16 -2017/18 and the priorities and resource requirements for the period 2019/20 - 2021/22, cross sector linkages, emerging issues, challenges and recommendations.

The Health Sector comprises of the Ministry of Health and seven Semi-Autonomous Government Agencies (SAGAs) namely, Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Kenya Medical Research Institute (KEMRI), Kenya Medical Supplies Authority (KEMSA), Kenya Medical Training College (KMTC), National Health Insurance Fund (NHIF), and National Aids Control Council (NACC).

This 2018/2019 Sector report is organized into six chapters. Its main purpose is to provide legislators, policy makers, donor agencies and other stakeholders with key information about the

Sector for the MTEF period that will enable them to make appropriate policies and funding decisions.

The **specific objectives** of the Health Sector Working Group report are to provide an analysis of:

i) Sector mandate
ii) Public health sector performance (Health outputs and Outcomes);
iii) Expenditure and performance of the health sector budget.
iv) Linkage between sector policies and priorities and public health sector expenditures;
v) Identify constraints and challenges facing the sector and key recommendations
vi) Sector priorities and key outputs to be implemented in the 2019-2020 to 2021-22 medium term budget
vii) Budget proposals and resource sharing for FY 2019/20.

1.2 Sector Vision and Mission

Vision

"A healthy, productive and globally competitive Nation."

Mission

To build a progressive, responsive and sustainable health care system for accelerated attainment of the highest standard of health to all Kenyans.

Goal

To attain equitable, affordable, accessible and quality health care for all.

1.3 Strategic Objectives of the Sector

The following strategic objectives aim towards the realization of the Health Sector Vision:

a. **Eliminate communicable diseases:** The Health sector will achieve this by reducing the burden of communicable diseases, until they are not of major public health concern.
b. **Halt and reverse the rising burden of non-communicable diseases** by setting clear strategies for implementation to address all the identified non-communicable diseases in the country.
c. **Reduce the burden of violence and injuries** through directly putting in place strategies that address each of the causes of injuries and violence at the time.
d. **Provide essential health care** that is affordable, equitable, accessible and responsive to client needs.

e. **Minimize exposure to health risk factors** by strengthening the health prevention and promotion interventions, which address risk factors to health, plus facilitating use of products and services that lead to healthy behaviours in the population.
f. **Strengthen collaboration with private and other sectors that have an impact on health.** The health sector will achieve this by adopting a 'Health in all Policies' approach, which ensures it interacts with and influences design implementation and monitoring processes in all health-related sector actions.
g. **To mainstream Research & Development for relevant evidence for policy, practice guidelines and products.**

1.4 Sub Sectors and their Mandates

1.4.1 Ministry of Health Mandate

Schedule 4 of the Constitution assigns the National Government the following functions:

1. Health Policy
2. National referral health facilities
3. Capacity building and technical assistance to counties

The Government has also outlined the core mandates of the Ministry of Health through Executive Order No. 1 of June 2018, as shown in table 1Table 1: The Core Mandates of the Ministry of Health

Functions	Institutions
i) Health Policy and Standards Management	i) KEMSA (KEMSA Act, 2013)
ii) Registration of Doctors and Para-medics	ii) KEMRI (Science, Technology and Innovation Act, 2013)
iii) Training of Health Personnel	iii) KMTC (Legal Notice No.14 of 1990)
iv) National Medical Laboratories Services	iv) NHIF (NHIF Act, No.9 of 1998)
v) Pharmacy and Medicines Control	v) KNH (Legal Notice No.109 of 1987)
vi) Public Health and Sanitation Policy Management	vi) MTRH (Legal Notice No.78 of 1998)
vii) Medical Services Policy	vii) Pharmacy and Poisons Board (Cap.244)
viii) Reproductive Health Policy	viii) Radiation Protection Board (Radiation Protection Act, Cap. 243)
ix) Preventive, Promotive and Curative Health Services	ix) Referral Hospitals Authority
x) National Health Referral Services	x) National AIDS Control Council (Legal Notice No.170 of 1999)
xi) Health Education Management	xi) The National Cancer Institute of Kenya (Cancer Prevention and
xii) Health Inspection and other Public Health Services	

xiii)	Quarantine Administration		Control Act,2012)
xiv)	HIV/AIDS Prevention and Management	xii)	Health Records and Information Managers Board (Health Records and Information Managers Act, 2016)
xv)	Preventive Health Programmes		
xvi)	Food Safety and Inspections		
xvii)	Immunization Policy and Management	xiii)	Kenya Nutritionists and Dieticians Institute (Nutritionists and Dieticians Act, 2007)
xviii)	Radiation control and Protection		
xix)	Cancer Policy	xiv)	Nursing Council of Kenya (Nurses Act Cap. 257)
xx)	Nutrition Policy	xv)	Kenya Medical Laboratories Technicians and Technologists Board
		xvi)	Clinical Officers Council (Training Registration and Licencing Cap. 260)
		xvii)	Public Health Officers and Technicians Council (Public Health Officers (Training Registration and Licencing) Act, 2012)
		xviii)	Physiotherapy Council of Kenya (Physiotherapists Act, 2014)
		xix)	National Quality Control Laboratories (Pharmacy and Poisons Act, Cap. 244)

1.5 Autonomous and Semi-Autonomous Government Agencies

The Sector has seven Semi-Autonomous Government Agencies (SAGAs) which complements the Ministry in discharging its core functions through specialized health service delivery; medical research and training; procurement and distribution of drugs; and financing through health insurance. These SAGAs are the Kenyatta National Hospital (KNH); Moi Teaching and Referral Hospital (MTRH); Kenya Medical Training College (KMTC); Kenya Medical Supplies Authority (KEMSA), Kenya Medical Research Institute (KEMRI), National Hospital Insurance Fund (NHIF); and National AIDS Control Council (NACC).

1.5.1 NACC

The National AIDS Control Council (NACC) was established in November 1999 under the State Corporations ACT and Legal Notice No. 170 with a mandate of coordinating the country's response to HIV and AIDS.

NACC has the following mandate:

i) Provision of policy and strategic framework
ii) Coordination of multi-sectoral HIV and AIDS response in Kenya
iii) Mobilization of technical and financial resources
iv) HIV Surveillance through Monitoring & Evaluation (M&E)
v) HIV Advocacy and communication
vi) Technical Assistance (TA) to sectors and Counties

1.5.2 Kenyatta National Hospital (KNH)

The Hospital was established under Legal Notice No.109 of 6th April 1987 and is mandated to:

i) Receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care;
ii) Provide facilities for medical education for the University of Nairobi Medical School, and for research either directly or through other co-operating health institutions;
iii) Provide facilities for education and training in nursing and other health and allied professions;
iv) Participate as a national referral hospital in national health planning.

To successfully execute the Hospital mandate, KNH has focused on three thematic areas:

i) **Operational excellence:** The result under this thematic area is to provide seamless, effective and timely service delivery and efficient utilization of resources.
ii) **Excellence in clinical outcomes:** The results under this thematic area is to improve quality health care by offering innovative, evidence based and safe medical care and increase access to specialized health care services.
iii) **Business Growth:** This thematic area endeavours to ensure that the hospital is financially sustainable in order to fulfil its mandate.

1.5.3 Moi Teaching and Referral Hospital (MTRH)

Moi Teaching and Referral Hospital (MTRH) was established as a State Corporation under State Corporations Act CAP 446 through Legal Notice No. 78 of 1998. It is one of the National Referral Hospitals in Kenya. The Hospital is located in Eldoret town, Uasin Gishu County, in the North Rift region of Western Kenya. The Hospital is the training facility for Moi University College of Health Sciences, Kenya Medical Training College (KMTC), University of Eastern Africa Baraton and Eldoret University College of Health Sciences.

The specific mandate is;

i) To receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care;
ii) To provide facilities for medical education for Moi University and for Research either directly or through other co-operating health institutions;

iii) To provide facilities for education and training in nursing and other health and allied professions;

iv) To participate as a national referral Hospital in national health Planning.

Towards realization of this Mandate, the Hospital undertook the following:

1) Formulation and implementation of MTRH 2017 – 2022 Strategy aligned to the third Medium Term Plan of Vision 2030, the Big Four Agenda and other National Priorities;

2) Continued modernization of Medical Equipment and Hospital Infrastructure including the construction of Chandaria Cancer and Chronic Disease Centre, Shoe4Africa Children's Hospital, Modern Laundry and Kitchen, ongoing construction of BSL II and Isolation Centre and proposed construction and equipping of 2,000 Bed Multi-Speciality Hospital;

3) Investment in Human Resource for Health (HRH) through continued recruitment personnel with requisite skills, retention strategies, and training, coaching and mentorship programs

1.5.4 Kenya Medical Training College (KMTC)

The Kenya Medical Training College (KMTC) is a State Corporation under the Ministry of Health entrusted with the role of training of the various health disciplines in the health sector, to serve the East African Region and beyond. The College became a State Corporation through an Act of Parliament in 1990 vide Cap 261 of the laws of Kenya and the name Kenya Medical Training College (KMTC) adopted as a unifying title for the institution.

The mandate of KMTC as stipulated in the Act Cap 261 of the Laws of Kenya is:

i) To provide facilities for college education for national health manpower requirements
ii) To play an important role in the development and expansion of opportunities for Kenyans wishing to continue with their education
iii) To provide consultancy services in health-related areas
iv) To develop health trainerswho can effectively teach, conduct operational research, develop relevant and usable health learning materials
v) To conduct examinations for and grant diplomas, certificates, and other awards of the College.
vi) To determine who may teach and what may be taught and how it may be taught in the College, and;
vii) To examine and make proposals for establishment of constituent training centres and faculties.

1.5.5 Kenya Medical Supplies Authority (KEMSA)

Kenya Medical Supplies Authority was established under the Kenya Medical Supplies Authority Act No. 20 of 25th January 2013 as a successor to the Kenya Medical Supplies Agency, established under Legal Notice No. 17 of 3rd February, 2000.

The Authority's mandate is to be the medical logistics provider with the responsibility of supplying quality and affordable essential medical commodities to health facilities in Kenya through an efficient medical supply chain management system.

The specific mandate of KEMSA includes:

i) Procure, warehouse and distribute drugs and medical supplies for prescribed public health programmes, the national strategic stock reserve, prescribed essential health packages and national referral hospitals;

ii) Establish a network of storage, packaging and distribution facilities for the provision of drugs and medical supplies to health institutions;

iii) Enter into partnership with or establish frameworks with county Governments for purposes of providing services in procurement, warehousing, distribution of drugs and medical supplies;

iv) Collect information and provide regular reports to the national and county governments on the status and cost-effectiveness of procurement, the distribution and value of prescribed essential medical supplies delivered to health facilities, stock status and on any other aspects of supply system status and performance which may be required by stakeholders;

v) Support county governments to establish and maintain appropriate supply chain systems for drugs and medical supplies.

1.5.6 National Hospital Insurance Fund (NHIF)

National Hospital Insurance Fund was established in 1966 under Cap 255 of the Laws of Kenya as a department under the Ministry of Health. Its establishment was based on the recommendations of Sessional Paper no. 10 of 1965: African Socialism and its Application to Planning in Kenya. The original Act was revised and currently, the Fund derives its mandate from the NHIF Act No. 9 of 1998. The core activities of NHIF include registering and receiving contributions; processing payments to the accredited health providers; carry out regular internal accreditation of health facilities and contracting health care providers as agents to facilitate the Health Insurance Scheme.

The NHIF Mandate is:

- To effectively and efficiently register members, collect contributions and pay out benefits
- To regulate the contributions payable to the Fund and the benefits and other payments to be made out of the Fund;
- To enhance and ensure adherence and conformity to international standards in quality service delivery
- To ensure prudent management of resources
- To contract service providers and provide access to health services
- To protect the interests of contributors to the Fund
- To advise on the national policy with regard to national health insurance and implement all Government policies relating thereto.

1.5.7 Kenya Medical Research Institute (KEMRI)

The Kenya Medical Research Institute (KEMRI) is a State Corporation established in 1979 under the Science and Technology (Repealed) Act, Cap 250 Laws of Kenya and as currently established and accredited to continue to operate as such under the Science, Technology and Innovation Act, 2013 as the national body responsible for carrying out research for human health in Kenya. The mandate of KEMRI as aligned with the Health Act 2017 is as follows:

i) To carry out research in human health;
ii) To cooperate with other organizations and institutions of higher learning on matters of relevant research and training;
iii) To liaise with other relevant bodies within and outside Kenya carrying out research and related activities;
iv) To disseminate and translate research findings for evidence based policy formulation and implementation;
v) To cooperate with the Ministries responsible for Health, the National Commission for Science, Technology and Innovation (NACOSTI) and the National Health Research Committee on matters pertaining to research policy and priorities
vi) To do all such things as appear necessary, desirable or expedient to carry out it functions

1.5.8 Regulatory bodies

The Ministry of Health is mandated to regulate the health sector and this is attained through establishment of various regulatory bodies to regulate the practise of various cadres of health professionals and pharmaceutical commodities. These bodies raise their own appropriations – in – aid and also receive financing from the Ministry mainly for P.E as most employees are deployed from the Ministry. The following are the regulatory bodies in the sector: Kenya Clinical Officers Association (KCOA), Association of Kenya Medical Laboratory Scientific officers (AKMLSO), Kenya Pharmaceutical Technologists Association (KPA), Association of Public Health Officers Kenya (APHOK), Society of Radiography Kenya (SORK), Kenya Dental Technologists Association (KDTA), Kenya Society for Physiotherapists (KSP), Association of

Medical Records and Information officers (AMRO), Oral Health Association of Kenya (OHAK), Kenya Occupational Therapists Association (KOTA), Kenya Plaster Technicians Association (KPTA), National Orthopaedic Technologists Association (NAOT), Nutrition Association of Kenya (NAK), Association of Medical Engineers of Kenya (AMEK), Kenya Medical Social Workers Association of Kenya, Kenya Association of Health Administrators, Nursing Council of Kenya, Kenya Medical Practitioners and Dentists Board, Pharmacy and Poisons Board.

1.6 Role of Sector Stakeholders

The Health Sector has a wide range of stakeholders with interests in the operational processes and outcomes. Some of the stakeholders who play important roles in the Sector include the following:

1.6.1 National Level Institutions

The National Treasury plays a major role as a stakeholder by providing the budgetary support for investments, operations and maintenance of the Sector besides the remuneration of all employees within the Sector;

The State Department for Planning plays a crucial role in coordination of planning, policy formulation and tracking of results in the sector.

Ministry of Devolution and ASAL plays a key role in coordination of devolution, intergovernmental relations and capacity building and technical assistance to the Counties., The Presidency through performance management and coordination Office plays a key role in tracking performance of the sector.

The Ministry of Public Service, Youth and Gender, provides the relevant schemes of service for career development under the Directorate of Public Service Management.

Kenya National Bureau of Statistics (KNBS) and Kenya Institute for Public Policy Research and Analysis (KIPPRA); conduct surveys and provide information for policy and planning purposes.

The National Assembly and the Senate play key roles in legislating on matters relating to health including law enactment and budgetary approval.

Other stakeholders are; the Ministry of Environment and Forestry, Ministry of Water & Sanitation; Ministry of Agriculture, Livestock, Fisheries and Irrigation; Ministry of Labour & Social Protection, Ministry of Information, Communication and Technology, Ministry of Interior and Coordination of National Government, Ministry of Transport, Infrastructure , Housing, Urban Development and Public Works and Ministry of Education through inter-sectoral collaboration in promotion of health services, disease prevention and social determinants of health.

1.6.2 County Level Health Institutions

All 47 Counties are major stakeholders in implementation of the policies and standards formulated by National government. In accordance with Schedule 4 of the Constitution they are specifically mandated with: County health facilities; County health pharmacies; Ambulance services; Promotion of primary health care; licensing and control of sale of food in public places; veterinary services; cemeteries, funeral parlours and crematoriums; enforcement of waste management policies in particular, refuse dumps and solid waste.

1.6.3 Non-State Actors in Health

These are implementing partners that play a role in health service delivery. They include the private sector, faith-based organizations (FBOs), non-governmental organizations (NGOs) and community service organizations (CSOs). This report recognises the strengths of these actors in mobilising resources for health service delivery, designing and implementing development programmes, and organising and interacting with community groups. The implementing partners have also been important in staffing as well as provision of monetary support that is critical in the implementation of health policies. In addition, this report acknowledges the range of interventions implemented by these partners in addressing risk factors to health in the areas of education, sanitation, food security, and water sectors, among others.

Other non-state actors include firms involved in the manufacturing, importation, and distribution of Health Products and Technologies and health infrastructure, as well as health insurance companies.

1.6.4 Development Partners

Health services require significant financial and technical investment in a context of limited domestic resources. Development Partners and international nongovernmental organisations have traditionally played a key role in providing both technical and financial support for the health sector. This role has been structured around principles of aid effectiveness, which place emphasis on government ownership, alignment, harmonisation, mutual accountability, and managing for results of programmes in the health sector. Development Partners also play a critical role in providing financial support for various programmes within the sector.

International collaboration on matters of public health is a critical component in driving the process forward in prevention of diseases, sharing and partnering on public health best practices. Towards this effect the Health Sector collaborates with some international organizations whose mandates is to contain, research, or disseminate findings on health matters.

1.6.5 Academic Institutions

Universities and middle level colleges play crucial roles in health research, development of Human resources for Health, provision of tertiary health care and funding.

1.6.6 Clients / Consumers of Health Services

Households, and communities have a role in resource mobilization and management of the sector programmes at all levels of care as well as to implement locally appropriate and innovative interventions; and participate in local health care systems. Individuals and households play a role of adopting good health practices and care seeking behaviours as the Policy outlines and also taking responsibility of their own health.

CHAPTER TWO

2.0 HEALTH SECTOR PERFORMANCE REVIEW 2015/16 – 2017/18

This chapter documents the performance review for the period of 2015/16 to 2017/18. It provides an analysis of program performance; and on-budget resources (allocations and expenditures) that were allocated to the Ministry from both the National Treasury as well as Development Partners who are on-budget. In the period under review, there were five programmes under the Ministry: (i) Preventive and Promotive and RMNCAH Services, (ii) National Referral and Rehabilitative Services, (iii) Health Research and Development, (iv) General Administration, Planning and Support Services, and (v) Health Policy, Standards and Regulations.

The programmes are envisaged to be undertaken within the key functions of the Ministry as per 4th Schedule of the Constitution which includes: Health policy, health regulation, national referral facilities, capacity building and technical assistance to Counties. The Government has also outlined the mandates of the Ministry of Health through Executive Order No 1 of June 2018 and outlined in the its Kenya Health Sector Strategic and Investment Plan and the Ministerial Strategic Plan. In discharging its mandate, the Ministry has been organized into six operational departments, ten (10) regulatory bodies and Seven (7) semi-autonomous agencies under the leadership of the Cabinet Secretary, Chief Administrative Secretary and Principal Secretary. This section will therefore highlight the key achievements by programmes and the budget execution over the review period.

2.1 Review of Sector Programme Performance –Delivery of Outputs

2.1.1 Programme 1: Preventive and Promotive and RMNCAH Services

The achievements of this programme are dependent on both the National and County Governments allocating resources and delivering fully on their respective mandates through the five sub-programmes: (i) Communicable Diseases Prevention and Control, (ii) Non-Communicable Diseases Prevention and Control, (iii) Radioactive Waste Management (iv) Reproductive Maternal Neonatal Child and Adolescent Health (v) Environmental Health. The section below highlights some of the key achievements during the period 2015/16 - 2017/18.

Sub-Programme 1.1: Communicable Diseases Prevention & Control

HIV and AIDS Control

The health sector has continued to undertake interventions aimed at controlling the spread of HIV/AIDS in the country. The sector considerably has made great achievements in prevention and control of HIV. HIV remains the leading cause of disease burden in Kenya causing 15% of total disease burden in Disability Adjusted Life Years and over 29% of all hospital mortality.

HIV prevalence is estimated to be 4.9 percent translating to about 1.5 million people are living with HIV in Kenya out of whom 1.2 million are on life saving ARVs and so far about 400,000 lives have been saved due to ARVs. However, in spite of the significant strides in the response to HIV and AIDS, adolescents continue to bear the biggest brunt of HIV, with 49 percent of all new HIV infections being among adolescents and young people hence the need for acceleration of preventive measures if Kenya is to meet the target of 18,000 new infections by 2020 down 52,800 in 2018 as per the global prevention roadmap.

The number of persons tested for HIV increased from 10.99 million (2015/16) to 13.5 million (2016/17) and 11.4 million (2017/18). From the numbers of newly identified PLHIVs, an incremental number of PLHIVs have been initiated on life – saving antiretroviral therapy from 1 million (2015/16) through 1.1million (2016/17) to 1.2million (2017/18). After the introduction of the new HIV Care and Treatment *"Test and Treat"* Guidelines, all newly diagnosed PLHIVs are initiated to antiretroviral therapy immediately. These interventions have cumulatively averted over 400,000 HIV/ AIDS related deaths. In addition, the proportion of HIV positive pregnant women receiving ARVs to prevent-mother-to-child-transmission of HIV have improved from 94 percent (2015/16) through 95 percent (2016/17) to 96 percent (2017/18), leading to reduction in the number of mother – to – child transmission of HIV by half.

Kenya has a commitment to fast track the ending of AIDS as a public health threat by 2030. This includes significantly reducing new infections, eliminating stigma and discrimination and attaining the 90-90-90 treatment targets. In addition, in an effort to end paediatric AIDS, there is a commitment to seek validation of pre-elimination of mother to child transmission of HIV and Syphilis by 2021.

The key challenges facing HIV and AIDS control is dependence on donor funding as 75 percent of the funds spent on HIV and AIDs come from donors. The donors are not scaling up their financial support, due to other competing priorities/needs. The shrinking donor support calls for sustainable and innovative financing of HIV and AIDS from domestic sources. This is further aggravated by rebasing of the economy in September 2014 when Kenya became a Lower Middle-Income Country (LMIC) and is therefore expected to contribute more funding to HIV and AIDS. Two to three years down the line, the country may not be able to procure ARVs and related commodities using the pre-negotiated prices of poor countries.

Malaria Control

Tremendous efforts were made to combat malaria throughout the MTP II period. A majority, 63 percent, of households in Kenya now own at least 1 LLIN. About 84 percent of public health facilities also have diagnostic capacity for malaria. Besides, a total of 44.6 million doses of Artemether Combination Therapy (ACT) were distributed over the same period. As a result, the prevalence of malaria in children under 15 years fell from 11percent (2010) to 8 percent (2016). Malaria has also remained a serious health problem with significant reduction from 14 percent (2010) to 8 percent (2015) of the total morbidity cases. The Lake Region remains with high

endemicity of 27 percent. Nearly half of the population (47 percent) lives in areas with a parasite prevalence of 5 – 10 percent and 18 percent live in areas with a parasite prevalence of 20 - 40 percent. Routine data on malaria cases shows a similar picture with majority of the cases from the malaria endemic zone and the lowest cases in the low endemic areas[1]. Malaria control interventions undertaken have led to a gradual drop in the proportion of suspected malaria cases in the outpatient attendance. The interventions undertaken include:

a) Distribution of 10 million, 4.75 million and 12.2 million long lasting insecticide treated bed nets (LLINs) in the fiscal years 2015/16, 2016/17 and 2017/18 respectively. These prevention efforts have led to a gradual reduction in the burden of malaria.
b) Distribution of 8 million, 14 million and 8.2 million doses of Artemether Combination Treatment (ACT) in 2015/16, 2016/17 and 2017/18 respectively. These were accompanied by a similar amount of rapid diagnostic test kits (RDTs). Further, 8,000 health workers were trained on malaria case management.

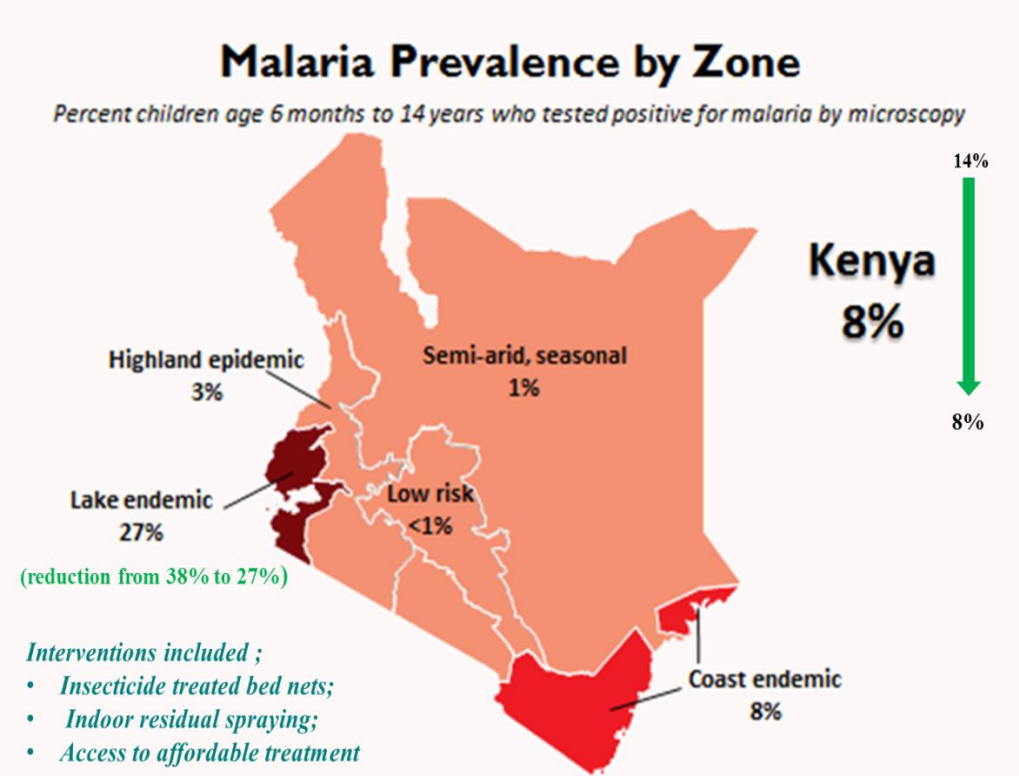


Figure 1 : Malaria Trends by Zone

Tuberculosis Control

Kenya has made great strides in the control and prevention of tuberculosis. Much as the country achieving and even surpassing the WHO global targets of 85 percent treatment success rate,

[1]Revised Kenya National Malaria Strategy 2009-2018

about half of the TB cases are missed every year. This emerged following the first post – independence TB prevalence survey that estimated that 169,000 people have TB in Kenya every year. The number of first line TB medicines distributed reduced from 81,518 in FY 2015/16, to 78,394 in FY 2016/17 and then rose to 85,188 in FY 2017/18. These lower number of cases detected than estimates have led to revamped efforts to find the missing cases.

The co-infection of HIV/AIDS and TB coupled with the emergence of drug resistant strains of TB pose a serious problem to the sector. These achievements can be attributed to uninterrupted availability of anti-TB medicines, successful roll-out and implementation of high impact interventions for TB control. Moving forward, enhanced diagnosis and treatment of drug resistant TB, TB/HIV and Diabetes Mellitus integration will be critical. Tuberculosis programme is among other health programmes such as HIV, Malaria and Immunization with counterpart funding for donor supported programs.

Sub-Programme 1.2: Non-Communicable Diseases Prevention and Control

In Kenya, non – communicable diseases (NCD) account for more than half of total hospital admissions and over 40 percent of hospital mortality. With projections indicating that the morbidity from infectious diseases declining, NCDs and injuries will be the major health burden by 2030. The major NCDs of concerns in Kenya include cardiovascular diseases, cancers, diabetes mellitus, chronic respiratory diseases, and injuries. The main risk factors include alcohol and substance abuse, tobacco use, physical inactivity among others. One of the biggest challenges of the health sector is to halt and reverse the rising burden of non-communicable diseases (NCDs) by tackling the burden of obesity, cancer, diabetes and high blood pressure. Currently, two percent of Kenyans have diabetes mellitus, 27 percent are overweight/obese, 24 percent are hypertensive, and only 14 percent of women aged 25- 49 years have ever been screened for cervical cancer. The risk factors include tobacco use, alcohol use and lack of physical activity.

The newly reported cancer cases were 47,887 in 2017/18 with 13 percent (5,985) of all cases being cancer of the breast. The number of reported diagnosed hypertension cases has been on the rise with a total of 857,835 (2015/16) to 950,758 in 2016/17 and 1,100,768 in 2017/18. While, diabetes cases increased from 262,797 in 2015/16 to 305,941 in 2016/17 and 380,422 in 2017/18. Towards monitoring progress to combating NCDs, the country was able to screen 310,677 (2016/17) and 234, 029 (2017/18) women of the reproductive age group for cervical cancer.

Sub - Programme 1.3: Radioactive Waste Management

Radioactive sources and nuclear materials are widely used in the various sectors of our economy – in medicine, road construction, industry, research, water/mineral/oil/gas exploration, power (electricity) generation, etc. Such uses generate radioactive or nuclear waste which may (inadvertently or by deliberate action) contaminate the environment thereby affect the health,

safety and security of the people and destroy their property. Safe management and physical security of radioactive sources and radioactive waste are therefore mandatory requirements.

Kenya is a member State of the International Atomic Energy Agency (IAEA), a specialized Agency of the United Nations, and subscribes to IAEA's published Safety Standards on radiation and nuclear safety, nuclear security and nuclear safeguards. It is against this background and specific recommendations by the IAEA that Kenya embarked on the development of the Central Radioactive Waste Processing and temporary storage Facility (CRWPF) to ensure the safety and security of radioactive sources and intercepted nuclear materials in illicit trafficking.

There were increasing public health and environmental concerns with respect to the increasing use of radioactive materials, abandoned and illicit radioactive sources and nuclear materials, and the wastes arising therefrom. The Radiation Protection Board advised the Ministry of Health on a national strategy for the security of disused, illicit and orphan radioactive sources and nuclear materials as well as the associated radioactive/nuclear waste. The increased usage and extended scope have also come with added safety and security challenges especially in the era of terrorism.

In 2006, the Government approved the development of the CRWPF as a national health and security project in Oloolua forest in Ngong, next to the Institute of Primate Research. The purpose is to:

- ensure safety and physical security of disused/illicit/orphan radioactive sources and nuclear materials
- safely and securely process, and temporarily store, radioactive waste for eventual disposal in a near surface repository
- prevent environmental contamination with radioactive sources/waste
- To be a knowledge transfer centre for radioactive and nuclear materials, nuclear security and safeguards.
- safeguard radioactive and nuclear materials against acts of terror

The development of the CRWPF was to be constructed in three (3) integrated Phases.

Phase I: Interim underground secure storage bunker with associated health physics and chemistry laboratories for waste processing facility.

Phase II: Environmental radiation and nuclear forensic laboratories, and offices.

Phase III: Near Surface Repository away from the CRWPF site where processed and packaged radioactive/nuclear waste would be stored for a long time.

The Phase I of the has been completed to date; -

Currently, the CRWPF facility holds solid and liquid radioactive materials (Caesium-137, Tritium and others) warranting security against unauthorized access, theft, transfer or sabotage. The decommissioned tele-therapy unit from the Kenyatta National Hospital, a Category I security risk radioactive Cobalt-60, is also currently housed at this facility. In the near future, the facility will store radioactive waste from major users in the country, disused radioactive sources, intercepted radioactive and nuclear materials which are currently stored at a radiation bunker within the current premises of the National Radiation Protection Laboratory.

Apart from centralizing and ensuring physical security for radioactive waste, disused radioactive sources and intercepted radioactive/nuclear materials under illicit trade, the CRWPF also serves to protect and save the environment and to enhance the national nuclear security regime. To date the government through the board has created six regional offices of the Board in order to bring services closer to the public. A Structured training for customs and security personnel in matters of radiation protection and nuclear security was conducted; The Gazettement of "The Radiation Protection (Safety) Regulations" under Legal notice 160 of 2010; Actualization of the Mega ports Initiative at Port Mombasa for radiation surveillance and other nuclear security activities; Regular licensing of radiation sources, facilities and workers; Hosting the EU Initiative on CBRN-CoE Secretariat for the Eastern and Central Africa (ECA) Region; Development of a comprehensive national Regulatory Regime through the proposed Nuclear Regulatory Bill, 2017; and enrolment of Membership in the Standards, Transport and Nuclear Security Guidance Committees of the IAEA.

Sub - Programme 1.4: Reproductive Maternal Neonatal Child and Adolescent Health

The general objective of this sub – programme is 'to reduce maternal and child mortality' that is to be achieved through Family Planning Services, Maternity and Immunisation, and requires full participation of the County Governments.

According to the KDHS 2014, infant mortality rate stands at 39 per 1000 live births, a decline from the previous rate of 52 per 1000 live births. This decline is driven mainly by utilization of mosquito nets, increases in antenatal care, skilled attendance at childbirth and postnatal care, as well as overall improvements in other social indicators such as education and access to water. However, reduction in neonatal mortality rate (NMR) was much slower during the same period (from 31 to 22 per 100,000 live births).

The proportion of Women of Reproductive Health (WRA) using contraceptives has declined from 48 percent (2015/16), through 46 percent (2016/17) to 42 percent (2017/18) as captured by routine data from the District Health Information System 2 (DHIS2). The first antenatal attendance improved from 76 percent (2015/16) through to 75 percent (2016/17) and to 78 percent (2017/18). In addition, the fourth ante-natal clinic coverage has also registered improvement from 52 percent (2015/16), 52 percent (2016/17) and a drop to 48 percent

(2017/18). There has been a drop in the births by skilled attendants in health facilities from 62 percent (2015/16), 61 percent (2016/17) to 62 percent (2017/18), when compared to the population of estimated deliveries. This could largely be attributed to the long-term health workers strikes and weak reporting systems.

The fully immunized children coverage has been fluctuating around 76 percent (2015/16), 77 percent (2016/17) and 77 percent (2017/18). The DPT3/Hib/Heb (Penta3) coverage has also dropped by two percent points for the three-year period from 83 percent (2015/16) through to 81 percent (2016/17) and to 81 percent (2017/18). During this period, a number of new antigens (vaccines) have been introduced including Rota virus, with coverages increasing from 76 percent over 2015/16, 77 percent in 2016/17 and 79 percent in 2017/18. Pneumococcal vaccine with coverages of 82 percent (2015/16) through to 81 percent (2016/17) to 81 percent in 2017/18. The others were, Measles – Rubella vaccine, Inactivated Polio Vaccine. In addition, the Ministry in close collaboration with all stakeholders conducted a number of successful Supplementary Immunization Activities (SIAs) in high risk regions. Immunization services have been adversely affected by the numerous industrial actions by health workers since the advent of devolution and the climax of this in 2017/18.

During the period under review, a Draft National Food and Nutrition Security Policy Implementation Framework was developed. National Nutrition Action Plan 2012-2017 reviewed. The others under development include the draft Food and Nutrition Security Bill 2014, the Food and Drug Authority Bill. Exclusive breastfeeding for 6 months had increased from 33 percent (2015/16), through to 69 percent (2016/17) and to 70percent (2017/18), and there have been remarkable reductions in all forms of malnutrition.

The nutrition sector has sustained some of the achievements over the three (3) years such as enhanced coordination at both national and county governments through nutrition technical forums, increased surveillance through the Months DHIS monitoring, annual SMART surveys in ASAL areas, Seasonal Assessment; and continuous capacity building of health workers on high impact nutrition interventions.

Sub - Programme 1.5: Environmental Health

The water, sanitation and hygiene (WASH) programme was implemented during the period under review. However, basic sanitation services are not yet accessible to the majority of the population with Open Defecation rates at about 14 percent but with regional disparities. During the period under review, the Environmental Sanitation and Hygiene Policy and its Strategic Plan were developed to provide guidelines on management of risk factors of public health concern. The programme developed and launched the Kenya Environmental Sanitation and Hygiene Policy 2016 – 2030 and Kenya Environmental Sanitation Strategic Framework 2016 – 2020.

A total of 37 counties are implementing the Community Lead Total Sanitation (CLTS). The National Health Care Waste Management strategic plan 2015 – 2020 was launched and

implementation mechanisms put in place. A total of 70,618 villages have been mapped across the country out of which 11,570 have been certified as Open Defecation Free as at 2017/18 in line with SDG 6.2.1 which aims at eradication of Open Defecation by 2020. 2 Counties (Kitui and Busia) have been declared open defecation free.

An open defecation free road map has been developed to eradicate open defecation by the year 2020; Menstrual Hygiene Management (MHM) Policy is in the final stages of finalization; 70 TOTs on menstrual hygiene management have been trained and are building capacity of County Teams on the same and together with the Ministry of Education, a teacher's handbook on MHM has been developed. Next steps will include launch and implementation of the MHM Policy and strategy, organizing more MHM trainings for counties, integrating and mainstreaming MHM in all the sectors, leveraging on the work done to mobilize for resources to support MHM activities and follow up and reporting of MHM activities in Kenya.

Poor management of health care waste potentially exposes health care workers, waste handlers, patients and the community at large to infection, toxic effects and injuries, and risks polluting the environment. The 20 percent of the total waste is considered hazardous material that may be infectious, toxic or radioactive. The infections, toxic effects and pollution are reduced by proper waste management.

2.1.2 Programme 2: National Referral and Specialized Services

Sub-Programme 2.1: National Referral Health Services

To improve curative health services there has been increased access to curative and rehabilitative emergency care. Several programs have also been undertaken to improve the health care services to the public. In the period under review, the following achievements were made. On infrastructure, a number of facilities were established or are in the process of being established at the Kenyatta National Hospital (KNH) and Moi Teaching and Referral Hospital). These include the construction and equipping of phase I of the Cancer Centre of Excellence and acquisition of the 6MV Linear Accelerator at KNH. The construction and equipping of Surgical Day Care Centre were 52 percent complete as at June 2018. While, Kenyatta National Hospital (KNH) was equipped with dialysis and radiology equipment. In addition, the upgrade of KNH's Renal Unit and establishment of the East Africa Kidney Institute was initiated.

In response to non-communicable conditions, Moi Teaching and Referral Hospital (MTRH) constructed the following units; Chandaria Cancer and Chronic Disease Centre (CCCDC), Cardiac Care Unit (CCU), Shoe4Africa Children's Hospital, Mental Health and Rehabilitation Centre, as well as the expansion of the General Intensive Care Unit (ICU), and Neurosurgery Unit as well as Equipping and Equipping of Renal Centre

In the period under review KNH hospital was able to conduct 48 open heart surgeries in 2015/16, 61 surgeries in 2016/17 and 14 surgeries in 2017/18. The drop was due to breakdown of the heart lung machine and industrial action by doctors. The number of renal transplants reduced from 12

in 2015/16, through 7 in 2016/17 to 9 in 2017/18 due to organ donor drop outs and patients preferring to go to India due to NHIF rebates. The number of minimally invasive surgeries dropped from 684 in 2015/16 to 456 in 2016/17 then increased about 4 times to 1865 in 2017/18 due to acquisition of new medical equipment (4 laparoscopy towers). The ALOS for trauma patients increased from 36 days in 2015/16 to 43 days in 2017/18 due to increase in road traffic accidents. Average waiting time for radiotherapy was 30 days. This was 8 times lower than what was in 2015/2016 due to acquisition of the Linac machine in the year 2016/17.

At MTRH, the number of specialized laboratory investigations conducted were 674,019 during FY 2017/18 from 571,741 that were done in 2016/17 FY. A total of 2,297 Orthopaedic Surgeries in FY 2017/18 from 1,968 Surgeries conducted in 2016/17 Financial Year. 1,873 Surgeries were carried out in 2015/16 Financial Year. This significant improvement is attributed to operationalization of 24hr surgeries and presence of four new theatres. The number of mental health patients treated increased from 3950 in 2015/16 through to 4134 to 4352 in 2016/17 and 4632 in 2017/18. The number of radiological investigations conducted increased from 50,750 in 2015/16 through to 62,358 in 2016/17 and 68,790 in 2017/18.

In Kenya Mental Health Services have been expanding rather slowly due to lack of trained staff and funds for expanding the services. However, there has been efforts by the universities and KMTC to train health workers to meet the national demand. During the period under review a Mental Health Policy was developed.

Mathari National Teaching and Referral Hospital remains the hub of the psychiatric services. It acts as the major referral Hospital in Kenya. Mathari Hospital is a mental hospital operating under the Mental Health Act Chapter 248 of the Laws of Kenya with a mandate of providing specialized mental health care including drug rehabilitation services, integrated preventive and curative services, forensic services for legal purposes, offer training and conduct research in mental health. The hospital also provides outpatient Maternal and Child Health and dental health services.

The hospital has a bed capacity of 1147 with an average daily inpatient of 763 (2015/16), through to 636 patients (2016/17) and 624 patients (2017/18). The in – patient days ranged from 280,410 (2015/16), through to 231,705 (2016/17) and 227,292 (2017/18). The average annual outpatient workload for the last 3 years FY 2015/16 – FY 2017/18 has been 46,910 patients. In 2015/16, 48,956, in 2016/17 28,957 patients and 2017/18 62,818. cases were reported.

The main challenges are a very ageing infrastructure, inadequate number of trained personnel in psychiatry, inadequate availability of the physical health infrastructure to care for mental health cases and lack of data on mental health case prevalence. In addition, lack of mental health services at primary health care level. The other challenges are: Lack of child & adolescent and geriatric psychiatry services, high demand for forensic psychiatry services and inadequate funding for O&M.

Sub-Programme 2.2: Forensic and Diagnostic Services

Kenya has a National Public Health Laboratory Services system that operates under the Ministry of Health. It is mandated among others to ensure Public health surveillance for disease outbreak, outbreak investigation, surveillance, research and response, perform specialized testing such as pathogen genotyping, RT-PCR and serological investigations otherwise not routinely available in health facilities and to strengthen the food surveillance system in order to prevent and control diseases which are caused by food contamination and foods which do not meet nutritional requirements. Presently, the National Public Health Laboratory Services comprises of 9 laboratories: Central TB Laboratory, The Central Microbiology Laboratory, The National HIV Reference Laboratory, National HIV Reference Laboratory (NHRL), Food Safety and Nutrition Unit (FS&N), National Malaria Reference Lab, National Oncology/ Biochemistry Reference Laboratory, National Virology Reference Laboratory (NVRL) and National Microbiology Reference Laboratory.

Kenya National Blood Transfusion Service (KNBTS) is mandated under the National Government to ensure provision of adequate safe blood for the country. In order to achieve this KNBTS carries out its mandate through a network of Regional and satellite blood transfusion centres strategically located in the country. KNBTS currently operates six regional and eighteen satellite centres.

International best practices and World health Organization as well as Kenya Blood Policy recommends that patients should be transfused with the component of blood, he/she requires as opposed to universally giving all of them whole blood. It has also been shown that close to 95 percent of all transfusions require blood components and only about five percent require whole blood. It has also been observed that one third of all transfusions go to children who require smaller blood volumes as compared to adults. In order to comply with best practices, KNBTS converts a certain percentage of whole blood units collected into various blood components namely packed red cells, platelets, fresh frozen plasma and cryoprecipitate, it also prepares small packs for children This process requires dedicated skilled staff, special blood bags, appropriate infrastructure including transport and blood storage equipment.

Kenya has approximately 561 transfusing facilities (GOK, Faith based and Private) which get blood from KNBTS; however, KNBTS is only able to meet 52% of their total needs. We are therefore proposing that with adequate support in capacity building, resources and political goodwill, KNBTS should be able to progressively upscale its activities to meet the country's blood Transfusion needs in the next three years. In the three years under review a total of 158,749 (2015/16), through to 158,378 (2016/17) and to 160,000 (2017/18) blood units were collected. This is about 38% of the national demand of blood. This low level of availability of demand has led to many preventable deaths especially in mothers and children

Sub-Programme 2.3: Managed Equipment Services

The health care infrastructure has seen unprecedented expansion and improvements with an increase in the number of health facilities from just about 9,000 before devolution to 10,300, increasing the national average facility density from 1.9 to 2.2 and to 2.4 health facilities per 10,000 populations in 2015/16 – 2017/18. About 80 percent of these facilities are at Levels 2 and 3, (dispensaries and health centres) focused on primary health care and including the high impact interventions at the community levels. On the other hand, Levels 4 and 5 comprised of primary and secondary level hospitals which provides specialized services. Level 6 facilities are highly-specialized tertiary hospitals (referral hospitals) and provide health care, teaching, training and research services. This classification is in accordance with the Kenya Essential Package for Health and in line with the Kenya health policy 2014-2030.

One of the main priority investment areas outlined in the Kenya Health Policy 2014- 2030, KHSSP 2014-2018 and KHSSP 2018-2023 is Health Infrastructure whose aim is to ensure the complementarities of private sector investment and increase the capital investment on upgrading of existing facilities to fill the gap between what is available and required as per standard, especially the rehabilitation of 100 existing level IV facilities.

During the MTP II MOH undertook the following infrastructure projects: Construction and equipping of a Maternity block at Likoni Sub-County Hospital; construction of a 30 bed Maternity ward and Theatre at Ngong County Hospital; equipped 40 Hospitals under Managed Equipment Services Project; constructed 98 classrooms for the Medical Training College (MTC), constructed Central Radioactive Waste Processing Facility (CRWPF); Upgrading of the Health facilities in the slum areas, initiating the construction of the East Africa's Centre of excellence for skills & tertiary Education; and construction of the burns unit at Kenyatta National Hospital amongst others, construction of Neuro-Surgery Centre at Moi Teaching and Referral Hospital amongst others.

The Managed Equipment Service (MES) programme helped to embark on a comprehensive programme to upgrade 98 public hospitals, 2 in each of 47 Counties (94) and 4 National hospitals with a view to improve access to specialized services countrywide. The equipment under this project is categorized into 7 Lots; Lot 1 Theatre, targeted 98 hospitals; Lot 2 surgical and CSSD targeted 98 hospitals, Lot 5 renal, targeted 49 hospitals; Lot 6 ICU, targeted former 11 national and provincial hospitals and Lot 7 Radiology, targeted 86 hospitals. In 2015/2016 the Ministry had completed about 76% of the project, managing to fully equip 40 hospitals. For each 5 categories which included; LOT 1: Theatre equipment, 69 hospitals had been installed; LOT 2: 87 hospitals had been equipped with surgical instruments and 86 CSSD machines; LOT 5: 26 hospitals equipped with Renal equipment; LOT 6: 3 hospitals equipped with ICU equipment and LOT 7: 84 hospitals equipped with Radiology equipment. The private sector (Equipment manufacturers) has been contracted to service equipment, train equipment users and biomedical engineers for seven years.

By 2017/18 the Government completed equipping 98 public hospitals spread across all counties with modern diagnostic and treatment equipment through the Managed Equipment Services (MES) project. As a result, installed 100 new digital x-ray systems; 50 digital mammography units, 96 digital ultrasound units, 95 digital sterilization equipment, 99 ICU/HDU beds, 162 digital anaesthetic machines and 20 new MRI machines spread strategically in the 98 public hospitals.

Sub-Programme 2.4: Health Products and Technologies

The Major achievements in the period under review for KEMSA in the delivery of outputs include the following:

KEMSAs order fill rate has moved from 88 (2015/16), through to 85% (2016/17) to the current achievement for FY 2017/18 of 85% through the use of the enterprise resource planning (ERP) and Logistics Management Information System (LMIS). The management targets for order fill rate of 90% in 2018/19 and it hopes to maintain the target through the improved efficiency in automation of all operation activities.

The order turnaround time has increased customer satisfaction. Training of over 3,000 health facilities workers on the Logistics Management Information System (LMIS) has boosted medical commodities order turnaround and has helped KEMSA address the challenges experienced in inaccuracy of quantity ordered, forecasting reduce paper work and building a data bank where facilities quantify volumes of drugs they consume. During the review period, the order turnaround time increased from 10 days in 2015/16 to 12 days in 2016/17 then to 13 days in 2017/18. Notwithstanding, the Authority targets an order turnaround of 10days in FY 2018/19.

2.1.3 Programme 3: Health Research and Development

Sub – Program 3.1: Training

The Major achievements during the period 2015/2016 to 2017/2018 are as indicated below: -

- Infrastructural developments were undertaken that increase training opportunities. This led to increased number of KMTC campuses from 45 to 65 within the period under review spread out in 42 out of 47 counties in Kenya. The Ministry managed to open up 9 new KMTC campuses in; Isiolo, Nyamache, Busia, Lugari,Tana River, Lamu, Kombewa, Wajir and Voi.
- Students' admission grew from 11,700 in 2015/16 through to 12,600 in 2016/17 to 14,804 in 2017/18, while the number of Graduates from KMTC increased from 8,466 in 2015/16 through to 8,623 (2016/17) to 8,967 in 2017/18 with various Certificates, Diplomas and Higher Diplomas in different disciplines.
- Research projects undertaken grew from 6 to 14

- Compensation to employees grew from Ksh 3.01 Billion in 2016/17 to 3.28 Billion in 2017/2018.
- During the period under review, the Board introduced programs on emerging health needs such Family medicine, Nephrology, orthopedic and Trauma Medicine and Short courses on Community Health extension workers (CHEWS)
- Procurement of additional teaching equipment/materials for students learning.

Sub – Program 3.2: Research and Innovation

The Kenya Medical Research Institute has achieved the following during the period under review; Production and distribution of HIV ½ rapid testing kit KEMCOM and HEPCELL kit for Hepatitis B & C testing; Registration of 203 PhD and Masters Student; 13 PhD and 17 Masters Students were enrolled for the various specialized disciplines in FY 2017/18. Development of 666 research proposals between 2014/15 to 2016/17 while in 2017/18 alone a total of 137 new research proposals were developed; Dissemination of results, knowledge and best practices through publication of 972 research manuscripts in peer reviewed journals with 204 publications in 2017/18; Contribution of cutting edge and innovative research results to 21 policy documents;

The KEMRI research complex in Mkuyuni in Kilifi County was launched to strengthen clinical trials and research. The number of completed research projects increased from 10 in the 2015/16 to 39 in 2017/18. Further, KEMRI established the Quality Management Systems (QMSs) that are necessary for commercialization of products and have signed MOUs with several counties. In line with the Presidential directive, The Ministry increased allocation to KEMRI from 1.2B in the year 2013/14 to Ksh1.7B in the year 2016/17 and 2.3B in 2017/18.

During the reporting period, KEMRI provided 267,234 specialized laboratory tests in support of ongoing clinical research activities and service provision at KEMRI clinics and collaborating facilities. The institute was able to produce 42,814 diagnostic kits and other products and 10 policy briefs in areas of the major research.

IMPACT OF KEMRI RESEARCH

Cross-cutting Impacts in Research & Development for Health

1. Emergency response and outbreak investigation- Arboviruses, - Rift valley fever, Yellow Fever; Ebola, Chikungunya, Dengue, Aflatoxins, others- National Biosafety and biosecurity
2. Anti-microbial resistance surveillance and policy stewardship
3. Improved coordination and synergy in research across disciplines with local and international institutions and individuals
4. Advocating for the conduct of quality and innovative research that informs policy
5. Strengthened Research partnership and collaborations, Human resource capacity, Research infrastructure & Program management as well as knowledge networks

6. Enhanced dissemination and translation of research findings to community and MOH for policy.
7. Establishment of robust databases on various research thematic areas for ease of access to relevant research evidence for decision making

2.1.4 Programme 4: General Administration and Support services

In the period under review, the division of Human Resource Management and Development achieved the following;

- A total of Ksh5.9 billion was paid as salaries to 2,414 officers at the Ministry, plus Registrars and remitted additional allowances awarded to health workers at the county governments
- The Ministry still manages Pension benefits of officers at National level and those who were seconded to county Governments. 1,000 officers were issued with retirement notices at least one year before expected date of retirement and their benefit documents processed and submitted to the National Treasury for payment.
- Obtained approval from Public Service Commission to introduce 24 officers into the national payroll with financial implication of Ksh 2.1 million.
- The Ministry oversaw the review of 2 schemes of service for Health workers namely; Public Health Personnel and Clinical Personnel.
- A total of 1,420 intern Doctors, Dentists, Pharmacists, BSC Nurses and BSC Clinical officers successfully completed the internship program and transited to employment. Internship/attachment programs for other cadres in 2016/17 was at 50.
- The Ministry facilitated 2 officers for Strategic Leadership Development Programme course, 25 officers for Senior Management course and 100 officers for Customer Care course at various Kenya School of Government campuses.
- Undertook the quarterly budget implementation reviews and submitted reports to the Controller of Budget, the National Assembly and the National Treasury

2.1.5 Program 5: Health Policy, Standards and Regulations

Sub – Program 5.1: Health Policy, Planning and Healthcare Financing

Health Policy, Planning and Performance monitoring key achievements

Under schedule 4 of the Constitution, health policy is one of the key functions of the National Government and expected to give the overall health policy direction for the country. The Kenya Health Policy 2014-2030 was developed through a comprehensive consultative process and the final draft was approved by Cabinet. A Sessional paper on the Kenya Health Policy 2014-2030

was developed and given a sessional paper No. 2 of 2017 with 1,000 copies printed for dissemination.

The Ministry has developed the 3rd Medium Term Plan 2018-2022 of Vision 2030 with key priority flagship projects. The Kenya health sector partnership framework for effective coordination and aid effectiveness including the compact to guide its implementation were also developed. Guidelines and templates for annual work plan linked with programme-based budgeting were also developed and implemented.

The Ministry also conducted medium term review of the Kenya Health Sector Strategic and Investment Plan 2014-2018 and a report produced. Health Sector indicator and SOP manual was also developed. The Kenya Health Forum (KHF) was held and communique signed by all parties. The Ministry has also continuously produced annual quarterly performance reports for the health sector and Reproductive Maternal, Neonatal, Child and Adolescent Health (RMNCAH) scorecard officially Launched by the Cabinet secretary. Capacity building on planning and monitoring was also conducted at both national and county governments. H.E. the president in August 2017 declared the Big four agenda of government and health became the prime of this with 100% Universal Health Coverage by 2022 as one of the main aspirations. A roadmap was developed and an M&E framework to implement the same. At the same time, a Kenya Health Sector Strategic and Investment plan 2018 – 2023 was developed to guide the review and strategic plans at the county levels.

Healthcare Financing

Social Health insurance has been recognized in the Kenya Vision 2030 as one of the pillars for Kenya to achieve Universal Health Coverage (UHC). In this regard, Government has been promoting reforms in the National Hospital Insurance Fund (NHIF) to make it one of the key drivers for achieving UHC. These reforms since 2013 have included, changing the management structure at NHIF to make the institution more effective and responsive to customer needs; reviewing the contributions of all members; expanding the benefit package to include out-patient cover for all members and new packages related to addressing non-communicable conditions and instituting strategies to enroll more members. It is estimated that NHIF contributes over 5% of all health expenditure in the country.

NHIF has already initiated effective recruitment strategies to ensure constant growth of members in both the formal and informal sectors. As at the end of 2016/17, total membership grew to 6.8M; this translates to an overall coverage of 27.2M Kenyans (principal contributors and their dependents), implying that approximately 50% of Kenyans were covered by NHIF. This increase in membership saw the fund inject over Ksh 33 Billion in the health sector w during the financial year 2016/17, a significant increase compared to the Ksh 28.1 Billion injected to the sector in FY 2015/16. In 2017/18, the membership stood at 7.6 million that saw the fund inject Ksh 47 billion in the health sector.

The Government expenditure on health as a share of the total government expenditure remains low at 6.7% against the Abuja target of 15%. Out of pocket expenditure is quite high at 27%. Health insurance coverage improved from 17% in 2013 to 19% in 2018.

Health Insurance Subsidy Program (HISP)

Under Social Health Insurance, the HISP Project was initiated on April 2015 by the Ministry of Health with support from the Work Bank Group (World Bank, IFC). The main objective of the project is to increase prepaid health insurance coverage especially for the poor populations of the country. The project would ensure that the state covered the full insurance premiums for beneficiaries and the beneficiaries would then be entitled to full benefits of the health insurance cover.

To ensure harmonization of government activities, the Ministry used data from the Ministry of Labour and Social Protection which was already implementing state projects for the poor populations in the country. The proxy for poverty as agreed by the two Ministries were households that were already taking care of orphans and vulnerable children in the society, and were already identifies as very poor through community-based poverty identification mechanisms.

The HISP was able to cover a total of 1810,700 indigent households out of the projected 170,000 which exceeded the set target by 2017/18 with funding to the tune of Ksh 970 Million from both the World Bank Group and the Japanese International Cooperation Agency (JICA). A total of 11,017 beneficiaries benefited under the program in 2017/18 for both in and outpatient services. A total of Ksh 333,078,319 was utilized in FY 2017/18.

Health Insurance for the Elderly and People with Severe Disabilities Program

The Ministry of Health undertook to cover all the elderly and persons with severe disabilities (E&PWSD) who were receiving cash transfer from the Ministry of Labour and Social Protection, Department for Social Protection as per the presidency's directive of February 2014. The cover was offered to the beneficiaries through the NHIF through its premier Super-Cover initiative, and the beneficiaries were offered a full subsidy by the state for their premiums. The cover was eligible for benefits by the principal covered member, one spouse and up to five (5) dependents. Those persons whose households were receiving some form of health benefits through other state funded projects were not eligible for benefits.

The objective of this project is to provide health insurance to the poor, targeting the elderly, orphans and vulnerable children who are under the cash transfer programme. Consequently, the Ministry was allocated Ksh500 Million for 2014/15 and 2015/16, which was reduced to Ksh 250 Million (2016/17). Between 2014 and 2016, the total coverage under the project was 231,000

beneficiary households for the insurance cover. This number was however reduced to a total of 42,000 households in all counties due to the reduced funding and increasing NHIF premiums required for the cover with 39,349 elderly persons and 2,651 severely disabled persons covered. The fund has paid shillings Ksh 133,849,796.00 as claims for the elderly persons with severe disability (OPWD) scheme members. This reduced number of beneficiaries has been selected from the initial band based on poverty scores provided by the Ministry of Labour and Social Protection. Between 2015/16 and 2017/18, 42,000 households also benefitted from the insurance cover for elderly and persons with severe disability.

Linda Mama (The Free Maternity Services) Programme

Free Maternity Services program was rolled out in all public health facilities in 2013 to eliminate financial barriers and high cost of treatment in accessing maternity services at public hospitals, to address geographical and infrastructural challenges that hinder access to the services and social-cultural barriers. This resulted in an increase in the number of skilled deliveries from 600,323 to 950,000 deliveries annually. Since the introduction of free maternity services on 1st June 2013, deliveries under skilled attendants significantly increased from 44% to 62% in 2016/17 with a drop to 57% in 2017/18 due to health workers strikes/unrests that was experienced throughout the country; a significant increase of over 360,000 between 2013/14 and 2017/2018. As part of the movement towards Universal Health Coverage (UHC), the Government has expanded social health protection by implementing the Linda Mama Programme targeting mothers and their infants.

Maternal mortality in Kenya has dropped from 488/100,000 live births to 362/100,000 by 2017. Although access to maternal services have improved in the country, the sector in grappling with an increased health facility maternal mortality of 163 per 100,000 deliveries in 2017/2018 from 120 per 100,000 deliveries in 2015/2016. Late referral to health facilities, health workers unrests, quality of care including inadequate staff and medical equipment remains the main issues in reducing the number of maternal deaths.
. The main objectives of the program were;

- To promote and encourage women to give birth in health facilities, and therefore contribute to improvement of pregnancy outcomes, including maternal and neonatal deaths
- To secure household incomes meant for deliveries to other economic activities with a potential positive impact on poor households
- To supplement public health facilities budgetary requirement to effectively address access and quality gaps to improve service delivery

The Ministry allocated a budget of Ksh 4.298 Billion in FY 2017/18 to ensure that all facilities were reimbursed for the health services. NHIF received premiums for the program amounting to Ksh3,361,525,853 in the financial year 2017/2018. This programme has seen the number of deliveries being conducted at public health facilities in the country increase from 925,674

(2014/15), to 995,946 (2015/16) and drop to 962,885 (2017/18) deliveries in health facilities, and a total of Ksh 12.2 Billion transferred to public health facilities offering the service. This also has necessitated a change in the way the programme is implemented to ensure increased coverage and benefits to mothers, from the final quarter of the 2016/17 financial year, the programme was implemented through the NHIF, covering antenatal care, deliveries, postnatal care and other illnesses for the new-born.

The service was also available all over the country in both public and private-not-for-profit health care providers who are interested in joining the programme. The total number of beneficiaries for the programme for the FY 2016/17 was 987,122 unique beneficiaries against an expenditure of Ksh 3.54 Billion while for Linda Mama 762,661 expectant mothers have been registered and a total of Ksh 1,487,620,052 has been paid out for 516,906 deliveries both inpatient and outpatient care for Linda mama. A total of 209,637 ante-natal care and 35,245 post-natal care visits have been recorded.

Sub – Program 5.2: Health Legislation, Quality Assurance & Standards

Article 43 1(a) and 2 in the Constitution is clear on the need to address the Citizens' expectations on the right to the highest attainable standards of health, which includes the right to health care services, including reproductive health care and emergency medical treatment. The social pillar for the Vision 2030 calls for improvement of the overall livelihoods of Kenyans, through provision of efficient and high-quality health care systems with the best standards. In this respect, Health Act No. 21 of 2017 was enacted paving way for its implementation and development of other health related legislative instruments that will address the health rights as per the Constitution.

The Health Act provides for the establishment of a Kenya Health Professionals Oversight Authority that will improve and streamline the regulation of health care practitioners. The health sector has a multiplicity of regulatory bodies that carry out the function of regulating health workers. However, these bodies have no clear coordination mechanism or forum where they can converge and deliberate on issues affecting the health professionals and practice standards. The health Act 2017 makes provision for the development of the Traditional Health Practitioners (THP's) bill and will be crucial in setting up structures for the mainstreaming and regulation of Traditional and Alternative medicine. Lastly, the Health Act provides for the establishment of an intergovernmental Kenya Health Human Resource Advisory Council to guide both levels of government to avoid and end health worker' strikes and crises. The body shall manage health human resource and set universally binding standards at both levels of government.

The Cabinet Secretaries of the Ministry of Health and the Ministry of Agriculture, Livestock & Fisheries approved and signed the "National Policy for the Prevention and Containment of Antimicrobial resistance in Kenya" and its "National action plan on the prevention and containment of Antimicrobial Resistance" in June 2017. Key to the implementation of these documents are the AMR surveillance system, AMR consumption surveillance system,

preservation of existing molecules through stewardship programs and enhancing awareness on AMR among the public.

87% of Counties have their CHMTs trained on Quality Improvement approaches as enshrined in the KQMH for equipping the health professionals with skills and knowledge in Quality Improvement for improved delivery of health services. Continued Technical Assistance to County Health Management teams will be required so as cascade the QI approaches to implementers and develop ToTs, mentors and coaches for QI. The challenges faced in the implementation of the activities have been inadequate financial and human resources and managing multiple stakeholders across the 47 counties.

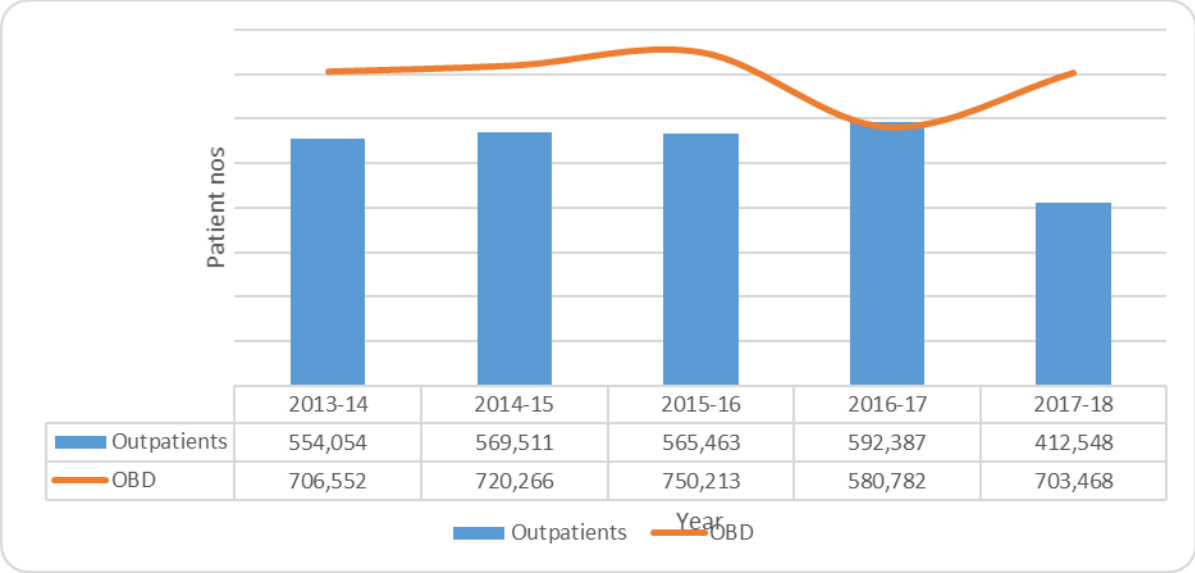
2.2 PERFORMANCE FOR PARASTATALS

2.2.1 Kenyatta National Hospital (KNH)

The Hospital achieved the following based on planned outputs/services for 2015/16 – 2017/18 budget:

i. Patient Numbers: Outpatient and Inpatient

The following are statistics for outpatient and inpatient the last three years.



	2013-14	2014-15	2015-16	2016-17	2017-18
Outpatients	554,054	569,511	565,463	592,387	412,548
OBD	706,552	720,266	750,213	580,782	703,468

On average the Hospital attends to over Five Hundred and Sixty Thousand patients every year, and has an average occupied bed days (OBD) of over six Hundred Thousand. The drop-in outpatient attendance in FY 2017/18 was occasion by the persistent industrial unrest in the year which also led to a marginal increase in OBD**.**

ii. Patient statistics by Key specialization

KNH continues to provide a wide range of highly specialized healthcare services to Kenyans, patients from within East and Central Africa Region and globally. Specialized services include, specialized outpatient clinics, inpatient care, day care procedures for surgery, renal, endoscopy, cardiology, ENT, ophthalmology, dental amongst other services and specialized accident and emergency that receives emergency, disaster victims and referred patients. The hospital also provides clinical support services that include nuclear medicine, laboratory, pharmacy and radiology.

iii. Average Length of Stay

The average length of stay (ALOS) is an indicator of efficiency in the provision of inpatient health care in the hospital. Generally, the average length of stay in the hospital has been falling from 8.9 days in 2015/16, 8.6 days in 2016/17 to 8.9 days in 2017/18. However, in the year 2017/18 there was a prolongation due to the industrial actions by various cadres of health personnel.

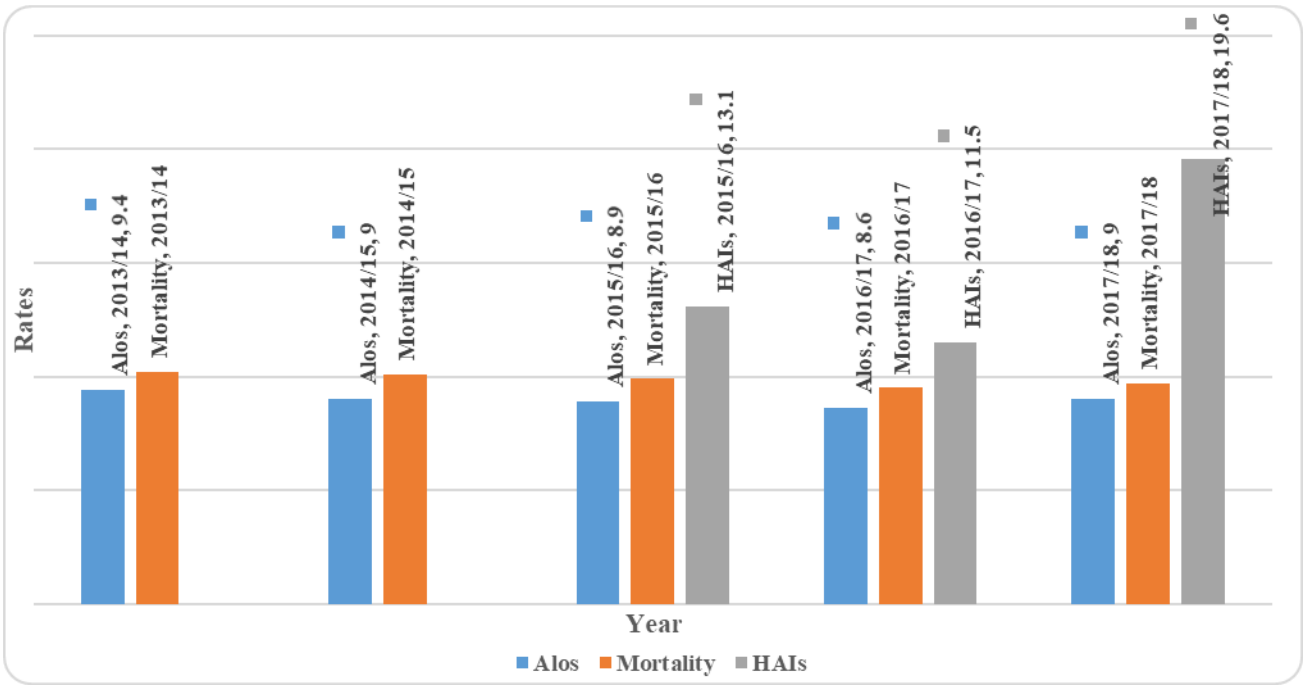
iv. Mortality Rate

During the period under review the death rate averaged 10%. This is attributed to the critically ill patients referred to and managed in the hospital. The overall country's crude death rate in the year 2017/18 was 6.70 per 1000.

v. Hospital Acquired Infections

The rates of Hospital Acquired Infections have continued to decline according to survey held in 2016/1 7 was 13% and has declined to 11.5% in 2017/18.

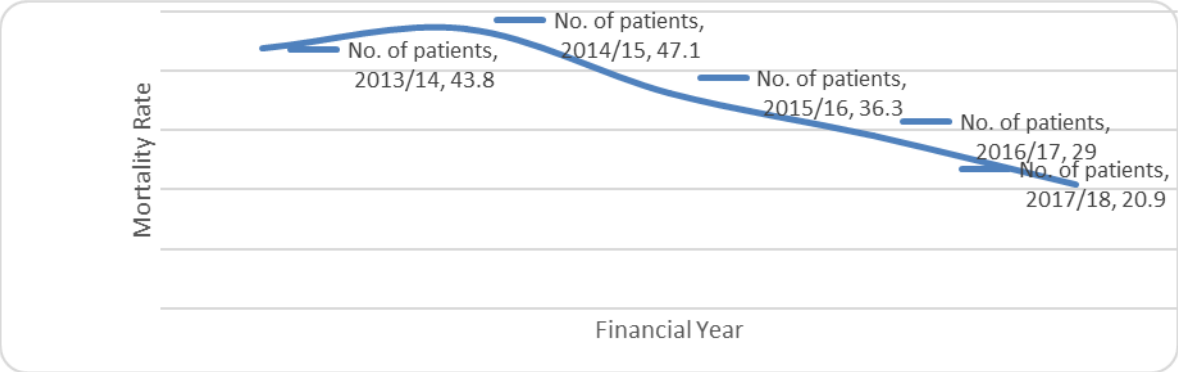
Trends of ALOS, Mortality rates and Hospital acquired infections



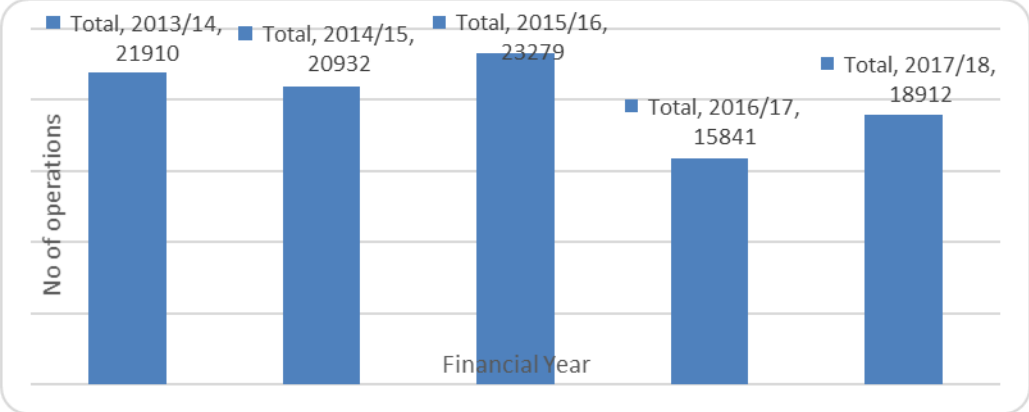
vi. Clinical effectiveness

Clinical effectiveness is the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for the patients. This involves deliberate actions and frameworks of informing changing and monitoring and evaluation of clinical practice. The hospital being a centre of excellence has ensured quality improvement and clinical effectiveness especially in the highly specialized areas like the CCU. The figure below shows a decline in mortality rate in CCU over the last five years.

Mortality trends in CCU



vii. Surgical Theatre Utilization- Major surgeries



viii. **Innovations: Innovations developed include**:

- **Marker Project**; a collaboration between KNH and UoN to fabricate equipment for used in medical care
- **Cashless Payment (M-PESA and PDQs);** to reduce risk relating to cash handling to the hospital and patient and further to increase revenue generation.
- **Kangaroo Mother Care**, a continuous skin to skin contact between the mother and preterm baby to help keep the baby warm and encourage weight gain in preterm babies.

- **Custom Made Shoes**; to help even distribution of plantar pressure and relief of areas of excessive plantar pressure, shock absorption, reduction in friction and shear stress and trauma prevention.
- **The Hip Spica Table,** to improve quality of care through fracture management for paediatrics cases and reduction of time consumed in casting resulting in reduced ALOS
- **Child Reflection Box;** for improved psychosocial functioning of patients and quality of life.

Web Based Performance Monitoring Tool; **for timely and accurate reporting leading to efficient service delivery.**

2.2.2 Moi Teaching and Referral Hospital (MTRH)

During the 2015/16 – 2017/18, MTRH recorded the following achievements;

Provision of Specialized Healthcare Services

MTRH has consistently been driven by provision of Specialized and Excellent Quality Health Care in the region. This has been made possible with its richness in Human Resource Capacity through availability of Specialized Teams in Trauma Care, Orthopaedics, Neurosurgery, Kidney Management, Paediatric Care, Reproductive Health, Oncology among other specialized disciplines. The Hospital will continue to invest in Human Resource for Health in order to live to its mandate of providing specialized quality healthcare services.

One of the successful approaches has been introduction of 24-hour Trauma Theatre. This has significantly reduced average length of stay of surgical patients and overcrowding in the wards. Another approach initiated by the Management is medical outreaches to other referring health facilities, clinical audits and feedback to county hospitals in order to improve clinical outcomes.

Strategic Linkages and Partnership

Strategic Linkages and Partnership is one big achievement that MTRH is known for since its inception as a Teaching and Referral Facility. A number of achievements have been realized through these Partnerships. A well-known care programme in the region is the Academic Model Providing Access to Healthcare (AMPATH) that has consistently championed HIV Care and Primary Health Care Programme in Western Kenya Region. Other Modern Facilities delivered through Strategic Partnership are Shoe4Africa Children's Hospital, Chandaria Cancer and Chronic Diseases Centre (CCCDC), Alcohol and Drug Abuse Unit (ADA) and the Cardiac Care Unit (CCU).

ICU Services in the Hospital is currently being expanded to 32 ICU Beds (20 for Adult ICU, 4 for Neurosurgery and 8 for Shoe4Africa Children's Hospital)

Quality Standards & Governance

The Hospital has advanced to the new QMS ISO 9001:2015 Quality Management Certification Standard through regular Internal Quality Audits, Surveillance Audits and implementation of corrections and corrective actions on non-conformities. Other standards being rolled out in the Hospital include ISO 15189:2012 on Medical Laboratories and ISO 27001: 2013 on Information Security Management System. Through Performance Contracting, the Hospital has achieved and maintained a score of "Very Good" in the category of State Corporations under the Government of Kenya (GoK).

Harmonious working relationship with strategic partners and sister Institution

Modernization of Medical Equipment

The Hospital has continued to modernize its Medical Infrastructure to aid in diagnosis and management of various diseases. For the last 3 years, Radiological and Imaging Equipment have been acquired including Magnetic Resonance Imaging (MRI), Digital X-Rays, Mammography and EPG Machine. Laboratory Equipment, C-Arm, Laparoscopic Tower, 32 Slice CT Scan, Patient Monitors and other array of Theatre Equipment have also been acquired. In addition, the Hospital has also acquired new fleet Motor Vehicles including Ambulances.

Information Communication & Technology

Many operations have improved through fully implementation of IHMIS to enhance efficiency of operations and improve customer experience. Patient Registration, Billing, Invoicing Modules are fully automated, Payroll processing. The potential to automate more operations is still immense - this will be considered in the current Strategic Plan 2017-2022. Roll out of the Clinical module is ongoing, dental unit is currently fully automated.

Queue Management System was implemented to manage patient flow in various service points and thereby reducing on waiting time and increase turn-around time. Digital Boards have been installed at strategic points in the Hospital to disseminate public health information.

Mobile Technology has provided opportunities to improve operations and customer related processes. The Hospital during the period introduced Mobile Money Transfer Services and Agency Banking as well as payment of staff imprest via MPESA. Clients conveniently undertake payment for services through Pay Bill. The working relationship with banking institutions has also been utilized to ease customer operations and reduce movement of hard cash. This has been done through Agency Banking, MPESA and establishment of KCB Bank in the Hospital.

2.2.3 National AIDS Control Council (NACC)

An overview of the Performance in HIV response as per the Kenya AIDS Strategic Framework (KASF)

Through different stakeholders, partners and investments from the Government and development partners, the country recorded progress in various key outcome and process indicators as outlined in the KASF:

- A reduction of new infections from 77,648 in 2015 to 52,767 in 2017
- An increased in number of children on ART from 71,547 in 2015 to 86,323 in 2017 and that of adults on ART increased from 826,097 in 2015 to 1,035,615 in 2017.
- A decrease in number of AIDS related deaths from 35,822 in 2017 to 28,214 in 2015
- 52 NGO reported in the HIPORs an expenditure of KES 19.3Billion in the year 2016/17
- County proposal for resource allocation in their MTEF for HIV was KES3.8billion
- All the 47 Counties owned and celebrated their World AIDS Day on December 1st 2017
- 33 Counties constituted County HIV committees and held at least one quarterly meeting.

Despite the progress in prevention, it is observed that Kenya's trajectory is not on track to reach a 75% reduction in new infections by 2020, which still presents challenges with future treatment cost liabilities

Performance on coverage of HIV treatment improved with partner investments in systems strengthening in viral load testing and scale up of test and treat options. However, with the industrial action of health care workers and the long electioneering period, the performance of mother to child transmission rates suffered and increased by 3 percentage points from 8.3 % to 11 %.

Key policy outputs included:

NACC coordinated stakeholders in the HIV response to develop the Thematic Report on HIV and AIDS and further developed a summarized extract which forms a chapter in MTP III. These documents were approved by the Cabinet Secretary, Ministry of Health. To strengthen coordination of the response, NACC supported the development and dissemination the faith sector handbook for key HIV messages that are used by religious leaders to pass standardized information. NACC also facilitated the development of the Strategic Framework for the Engagement of the First Lady in Promotion of Healthy lives and well-being of Women, Children and Adolescents 2018-2022. NACC provided technical support in the development of the strategic plan of the International Community of Women living with HIV –Kenya Chapter (ICW-K).

HIV prevention, advocacy and communication: In line with the Global HIV Prevention 2020 Roadmap, the NACC facilitated a national stocktaking meeting on HIV prevention whose result is a report outlining the status of key prevention strategies nationally, facilitated County preventions assessments and prevention target setting. A national technical assistance plan will be used in filing needs for prevention programming to get to 75% reduction of new infections as per target.

The NACC partnered with the Huduma Centres to distribute condoms and achieved this in thirty-three (33) Huduma Centres where 1,858,970 condoms were distributed. Additionally, ten (10) Huduma Centres were installed with condom dispensers resulting in an increase in accessibility of condoms to the general public. The National AIDS Control Council conducted mapping of potential or existing condom distribution points in all the 47 counties through sub-County AIDS Coordinators Overly, this exercise yielded the following result, a total of 17854 establishments were identified in 47 counties during the mapping exercise of which 84% (15008) are either bars with lodging or without lodging as condom distribution points.

Investments in HIV advocacy through mass media campaigns focused on reduction of stigma and discrimination of People Living with HIV, and a reflection of young people's risks, vulnerabilities and opportunities. There was increase in social media presence in the year, driven by Maisha Youth, a young people's movement resulting in the social media impressions reaching a peak of 12 million during the World AIDS Day.

Coordination: in line with the KASF coordination architecture, whose functionality is the responsibility of NACC, the committees performed well with the overall coordination through the HIV Interagency coordination committee (HIC-ICC). The HIV-ICC continued to track performance of the Kenya Global Fund programme, rated A2 and received reports from the Presidents Emergency Plan for AIDS Relief (PEPFAR).

Coordination of the Public Sector HIV Response through the MAISHA Certification System: NACC is lead agency on the PC indicator for Prevention of HIV Infections through supporting implementation and tracking performance through the Maisha Certification system. 65% of the 363 Ministries, Departments and Development Agencies of Government reported in the financial year 2016/17.

Resource mobilization for the HIV response: In the reporting period, the NACC chaired the Global Fund proposal writing Secretariat and made financial investments into the process resulting in Kenya's award of an in-budget grant of USD 179 Million that was signed between the Global Fund and the National Treasury on December 15, 2017;

Domestic Resource Mobilization; In order to harness existing domestic resources for better results in the HIV response, the NACC carried out an assessments of HIV resources budget size and utilization within infrastructure projects in Kenya, developed a policy brief on the same and is developing guidelines for use by the sector. This will help to refocus available resources for to priority aspects of HIV prevention and bring efficiency in the sector.

Preparedness for UHC: In response to our contribution to UHC, the NACC developed a policy brief on how best to leverage the HIV response to promote UHC and further instituted mechanisms through working groups to fast-track critical areas of action. Three policy recommendations by NACC included:

- Ensuring that HIV services are part of the essential health benefits
- Leveraging existing resources for anti –retroviral therapy to increase risk pools to cover persons living with HIV and
- Supporting cost-containment measures by leveraging the HIV prevention infrastructure and expertise for prevention of non-communicable diseases (NCDs)

Urgent investments were made in developing a model for estimation of NCDs among persons living with HIV and in general population in collaboration with the Division of NCDs and Imperial College London. This will guide prevention interventions in order to contain costs related to health care.

Technical assistance to Counties:

The NACC focus on Counties continued with investments in development of the county AIDS Strategic plans (CASPS) unique to the county HIV epidemic. All counties have their specific data on HIV profiles which facilitates their understanding of their epidemic which is unique from one county to the other.

NACC's global engagements and profiling of Kenya: The NACC's responsibility includes reporting on Kenya's global obligations as relates HIV and AIDS. NACC developed and submitted the 2018 Global AIDS Monitoring (GAM) report within the stipulated timelines as required by UNAIDS.

Overall Performance of Kenya's HIV Response as per Kenya AIDS Strategic Framework (KASF) Under NACC's Leadership was as follows:

Indicator	2013	2015	2017
Total PLHIV	1,599,451	1,517,705	1,493,382
Total ART	656,369	895,000	1,121,938
# of Adult on ART (coverage)	596,228 (66%)	826,097 (66%)	1,035,615 (75%)
# of children [0-14 years] on ART	60,141 (42%)	71,547 (75%)	86,323 (84%)
New Infections	101,563	77,648	52,767
# of new infections among Adult	88,622	71,034	44,789
# of new infections [15 – 24 years]	29,352	35,776	17,667
PMTCT (coverage)	55,543 (70%)	59,214 (75%)	53,236 (77%)
MTCT final transmission rate	14%	8.3%	11.5%
# of new infections among children	12,940	6,613	7,978
AIDS related deaths (all ages)	58,465	35,822	28,214

2.2.4 Kenya Medical Training College (KMTC)

Major achievements during the period 2015/16 – 2017/18 are as indicated below

- The number of students admitted to the College has continued to grow over the years. However, demand for training opportunities has remained comparatively higher than the available vacancies over the period. During the year, 2017/18,14,804 new students joined the College for training while 8,967 as compared to 2015/16, who graduated with various Certificates, Diplomas and Higher Diplomas in different courses to serve Kenyans and as part of efforts to generate new knowledge that is aimed at advancing the health of Kenyans. The College is ISO 9001:2008 Certified and compliant and looks forward to its successful recertification and transition to ISO 2008:2015 standards.
- Internally generated revenue has grown from Ksh1.1B in 2010/2011 to Ksh3.0B in 2016/2017 financial years (see table below). The policy KMTC is implementing in opening up more training opportunities has yielded fruits and contributed to the Human Resource for Health in the Country courtesy of continued revenue growth.
- The College was successfully re-categorized from PC 2 to PC 4A, a training and research institution. This translates to improved terms and conditions for staff, as well as attraction and retention of highly qualified staff to serve the College.
- The Board of directors has expanded the College by opening more campuses in the country. The Campuses are 65, spread in the 42 of the 47 counties. This has contributed in devolving health training closer to the people, enabling the College to keep in line with its mission.
- KMTC, Ministry of Health, Kenyatta National Hospital and the University of Nairobi, School of Health Sciences are collaborating in the establishment of a Centre of Excellence for Skills development and Tertiary Education in Biomedical Sciences (East African Kidney Institute (EAKI). The project is part of the African Development Bank (AFDB) support to the East African Community (EAC) member countries. The objective is to contribute to development of relevant and highly skilled workforce in biomedical sciences. This will reduce the dependency of the member countries on services outside the region.
- The College management successfully implemented the Collective Bargaining agreement for staff and this has contributed to industrial harmony between staff and management. Terms and conditions of staff have been enhanced through staff promotions, staff training and capacity building and this has led to improved service delivery and harmony among the members of staff.
- The College developed an ICT Policy and is implementing the Enterprise Resource Planning (ERP). The system will enable automation in Finance, Human Resource, Academics and administration areas of operations. This will play a crucial role in supporting growth and excellent service provision to our customers and stakeholders. The College also implemented online admission of students to the College and the systems

will be successfully integrated to ensure the operations are flawless and there is harmony across the departments.

2.2.5 Kenya Medical Research Institute (KEMRI)

The Kenya Medical Research Institute has achieved the following during the period under review;

i) The Institute developed five hundred and sixteen (516) new research proposals covering national health research priority areas with the aim of providing evidence-based research data to inform policy formulation, prioritization of interventions, allocation of resources and revision of national treatment guideline.
ii) Seven hundred and four (704) publications were done in peer reviewed journals. These contributed to increased scientific knowledge in addition to providing a repository of scientific reference material for formulation of evidence-based policies and treatment guidelines for disease management and training.
iii) The Institutes' scientist also presented three hundred a forty five (345) peer reviewed scientific abstracts in national and international conferences and scientific forums.
iv) Traditional Medicines and Natural Products: Innovation of using pyrethrum to control jiggers and sun flies; Herpes treatment product; Screening herbal medicines for cancer treatment; Enrichening children food using pawpaw seeds to control helminths;
v) Offered specialized services including Viral Load testing which covers 75% of all National tests, PCR- Early Infant Diagnosis of HIV, HIV/Rapid Test and DNA tests.
vi) Developed and continue to manage Demographic Health Surveillance Systems (DHSS) targeting hospitalization, outpatient, births/deaths and priority diseases within Nyanza (Siaya, Kombewa, Mbita) and Coast region.
vii) Conducted a malaria vaccine phase 3 trial which has shown significant efficacy level. This vaccine has subsequently been approved by WHO for rollout. Other clinical trials conducted during the period include; Ebola clinical trials on going in Kilifi and Kombewa, TB, Sickle cell.
viii) Eight Laboratories accredited and certified as follows: WHO accreditation (CVR polio lab), Microbiology & Clinical Research Labs (CAP) (KEMRI/WRP Kericho), ISO 15189:2012 (Medical laboratory (CVR, CGHR-TB/HVR/DLSP)), ISO 9001:2015 (QMS Requirements KEMRI), ISO 17043 (Proficiency Testing (Production), ISO 13485 (Medical devices (Production)). KEMRI is also pursuing ISO 151189:2012 Medical Laboratory certification for CCR, ESACIPAC, CVR HIV lab, KEMRI/RTCP-FACES, CGHR Malaria.
ix) KEMRI synthesized its research findings and development the following evidence-based policy briefs/guidelines:

a) Policy Brief on TB diagnosis: Optimal use of available technologies for improved TB detection in the East Africa Community region
b) Common circulating and emerging enteric bacterial pathogens causing diarrhea and antimicrobial resistance patterns which may negate treatment in the East African Region

c) An evidence brief for Policy Consideration. An Assessment of Research Evidence Informed Decision-Making Practices Among Healthcare Workers in Makueni County: Policy Options
d) Evidence-Informed Decision Making at Taita Taveta County Health Department: A Strategy for action in research uptake
e) Examining National Hospital Insurance Fund reforms in Kenya
f) Examining multiple funding flows to public healthcare facilities in Kenya
g) Strategic Purchasing for Universal Health Coverage: A Critical Assessment County Departments of Health in Kenya
h) EAC Evidence Brief for Policy Consideration titled "Knowledge management practices in the East Africa Community: mainstreaming evidence for healthy human resources in the region
i) Knowledge management practices in the East Africa Community: mainstreaming evidence for healthy human resources in the region: An EAC Evidence Brief for Policy Consideration
j) Implementation Science priorities to scale up non-communicable disease interventions in Kenya: Research for Actionable Policies
k) Manual for conducting a gender analysis for microbicide introduction
l) Manual for engaging male partners in women's microbicide use
m) Conducting sexual and reproductive health research with adolescents in Kenya
n) Guidelines for Conducting adolescent HIV sexual and reproductive health research in Kenya,

x) KEMRI collaborated with a total of 66 research and development partners in development of research activities of public health concern.
xi) The Institute developed and commercialized 161,951 diagnostic kits and other product. The products include: Culture Media (plates), Culture Media (Tubes), KEM-rub, TBcide, KEMTAQ, Safi Kem (Hand wash), Sheep blood and Distilled Water
xii) The institute provided 9,236 clinical services to clients seeking services at KEMRI clinics. The Institute also conducted a total of 574,429 laboratory tests to inform treatment and intervention choices. These were also conducted to support approved research and disease surveillance activities. Specialized service includes Viral Load, PCR- Early Infant Diagnosis of HIV, HIV/Rapid Test and DNA.
xiii) Development of Rift Valley Fever testing kit in collaboration with Science and Technology Research Partnership for Sustainable Development (SATREPS) Program.
xiv) The following infrastructure was also upgraded during the period

a) Renovation of laboratories, offices and staff houses in KEMRI Centre Busia.
b) Acquisition of molecular TB diagnosis (gene expert, HAIN Life)
c) Automated TB culture diagnosis (MIGIT)
d) Early Infant Diagnostic equipment
e) Human Identification (DNA testing)

f) High Performance Liquid Chromatography

2.2.6 Kenya Medical Supplies Authority (KEMSA)

The major achievements in the period under review for KEMSA in the delivery of outputs include the following:

i) During financial year 2016/17, the Authority purchased land for the construction of the Supply Chain Centre at Embakasi from Kenya Airways at a total cost of Ksh 2.296 Billion. In financial year 2017/18, KEMSA management was able to commence the construction of the Supply Chain Centre by signing of the contract in March 2018, which will see the beginning of the first phase of construction. This project is divided into two phases, the first being construction of the warehouse block and the second being construction of the office block. A no objection was received from Global Fund for an amount of 312M on July 2018 and the rest of the funds are expected very soon.

ii) KEMSA has created awareness in the counties by conducting various trainings on data management. The workshops are in collaboration with KOFIH and are assisting in improving the quality of data that KEMSA is using in decision making and most importantly, enhancing management of medical commodities at the county level.

iii) During the financial year, there was a review in the Strategic plan which showed that KEMSA achieved more than 80% of the goals and objectives set out in the original Strategic Plan.

iv) KEMSA has increased availability of essential medical commodities to meet the national requirement in readiness for **UHC** roll out. In Financial year 2017/18, KEMSA in collaboration with the Counties and the National Programmes under the Ministry of Health, distributed medical commodities worth Ksh 33. 44billion.The Authority intends to ensure an order fill rate of 100% for medical commodities supplied to the 4 pilot counties and 90%for the remainder of the 43 counties in readiness for the role out of UHC.

v) KEMSA has been leveraging on technology to improve service delivery and has implemented a countrywide online self-service computerized medical commodities ordering system for all county health facilities. The ordering system-LMIS has been computerized enabling county health facilities to order medical commodities online.

vi) KEMSA has integrated the supply chain systems by increasing the number of strategic partnerships from 2 to 11 in financial year 2017/18.

vii) Since December 2016, KEMSA had an acting CEO. The Board ensured that there was smooth transition by appointing a substantive chief executive in July 2018.

viii) KEMSA in a bid to try and reduce the cost of medical commodities for NCDs has gotten into MOUs with medical organizations for various access programmes: as shown in table below;

ix) KEMSAs order fill rate has moved from 88% (2015/16), through to 85% (2016/17) to the current achievement for FY 2017/18 of 85% through the use of the enterprise resource planning (ERP) and Logistics Management Information System (LMIS). The

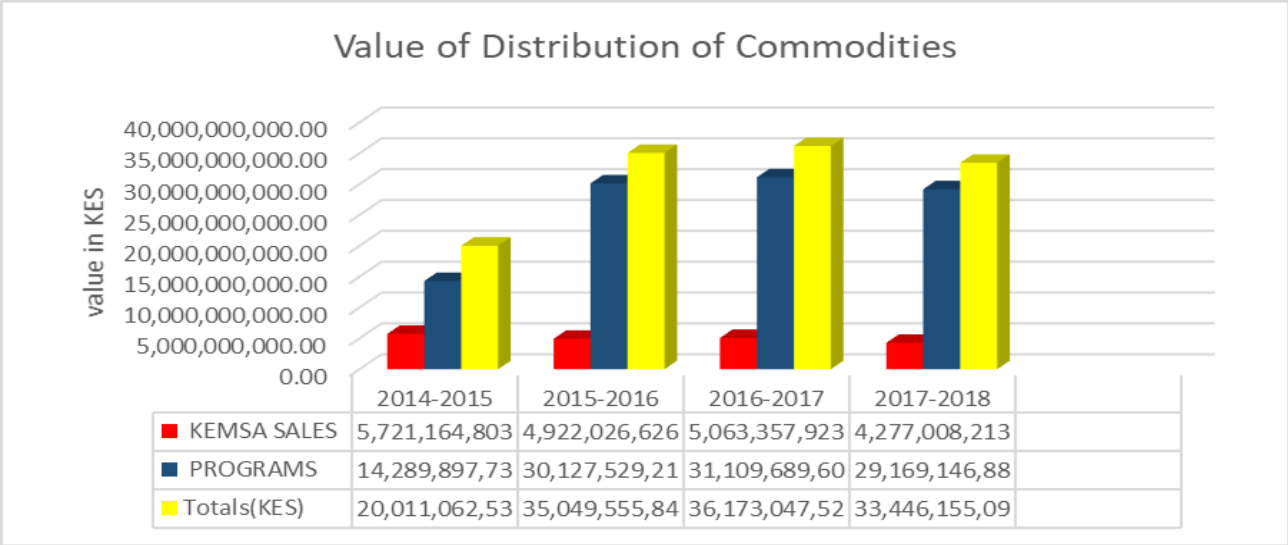
management targets for order fill rate of 90% in 2018/19 and it hopes to maintain the target through the improved efficiency in automation of all operation activities.

x) The order turnaround time has increased customer satisfaction. Training of over 3,000 health facilities workers on the Logistics Management Information System (LMIS) has boosted medical commodities order turnaround and has helped KEMSA address the challenges experienced in inaccuracy of quantity ordered, forecasting reduce paper work and building a data bank where facilities quantify volumes of drugs they consume. During the review period, the order turnaround time increased from 10 days in 2015/16 to 12 days in 2016/17 then to 13 days in 2017/18. Notwithstanding, the Authority targets an order turnaround of 10days in FY 2018/19.

ACCESS PROGRAMS					
PROJECT NAME	**DESCRIPTION**	**START DATE**	**STATUS**	**Completion date**	**Expected Out come**
KEMSA and AstraZeneca	This an MOU between KEMSA and AstraZeneca for provision of subsidized second line anti-hypertensive commodities.	**November 2017**	**Ongoing**	**November 2019**	Increased accessibility of affordable second line anti-hypertensive commodities.
KEMSA - ROCHE	A program for providing medicine at a subsidized price. (Herceptin - breast cancer) Currently the drug is available for KNH and MTRH and is expected to be rolled out to other faith-based hospitals	**2017**	**ONGOIN**	**2020**	Increased availability and affordability of breast cancer medicines at public cancer facilities
KEMSA – MERCK	A program for providing medicine at a subsidized price (Anti-diabetics products)	**2018**	**ongoing**	**2020**	Increased availability and affordability of anti-diabetics medicines at public health facilities
KEMSA - NORVATIS	A program for providing medicine at a subsidized	**2018**	**Discussions ongoing**	**TBD**	Increased availability and affordability of Leukemia medicines at

	price. Oncology products in particular anti-leukemia products				public cancer facilities

The Authority managed to distribute commodities as follows:



KEMSA EFFICIENCY SAVINGS

i) KEMSA's efficiency has greatly improved with the automation of all operation activities. With the use of the ERP and LMIS, KEMSA's order fill rate and turnaround time has improved thus increasing customer satisfaction.

   The Order processing at KEMSA has greatly improved from an average of 13 days to an average of 8 days. This has seen an improvement on the overall order turnaround time.

ii) By reaching out to the 47 counties and referral hospitals, KEMSA has been able to register repeat orders and this is an indication of improved quality in services. This has resulted to improved health care at the same time reducing the overall cost of health care in the country.

KEMSA'S has outsourced 80% of the distribution of medical commodities. This constitutes a collection of major logistic company with networks all over the country. This measure has ensured that the medical commodities ordered reach the facilities with the shortest time possible.

2.2.7 National Hospital Insurance Fund (NHIF)

Increase in Membership

Membership growth is achieved through registration of new members and retention of the already existing members. The continued roll out of special packages has seen more members come on board.

The table below shows a 6-year trend of total principal members registered per Sector

Classification	2012/13	2013/14	2014/15	2015/16	2016/2017	2017/18
Public Sector	795,768	826,545	865,649	926,414	972,239	1,039,149
Micro-Insurance	1,228,015	1,606,179	1,989,420	2,235,892	2,608,832	2,917,301
Private Sector	2,008,010	2,237,515	2,455,900	2,689,753	2,898,174	2,999,230
Sponsored program	27,340	43,423	164,211	284,197	325,612	701,783
Total Membership	**4,059,133**	**4,713,662**	**5,475,180**	**6,136,256**	**6,804,857**	**7,657,463**
% growth		***16%***	***16%***	***12%***	***11%***	***13%***

As shown in the table, the Membership for NHIF has increased by 89 percent from 2012/13 to 2017/18 period. This increase is varied between the formal and informal sector with formal sector witnessing a growth of 44 percent while the informal sector has grown by 188 percent over the same period.

Total benefits paid out in FY 2017/18 were Ksh 37.1 billion (78% pay-out ratio). Benefits paid out grew at a four-year average of 51%. Inpatient expenditures under National Scheme rose by 7% compared to 2016/17 while Outpatient and special benefit packages increased by 31% and 38% respectively as shown in the table below;

Trends in NHIF Pay-Out (Amount in Ksh Million)

Benefits & Claims paid out	2012/2013	2013/14	2014/15	2015/16	2016/17	2017/18
NHS Inpatient	4,734.47	5,522.81	5,510.95	6,421.62	10,497.66	11,320.17
NHS Outpatient	-	-	-	1,529.85	3,885.91	5,105.48
Special Benefit Packages	-	-	-	899.41	7,891.13	9,690.04
Special Medical Schemes	3,501.81	3,878.56	4,324.10	4,810.35	4,006.22	9,569.41
Linda Mama	-	-	-	-	28.17	1,488.45
Total Benefits	**8,236.28**	**9,401.36**	**9,835.05**	**13,661.23**	**26,309.09**	**37,173.55**
% Growth		14%	5%	39%	93%	41%

2.3 INFORMATION ON PROGRAMMES

Table 2.3: Sector Programme Performance Review

2.3.1 PROGRAM 1: Preventive, Promotive and RMNCAH Services

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
Communicable disease control	Reduced communicable diseases	Number of HIV+ clients on ARV	1,000,000	1,100,000	1,150,000	947,000	1,069,220	1,200,000	The launch of Test & Treat HIV Guidelines in July 2016 has led to a sharp increase in numbers on ART
		Proportion of ANC mothers on ARVs	90%	90%	90%	94.1%	95.3%	96%	Global targets of having 90% of pregnant women tested for HIV, 90% enrolled on PMTCT and 90% with Viral Load\ suppression.
		Numbers of counties having access to HIV situation rooms	N/A	47	29	N/A	19	33	Procurement and installation of complete set of equipment has been done in 33 counties. The target is to cover all the 47 counties. The next steps are to embark on enhancement of the Kenya HIV and health Situation Room to include key UHC tracer indicators, monitor and report on them routinely so that policy makers can use the report to address emerging issues/challenges
		No of people tested for HIV	8,000,000	8,000,000	8,000,000	10,991,260	13,444,337	11,439,145	The current drive is to identify new HIV positive people, Kenya has less than 300,000 PLHIV who have not been identified
		Number of interns trained to reach other youths	N/A	N/A	100	N/A	N/A	110	This was achieved through working with the Ministry of education, University and tertiary institutions. Working with boda boda associations who were identified

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
									champions/peer educators of key HIV messages
		No. of Young people reached by the interns with HIV Prevention and anti- stigma messages	N/A	N/A	500,000	N/A	N/A	600,000	The trained interns easily reached their members in schools, universities, colleges and boda boda association. We also used the Scouts movement
		Number of Adolescents and young people (AYP,) reached with HIV information through youth Networks	N/A	5,000,000	10,000,000	N/A	10,000,000	11,000,000	The formation of the National Maisha youth group and Sauti Skika (Youth PLHIV) from representation of all the 47 counties facilitated exceeding the target
		No of PLHIV accessing justice through the HIV Tribunal hubs	N/A	N/A	150	N/A	N/A	115	Poor accessibility since there is only one tribunal in Nairobi
		Number of condoms distributed in non-health settings,	N/A	N/A	10,000,000	N/A	N/A	13,000,000	The distribution through Huduma Centres, Universities and Colleges boosted achievement of this target
		Number of First Line anti – TB medicines distributed	NA	89,247	88,000	NA	78,394	85,188	There has been a decreasing incidence of TB according to models, but Kenya has a significant proportion of cases (47%) that are undiagnosed.
		% of TB patients completing treatment	90%	90%	90%	90%	86%	90%	Active case finding that is currently ongoing across all health facilities, is able to pick more people with TB interacting with the health system that were not previously captured
		Number of Artemether Combination Therapy (ACT) doses distributed to the public sector.	NA	12,000,000	12,000,000	NA	14,600,000	8,287,328	Drop in distribution is due to staff unrest experienced in the FY

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
		Number of AFP per 100,000 population under 15years of age	N/A	3.0	3.5	N/A	3.18	4.3	Due to numerous supplementary activities for polio that has led to increased HCW sensitization
Non-Communicable diseases	Reduced non-communicable diseases	No. of Women of Reproductive Age (WRA) screened for cervical cancer	200,000	325,000	350,000	117,000	310,677	234,029	Counties not providing HCWs with screening kits, and HCW strikes
		Number of cancer centres established	N/A	N/A	1	N/A	N/A	2	Two cancer chemotherapy centres established in Bomet and Nyeri Counties
Radioactive waste management	Ensure the safety and security of radioactive sources and intercepted nuclear materials in illicit trafficking	Fully operational Central Radioactive Waste Processing Facility	95%	100%	100%	97%	99%	100%	Phase I of the project is almost completed – minor repairs captured in the snag list pending. Phase II ought to be commenced. Both Phases are inter-related to ensure full operationalization of the facility.
	Radioactive waste managed	Percentage of Radiation sources monitored for safety	NA	100%	100%	NA	100%	100%	All radioactive waste is monitored
RMNCAH	Increased number of children fully immunized	Proportion of fully immunized children	80%	80%	80%	76	77%	77%	HCW unrest led to disruption of services
		Proportion of children immunized with DPT/ Hep + HiB3 (Pentavalent 3)	90%	90%	90%	83%	81%	81%	Target due to global standards of herd immunity of 90%. Drop in performance due to HCW unrest.
		Number of health facilities with on-grid cold chain equipment	NA	NA	400	NA	NA	2119	High achievement due to equipping of facilities with electricity and solar power
		Proportion of Children aged 6-59months given 2 doses of Vitamin A supplement annually	80%	80%	80%	41%	70%	70%	HCW unrest led to disruption of services
	WRA accessing family planning services	Proportion of WRA accessing FP services	43%	45%	47%	48%	46%	42%	Lack of commodities and HCW unrest

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
	Increased number of deliveries by skilled birth attendants	Percentage of skilled deliveries conducted by health workers	78%	78%	79%	62%	61%	62%	HCW unrest
		Proportion of pregnant women attending 4 ANC visits	NA	NA	60	52%	52%	48%	HCW unrest
Environmental Health	ODF free communities	Number of counties implementing The Kenya Open defecation free (ODF) strategy	47	47	47	47	47	47	A total of 11,570 villages have been certified as ODF free. Kitui and Busia Counties have been certified as ODF free. Moving forward this indicator will be captured as villages and not Counties

2.3.2 PROGRAM 2: National Referral and Specialized Services

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
National Referral Health Services (Mental health hospital)	Improved access to specialized mental health services	No. of patients receiving specialized mental health services	13,500	15,000	15,000	45,447,	26,328	31,409	Introduction of new outpatient services has led to overachievement
Forensic and diagnostic services (NBTS)	Safe blood & blood products available.	No. of blood units secured	205,000	215,000	280,000	158,749	158,378	160,000	Inadequate funding for this function
		Percentage of whole blood units collected converted into components	N/A	80%	85%	N/A	69%	57%	Lack of equipment and inadequate funds
Managed Equipment Services	Access to specialized diagnostic and treatment services increased	No of Public hospitals with specialized equipment	92	98	98	92	98	98	Cumulatively, 98 facilities have been equipped across the country
	Specialized services available e.g. radiotherapy, cardiac disease management	Proportion of installed machines functional	100%	100%	100%	100%	100%	99%	
Health Products and Technologies (Kenya Medical Supplies Authority)	Adequate stocks of health products & technologies.	% order refill rate for HPTs	85%	90%	90%	88%	85%	85%	The lack of achievement of performance Targets in FY 2017/18 was due the political unrest experienced for the better part of the first half of the year.
	Timely supply of procured commodities to purchasing entities.	Order turnaround time (days)	10	10	10	10	12	13.3	
National Referral Health Services (Kenyatta National Hospital)	Specialized services available e.g. radiotherapy, cardiac disease management	Number of Open-Heart surgeries	167	78	67	48	61	14	Low numbers were due to breakdown of the heart lung machine and industrial action of health workers
		Number of Renal Transplant	30	15	15	12	7	9	Donors of organs opting out Most patients prefer to go to India for transplants due to perceived better

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
									quality of care in India
		Number of minimally invasive surgeries done	3537	720	479	684	456	1865	Improved achievement because of acquisition of new medical equipment (4 laparoscopy towers)
	Access to specialized diagnostic and treatment services increased	ALOS for trauma patients (days)	33	33	35	35.9	39	43	Not achieved due to inadequate Theatre capacity. However, we have rededicated a trauma theatre and construction of a day care surgery facility which are expected to reduce the ALOS
		Average waiting time (days) for radiotherapy	180 days	210 days	27 days	240 days	30 days	30 days	The waiting time reduced since the Linac machine was acquired in the year 2016/17
National Referral Health Services (Moi Teaching & Referral Hospital)	Provision of Specialized Healthcare Services	Average Length of Stay (ALOS)	7.9	7.8	7.8	7.9	7.9	7.9	The Hospital achieved an Average Length of Stay of 7.9 days against a target of 7.8 days. The Specialized Units in the Hospital (Surgery, Medicine, Orthopaedics and Mental Health) where the nature of illness necessitates longer stay for patients have mainly contributed to this
		Number of Theatre Operations	9,302	12,356	12,700	11,233	7448	13,790	Medical Camps/ Outreaches and partnership with County Referral Hospitals led to increased patient numbers Implementation of Day Care Surgeries. Acquisition of additional medical equipment optimized service delivery
		No. of Radiological Investigations	62,556	55,825	33,380	50,750	62,358	68,790	Achievement attributed to Investment in additional medical equipment through: i) Government Managed Equipment

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
									Services (MES) including 0.36 Tesla MRI and Digital X Ray Machines ii) A in A used to purchase the following equipment-64 Slice CT Scan, 32 Slice CT Scan and 3D Ultrasound machines.
		No. of Laboratory investigations	531,238	669,224	581,240	608,385	553,562	674,019	There was consistent reagent supplies during the year owing to implementation of reagent replacement contracts. Streamlined processes due to preparations towards accreditation to ISO 15189:2012 standard.
		No. of Kidney Transplants undertaken	12	12	11	10	12	12	Continued Training of Nurses on Renal Nursing Undertake screening of patients Recruitment of patients requiring Kidney Transplantation Undertake Kidney Transplantation and patient follow up as per booking schedule
		No. of Deliveries	12,754	15,397	12,500	13,997	12,048	12,796	The Hospital: Undertook 24Hr Maternal Mortality Audits, Near-miss and Monthly Mortality Reviews and implementation of 24-Hour Call System where the Consultant is physically resident on site
		% Death Rate	6.6	6.5	7.1	6.6	7.1	7.0	The Hospital undertook: Mortality Audits, Near-miss and Monthly Mortality Reviews Implementation of recommendations from the Clinical Audits

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
		Maternal Mortality Rate MMR/100 Live Births (Facility Based Statistics)	1.9	1.8	0.16	1.8	2.2	0.16	Continued engagement with County Referral Facilities that refer Mothers in Labour to MTRH. Introduced Labour Co-ordinators (Midwives) in every shift to monitor and maintain real-time data of Mothers in Labour for early intervention. Implemented Direct Call System between Maternity and all Referring Health Facilities. Undertook 24Hr Maternal Mortality Audits, Near-miss and Monthly Mortality Reviews and implementation of 24-Hour Call System where the Consultant is physically resident on site.
		Neonatal Mortality Rate NMR/1000 Live Births (Facility Based Statistics)	43.4	40.0	28	41.3	36.3	28	The Hospital: Developed 2 Protocols on (i) Continuous Positive Airway Pressure Therapy and (ii) Surfactants Use. Undertake Quantitative C-Reactive Protein Tests to enable Clinicians make early decision on Antibiotic Use. Carried out monthly Perinatal Clinical Audits (Morbidity and Mortality Reviews) and implemented recommendations therefrom.
		Number of Orthopaedic Surgeries Done	2084	2,084	2188	1873	1968	2297	Increase due to operationalization of 24 hr surgeries with 4 more new theatres. Medical Camps/ Outreaches and partnership with County Referral Hospitals led to increased patient numbers.

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
		Number of Minimally Invasive Surgeries	1,041	1093	1148	1207	1396	1463	Medical Camps/ Outreaches and partnership with County Referral Hospitals led to increased patient numbers Implementation of Day Care Surgeries. Acquisition of additional medical equipment optimized service delivery Acquisition of One (1) Laparoscopic Tower
		ALOS for Trauma Patient Days	15	15	14	14	15	14	Operationalization of 24hr trauma surgeries Review of Orthopaedic Patients by Consultants and Registrars at Emergency Department and plan for surgeries initiated
		Number of Mental Health Patients Treated	3583	3762	3950	4134	4352	4632	Improved performance due to modern infrastructure in mental unit and continuous capacity building of staff
		No. of Radiological investigations	31,790	31,790	33,380	34,307	56,909	68,780	Achievement attributed to additional medical equipment through: Government Managed Equipment Services (MES) including 0.36 Tesla MRI and Digital X Ray Machines ii) A in A Investments including 64 Slice CT Scan, 32 Slice CT Scan and 3D Ultrasound machines. Installation of a new 128 slice CT scan on going. Planning on how to purchase 1.5 Tesla MRI

2.3.3 PROGRAM 3: Research and Development

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
Pre-Service and In-Service Training (KMTC)	Health professionals graduating from KMTCs	Number of pre-service/in-service middle level health professionals graduating from KMTC	8,000	7,500	8,000	8,466	8,623	8,967	The increase is due to increase in training institutions
	Increased number of training opportunities	Number of intake	8,000	12,000	12,600	11,700	12,600	14,804	Expansion of new campuses with the support of county governments
Health Research (KEMRI)	Innovative research finding in application.	Number of policy contributions	8	3	5	8	5	10	The institute contributed to development of key policies aimed at improving human health.
	Reduction of disease burden	New research protocols developed & approved	230	200	250	180	199	137	The Institute successfully approved scientific protocols through the Scientific Ethics and Research Unit for implementation during the reporting period. Out of Ksh 65,000,000 exchequer allocation during FY 2017/18 for research, only Ksh 35,500,000 was disbursed to KEMRI. This affected implementation of planned priority research activities
		Completed Research Projects	10	10	10	13	35	39	
	Disseminate Research Findings	Published Papers	207	216	300	220	280	204	During the period under review, the Institute disseminated key results and best practices through approval and successfully publishing manuscripts/publications in peer reviewed journals. Reduced No of publications noted during the FY2017/18 due to reduced research funding levels. The published papers are expected to increase the scientific knowledge base and serve as key reference materials for formulating evidence-based policies, programs and practice guidelines for reducing the burden of disease and as training materials for health care providers.
		Hold Scientific & Health Conferences	2	2	5	1	2	5	Conferences organized by KEMRI as a dissemination platform for research findings. Key among them is the annual KEMRI Annual Scientific and Health (KASH) conference
	Research under Devolution	Counties supported	15	5	47	15	5	38	• The Institute held consultative meetings with County Governments of to establish health needs, priorities and

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
									research capacity gaps. Partnerships and collaborations were established in the areas. • KEMRI signed Memorandum of Understanding (MoU) and a Service Level Agreement (SLA) with the Nairobi City County Government that established collaborative framework in health research, capacity building and service delivery • The Institute held workshops to build capacity and develop collaborative networks county health managers. • Carried out health research needs assessment in the following 17 counties; Wajir, Garissa, Mandera, Isiolo, Tharaka Nithi, Meru, Marsabit, Embu, Makueni, Machakos, Kajiado, Nairobi, Kilifi, Mombasa, Kwale, Taita Taveta and Bomet. • Operational research training needs assessment for health care workers in Embu county was held in May 26th 2015 • Bomet County Health Officials visited KEMRI on fact finding mission on Tuesday, 14th April, 2015.
	Critical mass of human resource for health in preventive, curative, research and leadership aspects developed	Number of graduate researchers enrolled	102	75	50	72	36	30	A total of 13 PhD and 17 Masters Students were enrolled for various specialized disciplines during the 2017/18 Academic year. The training aims at enhancing capacity to conduct research nationally
	Quality products & services	Diagnostic kits	47,774	50,000	60,014	63,012	56,125	42,814	KEMRI production facility is a Technology Transfer Centre where research outputs from the Institute are developed into commercially viable products. The products include diagnostic kits that aim to improve quality of diagnosis and support service delivery within the health sector.
		Services (Clinical and Specialized laboratory services)	93,500	171,932	376,170	216,940	95,000	262,489	The Institute continued to provide specialized laboratory services to support provision of facility based clinical services, research activities, disease surveillance and outbreaks.

2.3.4 PROGRAM 4: General Administration, Planning & Support Services

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
General Administration	Schemes of services improved	No of Schemes of services reviewed	2	3	3	3	9	2	
	Incentive frameworks finalized	Rewards and sanctions frameworks	N/A	2	2	N/A	2	0	Lack of funds
	Staff sensitized on performance appraisal System	Sensitization report	1	1	1	1	1	1	
	Staff with PWD mapped	% of staff with PWD appropriately mapped	100%	100%	100%	100%	100%	100%	Certificates of exemption
	Enhanced capacity building & competency development	No. MoH staff projected and trained	100	100	100	100	180	100	Were projected and paid for
	Health workers from national and county level seeking further training supported	Number of health workers supported	1350	1350	1350	300	1350	230	Applied and shortlisted in MHRMAC
	Health workers proceeding on retirement undergo pre-retirement training	Number of retirees trained	700	700	700	700	700	700	Retirement letters issued
	ICT Services strengthened	Ratio of staff to computers (Technical % Non-Technical).	1:1 &1:10	1:1 & 1:10	1:1 & 1:10	1:1 &1:10	1:1 &1:10	1:1 &1:10	
	Major intergovernmental health system policy issues discussed	No. of forums planned and held	4	4	4	4	4	4	

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
Finance and planning	Financial resources efficiently utilized	percentage absorption of budgeted funds	100%	100%	100%	69%	68%	80%	
	Increased public health sector financial resources	Total of A-in-A collected by the Ministry	10.4 billion	10.4 Billion	14 Billion	10 billion	8.6 Billion	17 billion	
	Quarterly review reports	Performance review reports developed	4	4	4	4	4	4	
		No. of strategies, plans and guidelines developed	1	2	2	1	3	2	

2.3.5 PROGRAM 5: Health Policy, Standards and Regulations

Sub - Program	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	
Health Policy	Health Policies and planning frameworks	Kenya Health Policy	NA	Sessional paper on Kenya Health policy 2014-2030	Sessional paper on Kenya Health policy 2014-2030	NA	Sessional paper on Kenya Health policy 2014-2030	Sessional paper no.2 of 2017	Finalized, need for a new indicator
	Development of the Kenya Health Sector Strategic Plan 2018-2023	Health Sector Strategic Plan Document	N/A	N/A	1	N/A	N/A	Draft in place	
	Development of the Ministerial Strategic Plan 2018-2022	Ministerial Strategic Plan Document	N/A	N/A	1	N/A	N/A	0	To be done in FY 2018/19
	Ministerial work plan	Annual operational work plan	1	1	1	1	1	1	
	Sector performance report	Annual sector performance report	1	1	1	1	1	1	
Social Protection in Health	Reduced financial barriers to access to healthcare	Increased number of indigents accessing healthcare through HISP	200,000	160,421	170,000	219,200	155,519	181,700	Target reduced due to increase in NHIF premiums without corresponding financial increase
		No of elderly and persons with disability insured with NHIF	189,000	42,000	42,000	231,000	42,000	42,000	Reduction due to increase in premiums and reduction in financing
Health Standards and Regulations	Regulatory frameworks, guidelines and standards	Health Act	NA	Kenya Health Bill enacted in parliament		NA	Health Act 2017		Finalized, operationalization ongoing
	Quality standardized care is provided by all health facilities and registered/ licensed health professionals	% of health facilities meeting defined minimum standards	N/A	N/A	50%	N/A	N/A	100% for 3 counties	*data previously based on surveys but from 2018/19 data to be collected during joint inspection exercise

2.4 EXPENDITURE ANALYSIS

This Section analyses the recent trends of approved budget and the actual expenditures. Specifically, it provides a detailed assessment of the revised and actual expenditure of the sector during the Financial Years 2015/16 to 2017/18. Expenditure can be broadly categorized into recurrent and development expenditure. Recurrent expenditure mostly comprises of expenditures on personnel emoluments, supply of Medical drugs and non-pharmaceuticals, goods and services (O&M). Development expenditure involves non-recurrent expenditure on physical assets and infrastructure.

2.4.1 Analysis of Recurrent Expenditure by Sector and Vote

Table 2.4.1 Analysis of Recurrent Approved budget vs Actual Expenditure (amount in Ksh Million)

	Approved budget allocations			Actual expenditure		
Economic classification	**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Gross	**29,194**	**35,737**	**49,013**	**41,069**	**47,225**	**51,358**
AIA	3,900	3,978	14,429	16,026	16,596	17,580
NET	**25,294**	**31,759**	**34,584**	**25,043**	**30,629**	**33,778**
Compensation to Employees	5,332	5,928	6,761	5,048	4,857	6,662
Transfers	21,178	27,381	34,965	33,492	40,037	37,512
Other Recurrent	2,685	2,428	7,286	2,528	2,330	7,184

2.4.2 Analysis of Development Expenditure by Sector and Vote

Table 2.4.2 Analysis of Development Approved Budget vs Actual Expenditure (Amount in Ksh Million)

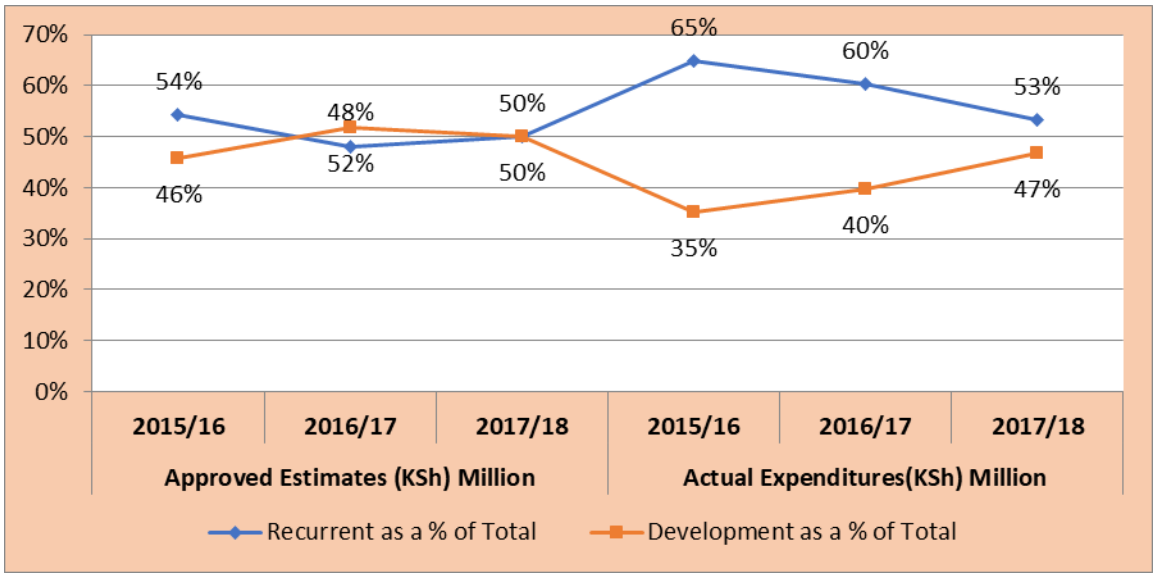
Category	Approved budget allocations			Actual expenditure		
	2015/16	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Gross	**31,479**	**35,697**	**29,381**	**16,496**	**26,837**	**19,791**
GOK	14,795	18,858	15,186	10,879	17,220	12,074
Loans	8,025	8,723	7,050	2,820	3,820	3,560
Grants	8,659	8,117	7,145	2,797	5,797	4,157
Local AIA	-	-	-	-	-	-

Other Development						

Breakdown of Recurrent versus Development trends FY 2015/16 – 2017/18

Analysis of the breakdown of recurrent and development budgetary allocations and actual expenditures for the Ministry of health shows that the recurrent vote had been consuming over two thirds of the resources. Figure below shows the breakdown of recurrent and development expenditures for the period between 2015/16 and 2017/18.

Breakdown of Recurrent versus Development for FY 2015/16 – 2017/18



Breakdown of MOH Actual Expenditure by Economic Classification, 2015/16 – 2017/18

Economic classification[2] distinguishes between various categories of current and capital expenditure in nature. The main categories in the economic classification of recurrent and development expenditure includes:

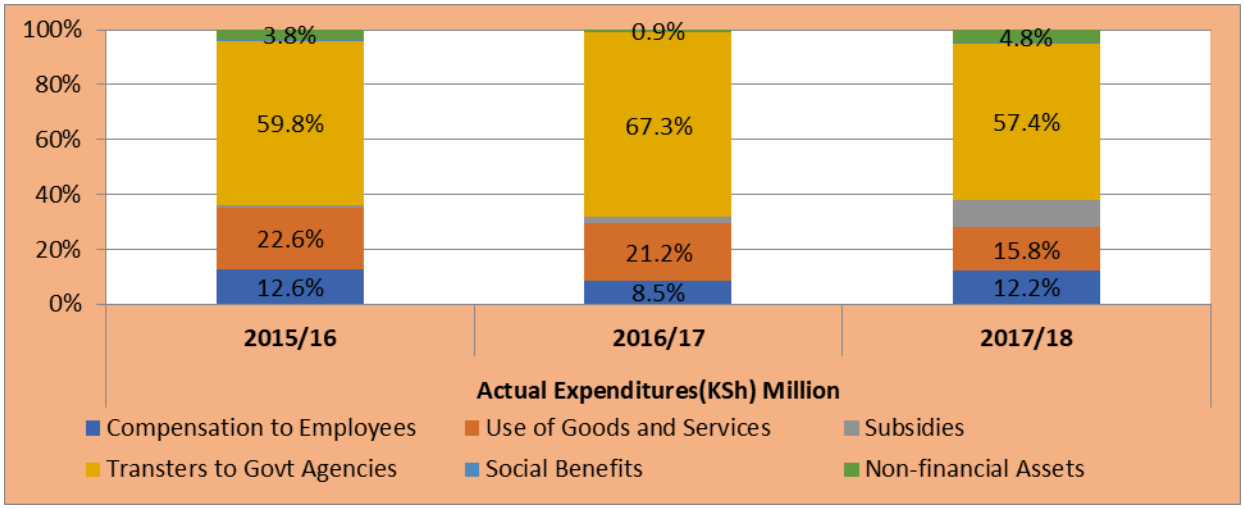
- **Compensation to employees** - (salaries and personnel emoluments);
- **Use of goods and services** - including general administrative expenses and purchases of other goods and services which are not of a capital nature including drugs and medical consumables;
- **Grants, Transfers and Subsidies** - within this, grants to County referral hospitals, Health Centres and Dispensaries are included;
- **Acquisition of Non-financial Assets** – this comprises expenditure on construction, the purchase of equipment and other physical assets.

[2] Classification of the Functions of Government (COFOG) classifies government expenditure data from the *System of National Accounts* by the purpose for which the funds are used

- **Social benefits -** Current transfers received by households intended to provide for the needs that arise from certain events or circumstances, for example, sickness, unemployment, retirement, housing, education or family circumstances. They are transfers made (in cash or in kind) to persons or families to lighten the financial burden of protection from various risks.

Analysis of expenditures by Economic classification indicates transfers to government agencies and other levels of government (conditional grants) consumed the largest share of funds; followed by use of goods and services during the period. (See figure below).

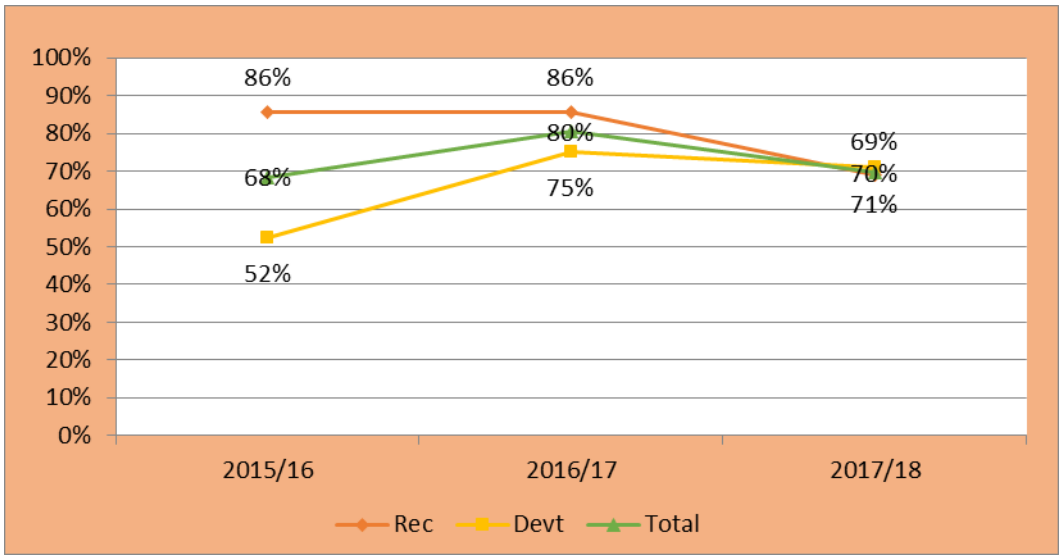
Breakdown of MOH Actual Expenditure by Economic Classification, FY 2015/16 – 2017/18



MOH Budget Execution by Vote, FY 2015/16 – 2017/18

Figure below shows analysis of budget execution by the Ministry of health for financial year 2015/16 to 2017/18. Overall, budget execution levels for the ministry of health was at 69 percent, 68 percent and 80 percent respectively for the FY 2015/16, 2016/17 and 2017/18 respectively.

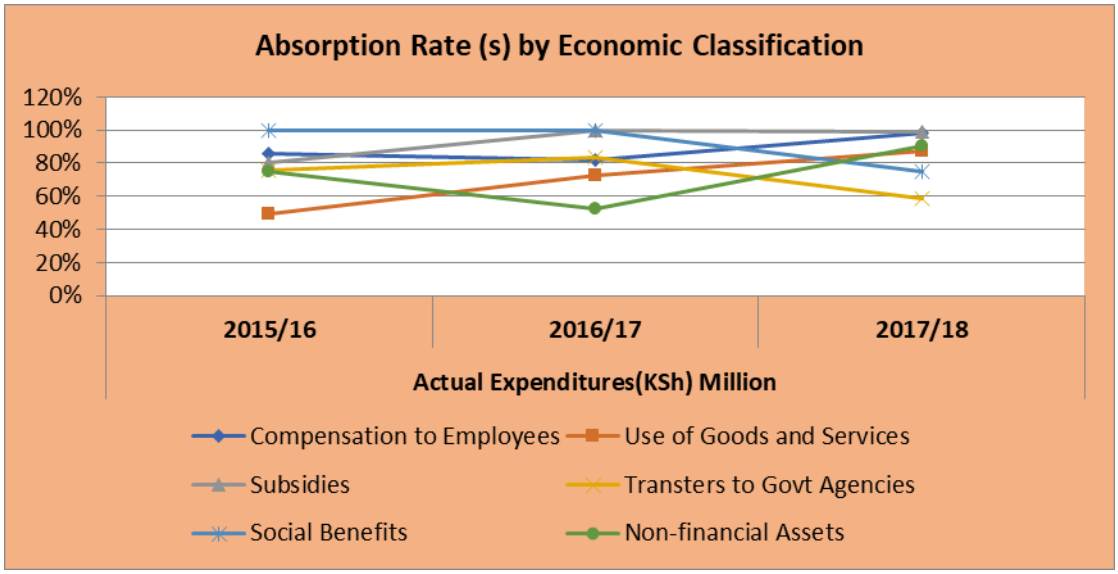
Budget Execution by Vote, FY 2015/16 – 2017/18



MOH Budget Execution by Economic Classification, FY 2015/16 – 2017/18

Figure below shows analysis of budget execution by the Ministry of health for financial year 2015/16 to 2017/18 by economic classifications. The data analysis reveals major variations in spending the allocated funds. Analysis by economic classifications depicts an overall declining trend in budget execution.

Figure: MOH Budget Execution by Economic Classification, FY 2015/16 – 2017/18



2.4.3 Programme and Sub-Programme Expenditure Analysis

This section shows the breakdown of approved and actual expenditures in FY 2015/16 to 2017/18 disaggregated by programmes and sub programmes. The table below shows spending for the FY 2015/16 to 2017/18 by programmes. In 2017/18, National Referral and specialized Services programme was allocated 46 percent of all resources, followed by Health Policy, Standards and Regulations at 26 percent. The other three programmes were allocated a cumulative of 29 percent of all the resources. A breakdown of spending by programmes is provided in the table that follows.

Programme 1 - Preventive and Promotive Health Services

Programme	Approved Budget (Ksh Million)			Actual Expenditure (Ksh Million)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
SP1.1 -Communicable disease prevention	6,859	6,093	5,505	3,360	4,548	4,259
SP1.2 - Non-communicable disease prevention & control	632	252	236	531	159	204
SP1.3 - Radioactive Waste Management	182	1,086	158	147	302	149
SP1.4- RMNCAH	-	8,515	1,147	(0)	6,519	1,004
SP1.5 Environmental Health	182	453	655	147	412	276
Total Expenditure Programme 1	**7,856**	**16,398**	**7,701**	**4,186**	**11,939**	**5,891**

Programme 2 - National Referral and specialized Services

Programme	Approved Budget (Ksh Million)			Actual Expenditure (Ksh Million)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
SP2.1 - National Referral Services	17,237	15,770	23,933	13,930	12,625	14,122
SP2.2 -Specialized Medical Equipment		9,600	7,892		9,586	7,626
SP2.3 - Specialized services (Spinal Injury)	-	1,243			917	
SP2.4 - Forensic and Diagnostics	6,707	1,488	1,857	5,290	1,241	1,256
SP2.5 - Health Products and Technologies		1,387	2,304		380	384
Total Expenditure Programme 2	**23,944**	**29,489**	**35,986**	**19,220**	**24,750**	**23,387**

Programme 3 - Health Research and Development

Programme	Approved Budget (Ksh Million)			Actual Expenditure (Ksh Million)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
SP3.1 - Pre-Service and In-Service Training	3,456	4,027	6,803	2,631	2,938	3,701
SP3.2 - Research & Innovations	2,030	1,824	2,430	2,030	1,824	2,136
Total Expenditure Programme 3	**5,486**	**5,852**	**9,233**	**4,661**	**4,762**	**5,837**

Programme 4 - General Administration & Support Services

Programme	Approved Budget (Ksh Million)			Actual Expenditure (Ksh Million)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
SP 4.1 - General Administration	7,985	10,114	5,123	4,792	9,197	5,089
SP4.2 - Finance and Planning	7,719	67	182	3,926	50	170
Total Expenditure Programme 4	**15,704**	**10,181**	**5,305**	**8,717**	**9,247**	**5,259**

Programme 5 - Health Policy, Standards and Regulations

Programme	Approved Budget (Ksh Million)			Actual Expenditure (Ksh Million)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
SP5.1 -Health Policy	320	7,645	14,368	31	5,451	8,525
SP5.2 -Social Protection in Health	4,348	1,642	5,392	4,306	1,152	5,331
SP5.3 -Health Standards and Regulations	3,015	227	409	421	171	384
Total Expenditure Programme 5	**7,683**	**9,515**	**20,169**	**4,758**	**6,774**	**14,240**

2.5 Expenditure Analysis of Programmes by Economic Classification FY 2015/16 – 2017/18

This section shows the breakdown of approved and actual expenditures in FY 2015/16 to 2017/18 disaggregated by programmes, sub programmes and economic classifications.

Programme 1: Preventive and Promotive Health

Expenditure Classification	Approved Budget (Kh Million)			Actual Expenditure (Ksh Million)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Current Expenditure						
Compensation to Employees	453	650	509	370	512	502
Use of Goods and Services	654	774	753	649	761	756
Subsidies						
Current transfers to Govt Agencies	695	666	720	659	664	719
Social Benefits	-			0		
Other Expense						
Non-financial Assets	(0.21)	0		0	0	
Total Current Expenditure	***1,801***	***2,090***	***1,983***	***1,678***	***1,937***	***1,977***
Capital Expenditure						
Compensation to Employees	308			176		
Use of Goods and Services	4,310	3,212	1,115	1,660	567	690
Subsidies						
Capital transfers to Govt Agencies	1,152	11,026	4,288	524	9,379	2,951
Non-financial Assets	285	70	15	104	55	14
Total Capital Expenditure	***6,054***	***14,308***	***5,418***	***2,464***	***10,002***	***3,656***
Total Expenditure for the programme	***7,856***	***16,398***	***7,400***	***4,142***	***11,939***	***5,633***

Programme 2: National Referral and specialized Services

Expenditure Classification	Approved Budget (Ksh Millions)			Actual Expenditure (Ksh Millions)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Current Expenditure						
Compensation to Employees	855	1,558	749	794	1,124	737
Use of Goods and Services	476	501	342	430	477	340
Subsidies						
Current transfers to Govt Agencies	14,754	15,280	24,565	11,881	12,433	13,242
Social Benefits	100	100	100	100	100	75
Other Expense						
Non-financial Assets	58	94	57	43	77	58
Total Current Expenditure	***16,243***	***17,533***	***25,814***	***13,247***	***14,211***	***14,451***
Capital Expenditure						
Compensation to Employees	364					
Use of Goods and Services	5,777	10,896	6,749	4,675	9,843	6,061
Subsidies						
Capital transfers to Govt Agencies	504	886	462	504	680	231
Non-financial Assets	1,057	175	2,545	837	17	2,340
Total Capital Expenditure	***7,701***	***11,956***	***9,756***	***6,016***	***10,539***	***8,632***
Total Expenditure for the programme	***23,944***	***29,489***	***35,569***	***19,264***	***24,750***	***23,083***

Programme 3: Health Research and Development

Expenditure Classification	Approved Budget (Ksh Million)			Actual Expenditure (Ksh Million)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Current Expenditure						
Compensation to Employees	99	66	65	74	45	64
Use of Goods and Services						
Subsidies						
Current transfers to Govt Agencies	4,896	5,483	8,636	4,096	4,414	5,359
Social Benefits						
Other Expense						
Non-financial Assets	224			224		
Total Current Expenditure	***5,219***	***5,549***	***8,701***	***4,394***	***4,459***	***5,424***
Capital Expenditure						
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital transfers to Govt Agencies	267	303	408	267	303	306
Non-financial Assets			65			49
Total Capital Expenditure	***267***	***303***	***473***	***267***	***303***	***355***
Total Expenditure for the programme	***5,486***	***5,852***	***9,174***	***4,661***	***4,762***	***5,779***

Programme 4: General Administration & Support Services

Expenditure Classification	Approved Budget (Ksh Million)			Actual Expenditure (Ksh Million)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Current Expenditure						
Compensation to Employees	3,920	3,438	5,204	3,806	3,016	5,144
Use of Goods and Services	610	556	457	619	514	447
Subsidies	500			400		
Current transfers to Govt Agencies	834	5,152	910	834	5,136	534
Social Benefits						
Other Expense			17			15
Non-financial Assets	31	31		31	28	
Total Current Expenditure	***5,894***	***9,176***	***6,588***	***5,691***	***8,695***	***6,140***
Capital Expenditure						
Compensation to Employees	97				-	
Use of Goods and Services	4,155	3	11	1,105	-	(1)
Subsidies						
Capital transfers to Govt Agencies	5,094	410	1,708	1,572	227	1,313
Non-financial Assets	464	592	-	349	325	(9)
Total Capital Expenditure	***9,810***	***1,005***	***1,718***	***3,027***	***552***	***1,304***
Total Expenditure for the programme	***15,705***	***10,181***	***8,306***	***8,717***	***9,247***	***7,443***

Programme 5: Health Policy, Standards and Regulations

Expenditure Classification	Approved Budget (Ksh Million)			Actual Expenditure (Ksh Million)		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Current Expenditure						
Compensation to Employees	5	216	234	4	161	213
Use of Goods and Services	32	11	145	32	10	141
Subsidies		1,152	5,392		1,152	5,331
Current transfers to Govt Agencies		10	134		10	79
Social Benefits						
Other Expense						
Non-financial Assets			22			22
Total Current Expenditure	***37***	***1390***	***5,927***	***36***	***1,333***	***5,786***
Capital Expenditure						
Compensation to Employees						
Use of Goods and Services	3,038	841	236	206	-	168
Subsidies						
Capital transfers to Govt Agencies	4,608	7,285	11,617	4,516	5,441	6,600
Non-financial Assets			164			122
Total Capital Expenditure	***7,646***	***8,125***	***12,017***	***4,722***	***5,441***	***6,891***
Total Expenditure for the programme	***7,683***	***9,515***	***17,944***	***4,758***	***6,774***	***12,677***

2.6 EXPENDITURE ANALYSIS BY PARASTATALS

2.6.1 Kenyatta National Hospital (KNH)

Analysis of recurrent approved Budget Vs. Actual expenditure (Amount in Ksh Million)

	Approved Budget Allocation			Actual Expenditure		
Economic Classification	**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Gross	**8,567**	**9,099**	**14,317**	**11,692**	**11,461**	**12,752**
AIA	1,900	2,016	6,982	5,025	4,378	5,427
NET	6,667	7,083	7,335	6,667	7,083	7,325
Compensation to Employees	6,627	7,043	7,295	7,698	8,208	9,085
Transfers	0	0	0	0	0	0
Other Recurrent	1,940	2,056	7,022	4,673	4,158	4,769
Deficit				**(679)**	**(905)**	**(1,102)**

Notes to the Table on Analysis of Recurrent Approved Budget Vs. Actual Expenditure

AIA

While the Hospital had budgeted to raise Ksh 6,982 million in FY 2017/18 from user fee charges (cost sharing) this was not achieved due to persistent industrial action by health workers. As a result, the actual revenue realized during the year was Ksh5,427 million resulting in a shortfall of Ksh1,555 million.

The actual PE cost for the FY 2017/18 was Ksh9,085 million against an approved PE budget of Ksh7,295 million. To mitigate this, Ksh1,790 million of the actual revenue realized was used to bridge the PE funding gap. The use of these monies meant for operations and maintenance has affected the ability of the Hospital to meet its obligations in O&M to the tune of Ksh1,102 million owed to Suppliers.

Movement of PE Cost

The increase in PE cost in the FY 2017/18 by 11% up from the cost incurred in FY 2016/17 was due to awards given to the health personnel in FY2017/18, the Government approved implementation of Doctors Allowances, Nursing Service Allowance and Health Service Allowance as an agreement of return to work formula following 100 days National industrial action by health workers, the financial implication of this awards was Ksh934.2 million per annum. Subsequently, the Hospital requested for supplementary allocation of Ksh934 million. However, the National Treasury allocated only Ksh543 million for these allowances resulting in an underfunding of Ksh391

million. In the printed estimates for FY 2018/19 Ksh934 million being sustenance for these allowances was not factored in the budget and supplementary request has been made to the National Treasury on the same.

KNH Indigent Patients Medical Bills

The Hospital has returned a deficit in the three (3) years financial performance mainly due to medical costs incurred in treating indigent patients who upon clinical discharge lack cash to settle their outstanding medical bills in full and are released home on unsecured credit terms. Efforts to collect this category of accounts receivables has not yielded much, as contact information these patients provide in most cases is not correct. These medical bills have accumulated to Ksh6.5 billion as at 30 June 2018. Annual provision for such debtors is made in the Hospital accounts as bad and doubtful debts and the same has been include under Other Recurrent expenses in the table above. The amount expensed in each of the past five (5) years including the three (3) under review is as tabulated below;

Three (3) years Actual Cost of Indigents Medical Bills in KNH

FY 2013/14 Ksh Million	FY 2014/15 Ksh Million	FY 2015/16 Ksh Million	FY 2016/17 Ksh Million	FY 2017/18 Ksh Million
741	557	624	658	1,077

Analysis of Development Approved Budget Vs. Actual Expenditure (amount in Ksh Million)

Description	Approved Budget Allocation			Actual Expenditure		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Gross	488	50	835	438	0	492
GoK	338	0	835	338	0	492
Loans	0	0	0	0	0	0
Grants	150	50	0	100	0	0
Local AIA	0	0	0	0	0	

2.6.2 Moi Teaching and Referral Hospital (MTRH)

Analysis of Recurrent Approved Budget Vs. Actual Expenditure for MTRH

	APPROVED BUDGET (Ksh Million)			ACTUAL EXPENDITURE (Ksh Million)		
Economic Classification	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Gross	**6,255**	**7,289**	**8,042**	**6,310**	**7,288**	**8,073**
AIA	1,808	2,039	2,341	1,863	2,038	2,466
NET	4,447	5,250	5,701	4,447	5,250	5,607
Compensation of Employees	4,417	5,220	5,671	4,387	5,250	5,770
Transfers						
Other Recurrent	1,838	1,949	2,251	1,882	1,908	2,192

Analysis of development expenditure for MTRH

Description	**Approved Ksh Million**			**Actual (Ksh Million**		
	2015/16	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Gross	**166**	**250**	**290**	**178**	**204**	**190**
GOK	166	130	170	178	90	85
Loans						
Grants						
Local AIA	-	120	120	-	114	105

2.6.3 Kenya Medical Research Institute (KEMRI)

Analysis of Recurrent Expenditure by sector and Vote (Amount in Ksh Million)

	Approved Budget Allocation			Actual Expenditure		
Economic Classification	**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Gross	5,876	5,614	8,115	6,683	6,504	6,658
A in A	4,204	3,815	5,886	5,010	4,705	4,582
NET	1,672	1,799	2,229	1,672	1,799	2,076
Compensation to Employees	4,244	4,139	5,331	4,700	4,766	4,934
Goods and Services	1,724	1,475	2,784	2,184	1,802	1,897
Transfers						
Other Recurrent						

Analysis of Development Expenditure by Sector and Vote (Amount in Ksh Million)

	Approved Budget Allocation			Actual Expenditure		
Description	**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Gross	357	587.5	80	357	55.5	405
GOK-Development	133	35.5	15	133	35.5	11.25
GOK-Research	224	-	65	224	-	48.75
Loans						
External Grants – DTRA		552			20	345
Local A in A						

2.6.4 Kenya Medical Training College (KMTC)

Analysis of Recurrent Approved Budget Vs. Actual Expenditure (Amount in Ksh Million)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Gross	**3,277**	**3,484**	**4,351**	**4,354**	**5,378**	**6,668**
AIA	1,069	1,069	1,069	2,146	2,963	3,386
NET	2,208	2,415	3,282	2,208	2,415	3,282
Compensation to Employees	2,458	2,415	3,282	2,739	3,218	3,554
Transfers						
Other Recurrent	2,004	2,412	3,051	1,865	2,320	2,752

- The increase in AIA due to expansion and introduction of new faculties in the existing campuses and new campuses.
- This is the actual AIA as a result of expansion.
- The increase was due to payment of Staff Medical Insurance that was factored under the compensation to Employees.

Analysis of Development Approved Budget Vs. Actual Expenditure (Amount in Ksh Million)

Description	Approved Budget Allocation			Actual Expenditure		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Gross	133	273	393	336	476	849
GOK	133	273	393	133	273	393
Loans						
Grants						
Local AIA				203	203	456

- Local AIA was used to cater for the expenditure.

2.6.5 Kenya Medical Supplies Authority (KEMSA)

Analysis of Recurrent Expenditure (Amount in Ksh Million)

KEMSA	Approve Budget			Actual Expenditure		
	2015/2016	2016/2017	2017/2018	2015/2016	2016/2017	2017/2018
Gross	**2,204**	**2,509**	**2,605**	**2,131**	**2,361**	**2,230**
AIA	1,871	2,133	2,210	1,794	1,985	1,847
NET	**333**	**377**	**395**	**337**	**376**	**384**
Compensation of Employees	912	803	850	622	696	766
Transfers						
Other Recurrent	1,292	1,706	1,756	1,509.0	1,665	1,465

Analysis of Development Expenditure (Amount in Ksh Million)

KEMSA	Approve Budget			Actual Expenditure		
	2015/2016	2016/2017	2017/18	2015/2016	2016/2017	2017/2018
Gross	**2373**	**365**	**428**	**2371**	**353**	**417**
GOK						
Loans						
Grants-Foreign				57		
Local AIA	2,373	365	428	2,314	353	417

2.6.6 National Hospital Insurance Fund (NHIF)

Analysis of Recurrent Approved Budget Vs. Actual Expenditure (Amount in Ksh Million)

	Approved Budget Allocation			Actual Expenditure		
Description	**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Gross	28,203	41,378	51,595	33,588	37,487	45,986
AIA	28,203	41,378	51,595	33,588	37,487	45,986
NET	-	-	-	-	-	-
Compensation to Employees	4,338	4,770	4,270	3,787	4,716	4,179
Transfers (Claims)	21,542	33,774	43,931	27,591	29,851	38,766
Other Recurrent	2,324	2,833	3,394	2,210	2,920	3,041

Analysis of Development Budget Vs. Actual Expenditure (Amount in Ksh Million)

	Approved Budget Allocation			Actual Expenditure		
Description	**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Gross	1,053.69	863.20	1,970.27	344.4	853.4	1,168.7
GOK	N/A	N/A	N/A	N/A	N/A	N/A
Loans	N/A	N/A	N/A	N/A	N/A	N/A
Grants	N/A	N/A	N/A	N/A	N/A	N/A
Local AIA	1,053.69	863.20	1,970.27	344.4	853.4	1,168.7

The Fund spent monies in the purchase of Motor vehicles, Office Equipment, Furniture & fittings, generators, computers & accessories, which was occasioned by the extensive branch network coverage with the opening of more branch offices in every county and Satellite office in most government hospitals. This was necessitated by its effort to reach majority of the Kenyan population.

2.6.7 National Aids Control Council (NACC)

Analysis of Recurrent Approved Budget Vs. Actual Expenditure (Amount in Ksh Million)

	Approved Budget Allocation			Actual Expenditure		
Economic Classification	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Gross	**546**	**584**	**643**	**546**	**574**	**607**
AIA						
Net	546	584	643	546	574	607
Compensation to Employees	273	282	443	300	307	431
Transfers						
Other Recurrent	273	302	200	246	267	176

The reason for the over expenditure is due to receipt of a UNFPA grant that was not factored during the approved budget process.

Analysis of Development Approved Budget Vs. Actual Expenditure (Amount in Ksh Million)

	Approved Budget Allocation			**Actual Expenditure**		
Economic Classification	**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Gross	**566**	**598**	**439**	**469**	**456**	**522**
Loans						
Grants	433	522	363	336	380	446
Local AIA						
GOK	133	76	76	133	76	76

2.7 ANALYSIS OF CAPITAL PROJECTS

The Sector had been implementing programs and projects in the period under review. The projects are being implemented in different parts of the country under the various programmes with the aim of achieving the Sector's objectives. Some of the projects are ending during this reporting period although there have been delay in paying the last disbursements. On the other hand, other projects have taken longer duration to complete than expected due to inconsistency in funding and delay in releasing exchequer resulting in pending bills.

MINISTRY OF HEALTH

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
	Ksh Million					Ksh Million				Ksh Million				Ksh Million				
1081103200 Nutrition	4,173.60	4,173.60		11/07/2011	11/07/2021	442		1,768.00	42.4	50		1,818.00	43.6	43.80		1,861.80	45	The funds are from UNICEF and are AIA and the allocated amounts are as budgeted by UNICEF
1081103300 Environmental Health Services	644.38	644.38		11/07/2011	11/07/2021	128.88		216.98	33.7	50		264.55	41.1	10		274.55	43	The project is for improvement of water and sanitation activities in the counties to ensure safe disposal of human waste administered by UNICEF
1081103400 Food and Nutrition Support for Vulnerable Populations Affected by HIV	1,621.50	1,621.50		11/09/2010	11/07/2016	324.30		865.00	53.3			865.00	53.3	324.3		1,189.30	73.3	The project is ongoing as UNICEF still

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		procures food supplements through KEMSA
1081102100 East Africa Public Laboratory Networking Project	3,486.00	3,486.00		11/07/2010	03/07/2020	581.00		2,227.72	63.9	200		2,427.72	69.6	479.30		2,509.00	72.0	The project has constructed and equipped laboratories in Machakos, Malindi, Wajir, Busia and Kitale. The laboratories in Marsabit and Eldoret are currently under construction
1081104200 Construct a Radioactive Waste Management Facility (CRWFP)- Ololua	756.00		756	10/04/2012	10/04/2022			661.38	87.5		60	701.28	92.8		15	703.28	93	The CRWPF will guarantee safe managem

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		ent, temporary storage and physical security of radioactive waste generated within the Country
1081102200 HIV/AIDS Round 7	6,504.00	4,504.00		01/07/2013	30/06/2019	1,428.77		3,698.59	56.9	1,683.31		4,459.01	68.6	794.69		5,118.13	78.7	The funding channel changed to Global Fund
1081102300 Tuberculosis Round 6	7,266.00	6,063.00	1,203.00	01/07/2013	30/06/2019	590.99		5,544.47	76.3	1,269.03		6,409.93	88.2	865.91		7,181.93	99	The funding channel changed to Global Fund
1081102400 Malaria Round 10-Speed Global Fund	6,235.94	6,235.94		01/07/2013	30/06/2019	1,641.80		2,469.92	39.6	2,019.68		4,461.41	71.5	1,200.00		5,366.11	86.1	The funding channel changed to Global Fund
1081105200 Procurement of Anti TB Drugs Not covered under Global fund Tb programme	1,525.00		1,525.00	13/8/2014	13/8/2021		110.00	330	21.6		110	440	28.8		110.00	550.00	36.1	The project is a priority and funding levels

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		have increased in 2018/19 FY to enhance provision of TB drugs
1081101600 Wajir District Hospital	1,000.00	750.00	250	07/01/2012	13/8/2021	100.00		600.00	60	40.00		640.00	64			640.00	64	Ksh100million will be required from 2019/20 for the 3 years
1081104800 Modernize Wards & Staff house- Mathari Teaching & Referral Hospital	256.00		256.00	30/07/2013	30/06/2021		32	52	25		30	82	37		18.75	84.17	32.9	The contract is in phases due to budget constraints. The buildings are in extreme disrepair
1081104900 Construct a Wall & Procure Equipment at National Spinal Injury Hospital	50		50	30/07/2014	30/06/2019			11.5	23		4	14.5	29.0		1.50	14.5	29.0	The project will be allocated funds in 2019/20 to fully complete it

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
1081106100 Cancer Institute	8000.00		8000.00	07/01/2016	30/06/2021			-	-		200	58.19	0.7		400.00	135.71	1.7	This is for establishment of 4 regional cancer centres in Nakuru, Mombasa, Nyeri and Kisii. Chemotherapy equipment has already been supplied to 3 centres
1081100900 Kapenguria Hospital (debt swap)	50	50		07/07/2015	07/07/2017	20		20	40	15.12		35.12	70.2	15.12		50	100	Complete
1081101000 Usenge Dispensary	60	60		07/07/2015	07/07/2017	30		30	50	23.1		53.1	88.5	23.10		53.1	90	The project is not complete as KIDPP funds were not released in 2017/18 FY
1081101100 Kigumo Hospital (debt swap)	50	50		07/07/2015	07/07/2017	20		20	40	18.2		38.2	76.4	18.20		50.00	85	The project is not

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		complete as KIDPP funds were not released in 2017/18 FY.
1081104100 Expansion of Ileho Health Centre (KIDDP).	20	20						-	-	20		13	65				65	The project is not complete as KIDPP funds were not released in 2017/18 FY.
1081100600 Construction and equipping of a Maternity block at Likoni District Hospital (KIDDP)	16		16	10/04/2013	30/6/2016	16		16.0	100.0				100				100	The project is complete though it has a pending bill
1081101200 National Technical Assistance to Moh-Kiddp (debt swap)	8.00	8.00		07/07/2015	07/07/2017	3.96		3.96	49.5	2.80		6.76	84.5	2.80		8.00	100	Aim at enhancing the capacity of the Health Facilities by Improving the facilities amenities,

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		infrastructure and Medical Equipment
1081102700 Rongai Hospital Project	500.00	500.00		09/03/2015	09/03/2021	40.00		40.00	8.0	10.00		50.00	10.0	5.00		55.00	11	The project has not started hence the low funding provisions.
1081103700 Clinical Waste Disposal System Project	1,200.00	1,000.00	200.00	03/01/2016	30/06/2021		200.00	200.00	16.7	900.00		350.25	29.2	603.75		837.00	69.8	The purpose of this project is to reduce exposures to health risks resulting from poor and inadequate treatment of health care wastes
1081104000 Clinical Laboratory and Radiology Services Improvement	900.00	900.00		07/01/2016	30/06/2021					18.90		18.90	2.1	418.90		437.80	48.6	Improve the delivery of diagnostic services

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		around the country through a general modernization plan of clinical laboratories (50 sites) and provision of diagnostic radiological services (8 sites included in the 50 for laboratory services).
1081104300 Government Chemist Laboratory Construction at & Nairobi (HQs)	502		80					53	32		27	80	40					This project is aimed at testing DNA samples from Kisumu and the larger western region in the

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		prevention and control of crime and other social factors. The project has been moved to Interior Department
1081104400 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	60,100		60,100.00	10/07/2013	10/07/2025		4,500	4,800.00	8.0		9,600	14,337.12	23.9		6,151.97	20,489.09	34.1	Ongoing. To fully utilize the equipment, GoK needs to recruit more HRH
1081105100 Procurement of Equipment at the Nairobi Blood Transfusion Services	2,025.00		2,025.00	07/02/2015	07/02/2018						290	216.99	10.7		175.00	391.99	19.4	The Equipment to process blood into blood products are urgently required. In addition, equipmen

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		t to screen for emerging diseases are urgently needed Need more financial allocation to cushion the reduction in donor support and increase availability of safe blood & blood products.
1081109500 Construction of a Cancer Centre at Kisii Level 5 Hospital	750	500	250	10/08/2016	10/08/2019			-	-	10.00		10.00	1.3				1.3	The tendering process will commence in November. Feasibility done
1081102000 Kenya Health Sector Support	10,896.00	10,896.00		09/07/2015	09/07/2018	29.00		11,103.77	101.9	3,744.05		14,017.82		4,855.85		16,438.68	100	The project is

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
Project (KHSSP)																		complete pending clearance of Ksh 500M pending bill
1081107900 Construction and upgrading of Laboratories (Nairobi, Kwale, Busia)	95.00		95.00	12/05/2015	12/05/2017			44	46.3		10.5	54.5	57.4			54.5	57.4	Ongoing
1081100500 Rehabilitation of Muhoroni Sub District Hospital (KIDDP)	87.9	87.9		07/07/2015	07/07/2017	30		60	68.3	21.00		60	68.3	37.80		87.9	100	The project is complete
1081100700 Rehabilitation of Ahero, Tharaka And Nyambeni Hospitals	18.00			08/04/2013	19/11/2016	18.00		18.00	100.00		18.00	18.00	100					The project is complete
1081101500 Program for Basic Health Insurance for Poor and Informally Employed	3,700.00	3,330.00	370.00	07/07/2018	07/07/2023	700.00		700.00	18.9	490.00		1,190.00	32.2	5.00		1,195.00	32.3	The project was suspended in the initial year due to delay in GoK fulfilling its required milestones hence new

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		project dates are 2018-2013
1081102500 East Africa's Centre of Excellence for Skills & Tertiary Education	7,348.55	6,680.50	668.05	2/18/16	18/02/2019	360.00		375.03	5.1	312		719.61	9.8	450.00	50	1026.21	14.0	GoK counterpart funds amounting to Ksh50 million were allocated from 2017/18 FY
1081103600 Health Sector Programme Support III	2,765.00	2,765.00		07/09/2015	07/09/2017	1,183.09		950.64	34.4	600.00		1,550.64	56.1	37.00		2,765.00	100.0	The project has ended
1081104600 Up Grade of Health Centres in slums (Strategic Intervention)	6,000.00		6,000.00	09/07/2013	09/07/2016			1,612.00	26.9		0.95	1,612.95	26.9			1,612.95	26.9	The project will be completed by 2019/20 as the mobile clinics will be handed over to the counties. Funds to be allocated to recruit HRH

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
1081109400 Rollout of Universal Health Coverage	4,000.00	4,000.00		10/04/2016	10/04/2018	1,785.60		1,786.00	44.7	2,000.00		3,179.40	79.5				79.5	To improve efficiency in the provision of the essential health services for Kenyans while also ensuring financial risk protection particularly for the poor and vulnerable groups
1081101800 Kenya Medical Supplies Authority (KEMSA)	9,375.42	9,375.42		07/05/2014	07/05/2017	3,125.14		9,375.14	100.0	1,000.00		10,375.14	110.7			10,375.14	Continuous	KEMSA warehouse construction is KEMSA Project
1081101400 Health Sector Development (Rep. Health and HIV/AIDS)-Commodity	1,540.00	1,540.00		13/08/2014	13/08/2018	160.00		545.00	35.4	269.50		814.50	52.9	5.00		819.50	53.2	The project is for procurement and distribution of

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		reproductive health and HIV/AIDS commodities to health facilities through KEMSA
1081105300 Procurement of Family Planning & Reproductive Health Commodities	525.00		525.00	13/08/2014	13/08/2017			50	9.5		52.00	50.73	9.7		51.50	102.23	19.5	This is an ongoing project which will require more funding as donors are reducing funding
1081104500 Free Maternity Program (Strategic Intervention)	45,500.00		45,500.00	10/07/2013	10/07/2021		4,298.00	8,338.00	18.3		5,796.00	14,134.00	31.1		3,960.50	16,114.25	35.4	Give free maternity services for the deliveries in public hospitals and accredited private hospitals and FBOS and low-cost private

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		hospitals under new expanded free maternity program
1081103500 Health System Management	17,600.00	17,600.00	0.00	02/07/2015	02/07/2021	2,600.00	410.00	5,612.88	31.9	1,000.00		6,612.88	37.6			6612.88	37.6	Improve the immunization coverage of children it is for Procurement and distribution of vaccines commodities (e.g. Polio, B.C.G, Measles, penta & Pneumoccal) across the country
1081105500 (Vaccines and Immunizations)	5,000.00		5,000.00	02/07/2016	02/07/2020		410.00	820.00	16.4		703.00	1487.28	29.7		703.00	2019.81	40	Improve the immunization coverage of children it is for

Project Code & Project Tittle	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		FY 2015/2016				FY 2016/2017				FY 2017/2018				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2017	Completion stage as at 30th June 2017 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	
																		Procurement and distribution of vaccines commodities (e.g. Polio, B.C.G, Measles, penta & Pneumococcal) across the country

KNH

Project Code & Project Title	Total Est. Cost of project or contact value (a)	Est. Cost of the project (Financing)		Timeline		FY2015/16				FY2016/17				FY2017/18				Remarks
		Foreign	GOK	Start Date	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
	Ksh Million					Ksh Million												
Refurbishment of Private Wing	203		203	2013/14	2015/16	0	203	187	92	0	0	199	100					Project completed
Day Care Centre	378	100	278	2016/17	2019/20	0	0	0	0	75	60	118	52	0	42	197	52	95% of construction complete. Awaiting Ksh 176M for Equipping and Commissioning in addition to a pending bill of Ksh 21M
Cancer treatment Centre	2,000		2,000	2017/18	2021/22	0	0	0	0	0	0	0	0	0	250	125	12.5	The project is broken down into 4 phases. Phase1 Ksh250M Phase II Ksh250M PhaseIII Ksh750M Phase IV Ksh750M The works for phase I

Project Code & Project Title	Total Est. Cost of project or contact value (a)	Est. Cost of the project (Financing)		Timeline		FY2015/16				FY2016/17				FY2017/18				Remarks
		Foreign	GOK	Start Date	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
																		is almost complete. KNH received Ksh125M out of the allocated Ksh,250 M leaving a pending bill of Ksh 125M
Burns Unit and Pediatric Emergency Centre (BADEA)	2,900	1,200	1,700	2018/19	2020/21	0	0	0	0	0	343	0	0		0	0	0	KNH received Ksh 343M through MoH in June 2017. However, the project didn't take off immediately due to delays in review of financing agreement between partners and TNT. The Hospital commenced the Tendering

Project Code & Project Title	Total Est. Cost of project or contact value (a)	Est. Cost of the project (Financing)		Timeline		FY2015/16				FY2016/17				FY2017/18				Remarks
		Foreign	GOK	Start Date	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
																		process in the 3rd quarter of FY 2017/18. During this period, all the necessary approvals were sought from regulatory authorities. Equally, the development partners (OFID, BADEA & SFD) provided a no objection letter after reviewing the financing agreement. The contract for the construction was signed on 30th July 2018 and the works

Project Code & Project Title	Total Est. Cost of project or contact value (a)	Est. Cost of the project (Financing)		Timeline		FY2015/16				FY2016/17				FY2017/18				Remarks
		Foreign	GOK	Start Date	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
																		commenced in August 2018
Upgrading of Renal Unit	200		200	Jan-18	Jun-19										200	100	60	There is a pending bill of Ksh 100M
Feasibility for 300 bed private hospital	103		103	Feb-18	Dec-18										103	103	100	Feasibility study complete, payment done direct by TNT
Microwave Waste Treatment Project	45		45	Oct-17	Dec-19											45	100	Completed

KMTC

Project Code & Project Title	Total Est. Cost of project or contact value (a)	Est. Cost of the project (Financing)		Timeline		FY2015/16				FY2016/17				FY2017/18				Remarks
		Foreign	GOK	Start Date	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
	Ksh Million					Ksh Million												
Project 1: Completion of Laboratory/classrooms - Kisumu Campus	46.17		46.17	30/04/14	01/03/2018		20	35	70		12	35	70		12	46	100	Completed
Project 2: Completion of Laboratory/ classrooms - Nyeri Campus	44		44	05/06/2014	05/03/2018		15	25	70		15	30	80		14	44	100	Completed
Project 3: Construction of classrooms - Homabay Campus	21.66		21.66	05/05/2014	01/04/2018		4	14	75		8	14	75		8	22	100	Completed
Project 4: Rehabilitation of Sewerage system - Kilifi Campus	8.85		8.85	09/07/2016	05/05/2017		3	3	65		6	9	100		0	0	100	Completed
Project 5: Completion of classroom block - Port Reitz Campus	18.68		18.68	09/08/2016	05/05/2017		0		0		8	8	55		11	18.68	100	Completed
Project 6: Extension of office Block Headquarters	77		77	07/01/2016	11/11/2018		0		0		38	35	46		38	55	71	Ongoing
Project 7: Construction of nutrition Laboratory - Muranga Campus	35		GOK	07/04/2016	15/11/17		0		0		15	10	55		20	35	100	Completed

Project Code & Project Title	Total Est. Cost of project or contact value (a)	Est. Cost of the project (Financing)		Timeline		FY2015/16				FY2016/17				FY2017/18				Remarks
		Foreign	GOK	Start Date	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016 (%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
Project 8: Construction of Tuition block-Ibeno	130		130	07/01/2016	11/11/2018		0		0		10	5	15		10	5	15	Ongoing
Project 9: Construction of tuition Kapkatet	120		120	07/01/2015	11/11/2018		40	10	10		40	35	55		40	55	46	Ongoing
Project 10: Construction of tuition block-Wajir	115		115	07/01/2016	11/05/2018		0		0		40	15	13		40	35	30	The project adopted a phased approach
Project 11: Construction of tuition block-Mandera	120		120	07/01/2016	11/05/2018		0		0		40	15	13		40	35	30	The project adopted a phased approach
Project 12: Construction of tuition block-Kapenguria	65		65	07/01/2015	11/11/2018		10	5	40		40	35	65		15	55	85	Ongoing
Project 13: Construction of tuition block-Mtwapa	110		110	07/01/2015	11/11/2018		50	10	35		40	45	60		20	75	68	Ongoing

NACC

Project Code & Project Title	Total Est Cost of Project or Contract Value	Cost of Project (Financing)		Timelines		FY 2015/16				FY 2016/17				FY 2017/18				Remarks
		Foreign	GOK	Start Date	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018	
Development of Situation Room for Real Time Data & Information on HIV & AIDS - NACC.	390		390	2016	2021		0	0	0%		40	40	10%		40	80	21%	The project will be expanded to incorporate RMNCH indicators and use HIV as a pathfinder for tracking UHC indicators.
Beyond Zero (BZ) clinics for delivery of EMTCT.	172		172	2016	2022		0	0	0%		35.5	35.5	21%		35.5	71	41%	Equipping Beyond Zero clinics to deliver on EMTCT. The project has achieved milestones in preventing maternal and child morbidity and mortality, prevented deaths and alleviated sufferings of mothers and children country wide.

Acquisition of space by the National AIDS Control Council	1,400		1400	2017	2021		0	0	0%		0	0	0%		200	100	7%	A feasibility study on the viability of this project was done in FY 2017/18 and approvals are being sought from PPOA to move to the next stage of procuremen t. The budget includes purchase of land and building to completion.
Global Fund HIV Grant (KEN-H-TNT)	840	700	140	01/01/2 018	30/6/202 1		0	0	0%		0	0	0%		0	0	0%	This is funded in 2018/19 budget. The 20% counterpart fund will be used for activities involved in the developmen t of the Country's combined grant for HIV, TB and Malaria.

MTRH

Project code & Project Title	Est. Cost of the Project (Financing)			Timeline		2015/16				2016/17				2017/18				Remarks
	Total Est. Cost of the Project	Foreign	GOK	Start	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
	KshMillion			KshMillion														
1. Construction and Equipping of Cancer & Chronic Disease Management Centre	1,193	450	743	Jul-13	Jun-18	-	-	450	38%	-	20	470	39%	-	-	470	39%	Construction of the building completed at Ksh450 Million with donor funding. Equipping pending GOK allocation of Ksh723 for the Purchase of 2 Radiotherapy Machines
2. Construction and Equipping of Children Hospital	680	250	430	Jan-14	Jun-18	-	-	250	37%	-	40	290	43%	-	-	290	43%	Construction of the building completed at Ksh250 Million with donor funding. Equipping pending GOK allocation of Ksh 390 million for purchase

Project code & Project Title	Est. Cost of the Project (Financing)			Timeline		2015/16				2016/17				2017/18				Remarks
	Total Est. Cost of the Project	Foreign	GOK	Start	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
																		of medical Equipment to realize full utilization of the facility
3. Equipping Maternity Unit (Mother & Baby Hospital)	120	-	120	Jul-14	Jun-18	-	20	20	17%	-	30	50	42%	-	-	50	42%	Planned equipping of the 164 bed Mother and Baby Hospital to realize full utilization of the facility for Free Maternity Programme. (Equipment for Newborn ICU, Nurseries, Theatre and Maternal ICU). Ksh 70 million required to complete
4. Expansion of ICU and	55	-	-	Jul-14	Jun-18	-	-	-	0%	-	55	55	100%	-	-	55	100%	Building Works Completed

Project code & Project Title	Est. Cost of the Project (Financing)			Timeline		2015/16				2016/17				2017/18				Remarks
	Total Est. Cost of the Project	Foreign	GOK	Start	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
Neurosurgery Unit																		
5. Equipping of ICU and Neurosurgery Unit	220	-	220	Jul-17	Jun-20	-	-	-	0%	-	-	-	0%	-	170	85	39%	Equipping is ongoing and GOK disbursement for FY 17/18 was Ksh85 Million leaving a pending commitment of Ksh 85 million
6. Power Upgrade and Electricity Ring Main	200	-	200	Jul-15	Jun-18	-	15	15	8%	-	-	15	8%	-	-	15	8%	Ongoing. Project geared to power stabilization and clean power for hospital equipment. 8% achieved due to lack of funding.
7.Network upgrade as per ICT Master plan	100	-	100	Jul-18	Jun-19	-	24	24	24%	-	-	24	24%	-	-	24	24%	Ongoing Project. 24 % achieved due to lack of adequate funding.
8. Moderniza	500	-	500	Jan-15	Jun-18	-	90	90	18%	-	-	90	18%	-	40	130	26%	Modernization of

Project code & Project Title	Est. Cost of the Project (Financing)			Timeline		2015/16				2016/17				2017/18				Remarks
	Total Est. Cost of the Project	Foreign	GOK	Start	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
tion of Medical Equipment																		Medical Equipping is Ongoing
9. Accident and Emergency Centre	200	-	200	Jul-17	Jun-18	-	-	-	0%	-	-	-	0%	-	-	-	0%	Pipeline Project
10. Extension of OPD clinic at Private Wing II (Memorial Wing) – 2nd Floor	108		108	Jun-13	Jun-19	-	-	-	0%	-	-	-	0%	-	-	-	0%	Pipeline Project
11. Construction New Kitchen and Laundry	62		-	Feb-17	May-18	-	-	-	0%	-	-	-	0%	-	62	62	100%	Completed. Funded with AIA.
12. Construction of Microwave Incinerator House	13		-	May-17	Aug-17	-	-	-	0%	-	-	-	0%	-	13	13	100%	Completed. Funded with AIA.
13. Purchase of Utility Vehicles	50		-	Jul-15	Jun-19	-	20	20	40%	-	-	20	40%	-	13	33	66%	Completed. Funded with AIA.
14. Purchase and Installation of 32 Slice	64		-	Jul-15	Jun-16	-	64	64	100%	-	-	64	100%	-	-	64	100%	Completed. Funded with AIA.

Project code & Project Title	Est. Cost of the Project (Financing)			Timeline		2015/16				2016/17				2017/18				Remarks
	Total Est. Cost of the Project	Foreign	GOK	Start	Expected Completion Date	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2018(%)	
CT Scan																		
15. Purchase and Installation of 64 Slice CT Scan	58		-	Jul-17	Jun-18	-	-	-	0%	-	-	-	0%	-	58	58	100%	Completed. Funded with AIA.

KEMSA

Project Code & project Title	Estimated Cost of the Project(financing)			Timeline		FY 2015/16				FY 2016/17				FY 2017/18				Remarks
	Total Est.Cost of Project (a)	Foreign	GOK/KEMSA	Start Date	Expected completion date	Approved Foreign budget	Approved GOK Budget	Cumulative expenditure as at 30th June 2016	Completion stage as at 30th June 2016(%)	Approved Foreign budget	Approved GOK Budget	Cumulative expenditure as at 30th June 2017	Completion stage as at 30th June 2017(%)	Approved Foreign budget	Approved GOK Budget	Cumulative expenditure as at 30th June 2018	Completion stage as at 30th June 2017(%)	
	Ksh millions					Ksh millions												
National Commodities Storage Center (Purchase of the land at Embakasi-Phase 1	2,250		2,250.0	July 2015	June 2017		2,250.0	1,980.0	90%		270.00	270.00	100%					Purchase of land completed
National Commodities Storage Center (Construction of KEMSA Supply Chain center) - Phase 2	3,978	973	3,004.8	July 2017	June 2021	-	-	-	0%	-	-	-	0%	973		327.87	30%	The project is co-financed by Global Fund. The Project is targeted to be complete in the FY 2020/21. There is need for increased allocation from the Government to see this project completed on time

KEMRI

Project Code and Project Title	Est Cost of Project or Contract Value	Financing		Timeline		Actual Cumulative Expenditure upto 30th June 2018	Outstanding Project Cost as at 30th June 2018	project completion on % as at 30th June 2018	Approved Estimates for 2018/19 Budget		Requirements for 2019/20 Budget		Allocation for 2019/20		Projection for 2020/21		Projection for 2021/22		Remarks
	(a)	Foreign	GOK	Start Date	Expected Completion Date	(b)	(a) - (b)		Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	
	Ksh Million					Ksh Million													
Research and development (solution to Health)	3,600		3,600	Jul-15	Jul-25	513	3,087	14		228.8		171.6		171.6		228.8		367	The projects will support UHC by providing data to inform planning, programming, implementation and policy formulation & review.

Perimeter fencing around KEMRI parcels of land (Taveta & Kirinyaga)	135		135	Jul-15	Jul-20	62.25	73	46		-		40		6		0		0	Kirinyaga perimeter wall is 77% complete while Taveta was interrupted by an ongoing court case while 15%.it is expected that e case will be dispensed and project completed within the 2019/20 Financial Year.
construction of Sample Management and Receiving Facility (SMRF) and renovation of laboratories	607	552	55	Jul-16	Jul-20	345	262	57	227	-		35		26.25		8.75		0	The works completed so far are those financed by the donor. The project is expected to be 100% complete by end of 2019/20. This will require counterpart funding of Kes 35Million from exchequer

Construction and upgrading of Laboratories	635		635	Jul-16	Jul-25	50.5	585	8		-		90		42.75		138		120	Out of 77 labs in KEMRI, 30 labs are accredited out of which 8 are WHO reference labs. 47 labs require upgrading to international standards

NHIF

FLAGSHIP (AS PER MTP II)	PROJECT/PROGRAM COMPONENTS	TARGETS		FUNDING REQUIREMENTS (KSH MILLION)	FUNDING STATUS		DETAILED IMPLEMENTATION STATUS
		MTP II TARGETS	TARGETS 2017/2018		GOK	OTHERS	
i) Implementation of Health Insurance Subsidy programme for the poor (HISP)	Monitoring & Evaluation	Health subsidies for social health protection to achieve UHC	181,968	962.53	N/A	100%	• Scale up from 160,422 to 181,968. **Premiums** • NHIF received premiums for the program amounting to **Ksh 962 .53** Million for the period December 2016 to November 2017 **Registration status** • 181,700 members have been registered to date. This is an 99% achievement against the annual target **Benefits utilization** • A total, **KSH 688,329,315** Has been paid out for both inpatient and outpatient care for HISP-OVC households.
ii)Cover for the Elderly and Persons with Severe Disability	i)Monitoring& Evaluation	Health subsidies for social health protection to achieve UHC	42,000	252.00	100%	N/A	• Older Persons & Severely Disabled scheme, the number of the beneficiaries in 2017/18 FY is **42,000** i.e. **39,349** Older Persons &**2,651** Severely Disabled Persons. **Premiums** Ksh 252**M** was paid as premium **Registration status** • 42,000 members have been registered to date. This is a 100% achievement against annual target. **Benefit utilization** The fund has paid a total of Kenya

							shillings **KSH 133,849,796.00** as claims for the older persons with severe disability (OPWD) scheme members.
iii)Free Maternity Cover	i)Registration ii) Monitor benefit utilization	Health subsidies for social health protection to achieve UHC	-	4,200	80.03%	N/A	**Premiums** • NHIF has so far received premiums for the program amounting to **Ksh 3,361,525,853** in the financial year 2017/2018. **Registration status** • So far, 437,394 expectant mothers have been registered. **Benefits utilization** • A total, **KSH 1,461,211,872.00.** Has been paid out for **230,298** deliveries both inpatient and outpatient care for Linda mama.
iii) Secondary School Medical Scheme (EduAfya)		Health subsidies for social health protection to achieve UHC	3,000,000	4,050.00	100%		**Premiums** • NHIF has so far received premiums for the program amounting to **Ksh 2,507,089,500.00** for the cover period March 01, 2018 - December 31, 2018 **Registration status** • So far, a total of 2,700,000 students have been registered out of a target of 3,000,000 **Benefits utilization** • So far, the program started in the month of May 2018 with registration of students.

							Utilization will be evaluated in the subsequent financial year.

CHALLENGES EXPERIENCED

i) Delay in disbursement of premiums for all the programs.
ii) Limited resources leading to scale-down for the Older persons and severely disabled persons.
iii) High deaths reported due to old age and/or health complications.
iv) Increase in defaulters in the informal sector because of free maternity services.
v) Challenges in Registration using the USSD platform provided: -Lack of smart phones and poor understanding of the registration procedure.
vi) Low awareness especially in remote areas.

2.8 REVIEW OF PENDING BILLS

The Table below present a summary of pending bills by nature and type during the period under review. The health sector has total pending bills of Ksh 14,557 Million comprising Ksh 9,266 million due to lack of liquidity and Ksh 5,291 due to lack of budgetary provision.

Table 2.8.1 Summary of Pending Bills by nature (Amount in Ksh Million)

ENTITY	Due to Lack of Liquidity			Due to Lack of Budgetary Provision		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
MOH	1,140.0	213.0	3,715.0	-	-	-
KMTC	184.0	184.0	482.0	1,493.0	1,353.0	1,691.0
KEMRI	2,694.0	3,127.0	2,826.0	-	-	-
KNH	406.0	292.0	548.0	3,111.0	3,111.0	3,011.0
MTRH	462.9	519.9	601.7	372.0	292.2	589.3
KEMSA	766.0	1,093.0	1,093.0	-	-	-
NACC						
TOTAL	5,653	5,429	9,266	4,976	4,756	5,291

Further, the details for the pending bills can be summarized in the table below;

Table 2.8.2 Summary of Pending Bills by nature and Economic Classifications (Amount in Ksh Millions)

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
RECURRENT	4,615	3,528	3,379	4,604	4,464	4,702
compensation for employees	3,483	3,398	3,365	-	-	-

Use of Goods and Services	1,132	130	14	486	288	431
Social Benefits	-	-	-	4,118	4,176	4,271
Other Expenses						
DEVELOPMENT	1,038	1,901	5,887	372	292	589
Acquisition of Non-Financial Assets	300	375	4,442	-	-	-
Use of Goods and Services	738	1,093	1,093	372	292	589
Other - CDC Debts	-	433	352	-	-	-
Total pending bills	5,653	5,429	9,266	4,976	4,756	5,291

2.8.1 MOH Pending Bills

The Table below present a summary of pending bills by nature and type during the period under review. The main reason for the substantial amount in pending bills is the lack of liquidity (Exchequer) especially in the 4th quarter of the FY 2017/18.

The total pending bills at MOH headquarters stands at **Ksh 3,715 Million**. The pending bills are mostly on on-going service contracts for supplies of utilities while the development pending bills are mostly on the purchase of medical equipment, constructions and rehabilitation of buildings.

Summary of Pending Bills by Nature and Type (Ksh Million)

Type/Nature	**Due to Lack of Exchequer**			**Due to Lack to Lack of Provision**		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
RECURRENT	**1,132**	**130**	**14**	**0**	**0**	**0**
compensation for employees						
Use of Goods and Services	1,132	130	14			
Social Benefits						
Other Expenses						

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
DEVELOPMENT	**8**	**83**	**3,701**			
Acquisition of Non-Financial Assets	8	83	**3,701**			
Use of Goods and Services						
Other - Specify						
Total pending bills	**1,140**	**213**	**3,715**	**0**	**0**	**0**

The Ministry has undertaken various financial management practices aimed at reduction and/or elimination of pending bills. They include;

1) Timely approvals of work plan and procurement plans
2) Strengthening projects and procurement committees
3) Initiating early disbursements of funds to spending units

Recommendations to reduce pending bills

The following have been proposed to reduce pending bills

1) Disbursements should be accompanied by implementation guidelines
2) Processing disbursement requests and authority to incur expenditures (AIE) should be on time e.g. by the 1st quarter of the FY.
3) Timely and adequate budgetary provisions for O&M expenditures.

2.8.2 KEMSA Pending Bills

Summary of Pending Bills by nature and type (Ksh Million)

	Due to lack of Exchequer			Due to lack of Provision		
Type/Nature	**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
Recurrent						
Compensation of employees	28					
Development						
Use of Goods and Services	738	1,093	1,093			
Total Pending Bills	**766**	**1,093**	**1,093**			

2.8.3 KEMRI Pending Bills

Summary of Pending Bills by nature and type (Ksh Million)

		Due to lack of Exchequer			Due to lack of provision		
Type/Nature		**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
1. Recurrent							
Compensation of employees	Recurrent Capitation	139	139	292			
	Pension	1,357	1357	1,357			
	Staff allowance	1,198	1,198	805			
Use of goods and services e.g. utilities, domestic or foreign travel etc.							

Social benefits e.g. NHIF, NSSF							
Other expense							
2. Development							
Acquisition of non-financial assets	Development grant			20			
Use of goods and services e.g. utilities, domestic or foreign travel etc.							
Others specify	CDC debts		433	352			
Total Pending Bills		**2,649**	**3,127**	**2,826**			

Recurrent Capitation

The institute is currently facing two months' delay in paying staff salaries. This is as a result of non-remittance of two months' capitation from the Ministry of Health amounting to **Ksh 292Million**. The figure consists of K**es.139, 371,855.50** capitations for June 2016 and **Ksh 152,954,292.50** for June 2018.

Staff Allowance

The Government since 2011 has issued different circulars addressing allowances payable for Health Workers in Kenya, with regard to their working conditions. The allowances payable were Emergency Call Allowance, Extraneous Allowance, Health Risk Allowance, Non- Practice Allowance, Health Workers Allowance, Nursing Service Allowance and Uniform Allowance. The implementation of these allowances was pegged on Government circulars issued between 2011 and 2017. KEMRI has been unable to implement the circulars due to the lack of funding from exchequer. Arising from this KEMRI was taken to court in 2013 by the Union of National Research and Allied Institutes Staff of Kenya (UNRISK) where the court ruled in favour of the UNRISK. In the Court Ruling **Cause 1315 of 2013 (Appendix 2B)** dated 31/3/2017, delivered on 16/6/2017 directed that:

i) KEMRI implements the two Government circulars (dated 12th January, 2012 and 29thFebruary, 2012) on its employees affected by the circulars.
ii) The accrued arrears be budgeted for and paid in the succeeding financial year in line with Treasury's fiscal policy and financial apportionments for other Government's recurrent expenditure.

The notice of intention to institute contempt proceedings against KEMRI Director was received on 30th April 2018 and 12th June 2018. The contempt mention was on 4th October 2018 and rescheduled to 5th December 2018. In July, 2018, KEMRI made partial payments of these arrears after receiving funds from the National Treasury in the month of June, 2018 to mitigate the contempt of court which requires compliance to the court order. The Institute requires to settle the arrear amounting to **Ksh 473,227,376**.

Secondly, the Salaries and Remuneration Commission vide Circular reference number SRC/TS/HWI/3/23 Vol. I (61) dated 9th March, 2017 provided Health Workers Service Allowance that is yet to be implemented and institute request **ksh 331,814,200.**

KEMRI Pension Scheme

The KEMRI Staff Retirement Benefits Scheme was established on 1st July 1983 as a Defined Benefits (DB) Scheme and commenced on same date. The scheme lost funds amounting in the hands of former trustees which came into light in 2008. The total pension deficit as at 30th June 2015 stood at **Ksh1,357,449,969**

Some of the members of this pension scheme have since retired from KEMRI and are demanding their pension benefits. It is important to note that we have to deal with court cases in regards to unpaid pension benefits and more is expected as there is an increased number of staff members retiring. KEMRI is therefore requesting for the government to bail it out by providing Ksh100 million annually to avoid further backlog and court cases

CDC Debts

KEMRI has been collaborating with the US Centre for Disease Control (CDC) through a five-year Collaborative Agreement (CoAg) for the last 15 years. The third 5-year CoAg started in August 2010 and ended on September 2015. After the close out of the CoAg the Institute was left

with the debt amounting to Ksh 433 Million. The institute has since received a number of demand notes and court cases from the vendors and CDC, Atlanta.

2.8.4 KNH Pending Bills

Summary of Pending Bills by nature and type (Ksh Million)

Type/Nature	Due to lack of Exchequer			Due to lack of Provision		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
1. Recurrent						
Compensation of employees	114	-	10	-	-	-
Social Benefits -NSSF	-	-	-	311	311	311
Social Benefits -Pension Deficit	-	-	-	2,800	2,800	2,700
2. Development						
Acquisition of non-financial assets	292	292	538			
Total Pending Bills	**406**	**292**	**548**	**3,111**	**3,111**	**3,011**

a) Compensation of Employees

Shortfall on personnel emoluments support 2015/16 Ksh113.6 million

The hospital did not receive its total recurrent disbursement from the Ministry of Health in June 2016. On 30th June 2016, Ksh447,655,128.45 was received instead of the Monthly disbursement of Ksh561,255,128.45.

Shortfall on personnel emoluments support 2017/2018 Ksh10 million

During the FY2017/18 the Hospital was allocated a recurrent budget of Ksh7,335 million but Ministry disbursed Ksh7,325 million leaving a pending bill of Ksh10million. The hospital had written to the Ministry of health requesting for disbursement but by the close of the year this was still outstanding.

b) NSSF Outstanding Arrears Ksh311 Million

This amount relates Employee and employer NSSF contributions for the period between April 2001 and November 2009 when the Hospital had sought for an exemption (from complying with NSSF Act) from the Ministry of Labour and Human Resource Development. This is because the Hospital had a better pension scheme and there was an assumption on the part of the Hospital that the exemption would be granted. The Ministry delayed in making the decision and NSSF moved to court in 2008. The court directed the Minister to give direction and in 2011, the Ministry gave direction where it declined the request for exemption on the basis that NSSF was a universal Social Security pillar and thus was mandatory. The Hospital had by then accumulated arrears totalling to Ksh 310, 830,280 excluding penalties.

c) Defined Benefit (DB) Pension Deficit of Ksh2.7 billion

The latest valuation in record is at 30 June 2014.The Defined Benefit (DB) scheme has a benefits liability of Sh.8.6 billion against the schemes assets of Sh.5.8 billion equivalent to 67% with an underfunding thereon of 33% equivalent to Sh.2.8 billion. The scheme was closed to new members on 30 June 2011 in compliance to the notice of discontinuance and adoption of the amended scheme. Members who were over 45 years at the time were given the option to continue in this scheme. The scheme is in the process of executing a deed of closure with the Retirement Benefit Authority (RBA). Complete approval for the deed of closure will be done on presentation of a deficit funding proposal which has to be cleared within six years period as per RBA act. The hospital was allocated Ksh 100 million in year 2017/18 thus reducing the deficit to Ksh 2.7 billion.

d) Development Budget Ksh538 million

In the Financial year 2017/18, the hospital was allocated in the printed estimates Ksh492 for Capital projects however only Ksh246 was received leaving a balance of Ksh246. The hospital has already signed contracts and commenced construction works for all the four projects. If the remaining funds are not disbursed as promised, the hospital risks being in default of payment.

Project Name	Budget allocation (Ksh M)	Amount Received (KshM)	Pending (KshM)
Cancer Treatment Centre	250	125	125
Day Care Centre	42	21	21

Renal Unit	200	100	100
Total	492	246	246

In the Financial Year 2012/2013, the hospital had a development budget of Ksh 630 million in the printed estimate. This was decreased by Ksh 22.6 million to a revised figure of Ksh 607 million. The hospital received Ksh315 million in the first half of 2012/2013 and the balance of Ksh292 million was to be received in the second half of 2012/2013. The same was not received even after follow up due to lack of exchequer liquidity. The hospital had already committed the procurement of the capital items and lack of disbursement has caused a great stain on cash flow of the Hospital and affected the relationship with suppliers due to delayed payments. The funds are still required in keeping with the spirit of using the printed estimates as the guide to allocation.

2.8.5 KMTC Pending Bills

Summary of Pending Bills by nature and type (Ksh Million)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
1. Recurrent						
Compensation of employees	184	184	384	-	-	-
Use of goods and services				486	288	431
Social Benefits – NSSF	-	-	-	60	60	60
Social Benefits – Pension Deficit	-	-	-	947	1,005	1,200
2. Development						
Acquisition of non-financial assets			98			
Total Pending Bills	**184**	**184**	**482**	**1,493**	**1,295**	**1,691**

During the FY 2015/16, June Grant to the tune of Ksh184 was not received and it has remained undisbursed to date with an additional Ksh200M in relation to implementation of CBA that was awarded by the courts and the Ministry undertook to cater for the whole amount. During FY 2017/18 a quarter of the total Development Grant was not received from the exchequer and as at the end of FY 2017/18 the total pending grant was totalling to Ksh492M.

With this shortfall from the exchequer part of AIA was used to cater for salaries, Implementation of CBA and statutory deduction as per the court award even though commitments had already been done that the total grants for the year will be received from the exchequer.

Following the College having been declared a Public Service with effect from 1st January 2002 and the Retirement Benefits Authority registering a contributory Staff Retirement Benefits Scheme with effect from 1st January 2002 all the staff became members of the Scheme and their NSSF contributions were stopped. However, the Minister for Labour, through a Notice to all Employers stressed that following the Kenya Gazette Notice No. 159 of 30th October 2009, it is now mandatory for all employers to remit contributions to NSSF. No employer is exempted from the provisions of the NSSF Act on the strength of having an in-house occupational pension scheme. Exemption may only be granted by the Minister for Labour on the recommendations of the NSSF Board of Trustees where an employer operates a universal national scheme that offers benefits comparable to NSSF and that the NSSF is such a scheme. Consequently, the College remitted NSSF contributions for all its staff with effect from 1st April 2011. However, the contributions for the period commencing 1/1/2002 to 31st March 2011 (111 months) remain outstanding, for all staff. This requires an amount of Ksh60 million.

As required vide the treasury circular, the college converted its DB scheme to DC. An actuarial valuation was undertaken by Actuarial Services that revealed a deficit amounting ksh 1.2B and continues to rise due to non-payment. The RBA requires a remedial action plan (RAP) for its settlement. In view of recent retirements of staff, the scheme is soon finding it difficult to meet its obligations of paying Pensions to retirees.

2.8.6 MTRH Pending Bills

Summary of Pending Bills by nature and Type Ksh Million

	Due to lack of Exchequer			Due to lack of Provision		
Type	**2015/16**	**2016/17**	**2017/18**	**2015/16**	**2016/17**	**2017/18**
1. Recurrent						
Compensation of employees	463	520	517			
Social Benefits – Pension Deficit						74
Use of Goods and Services				372	292	589
2. Development	-	-	**85**	-	-	-

The pending bills have accrued over the years because of the following;

i) Pending Bills Due to Lack of Exchequer

Personnel Emoluments

- Non-disbursement of allocated funds in the financial year 2015/16 amounting to **Ksh 350 Million** and non-disbursement of **KSh 93 Million** for the FY 2017/18 has given rise to pending bills on salaries. Payment of statutory deduction is in arrears and should be provided for in full to avoid the hospital being levied penalties.

MTRH Pension Fund

- A total of Ksh 74 million is outstanding for the MTRH pension fund due to inadequate allocation to fully cover Personnel Emoluments and Benefits.

Development Expenditure

- Non-disbursement of **Ksh85 Million** for Development grant for the **FY 2017/18.** Consequently, MTRH has pending bills on account of contractors.

ii) Due to lack of provision

- Waived bills and write-off of bad and doubtful debts has reduced the hospital's cash inflow hence pending bills on account of suppliers to the tune of Ksh 589 million.

To settle the pending bills, MTRH requests the National Treasury and Planning to fund the Hospital to enable full settlement of all the pending bills. It has also encouraged all patients visiting the hospital to register with NHIF as a way of mitigating future requests for patient bill waivers

CHAPTER THREE

3.0 MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2019/20-2021/22

3.1 Prioritization of programmes and sub- programmes

For the last five years the Sector has recorded improvement in maternal and child health and decline in infectious conditions. However, the burden of communicable and non-communicable diseases and maternal mortality are still major challenges for the Sector. Significant disparities by county, sex and gender will also have to be addressed. The financial year 2019/20-2021/22 budget will prioritize ***Providing Universal Health Coverage and Guaranteeing Quality and Affordable Healthcare to all Kenyans*** as well as other priority interventions outlined in the Medium-Term Plan III and other sector policies and plans. Priority will also be given to the implementation of the Sustainable Development Goals (SDGs) that calls for efforts to move beyond meeting basic human needs in order to promote dynamic, inclusive and sustainable development and wellbeing for all at all ages by 2030. The emphasis of the sector will be geared towards the reduction of the health financial burden to the households and attainment of the highest standard of health care for sustained long-term growth and development. Priority in resource allocation for FY 2019/20- 2021/22 will be based on the following;

a. Scaling up Universal Health Coverage (UHC) initiatives including the Linda Mama (free maternity health services), subsidies for the poor, elderly and vulnerable groups, persons with mental illness, secondary school children and the informal sector and reducing out of pocket/catastrophic health expenditures through reforming the provider payment mechanisms and ensuring efficiency and equity in use and distribution of resources
b. Progressive realisation of article 43 of the constitution through implementation of the Health Act 2017.
c. Improving quality of healthcare through the revamping and expansion of health infrastructure, medical products and supplies including: expanding the categories of specialized medical equipment to include other components and areas not covered in Phase 1 of Managed Equipment Services. In addition, the focus will also be on establishment of centres of excellence in health, health commodity storage centres, new specialized health facilities and laboratories.

d. Building capacity in human resources for health at all levels of the healthcare system, including transforming the KMTC into a centre of excellence in training middle level health workers and the strengthening of the community health components.
e. Improving reproductive, maternal, neonatal, child and adolescent Health (RMNCAH) through increased immunization, improved nutrition, increased access to family planning services and improved quality of health services.
f. Ending AIDS, TB, Malaria and NCDs as a public health threat by 2030 through cost effective and transformative prevention interventions.
g. Increase access to Primary Health Care (PHC) services, and strengthen National referral health facilities and specialised services, including mental health and spinal injury health services.
h. Establishment and operationalisation of Mwai Kibaki level 6 Teaching and Referral Hospital in Othaya Nyeri county.
i. Strengthening embedded health Research & Development to improve quality of healthcare.
j. Improve quality of healthcare services through availability of norms and standards, and enhanced regulations.
k. Develop the medical tourism industry to tap into the global multi-billion medical and health tourism business.
l. Strengthened leadership and governance of health sector programme implementation
m. Strengthen community empowerment, participation and engagement in Health sector programme implementation.

3.1.1 Programmes and their objectives

The Sector will implement the Following 5 programs and sub programs in the Financial Years 2019/20 to 2021/22 which are in line with the priorities mentioned above:

Table 3.1.1: Programmes and their Objectives

Programme	Outcomes	Programme objectives
Program 1. Preventive, Promotive and RMNCAH Services	Reduced morbidity and mortality due to preventable causes	To increase access to quality Promotive and Preventive health care services.
Program 2. National Referral and Specialized Health Service	Increased access, Quality and range of specialized health services	To increase access and range of quality specialized healthcare services

Programme	Outcomes	Programme objectives
Program 3. Health Research and Development	Increased knowledge and innovation through capacity building and research	To increase capacity and provide evidence for policy formulation and practice guidelines
Program 4. General Administration and Support Services.	Effective governance and leadership mechanisms strengthened.	To strengthen Governance and leadership in the sector
Program 5. Health Policy, Standards and Regulations	Strengthened Health Policy, Standards and Regulations	To attain universal health coverage.

The above programmes are aligned and consistent with MTP III strategic objectives and flagship projects to achieve the Kenya Vision 2030, The Ministerial Strategic Plan, 2018-2023, the UHC agenda, the Sustainable Development Goals (SDGs) and the core mandates of subsectors.

Overall, these programs aim at achieving improved accessibility, affordability of health services, reduction of health inequalities and optimal utilization of health services across the sector. The following are the programmes and respective sub-programmes to be implemented during the period, 2019/20 to 2021/22.

Programmes and Sub-programmes

Program	Sub Programs
Preventive, Promotive and RMNCAH	SP 1.1 Communicable Disease Control SP1.2 Non-Communicable diseases prevention and control SP1.3 Radioactive Waste Management SP1.4 RMNCAH SP1.5 Environmental Health
National Referral & Specialised services	SP2.1 National Referral Health Services SP2.2 Specialized Health Services SP2.3 Specialized Medical Equipment SP2.4 Forensic and Diagnostic services SP2.5 Health Products and Technologies
Health Research and Development	SP3.1 Pre-Service and In-Service Training SP3.2 Health Research
General Administration & Support Services	SP4.1 General Administration SP4.2 Finance and planning
Health Policy, Standards and Regulations.	SP5.1 Health Policy SP5.2 Social Protection in Health SP5.3 Health Standards and Regulations SP5.4 National Cancer Program

3.1.2 Programmes, sub programmes, Expected Outcomes, Outputs and Key Performance Indicators (KPIs) for the Sector

Table 3.1.2: Summary of Programmes, Key Outputs, Performance Indicators and targets for FY 2019/20 - 2021/22

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
Programme 1: Preventive and Promotive healthcare									
Programme Outcome: Reduced morbidity and mortality due to preventable causes									
SP.1.1: Communicable disease control	NASCOP	Access to ARVs by HIV + clients increased	No of PLHIV on ARVs	1,100,000	1,200,000	1,200,000	1,250,000	1,300,000	1,320,000
	National Aids Control Council (NACC)	Situation room as a Web based HIV information platform available to the public	The number of situation rooms established and accessible to the public	29	33	40	47	47	47
		Youth networks Capacity for HIV service referrals strengthened	Number of AYP reached with HIV information through youth Networks	10M	11M	13M	15M	17M	18M
		Skills for HIV prevention and control among youths	Number of interns trained to reach other youths	100	110	110	N/A	N/A	N/A
			No. of Young people reached by the interns with HIV Prevention and anti- stigma messages	500,000	600,000	610,000	N/A	N/A	N/A
		County HIV tribunal hubs established within centres of public service such as Huduma Centres	No of PLHIV accessing justice through the HIV Tribunal hubs	150	115	120	N/A	N/A	N/A
		County HIV tribunal satellite/outreaches courts established	Number of counties with satellite tribunal courts	N/A	N/A	N/A	3	4	5
		HIV/AIDS information included in the new curriculum	Number of Counties where needs assessment was carried out	10	10	10	N/A	N/A	N/A
			Number of teachers trained on the new curriculum	N/A	N/A	N/A	100	100	100
		Report on condom distribution from non-health settings including workplaces	• Number of condoms distributed in non-health settings, number of condom distribution points in non-health settings	10M	13M	15M	20M	25M	30M
		Model Maisha Youth Centres "Youth na Plan" established in Counties	Number of libraries with maisha youth corners	N/A	N/A	11	11	11	10
		HIV messages developed and disseminated through various media Platforms	Number of mass media messages/episodes targeting the youth developed	N/A	N/A	15	15	15	15
		Surveillance of the HIV response enhanced	Number of organizations reporting through the	N/A	N/A	1,500	1,500	2,000	2,000

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
			Community AIDS Program Reporting system (CAPR) system						
		Policies and strategies for HIV response developed	Number of policies developed	N/A	N/A	1	2	1	1
	T.B Program Leprosy and Lung Diseases Unit	Access to TB treatment increased	Number of First Line anti-TB medicine doses distributed	88,000	85,188	94,000	101,000	108,000	109,000
	National Malaria Program	Access to prompt malaria treatment	Number of Artemether Combination Therapy (ACT) doses distributed to the public sector.	12M	8,287,328	12M	12M	12M	12 M
	Division of Disease Surveillance and Epidemic Response	Acute flaccid paralysis (AFP) detection rate increased (polio surveillance)	Number of AFP per 100,000 population under 15years of age	3.5	4.3	3.5	3.5	3.5	4.0
SP.1.2: Non-Communicable disease prevention & control	Division of NCD Control Unit	Cancer prevention interventions in women enhanced	No. of Women of Reproductive Age (WRA) screened for cervical cancer	350,000	234,029	400,000	425,000	450,000	500,000
		Establish 4 comprehensive regional cancer treatment centres in Kisii, Mombasa, Nakuru and Nyeri	Number of cancer centres established	1	2	1	1	1	1
SP1.3: Radioactive waste management	Radiation Protection Board	Radiation safety enhanced	Percentage of Radiation sources monitored for safety	100%	100%	100%	100%	100%	100%
		Radiation safety enhanced	Completion of Central Radioactive Waste Processing Facility	90%	100%	100%	N/A	N/A	N/A
SP.1.4: RMNCAH	Division of Family Health	Access to and uptake of FP services improved	Proportion of WRA receiving FP commodities	47%	41%	49%	50%	51%	52%
	Division of Family Health	Increased deliveries conducted by skilled birth attendants	% of deliveries conducted by skilled birth attendants in health facilities	79%	62 %	65%	70%	75%	80%
	National Vaccines and Immunization Programme	Pentavalent 3 vaccination coverage increased	Proportion of children immunized with DPT/ Hep + HiB3 (Pentavalent 3)	90%	75%	90%	90%	90%	90-%
	Dietetics & Nutrition Unit	Vitamin A supplements coverage increased	Proportion of Children aged 6-59 months given 2 doses of Vitamin A supplement annually	70%	70%	80%	80%	80%	80%

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
SP.1.5: Environmental Health	Environmental Health Unit	Environmental Health strengthened	% of Villages in Kenya with Open defecation free (ODF)	20	15	20	28	34	40

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
Programme 2: National Referral and specialized health Services									
Programme Outcome: provision of specialized services improved									
SP2.1: National Referral Health Services	KNH	Quality of specialized care services improved	ALOS for trauma patients (days)	35	43	32	32	28	28
		increased specialized services	Number of minimally invasive surgeries done	479	1,865	1,900	2,600	3,200	3,500
			Number of new Research Projects completed and disseminated	15	15	15	15	15	15
			Youth Internships/Industrial Attachment/ Apprenticeship	1,350	4,325	4,570	4,800	5,040	5,290
			Number of open-heart surgeries	14	14	74	80	84	90
			Number of renal transplants	12	9	20	22	26	29
			Cancer patients (CTC)	21,990	22,851	23,994	25,193	26,453	29,098
	MTRH	Increased specialized services.	Average Length of Stay for Orthopaedic Surgery	16	15.4	15	14.5	14.5	14.5
			No. of Kidney Transplants undertaken	11	12	14	15	16	17
			Number of Minimally Invasive Surgeries	1,148	1,463	1,500	1,650	1,750	1,850
			Patients receiving specialized oncology services	14,567	14,800	15,060	15,250	15,350	15,550
			Number of Open-Heart Surgeries undertaken	N/A	N/A	7	8	9	10
			Number of Research Papers disseminated	N/A	N/A	6	7	8	9
			Youth Internships/Industrial Attachment/ Apprenticeship	2,262	2,300	2,355	2,590	2,890	3,134
	Mathari Hospital	Access to specialized health services improved	No of patients receiving in-patient mental health services	300,120	216,000	315,126	330,882	347,427	350,000
		Developed a Business plan	Strategic plan developed and implemented	N/A	N/A	N/A	1	1	1
	Spinal Injury	Improved specialised services	No of patients receiving orthopaedic surgeries	125	120	135	130	140	150

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
	Hospital		No of MRI/CTs done	300	280	300	300	400	500
		improved quality of service	ALOS (months)	4	3.5	3	3	2.5	2
SP 2.3 Specialized Medical Equipment	MES	Upgraded hospitals to levels 4,5 and 6 to operationalise optimally	Number of hospitals fully equipped with MES Average number of Patients Utilising MRIs/CT scans per day	98 N/A	98 39	119 45	119 60	119 75	119 90
SP2.4 Forensic and Diagnostic services	National Blood Transfusion Services	National demand for blood and blood products met	Number of units of Blood demand met	280,000	160,000	200,000	250,000	300,000	330,000
			Percentage of whole blood units collected converted into components	85%	57%	90%	95%	95%	95%
SP2.5: Health Products &Technologies	Kenya Medical Supplies Authority	Availability of Health Products & technologies	% order refill rate for EMMS	90%	85%	90%	90%	90%	95%
			Order turnaround time	10 days	13.3 days	10 days	10 days	10 days	8 days
		National Commodities Storage centre	% completion rate	60%	30%	60%	90%	100%	N/A

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
Programme 3: Health Research and Development									
Programme Outcome: Increased knowledge and innovation for effective health delivery									
SP3.1: Pre-Service and In-Service Training	Kenya Medical Training College	Health professionals graduating from KMTCs	Number of middle level health professionals graduating from KMTCs	9,200	8,967	10,428	11,470	11,517	12,668
		Increased number of training opportunities	Number of new students	12,800	14,622	16,084	17,692	19,461	21,407
		Published Research reports	No. of Research conducted	16	8	12	14	16	18
SP3.2: Health Research	Kenya Medical Research Institute	Relevant Innovative research conducted	Number of national priority policy contributions	1	10	5	6	6	6
		Research on National priorities	New research protocols developed & approved	215	137	218	220	225	230
			Completed Research Projects	10	39	12	15	15	15
			Ongoing Research Projects	N/A	N/A	N/A	363	400	440
			No. of Diagnostic kits produced and distributed	N/A	N/A	N/A	72,616	79,878	87,865
			No. of Clinical and Specialized laboratory services	N/A	N/A	N/A	457,585	503,344	553,678
		Disseminate Research Findings	Published Papers	280	204	175	200	220	242
			Hold Scientific & Health Conferences	2	5	4	4	4	4
			Abstracts	N/A	N/A	N/A	170	175	180
		County health research priorities support	Number of Counties supported	47	38	47	47	47	47
		Critical mass of human resource developed	Number of graduate researchers enrolled	40	30	55	58	60	72
		Health awareness and disease screening outreaches conducted	Number of open days and outreach programmes	N/A	N/A	N/A	17	19	21

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
Programme 4: General Administration & Support Services									
Programme Outcome: Responsive health leadership and administration									

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
SP4.1: General Administration	General Administration	Customer satisfaction index	Bi-annual Customer satisfaction index	1	1	2	2	2	2
	Human Resource Management & Development	Reviewed Schemes of service	No of Schemes of service submitted for approval	3	2	4	4	4	4
		Reviewed and developed HRH strategic plan	HRH strategic plan developed, implemented and reviewed	1	0	1	1	N/A	1
		Employed health workers towards achievement of UHC	No of health care workers employed	190	0	120	200	300	400
		Enhanced capacity building & competency development	No. MoH staff projected and trained in post basic courses	610	530	610	610	630	650
			No. of staff trained in Leadership and management	300	200	300	380	400	450
		HCWs trained in different specialities	No. of HCWs trained in different health specialities	N/A	N/A	N/A	120	130	140
		Health workers proceeding on retirement undergoing pre-retirement training	Number of retirees trained	700	700	700	800	800	900
		Supportive supervision carried to support Cuban doctors and Kenyan doctors send to Cuba	No of supportive supervision visits carried out	N/A	N/A	N/A	48	48	1
	/ICT Unit	Health services digitalised	% of health facilities digitalised	10	10	10	30	40	50
	Department of Inter-Governmental Affairs & Coordination	Major intergovernmental health system policy issues discussed	No. of forums planned and held	4	4	4	4	4	4
SP4.2: Financing and planning	Finance division, planning	Financial resources efficiently utilized	% of resources utilised efficiently	100	100	100	100	100	100
		Increased public health sector financial resources	Total of A-in-A collected by the Ministry	10.6B	10B	10.8 B	11.0 B	11.5 B	12B
		Determine incidence of financial catastrophe or impoverishment due to OOP spending	Household suffering financial catastrophe each year by OOP health payments	26	28	26	25	15	12

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
Programme 5: Health Policy, Standards and Regulations									
Programme Outcome: Strengthened policy and Regulation									

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
SP5.1: Health Policy	Division of Health Policy; Division of Health Financing	Health policies developed and disseminated	No. of policies developed	10	8	10	10	10	10
		Development of the Kenya Health Sector Strategic Plan 2018-2022	Health Sector Strategic Plan Document	N/A	N/A	1	NA	NA	N/A
		Development of the Ministerial Strategic Plan 2018-2022	Ministerial Strategic Plan Document	N/A	N/A	1	NA	NA	N/A
	Division of M&E Health information and Informatics	Performance review reports	Quarterly Performance review forums held	4	4	4	4	4	4
			Annual performance review forum held	1	1	1	1	1	1
		Counties supported in Planning, Monitoring and capacity building	No. of counties provided with technical support	N/A	N/A	N/A	47	47	47
		Health information system data warehouse	Health information systems strengthened	1	1	1	1	1	1
			No of ehealth hubs established	58	0	58	3	8	14
		Strengthened joint support supervision	Number of joint monitoring / supervision visits held	1	1	1	1	1	1
		Impended research for UHC	Number of researches conducted to inform UHC implementation	N/A	N/A	N/A	2	3	2
		Kenya Health Forum (KHF) held	No. of KHF held	1	1	1	1	1	1
SP5.2: Social Protection in Health	Division of Health financing	Increased access to health services through subsidies	No of vulnerable persons accessing subsidized health insurance	180,000	181,700	181,700	181,700	181,700	181,700
			No of elderly persons accessing subsidized health insurance	42,000	42,000	181,000	200,000	250,000	300,000
	Department of UHC	Policy framework developed and implemented for UHC	Health Financing Strategy	1	0	1	1	N/A	N/A
			UHC implementation road map report	N/A	N/A	1	1	1	1
			Number of counties implementing UHC at 100% population coverage	N/A	N/A	4	47	47	47
		Pentavalent 3 vaccination coverage increased	Proportion of children immunized with DPT/ Hep + HiB3 (Pentavalent 3)	90%	75%	90%	90%	90%	90%
		Improved access and utilisation of essential health	% of skilled Deliveries conducted in Health facilities	79%	62 %	65%	70%	75%	80%

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
		services							
			% of women of Reproductive age receiving family planning	47%	41%	49%	50%	51%	52%
			Number of maternal deaths in health facilities per 100,000 deliveries	N/A	N/A	163	120	100	90
		Increased access to NCDs	No. of Women of Reproductive Age (WRA) screened for cervical cancer	350,000	234,029	400,000	425,000	450,000	500,000
			Access to specialized health care in management of lifestyle diseases (Renal, Cancer, Diabetes and Cardiovascular Diseases)	12	16	20	30	40	50
		Access to ARVs by HIV + clients increased	No of PLHIV on ARVs	1,100,000	1,200,000	1,200,000	1,250,000	1,300,000	1,320,000
		Improved access and quality of health services	OPD per capita utilisation rate	N/A	N/A	!.4	2	2.5	3
			% of health facilities with minimum quality and safety standards	N/A	N/A	20	40	60	75
			Fresh still birth rate per 1000 births	N/A	N/A	12	9	8	7
		Improved availability, access to essential medicines, health products and technologies	% order refill rate for HPTs	90%	85%	90%	90%	95%	95%
			Order turnaround time (in days)	10	13	10	10	10	8
		Improved social protection and international health security regulations	# of people identified for special programme (HISP,; EPWDs Inua Jamii)	200,000	181,300	223,415	300,000	500,000	700,000
			Public per capita health spending (US$)	N/A	N/A	27	97	201	310
SP5.3: Health Standards & regulations	Dept. of Health Standards, Quality Assurance and Regulation	Quality standardized care is provided by all health facilities and registered/ licensed health professionals	% of health facilities meeting defined minimum standards	50%	100% for 3 counties *data previously based on surveys but from 2019/20 data to be collected during joint	50%	50%	75%	100%

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2017/18	Actual Achievements 2017/18	Target (Baseline) 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
					inspection				
		Quality of care accreditation system established	No. Of counties adopting accreditation system	N/A	N/A	N/A	10	20	30
			% of facilities inspected for accreditation	N/A	N/A	N/A	20	30	40
		Technical assistance on quality improvement provided to counties	No. of counties with CHMT supporting institutionalisation on QI in health facilities	N/A	N/A	4	18	29	47
			% of health facilities implementing quality improvement (QI) activities	N/A	30	40	50	60	70
		IPC/AMR sensitisation and education conducted	proportion of counties trained in IPC/AMR	N/A	N/A	20	40	75	100
			% of counties with functional IPC/AMR teams and QI work plans	N/A	N/A	20	40	75	100
		Health Act 2017 implemented	No. of laws drafted/reviewed	15	13	1	2	2	3
		Regulatory framework of traditional and alternative medicine established	No. Of guidelines on TAM developed/reviewed	N/A	N/A	1	1	1	1
			No. Laws and regulations developed and reviewed	N/A	N/A	1	2	3	4

3.1.3 Programmes by Order of Ranking

To achieve maximum outcome from the sector investments, the programmes have been ranked using the following criteria;

1. Preventive, Promotive and RMNCAH
2. National Referral and Specialized Services
3. Health Policy, Standards and Regulations
4. Health Research and Development
5. General Administration & Support Services

Criteria for programme prioritization

In accordance to the MTEF 2019/20 to 2021/22 guidelines, program prioritization and resource allocation is to focus on;

a) Linkage to the ***Big-4 Agenda*** as drivers or enablers
b) Linkage to the objectives of MTP III and Vision 2030
c) Degree to which it addresses job creation and poverty reduction
d) Degree to which it addresses the mandates of the MDAs
e) Expected Outputs and Outcomes from the Programme
f) Cost effectiveness and sustainability
g) Immediate response to the requirements and furtherance of the implementation of the constitution

3.2 Analysis of Resource Requirement versus Allocation

Table 3.2.1: Recurrent requirement versus allocation (Amount in Ksh Million)

Economic Classification	2018/19	REQUIREMENT			ALLOCATION		
	Approved Estimates	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
GROSS	**49,100.8**	**168,490**	**181,063**	**186,812**	**55,823**	**58,193**	**60,952**
AIA	11,465	14,727	15,859	17,279	14,971	16028	17,432
NET	**37,635.8**	**153,763**	**165,203**	**169,533**	**40852**	**42,166**	**43,520**
Compensation to Employees	7,596	8,872	9,443	10,032	7,824	8,059	8,301
Grants and transfers	33,287	109,149	121,068	129,096	36,793	38,848	41,281
Other Recurrent	1,618	3,869	3,952	4,084	1,606	1,686	1,770
Strategic Intervention	6,600	46,600	46,600	46,600	9,600	9,600	9,600

Table 3.2.2: Development requirement versus allocation

Category		REQUIREMENT (Ksh Million)			ALLOCATION (Ksh Million)		
	2018/19 Estimates	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	**40,906**	**49,950**	**52,860**	**55,690**	**36,671**	**37,271**	**37,671**
GOK	17,223	33,301	36,212	39,041	20,023	20,623	21,023
Loans	15,025	7,990	7,990	7,990	7,990	7,990	7,990
Grants	8,659	8,659	8,659	8,659	8,659	8,659	8,659
Local AIA	-	-	-	-	-	-	-
Other Development							

Table 3.2.3: Summary of Big Four Interventions: (Amount in Ksh Million)

REQUIREMENT												
Sector Name	2018/19 Estimates			2019/20			2020/21			2021/22		
Universal Health Coverage	Rec	Dev	**Total**	Rec	Dev	**Total**	Rec	Dev	**Total**	Rec	Dev	**Total**
Driver												
Ministry of Health (UHC)	7,000	1400	**8,400**	15,000	30,000	**45,000**	20,000	35,500	**55,500**	25,000	35,000	**60,000**
Remarks: The total additional resources required for implementation of UHC is Ksh 160,500 from FY 2019/20 up to 2021/22												
ANALYSIS OF RESOURCE ALLOCATION												
Driver												
Ministry of Health (UHC)	5,700	1400	**7,100**	5,700	3,000	**8,700**	6,270	3,300	**9,570**	6,772	3,564	**10,336**
Remarks: The allocated funds for implementation of UHC is of Ksh 28,606 M for the MTEF period is much far below the requirements which amount to Ksh 160,500 M. The Ksh 3,900 is for the UHC pilot in four counties, 2,500 GoK and 1,400 from World Bank. The allocation of Ksh 3.2 billion is insurance coverage for the elderly and indigents.												

3.3 Analysis of requirement versus allocation by Programmes

Table 3.3.1 Analysis of requirement by Programmes and Sub-programmes

	ESTIMATES			**REQUIREMENTS**								
Programmes and Sub Programmes	**2018/19 (Ksh Millions)**			**2019/20 (Ksh Millions)**			**2020/21 (Ksh Millions)**			**2021/22 (Ksh Millions)**		
	Current	**Capital**	**Total**	**Current**	**Capital**	**Total**	**Current**	**Capital**	**Total**	**Current**	**Capital**	**Total**
Preventive, Promotive & RMNCAH												
SP 1.1 Communicable Disease Control	1,394	3,746	**5,140**	2,440	4,377	**6,817**	2,613	4,514	**7,126**	2,790	4,605	**7,396**

SP1.2 Non-Communicable diseases prevention and Control	36	400	**436**	437	570	**1,008**	439	637	**1,076**	441	705	**1,146**
SP1.3 Radioactive Waste Management	142	53	**195**	549	78	**627**	556	84	**640**	564	303	**867**
SP1.4 Reproductive, Maternal, neonatal Child and Adolescent Health (RMNCAH)	105	3,636	**3,741**	510	4,237	**4,746**	515	4,375	**4,890**	521	4,451	**4,972**
SP 1.5 Environmental Health	10	435	**446**	411	507	**918**	412	676	**1,087**	412	745	**1,157**
Sub Total	**1,686**	**8,270**	**9,956**	**4,348**	**9,769**	**14,116**	**4,535**	**10,285**	**14,821**	**4,729**	**10,809**	**15,538**
National Referral and Specialized Services												
SP2.1 National Referral Health Services	20,000	282	**20,282**	36,960	3,164	**40,125**	36,987	3,739	**40,726**	40,098	3,868	**43,966**
SP2.3 Specialized Medical Equipment		16,435	**16,435**		17,257	**17,257**		18,120	**18,120**		19,026	**19,026**
SP2.4 Forensic and Diagnostic services	111	699	**810**	7,116	734	**7,850**	7,122.21	770	**7,893**	7,128	809	**7,937**
SP2.5 Health Products and Technologies	2,584	94	**2,678**	2,636	1,725	**4,361**	2,688.00	1,185	**3,873**	3,000	1,308	**4,308**
Sub Total	**22,695**	**17,510**	**40,205**	**46,713**	**22,880**	**69,593**	**46,798**	**23,814**	**70,611**	**50,226**	**25,010**	**75,237**
Health Research and Development												
SP3.1 Pre-Service and In-Service Training	4,513	518	**5,031**	9,203	1,498	**10,701**	9,512	1,731	**11,243**	10,140	1,904	**12,044**
SP3.2 Health Research	1,957	229	**2,186**	10,781	905	**11,686**	10,759	1,177	**11,936**	11,464	1,320	**12,784**
Sub Total	**6,470**	**746**	**7,217**	**19,984**	**2,403**	**22,387**	**20,271**	**2,908**	**23,179**	**21,604**	**3,224**	**24,828**
General Administration and Support Services												
SP4.1 General Administration	6,253		**6,253**	9,566		**9,566**	9,894		**9,894**	10,239		**10,239**

SP4.2 Finance and Planning	637	1,900	**2,537**	659	1,995	**2,654**	692	2,095	**2,786**	726	2,199	**2,926**
Sub Total	**6,891**	**1,900**	**8,791**	**10,225**	**1,995**	**12,220**	**10,586**	**2,095**	**12,681**	**10,965**	**2,199**	**13,165**
Health Policy, Standards and Regulations												
SP5.1 Health Policy	43	12,277	**12,319**	11,139	12,689	**23,828**	11,323	13,535	**24,858**	14,840	14,212	**29,052**
SP5.2 Social Protection in Health	10,926		**10,926**	65,679		**65,679**	65,712		**65,712**	69,159		**69,159**
SP5.3 Health Standards and Regulations	391	203	**594**	10,403	214	**10,617**	10,419	224	**10,643**	13,807	235	**14,042**
Sub Total	**11,359**	**12,480**	**23,839**	**87,222**	**12,904**	**100,125**	**87,454**	**13,759**	**101,213**	**97,806**	**14,447**	**112,252**
Total Health Sector	**49,101**	**40,906**	**90,007**	**168,490**	**49,950**	**218,440**	**169,644**	**52,860**	**222,504**	**185,330**	**55,690**	**241,020**

Table 3.3.2 Analysis of allocation by Programmes and Sub-programmes

	ESTIMATES			**ALLOCATIONS**								
Programmes and Sub Programmes	**2018/19 (Ksh Millions)**			**2019/20 (Ksh Millions)**			**2020/21 (Ksh Millions)**			**2021/22 (Ksh Millions)**		
	Current	**Capital**	**Total**	**Current**	**Capital**	**Total**	**Current**	**Capital**	**Total**	**Current**	**Capital**	**Total**
Preventive, Promotive & RMNCAH												
SP 1.1 Communicable Disease Control	1,394	3,746	**5,140**	1,504	4,328	**5,833**	1,550	4,465	**6,014**	1,598	4,524	**6,122**
SP1.2 Non-Communicable diseases prevention and Control	36	400	**436**	39	462	**501**	40	480	**520**	41	519	**560**
SP1.3 Radioactive Waste Management	142	53	**195**	153	61	**214**	158	67	**224**	163	72	**235**

SP1.4 Reproductive, Maternal, neonatal Child and Adolescent Health (RMNCAH)	105	3,636	**3,741**	113	4,202	**4,315**	116	4,290	**4,407**	120	4,347	**4,467**
SP 1.5 Environmental Health	10	435	**446**	11	503	**514**	12	549	**561**	12	593	**605**
Sub Total	**1,686**	**8,270**	**9,956**	**1,820**	**9,556**	**11,376**	**1,875**	**9,851**	**11,726**	**1,933**	**10,055**	**11,989**
National Referral and Specialized Services												
SP2.1 National Referral Health Services	20,000	282	**20,282**	24,043	281.60	**24,325**	24,988	281	**25,269**	26,238	282	**26,520**
SP2.3 Specialized Medical Equipment		16,435	**16,435**	-	11,743	**11,743**	-	11,278	**11,278**	-	11,170	**11,170**
SP2.4 Forensic and Diagnostic services	111	699	**810**	114	696.87	**811**	114	697	**810**	113	697	**810**
SP2.5 Health Products and Technologies	2,584	94	**2,678**	2,653	93.95	**2,747**	2,653	94	**2,747**	2,653	94	**2,747**
Sub Total	**22,695**	**17,510**	**40,205**	**26,810**	**12,815**	**39,626**	**27,754**	**12,350**	**40,104**	**29,005**	**12,242**	**41,247**
Health Research and Development			**-**			**-**			**-**			**-**
SP3.1 Pre-Service and In-Service Training	4,513	518	**5,031**	6,589	534.64	**7,124**	7,077	574	**7,651**	7,607	623	**8,230**
SP3.2 Health Research	1,957	229	**2,186**	2,308	236.33	**2,544**	2,399	254	**2,653**	2,490	275	**2,765**
Sub Total	**6,470**	**746**	**7,217**	**8,897**	**771**	**9,668**	**9,476**	**828**	**10,304**	**10,097**	**898**	**10,995**
General Administration and Support Services												
SP4.1 General Administration	6,253		**6,253**	6,402		**6,402**	6,611		**6,611**	6,826		**6,826**
SP4.2 Finance and Planning	637	1,900	**2,537**	652	800	**1,452**	674	1,450	**2,124**	696	1,620	**2,316**
Sub Total	**6,891**	**1,900**	**8,791**	**7,054**	**800**	**7,854**	**7,285**	**1,450**	**8,735**	**7,522**	**1,620**	**9,142**

Health Policy, Standards and Regulations												
SP5.1 Health Policy	43	12,277	**12,319**	42	12,522	**12,564**	44	12,585	**12,629**	46	12,647	**12,694**
SP5.2 Social Protection in Health	10,926		**10,926**	10,813	-	**10,813**	11,354	-	**11,354**	11,921	-	**11,921**
SP5.3 Health Standards and Regulations	391	203	**594**	386	207.09	**594**	406	208	**614**	426	209.17	**635**
Sub Total	**11,359**	**12,480**	**23,839**	**11,241**	**12,729**	**23,971**	**11,804**	**12,793**	**24,597**	**12,394**	**12,857**	**25,251**
Total Health Sector	**49,101**	**40,906**	**90,007**	**55,823**	**36,671**	**92,494**	**58,194**	**37,271**	**95,465**	**60,951**	**37,671**	**98,622**

Table 3.3.3 Analysis of requirement versus allocation by Programmes by Economic Classifications

Expenditure Classification	Estimates 2018/19	Requirements (Ksh Millions)			Allocation (Ksh Millions)		
		2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Programme 1: Preventive, Promotive and RMNCAH							
Current Expenditure							
Compensation to Employees	626	658	690	725	645	664	684
Use of Goods and Services	349	2,366	2,385	2,404	343	358	375
Current transfers to Govt Agencies	711	1,324	1,460	1,600	832	853	874
Total	**1,686**	**4,348**	**4,535**	**4,729**	**1,820**	**1,875**	**1,933**
Capital Expenditure							
Compensation to Employees							
Use of Goods and Services	4,048	4,802	5,042	5,294	4,706	4,847	4,941
Capital transfers to Govt Agencies	3,810	4,533	4,788	5,037	4,429	4,562	4,650
Non-financial Assets	413	433	455	478	421	442	464
Total	**8,270**	**9,769**	**10,285**	**10,809**	**9,556**	**9,851**	**10,055**
Total Expenditure for Programme 1	**9,956**	**14,116**	**14,821**	**15,538**	**11,376**	**11,726**	**11,989**
Programme 2: National Referral & Specialized services							
Current Expenditure							
Compensation to Employees	674	707	743	780	694	715	736

Use of Goods and Services	143	7,224	7,232	7,239	141	148	156
Current transfers to Govt Agencies	21,764	38,662	38,698	42,076	25,861	26,777	27,998
Social Benefits	100	105	110	116	100	100	100
Non-financial Assets	14	14	15	16	14	14	15
Total	**22,695**	**46,713**	**46,798**	**50,226**	**26,810**	**27,754**	**29,005**
Capital Expenditure							
Use of Goods and Services	9,773	10,262	10,775	11,313	9,968	10,018	10,068
Capital transfers to Govt Agencies	214	225	236	248	218	220	221
Non-financial Assets	7,523	12,393	12,802	13,449	2,629	2,112	1,953
Total	**17,510**	**22,880**	**23,813**	**25,010**	**12,815**	**12,350**	**12,242**
Total Expenditure for Programme 2	**40,205**	**69,593**	**70,611**	**75,237**	**39,626**	**40,104**	**41,247**
Programme 3: Health Research and Development							
Current Expenditure							
Compensation to Employees	130	137	144	151	134	138	142
Current transfers to Govt Agencies	6,340	19,847	20,127	21,453	8,763	9,338	9,955
Total	**6,470**	**19,984**	**20,271**	**21,604**	**8,897**	**9,476**	**10,097**
Capital Expenditure							
Capital transfers to Govt Agencies	518	1,498	1,731	1,904	538	594	662
Non-financial Assets	229	905	1,177	1,320	233	235	236
Total	**746**	**2,403**	**2,908**	**3,224**	**771**	**828**	**898**
Total Expenditure for Programme 3	**7,217**	**22,387**	**23,179**	**24,828**	**9,668**	**10,304**	**10,995**
Programme 4: General Administration & Support Services							
Current Expenditure							
Compensation to Employees	5,935	6,231	6,543	6,870	6,112	6,295	6,484
Use of Goods and Services	842	3,884	3,928	3,975	832	874	917
Current transfers to Govt Agencies	104	109	114	120	102	105	108
Non-financial Assets	10	-	-	-	8	11	12
Total	**6,891**	**10,225**	**10,586**	**10,965**	**7,054**	**7,285**	**7,522**
Capital Expenditure							
Use of Goods and Services							

Capital transfers to Govt Agencies	1,900	1,995	2,095	2,199	800	1,450	1,620
Non-financial Assets	-	-	-	-			
Total	**1,900**	**1,995**	**2,095**	**2,199**	**800**	**1,450**	**1,620**
Total Expenditure for Programme 4	**8,791**	**12,220**	**12,681**	**13,164**	**7,854**	**8,735**	**9,142**
Programme 5: Health Policy, Standards and Regulations.							
Current Expenditure							
Compensation to Employees	232	1,139	1,323	1,507	239	246	254
Use of Goods and Services	138	20,325	20,331	20,382	146	158	171
Subsidies	10,926	65,679	65,712	75,825	10,795	11,335	11,901
Current transfers to Govt Agencies	42	54	64	66	40	42	44
Non-financial Assets	22	24	24	26	21	23	24
Total	**11,360**	**87,222**	**87,454**	**97,806**	**11,241**	**11,804**	**12,394**
Capital Expenditure							
Capital transfers to Govt Agencies	12,480	12,903	13,759	14,447	12,729	12,793	12,857
Non-financial Assets	-	-	-	-			
Total	**12,480**	**12,903**	**13,759**	**14,447**	**12,729**	**12,793**	**12,857**
Total Expenditure for Programme 5	**23,839**	**100,124**	**101,213**	**112,252**	**23,971**	**24,597**	**25,251**
TOTAL VOTE	**90,008**	**218,440**	**222,504**	**241,019**	**92,494**	**95,465**	**98,622**

The sector was allocated Ksh 92.49 Billion in FY 2019/10 against a resource requirement of Ksh 218.44 billion leaving a funding gap of Ksh 125.95 billion.

3.3.4 Unfunded Priority Projects

The Sector was not able to fund a number of priority projects due to constraints of the budgetary ceiling for the FY 2019/2020. The following is the list of unfunded priority projects that required a total of Ksh 10.470.4 Billion, Ksh 4.720.4 Billion of these funds were required for recurrent expenditure while Ksh 5.750 Billion for development expenditure.

Item Description	Rec	Dev	Total
PE for Registrars (500)	1,717.2		1,717.2
Kenya Health Professionals Oversight Authority (KHPOA)	68.4		68.4
Kenya Health Human Resource Advisory Council	73.9		73.9
Kenya Food and Drug Administration (KFDA)	2,800.4		2,800.4
Traditional and alternative Health Practitioners Council	60.5		60.5
Training Fund		450	450
Mwai Kibaki National Teaching and Referral Hospital for Non-Communicable Disease		3,500.0	3,500.0
Equipping Maternity Unit (Mother & Baby Hospital)- MTRH		50	50
Power Upgrade and Electricity Ring Main- MTRH		50	50
Network upgrade as per ICT Master plan- MTRH		50	50
Accident and Emergency Centre-MTRH		50	50
Extension of OPD clinic at Private Wing II (Memorial Wing) – 2nd Floor-MTRH		50	50
Invitro Fertilization Centre-KNH		100	100
Liver Transplant Unit-KNH		400	400
Construction of research coordination and regulation facility- KEMRI		250	250
Construction of research administration block-KEMRI		300	300
Construction of research laboratories and administration blocks (Kirinyaga and Mandera)		500	500
TOTAL	**4,720.4**	**5750**	**10,470.4**

3.4 ALLOCATIONS TO SEMI-AUTONOMOUS GOVERNMENT AGENCIES

3.4.1 KENYA MEDICAL SUPPLIES AUTHORITY

Table 3.4.1: Analysis of Recurrent requirement versus allocation (Amount in Ksh Million)

Economic Classification		Approved Estimates	REQUIREMENT			ALLOCATION		
		2018/19	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
GROSS		**2,586**	**2,635**	**2,688**	**3,000**	**2,635**	**2,688**	**3,000**
AIA		2,197	2,239	2,283	2,575	2,246	2,283	2,578
NET		**389**	**396**	**404**	**425**	**390**	**405**	**421**
Compensation to Employees		875	891	909	954	891	909	954
Other Recurrent		1,711	1,744	1,779	2,045	1,744	1,778	2,045
Insurance		52	57	60	70	57	60	70
Utilities		34	41	43	45	41	43	45
Rent		109	125	131	158	125	131	158
Subscriptions to International Organization		-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)		88	133	139	196	133	139	196
Others		1,371	1,304	1,317	1,483	1,304	1,316	1,483
ICT Services		56	84	89	93	84	89	93

Notes

a. KEMSA still has a deficit of Ksh 494 for FY 2019/20 that needs to be funded for P&E to enable it to achieve her role in the sector.
b. With the major focus being providing all resources available to ensure success of UHC, KEMSA need to be funded adequately to ensure this is achieved.

3.4.2 NATIONAL AIDS CONTROL COUNCIL

Table 3.7.2: Analysis of Recurrent requirement versus allocation (Amount in Ksh Million)

Economic Classification	Approved Estimates	REQUIREMENT			ALLOCATION		
	2018/19	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
GROSS	**651**	**1,228**	**1,326**	**1,428**	**832**	**853**	**874**
AIA	-	-	-	-	-	-	-
NET	**651**	**1,228**	**1,326**	**1,428**	**832**	**853**	**874**
Compensation to Employees	431	500	530	560	492	511	532
Other Recurrent	220	728	796	868	340	342	342
Insurance	60	65	70	75	62	62	65
Utilities	48	55	63	72	52	53	54
Rent	68	70	75	80	68	68	70
Subscriptions to Local Organization	2	3	4	5	2	2	3
Contracted Professional (Guards & Cleaners)	4	5	6	8	5	5	6

Others	28	520	568	618	146	144	135
ICT_ Services	10	10	10	10	5	8	9

Notes

The NACC still has a resource requirement deficit of Ksh 388m that needs to be bridged to enable it to achieve its mandate.

The Ksh 388m being programmatic cost for core mandate activities was moved to recurrent after Sector deliberations on the nature of the program costs for advocacy.

3.4.3 KENYATTA NATIONAL HOSPITAL

Table 3.4.3: Analysis of Recurrent requirement versus allocation (Ksh Million)

Economic Classification	Approved Estimates	REQUIREMENT			ALLOCATION		
	2018/19	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
GROSS	**14,160**	**15,772**	**16,513**	**17,290**	**13,875**	**14,858**	**15,576**
AIA	7,246	5,824	6,173	6,544	5,824	6,173	6,544
NET	**6,914**	**9,948**	**10,340**	**10,746**	**8,051**	**8,685**	**9,032**
Compensation to Employees	9,871	10,286	10,698	11,126	10,286	10,698	11,126
Other Recurrent	5,185	5,486	5,815	6,164	3,589	4,160	4,450
Insurance	311	344	365	387	344	365	387
Utilities	333	406	435	461	406	435	461
Rent	-	-	-	-	-	-	-
Subscriptions	4	4	4	4	4	4	4
Contracted Professional (Guards & Cleaners)	45	49	49	49	49	49	49
Others	4,482	4,683	4,962	5,263	2,786	3,307	3,549
ICT_ Services							

Notes

a. Recurrent Grant allocation for PE is Ksh8,052M, against budget of Ksh10,286M leaving a PE funding deficit of Ksh2,235M.
b. The Hospital will utilize AIA to fund the gap. As a result there will be insufficient fund available to finance the O&M budgetary requirement of Ksh5,486M. for the FY2019/20
c. Indigent patients uncollectable bills average Ksh 1,077M every year thus there is need for a conditional grant for compensation for services rendered.
d. No allocation has been factored in the budget for replacement and modernization of medical equipment.

The hospital therefore requires consideration for additional funding to close the above funding gaps.

3.4.4 MOI TEACHING AND REFERRAL HOSPITAL

Table 3.4.4: Analysis of Recurrent requirement versus allocation (Amount in Ksh Million)

Economic Classification	Approved Estimates	REQUIREMENT			ALLOCATION		
	2018/19	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
GROSS	8,922	9,737	19,578	21,711	9,166	9,775	10,377
AIA	2,514	2,753	3,106	3,441	2,753	3,106	3,441
NET	6,408	6,984	16,472	18,270	6,413	6,669	6,936
Compensation to Employees	6,408	6,984	16,472	18,270	6,413	6,669	6,936
Other Recurrent	2,514	2,753	3,106	3,441	2,753	3,106	3,441
Insurance	216	235	250	280	235	250	280
Utilities	120	120	130	140	120	130	140
Rent	3	3	3	3	3	3	3
Subscriptions to International Organization	-	-	-	-	-	-	-
Contracted Professional Services	30	36	40	45	36	40	45
Others	2,145	2,359	2,683	2,973	2,359	2,683	2,973

Notes

- MTRH requires Ksh 6.9 billion in the FY 2019/20 for payment of staff salaries and other staff benefits. The Hospital has been allocated Ksh 6.4 billion, leaving a shortfall of Ksh 600 million. We therefore request that additional funds are provided to address the shortfall.
- Requirements for Personnel Emoluments (PE) for FY 2020/21 has grown significantly being provision for establishment for the New 2,000-bed Multi-Specialty MTRH whose construction will begin in January 2019.
- Each year, the Hospital experiences uncollectible bills from indigent clients amounting to Ksh 300 million. This negatively impacts on the Hospital ability to meet its obligation to suppliers of goods and services leading to pending bills.
- The Hospital seeks support from the Government to bridge these funding gaps.

3.4.5 KENYA MEDICAL TRAINING COLLEGE

Table 3.7.5: Analysis of Recurrent requirement versus allocation (Amount in Ksh Million)

Economic Classification	Approved Estimates	REQUIREMENT			ALLOCATION		
	2018/19	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
GROSS	**5,931**	**8,929**	**9,513**	**10,140**	**6,522**	**6,823**	**7,512**
AIA	3,416	3,758	4,134	4,546	3,758	4,133	4,546
NET	**2,515**	**5,171**	**5,379**	**5,594**	**2,764**	**2,690**	**2,966**
Compensation to Employees	2,515	8,121	8,446	8,784	3,114	3,075	3,390
Other Recurrent	3,416	3,758	4,134	4,546	3,408	3,748	4,122
Insurance	396	416	458	503	416	458	503
Utilities	120	122	134	148	122	134	148
Rent			-	-		-	-
Subscriptions to			-	-		-	-

International Organization							
Contracted Professional (Guards & Cleaners)	265	348	383	421	348	383	421
Others	2,613	2,850	3,135	3,449	2,500	2,750	3,025
ICT_ Services	22	22	24	25	22	23	25

Notes

a. The college is under staffed at 2014 against an establishment of 5,960 to effectively discharge its mandate.
b. Absorption of staff deployed from MOH, and various counties to ease on staff shortage is ongoing. An allocation of Ksh 406 Million in the FY 2017/18 supplementary budget against funding of Ksh 685 Million.
c. The college was recategorized in 2016, to a training and research state corporation category PC4A from PC2, but this is yet to be effected, leading to unimproved remuneration for staff.
d. No funding has been availed for the Research component.

3.4.6 KENYA MEDICAL RESEARCH INSTITUTE

Table 3.4.6: Analysis of Recurrent requirement versus allocation (Amount in Ksh Million)

Economic Classification	Approved Estimates	REQUIREMENT			ALLOCATION		
	2018/19	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
GROSS	**2,359**	**2,549**	**2,804**	**3,111**	**2,241**	**2,330**	**2,419**
AIA	130	150	160	170	137	150	160
NET	**2,229**	**2,399**	**2,644**	**2,941**	**2,104**	**2,180**	**2,259**
Compensation to Employees	1,684	1,921	2,113	2,351	1,904	1,980	2,059
Other Recurrent	675	628	691	760	336.5	350	360
Insurance	140	150	160	170	150	160	160
Utilities	75	80	85	90	80	85	85
Rent							
Subscriptions to International Organization	5	8	8	9	8	8	10
Contracted Professional (Guards & Cleaners)	62	65	70	75	65	70	75
Others	378	307	348	391	16	7	5
ICT_ Services	15	18	20	25	18	20	25

Notes

a. The allocation under recurrent will only covers personal emoluments
b. KEMRI has been unable to implement the circulars on various allowances as per government circulars due to the lack of funding from exchequer. Total outstanding arrears are **Ksh 804,991,796**
c. The AIA generated is insufficient to sustain the operations and maintenance of the institute. To bridge this gap the institute requires additional **Ksh 300 M** in 2019/20 and subsequent years

d. The current research grants allocated to KEMRI is inadequate to meet the research demands of the country. The institute has not received any funds voted to National Research fund under Ministry of Education.
e. The KEMRI Staff Retirement Benefits Scheme has deficit of **Ksh 1,357,449,969.**
f. The Institute is expecting to receive new salary structure from SRC following conclusion of the job evaluation and grading exercise.

3.5 Analysis of Funding for Capital projects FY 2019/20-2021/22

There was a total of 33 capital projects at various stages of completion in the sector as at FY 2018/19 as well as Mwai Kibaki National Teaching and Referral Hospital for Non-Communicable Disease and Universal Health Coverage projects as listed in Annex VII. These capital projects were allocated a total of Ksh 36.67 Billion during the financial year 2019/20, comprising of Ksh 16.7Billion from development partners (46%) and Ksh20.023 Billion from the GOK (54%).

3.6 Resource Allocation Criteria

The sector adapted and used the following criteria for program prioritization and resource allocation;

Recurrent

S/NO	CRITERIA	CRITERIA INDICATORS	EVIDENCE
1	Personnel emoluments Annual increment	• Salaries for MOH • Salaries SAGAs • Signed CBAs • SRC approvals • Pension for SAGAs	Supported by IPPD, Treasury authority to recruit CBA Any other evidence of payment outside IPPD
2	O & M	• Rentals and parking • Consumable costs • Utilities • Medical covers • Insurances	• Lease agreement • Audited accounts
3	Pending Bills	• Salaries • Court awards • Use of goods • Unremitted capitation	• Signed contracts • Court rulings • CBA agreements
4	Statutory obligations and membership subscriptions	• Subscriptions and dues to International organisations	• Demand notes and payment trends

Development

S/NO	CRITERIA	CRITERIA INDICATORS	EVIDENCE
1	GOK Counterpart Financing	• GOK Counterpart Financing	• Signed contracts • financing agreements
2	On-going projects	• Status of implementation and absorption capacity of the project	• Implementation Status
3	Alignment and harmonisation to government development agenda	• Consistency with government transformation agenda, vision 2030, Consistency with MTP III • Big Four Agenda • Addressing core mandate of the Subsector/Ministry and poverty intervention	• Captured in MTP and Sectoral reports •
4	Achievability/Sustainability for new projects	• Project design including feasibility studies, Land availability, Environmental Impact Assessment • Source of funding identified - GoK, /DONOR, PPP, AIA and GoK counterpart funding	• Treasury approval • Donor agreement, PPP and MOU's
5	Pending bills	• Completed works/percentage of completion	• Completion certificates • Signed contracts

CHAPTER FOUR

4.0 CROSS-SECTOR LINKAGES, EMERGING ISSUES AND CHALLENGES

The Constitution of Kenya 2010 establishes two distinct and interdependent levels of governments consisting of the national and 47 county governments with specific functions. These two levels must conduct their relations through consultation and cooperation in order to effectively deliver their mandates.

The two levels of government are dependent and are expected through the Intergovernmental Relations Act 2013 to work in harmony to achieve the various functions in service delivery within the two levels of government. The Kenya Health Policy 2014-2030 sixth objective emphasizes on strengthening collaboration with private and other sectors that have an impact on health. This will be achieved through multi approach incorporating health in all policies.

At the national level, the health sector interacts with other sectors of the economy that contribute to its outputs/outcomes. Identification and harmonization of intra and inter sectoral linkages, therefore is critical to ensure optimal utilization of limited resource.

4.1 Intra Sectoral Linkages within the Health Sector

The Ministry and its respective SAGAs collaborate in the areas of research, curative, preventive, promotive health, social protection and training of health workers. Under the devolved system of Government, the Ministry of Health has the key mandate of policy formulation, quality, standards and regulation, and management of the five national referral health facilities, while the county government are responsible for health service delivery. Intra-sectoral collaborations between the two levels of governments are achieved through the Inter-governmental health forums.

4.2 Links to other sectors

Social determinants of health in a population go beyond health-related interventions, and often involve other non-health related determinants like education, poverty, access to clean water, food security, and infrastructural development among others. In this regard cross-sectoral relations are key in moving towards a healthy population. This section looks at ways that the health sector collaborates with other sectors of the economy. The objectives of the Big Four Agenda will be met through a healthy and productive human capital.

4.2.1 Energy, Infrastructure and ICT Sector

Expansion, modernization and operations of the health infrastructure to effectively respond to the changing health service needs are highly dependent on energy, infrastructure and ICT sectors. Structured and deliberate engagement by the health sector with these sectors will be critical to ensure accelerated attainment of the health sector goals. Reliable infrastructure will

facilitate access to health care facilities and emergency services across the country hence improving health outcomes.

As the Health Sector continues to embrace ICT as medium for improved health care delivery, internet connectivity will be a key resource for implementing e-health, telemedicine and training. Strengthening collaboration with the ICT sub sector will be prioritized to ensure sectoral standards, cost efficiency and effectiveness, and reliability of data for national planning. Specifically, the two sectors in consultation with the county governments will work together towards establishment of web portal, national e-health hubs and health facility-based e-health hubs across the country.

4.2.2 Environmental Protection, Water and Natural Resources Sector

Some conditions that affect population health are mainly propagated due to unsafe environment. Environmental pollution for example air pollution, climate change and second-hand smoke directly contributes to increased risk of cancer and respiratory infections. Access to clean water is key to good health and prevention of waterborne diseases like cholera and diarrhoea, which are great contributors to under-5 mortality. Controlled management and extraction of natural resources ensures that the population is protected against environmental hazards, thereby contributing to healthier citizens.

The health sector will engage with these sectors in policy and regulatory dialogue to ensure safe environment, water, and sanitation facilities meet the set standards and the regulatory requirements, for instance the recent ban on plastic bags is expected to improve health outcomes.

4.2.3 Social Protection, Culture and Recreation Sector

The Health Sector will cooperate with the sub sector of labour, social security and services to ensure equity in accessing social services to all vulnerable and marginalised groups. Health programmes will be set up to mainstream interventions for occupational safety and health into management systems across the sector. Further, the sector will contribute towards review of policies and legislation on occupational safety and health.

The Health Sector is committed to promote industrial peace and harmony, and guarantee social economic rights of workers to boost the healthcare workers' productivity and performance.

4.2.4 Public Administration and International Relations

The success of programmes in health sector is dependent on the funding levels and the timely disbursement. In order for the sector to achieve its goals, it will provide the necessary data and information to enable the National Treasury to provide the necessary funding in time.

The Health Sector will continue to play its role in line with the national and sectoral policies. The government has ratified to international commitments (SDGs, AU AGENDA 2063).

One of the objectives of the Vision 2030 is to restructure public expenditure to be more growth and pro-poor oriented and this will benefit the sector significantly. The need to invest in human capital will also be emphasized. Resource allocation will be directed towards promotive and preventive aspects of healthcare while giving adequate attention to curative care.

National disasters like droughts and floods, frequent road traffic accidents, fires and internal conflicts in some parts of the country and acts of terrorism take a heavy toll on the performance of the sector especially referral hospitals. The sector will commit funds for disaster preparedness, response and recovery as well as develop guidelines for use by County governments.

The Sector will institutionalize and strengthen public private partnerships as resource mobilisation strategy for the purpose of bridging budgetary deficit in accordance to the Public Private Partnership Act (2013).

4.2.5 Education Sector

The direct link between education and positive economic development including improved health outcomes is indisputable. The education sector programmes are geared towards improving efficiency in core service delivery of accessible, equitable and quality education and training. The Education Sector, by ensuring the provision of an all-inclusive high level and quality education, can contribute substantially towards better health seeking behaviour as it rolls out health education and outreach programmes. The national teaching and referral hospitals will continue collaborations with institutions of higher education in facilitating training of medical and paramedical students. The Health sector will collaborate with basic education sub-sector institutions in the provision of high health impact interventions including deworming.

4.2.6 Governance, Justice, Law and Order Sector

The Health Sector is guided by the relevant constitutional provisions on the right to highest quality of health care especially Chapter four, Article 43 supported by the relevant legislation and statutory regulatory mechanisms such as such Public Health Act, Research Ethics and Standards, Food and Drug Administration and devolution related Acts among others.

The Health Sector will continue to operationalize the Health Act 2017, the enforcement of this law and other related legislations will require close cooperation between the Offices of the Attorney General among others.

4.2.7 General Economic and Commercial Affairs

The sector is committed to improving its specialized health care services thorough benchmarking to effectively compete globally. These services will be modelled and benchmarked around the experiences from middle-income countries like India, Indonesia, Thailand and South Africa in order to accelerate the development of Kenya as a medical tourism destination hub for specialised health and medical services attracting local, regional and global clients. This tourism sub-sector is anticipated to contribute significantly to economic growth.

The priority areas will include advocacy for developing Kenya as a medical tourism destination hub and defining the roles of each sector of the economy to support this process. In addition, technical input like setting quality standards in line with international best practices, and development of human resource capacity, establish the necessary infrastructure, financing mechanisms and marketing strategy through the relevant sectors will be prioritized.

4.2.8 Agriculture, Rural and Urban Development

The Health Sector will ensure strengthening of platforms for policy dialogue on nutrition, housing, water and environment in order to improve services to Kenyans. Discussion on nutrition will emphasize on women of reproductive age and children under five (5) years of age including joint implementation of the National Nutrition Policy.

4.2.9 Linkage with the Big four drivers and Enablers of UHC

In order for the sector to deliver the agenda of UHC, it will work with other sectors. It will be the key driver of the Big Four Agenda for UHC with primary healthcare as the focus. The government has enlisted specific projects and targets that underpin its four key pillars — manufacturing, universal health coverage, affordable housing, and food security. The implementation of UHC will ensure that we have a health population that will drive the economy of the country, produce adequate food that will ensure food security to the country; able to work in the production and manufacturing industries for economic growth; and improve affordable housing that will also help in prevention of some of the common diseases as a result of poor housing.

The sector will also in achieving the overall aspiration of 100% universal health coverage work on strengthening mechanisms for intersectoral collaboration (working with the other enablers) such as the Ministry of Water and Sanitation to ensure that all health facilities are connected to water, Ministry of Agriculture, Land Fisheries and the Blue Economy to ensure that we have food security and reduce stunted growth;, Ministry of Energy to have health facilities connected to power, Ministry of Transport and Infrastructure to facilitate access to the health facilities and Ministry of Education for school health programmes. The sector will also work with Ministry of Information Communication Technology (ICT) for digitalization

of health. The Ministry of Health will also be working on health information systems with the support of the NIMES. The National Treasury will allocate funds for UHC; County governments will be required to procure health commodities and basic equipment and recruit and rationalize human resources for health.

The Counties will prioritize health facility capacity and readiness to deliver the health benefit package under UHC; enforcement of the referral systems within the County health facilities and Regional health facilities for efficient service delivery; Ensure that all funds committed to health shall be transferred from Special purpose account to the health facilities within stipulated timeframes; Additionally, the funds received directly by the health facilities will be retained by the health facility for operations and maintenance activities; ensure that there is leadership , efficient utilization of resources and improving the health systems.

4.3 Emerging Issues

Emerging health issues are those that pose either a threat or relief from threat to the overall health of the population. These events could have either positive or negative impact on the whole health system, which include service delivery, health financing, human resources, infrastructure, leadership, health products, technology and health information system. An emerging issue can be a disease or injury that has either increased incidence or prevalence in the recent past or threatens to increase in the near future. Finally, it can be an increased visibility in a long-standing health issue that continues to obstruct the public health goal of reducing morbidity, mortality and disability. During the Financial year 2017/18, the following were some of the emerging health issues that posed a threat to the overall health system;

- There is need to cater for 500 Doctors who are being released from various Counties to undertake training in various universities in the Country. The Doctors upon completion of the training will be posted back to Counties with shortage of Staff or where their skills are required. Currently the Counties have declined releasing doctors to take up training in various universities which may lead to industrial action.by health workers.
- *Sustainability of the* public health goal of reducing morbidity, mortality and disability in NCDs and communicable conditions is challenged due to the declining development partners resources since Kenya is now a lower middle - income country.
- Increased cross border travels and regional instability has led to an increase in emerging and re-emerging diseases (Haemorrhagic fever, airborne viral epidemics, polio)
- Since the rebasing of the economy, Development Partners are exiting, and the government is required to finance these specific programs previously funded by partners.. In addition, due to the reduced funding the government is required to contribute 20% as counterpart funds instead of 5% hence reducing the amount of sharable allocation.

- Extreme changes in weather conditions caused by the effects of the global climate change has led to increased incidences of diseases.
- Re-emergence of neglected tropical diseases e.g. elephantiasis, kalaazar.
- Epidemiologic transition (lifestyle diseases) e.g. cancer, hypertension and other NCDs.
- Frequent and prolonged industrial unrest in the sector.

4.4 Challenges for the Health sector

The health sector recognizes the provisions under the Constitution of Kenya 2010, among which is the right to the highest attainable standard of health. The health sector is also aware that the devolution of governance requires properly designed systems of fiscal management; however currently the system is characterised by the following challenges;

4.4.1 Service Delivery

Despite the significant decrease on HIV/AIDS prevalence rate, the co-infection of HIV/AIDS and TB coupled with the emergence of drug resistant strains of TB pose a serious problem to the sector. Despite great strides in tuberculosis control, it is estimated that 19% remain undetected. Additionally, funding of HIV/AIDS programmes remain donor dependent at 80% which still poses a challenge due to the rebasing of the county's economy. Access to ARVs for those who require them is still a challenge, currently 1,200,000 PLHIVs have been enrolled on ART against a projected population of 1.6 million Kenyans living with HIV. Adherence to ART treatment is still a challenge.

Malaria persistently remains a serious health problem with a prevalence rate of 8% and thus requires adequate investments to reduce the burden caused by malaria prevalence.

Non-communicable diseases (NCDs) such as cancer, hypertension, heart diseases and diabetes are on a rising trend and exerting pressure on the health sector. This was confirmed by the STEPS survey commissioned by the Health sector to determine the levels of NCDs in the population. The survey results show huge disease burden attributed to NCDs. In addition, injuries arising from road traffic accidents contribute approximately 50% of bed occupancy in hospitals thus exacerbating the burden to the health care system.

Childbirth related conditions continue to pose significant challenges, especially inadequacy of emergency services for delivery, low uptake of existing antenatal services and in adequate number of health workers in this area. This situation has led to new-borns deaths (<28 days) constituting 63% of all infant deaths and Maternal Mortality Ratio of 362 per 100,000 livebirths.

There is low uptake of reproductive health services in the country due to; social cultural, political influence, lack of information coupled with misinformation and inadequate supply of RH commodities in the health system.

Over 10 million Kenyans suffer from chronic food insecurity and poor nutrition and between one (1) and two (2) million require food assistance each year. Nearly 30 percent of Kenya's children are under malnourished, and incidences of micronutrient deficiencies are widespread. In addition, the KDHS (2014) points at the growing prevalence of overweight and obese population in Kenya. The twin problems are a challenge to the sector and require interventions.

The country also faced challenges of increase in number of unvaccinated children especially in underserved populations; urban informal settlements, nomadic and border populations and security challenged areas. Further, there has been vaccine uptake hesitancy due to a wide range of reasons including adverse publicity and religious reasons, despite the high levels of awareness of its benefits. The sector faces emerging and re-emerging threats of diseases, health workers unrest which has a direct impact on service delivery as well as negatively impacting on the gains made in health outcomes.

4.4.2 Health Products and Technologies

There is inadequate budgetary provision for the procurement and distribution of strategic commodities of public health importance of which has hindered the capacity of KEMSA to operationalize the proposed new structures at the National and County levels.

Blood products are part of the strategic commodities in the sector. However there still exists persistent shortage countrywide with the NBTS currently being able to meet 48% of the demand. This is due to inadequate capacity in human resource, appropriate specialised infrastructure and storage equipment including transport facilities.

4.4.3 Finance

There is underutilization of the donor funding, and inadequate reporting of financial performance evidence-based planning. High out of Pocket Expenditure on health continues to be major issue in Kenya constituting about 32 per cent of total health expenditure (when all sources are considered: government, private and development partners). As a result, close to 6.2 per cent of Kenyans spend over 40 per cent of their non-food expenditure on health (catastrophic health expenditure) – hence pushing close to 2.6 million poor people below the poverty line every year. This situation is partly contributed by low government expenditure in health as public health services remain the main source of outpatient and inpatient care for two thirds of the population. At present, total government health expenditure as a proportion of the total budget (both national and county budget) is about 6.8 per cent.

Public spending has been skewed towards high-end curative services which is both inefficient and inequitable. Furthermore, personnel costs account for 70-80 per cent of total recurrent budget for both national and county levels.

Finally, the rebasing of the country's economy to a lower middle-income has necessitated some development partners to drastically reduce their support as per international benchmarks related to such support. The country is now expected to contribute above 20 per cent (%) for basic commodities such as vaccines, Malaria, TB, Family Planning and ARVs instead of a maximum of 5 per cent previously.

4.4.4 Health Work force

The Sector still faces challenges of skewed distribution of skilled health workers with some areas of the country facing significant gaps while others have optimum/surplus numbers. However, since service delivery has now been devolved to the county governments, determination and fixing of the disparity to facilitate achievement of set priorities is a key priority.

The pension for health workers is still managed at the national level while the requirement is for the transitioning to the respective County's pension schemes. This has led to challenges in the transfer of the workers' services between the two levels of government and inter counties. There is also inadequate provision of training funds to develop human resource for health in key specialties to meet the health sector demands.

4.4.5 Health Infrastructure

There is inadequate infrastructure and skewed distribution of available infrastructure within the sector institutions and the country with a strong bias towards the urban areas. There is also lack of adequate physical space for treatment and management of patients to fully benefit from the Managed Equipment Services (MES). In addition, timely rehabilitation and supportive maintenance remains a key challenge. There also exists obsolete health equipment that requires replacement with modern ones. Provision of modern and operational health infrastructure together with adequate and appropriate staffing will aid in the proper and timely medical care thereby bringing down the disease burden.

4.4.6 Leadership and Governance

The sector needs to implement the necessary legal framework to support the constitutional right to health and especially on provision of emergencies services. There is need to operationalise the institutional roles and accountability between the two levels of government on dealing with emergency care functions as spelled out in the Health Act 2017, to strengthen leadership and governance structures in the health sector to meet the ever-emerging requirements brought about by devolution.

4.4.7 Health Research and Development

Funding for health research remains donor-driven, fragmented and uncoordinated. Currently, research is conducted, managed, and financed by a diverse number of organizations. In

addition, research agenda priority setting at both the national and international level is not based on National Priorities. There is limited accountability and impact analysis of research on the critical health needs. This leads to low levels of impact on investment in research productivity and overall improvement of health standards and evidence-based decision and policy making.

4.4.8 Health Management Information System

The sector has disparate reporting systems (iHRIS, LMIS, DHIS-2, and EMRS etc.) that are underfunded, and lack adequate capacity to analyse major health issues. This has led to inadequate use of available data to inform policy planning both at the national and county level. In addition, reporting from the private healthcare providers is also weak. Innovations in e-health have remained at pilot level with none going to scale due to lack of funding. There is every need to strengthen Health Care Information Technology (HCIT).

CHAPTER FIVE

5.0 CONCLUSIONS AND RECOMMENDATIONS

This chapter outlines the conclusions and spells out the recommendations for the health sector.

5.1 CONCLUSION

The Health Sector is committed to ensuring the attainment of the highest standards of health to Kenyans as enshrined in the Constitution of Kenya 2010. The Sector further takes cognisance of the opportunities and challenges in establishing strong health systems that are responsive to the population under the current constitution that creates two levels of government and delineates health care provision to the counties.

Kenya's population is growing at a rate of nearly 3 percent annually resulting in an increased demand for health services. Kenya must therefore continue to expand maternal and child health services while developing the capacity of the health systems to cater for an increase in the burden of communicable and non-communicable diseases burdens. This must be accompanied with additional investments in RMNCAH to minimize disease burden.

During the 2019/20-2021/22 MTEF period, the sector plans to implement priority programmes aligned to the "Big Four" Agenda, MTP III and other national priorities. Efforts will be made to ensure progressive realization of rights to health as envisioned in the Constitution. The health sector will adhere to the accountability mechanisms and enhanced governance as espoused in the constitution while ensuring that the counties provide quality services.

The sector will continue to build capacities of county governments and provide the necessary technical assistance to enable the counties effectively execute the functions assigned to them under the Fourth Schedule. In addition, the national government will continue to strengthen the national referral health facilities to be able to provide the critical backstopping to the counties with regards to specialized health services. The Ministry of Health with the SAGAs in the sector will continue to provide the necessary financial inputs as required for effective service delivery. The two levels of government will continue engaging each other under the established intergovernmental mechanisms to ensure that there is a good working environment for staff, and effective and efficient service delivery to the citizens.

Public health programmes and National blood transfusion services are largely dependent on development partners for financing. With the rebasing of the economy, the country will go beyond the threshold eligible for donor funding resulting in reduction or cessation of funding of public health programmes by partners such GAVI and Global Fund. To mitigate against these challenges, the Government needs to significantly increase funding to the sector to

safeguard the gains made so far. The Government needs to explore innovative financing mechanisms such as Public Private Partnerships (PPPs), and ensure efficiency in the utilization of allocated funds by all sector players.

There are many challenges confronting the health sector in the area of financing. The need for research - policy dialogues has become even more critical in light of escalated costs related to the provision of health services, the unpredictability of resource flows and the significant changes in the way external assistance is being financed and distributed in the health sector. In addition, there is a significant challenge in performance, financial, governance and social accountability.

5.2 RECOMMENDATIONS

Maximizing health outputs and outcomes with the available resources remains the major focus for the Sector during this Medium-Term Expenditure Framework. The sector has identified several emerging issues and challenges that may affect the discharge of its mandate during the review period.

To realize the targeted outputs/outcomes and overcome the identified challenges, the Sector makes the following recommendations:

i. The budgetary allocation to the sector should be enhanced in line with the sector priorities including achieving the UHC. This should be coupled with improved resource utilization, efficiency and effectiveness in the implementation of programmes addressing potential disease threats like Ebola, Marburg, hemorrhagic fevers and acts of terrorism. The sector should also explore alternative mechanisms of mobilizing additional resources to attain the Abuja Declaration target of at least 15% of GDP.
ii. A strengthened tripartite working relationship in the health sector between Government, employees, and the labour unions for harmonization of labour relations in the sector to mitigate against frequent industrial unrest with negative consequences to the gains already made in the health sector.
iii. The Ministry of Health should enhance its support to SAGAs to enable them focus on improvement of the service delivery to the citizens in accordance with their mandate. Focus should also be directed towards ensuring that the SAGAs enhance their revenue collections to reduce over reliance on exchequer funding.
iv. There should be timely disbursement of exchequer releases.
v. The Government should provide funds to cater for verified pending bills.
vi. The SAGAS have an outstanding deficit in contributory pensions totaling **Ksh 5.271** billion. It's recommended that this becomes the responsibility of the Health Sector as a first charge and should not be left to individual SAGAs allocations.
vii. The National Government and Counties should enter into an agreement on the shared responsibilities on procurement and distribution of commodities for programmes of

public health good that are largely dependent on donor funding, such as ARVs, TB drugs, Malaria drugs, vaccines and family planning commodities.

viii. Integration of health information systems to ensure linkage with the DHIS 2 and coordination of all reporting systems to avoid parallel reporting. Enhancing performance reviews and use information evidence for informed policy decisions.

ix. National and County governments to re- align their resources towards facilitating the attainment of UHC by enacting relevant legislation to ring fence resources meant for health service delivery.

x. Institutional and legal reforms are needed for Mathari Hospital and the National Spinal Injury Hospital to enhance governance, performance accountability and development of this highly specialized sector institutions.

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ANNEX II: PROJECT CONCEPT NOTES

MINISTRY OF HEALTH (MOH)

PROJECT 1					
1. **Project name**: Health Sector Development (Rep. Health and HIV/AIDS) Commodities					
2. **Project geographic location**: Nationwide					
3. **Project Type/Category**: Medium					
4. **Implementing organization (s)**: Ministry of Health					
5. **Counties covered**: 47					
6. **Project Purpose (Context and need for the Project):** Improve Laboratory Services.					
7. **Brief description of the project (Project summary):** Construction of modern laboratory aimed at testing DNA samples from Kisumu and the larger Western region in prevention and control of crimes and other social factors.					
8. **Project stage** :53.2%					
9. **Estimated project duration (months):**96 months					
10. **Estimated project cost**: Ksh 1,540,000,000	FY2017/18	FY2018/19	2019/20	2020/21	2021/22
	-	Ksh269,500,000	Ksh269,500,000	Ksh181,500,000	0
11. **Outline economic and social benefits:** improved health					
12. **Outline sources of financing:** *KFW- Germany*					

PROJECT 2					
1. **Project name:** Health Systems Management (Procurement & Distribution of Vaccines& Sera)- GAVI					
2. **Project geographic location**: Countrywide					
3. **Project Type/Category:** Mega					
4. **Implementing organization (s**): Ministry of Health					
5. **Counties covered**: 47 Counties					
6. **Project Purpose (Context and need for the Project):** To improve the immunisation coverage of children across the country.					
7. **Brief description of the project (Project summary):** the intervention is for Procurement and distribution of vaccines commodities (e.g. Polio, B.C.G, Measles, Penta Pneumococcal) across the country. The proportion of fully immunized under 1 year remain stagnant around 70%. This has been attributed to the introduction of new vaccines that need at least two fiscal years to have a good coverage. Rota virus and Measles – Rubella vaccines were introduced into the routine immunization program during the period under review in an effort to improve further the health of the children of Kenya.					
8. **Project stage: 37.6%**					
9. **Estimated project duration (months):** 72					
10. **Estimated project cost:** GOK Ksh 5.0 bn	FY2017/18	FY2018/19	2019/20	2020/21	2021/22
	703,000,000	703,000,000	703,000,000	703,000,000	750,000,000h
DONOR Ksh 17.6bn	2,600,000,000	2,600,000,000	2,600,000,000	2,600,000,000	3,187,000,000
11. **Outline economic and social benefits:** reduction of mortality and disability caused by polio related complications					
12. **Outline sources of financing:** Global Alliance for Vaccines (GAVI) Ksh **2,600,000,000** GOK (Counterpart funding) Ksh **703,000,000** *Amount will increase due to reduction in funding by GAVI.					

PROJECT 3					
1. **Project name**: *Procurement of Family Planning & Reproductive Health Commodities*					
2. **Project geographic location**: *Country Wide*					
3. **Project Type/Category:** *Medium*					
4. **Implementing organization (s):** *Ministry of Health*					
5. **Counties covered:***47*					
6. Project Purpose (Context and need for the Project): *Purchase of family planning and reproduction commodities.*					
7. Brief description of the project (Project summary): *to promote a healthy and manageable family for the better growth of our economy the project assists the needy families by providing the drugs to the hospitals.*					
8. Project stage:19.5*%*					
9. Estimated project duration (months*): 120*					
10. **Estimated project cost**: Ksh 525,000,000	FY2017/18	FY2018/19	FY2019/20	2020/21	2021/22
	Ksh51,500,000	Ksh63,800,000	Ksh97,850,000	Ksh63,800,000	Ksh192,320,00
11. **Outline economic and social benefits:** Manageable Family size to the citizen					
12. Outline sources of financing: *GOK*					

PROJECT 4
1. **Project name**: *Radiation Waste Processing facility*
2. **Project geographic location:** *Ngong*
3. **Project Type/Category:** *large*
4. **Implementing organization (s):** *Ministry of Health*
5. **Counties covered: 1 (:)** *Kajiado*
6. **Project Purpose (Context and need for the Project):** Use of radioactive materials (in medicine, agriculture, industry, research, water resources management, and many other socio-economic sectors) ultimately generates radioactive waste which may contaminate the environment and affect the health and safety of the people and society if not safely and securely managed. The radioactive waste generated in Kenya and disused radioactive sources are usually stored at the generator's site, often without the requisite safety and security requirements commensurate with the level of safety and nuclear security risks. The CRWPF will guarantee safe management, temporary storage and physical security of radioactive waste generated within the Country, disused radioactive sources, as well as illicitly trafficked radioactive and nuclear materials safeguarding the safety of the environment against radiation contaminants. The Facility will also ensure that radioactive waste, disused radioactive sources and intercepted radioactive and nuclear materials are not accessible to terrorists or other malicious actors while in temporary storage. CRWPF is also a prerequisite for advanced nuclear technological transfer to a member state of the International Atomic Energy Agency (Kenya is a member since 1965) that wishes to embark on a nuclear power programme for peaceful uses such as electricity generation. Lack of radiation waste management facility
7. **Brief description of the project (Project summary):** Construction of a radiation waste management facility that is aimed at reducing radiation and radioactive substance away from the environment and people. In 2006, the Ministry of Health (Radiation Protection Board) engaged with the National Museums of Kenya (Institute of Primate Research – IPR) and an MoU was done for IPR to provide land (about 12 acres) in Oloolua forest, while the Ministry would construct the CRWPF. Once constructed, the MoU further provides for the management of the facility by an expert team drawn from IPR (as users of radioisotopes), the Materials Branch Department of the Ministry of Public Works (who currently run a small radioactive waste facility) and the Ministry of Health through the Radiation Protection Board – as the regulator. The development of the CRWPF was to be constructed in three (3) integrated Phases. Phase I: Interim underground storage bunker with associated

health physics laboratory and waste processing facility. Phase II: Environmental radiation and nuclear forensic laboratories, and offices. Phase III: Near Surface Repository away from the CRWPF site where processed and packaged radioactive/nuclear waste would be stored for a long time.					
8. **Project stage:** 71.3%					
9. **Estimated project duration (months*):*** *120*					
10. **Estimated project cost**: 756,000,000	FY2017/18	FY2018/19	FY2019/20	2020/21	2021/22
	Ksh 15,000,000	Ksh 52,800,000	Ksh 0	Ksh 0	Ksh 0
11. **Outline economic and social benefits:** safeguarding public health and safety and protecting the environment from the harmful effects of ionizing radiation resulting from disused radioactive sources, radioactive waste, and illicitly trafficked radioactive and nuclear materials by ensuring safe radioactive waste management.					
12. **Outline sources of financing:** *GOK*					

Project 5					
1. Project name: Special Global funds *HIV Grant KEN-H-TNT*					
2. Project geographic location: *Nation Wide*					
3. Project Type/Category: *Medium*					
4. Implementing organization (s): *Ministry of Health*					
5. Counties covered: ***47***					
6. Project Purpose (Context and need for the Project): The intervention aims at the expansion of access to ARV and priority prevention activities to help in mitigation of the infection.					
7. **Brief description of the project (Project summary)**: Kenya has the 4th largest HIV disease burden globally The HIV epidemic is distributed among the general population (6% prevalence), 1.6 million People Living with HIV (PLWHIV) with concentrations among specific key populations and in certain geographical areas. In addition, Isoniazid preventive therapy (IPT) provision to people living with HIV is still limited. The main key populations identified include prisoners, urban slum dwellers, diabetics, health care workers, uniformed service personnel, nomadic, internally displaced people (IDPs) and migrants, refugees, contacts of TB patients, and people living with HIV. The intervention therefore includes addressing the expansion of access to ARV and priority prevention activities to help in mitigation of the infection					
8. **Project stage** :7.8*%*					
9. Estimated project duration (months*)* *36*					
10. Estimated project cost: Ksh5,908,390,946	FY2017/18	FY2018/19	2019/20	2020/21	2021/22
	Ksh 463,514,265	Ksh1,400,000,00	Ksh 2,094,700,000	Ksh 1,950,700,000	Ksh 0
11. Outline economic and social benefits: freeing people from the disease burden to allow them to engage in economic activities**.**					
12. Outline sources of financing: *Global Fund*					

Project 6
1. **Project name:** Special Global Fund TB Grant KEN-TNT.
2. Project geographic location: *Nation Wide*
3. Project Type/Category: *Medium*
4. Implementing organization (s): *Ministry of Health*
5. Counties covered: *47*
6. Project Purpose (Context and need for the Project: The intervention targets TB care and prevention b enabling the provision of health commodities in order to alleviate or mitigate tuberculosis case in th country.
7. Brief description of the project (Project summary): Kenya has high TB burden with an estimate prevalence of 283/100,000 (relatively flat trend after 2000) and estimated incidence of 268/100,000 i

2013. The trends in TB incidence, as well as TB/HIV incidence indicate a slow decline from the peak of 2005 but still notably high. The intervention therefore targets TB care and prevention by enabling the provision of health commodities in order to alleviate or mitigate tuberculosis case in the country.

8. **Project stage:** 9.7*%*
9. **Estimated project duration (months***) 36*
10.

11. **Estimated project cost: Ksh 3,920,139,875**	FY2017/18	FY2018/19	2019/20	2020/21	2021/22
	Ksh 0	Ksh906,188,600	Ksh 1,008,400,000	Ksh 1,008,400,000	Ksh215,000,000
GOK	378,410,913	403,000,000	403,000,000	403,000,000	

12. **Outline economic and social benefits**: prevention treatment and control of tuberculosis hence freeing people from the disease burden to allow them to engage in economic activities.
13. **Outline sources of financing:** *Global Funds*

Project 7

1. **Project name:** *Special Global Fund Malaria Grant KEN-H-TNT*
2. **Project geographic location**: *Nation Wide*
3. **Project Type/Category**: *Medium*
4. **Implementing organization (s):** *Ministry of Health*
5. **Counties covered:** *47*
6. **Project Purpose (Context and need for the Project):** mitigation of malaria infection by provision of health commodities. The main goal is to reduce the morbidity and mortality attributable to malaria in various epidemiological zones by two third of the 2007-2008 levels. Malaria.
7. **Brief description of the project (Project summary):** Malaria remains a significant public health problem in Kenya. More than 70% of the population lives in malaria risk areas. The most vulnerable to the disease are children and pregnant women. Tremendous efforts have been made to combat malaria with prevention and treatment interventions such as mass and routine distribution of long-lasting insecticide treated nets (LLINs), intermittent preventive treatment for malaria during pregnancy, and parasitological diagnosis and management of malaria cases together with distribution of artemether – combination therapy (ACT) doses. This intervention is to help in facilitating the availability of the medical commodities for mitigation of the disease.
8. **Project stage :9.5***%*
9. **Estimated project duration (months*): 36***

14. **Estimated project cost:** Ksh 2,959,301,722	FY2017/18	FY2018/19	2019/20	2020/21	2021/22
	Ksh 280,000,000	Ksh802,006,400	Ksh789,700,000	Ksh 789,700,000	Ksh 280,000,000

15. **Outline economic and social benefits**: prevention and control malaria hence health citizen that can engage in the economic activities.
16. **Outline sources of financing:** *Global Funds*

Project 8

1. **Project name:** *Procurement of anti TB drugs not covered under global fund TB program*
2. **Project geographic location**: *Nation Wide*
3. **Project Type/Category**: *Medium*
4. **Implementing organization (s):** *Ministry of Health*
5. **Counties covered**: *47*
6. **Project Purpose (Context and need for the Project):** *Tuberculosis Mitigation.*
7. **Brief description of the project (Project summary):** Tuberculosis (TB) is a key priority communicable

	disease and a major public health problem. Kenya is currently ranked 15th among the 22 high TB burden countries of the world the intervention is part of the effort aimed at mitigating TB infection by provision of health commodities and sustaining the provision of the medical commodities that are currently supported by the global fund initiative.				
8.	**Project stage** :36.1*%*				
9.	**Estimated project duration (months*)**: *120*				
10.	**Estimated project cost**: Ksh1,525,000,000	FY2017/18 Ksh 6,916,090	FY2018/19 Ksh 155,000,000	2019/20 Ksh 128,750,000	2020/21 Ksh 100,000,000	2021/22 Ksh 591,300,000
11.	**Outline economic and social benefits**: *prevention and control TB hence health citizen*				
12.	**Outline sources of financing:** *GOK*				

Project 9
1. **Project name:** Scaling up Nutrition (Food fortification, Management of acute malnutrition, Healthy diets and lifestyle)
2. **Project geographic location:** Nationwide
3. **Project Type/Category:** Mega
4. **Implementing organization (s):** Ministry of Health-Nutrition and dietetics unit
5. **Counties covered**: National
6. **Project Purpose:** Malnutrition and over nutrition remain a public health problem in Kenya with devastating effects on development, health, productivity and education. In addition, the country is facing increasing emergence of diet related diseases such as diabetes, heart disease and cancers. These are mainly caused by change in diet and lifestyle such as excessive intake of highly refined food, fat, sugar and salt with limited physical inactivity. Vitamin A deficiency affects about 80% of the children below 5 years; this means that they have a lower immunity, increased susceptibility to infections and complicates disease outcomes. Iron deficiency affects 43% of the Kenyan Children below 5 years, 70% of pregnant women and 43% of women of reproductive age. Currently over 2 million children are malnourished. In 2012, Kenya signed up to the global Sun movement which is geared towards reducing malnutrition by 2025 (Stunting, wasting underweight and micronutrient deficiencies- Vitamin A, Iron, and Iodine. Food Fortification, Management of acute malnutrition and promotion of appropriate feeding practices under healthy lifestyle and diets are some of the evidence-based strategies to address malnutrition and micronutrient deficiencies". They are geared towards saving lives, reducing morbidity associated with malnutrition, enhancing nutrition status of the population, thereby contributing to the realization of Vision 2030, Jubilee Manifesto, MTP11, SDGs.
7. **Brief description of the project:** Food fortification and management of acute malnutrition is one of the high impact nutrition interventions. Food fortification was legislated in the country in 2012 (2012 Legislation of mandatory fortification for staple foods, wheat and oil). In the past, the programs have been supported by partners i.e. Global Alliance for Improved Nutrition (GAIN), Kenya National Food Fortification alliance, UNICEF and WFP. However, with reduced donor funding the current coverage and implementation is hampered. For instance, GAIN funding ended in September 2015. The key activities will be Capacity building for the enforcing agencies on food fortification (PHO, NPHL, KEBS), Monitoring of fortified foods (industry, market, and ports of entry), Scaling up food fortification to small scale millers, National household coverage survey of fortified foods, social marketing and communication campaigns conducted, procurement of commodities for management of acute malnutrition, nutrition surveillance. The projects target two million stunted children, 330,000 acutely malnourished children, 46 industries (oil and edible fats, four, millers (wheat and Maize) and salt). Key risks include: lack of prioritization and hence limited funding by the government-leading to inadequate access to nutrition's foods. To enhance sustainability, the nutrition unit will incorporate capacity building of the private sector essentially the small-scale millers on large scale fortification and the community on home fortification.

8. **Project stage: 45%**					
9. **Estimated project duration (months):** 120					
10. **Estimated project cost.:** 4,173,600,000	**FY2017/18**	**FY2018/19**	**FY2019/20**	**2020/21**	**2021/22**
	• Ksh 10,000,000	• Ksh60,000,000	Ksh960,000,000	Ksh960,000,000	Ksh331,800,000
11. **Outline economic and social benefits**: Good nutrition is the basis for economic, social and human development. Nutrition contributes to the productivity, economic development, and poverty reduction by improving physical works capacity, cognitive development, school performance, and health by reducing disease and mortality. Based on the 2015 preliminary results by world bank scaling up Nutrition in Kenya: how much will it cost? And nutrition profiles.					
12. **Outline Sources of Financing:** UNICEF					

Project 10					
1. Project name: *Environmental Health Services*					
2. Project geographic location: *Nationwide*					
3. Project Type/Category: *Medium*					
4. Implementing organization (s): *Ministry of Health*					
5. Counties covered: *47*					
6. Project Purpose (Context and need for the Project): *Provision of Water and Sanitation*					
7. **Brief description of the project (Project summary):** *undertaking provision of water and sanitation activities in the counties to improve health and hygiene to the citizens. It aligned with vision 2030 social pillar, more specifically the environment, water, and Sanitation sector which focuses in investing in people and enhancing a clean safe and sustainable environment to access water and sanitation. It aims at reducing morbidity and mortality with improved maternal, neonatal and child survival, reduced malnutrition and incidence of major endemic diseases (malaria, tuberculosis) and stabilized population growth underpinned by a universally accessible, quality and responsive health system.*					
8. **Project stage**: 43*%*					
9. **Estimated project duration (months***) 120*					
10. **Estimated project cost**: Ksh644,375,000	**FY2017/18**	**FY2018/19**	**2019/20**	**2020/21**	**2021/22**
	Ksh	Ksh 50,750,000	Ksh 50,000,000	Ksh 100,000,000	Ksh 169,000,000
11. **Outline economic and social benefits**: *improved health*					
12. **Outline sources of financing**: *UNICEF*					

Project 11					
2. Project name: *Modernization of Wards and Staff Houses Mathari Hospital*					
3. Project geographic location: *Nairobi*					
4. Project Type/Category: *Medium*					
5. Implementing organization (s): *Ministry of Health*					
6. Counties covered: *Nairobi*					
7. **Project Purpose (Context and need for the Project):** The purpose of the project is to modernize the MNTRH through renovations and improvement of the existing infrastructure. MNTRH was established in 1904 as a smallpox isolation Centre which later became a lunatic's asylum in 1910, and was subsequently renamed Mathari Hospital in 1964. Since then it has grown to the level of a National Teaching and Referral hospital and is mandated to provide specialized psychiatric services to the mentally ill. The current use of the facility in the provision of mental health services was not part of its original purpose as is evident in the myriad of problems that the hospital is currently facing. The structures are not in conformity with the current mental health treatment approaches. Most of the buildings are old and dilapidated. The wards are still prison-like dormitories with no provision for social					

amenities and give a desolate atmosphere defeating the mandate of the hospital. According to the Ministry of Public Works building regulations, any building that is over 100 years old is unfit for human habitation and should be demolished. Maintenance of these buildings has been both costly and uneconomical. The hospital's bed capacity is 700. Over the past years, the number of inpatients handled on daily bases has increased to a tune of 820 patients. Due to introduction of new services, the number of outpatients has also increased to about 1,000 patients daily. Considering the above scenario, it can be observed that the hospital has been expanding in capacity while the infrastructure has remained the same and in a very dilapidated state. There is therefore need for renovation and expansion of the existing infrastructure.

8. **Brief description of the project (Project summary):** The project entails renovation of the existing infrastructure with an aim of giving the hospital a face-lift. This will involve
   - renovation of the Maximum-Security Unit (Where mentally ill offenders are admitted)
   - Renovation of the wards on the civil side
   - Renovation of the administration block
   - Rehabilitation and upgrading of the water supply system
   - Renovation of the hospital kitchen
   - Hospital Landscaping
   - Rehabilitation of the sewer line
   - Improvement of the hospital lighting
   - Renovation of the outpatient block and hospital store
   - Hospital road tarmacked

   This will help improve provision of quality mental health services by ensuring that patients are treated in a conducive environment. It will also be a motivation to our health workers.

   The hospital, having been established in 1904, the buildings are very old and dilapidated due to age. The equipment is old and obsolete across departments.

   Over the years the hospital has suffered stigma attached to Mathari mental hospital, the mentally- ill and the general negative attitude by the public towards mental illness and the mentally - ill patients. The hospital is commonly referred to as "**JELA YA WAZIMU**" (Prison for the insane) which is so stigmatizing. There also lacks donors are willing to support Mental services

   The hospital experiences inadequate funding from the government. There is inadequate revenue collection due non-payment of cost sharing fee by patients abandoned, mentally ill offenders and lack of automation. This is because most of the patients are unproductive and dependant on their relatives and most of them remain in the hospital for long and thus their relatives grow weary or just exhaust their resources with time leading to neglect and abandonment of the patients. The hospital ends up waiving hospital bills (high waiver rates) for these patients and also repatriation to their homes.

   The hospital admits law offenders with mental illness in Maximum Security Unit. This category of patients comprises of a third (1/3) of the total inpatients approximately 273. These patients are exempted from paying any hospital bill. Therefore, their upkeep and maintenance are the responsibility of the hospital.

   MNTRH has a vast compound, neighbouring high security threat slum areas which are notorious in criminal activities and this poses a major security threat to the hospital. It also experiences an acute shortage of security officers and no entire fencing of the compound to secure and protect the hospital. In addition to this, the methadone clients are a threat to security through vandalism of hospital and individuals' property.

   In the recent years the demand for training has exceeded the available training facilities. The number of Health Professionals being trained in the institution has been on the increase than the hospital can handle due to lack of training facilities. The hospital requires adequate training facilities and materials.

   There is no automation of service delivery and there lacks ICT equipment. The hospital has no internet connectivity. The water and sewerage system are old with frequent blockages.

9. **Project stage** :32.9*%*

10. **Estimated project duration (months*): 96***

11. **Estimated project cost**: Ksh256,000,000	**FY2017/18**	**FY2018/19**	**2019/20**	**2020/21**	**2021/22**
	Ksh18,750,000	Ksh61,600,000	Ksh70,200,000	Ksh40,030,000	Ksh 0

12. **Outline economic and social benefits**: better service delivery

13. Outline sources of financing: *GOK*

Project 12					
1. **Project name:** *Rongai Hospital*					
2. **Project geographic location:** *Nakuru*					
3. **Project Type/Category**: *Medium*					
4. **Implementing organization (s):** *Ministry of Health*					
5. **Counties covered:** 1 (*:*) *Nakuru*					
6. **Project Purpose (Context and need for the Project):** Expansion of Rongai Hospital. The main aim of the expansion to upgrade Rongai Hospital as a specialist facility to handle Trauma cases of numerous road traffic accidences at Salgaa/ Rongai area and treatment of the victims.					
7. **Brief description of the project (Project summary**): Construction, equipping and modernization of hospital for quality healthcare service to the public followed a presidential directive by the then President Mwai Kabaki for an Hospital to handle to help in treatment of victims of numerous cases of road traffic accidence at the black spot of Salgaa/Rongai area. The scope of the work was to include: construction and equipping of Accident and Emergency department (Examination Rooms, Registration and records, observation wards, acute/resuscitation rooms, minor theatre, recovery wards), Pharmacy laboratories, X-ray, CT-scan and MRI rooms, physio-therapy/occupational department, 36-bed male surgical ward, 24-bed female surgical ward, 12-bed paediatrics ward, 6-bed ICU/HDU ward.					
8. **Project stage**: *0%*					
9. **Estimated project duration (months*) 84** *months*					
10. **Estimated project cost**: **Ksh 800,000,000**	FY2017/18	FY2018/19	2019/20	2020/21	2021/22
	Ksh	Ksh 50,800,000	Ksh 50,000,000	Ksh 450,000,000	Ksh 124,200,000
GOK Counterpart financing (300,000,000)	0	0	25,000,000	50,000,000	50,000,000
11. **Outline economic and social benefits:** *improvement of the healthcare services in Kenya*					
12. **Outline sources of financing:** *BADEA*					

Project 13					
1. **Project name:** *Clinical Waste Disposal System Project*					
2. **Project geographic location**: *Nairobi, Nakuru, Kisii and Machakos*					
3. **Project Type/Category**: *Medium*					
4. **Implementing organization (s):** *Ministry of Health*					
5. **Counties covered**: 1 (*:*) *4*					
6. **Project Purpose (Context and need for the Project**): ***Procurement of Equipment's, Goods and Service.*** Evidence from the World Health Organization reveals that up to 20 percent of hospital wastes are contaminated with infectious and hazardous agents, which can transmit diseases such as hepatitis B, and C and Human Immunodeficiency Virus (HIV) including risks of non-communicable conditions arising from incomplete burning of wastes. The purpose of this project hence is to reduce exposures to health risks resulting from poor and inadequate treatment of health care wastes and improve management of medical waste through installation and commissioning of ten (10) modern AMB serial 250 fecosterol medical waste treatment devices in ten high volume health facilities in the country.					
7. Brief description of the project (Project summary): the project is aims at procuring and suppling equipment, Goods and services in respect of clinical waste disposals. 10 medical waste plants/devices will be installed and commissioned in in ten (10) high volume health facilities in Kenya. This will be done through provision of associated spare parts for each installed facility, training of manpower including equipment operators who will manage and coordinate the implementation of the clinical waste systems in the ten (10) Kenyan health facilities and ensure timelines and deliverable are up to the standards required					
8. **Project stage** :69.8*%*					
9. **Estimated project duration (months*) 60** *months*					
10. **Estimated project**	FY2017/18	FY2018/19	2019/20	2020/21	2021/22

cost: Ksh1,200,000,000 **Donor**-Ksh 1,000,000,000	Ksh 40,000,000	Ksh 250,000,000	Ksh 50,000,000	Ksh 20,000,000	Ksh
GOK-Ksh 200,000,000	3,750,000	15,000,000	6,250,000	21,800,00	

11. **Outline economic and social benefits:** C*leaner environment has long* positive benefits to human health and environment far out way the relatively higher costs contributing to reduction in communicable and non-communicable diseases. The process may also be an opportunity for new investment options that involve recycling of the treated wastes.
12. **Outline sources of financing:** *Belgium and GOK*

Project 14

1. **Project name:** *Clinical Laboratory and Radiology Services Improvement*
2. **Project geographic location**: *Nation Wide*
3. **Project Type/Category:** *Medium*
4. **Implementing organization (s):** Ministry of Health
5. **Counties covered**: *47*
6. **Project Purpose (Context and need for the Project):** The main goal of the project was (is) to improve the delivery of diagnostic services around the country through a general modernization plan of clinical laboratories (50 sites) and provision of diagnostic radiological services (8 sites included in the 50 for laboratory services).
7. **Brief description of the project (Project summary):** The project was conceptualized in 2010 by the then Ministry of Public Health and Sanitation. It was part of the national plan to overhaul primary health care services in Kenya. At the time, the Ministry of Public Health and Sanitation was responsible for three levels of healthcare namely, level 1 (community health services), level 2 (dispensary services) and level 3 (health centre services). It involved general modernization plan of clinical laboratories (50 sites) and provision of diagnostic radiological services (8 sites included in the 50 for laboratory services) The project covers 50 county health facilities; Under Phase 1; 8 sites will be equipped with laboratory and radiology equipment; Under Phase 2, 42 sites will be equipped with laboratory equipment; The planned Implementation period was from 2013-2017. However, start of implementation was delayed as the implementation contract was signed in 2014 and the contract did not become effective until January 2016 when effectiveness conditions were met.
8. **Project stage**: *48.6%*
9. **Estimated project duration (months*)** *60*
10. **Estimated project cost**: Ksh900,000,000

FY2017/18	FY2018/19	2019/20	2020/21	2021/22
-	Ksh 218,900,000	Ksh 218,900,000	Ksh 25,000,000	Ksh

11. **Outline economic and social benefits**: ***Better Healthcare.*** Modern medical equipment and training for health personnel will enable the general population benefit from better quality diagnoses and care; The wide distribution of facilities to benefit from the project will enable a growing percentage of the population to access quality health care services Health personnel will benefit from theoretical and practical training on new equipment to be supplied and thus improve their general knowledge leading to better diagnosis and treatment and Staff will be able to work with more modern and efficient equipment enabling faster, more precise and reliable analysis of results. Availability of the modern equipment will contribute towards improving staff morale, work environment and retention of skilled staff in the public sector
2. **Outline sources of financing:** *Belgium*

Project 15					
1. **Project name:** *Procurement of equipment at the Nairobi Blood Transfusion Services*					
2. **Project geographic location:** *Nairobi*					
3. **Project Type/Category**: *Medium*					
4. **Implementing organization (s):** *Ministry of Health*					
5. **Counties covered**: 1 (*:*) *Nairobi*					
6. **Project Purpose (Context and need for the Project):** *Equip National Blood Transfusion*					
7. **Brief description of the project (Project summary):** *the procurement of equipment at the National Blood Transfusion is meant to improve the services by ensuring the safety of the blood transfused to patients*					
8. Project stage: 19.4*%*					
9. Estimated project duration (months*):144*					
10. **Estimated project cost**: Ksh2,025,000,000	FY2017/18	FY2018/19	2019/20	2020/21	2021/22
	Ksh 175,000,000	Ksh 154,000,000	Ksh 147,680,000	Ksh 154,000,000	Ksh 1,177,410,000
11. Outline economic and social benefits: *ensuring safe blood transfusion**.***					
12. Outline sources of financing: *GOK*					

Project 16					
1. **Project name:** *Construction of Cancer centre at Kisii Level 5 Hospital*					
2. **Project geographic location:** ***Kisii***					
3. **Project Type/Category:** *Medium*					
4. **Implementing organization (s):** *Ministry of Health*					
5. **Counties covered:** 1 (*:*) *Kisii*					
6. **Project Purpose (Context and need for the Project):** Construction of cancer centre. It is aimed at enhancement of prevention, treatment and control of cancer cases in the Country.					
7. **Brief description of the project (Project summary):** this project was conceived to enhance prevention, treatment and control of cancer cases in the Country. The scope of work is to construct and equip oncology unit as well as train specialized staff. This will include the Two (2) bunkers, one (1) cobalt 60 machine, one (1) Linear Accelerator, two (2) Operation theatres, six (6) bed ICU, twenty bed wards, four consultation rooms, reception area, support facilities and trained staff (10% of the project cost is for training of the specialized staff)					
8. **Project stage**: 0*%*					
9. **Estimated project duration (months*)*** *72*					
10. **Estimated project cost**: Ksh750,000,000 **Donor**-Ksh 500,000,000	FY2017/18	FY2018/19	2019/20	2020/21	2021/22
	-	Ksh10,000,000	Ksh250,000,000	Ksh 240,000,000	Ksh100,000,000
GOK- Ksh 250,000,000		0	25,000,000	50,000,000	75,000,000
13. **Outline economic and social benefits**: healthy population by prevention and treatment of cancer patient. This will enable the people to engage in the productive activities of economic development.					
14. **Outline sources of financing**: *BADEA, Saudi Fund*					

Project 17					
1. **Project name**: Managed Equipment Services (MES)					
2. **Project geographic location**: *all 47 counties*					
3. **Project Type/ Category**: *mega*					
4. **Implementing organization (s**): *Ministry of Health*					
5. **Counties covered**: *all 47counties*					
6. Project Purpose (Context and need for the Project): the aim is Providing 98 hospitals with modern, state of the art Medical equipment and technology with the objective of improving diagnosis. with a view to improving access to specialized services countrywide. The upgrading was through equipping each of the facilities with critical equipment through a Managed Equipment Services (MES) arrangement and human resource capacity building.					
7. **Brief description of the project (Project summary):** The Government of Kenya through the Ministry of Health and in conjunction with county governments conceptualized this comprehensive programme of upgrade 98 hospitals, 2 in 47 Counties (94) and 4 National hospitals with a view to improving access to specialized services countrywide. The upgrading was through equipping each of the facilities with critical equipment through a Managed Equipment Services (MES) arrangement and human resource capacity building. Included are the procurement of theatre, CSSD, Renal, ICU and Radiology equipment, this equipment are categorized into 7 Lots; Lot 1 Theatre, targeted 98 hospitals; Lot 2 surgical and CSSD targeted 98 hospitals, Lot 5 renal, targeted 49 hospitals; Lot 6 ICU, targeted former 11 national and provincial hospitals and Lot 7 Radiology, targeted 86 hospitals.					
8. **Project stage** :*34.1%*					
9. **Estimated project duration (months*)*** *144*					
10. **Estimated project cost:** Ksh60,100,000,000	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	Ksh6,151,986,645	Ksh9,400,000,000	Ksh9,205,000,000	Ksh9,217,300,000	Ksh11,788,610,000
11. **Outline economic and social benefits**: Improved diagnosis, prevention and control diseases and improved working environment. This will translate into good health of the citizen and improved economy as due hours put productive activities					
12. **Outline sources of financing: *GOK***					

Project 18
1. **Project name:** *East Africa's Centre of Excellence for Skills & Tertiary Education*
2. **Project geographic location**: *Nairobi*
3. **Project Type/Category**: *Medium*
4. **Implementing organization (s):** *ministry of health*
5. **Counties covered**: 1 (*:*) *Nairobi*
6. **Project Purpose (Context and need for the Project)**: Provision of skills and tertiary Education. This project is an investment operation designed to increase access and improve the quality and relevance of higher medical education programmes, research and excel service delivery in Kenya and the wider East African Community member states through a project framework. This project focuses on advanced skills, Higher Education, Science and Technology where development partners' interventions have been limited to direct support to universities on limited activities like scholarships.
7. **Brief description of the project (Project summary)**: the project aims at establishing the infrastructure, equipment and systems of a centre of excellence in Kenya as part of the regional network of Centre of Excellences in the East Africa region. It will include establishment of a regional Centre of Excellence in Urology and Nephrology Sciences called East Africa Kidney Institute (EAKI). The centre of excellence will be part of the EAC network of Centres of Excellence for Skills and Tertiary Education and will provide i) Higher education programmes and clinical training; ii) Scientific and operational research; and iii) Specialized GoK preventive, curative and service delivery. The infrastructure will include a newly constructed education, training, research and service delivery complex that has an auditorium for conferences, cafeteria, professorial and student lounges, various sized classrooms, a Library, Video Conferencing facility, research lab. Faculty, student desk spaces, administration offices and state of the art 160 beds teaching and referral hospital. A service delivery complex with teaching and learning

facilities with a state of the art 160 beds teaching and referral hospital. The project is part of the African Development Bank to the East African Community (EAC) member countries. The objective is to contribute to the development of relevant and highly skilled workforce in biomedical sciences to meet the EAC Labour needs.					
8. **Project stage** :14*%*					
9. **Estimated project duration (months***) 120months*					
10. **Estimated project cost**: Ksh7,348,550,000 **Donor**-Ksh 6,680,500,000	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	Ksh	Ksh 1,320,000,000	Ksh 1,320,000,000	Ksh 1,320,000,000	Ksh 2,362,340,000
Counterpart (GOK) – Ksh 668,050,000	Ksh300,000,000	Ksh300,000,000	Ksh100,000,000	Ksh100,000,000	150,000,000
11. **Outline economic and social benefits:** enhancement of skill and improvement of healthcare services to the population in the region. It will reduce the dependency of the countries on services from outside region. A state-of-the-art Institute of Urology and Nephrology will promote regional medical tourism hence a source of revenue to the country. It will ensure access to affordable urology and nephrology services therefore, quality services and care for the region. WHO defines medical tourists as people who cross international borders for the exclusive purpose of obtaining medical services.					
12. **Outline sources of financing:** *ADB and GOK*					

Project 19					
1. **Project name:** Roll-out of Universal Health Coverage					
2. **Project geographic location**: Nationwide					
3. **Project Type/Category**: Medium					
4. **Implementing organization (s):** Ministry of Health					
5. **Counties covered:** All 47 counties					
6. **Project Purpose (Context and need for the Project):** To improve efficiency in the provision of the essential health services for Kenyans while also ensuring financial risk protection particularly for the poor and vulnerable groups. Key among these priorities are efforts to move the country towards achieving universal health coverage. Towards this end, the funds will be used in the following three priority key areas; i. Health Insurance Subsidy Programme (HISP) ii. Results- based financing iii. Free maternity services					
7. **Brief description of the project (Project summary):** To improve access and utilization of health services in all the 47 counties, the Ministry of Health mobilized additional financing to scale-up the RBF and HISP program Nationwide. Currently, RBF is being implemented in 21 Counties. Further, through HISP which is being implemented by the National Hospital Insurance Fund (NHIF), the funds will be used to purchase premiums for the poor and vulnerable segments of the population to enable them access quality inpatient and outpatient services. Also, the proceeds from the JICA loan will be used to compensate all health facilities for provision of free maternity services.					
8. **Project stage**: *79.5%*					
9. **Estimated project duration (months**) 48 *months*					
10. **Estimated project** cost: Ksh 4,000,000,000	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	-	Ksh 389,760,000	Ksh 430,800,00	-	-
11. **Outline economic and social benefits**: Health Systems Strengthening					
12. **Outline sources of financing**: *JICA*					

PROJECT 20

1, **Project name**: *Support to Universal Health Care in the Devolved Systems (Danida UHC) Program*

2. **Project geographic location:** Nationwide

3. **Project Type/Category**: Mega

4. **Implementing organization (s**): Ministry of Health

5. **Counties covered**: All 47 counties

6. **Project Purpose**

The objective is to contribute to **'the provision of, and equitable access to quality health care'**. The **expected outcome** of this Development Engagement is: **Improved access to quality primary health care and Reproductive, Maternal, Neonatal Child and Adolescent Health (RMNCAH) services**

7. Brief description of the project (Project summary):

The Project is expected to benefit the whole population, the **key beneficiaries are women of reproductive age (WRA), including adolescents and children under five who utilize Primary Health Care (PHC) services most**. As other partners are already providing various supports, especially to the underserved counties, the Project will provide support to all 47 counties to address critical gaps not funded by domestic or external funding and to build institutional capacity. The main development objective is to improve access to quality PHC and RMNCAH services. The Program will use 89% of the grant resources for disbursements to counties in the form of conditional grants. This is for the purposes of supporting operation and maintenance costs of primary health care facilities in order to improve access to services. The remaining 11% will be used to support health systems strengthening initiatives and program management.

Improved public health service delivery will be supported through transferring additional funds to support operational and maintenance expenditure at primary health care facility level in order to improve access to services. Grants are given at county level according to specified criteria and are allocated at country discretion, based on needs, to primary health care facilities. In order to secure additionality of the funding as well as longer term sustainability, a county needs to meet a minimum threshold of health expenditure (with incremental yearly increases) after the first year of support in order to be eligible for the Danida grant as well as an increasing county financing of operations and maintenance at level 2 & 3 health facilities.

Effective Start date of the Project: **3rd January 2017**

End Date: **30th June 2020**

8. **Project stage**: *43%*

9. **Estimated project duration (months)** 36 *months*

10. **Estimated project cost:** 5,680,900,000	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	Ksh 1,220,767,618	Ksh 1,012,500,000	Ksh 606,700,000	-	-

11. **Outline economic and social benefits**

a. The long-term goal of this Program is to contribute to improving the provision of, and access to quality health care and Reproductive, Maternal, Neonatal Child and Adolescent Health (RMNCAH) services in Kenya, in particular through county health services. The Program aims at achieving this by giving counties conditional grants for the operational funding of primary health facilities. In addition, there will be financial support available to support the implementation of the county grants and strengthening Kenya's national and county health systems.

b. Available evidence suggests that operational funding of primary health facilities has a strong and positive impact on the facilities, strengthening them in service provision as well as improving quality of care. This is achieved by providing funding specifically for areas not covered by the central county support for operations and maintenance. After the removal of user fees at the primary health facility level, facilities lack funds to pay running cost like electricity, water, minor repairs, causal labour, etc. These are all instrumental in maintaining an operational facility that delivers services to the population. The support contributes to most health services provided at the primary health care level and the value of the support is most pronounced in the RMNCAH area that is most system dependent. The marginal effect of Danida inputs is high, as they leverage Kenyan investments in

human resources, infrastructure and medicines as well as other contributions, like USAid to medicine and the World Bank support towards *Transforming Health Systems for Universal Care*.

c. In addition to the aforementioned contribution to health results, the modality of the UHC support - making full use of country systems - is an important contributor to advancing PFM and governance. The support will have a built-in condition of a minimum threshold of a county's expenditure on health in order to be eligible for the Danida grant as well as a gradual increase in county allocation to O&M at primary health care facilities. This will ensure additionality of the support in addition to providing the counties with incentives for further prioritization of the health sector as well as securing sustainability when the Danida support comes to an end. This will, together with an assumed ongoing increase of domestic resources being allocated to health, further support the goal of Kenya in the longer run being able to finance primary health care through its own resources as the Danida support to health will come to an end.

d. It is the overall assumption and expectation based on previous support, that the grants to primary health care facilities will address a number of the demand and supply side barriers in the health sector that hampers the utilization and coverage of essential services. In practical terms providing funding for electricity and water will ensure that health facilities can attend patients after dark and do it in a hygienic way. This will increase operational efficiency of health facilities across the country and thus attract increased use especially in the poor and underserved areas. It is assumed that the increased use will result in specific improvements in RMNCAH results, with increases in immunization coverage; pregnant women attending Ante Natal Care (ANC) visits; births attended by skilled personnel; and finally, an increase in the number of women using modern family planning methods.

12. **Outline sources of financing**: *Danida Bilateral Grant*

Project 21

1. **Project name**: *Program for Basic Health Insurance for the Poor and Informally Employed*
2. **Project geographic location:** *Nationwide*
3. **Project Type/Category**: *Medium*
4. **Implementing organization (s):** *Ministry of Health*
5. **Counties covered:** ***47***
6. Project Purpose (Context and need for the Project): The country is gearing up for rolling out of Universal Health Coverage through health insurance. One of the major challenges in achieving UHC is the high number of poor, informally and low waged workers. These groups require subsidization of health insurance in order to reduce their burden of health care. This project aims to contribute to an increased access to equitable, affordable and quality healthcare while contributing to the strengthening of the national health insurance system.

Brief description of the project (Project summary): The project aims at increasing access to equitable and affordable health care to the poor and the informally employed persons in Kenya while at the same time supporting efforts to strengthen systems at the National Hospital Insurance Fund. Beneficiaries to the project and their dependents will be issued with a health insurance card from the NHIF which will entitle them to benefits currently enjoyed by the general scheme beneficiaries. The card will be fully subsidized for the poor families, while those who are informally employed will be co-contributing half the premium for the scheme.

The project will also aim to set up a modern and responsive data management system at the NHIF (database, technology, IT infrastructure, etc) as well as providing support to the fund to design and manage health insurance actuary services.

7. **Project stage:*32.3%***
8. **Estimated project duration (months*): 72****months***

9. **Estimated project cost**: Ksh3,330,000,000	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	Ksh	Ksh 700,000,000	Ksh 700,000,000	Ksh 700,000,000	-Ksh 115,000,000
GOK Counterpart Funding Ksh, 370,000,000		100,000,000	15,000,000	75,000,0000	100,000,000

10. **Outline economic and social benefits:** *an improved, equitable access to affordable quality healthcare by economically disadvantaged groups, incl. access to maternal and neonatal health*
11. **Outline sources of financing:** *KWF Banking Group –Federal Republic of Germany*

Project 22

1. **Project name**: *Free Maternity Program*
2. **Project geographic location**: *Country wide*
3. **Project Type/Category**: *Medium*
4. **Implementing organization (s):** *Ministry of Health/NHIF*
5. **Counties covered:***47*
6. **Project Purpose (Context and need for the Project):** give free maternity services for the deliveries in public hospitals and accredited private hospitals and FBOS and low-cost private hospitals under new expanded free maternity program.
   Objectives
   . Attain the highest possible standards of health in a responsive manner by supporting equitable affordable and high-quality health and related services at the highest attainable standards for all Kenyans
   . Achieve universal access to maternal and child health services
   . To remove financial barriers of access to maternal and child health services for women and children in Kenya
   . Increase utilization of maternal and child health services
   . Improve the quality of maternal and child health services
7. **Brief description of the project (Project summary)**: this involves reimbursement of the delivery's expenses in public hospital, accredited private hospital, FBOS hospitals and low-cost private hospitals, under the expanded program.
   The new expanded program will cover essential health services for the woman and the child for a period of one year which will include;
   - ANC services
   - Delivery
   - PNC services (Post-natal care)
   - Emergency referrals for pregnancy related complications and conditions during and after Pregnancy
   - Infant care both outpatient and in patient
8. **Project stage:3***5.4%*
9. **Estimated project duration (months*):** 132 months*

10. Estimated project cost: Ksh45,500,000,000	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	Ksh 3,960,500,000	Ksh 4,298,000,000	Ksh 4,298,000,000	Ksh 4,315,000,000	Ksh 16,474,000,000

11. **Outline economic and social benefits: better service delivery**
    I, Eliminate financial barrier to access of maternity services
    ii Improved pregnancy outcomes
    iii Secure household income for other economic activities
    iv Lower maternal and neonatal mortality.
    V Achieve maternal and child health targets set out in the Kenya Health Policy, (2014-2030)
12. **Outline sources of financing**: ***GOK***

PROJECT 23

1. **Project name**: *Transforming Health System for Universal HealthCare*
2. **Project geographic location:** Nationwide
3. **Project Type/Category**: Mega
4. **Implementing organization (s):** Ministry of Health

5. **Counties covered**: All 47 counties

Project Purpose: The Project Objective is "to improve utilization and quality of primary health care (PHC) services with a focus on reproductive, maternal, new-born, child, and adolescent health services." The Project will achieve this objective by:

I. Improving access to and demand for quality PHC services;
II. Strengthening institutional capacity in selected key areas to improve utilization and quality of PHC services; and
III. Supporting cross-county and intergovernmental collaboration in the recently devolved Kenyan health system. The Project is placing a strong focus on results by allocating resources to each county based on their improved coverage and quality of essential PHC services that are directly linked to the Project Objective and other factors including equity. The Project's support to strengthen the M&E system, including the routine HIS, will improve the quality of data for monitoring progress toward the achievement of Project Objective.

7. Brief description of the project (Project summary): The Project is expected to benefit the whole population; the key beneficiaries are women of reproductive age (WRA), including adolescents and children under five who utilize PHC services most. As other partners are already providing various supports, especially to the underserved counties, the Project will provide support to all 47 counties to address critical gaps not funded by domestic or external funding and to build institutional capacity. The Project will also use various mechanisms to identify and address inequity, such as underserved populations or areas, in each county. Bridging these gaps will help to improve utilization and quality of PHC services.

Effective Start date of the Project: October 3, 2016.
End Date: 30 September, 2021

8. Project stage: *7.7%*

9. Estimated project duration (months) 60

10. Estimated project cost: 19,110,000,000	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	Ksh 952,088,235	Ksh 5,126,293,692	Ksh 3,546,900,000	Ksh 4,359,200,000	Ksh 4,608,000,000

11. Outline economic and social benefits

Project Development Impact

a. **Strong and resilient health systems are at the centre of development.** Resilient health systems respond to the needs of citizens, transform and adopt skills and techniques to provide best quality services and are resilient to internal and external shocks. In 2013, Kenya embraced devolution and health service provision was devolved to the 47 county governments. The systems and institutions tasked with providing high quality health services under the devolved structure are weak but evolving. The Project will help lay the foundation for a stronger health system to improve utilization and quality of PHC service in Kenya by strengthening institutional capacity. In particular, the Project's support to build MOH and county capacity for implementing UHC reforms in Kenya will pave the way to improved access to health care services for the poor and enable Kenyans to realize their rights to quality health care as enshrined in the 2010 Constitution.

b. **The health benefits of investing in PHC and strengthening health systems are well documented globally**. Strong health systems and institutions, which deliver quality PHC services, coupled with increased uptake of high-impact interventions through community-based approaches have been shown to be more cost-effective and better able to reach the poorest communities. The medium- to long-term results include a reduction in maternal deaths, improvement of child survival rates, a reduction of chronic morbidity especially for mothers and children, and lowered incidence of non-communicable diseases later in life.

c. **The Project will contribute to the country's long-term economic growth** in the form of higher GDP arising from savings on health costs, increased labour force participation, and higher productivity. The only available evidence shows that one maternal death would reduce annual GDP per capita by US$0.42 (in 2015 prices) in Sub-Saharan Africa. The cost of maternal deaths to the Kenyan economy can be substantial as close to 5,500 women die in Kenya each year. High fertility rates also negatively

impact a country's development due to increased investment in education, health, and other related areas in the long term; and delaying the impact of 'demographic dividend'. Kenya could cumulatively save US$114.7 million per year if the unmet need for FP was addressed.

d. **The Project will also contribute towards reducing indirect costs associated with seeking Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services.** In addition to contributing to economic development, the benefits of investing in RMNCAH services have important social value, which cannot be estimated quantitatively. The most recent data showed that the indirect costs of maternal deaths in Africa amounted to US$4.5 billion in 2010. Other benefits of reduced morbidity and mortality for mothers and children include higher quality of life, higher nutrition status, better cognitive development, and improved performance at school.

e. **In addition, the Project will promote equity and shared prosperity.** By increasing resources available for PHC services and community-based interventions, the Project has high potential to: (i) reach the poorest and most needy population, who hardly use hospital level services due to affordability and other access barriers; and (ii) contribute to improved technical and allocative efficiency. Also, the Project will provide more funding for the underserved counties especially in Year 1 using the CRA formula, adjusted by county needs.

f. **A cost-benefit analysis (CBA) shows that the Project is a sound economic investment**. The present value of the Project's benefit is US$954.2 million, and the cost is US$174.9 million. The net present benefit is US$779.2 million with a benefit-to-cost ratio of 5.46:1, meaning a return of US$5.46 for every dollar invested. Sensitivity analysis suggests that the Project would still be economically viable even if it only achieved half of the benefits estimated. If the social value of a life saved (that is, 50 percent of annual GDP per capita) is taken into account, the benefit-to-cost ratio increases to 8.18:1.

Project 24					
1. **Project name:** East Africa Public Health Laboratory Networking Project (EAPHLN)					
2. **Project geographic location:** Busia, Machakos, Wajir and Kilifi counties					
3. **Project Type/Category:** Large					
4. **Implementing organization (s):** Ministry of Health					
5. **Counties covered:** 4 - Busia, Machakos, Wajir and Kilifi counties					
6. **Project Purpose (Context and need for the Project):** To strengthen the National Public health laboratories and referral capacity through control, diagnosis, treatment and surveillance of the tuberculosis and other communicable diseases					
7. **Brief description of the project (Project summary):** To modernize and expand the diagnostic capacity of the National Public Health labs in Busia, Machakos, Wajir and Malindi.					
8. **Project stage: 72%**					
9. **Estimated project duration (months)** *120 months*					
10. **Estimated** project cost:	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
DONOR Ksh3,486,000,000	Ksh479,250,265	Ksh203,030,478	Ksh200,000,000	Ksh200,000,000	Ksh374,000,000
11. **Outline economic and social benefits**: Improving diagnostic capacity of the Labs					
12. **Outline sources of financing**: *World Bank (IDA)*					

Project 25
1. Project name: ***Food and Nutrition Support for Vulnerable Populations Affected by HIV***
2. Project geographic location: ***Nation Wide***
3. Project Type/Category: ***Medium***
4. Implementing organization (s): ***Ministry of Health***
5. Counties covered: ***47***
6. Project Purpose (Context and need for the Project): ***provision of food supplement to the HIV/Aids infected population***

7. Brief description of the project (Project summary): ***this project is funded by the world food program to assist the HIV infected population by providing them with food and nutrient to boost their immunities.***					
8. Project stage :73.3***%***					
9. Estimated project duration (months***) 120 months***					
10. Estimated project cost: Ksh1,621,500,000	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	-	Ksh 324,300,000	Ksh 89,900,000	Ksh 0	Ksh
11. Outline economic and social benefits:					
12. Outline sources of financing: ***WFP***					

Project 26					
1. **Project name**: *Rehabilitation of hospitals (KIDDP-Italy*)					
2. **Project geographic location**: Ngong (Kajiado County) Likoni (Mombasa County), Muhoroni (Kisumu County), Usenge (Siaya County), Kigumo (Muranga County), Kapenguria (West Pokot County)					
3. **Project Type/Category** (see Para 6 above): *Medium*					
4. **Implementing organization** (s): *Ministry of Health*					
5. **Counties covered**: 1 Various					
6. **Project Purpose** (Context and need for the Project): *Enhance the capacity of the Health Facilities*					
7. **Brief description of the project** (Project summary): Improve the facilities amenities infrastructure and Medical Equipment					
8. **Project stage** (see Annex 1 above):*92%*					
9. **Estimated project** duration (months) *36 months*					
10. Estimated project cost:	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY2021/22
Ksh274,121,278.40	Ksh253,000,000	Ksh253,000,000	21,400,000		
11. **Outline economic and social benefits**:					
12. **Outline sources of financing**: *Kenya Italy Debt for Development Project*					

Project 27					
1. **Project name**: *Wajir District Hospital*					
2. **Project geographic location**: *WAJIR*					
3. **Project Type/Category** (see Para 6 above): *Medium*					
4. **Implementing organization** (s): *Ministry of Health*					
5. **Counties covered**: 1 (*:*) *Wajir*					
6. **Project Purpose** (Context and need for the Project): *Modernization and Expansion Wajir Hospital*					
7. **Brief description of the project (Project summary**):to improve the quality of healthcare services to the region construction and equipping the hospital was conceived supported by Arab Bank for Development of East Africa. The construction works involve: outpatient block, female wards, Theatre/ICU/HDU Block, Kitchen/Laundry/Bulk Storage and Mortuary.					
8. **Project stage** (see Annex 1 above):***64%***					
9. **Estimated project duration** (months*) 108months*					
10. Estimated project cost: Ksh1,000,000,000	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
	Ksh25,000,000	-	120,000,000	120,000,000	120,000,000
11. Outline economic and social benefits: Better Healthcare to the Public					
12. Outline sources of financing: ***BADEA***					

Project 28					
1. **Project name**: Construct a wall and Procure Equipment at National Spinal Injury Hospital					
2. **Project geographic location**: Nairobi					
3. **Project Type/Category** (see Para 6 above): *Small*					
4. **Implementing organization** (s): *Ministry of Health*					
5. **Counties covered**: 1 Nairobi					
6. **Project Purpose** (Context and need for the Project): *Secure the institution and provide the necessary equipment to enable it give quality and efficient service*					
7. **Brief description of the project (Project summary**): the intervention was for the fencing of the National spinal injury to make it secure and to procure the equipment that include the standby generator. The fencing is to be completed in 2016/17. The procurement of the standby generator has begun and is expected to be paid in 2017/18. This equipment is very important during the power outage.					
8. **Project stage** (see Annex 1 above) *44%*					
9. **Estimated project duration** (months) *60 months*					
10. Estimated project cost: Ksh50,000,000	FY2016/17	FY2017/18	FY2019/20	2020/21	2021/22
	Ksh4,000,000	Ksh6,000,000	35,500,000	0	0
11. Outline economic and social benefits:					
12. Outline sources of financing: *GOK*					

Project Name 29	Rehabilitation of Afya House- Phase I
Project Geographical Location	Ministry of Health Headquarters (Afya House)
Project Type	Medium
Implementing Organization	Ministry of Health
Counties Covered	N/A – National Ministry of Health
Project Purpose	Improve and rehabilitate the work environment.
Brief Description	The Project is geared towards overhaul of old dilapidated infrastructure which include buildings, office face lifts, furniture, elevators, sewerage system, Toilets, ICT, communication system and security system.
Project Stage	0%

Estimated project duration	48 months		
Outlined Economic and Social Benefits	▪ Physical building (Afya House) refurbishment and modernized Afya House. ▪ Improved work environment ▪ Improved Health		
Outline Source of Funding	G O K		
Estimate Cost Ksh500million	2019/20	2020/21	2021/22
	30m	100m	270m

PROJECT 30					
1. Project name: **Universal Health coverage**					
2. Project geographic location: **in 47 counties**					
3. Project Type/Category (see Para 6 above): **Large**					
4. Implementing organization (s): **Ministry of Health and 47 County governments**					
5. Counties covered: 0 (:) **47**					
6. Project Purpose (Context and need for the Project): By 2022 all persons in Kenya will have access to essential services they need for their health and wellbeing through an explicit essential benefit package without the risk of financial catastrophe					
7. Brief description of the project (Project summary): The 47 counties strengthen their health systems to provide free services in public health facilities (essential health benefit package) from levels 1 to level 5 while, in ensuring that highly specialised services access health care through prepaid premiums). The essential health package that is required to achieve 100% UHC categorized this into four major components that will be cost drivers for UHC weighted in the proportion: Community health services (2.07% of total the required resources); Basic and specialized health services (80.91% of the total resource allocations); Public health services and (0.08%) and Health systems strengthening (16.95%)					
8. Project stage (planning for pilot and health systems strengthening):**0%**					
9. Estimated project duration (months) 48 months					
10. Estimated project cost: Ksh160,500,000,000	FY2018/19	FY2019/20	FY2020/21	FY2021/22	
		Ksh 3,000,000,000	Ksh 55,500,000,000	Ksh 102, 000, 000,000	
11. Outline economic and social benefits: improved health outcomes in the country					
12. Outline sources of financing: ***GOK***					

Project 31
1. Project name: ***Cancer Institute***
2. Project geographic location: ***Nation Wide***
3. Project Type/Category (see Para 6 above): ***Medium***
4. Implementing organization (s): ***Ministry of Health***
5. Counties covered: 1 (*:*) ***47***
6. Project Purpose (Context and need for the Project): ***Establishment of 47 cancer screening centers.*** The intervention will also serve as a common basket through which the required investments for the war on cancer can be channeled for efficient use. The ultimate goal of the program is to promote equitable and affordable access to evidence-based cancer prevention and control services for all Kenyans.
7. **Brief description of the project (Project summary):** Cancer is one of the leading causes of death worldwide accounting for 13% of all global mortality. In Kenya, it is estimated to be the second leading cause of NCD related deaths after cardiovascular diseases and accounting for 7% of overall national mortality. Existing evidence shows that the annual incidence of cancer is close to 37,000 new cases with an annual mortality of over 28,000. There is also evidence that between 7000 to 10000 Kenyans seek specialized medical care abroad with a large proportion being specialized cancer treatment. This translates to approximately 7-10 billion worth of health care services imported annually. In response to this growing challenge, the

government has made tremendous progress in developing national policies, strategies and legislation to address cancer control. The enactment of the Cancer Control Act 2012 signified government commitment to addressing cancer while the Kenya Health Policy 2014-2030, Kenya National Strategy for Prevention of NCDs 2015-2020 and the National Cancer Control strategy 2011-2016 have prioritized cancer control interventions. In order to put in place proper mechanisms to maximize coordination and minimize duplication in cancer prevention and control, MOH proposes the formation of a national cancer prevention program. The intervention is therefore to Purchase Cancer screening machines and establishment of screening centers in the 47 counties to help in containing and reducing cancer cases in the country					
8. Project stage (see Annex 1 above):**1.7%**					
9. Estimated project duration (months***) 60 months***					
1. Estimated project cost: Ksh8,000,000,000	FY2018/19	FY2019/20	FY2020/21	FY2021/22	
	400,000,00	Ksh400,000,000	Ksh350,000,000	Ksh6,714,290,000	
10. Outline economic and social benefits: The program will bring together relevant personnel, information and infrastructure that are necessary for a coordinated approach to cancer prevention and control. It will also serve as a common basket through which the required investments for the war on cancer can be channeled for efficient use. The ultimate goal of the program is to promote equitable and affordable access to evidence-based cancer prevention and control services for all Kenyans					
11. Outline sources of financing: ***GOK***					

PROJECT 32					
1. **Project name**: Mwai Kibaki Teaching & Referral Hospital for Non- Communicable Diseases					
2. **Project geographic location**: Othaya Nyeri					
3. **Project Type/Category**: Mega					
4. **Implementing organization (s)**: Ministry of Health					
5. **Counties covered**: National					
6. Project Purpose. This hospital once fully operational will be a centre of excellence in treatment, teaching and research in non-communicable diseases.					
6. **Brief description of the project:** The expected outcomes are of the project is to provide excellent tertiary level healthcare in NCDs significantly reducing the need for Kenyans to seek treatment abroad; provision of training opportunities for university medical education: research in NCDs					
6. **Project stage**: %					
7. **Estimated project duration (months):**96 months					
8. **Estimated project cost**: Ksh **15,644,000,000**	FY2017/18	FY2018/19	2019/20	2020/21	2021/22
	-	150,000,000		3,500,000,000	4,000,000,000
Outline economic and social benefits: Mwai Kibaki Teaching and Referral Hospital will be the referral facility for all level 4 & 5 hospitals both public and private/faith based, within the greater Mount Kenya region. Currently patients seen in these hospitals are referred to KNH that is far off in Nairobi. And in any case KNH is overstretched in its capacity to offer service. The provision of the tertiary care will improve the health outcomes within the catchment area.					
9.					
10. **Outline sources of financing:** G*OK*					

KENYATTA NATIONAL HOSPITAL

Project 33

1. Project name: Cancer Treatment Centre

Project geographic location: Nairobi County-KNH

Project Type/Category: Capital Project

Project Purpose: To improve the delivery of Health care. The project is aimed at creating a cancer centre of excellence in Oncology. This will involve civil works to expand the space and accommodate more bunkers for modern radiotherapy equipment. Through this project, the Hospital will eliminate the waiting list for patients requiring radiotherapy services and eliminate waiting periods between prescription and actual treatment. It will also provide a conducive atmosphere to reduce time for conclusive diagnosis for patients whose diagnosis is not clear and facilitate cancer screen services. In addition, it will provide training facility for the Faculty of Medical Oncology at the University of Nairobi to facilitate for a Master's degree in Haematology/Oncology and training of oncology nurses and other auxiliary staff. The project could face the risk of lack of adequately trained staff in the country. This will be mitigated by involving the UON to provide training services from inception.

Brief description of the project: This will involve construction and equipping of a Cancer Treatment Centre. By modernising equipment and infrastructure, we will cater for increased demand for oncology and offer competitive services locally and regionally. The facility will enhance research in cancer and promote training for both local and regional consumption. This will encourage medical tourism and attract research grants. The facility will provide a platform for multi-disciplinary dimension of cancer care aimed at improving clinical outcomes. Efficient and effective service delivery through timely diagnostics and treatment of cancer cases

Sustainability of the facility and services therein will be through modest user fee and research grants.

Project stage; Construction is ongoing: excavations underway…**12.5%**

Estimated project Duration-**36 months**

Estimated Project Cost: **KES.2,000,000,000**	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	2021/21
GOK	Ksh 250 Million	0	Ksh 250.00	Ksh 750.00 Million	Ksh 1,000.00 million

Economic and social benefits: - The facility will lead to reduction of cost of seeking cancer treatment to patients through harmonized treatment processes and guidelines. Savings accruing from foreign exchange for those who would have sort cancer treatment outside the country, training, and competitive services to attract medical tourists from the region. In addition, the facility will attract research grants.

Outline sources of financing: The project cost is approximately Ksh 2B. The GOK has provided Ksh 250,000,000 leaving a balance of Ksh 1,750,000,000.00

The facility will lead to reduction of cost of seeking cancer treatment to patients through harmonized treatment processes and guidelines. Savings accruing from foreign exchange for those who would have sort cancer treatment outside the country, training, and competitive services to attract medical tourists from the region. In addition, the facility will attract research grants.

Project 34

Project Name: DAY CARE CENTER

Project geographical location: Nairobi County-KNH

Type/Category: CAPITAL PROJECTS

Project purpose: This will provide outpatient or same-day surgery that does not require an overnight Hospital stay. The purpose of the day-care surgery is to keep patient Hospital costs down, reduce patient turnaround time and reduce congestion in the wards. The project will address the problem of delayed diagnosis in some diseases like stomach and colon cancers and reduce inefficiency in providing surgical services.

The project relates to the social and economic pillar of vision 2030, by embracing modern surgical technology, attracting medical tourism, increase access to screening, diagnostic and curative services. It will also provide a local training facility for endoscopic surgeries locally and regionally.

Brief description of the Project:
It will involve construction and equipping of theatres, recovery wards and related diagnostic services at an identified site within KNH. On completion it will address the problem of congestion in the surgical wards, diagnose and treat variety of conditions without open surgery, increase revenue generation for the Hospital and reduce the cost of seeking health care for the clients and train local and regional specialists. Sustainability of the services will be through inclusion of the service in the universal healthcare coverage under NHIF and modest charge through the user fee.

Project stage:**52.12%**
: Construction cost is Ksh 210 million
: Equipment required for the facility approximately Ksh168 Million

Estimated project duration: **36months**

Estimated project cost Ksh 378,000,000	FY2016/17 Ksh	FY2017/18 Ksh	FY2018/19 Ksh	Y2019/20 Ksh	FY2020/21 Ksh
Meralli	100,000,000				
GOK		0	50,000,000	50,000,000	76,000,000

Outline economic and social benefits: The economic and social benefits will include reduced cost of health care, faster diagnosis, timely intervention and reduced Hospital stay. It will provide a hub for training and research. Will promote medical tourism in the region.

Project 35

Project Name: Burns Management Centre and Paediatrics Emergency Centre (BADEA PROJECT)

Project Geographic Location: Nairobi-KNH

Project Type/Category: Capital Project

Implementing Organization(s): KNH

Project Purpose: To provide Paediatrics Emergency and early and late burns management in a controlled environment. This will improve preparedness and response to emergencies and disasters as envisioned in Medium-Term Plan of the Vision 2030.

Brief Description: This will involve the construction and equipping of a paediatric emergency Centre with a specialised Burns treatment wing. This will separate the Children from the Adults and create an ideal environment for control of nosocomial infections. The key outputs are;

- Reduced congestions at the paediatrics filter clinics and wards,
- Improve clinical outcomes for the target population,
- Facilitate the control of nosocomial infections.

The Project faces the risk of Price escalation and inadequate funding which will be mitigated by adherence to the terms and conditions of the contract; and negotiating with the Donors for to share on the additional funding respectively.
Sustainability of the project will be ensured through inclusion of the service in the universal healthcare coverage under NHIF, modest charge through the user fee and for burns, lobbying for introduction of oil levy to supplement costs of treating burns patients.

Project Status: On-going –excavation underway

Estimated Project Duration (months): **24 months**

Estimated Project Cost: 2.9 Billion	2016/17	2017/18	2018/19	2019/20	2020/21
BADEA (516 M)					
OFID (688M)					
STD (536M)	0	o	744	491	1.0
GOK	343	40.0	181.25	350	1,152.75

Economic and social benefits: On the economic benefit, it will reduce time and money spent due to long waiting delays in treatment (Elimination of down time and wastage). For the Hospital, it will diversify and enhance revenue generation for financial sustainability.
The social benefits of the project include reduction of infections among patients leading to less complications and reduction in

disability; facilitate speedy recovery and improved quality life years. It will also improve national preparedness and response to emergencies and disasters besides providing a training facility for capacity building.

Outline Sources of Funding: GoK (Counterpart funding) and Development partners (BADEA, OFID, Saudi Fund for Development)

MOI TEACHING AND REFERRAL HOSPITAL

Project 36

1. **Project name:** Equipping of Cancer & Chronic Disease Management Centre
2. **Project geographic location:** Eldoret
3. **Project Type/Category** - **Category 2/ Large**
4. **Implementing organization(s):** Moi Teaching and Referral Hospital
5. Counties covered: **National**
6. **Project Purpose:**
   This project will address treatment of cancer which has increased incidence in the country. It is expected that the project shall enable early diagnosis of cancer and hence effective treatment.
   Relationship to Medium Term Plan of Vision 2030
   This is a flagship project outlined in MTP II of the Kenya Vision 2030.
7. **Description of Project**
   The Building works for Cancer & Chronic Disease Management Centre has been completed with 100% donor funding. However, no equipment installed by donors. This allocation is needed to buy Linear Accelerator with 3D Conformational Treatment Unit, CT Simulator, Treatment Plan and all other accessories.
   Expected Results/Output
   Currently, 5,000 patients receive Chemotherapy services at the Hospital. The rest are referred to KNH for Radiotherapy treatment. Under the project, up to 15,000 patients will receive Radiotherapy services per year. The project will enable access to affordable services for patients, reduce waiting time for radiotherapy services and decongest KNH. It will also reduce the need for poor patients to seek medication in foreign countries.
   Sustainability
   The Hospital will charge nominal fees (cost shared) to ensure self-sustainability of the project.
8. **Project stage** – Ongoing **0.39%**
9. **Estimated project duration** -**48 months**
10. Estimated project cost: Ksh **1.193Billion** (**Construction and Equipping**) - Ksh 450 Million Supported by donor)

FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY 2021/22
Ksh Million (GOK)	Ksh …. 0Million (GOK)	Ksh-350 Million (GOK)	Ksh - 0	KSH373 Million

11. **Outline economic and social benefits**:
    - Access to affordable, specialized and quality healthcare for poor patients
    - A healthy and productive population
12. **Outline sources of financing**: GOK

Project 37

1. **Project name:** Equipping of the Children Hospital
2. **Project geographic location:** Eldoret
3. **Project Type/Category** - **Category 3/ Medium**
4. **Implementing organization(s):** Moi Teaching and Referral Hospital
5. **Counties covered**: National
6. **Project Purpose:**
   To provide comprehensive care for children
   Relationship to Medium Term Plan of Vision 2030
   This is a flagship project outlined in MTP II of the Kenya Vision 2030.
7. **Description of Project**

The Project will provide comprehensive care for sick children. This project is the first public children Hospital in East and Central Africa with a bed capacity of 120. This allocation is needed to buy Equipment for 2 Theatres, 12 Pediatric ICU & HDU and Burns unit.

Expected Results/Output

It will provide comprehensive care for children with 9,000 inpatient admissions and 80,000 outpatients for specialized services per year.

Sustainability

The Hospital will charge nominal fees (cost shared) to ensure self-sustainability of the project.

8. Project stage – Ongoing @0.43%

9. Estimated project duration - 24 months

10. Estimated project cost: **Ksh 680** Million
- Construction **Ksh 250** Million (Donor – **Ksh 200** Million, GOK **Ksh 50** Million)
- Equipping GOK – **Ksh 410** Million for FY 2016/17

FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY 2021/22
Ksh 40 Million (GOK)	Ksh …0 Million (GOK)	Ksh37.50 Million (GOK)	Ksh 352 Million (GOK)	Ksh 0

11. Outline economic and social benefits:
- Access to comprehensive healthcare for Children
- A healthy and productive population

12. Outline sources of financing: GOK

Project 38

1. Project name: Equipping of Maternity Hospital (Mother & Baby Hospital)

2. Project geographic location: Eldoret

3. Project Type/Category - **Category 3/ Small**

4. Implementing organization(s): Moi Teaching and Referral Hospital

5. Counties covered: National

6. Project Purpose:

To meet demand for services to mothers under the Free Maternity Services

Relationship to Medium Term Plan of Vision 2030

This project is a strategic priority of the Jubilee Administration and geared towards attainment of the Kenya Vision 2030.

7. Description of Project

The Project is geared towards provision of free maternity services. It's a 164 Bed Unit with 100 beds for mothers and 64 beds for new born. The project gives free maternity services to mothers i.e antenatal care, delivery and postnatal care with a view of reducing maternity related mortalities and neonatal mortality. This allocation is needed to buy Equipment for the second maternity theatre, Maternal ICU, Neonatal ICU and the new born unit (Neonatal Incubators, Phototherapy Units, Neonatal Monitors, CPAP etc).

Expected Results/Output

Free maternity services to 14,000 mothers expected to deliver per year.

Sustainability

The Hospital will claim reimbursements from NHIF under Linda Mama scheme (cost shared) to ensure self-sustainability of the project.

8. Project stage – Ongoing

9. Estimated project duration - 48 Months

10. Estimated project cost: Ksh 120 Million

FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY 2021/22
Ksh 20 Million	Ksh…. Million	Ksh 50 Million	Ksh50 Million	Ksh 20 Million

11. Outline economic and social benefits:
- Access to free maternity services

- Reduction of Maternal and Neonatal Mortality

12. Outline sources of financing – GOK

Project 39

1. Project name: Phase II Equipping of ICU

2. Project geographic location: Eldoret

3. Project Type/Category - **Category 3 / Medium**

4. Implementing organization(s): Moi Teaching and Referral Hospital

5. Counties covered: National

6. Project Purpose:
To provide the WHO recommended ICU & HDU beds to meet the demand. The Hospital requires 40 ICU & HDU beds (5% of 800 bed capacity). The Hospital currently has only 6 ICU beds leading to the Hospital outsourcing the service from private hospitals. 200 patients are referred for ICU care in other facilities every year. This allocation shall enable expansion and equipping of ICU to enable patients access service affordably.
Relationship to Medium Term Plan of Vision 2030
This is a flagship project outlined in MTP II of the Kenya Vision 2030 for Modernization of Equipment at MTRH. It also fulfills the constitutional obligations on provisions of healthcare to Kenyan Citizens.

7. Description of Project
To Procure ICU & HDU Beds, Patient Monitors, Suction Machines, Defibrillators, Mechanical Ventilators and Infusion Pumps.
Expected Results/Output
Project is geared towards giving access to specialized healthcare as enshrined in the Kenya Constitution 2010. All patients in need of ICU/HDU service will receive it at the Hospital without need to refer.
Sustainability
The Hospital will charge nominal fees (cost shared) to ensure self-sustainability of the project.

8. Project stage – **39%**

9. Estimated project duration - **48 months**

10. Estimated project cost: Ksh 220 Million

FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY 2021/22
Ksh 170 Million	Ksh 30 Million	Ksh 63.75Million	Ksh21.25	Ksh 0

11. Outline economic and social benefits:
- Access to specialized healthcare
- Reduce referral of referred cases to other Hospitals including Private Hospitals
- Improved Clinical Outcomes

12. Outline sources of financing – GOK

KENYA MEDICAL RESEARCH INSTITUTE

Project 40

Project name 1: *Research and Development (Solution for health)*

1. **Project geographic location**: National
2. **Project Type/Category:** Large
3. **Implementing organization** (s): KEMRI
4. **Counties covered**: all 47 counties
5. **Project Purpose**

The project will ensure focused research on national and county health priority needs and response to emerging and re-emerging diseases, including non-communicable (NCDs), communicable conditions, biotechnology and bio-terrorism. The research findings

will inform policy formulation aimed at improving quality of health care and ultimately reduce morbidity and mortality.

6. **Description**
   KEMRI focus on research targeting Non-communicable diseases, parasitic and infectious diseases, and intervention including nanotechnology and herbal medicine. Strategic teams have been constituted to conduct research on thematic areas which include: public health and health systems, non-communicable diseases, parasitic and infectious diseases, Biotechnology, natural products research and maternal and child health research.
7. Project stage (see Annex 1 above): **14.25%**
8. Estimated project duration (months): **72 months**

9. Estimated project cost: Kes 3,600 GOK	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	Ksh 65M	Ksh 228.8M	Ksh 171.60M	Ksh 228.80M	Ksh 2,457.00M
DONOR					

10. **The economic and Social benefits** include reduction of ill health and increase of productive years among Kenyan will lift the poor Kenyans from absolute poverty, less orphaned and widowed citizens, prevent chronic illness that will reduce expensive medical care in future (due to more targeted research)
11. **Outline sources of financing**: GOK/ Donor

Project 41

Project Name 2: ***Perimeter fencing around KEMRI parcels of land (Taveta &Kirinyaga*)**

2 **Project Geographic Location**: KIRINYAGA AND TAVETA

3 **Project Type/Category**: Medium

4 **Implementing Organization**(s): KEMRI

5 **Counties Covered:** KIRINYAGA& TAVETA

6 **Project Purpose:** Kenya Medical Research Institute is a national Health research institution with facilities in Nairobi, kilifi, Kisumu, busia, Kericho, Kwale, Kirinyaga and Taveta. This project aims at securing research facilities in Kirinyaga and Taveta in order to provide conducive environment for coordination and conduct of research. This is in response to the increasing demand for KEMRI to build research capacities to address the local (county specific) health needs through involvement of communities in the management of research and health research services/ activities.

7 **Brief Description:** The project will involve securing institute properties and construction of laboratories and research facilities that will facilitate conduct of clinical trials and specialized diagnostic services with the aim of providing data that can inform policy formulation towards reduction of disease burden at the counties. Special focus will be given to identified priority diseases at the counties

8 **Project Status: 46.1%**

10
Estimated Project Duration (months): **60 months**

11 Estimated Project Cost: **135M**	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
	Ksh15M	-	Ksh 6M		

12
Economic and social benefits: The project aims at reducing the cost incurred in in seeking medical services and the cost of sending samples outside the country

13
Outline Sources of Funding: GOK

Project 42

1.Project name 3: **Sample Storage and management facility**

1. Project geographic location: **Nairobi**
2. Project Type/Category (see Para 6 above): **Large**
3. Implementing organization (s): **KEMRI**
4. Counties covered: **Nairobi**

5. **Project purpose**
The USA Government through Defense Threat Reduction Agency (DTRA) is constructing a sample storage facility in the institute at a cost of KES 607 Million. The GoK is expected to put up the security and CCTV for the facility and this requires Ksh 50M and 40M for purchase and running of software for 5 years. KEMRI has many multiple biological organisms' and other materials that are stored in many labs (in fridges and frozen in nitrogen chambers) within the Institute. These poses a great threat to the community as organism can accidently, by purpose or by natural disaster, leak to the community and cause havoc. Criminals or terrorists can also use them for their evil intention, we therefore take this project seriously

6. This will reduce the chemical and biological threat to the country.

7. Project stage (see Annex 1 above): on-going

8. Estimated project duration (months) Three years

9. Estimated project cost:	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
Ksh607M GOK	-	227,000,000	Ksh 26,250,000	Ksh 8,750,000	-
Donor - USA Government	Ksh 552 M	-	-	-	-

10. **Outline economic and social benefits:**
Greatly reduce expensive man made epidemic, earn feed collected from stored organisms of sponsored studies or from other facilities. Ability to do further studies in future and even trace time and place of new disease entities.

11. **Outline sources of financing**: GOK 10% cost and USA government 90%

Project 43

1. Project name **4: Construction and upgrading of Laboratories**

2. **Project geographic location**: Nairobi, Kilifi, Kisumu, Kwale, Busia, Kirinyaga and Taveta

3. **Project Type/Category** (see Para 6 above): Medium

4. **Implementing organization** (s): KEMRI

5. **Counties covered**: all 47 counties

6. **Project Purpose**
KEMRI has a total of seventy-seven (77) laboratories spread across the country out of which thirty (30) labs are accredited. Forty-seven (47) labs require upgrading to international standards in order to provide reliable quality data and enhance biosecurity levels. The upgraded and accredited labs will increase the quality of research findings and its uptake in planning and policy review.

7. **Description**
KEMRI will play its role in providing solutions in implementing UHC by focusing on research targeting public health and health systems using highly trained staff and wide geographical presence. The research will be done in conjunction with stake holders mainly county teams

8. **Project stage: 7.95%**

9. **Estimated project duration** (months) **36 months**

10. Estimated project cost: Kes635M	FY2017/18	FY2018/19	FY2019/20	FY2020/21	FY2021/22
GOK			Ksh 42.75	Ksh 138M	Ksh 404.25M
DONOR					

11. **Outline economic and social benefits:**
The labs will provide research results that meet international standards

12. **Outline sources of financing**: 100% funded by GOK

KENYA MEDICAL TRAINING COLLEGE

Project 44					
Project 1: *Construction of Tuition Block Kisumu Campus*					
Project Name: Construction of buildings					
1.**Project geographical location**: Kisumu County					
2.Type/Category:					
3.**Implementing organization**: KMTC					
4.**Counties covered**: 1					
5. **Project purpose**: This will take care of the new programs that have been started earlier.					
6. **Brief description of the Project**: Construction of tuition blocks compose of classrooms, libraries and offices.					
7: **Project stage**: Tender advertised					
8.**Estimated project duration**: Two years					
Estimated project cost:465 Million	FY 2017/18 Ksh 10 Million	FY2018/19Ksh 16 Million	FY2019/20Ksh 180M	FY2020/21Ksh 141M	FY2021/22 Ksh 43 Million
10. **Outline economic and social benefits**: Will increase training opportunities to meet the demand for middle level health workers in the country.					
11.**Outline sources of financing**: GOK					

Project 45					
Project 2: Construction of Tuition/Laboratory Block Wajir Campus					
Project Name: Construction of buildings					
1.Project geographical location: Wajir County					
2.Type/Category:					
3.Implementing organization: KMTC					
4.Counties covered: 1					
5. Project purpose: This is a new constituent college which require physical infrastructure particularly the tuition block, Offices and Hostel facilities					
6. Brief description of the Project: Construction of tuition blocks compose of classrooms, libraries and offices.					
7: Project stage: 29%					
8.Estimated project duration: 24 months					
Estimated project cost:120 Million	FY2017/18 Ksh 40Million	FY2018/19Ksh 4.4Million	Y2019/20Ksh	FY2020/21	FY2021/22
10. Outline economic and social benefits: Will increase training opportunities to meet the demand for middle level health workers in the country.					
11.Outline sources of financing: GOK					

Project 46

Project 3: Construction and equipping of lab and classes					
Project Name: **Construction of labs and classes**					
1.Project geographical location: **country**					
2.Type/Category: **nationwid**e					
3.Implementing organization: KMTC					
4.Counties covered: 43					
5. Project purpose: This is a new constituent college which require physical infrastructure particularly the tuition block, Offices and Hostel facilities					
6. Brief description of the Project: Construction of tuition blocks compose of classrooms, libraries and offices.					
7: Project stage: Ongoing					
8.Estimated project duration:28 months					
Estimated project cost:1272B	FY2017/18 Ksh 5Million	FY2018/19Ksh 333.2Million	Y2019/20Ksh 150Million	FY2020/21 Ksh 175 Million	FY2021/22 Ksh 175Million
10. Outline economic and social benefits: Will increase training opportunities to meet the demand for middle level health workers in the country.					
11.Outline sources of financing: GOK					

KENYA MEDICAL SUPPLIES AUTHORITY

Project 47					
1. **Project name: National Commodities Storage Centre (KEMSA Supply Chain Centre)**					
2. **Project geographic location**: Embakasi-Nairobi County					
3. **Project Type/Category:** Category1-Mega Project					
4. **Implementing organization (s):** Kenya Medical Supplies Authority					
5. **Counties covered: National**					
6. **Project Purpose:** To improve the delivery of Health Medical Commodities					
7. **Brief description of the project**: This will involve construction and equipping of a customized, state of the art supply chain centre at Embakasi.					
8. **Project stage;** On-going					
9. **Estimated project Duration**-Three Years					
1. Estimated Project Cost: 3,977,936,217	**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**	**FY 2021/22**
AIA	**327,868,695**	**676,964,062**	**500,000,000**		
GOK Grant		**94,200,000**	**262,500,000**	**500,000,000**	**3,293,400,000**
Foreign Grant-GLOBAL FUND	**973,103,460**				
11. Outline economic and social benefits: Economic benefits; - The new warehouse will ensure that medical supplies are handled effectively and efficiently country wide. The new supply chain centre will improve access to essential medicines, by ensuring regular, shorter supply chains and continuous availability of medicines in the public health facilities. There will be improved responsiveness during diseases outbreaks and disasters or emergencies due increased space. Savings of warehouse leasing costs will be realized and this will translate to value for money in total cost and into reducing prices of pharmaceuticals and medical supplies. There will be improved delivery of essential health services for Kenyans and increased customer satisfaction i.e. county public health facilities, National health facilities and development partners.					
12. Outline sources of financing: The Authority has commenced construction of the modern state of the art medical commodities warehouse. Global fund has committed to support for the construction to the tune of Ksh 973M in the FY 2017/18.KEMSA received					

the “No Objection” to facilitate absorption of the Grant from Global fund in March 2018.The construction was to be financed by MOH pending bill settlement (Ksh 1,092,979,460) and a government grant (Ksh 1,500,000,000). However, in FY 2018/19, The Ministry of Health allocated Ksh 94,200,000 only. The Project is targeted to be complete in the FY 2020/21. There is need for increased allocation from the government to see this project completed on time.

NATIONAL AIDS CONTROL COUNCIL

Project 48

Project name: *Data infrastructure for one country level M&E framework (*Situation *Room System.)*

1. **Project geographic location**: National
2. **Project Type/Category:** On- going Project/Large
3. **Implementing organization (s):** NACC
4. **Counties covered:** 47
5. **Project Purpose**: Timely translation of data and evidence for programming and policies are hampered by a multiplicity of data sources, disparity in methodologies and timeframes and user friendliness of data collected and generated at facility, county and national levels. The Situation Room as a platform for real time HIV data for planning and decision making brings to focus the need to have a one country level M&E framework. This transformative innovation will result in an integrated multi-sectoral, accessible, accurate, reliable and cost-effective information plat-form for HIV programmers and policy makers for decision making.
6. **Brief description of the project:** Provision of real-time data and information on HIV and AIDS for policy and decision making by integration of the M&E subsystems to the HIV Information platform and capacity building of county personnel and maintenance of situation room at all levels of government
7. **Project stage:** 0.21%
8. **Estimated project duration (months):**36 months
9. **Estimated project cost: Ksh390,000,000**

FY2017/18	FY2018/19	FY2019/20	FY 2020/21	FY 2021/22	
	35,400,000	**42,930,000**	**35,000,000**	**196,900,000**	
).	Ksh 40,000,000	Ksh35,400,000	Ksh100,000,000	100,000,000	74,600,000

11. **Outline economic and social benefits**: To effectively and efficiently manage our HIV response, the Situation Room is the gold standard for reliable data for evidence –based decisions for HIV interventions through routine review of data from counties. With an integrated approach of the M&E subsystems, the Situation Room will monitor both the HIV epidemic, its prevention, care and support programs through strategic information, development of HIV informatics systems, expenditure analysis and evaluations.
12. **Outline sources of financing**: The Request is for Ksh 100 million for this project through GOK grant
13. By the year 2018/19 the NACC has received accumulative total of Ksh115, 400,000 towards this project. For the successful completion of this project the remaining funds should be allocated as proposed in No. 9 above**.**

Project 49

Project name: Acquisition of space by the National AIDS Control Council

1. **Project geographic location**: National
2. **Project Type/Category:** Large
3. **Implementing organization (s):** NACC
4. **Counties covered:** Nairobi

5. **Project Purpose:** The project aims at providing office space for NACC, strengthening it for effective coordination of the national response to HIV and AIDS. This will release Ksh 60 million spend annually on office rentals for the NACC programmes and other obligations. The acquisition of office space by the NACC will be in line with the Second Medium-Term Plan of the Vision 2030 objective of reducing total expenditure to 26.6 % of the GDP**.**
Is at phase one

6. **Brief description of the project**: The project is at phase 1, the process of identification of space, approvals, technical support

from technical arms of government and contracts negotiations are advanced. Currently the NACC is housed in private premises and there are other challenges like availability of parking space. The NACC holds meetings with various stakeholders including development partners, public sector, Diplomats, NGOs and members from the civil society organizations, parking slots are inadequate at the private premises.

7. **Project stage:** 0.07%
8. **Estimated project duration (months):** 4 years.

9. **Estimated project cost: Ksh1,400,000,000**	**FY2017/18**	**FY2018/19**	**FY2019/20**	**FY2020/21**	**FY2021/22**
	Ksh200,000,000	Ksh 0	Ksh 50,000,000	Ksh 100,000,000	Ksh1,150,000,000

10. **Outline economic and social benefits**: - Acquisition of own office space will make the NACC a competitive and responsive Authority able to deliver its mandate. The country will save Ksh 60 million annually on rentals which will be available for programmes.
11. **Outline sources of financing**: The Request is for Ksh400,000,000 for this project through GOK grant

Project 50

Project name: Beyond Zero Campaign

1. **Project geographic location**: National
2. **Project Type/Category:**
3. **Implementing organization (s):** NACC
4. **Counties covered:** 47
5. **Project Purpose:** The project aims to improve health of mothers and children especially those who reside in hard-to-reach areas by promoting eMTCT services and cancer awareness. The project also provides mobile clinics, reaching out to mothers and children and assisting other needy cases countrywide. The number of new infections among children has reduced by 57% between 2014 and 2017.
6. **Brief description of the project:** The project involves procuring of special Trucks and equipping them to act as clinics. The Trucks are partitioned like a clinic i.e. examination room, laboratory, dispensing/ dressing room etc. All counties will be provided with the special Trucks, starting with the needy ones (counties situated on arid and semi-arid areas). This project is being led by the office of the First Lady
7. **Project stage:** 59%
8. **Estimated project duration (months):** 6 years.

9. **Estimated project cost: Ksh172,000,000**	**FY2017/18**	**FY2018/19**	**FY2019/20**	**FY2020/21**	**FY2021/22**
	Ksh35,500,000	Ksh31,200,000	Ksh35,200,000	Ksh3,660,000	Ksh 0

Outline economic and social benefits: The project promotes health of mothers and children in general, prevents transmission of HIV from HIV+ mothers to their new-borns, immunization of children, care for children with special abilities, good nutrition for all including the elderly, vitamin supplementation during pregnancy, gender-based violence especially towards children as well as reaching out to needy cases in the hard-to-reach areas. The project has achieved milestones in preventing maternal and child morbidity and mortality, prevented deaths and alleviated sufferings of mothers and children country wide.

10. **Outline sources of financing**: The Request is for Ksh40, 000,000 for this project through GOK grant.
11. By the year 2018/19 the NACC has received accumulative total of Ksh 102,240,000 towards this project. For the successful completion of this project the remaining funds should be allocated as proposed in No. 9 above**.**

Project 51

1. **Project name**: Global Fund HIV Grant (KEN-H-TNT) Counter Part Funds
2. **Project geographic location**: National
3. **Project Type/Category:** Large
4. **Implementing organization (s):** NACC
5. **Counties covered:** 47
6. **Project Purpose:** The programme aims to contribute to achieving Vision 2030 through universal access to comprehensive HIV prevention, treatment and care. Its objective is to reduce new HIV infections by 75% and reduce AIDS related mortality by 25% by 2019.
7. **Brief description of the project:** the project is a continuation of the National HIV programme. The project seeks to use new

programmatic approaches such as combination prevention interventions targeting key populations and high burden geographical areas. There is a strong focus on addressing human rights and gender barriers to improve access to services.					
8. **Project stage:** 22%					
9. **Estimated project duration (months):** 3.5 years.					
10. Estimated project cost: Ksh875,000,000	**FY2017/18**	**FY2018/19**	**FY2019/20**	**FY2020/21**	**FY2021/22**
	Ksh…….	Ksh391,000,000	Ksh225,000,000	Ksh69,000,000	Ksh 0
11. **Outline economic and social benefits**:					
12. **Outline sources of financing**: The Request is for Ksh250, 000,000 for this project through GOK grant.					

ANNEX VII-PROJECTS DETAILS FOR FY 2019/20 AND MEDIUM-TERM PROJECTIONS

Project Code & Project Title	Est. Cost of Project/or Contract value a	Financing		Timeline		Actual cumulative Exp.up to 30th June 2018	Outstanding Project Cost as at 30th June 2018	Project Completion % as at 30th June 2018	Approved Estimates for FY 2018/19		Allocation for FY 2019/20		Projection for FY 2020/21		Projection for FY 2021/2022		Remarks
		Foreign	GoK	Start Date	Expected Completion Date	(b)	(a)-(b)		Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	
	Ksh Million					Ksh Million											
1081101400 Health Sector development (Rep. Health and HIV/AIDS)-Commodity	1,540.00	1,540.00		13/8/14		819.50	720.50	53.2	269.50		269.50		181.50		-		
1081103500 Health System Management (Procurement & Distribution of Vaccines& Sera)-GAVI	17,600.00	17,600.00		7/2/15	7/2/21	6,612.88	10,987.12	37.6	2,600.00		2,600.00		2,600.00		3,187.00		Procurement and distribution of vaccines commodities (e.g. Polio, B.C.G, Measles, penta & Pneumococcal)

																across the Country
1081105500 (Vaccines and Immunizations)	5,000.00		5,000.00	7/2/16	7/2/22	2,019.81	2,980.19	40.0		703.00		703.00		703.00		750.00	Procurement and distribution of vaccines commodities (e.g. Polio, B.C.G, Measles, penta & Pneumoccal) across the country
1081105300 Procurement of Family Planning & Reproductive Health Commodities	525.00		525.00	8/13/14	8/13/24	102.23	422.77	19.5		63.80		97.85		63.80		197.32	Requires more funding from GoK
1081104200 Construct a Radioactive Waste Management Facility (CRWFP)-Ololua	756.00		756.00	4/10/12	4/10/19	703.2.82	52.8	93		52.80							The CRWPF will guarantee safe management, temporary storage and physical security of radioactive waste generated

																within the Country
Special Global funds HIV Grant KEN-H-TNT	5,908.40	5,908.40		1/1/18	6/30/21	463.50	5,444.90	7.8	1,400.00		2,094.70		1,950.00		-		Expansion of access to ARV and priority prevention activities to help in mitigation of the infection
Special Global Fund TB Grant KEN-T-TNT	3,920.10	3,920.10		1/1/18	6/30/21	378.40	3,541.70	9.7	1,309.20		1,008.40		1,008.40		215.70		TB care and prevention by enabling the provision of health commodities in order to alleviate or mitigate tuberculosis case in the country
Special Global Fund Malaria Grant KEN-H-TNT	2,959.30	2,959.30		1/1/18	6/30/21	280.00	2,679.30	9.5	802.00		789.70		789.70		280.00		Mitigation of malaria infection by provision of health commodities

1081105200 Procurement of Anti TB Drugs Not covered under Global fund Tb programme	1,525.00		1,525.00	8/13/14	8/13/24	550.00	975.00	36.1		155.00		128.75		100.00		591.30	The project is a priority and funding levels have increased in 2018/19 FY to enhance provision of TB drugs
1081103200 Nutrition	4,173.60	4,173.60		7/11/11	7/11/21	1,861.80	2,311.80	45.0	60.00		960.00		960.00		331.80		The funds are from UNICEF and are AIA and the allocated amounts are as budgeted by UNICEF
1081103300 Environmental Health Services	644.38	644.38		7/11/11	7/11/21	274.55	369.83	43.0	50.75		50.00		100.00		169.00		The project is for improvement of water and sanitation activities in the counties to ensure safe disposal of human waste administer

																ed by UNICEF
1081104800 Modernize Wards & Staff house- Mathari Teaching & Referral Hospital	256.00		256.00	7/30/13	6/30/21	84.17	171.83	32.9		61.60		70.20		40.03		-	The contract is in phases due to budget constraints. The buildings are in extreme disrepair.
1081102700 Rongai Hospital Project	800.00	500.00	300.00	3/9/15	3/9/22	-	800.00	-	50.80		50.00	25.00	450.00	50.00	124.20	50.00	The project started in FY 2018/19 meant to handle road accidents at Salgaa area
1081103700 Clinical Waste Disposal System Project	1,200.00	1,000.00	200.00	1/3/16	6/30/21	837.00	363.00	69.8	250.00	15.00	50.00	6.25	20.00	21.80		-	The purpose of this project is to reduce exposures to health risks resulting from poor and inadequate treatment of health

																care wastes
1081104000 Clinical Laboratory and Radiology Services Improvement	900.00	900.00		1/7/16	6/30/21	437.80	462.20	48.6	218.90		218.90		25.00				modernization plan of clinical laboratories (50 sites) and provision of diagnostic radiological services (8 sites included in the 50 for laboratory services).
1081105100 Procurement of Equipment at the Nairobi Blood Transfusion Services	2,025.00		2,025.00	2/7/15	2/7/27	391.99	1,633.01	19.4		154.00		147.68		154.00		1,177.41	The Equipment to process blood into blood products are urgently required. Need more financial allocation to cushion the reduction in donor support and increase availability

																of safe blood & blood products.
1081109500 Construction of a Cancer Centre at Kisii Level 5 Hospital	750.00	500.00	250.00	8/10/16	8/10/22	-	750.00	-	10.00		250.00	25.00	240.00	50.00	100.00	75.00	The tendering process will commence in November, 2018. Feasibility done. BADEA
1081104400 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	60,100.00		60,100.00	7/10/13	7/10/25	20,489.09	39,610.91	34.1		9,400.00		9,205.00		9,217.30		11,788.61	Ongoing
1081102500 East Africa's Centre of Excellence for Skills & Tertiary Education	7,348.55	6,680.50	668.05	2/18/16	2/18/26	1,026.21	6,322.34	14.0	1,320.00	300.00	1,320.00	100.00	1,320.00	100.00	2,362.34	150.00	Establishment of a Regional Centre of Excellence in Urology and Nephrology Sciences (EAKI)
1081109400 Rollout of																	To improve efficiency and ensure

Universal Health Coverage	4,000.00	4,000.00		4/10/16	4/10/20	3,179.40	820.60	79.5	389.80		430.80						financial risk protection particularly for the poor and vulnerable groups
1081110200 Support to Universal Health care in Devolved System	5,680.90	2,840.00	-	1/1/17	6/30/20	1,220.80	1,619.20	43.0	1,012.50		606.70						Ongoing
1081101500 Program for Basic Health Insurance for Poor and Informally Employed	3,700.00	3,330.00	370.00	07/7/18	7/7/23	1,195.00	2,505.00	32.3	700.00	100.00	700.00	15.00	700.00	75.00	115.00	100.00	The project was suspended in the initial year due to delay in GoK fulfilling its required commitment
1081104500 Free Maternity Program (Strategic Intervention)	45,500.00		45,500.00	7/10/13	7/10/24	16,114.25	29,385.75	35.4		4,298.00		4,298.00		4,315.00		16,474.00	To provide free maternity services for deliveries in public hospitals and accredited private hospitals

																and FBOS
1081110300 Transforming Health systems for Universal Care (THS-UC)	19,110.00	19,110.00	-	10/3/16	9/30/21	1,468.10	17,641.90	7.7	5,126.30		3,546.90		4,359.20		4,608.00		Ongoing
1081102100 East Africa Public Laboratory Networking Project	3,486.00	3,486.00		7/11/10	7/3/20	2,509.00	977.00	72.0	203.00		200.00		200.00		374.00		The project has constructed and equipped laboratories in Machakos, Malindi, Wajir, Busia and Kitale. The laboratories in Marsabit and Eldoret are currently under construction
1081103400 Food and Nutrition Support for Vulnerable Populations Affected by HIV	1,621.50	1,621.50		9/11/10	7/11/20	1,189.30	432.20	73.3	324.30		89.90		-		-		The project is ongoing as UNICEF still procures food supplements through

																KEMSA
1081101000 Usenge Dispensary	60.00	60.00		7/7/15	7/7/20	53.10	6.90	90.0			6.90					The project is not complete as KIDPP funds were not released in 2017/18 FY
1081101100 Kigumo Hospital (debt swap)	50.00	50.00		7/7/15	7/7/20	42.50	7.50	85.0			7.50					The project is not complete as KIDPP funds were not released in 2017/18 FY
1081104100 Expansion of Ahero Health Centre (KIDDP).	20.00	20.00		7/7/15	7/7/20	13.00	7.00	65.0			7.00					The project is not complete as KIDPP funds were not released in 2017/18 FY
1081101600 Wajir District Hospital	1,000.00	1,000.00		1/7/12	8/13/21	640.00	360.00	64.0			120.00		120.00		120.00	The project meant to expand and modernize Wajir hospital is BADEA

																funded but didn't receive funding in FY 2018/19
1081104900 Construct a Wall, renovation of buildings & Procure Equipment at National Spinal Injury Hospital	50.00		50.00	7/30/14	6/30/19	14.50	35.50	29.0				35.50		-		-	The project requires funds allocation for FY 2019/20 to fully complete it
Rehabilitation of Afya House Phase I	500.00		500.00	1/1/18	6/30/22	-	500.00	-				30.00		100.00		270.00	The Afya House is dilapidated and needs urgent rehabilitation
Universal Health Coverage	160,500.00		160,500.00	7/1/18	12/31/22	-	160,500.00	-				3,000.00		55,500.00		102,000.00	UHC is a National Development priority focusing on strengthening primary health care

1081106100 Cancer Institute	8,000.00		8,000.00	1/7/16	6/30/21	135.71	7,864.29	1.7		400.00		400.00		350.00		6,714.29	This is for establishment of 4 regional cancer centres in Nakuru, Mombasa, Nyeri and Kisii. Chemotherapy equipment has already been supplied to 3 centres
Mwai Kibaki National Teaching and Referral Hospital for Non-Communicable Disease	15, 664		12,000.00	7/1/18	7/1/24	-	-	-		150.00		-		3,500.00		4,000.00	The funds required to operationalize the hospital were included in the Supplementary budget. The hospital requires a budget line for ease of its funding in FY 2019/20 and beyond

Cancer Treatment Centre-KNH	2,000.00	-	2,000.00	Aug-17	Aug-21	250.00	2,000.00	12.5	-	-		250.00		750.00		1,000.00	the project is phased with Phase I estimated to cost Kshs,250M ; Phase II Kshs.250M ; Phase III KshsKshs.750M; and Phase IV at Ksh 750M. The works for phase I is almost complete however KNH received only Kshs.125 M in FY 2017/18 of the allocated Ksh 250M resulting in a pending bill of Kshs.125M
Construction and Equipping of Surgical Day care Centre-KNH	378.00	100.00	278.00	Mar-16	Dec-20	202.00	176.00	52.1	-	-	-	50.00		50.00		76.00	95% of construction complete. Awaiting Ksh 176M for Equipping and

																Commissioning in addition to a pending bill of Ksh 21M
Burns & Paediatrics Centre-KNH	2,960.00	1,236.00	1,724.00	Aug-18	Aug-20	-	2,960.00	-	-	40.00	744.00	181.25	491.00	350.00	1.00	1,152.75	NH received Ksh 343M through MoH in June 2017. However, the project didn't take off immediately due to delays in review of financing agreement between partners and TNT. The Hospital commenced the Tendering process in the 3rd quarter of FY 2017/18. During this period, all the necessary approvals

																	were sought from regulatory authorities . Equally, the developme nt partners (OFID, BADEA & SFD) provided a no objection letter after reviewing the financing agreement . The contract for the constructio n was signed on 30th July 2018 and the works commence d in August 2018. In FY 2019/20 the counterpar t funding from GoK is expected to be Kshs.1,250

																that will be matched by Kshs.491 from the financiers.
Construction and Equipping of Cancer & Chronic Disease Management Centre-MTRH	1,193.00	450.00	743.00	Jul-13	Jun-18	470.00	723.00	0.4		-		350.00		-		373.00	Construction of the building completed at ksh.450 Million with donor funding. Equipping pending GOK allocation of Ksh.723 for the Purchase of 2 Radiotherapy Machines
Construction and Equipping of Children Hospital-MTRH	680.00	250.00	430.00	Jan-14	Jun-18	290.00	390.00	0.4		-		37.50		352.50		-	Construction of the building completed at ksh.250 Million with donor funding. Equipping pending GOK allocation

																of Ksh 390 million for purchase of medical Equipment to realize full utilization of the facility
Equipping of ICU and Neurosurgery Unit-MTRH	220.00	-	220.00	Jul-17	Jun-20	85.00	135.00	0.4		30.00		63.75		71.25		-	Equipping is ongoing and GOK disbursement for FY 17/18 was ksh.85 Million leaving a pending commitment of Ksh 85 million
Research and development (solution to Health)-KEMRI	3,600.00		3,600.00	Jul-15	Jul-25	513.00	3,087.00	14.3		228.80		171.60		228.80		2,457.00	The projects will support UHC by providing data to inform planning, programming, implementation and policy formulation &

																review.
Perimeter fencing around KEMRI parcels of land (Taveta & Kirinyaga)	135.00		135.00	Jul-15	Jul-20	62.25	72.75	46.1		-		6.00		-		-	Kirinyaga perimeter wall is 77% complete while Taveta was interrupted by an ongoing court case while 15%.it is expected that e case will be dispensed and project completed within the 2019/20 Financial Year.
construction of Sample Management and Receiving Facility (SMRF) and renovation of laboratories - KEMRI	607.00	552.00	55.00	Jul-16	Jul-20	345.00	262.00	56.8	227.00	-		26.25		8.75		-	The works completed so far are those financed by the donor. The project is expected to be 100% complete by end of 2019/20. This will require

																counterpart funding of Ksh 35Million from exchequer
Construction and upgrading of Laboratories-KEMRI	635.00		635.00	Jul-16	Jul-25	50.50	584.50	8.0		-		42.75		138.00		404.25	Out of 77 labs in KEMRI, 30 labs are accredited out of which 8 are WHO reference labs. 47 labs require upgrading to international standards
1081105700-Construction of tuition Blocks-KMTC	465.00	465.00	-	21.09.17	06.10.21	101.00	364.00	22.0	180.00			141.00	43.00	-	-	-	It will create more training facilities for the new programs introduced at the campuses.

1081110900 Construction of Wajir KMTC	120.00	120.00		01.07.18	08.08.22	35.00	85.00	29.0		4.40		-	-		-		Will equip students with skills ready for new programs and achievement of UHC (Human Resource)
1081105800Construction and equipping of lab and class-KMTC	1,272.00	1,272.00	-	03.04.18	18.09.22	289.00	983.00	22.0		333.20		150.00		250.00		250.00	It will create more training facilities for the new programs introduced at the campus.
National Commodities Storage Centre (KEMSA Supply Chain centre)	3,977.94	973.10	3,004.83	2017/18	2020/21	327.87	3,650.07	0.3		94.20		262.50		500.00		3,293.40	The Project is targeted to be complete in the FY 2020/21. The GOK Allocation and Projections are jointly funded from GoK and KEMSA's AIA. There

																needs increased allocation from the governme nt to see this project completed on time.
Data infrastructure for one country level M&E framework (Situation Room System.)-NACC	390.00	-	390.00	2017/18	2021/22	80.00	310.00	0.2	-	35.40		42.93		35.00		196.90	Procureme nt and installation of complete set of equipment has been done in 33 counties. The target is to cover all the 47 counties
Acquisition of space by the National AIDS Control Council-NACC	1,400.00	-	1,400.00	2016/17	2023/24	100.00	1,300.00	0.1	-	-		50.00		100.00		1,150.00	The project aims at providing office space for NACC, strengthen ing if for effective coordinati on of national response to HIV/

																AIDS
Beyond Zero Campaign-NACC	172.00	-	172.00	2016/17	2021/22	102.20	69.76	0.6	-	31.20		35.20		3.66		-	The project is designed to bring high visibility, catalyse and accelerate interventions on promotions of Maternal, Neonatal and child Health and reduce new HIV infections among children, adolescents and young women
Global Fund HIV Grant (KEN-H-TNT) Counter Part Funds	875.00	700.00	175.00	2018/19	2021/22	190.00	685.00	0.2	391.00	-	225.00	-	69.00	-	-	-	Kenya has an obligation of co-financing requirement for Global Fund by allocating more than 20% for

																	the Global Fund contribution since the country's classification as a lower middle-income country