REPUBLIC OF KENYA

Ministry of Health

HEALTH SECTOR WORKING GROUP REPORT

MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) FOR THE PERIOD 2020/21-2022/23

December, 2019

ACKNOWLEDGEMENTS

The Health Sector Working Group (SWG) Report 2020/21-2022/23 has been prepared to guide and provide the policy makers, development partners and other stakeholders with key information on the performance targets, outputs and the funding requirement of the Sector for the Medium-Term Expenditure Framework (MTEF) period to enable them make appropriate policies and funding decisions.

The preparation of this Report would not have been possible without the support, hard work, and endless efforts of the dedicated team of officers drawn from different departments and institutions within the health sector with the guidance from the National Treasury and Planning under the leadership of the Sector Convener. I sincerely would like to thank the whole team for working tirelessly to ensure the Report was completed on time.

The compilation of this Report would not have been successful without the professional input and dedication of the secretariat that was coordinated by the office of the Chief Finance Officer with close collaboration with the Chief Economist.

We are particularly grateful to the entire Report writing team for their invaluable contributions that made this exercise a success. We would also like to express special gratitude to our development partners who found time to participate in this budgeting exercise.

Susan N. Mochache, CBS
PRINCIPAL SECRETARY

LIST OF ABBREVIATIONS

ACT	Artemether Combination Therapy
AIA	Appropriation in Aid
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
CBOs	Community Based Organizations
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
DHIS-2	District Health Information System
EMRs	Electronic Medical Records
eMTCT	Elimination of Mother to Child Transmission
E&PWSD	Elderly and Persons with Severe Disabilities
ETAT	Emergency Triage Assessment and Triage
FBOs	Faith Based Organizations
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
iHRIS	Integrated Human Resource Information System
IPC	Poor Infection Prevention Control
LMIS	Logistics Management Information System
PEPFAR	President’s Emergency Plan for Aids Relief
RMNCAH	Reproductive, Maternal, Neo-natal, Child and Adolescent Health
UHC	Universal Health Coverage

i) Table of Contents

LIST OF ABBREVIATIONS 3
Executive Summary 9
CHAPTER ONE 14
1.0 INTRODUCTION 14
1.1 Background 14
1.1.1 Health and National Development 15
1.1.2 Global and Regional Health Commitments 15
1.1.3 Universal Health Coverage Aspirations for Kenya 16
1.1.4 Health Sector and Programme Based Budget 17
1.1.5 Rationale for the Health Sector Report 18
1.1.6 Organization of the report 18
1.2 Sector Vision and Mission 19
1.3 Strategic Objectives of the Sector 19
1.4 Sub Sectors and their Mandates 20
1.4.1 Ministry of Health mandate 20
1.5 Autonomous and Semi-Autonomous Government Agencies 21
1.5.1 National Aids Control Council (NACC) 22
1.5.2 Kenyatta National Hospital (KNH) 22
1.5.3 Moi Teaching and Referral Hospital (MTRH) 24
1.5.4 Kenyatta University Teaching, Referral and Research Hospital 25
1.5.5 Kenya Medical Training College (KMTC) 26
1.5.6 Kenya Medical Supplies Authority (KEMSA) 27
1.5.7 National Hospital Insurance Fund (NHIF) 28
1.5.8 Kenya Medical Research Institute (KEMRI) 29
1.5.9 National Cancer Institute of Kenya (NCI-K) 29
1.5.10 Oversight and Advisory bodies 30
1.5.11 Regulatory Bodies 31
1.6 Role of Sector Stakeholders 31
1.6.1 National Level Institutions 31

1.6.2 County Level Health Institutions 32
1.6.3 Non-State Actors in Health 32
1.6.4 Development Partners 33
1.6.5 Academic Institutions 33
1.6.6 Clients / Consumers of Health Services 33
1.6.7 Other stakeholders 33
CHAPTER TWO 35
2.0 PROGRAMME AND PERFORMANCE REVIEW FY 2016/17 – 2018/19 35
2.1 Reviewof Sector Programmes Performance 35
2.1.1 Preventive, Promotive and RMNCAH Services 35
2.1.2 National Referral and Rehabilitative Services 44
2.1.3 Health Research and Development 58
2.1.4 General Administration, Planning and Support services 59
2.1.5 Health Policy, Standards and Regulations 60
2.1.6 Review of Sector Programme Performance-Delivery of Outputs/KPI/Targets 71
Table 2.1.6: Sector Programme Performance Reviews for FY 2016/17-2018/19 71
2.2 Expenditure Analysis for FY 2016/17 – 2018/19 85
2.2.1 Analysis of Programme Expenditure FY 2016/17-2018/19 91
Table 2.2.1: Analysis of Programme Expenditure for FY 2016/17 – 2018/19 91
2.2.2 Programmes and Sub-Programmes Expenditure Analysis 93
Table 2.2.2: Analysis of Programme expenditure (amount in Kshs. Million) 93
2.2.3 Analysis of Expenditure Programmes by Economic Classification 95
2.2.4 Expenditure Analysis by Parastatals 99
2.3 Analysis of Pending Bills 114
2.3.1 MOH Pending Bills 114
2.3.2 KEMSA Pending Bills 115
2.3.3 KEMRI Pending Bills 116
2.3.4 KNH Pending Bills 116
2.3.5 KMTC Pending Bills 119
2.3.6 MTRH Pending Bills 120

2.4 ANALYSIS OF CAPITAL PROJECTS 121
2.4.1 Ministry of Health (MOH) 122
2.4.2 Kenyatta National Hospital (KNH) 127
2.4.3 Kenya Medical Teaching College (KMTC) 128
2.4.4 National Aids Control Council (NACC) 129
2.4.5 Moi teaching and Referral Hospital (MTRH) 131
2.4.6 Kenya Medical Supply Agency (KEMSA) 132
2.4.7 Kenya Medical Research Institute (KEMRI) 133
CHAPTER THREE 137
3.0 MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2020/21-2022/23 137
3.1 Prioritization of programmes and sub- programmes 137
3.1.1 Programmes and their Objectives 137
3.1.2 Programmes, Sub-Programmes, Expected Outcomes, Outputs, and Key Performance Indicators for the Sector 140
Table 3.1.2: Summary of Programmes, Key Outputs, Performance Indicators and targets for FY 2020/21 - 2022/23 140
3.1.3 Programmes by Order of Ranking 184
3.2 Analysis of Resource Requirement versus Allocation by: 184
3.2.1: Sector Recurrent requirement versus Allocation (Amount in Kshs. Million) 184
3.2.2: Sector Development requirement versus Allocation (Amount in Kshs. Million) 184
3.2.3: Programmes and Sub-Programmes (Current and Capital) 185
3.2.4: Programmes and Sub-Programmes by Economic Classification 187
3.2.5 ALLOCATIONS TO SEMI-AUTONOMOUS GOVERNMENT AGENCIES 200
3.2.6 Resource Allocation Criteria 208
CHAPTER FOUR 210
4.0 CROSS-SECTOR LINKAGES, EMERGING ISSUES/ CHALLENGES 210
4.1 Introduction 210
4.2 Intra Sectoral Linkages within the Health Sector 210
4.3 Inter Sectoral Linkages 210
4.3.1 Energy, Infrastructure and ICT Sector 211

4.3.2 Environment, Water and Natural Resources Sector 211
4.3.3 Social Protection, Culture and Recreation Sector 211
4.3.4 Public Administration and International Relations Sector 212
4.3.5 Education Sector 212
4.3.6 Governance, Justice, Law and Order Sector 213
4.3.7 General Economic and Commercial Affairs Sector 213
4.3.8 Agriculture, Rural and Urban Development Sector 213
4.4 Emerging Issues 213
4.4.1 Universal Health Coverage 214
4.4.2 National Security/Displacements 215
4.4.3 Knowledge management 215
4.4.4 Reducing Donor Funding 215
4.4.5 Devolution 215
4.4.6 Burden of Communicable and Non- Communicable diseases 216
4.4.7 Quality of Health Care 216
4.4.8 Standards and Accreditation 216
4.4.9 Health Research and Development 216
4.4.10 Health Management Information System 217
4.5 Challenges and Constraints for the Health Sector 217
CHAPTER FIVE 218
5.0 CONCLUSION 218
5.1 CONCLUSION 218
CHAPTER SIX 220
6.0 RECOMMENDATIONS 220
REFERENCES 222

Executive Summary

Kenya's Health Sector's overall goal is to attain the highest possible standards of health care to all in accordance with the Constitution and the Kenya Vision 2030. The Kenya Constitution provides the overarching legal framework to ensure comprehensive rights-based approach to health delivery. As envisaged in the Constitution under the fourth schedule, health function is largely devolved. However, the National and the County governments continue to complement each other's specific functions towards the achievement of Universal Health Coverage (UHC) for all Kenyans by the year 2022 under the government's Big Four Plan.

The Health Sector Working Group (SWG) Report for the MTEF period 2020/21-2022/23,presents an analysis of the Sector performance and achievements for the period 2016/17 -2018/19 and the priorities and resource requirements for the period 2020/21-2022/23,cross-sectorlinkages,emergingissues,challengesand recommendations.

The Ministry of Health implements five programmes namely; Preventive and Promotive and Reproductive, Maternal, Neo-natal, Child and Adolescent Health (RMNCAH) Services; National Referral and Rehabilitative Services; Health Research and Development; General Administration, Planning and Support Services; and Health Policy, Standards and Regulations. The Programmes are constructed to ensure that the Ministry carries out its mandate as per the 4th Schedule of the Constitution, that is; Health policy, health regulation, national referral facilities, capacity building and technical assistance to the Counties. The Ministry also coordinates the implementation of Universal Health Coverage (UHC) under the Big Four Plan.

The approved estimates for the period under review (2016/17-2018/19) increased from Kshs.71.43 billion in the FY 2016/17 to Kshs.78.39 billion in FY 2017/18 and Kshs.85.14 billion in the FY 2018/19. This represents a 19.2% increase with FY 2016/17 as the base year. The actual expenditures for the same period were Kshs.57.47 billion, Kshs.54.62 billion and Kshs.74.5 billion respectively.

During the period under review, the Sector recorded major strides in performance outcomes, among them; Implementation of Universal Health Coverage (UHC). The pilot project for UHC was launched in December 2018 in four counties of Kisumu, Nyeri, Machakos and Isiolo. In these counties, residents were enrolled and entitled to comprehensive quality health services at all points of service delivery. The lessons learnt in these counties are going to be used in the scale-up of the UHC programme in the country during the current financial year beginning January 2020.

The Ministry also carried out key interventions to ensure increased access to quality health for all Kenyans. Reduction of HIV prevalence in the country as well as maintaining the health of PLHIVs remained a key priority. The prevalence rate remained at 4.9 percent, with 1.1 million persons receiving life-saving ART. HIV positive expectant women receiving ARVs to prevent-mother-to-child-transmission of HIV was 94% of eligible mothers. Tuberculosis control also registered positive performance during the period under review, with treatment success rate being above 85% of treated cases. However, it is important to note that only about half of TB cases are captured for treatment; hence there is need for more intervention.

Among the critical global health challenges facing the World today are the Non-Communicable Diseases (NCDs). Kenya's health sector strives to halt and reverse the rising burden of NCDs by tackling the burden of obesity, cancer, diabetes and Hypertension. Currently, 2 percent of Kenyans have diabetes mellitus, 27 percent are overweight or obese, 24 percent are hypertensive, and only 14 percent women 25- 49 years have ever been screened for cervical cancer. Among the risk factors include physical activity and Nutrition, Overweight and Obesity, Tobacco and Alcohol use. To mitigate these emerging threats, the Country is in the process of fully equipping its National Referral Hospitals and the establishment of additional four regional cancer treatment centres in Mombasa, Kisii, Kisumu and Garissa. This is in addition to the rolling out HPV vaccination as well as cervical cancer screening across all public health facilities.

During the period under review, Reproductive Health realised improved performance, with the percentage of skilled deliveries increasing from 62 percent in 2017/18 to 65 percent in 2018/19, while the proportion of expectant women attending four antenatal clinic (ANC) visits has shown slight increase from 48% to 50% within the period under review. Also, the number of women of reproductive age (WRA) accessing family planning services increased marginally from 42% to 43% between 2017/18 and 2018/19 financial years. Immunization coverage also recorded a slight decline from 81% to 79% in the two financial years.

During the FY 2018/19, Kenyatta University Teaching, Research and Referral Hospital was operationalized to improve provision of specialized healthcare treatment. Kenya Health Professionals Oversight Authority and the Kenya Health Human Resource Advisory Council were also operationalized to offer better organization and regulation of the health workforce. Kenya Health Professionals Oversight Authority (KHPOA) will also provide oversight in training, registration and the licensing of the health professions; coordinate joint health inspections; receive and facilitate resolutions of complaints and arbitrate disputes and conflicts; monitor execution of respective mandates and functions of health regulatory bodies.

The grant financing from development partners has continued to decline over the period, compounding the challenge of increased counterpart financing requirements. This indicates the need to have a sustainable domestic financing mechanism especially for strategic commodities and interventions. It is expected that in order to address the funding challenges encountered, the Sector ceiling will be enhanced during this medium-term budget henceforth.

In the MTEF period 2020/21 to 2022/23, the Sector expects to further enhance delivery of the Universal Health Coverage by rolling out the project in the remaining 43 counties. The Sector will work towards consolidation of UHC related projects to improve efficiency. The Sector also plans to enhance the delivery of strategic health commodities and human resources for health to support the achievement of the UHC. The various institutions of the Sector will play their roles with the sole aim of achieving UHC as follows:

MTRH: Provision of Specialized Quality Health Care Services to referred patients through; quality and specialized health care services, continuous training, capacity building and research, treatment and management of Diseases, re-engineering of business processes to enhance efficiency and effectiveness in service delivery, modernization of medical equipment and infrastructure, streamlining of patient referral mechanisms through partnership partnerships and collaboration with County Health Facilities, decongestions strategies through specialized medical outreaches and camps, mentorship and preceptorship opportunities and continued investments in human resources for health. MTRH is at advanced stage towards the Construction & Equipping of 4000 Bed Multi-Specialty Hospital. In addition, MTRH participates as a National Referral Hospital in National Health Planning.

KMTC: Focusing on the expansion of infrastructural development and capacity building to offer training opportunities for the middle level manpower to meet the demand for Human Resources for Health and undertake research and consultancy services.

KEMRI: Enhance medical research in National priority areas specifically NCD's, emerging and re-emerging conditions, biotechnology and parasitic and infectious diseases. This will be achieved by putting in place modern clinical trials research infrastructure, stem cell research infrastructure and mapping out risk factors for communicable and Non Communicable conditions and Health Technology assessment.

NACC: Promote prevention of new HIV infections and reduce AIDS related deaths through advocacy with and across different partners, stakeholders and communities outside the Health Sector.

NCI-K: Provide oversight and multi-sectoral coordination of cancer prevention and control through operationalization of National Cancer Institute of Kenya (NCI-K), by recruiting

staff, raising public awareness of cancer risk factors and developing the cancer registry for data collection to inform policy and practice.

KNH: To optimize patient experience through innovative, evidence based and safe medical care while increasing access to specialized health care services; facilitating training and research; providing seamless, effective and timely service delivery; efficient utilization of resources; and participating in national health policy formulation.

KUTRRH: Operationalization of Kenyatta University Teaching and Referral and Research Hospital by recruiting staff and equipping of the hospital.

KEMSA: Guarantee optimal stock availability for health facilities. This will be achieved by procuring, warehousing and distributing health products and technologies (HPTs) for prescribed public health programmes, the national strategic stock reserve, prescribed essential health packages and national referral hospitals.

NHIF: To increase access to health care services for the vulnerable, poor, the elderly and disabled members of the society by providing financial protection to these households and also provide maternal healthcare for the reproductive women in the society.

Standards Quality Assurance and Regulation: Coordination and review of health related laws, bills, development of policies and standards to ensure the provision of safe and quality health care services to all.

Health Care Services: Developing policies regulations and strategies on health systems strengthening to deliver curative and rehabilitative services.

Public Health: To promptly detect and manage public health risk and emergencies by strengthening real time surveillance of public health events and disease outbreaks. The directorate is also responsible for enhancing capacity of laboratory network for referral services, development of human resource for strengthening disease surveillance and epidemic response and improve health outcomes by management of environmental health risks.

Intergovernmental Relations: The directorate will ensure the major Intergovernmental Health System Policy issues, annual achievements and challenges in the Sector are discussed and shared during the Health Sector Intergovernmental Consultative Forum and annual Kenya Health Forums.

Health Policy, Research, Monitoring and Evaluation: Coordinate; review, formulation and dissemination of health sector policies, translation of health related research outputs and health policies into desirable information products and knowledge, adoption of digital

health platforms to automate health processes, and provision of evidence for monitoring the sector performance.

The preparation of the Health Sector Working Group (SWG) Report for MTEF period 2020/21- 2022/23 was undertaken by a team of officers from the National Treasury and Planning, the Ministry of Health headquarters and other health agencies, namely, Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Kenyatta University Teaching and Referral Hospital (KUTTRH), Othaya National Teaching and Referral Hospital, Kenya Medical Research Institute (KEMRI), Kenya Medical Supplies Authority (KEMSA), Kenya Medical Training College (KMTC), National Health Insurance Fund (NHIF), National Aids Control Council (NACC) and National Cancer Institute of Kenya (NCI-K).

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

The Government of Kenya recognizes health as one of the priority sectors that contribute to the well-being of the nation. In fulfilment of this, the Government will endeavour to put in place investments that will lead to provision of quality health services to its entire people. A healthy population is critical to improved production and productivity within the country and thus Government has increased resources towards the health sector in order to improve quality and bring health care closer to the people as a way of ensuring sustainability of the nation's human capital base. In order to realize better health for the citizens, the Government is committed to achieving Universal Health Coverage (UHC) by 2022 as part of the Big Four Agenda.

The preparation of the Health Sector Working Group (SWG) Report for MTEF period 2020/21- 2022/23 was undertaken by a team of officers from the National Treasury and Planning, the Ministry of Health headquarters and other health agencies, namely, Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Kenyatta University Teaching and Referral Hospital (KUTTRH), Othaya National Teaching and Referral Hospital, Kenya Medical Research Institute (KEMRI), Kenya Medical Supplies Authority (KEMSA), Kenya Medical Training College (KMTC), National Health Insurance Fund (NHIF), National Aids Control Council (NACC) and National Cancer Institute of Kenya (NCI-K).

The Ministry of Health implements five programmes namely; Preventive and Promotive and Reproductive, Maternal, Neo-natal, Child and Adolescent Health (RMNCAH) Services; National Referral and Rehabilitative Services; Health Research and Development; General Administration, Planning and Support Services; and Health Policy, Standards and Regulations. The Programmes are constructed to ensure that the Ministry carries out its mandate as per the fourth schedule of the Constitution, that is; Health policy, health regulation, national referral facilities, capacity building and technical assistance to the Counties. The Ministry also coordinates the implementation of Universal Health Coverage (UHC) under the Big Four Plan.

1.1.1 Health and National Development

The Constitution of Kenya provides a framework for ensuring comprehensive and people-driven health services, and a rights-based approach to health in the country. Further, the Constitution states that every citizen has a right to life, right to the highest attainable standard of health including reproductive health and emergency treatment, right to be free from hunger and to have food of acceptable quality, right to clean, safe and adequate water and reasonable standards of sanitation and the right to a clean healthy environment. The Fourth Schedule of the Constitution assigns the National Government the role of 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.

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. The Vision will be implemented through successive five years Medium Term Plans (MTPs). Currently the country is implementing the third MTP (2018 – 2022) themed "Transforming Lives: Advancing socio-economic development through the Big Four". The goal of MTP III for the Health sector is to ensure an *"Equitable, Affordable and Quality Health Care of the Highest Standard*". This will guide the development of sector priorities, policies, plans, monitoring and evaluation processes for financial year 2020/2021-2022/23 MTEF budget.

Kenyan health sector has an elaborate Kenya Health Policy (KHP 2014 - 2030) whose goal is, 'attaining the highest possible health standards in a responsive manner.' The policy aims to achieve this goal by supporting provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans. It targets to attain a level and distribution of health commensurate with that of a middle-income country.

1.1.2 Global and Regional Health Commitments

The global health agenda has continued to evolve in line with key changes in the way people live, work and interact, leading to changes in the understanding and management of health. There is currently an unprecedented level of interaction among different peoples, with both benefits and risks associated with their health.

Kenya was a key midwife of the Sustainable Development Goals (SDGs), which are an intergovernmental commitment towards improving the human condition and the planet. Under the SDGs, Goal 3 to ensure healthy lives and promote well-being for All at All ages the sector focuses to reduce child and maternal mortality, combat HIV/AIDS, malaria and

tuberculosis, halt the emerging challenge non communicable diseases, improve reproductive health and roll out the universal health coverage.

The primary focus for the health sector in the medium term is to accelerate universal health coverage (UHC) through: enhancing efficiency in provision of health services; improving availability of essential health services; ensuring equity in access to essential health services; and enhancing human resource capacity for health service provision. To achieve this UHC objective, the sector is committed to implement seven priority projects namely, Social Health Protection; Medical Tourism; Health Infrastructure; Community Health High Impact Interventions; Digital Health; Human Resources; Improving Quality of Care/Patient and Health Worker Safety; and strengthening research and innovation in the health sector.

At the continental level, the Africa Union Agenda 2063 aims to fast track socio-economic transformation of the continent over the next 50 years. It builds on, and seeks to accelerate the implementation of past and existing continental initiatives for growth and sustainable development. The Agenda envisions a vibrant continent with a healthy and highly productive population. However, the Kenya government budgetary allocation towards the health still remain lower than continental commitments like the Abuja declaration of 15 percent allocation of the total government allocation to health. The government expenditure on health is about 7 percent over the 2016/17 to 2018/19 period.

1.1.3 Universal Health Coverage Aspirations for Kenya

UHC focus aims to ensure that countries are able to: (i) identify and plan to make available the full range of essential health and related services that their populations require; (ii) progressively increase coverage with these essential health and related services by addressing access and quality of care barriers; and (iii) progressively reduce the financial barriers that populations are facing when accessing these essential health and related services until there is equity and financial risk protection in financing of services. When it comes to the Kenyan context, the attainment of Universal Health Coverage is the main priority. The sector is focusing on expansion of coverage to services with emphasis to underserved population needs. Development of a unified benefit package is critical to ensure that the population has entitled UHC for essential health care package and expanding the existing scope of services to include sub-specialization in various service areas, including a renewed focus on primary health care.

The Government is committed to implementing Universal Health Coverage as one of the Big Four Agenda and National priorities by the year 2022. 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.

1.1.4 Health Sector and Programme Based Budget

The Health Sector strategies and interventions target affordable quality, accessible, acceptable and available health care services 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 i.e. Social Health Protection, Medical Tourism, Health infrastructure, community high impact intervention, digital health, human resources and science, technology and innovation.

In this regard, and in line with Kenya's Developments Agenda, the heath sector will implement seven flagship projects which are transformational, high impact and instrumental in addressing the challenges experienced in the sector. The flagship projects are:

(i) **Social Health Protection -** The main objective is to enhance social health protection to the population by expanding financing schemes to cover a harmonized benefit package to targeted populations.

(ii) **Health Infrastructure – The** main objective is to develop a robust health infrastructure system. (include outcome)

(iii) **Expand Access to Specialized Healthcare (and Medical Tourism)** – The main objectives are to guarantee access to specialised healthcare for Kenyans and market Kenya as a destination hub for specialized healthcare services – locally, regionally and internationally. **Community High Impact Interventions. (include Outcome)**

(iv) **Digital Health – Leveraging on Digital Revolution** - Enhance the delivery of health services through digital platforms.

(v) **Human Resources for Health** - This will entail building the capacity of health workers to increase the skills pool in the health sector to improve health outcomes.

(vi) **Improving Quality of Care/Patient and Health Worker Safety.** The objective is to improve the quality of care for patients and enhance the safety health workers.

(vii) Centre of Excellence for Stem Cells Research, Synthetic Biology and Regenerative Medicine;

(viii) Development of Indigenous Technologies for the Manufacture of Niche Products

1.1.5 Rationale for the Health Sector Report

The Health Sector Working Group (SWG) Report for the MTEF period 2020/21 - 2022/23 presents an analysis of the Sector performance and achievements of the period 2016/17 -2018/19 and the priorities and resource requirements for the period 2020/21 - 2022/23. 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 main purpose of the SWG report 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 preparation of the report is necessitated by the prevailing changes in the operating environment, taking into cognisance of lessons learnt and emerging issues during the previous budget implementation.

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 2020/21 to 2022/23 medium term budget
vii) Budget proposals and resource sharing for FY 2020/21.

1.1.6 Organization of the report

The report is organized into six chapters based on Treasury Circular No.13/2019 of 28th August, 2019 as follows; Chapter one presents an introduction which provides the background, Sector vision, mission and strategic goals/objectives, sub-sectors and their mandates, description of Autonomous and Semi-Autonomous Government Agencies; and the role of stakeholders. Chapter two gives an outline of the Sector's programmes performance review of expenditures for the period 2016/17 - 2018/19. Chapter three presents medium term priorities and financial plan for the MTEF period 2020/21 – 2022/23. Chapter four discusses cross-sector linkages and emerging issues/challenges, while Chapter five provides the conclusions and Chapter six outlines the proposed recommendations.

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 behaviors 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 1

Table 1: The Core Mandates of the Ministry of Health

Functions	Institutions
i) Health Policy and Standards Management ii) Registration of Doctors and Para-medics iii) Training of Health Personnel iv) National Medical Laboratories Services v) Pharmacy and Medicines Control vi) Public Health and Sanitation Policy Management vii) Medical Services Policy viii) Reproductive Health Policy ix) Preventive, Promotive and Curative Health Services x) National Health Referral Services xi) Health Education Management xii) Health Inspection and other Public Health Services xiii) Quarantine Administration	i) KEMSA (KEMSA Act, 2013) ii) KEMRI (Science, Technology and Innovation Act, 2013) iii) KMTC (Legal Notice No.14 of 1990) iv) NHIF (NHIF Act, No.9 of 1998) v) KNH (Legal Notice No.109 of 1987) vi) MTRH (Legal Notice No.78 of 1998) vii) Pharmacy and Poisons Board (Cap.244) viii) Radiation Protection Board (Radiation Protection Act, Cap. 243) ix) Referral Hospitals Authority x) National AIDS Control Council (Legal Notice No.170 of 1999) xi) The National Cancer Institute of Kenya (Cancer Prevention and Control Act,2012) xii) Health Records and Information Managers Board (Health Records

Functions	Institutions
xiv) HIV/AIDS Prevention and Management xv) Preventive Health Programmes xvi) Food Safety and Inspections xvii) Immunization Policy and Management xviii) Radiation control and Protection xix) Cancer Policy xx) Nutrition Policy	and Information Managers Act, 2016) xiii) Kenya Nutritionists and Dieticians Institute (Nutritionists and Dieticians Act, 2007) xiv) Nursing Council of Kenya (Nurses Act Cap. 257) xv) Kenya Medical Laboratories Technicians and Technologists Board xvi) Clinical Officers Council (Training Registration and Licensing Cap. 260) xvii) Public Health Officers and Technicians Council (Public Health Officers (Training Registration and Licensing) 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 nine 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; Kenyatta National Hospital (KNH); Moi Teaching and Referral Hospital (MTRH); Kenyatta University Teaching, Research and Referral Hospital (KUTRRH); Kenya Medical Training College (KMTC); Kenya Medical Supplies Authority (KEMSA), Kenya Medical Research Institute (KEMRI), National Hospital Insurance Fund (NHIF); National AIDS Control Council (NACC), and National Cancer Institute of Kenya (NCI-K).

1.5.1 National Aids Control Council (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 is classified as a Semi-Autonomous Agency (SAGA) in the ministry of Health. A key role for the NACC is resource mobilization for the national response to HIV and AIDS.

NACC is a National HIV and AIDS coordinating agency with 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

The NACC is expected to contribute to UHC under Key Result Area No 3-on Health Information Systems and Research where it is expected to provide quality health information and evidence for decision making through the expansion of the Situation room data to include not only HIV and AIDS information but other Non-communicable disease data and supply chain management for commodities. The Support to eMTCT and the Mobile Clinics are expected to contribute to the key result area no 2 on access to medicines, commodities and equipment in hard to reach areas as accessed through the Mobile Clinics hence contribution to the increase in the availability of essential medicines and commodities from the current 43% to 100% in all 5,769 Public Health facilities across the Country.

The NACC aims to leverage on the number of Reporting CBOs and its grassroots structures since one of the key component of UHC is Primary Health Care (PHC) that revolves around provision of basic health services at the lowest level of the health care delivery system, with a focus on people/community centered promotive and preventive services, rather than simply treating specific diseases and health conditions at health facility level. This is expanded to include other NCDs and management of the Supply chain processes through the Health Sector Situation room.

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.

Towards realization of the above mandate and in support of the scaling-up of Universal Health Coverage (UHC) to facilitate access, affordability and quality specialized health care services, KNH is focusing on the following broad areas:

i) **Operational excellence:** This is aimed at providing seamless, effective and timely service delivery as well as efficient utilization of resources. It involves reduction in turnaround time; increasing utilization of facilities; reducing operational cost and wastage; minimizing risks and reducing equipment downtime.

ii) **Excellence in clinical outcomes:** This is aimed at improve quality health care by offering innovative, evidence based and safe medical care and increase access to specialized health care services. It involves reduction in mortality rates, average length of stay, medical errors and hospital acquired infections. In addition, this will lead to increased healthcare research, enhanced patient safety, development of additional treatment protocols and improved knowledge management.

iii) **Business Growth:** This aims ensuring that the hospital is financially sustainable in to efficiently and effectively deliver patient centred specialized care services. It entails introduction of new specialized, promotion and expansion of existing services, partnering as well as resource mobilization initiatives.

1.5.2.1 Othaya National Teaching and Referral Hospital

Othaya National referral and Teaching Hospital became a national referral Hospital in May 2018 in accordance to article 187 of the constitution of Kenya under the Ministry of Health with the mandate of receiving patients on referral from other hospitals or institutions for specialized health care. In October 2019, the Office of the President through the Ministry of Health [MoH], directed that the management of this hospital to be

vested at Kenyatta National Hospital as a level 6 satellite facility serving the greater Mt. Kenya region.

1.5.3 Moi Teaching and Referral Hospital (MTRH)

Moi Teaching and Referral Hospital (MTRH) is a level 6B National Referral Hospital in Kenya after Kenyatta National Hospital (KNH), it was established as a State Corporation under State Corporations Act CAP 446 through Legal Notice No. 78 of 1998. The hospital is mandated:

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.

As Universal Health Coverage (UHC) remains the top priority in the Health Sector, MTRH continues to implement strategic activities and flagship projects to accelerate scale up of this Government Agenda through:

1. Provision of quality and highly specialized healthcare services for patients;
2. Streamlining of Referral Mechanisms/Strategies at each level of the healthcare system through MTRH – Counties Annual Forum;
3. Availability, Effective and Efficient Use of Health Products and Technologies (HTP) through the implementation of Drug & Therapeutic Committees (DTCs) and other strategies;
4. Strengthening Human Resource for Health (HRH) through trainings and preceptorships;
5. Supporting Population Health Initiatives;
6. Building a robust Health Information System (HIS);

The Hospital receives patients requiring specialized healthcare services referred from Kisumu County under the UHC Pilot Program. Under the UHC Pilot Program, there has been improved access to quality healthcare services for clients without suffering from financial hardships. Under the Medical Outreach Program, MTRH dispatched a team of seven (7) Multidisciplinary Healthcare Workers (Consultants and Specialist Nurses) to Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) to undertake Mentorship and Coaching to the County Health Staff. This was done in January 2019 for

a period of 2 weeks. A Situational Analysis was carried out in the facility in readiness for UHC Scale Up.

Nine (9) Oncology Outreaches were carried out in Kisumu County as detailed below:

- Six (6) Outreaches for review of patients and chemotherapy administration. A total of 228 patients received care
- Three (3) Medical Camps were conducted and 766 patients received specialized healthcare services. Those requiring critical care were referred to MTRH.

Through the MTRH's Telemedicine and Telepathology Centre, Tumour Board Meetings and Diagnosis are done virtually every Mondays and Wednesdays with Specialists from JOOTRH.

1.5.4 Kenyatta University Teaching, Referral and Research Hospital

Kenyatta University Teaching, Referral & Research Hospital (KUTRRH) was established as a State Corporation under the Ministry of Health through Legal Notice No.4 dated 25th January 2019. The Hospital was established in line with Kenya Vision 2030 and responds to the Big Four Agenda and the Health Act, 2017 as a Level 6 referral Hospital for the purpose of teaching, training, research with the following objectives:

i. To provide highly specialized services, including general specialization; discipline specialization; and geographical or regional specialization including highly specialized healthcare for an area or region; and
ii. To provide training and research services for issues of national importance
iii. To receive patients on referral from other hospitals or institutions within, or outside Kenya for specialized health care;
iv. To provide facilities for medical education for the Kenyatta University and for research either directly or through other co-operating health institutions;
v. To provide facilities for education and training in nursing and other health and allied institutions;
vi. To participate, as a national referral hospital, in national health planning;
vii. To collect, analyze and disseminate all data useful in the prevention, diagnosis and treatment of cancer and other chronic diseases;
viii. To provide access to available information and technical assistance to all institutions, associations and organizations concerned with the welfare and treatment of persons with chronic diseases, including those controlled and managed by the national government;
ix. To advise the Cabinet Secretary on matters relating to the treatment and care of persons with cancer and chronic diseases and to advise on the relative priorities to be given to the implementation of specific measures; and

x. To do or perform all other necessary functions or activities of a National Teaching, Research and Referral Hospital, including undertaking ventures for the purposes of raising revenues for the purposes of funding its activities wholly or in part.

KUTRRH will contribute to the overall UHC agenda by increasing access to quality and highly specialized health services. The hospital is well equipped to offer highly specialized care in various specialties, with the objective of becoming a Centre of Excellence in Oncology, Trauma &Orthopaedics, Renal and Cardiology amongst other services through the establishment of an Integrated Molecular Imaging Centre (IMIC). The Components of the IMIC Project will include:

a) Cyclotron
b) Radio-pharmacy system
c) A PET/CT Scanner
d) SPECT/CT Scanner (Gamma Camera)

1.5.5 Kenya Medical Training College (KMTC)

The Kenya Medical Training College (KMTC) was established 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 trainers who 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 centers and faculties.

KMTC introduced an Enrolled Community Nursing Programme tailor made for Arid and Semi-Arid Lands in collaboration with World Bank under the Beyond Zero initiative. Over 3,200 students have benefited under this 2 year programme that started in 2017/2018 and ended in 2018/2019, training 1,600 students per year. This has gone a long way in addressing Universal Health Coverage (UHC)

Further in addressing Universal Health Coverage, KMTC Introduced new programmes to address primary health care and emerging health conditions. These courses include Family Health, Community Health Extension Workers, Community Health Assistants, Oncology, Nephrology and Orthopaedic and Trauma Medicine.

1.5.6 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.

KEMSA's role in UHC is anchored under its key mandate of procurement, warehousing and distribution of Essential medicines and medical supplies. KEMSA under UHC is thus to consistently supply quality and affordable essential medicines and medical supplies. The Authority is committed to ensure value for money procurement of health commodities. KEMSA has the capacity to fulfill the requirements for UHC scale up.

1.5.7 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.

Social Health insurance has been recognized in the Kenya Vision 2030 as one of the pillars for Kenya to achieve Universal Health Coverage (UHC). Investing in quality health delivery system is enshrined in the vision, an area in which the government has made significant stride. National Hospital Insurance Fund was mandated to register and issue UHC membership cards to households identified in the four pilot counties. Plans of achieving UHC are targeting the entire population or the majority of which Kenya aspires to have Universal Health Care (UHC) by the year 2022.

NHIF introduced targeted health care subsidies for social health protection which have extended coverage to the poor and vulnerable through health insurance subsidies. The objective of these subsidy programs is to improve access to health care for Kenyans with limited resources, improve the health outcomes of the poor and remove the financial burden faced while accessing healthcare. The various subsidy programs target various segments of the population include; Linda Mama programme, Health Insurance Subsidy Program, Older Persons and Persons with Severe Disability program, and InuaJamii 70+ Program. The NHIF hopes the upscale of the UHC program to all the counties will change this framework where it will play the pivotal role of providing cover to the entire population.

1.5.8 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:

a) To carry out research in human health;
b) To cooperate with other organizations and institutions of higher learning on matters of relevant research and training;
c) To liaise with other relevant bodies within and outside Kenya carrying out research and related activities;
d) To disseminate and translate research findings for evidence based policy formulation and implementation;
e) 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; and
f) To do all such things as appear necessary, desirable or expedient to carry out it functions.

Within the Health Sector, KEMRI is responsible for providing leadership in health research & development, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options and monitoring and assessing health trends as well as dealing with trans-boundary threats and disease outbreaks.

In order to fully realize UHC through evidence based decision making, KEMRI is tasked to conduct assessment of health systems capacity and readiness, populations' perceptions, needs and cost of services and barriers in provision of health services aimed at generating knowledge and evidence that can be applied in the strengthening of health service delivery in Kenya.

1.5.9 National Cancer Institute of Kenya (NCI-K)

The National Cancer Institute of Kenya (NCI Kenya) is a statutory body created under the Cancer Prevention and Control Act (No. 15 of 2012). This was in recognition of the need for a more coordinated health sector response to the growing cancer burden in Kenya.

NCI-K has the overall responsibility of coordinating the multi-sectoral response to cancer in Kenya; specifically, the Institute is mandated to provide policy advisory on the countries priorities in the prevention and control of cancer, define the cancer research agenda,

mobilize resources for cancer prevention and control, develop and maintain a cancer registry, monitor progress of cancer prevention and control initiatives and engagement with stakeholders involved in cancer prevention and control.

The NCI-K will contribute to universal health coverage through evidence-based policy advocacy to increase access to cancer care services including screening, early diagnosis and treatment; ensuring quality services through setting standards for optimal cancer treatment, palliative care and survivorship and financial risk protection in cancer care through improved resource mobilization and policy change.

1.5.10 Oversight and Advisory bodies

1.5.10.1 Kenya Health Professions Oversight Authority

The Authority is a corporate body established by the Health Act , 2017 which will oversight all the Health Regulatory Bodies and it is vested with the mandate of ensuring promotion of inter-professional liaison between the statutory bodies, coordination of joint inspections with all the regulatory bodies, resolution of complains from patients, aggrieved parties and regulatory bodies, monitoring the respective mandates of the respective regulatory bodies, resolution of disputes between the statutory regulatory bodies, ensuring that the standards of the health professionals are not compromised by the regulatory bodies and the maintenance of the duplicate register of the professionals working in the national and county government. This will enhance Universal Health coverage by ensuring that; ethics and professional conduct of health care workers are maintained, quality of health care workers training is upheld, smooth coexistence between the various professions and hence improved quality health care provision which will eventually result in the economic improvement of the nation.

1.5.10.2 Kenya Human Resource Advisory Council

The Council is a body corporate created through the Health Act, 2017 and it is mandated to review policy and establish uniform norms and standards for; posting of interns to National Government and County Government facilities, inter county transfer of healthcare professionals, transfer of healthcare professionals from one level of Government to another, the welfare and the scheme of service for health professionals, management and rotation of specialists; and maintenance of a master register for all health practitioners in the counties.

This will therefore enhance the provision of Universal Health Coverage by ensuring; equity in health care provision, reduction of unrests by the health care workers, improved

quality health care provision, reduction in the disease burden and hence economic improvement of the nation.

1.5.11 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:

a. Kenya Medical Practitioners and Dentist Council
b. Clinical Officers Council
c. Nursing Council of Kenya
d. Public Health Officers and Technicians Council
e. Kenya Medical Laboratory Technicians and Technologist Board
f. Physiotherapy Council of Kenya
g. Radiation Protection Board
h. Kenya Nutrition and Dieticians Institute
i. 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 policy formulation, planning 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 parlors and crematoriums; enforcement of waste management policies in particular, refuse dumps and solid waste.

1.6.3 Non-State Actors in Health

These are mainly 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 inadequate domestic resources. Development Partners and international nongovernmental organizations 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, harmonization, 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 end 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 behaviors as the Policy outlines and also taking responsibility of their own health.

1.6.7 Other stakeholders

Kenya Clinical Officers Association (KCOA), Kenya Medical Association, 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.

CHAPTER TWO

2.0 PROGRAMME AND PERFORMANCE REVIEW FY 2016/17 – 2018/19

This chapter provides an analysis of programme performance for the last three financial years, that is, FY 2016/17-2018/19. This is linked to the on-budget resources (allocations and expenditures) that were allocated to the Ministry from both the National Treasury as well as Development Partners during the review period. It will therefore entail analysis of the previous budgetary allocations, actual expenditures and achievement of actual outputs.

2.1 Review of Sector Programmes Performance

In the period under review, there were five programmes under the Ministry, that include; (i) Preventive, Promotive and RMNCAH Services, (ii) National Referral and Specialised Services, (iii) Health Research and Development, (iv) General Administration, Planning and Support Services, and (v) Health Policy, Standards and Regulations.

The programmes are undertaken within the key functions of the Ministry as per fourth schedule of the Constitution which includes; Health policy, health regulation, national referral facilities, capacity building and technical assistance to counties. This also includes UHC implementation to guarantee affordable healthcare to all Kenyans as part of the Big Four Plan.

The following is a summary of achievements in the five Progrommes and their respective Sub-programmes in the period under review;

2.1.1 Preventive, Promotive and RMNCAH Services

2.1.1.1 Communicable Diseases Prevention & Control

I. HIV and AIDS Control

The HIV program has made great achievements in prevention and control of HIV. This is in line with local and global HIV control targets of achieving 90:90:90 by 2020. HIV remains the leading cause of disease burden in Kenya causing 15 percent of total disease burden in Disability Adjusted Life Years and over 29 percent of all hospital mortality. HIV prevalence is estimated to be 4.9 percent translating to about 1.5 million people living with HIV in Kenya out of whom about 1.1 million, were on life saving ARVs as at June 2019 and so far about 400,000 lives have been saved due to ARVs. In addition, the proportion of HIV positive pregnant women receiving ARVs to prevent-mother-to-child-

transmission of HIV have oscillated around 95 percent (2016/17) through 96 percent (2017/18) to 94 percent (2018/19) due to the health workers strike. These may have led to led to increased number of children who became HIV positive through mother to child transmission from 8.3 percent to 11.5 percent. In 2018/19, new HIV treatment guidelines introduced the use of Dolutegavir in treatment, whose benefits for PLHIV include better tolerability, better viral suppression and higher genetic barrier to HIV drug resistance.

Advocacy campaigns were undertaken to create awareness of the HIV tribunal, human rights and the law targeting networks for persons living with HIV, Key Populations, vulnerable groups and the general population in selected counties. PLHIV accessing justice through the HIV Tribunal hubs achieved targets for 2017/18 was 115 and 2018/19 540 from a planned target of 150 2017/18 and 250 in 2018/19.

There are deliberate efforts to increase condom distribution points as well as promote uptake through sustained advocacy. The outcome of this would be increased uptake of condoms as we work towards the target of 17 condoms per man per year. This was to be achieved by distributing condoms outside health facilities (in the community).The number of condoms distributed in non-health settings achieved target were 13 Million in 2017/18 and 10 Million in 2018/19 from planned target of 10 Million in 2017/18 and 15 Million in 2018/19.. The target was not achieved due to unavailability of condom dispensers' establishments as well as condoms especially at the community level. Replenishment of the condoms remained a challenge due to supply side constraints.

II. Beyond Zero

Beyond Zero is an initiative launched by Her Excellency, the First Lady Margaret Kenyatta. Its goals are to reduce new HIV infections among children and improve maternal new-born and child health in Kenya under the principle of "leave no one behind". Currently, all the 47 Counties have received the Beyond Zero mobile clinics. In the second phase of the initiative, Medical Safari Clinics will be used to reach the counties' populations with a focus on maternal and neonatal health, reproductive health, cervical cancer, obstetric Fistula, Physical disability and intellectual impairment, thereby leaving no one behind. 47 Counties have been targeted with 5 counties having been reached with the medical safaris to date.

III. Adolescents and Young People accessing HIV prevention, care and treatment services and information

There was an over achievement towards this indicator due to leveraging on the members of the Maisha Youth group which has a big reach through the social media. Using several mass media platforms also strengthened the reach. The number of interns trained to reach other youth was 205 adolescents in 2018/19 from a planned target of 150 in 2018/19. The number of young people reached by the interns with HIV Prevention and anti- stigma messages was 600,000 in 2017/18 and 600,000 2018/19 from a planned

target of 500,000 in 2017/18 and 550,000 in 2018/19. Other platforms that were used were interpersonal engagement and peer to peer engagement. Learning institutions including universities, colleges and technical and vocational institutions (TVETS) were also part of our outreach. The number of AYP reached with HIV messages, Prevention and treatment was 10 Million 2017/16, 11Million 2017/18 and 12Milliom in 2018/19 from planned target of 5Million in 2016/17, 10Million in 2017/18 and 11Million in 2018/19. During all engagements, the role and contribution of young people towards attainment of UHC was documented.

IV. Malaria Control

Tremendous efforts were made to combat malaria in the years under review. This was achieved through distribution of long-lasting insecticide treated nets (LLINs), Artemether Combination Therapy (ACT) and rapid diagnostic and test kits (RDT).

In the period under review the following were achieved;

a) Distribution of long-lasting insecticide treated bed nets (LLINs) increased from 4.75 million in 2016/17 to 12.2 million in 2017/18, however, it dropped to 1.9 million in the fiscal year 2018/19. These prevention efforts have led to a gradual reduction in the burden of malaria.
b) 14 million doses of artemether combination treatment (ACT) were distributed in 2016/17, 8.2 million in 2017/18 and 8.7 million in 2018/19. These were accompanied by a similar amount of rapid diagnostic test kits (RDTs). Further, 14,000 health workers were trained on malaria case management over the same period.

A majority, 63 percent, of households in Kenya now own at least 1 LLIN. Approximately, 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 11 percent (2010) to 8 percent (2016). Additionally, the Ministry reported a reduction of the total morbidity cases from 14 percent (2010) to 8 percent (2015).

However, 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.

In the fiscal year 2018/19 the country started experiencing an increased number of confirmed cases with some parts having upsurges at end of the fiscal year which extended into 2019/20. This situation has been observed across the Eastern Africa

Region, this may be attributable to cyclic weather patterns that favour vector breeding and subsequent malaria transmission.

In 2018/19 the country was unable to access PMI/USAID supported commodities (Routine LLINs, ACTs and RDTs) due to tax waiver issues after the expiry of the Development Assistance Grant Agreement (DAGA) in September 2017. The LLINs distributed in 2017 are due for replacement and the programme plans to undertake a mass net distribution exercise in the year 2020.

V. Tuberculosis Control

The burden of tuberculosis in the country is higher than previously estimated. Prevalence survey of 2015/2016 revealed that the burden of tuberculosis (TB) in Kenya was 426 cases per 100,000 population – suggesting there was more than twice as much TB as previously estimated[1]. After five years of declining case notifications, the results of the prevalence survey prompted intensified efforts to understand where people with TB were being missed by the system and to mount innovative responses. In both 2017 and 2018, TB case notifications increased by more than ten percent, respectively, over the previous year. Still, in 2018 only 64% (96,478) of the incidence TB cases were notified and therefore about 36% of estimated TB cases were not diagnosed, treated and notified in 2018[2]. Among children with TB, nearly two-thirds were not diagnosed; and nearly 80 percent of people with drug-resistant TB were missed.

The Kenya National TB Strategy (NSP) 2019-2023 is aligned to the global END TB Strategy in seeking to end TB deaths, reduce TB incidence and eliminate catastrophic costs associated with TB. The impact targets to be achieved by 2030 compared to 2015: Reduce TB incidence rate by 80%; reduce TB deaths by 90%; zero families facing catastrophic costs due to TB, leprosy and lung diseases; reduce the proportion of people with leprosy diagnosed with a grade 2 disability by 5%; and reduce the burden of chronic lung diseases by 20%. To achieve these impact targets, the country has set the following outcome targets by 2023: diagnose and treat 597,000 people with TB including 55000 children under 15 years of age; diagnose and treat 4500 people with drug resistant TB; and to provide TB preventive therapy to people at risk of TB[3]

Kenya is a low endemic country for leprosy and has achieved and sustained national elimination status for several years. However, there are still six high burden counties that accounted for 73 percent of notified cases from 2014-2016. The majority of these cases was multi-bacillary, some had grade 2 disabilities, and included children under 15 years of age, signifying continuing recent community- based transmission of infection.

Respiratory illness is the leading reason for healthcare seeking in Kenya. It accounts for a considerable burden of morbidity and mortality in all age groups with ten percent of self – reported reasons among patients seeking outpatient services complaining of respiratory

symptoms, this is the most frequent complaint. This translates to an annual eight million outpatient visits from respiratory symptoms among health facilities that report on the routine health management information system, DHIS2. Among the respiratory diseases, the most frequently occurring that result in significant morbidity and mortality are lower respiratory infections, drug-susceptible TB, drug-susceptible HIV/AIDS – TB and chronic obstructive pulmonary disease (COPD).

2.1.1.2 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 raised blood pressure. Currently, two percent of Kenyans have diabetes mellitus, 27 percent are overweight/obese, 24 percent are hypertensive, and only 14 percent women 25- 49 years have ever been screened for cervical cancer. The risk factors include tobacco use, alcohol use and lack of physical activity.

The number of cervical cancer cases screened ranged from 310,677 (2016/17), 234,029 (2017/18), to 369, 380 (2018/19).

2.1.1.3 Radioactive Waste Management

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.

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 being to ensure safety and physical security of disused/illicit/orphan radioactive sources and nuclear materials

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.

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.

2.1.1.4 Reproductive, Maternal, Neo-natal, Child and Adolescent Health (RMNCAH)

The general objective of this sub – programme is to promote reproductive health, including maternal, neonatal, child and adolescent health.

I. Maternal Health

The percentage of skilled deliveries has increased from 61 percent (2016/17), to 62 percent (2017/18) to 65 percent (2018/19). This is attributed to various interventions including training of health care providers to offer quality maternal services, the free maternity program and Linda Mama initiative. On the other hand, the proportion of pregnant women attending four antenatal clinic (ANC) visits has been oscillating around 50 percent (2018/19), 48 percent (2017/18) and 52 percent (2016/17).

II. Family Planning

Family planning is a key component of Universal Health Coverage that enhances the well-being of mothers and children, as well as promoting the socio-economic status of individuals, families and the overall population. The national target is to achieve a modern contraceptive prevalence rate (mCPR) of 58% by 2020, 66% by 2030 and 70% by 2050 among married women. As at 2014 (KDHS) Kenya had attained amCPR of 53%. This was attributed to increased advocacy for family planning and increasing investment in procurement of contraceptives.

However, in the period under review the proportion of Women of Reproductive Age (WRA) accessing family planning services and commodities decreased from 46 percent in 2016/17 to 42 percent 2017/18, only slightly increasing to 43 percent (2018/19). This is contributed largely by challenges in contraceptive commodity security that has seen the Country experience persistent stock-outs of family planning commodities. For

instance, KES 120 million was allocated in 2016/17 which was used to procure 4.8 million cycles of contraceptive pills; however, there was no allocation for procurement of family planning commodities in 2017/18.

With support from development partners, the following were procured during the period under consideration to bridge the funding gap;

Description	2016/17	2017/18
Injectable contraceptives	3.9 million vials	3.7 million vials
Oral contraceptive pills	6.8 million cycles	9.3 million cycles
Implantable contraceptives	225,000 sets	530,000 sets
Intra-uterine devices	200,000 sets	125,000 sets

Key challenges experienced are;

- Uncertainty in guaranteeing commodity security in light of dwindling support from development partners
- Reaching the most under-served populations, including adolescents and youth, with contraception services

III. Adolescents

According to the 2009 Kenya Population and Housing Census (KPHC), adolescents aged 10-19 years constitute about 24 percent of the country's total population (9.2 million). In Kenya, as in other parts of Sub-Saharan Africa, adolescents face severe challenges to their lives and general well-being. They are vulnerable to early and unintended pregnancy, unsafe abortion, female genital mutilation (FGM), child marriages, sexual violence, malnutrition and reproductive tract infections including sexually transmitted infections (STIs) as well as HIV and AIDS.

According to KDHS 2008-2009, nearly half (47%) of pregnancies among adolescents were unintended, and less than half of girls aged below 20 reported that they delivered in a public or private health facility or with the help of a skilled birth attendant. Adolescents between the ages of 10 and 19 years represented about nine percent of persons living with HIV and 13 percent of all HIV-related deaths in Kenya.

IV. Immunization

Immunization has managed to reduce the burden due to vaccine preventable diseases by more than 70% over the last two decades. This entails vaccination of every child at birth and afterwards until the child grows up and develops immunity against the deadly diseases.

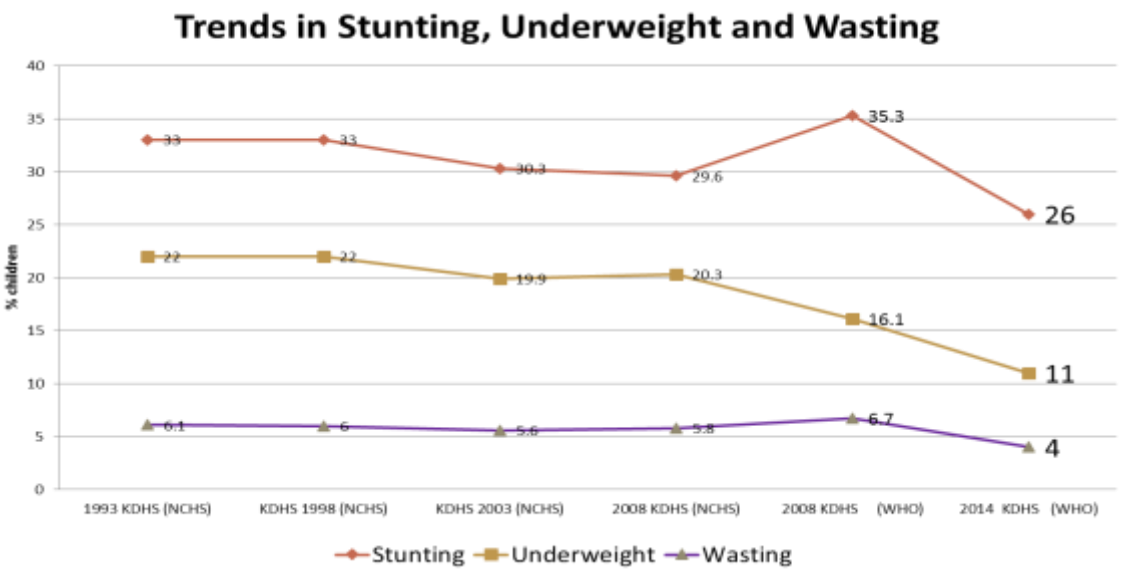
The proportion of children fully immunized with all their life saving routine infant vaccines (BCG, Oral Polio vaccines, Inactivated Polio Vaccines, Rota virus, Pneumococcal, Diphtheria, Pertussis, Tetanus, Homophile's Influenza Type B, Hepatitis B, Measles and Rubella) by their first birthday improved from 76% in 2016/2017 to 80% in 2018/2019. The national immunization coverage for 2018/2019 was 79 percentage this a slight decline as compared to 81 percent in both 2017/18 and 2016/2017. In the same period, 23 Counties (49%) reported immunization coverage rates more than 80%. No County had Immunization coverage rates less than 50%.

The Country is focusing on improving and sustaining immunization coverage and equity by: Increasing access to immunization services through procurement and installation of specialized vaccine storage equipment and Assuring uninterrupted supply of vaccines at all service delivery points through timely procurement and distribution of all childhood vaccines, to avoid stock outs.

V. Nutrition

According to the 2018 Global Nutrition Report, Kenya is experiencing the Triple burden of malnutrition – co-existence of under nutrition (stunting, wasting or underweight), overweight/obesity and micronutrient deficiencies.

The figure below shows that the prevalence of stunting improved from 35 percent in 2009 to 26 percent in 2014. However, in terms of absolute number of malnourished children, out of 7.22 million children under five years, nearly 1.8 million are stunted (26%); 290,000 are wasted (4%); 794,200 (11 per cent) are underweight. Eleven counties have a prevalence of stunting above 30%, a level categorized as 'very high' in public health significance. Slightly over a quarter (28%) of adults aged 18–69 years are either overweight or obese, with the prevalence in women at 38.5% and men 17.5% (Kenya 2015 Stepwise Survey).



During the period under review, the Kenya Nutrition Action Plan (KNAP) 2018-2022 was developed. It is a multi-sectoral and six sectors were technically involved during development. Guidelines were developed to give direction to counties in the development of county specific action plans. In the same period Kenya launched the Cost of Hunger Study in Africa (COHA) for Kenya which is meant to inform on the burden of malnutrition to the health, education and social labour sector for the country. The Breast Milk Substitute Act regulations were redrafted and finalized. Guidelines for securing a breastfeeding friendly workplace were launched and disseminated to all 47 counties. An implementation framework for securing a breastfeeding friendly workplace was developed. The MIYCN policy summary statement was developed and signed adopting the new WHO guidance.

Vitamin A supplementation (VAS) is low cost and highly effective means of improving Vitamin A status and is achieved by providing biannual supplementation and ensuring 80 percent or more. VAS has shown a marked increase in coverage from 44 percent (2017/18) to 64.5 percent (2018/19.

Iron and folic acid deficiencies during pregnancy can lead to irreversible developmental problems to the foetus such as intrauterine growth retardation and neural tube defects. Anaemia during pregnancy is a major contributing factor to low birth weight babies, maternal mortality and infant anaemia and therefore, supplementation and other strategies are critical during pregnancy. In 2018 IFAS was 69.6% against a target of 80%.

Key challenges are funding for commodities and carrying out the supplementation exercise.

2.1.1.5 Environmental Health

The Water, Sanitation and Hygiene (WASH) programme was implemented during the period under review. A total of 46 counties implemented Community-Led Total Sanitation (CLTS) in all the three fiscal years under review (2016/17, 2017/18 and 2018/19). Lamu County consistently was not able to implement CLTS due to the security issue. Two Counties, (Kitui and Busia) were declared open defecation free in 2016/17. Training on the Community Led Total Sanitation online monitoring information System for reporting on the implementation of CLTS activities has been done in forty-five (45) Counties. A total of five microwave equipment for medical waste sterilization were installed and commissioned in Kisii, Kisumu, Nakuru, MTRH and KNH with training on operations and maintenance conducted for 45 technical staff. This will help reduce unintentionally produced persistent organic pollutants which are carcinogenic and resulting from open burning of medical waste.

Prevention and control of aflatoxins in food value chains has been scaled up during the period under review, by conducting mandatory testing of food supplied to learning institutions in arid and semi-arid regions. A total of 62 public health officers were trained and certified, and 38 mobile mini-laboratory kits (blue boxes) that can undertake rapid test for aflatoxins and moisture content in grains were procured and in use in Turkana, Marsabit, Tana River, Garissa, Wajir, Baringo, Isiolo, Makueni and Samburu counties.

2.1.2 National Referral and Rehabilitative Services

2.1.2.1 National Referral Services

I. Kenyatta National Hospital

During the period under review, the hospital recorded an improvement in performance. Throughout the period, more and more patients chose to come too KNH for treatment, whether for emergency or planned case. The customer satisfaction index improved from 73.5 percent to 74.5 percent, between the FY 2016/17 and 2018/19, with the number of in-patients increasing from 580,782 in FY 2016/17 to 743,453 in FY 2018/19. The hospital implemented the new strategic plan (FY 2018-23) in FY 2018/19 that has increased the focus on quality, safety and efficiency of service delivery. The KNH staff has continued to provide leadership in provision of innovative and evidence based specialized care. Several milestones were attained in the period key among which include the following:

Successful Separation of conjoined twins

The conjoined twin girls who were born on 4th September 2014 were joined at the sacral region of the lower spinal cord. On 1st November 2016, Kenyatta National Hospital (KNH) with a multi-disciplinary team of over sixty (60) medical specialists successfully separated the conjoined twins; Blessing and Favour. The separation surgery of the sacrophagus twins who were joined at the lower back took 23 hours. Surgery of this nature requires planning and regular consultations within the multi-disciplinary team of pediatric surgeons, neurosurgeons, plastic and reconstructive surgeons, anaesthetists and specialized nurses.

The First Weight Loss Surgery (Bariatric Surgery)

Kenyatta National Hospital performed the first weight loss surgery in a public hospital within the East African region marking a proactive move towards addressing the future country's healthcare needs. The country has encountered an increase in the prevalence of non-communicable diseases such as obesity, diabetes and cardiovascular disease. In line with SDG 3, the hospital has embarked on a mission to promote wellbeing for all at all ages through development of a weight loss clinic which is accessible to the public at an affordable rate.

Successful Historic Micro Vascular Penile Re-Implantation Surgery

The Hospital achieved medical science milestone in 2018/19 by conducting successful micro vascular penile re-implantation surgery. The highly complex reconstructive surgery is the first of its kind in the country and in the East African region. The re-implantation was performed by a multidisciplinary team of specialists who included urologists, plastic surgeons, anesthetists, nurses as well as other healthcare providers. The outcome of the microsurgical repair was adequate restoration of penis with good patient acceptability and micturition function.

Reconstructive Surgery in Hand Mutilation

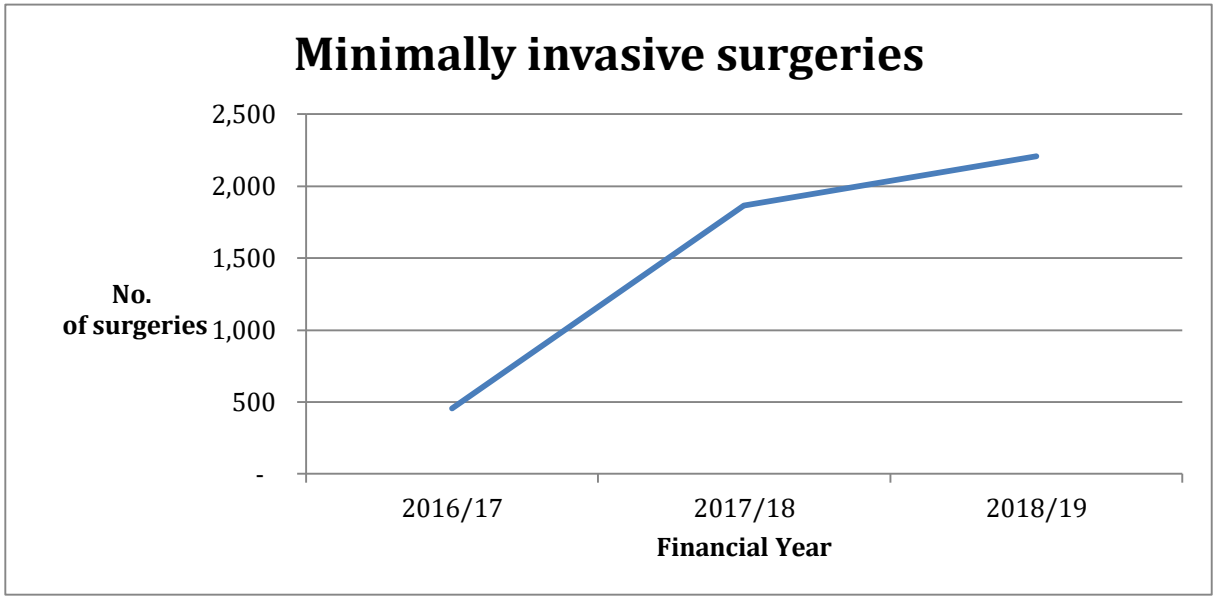
The first successful re-attachment of a completely amputated hand in the country and East African region was conducted at the Hospital in the FY 2018/2019. The complex and delicate reattachment surgery opened up opportunities for a new era of challenging clinical micro vascular surgeries at the hospital. The highly experienced multidisciplinary team of specialists performed the 7-hour surgery with the aim of ensuring good functional outcome of the reattached limb. Vigorous physiotherapy played a key role in regaining the hand functionality.

Successful Head Surgery on a 9-month baby

Kenyatta National Hospital multidisciplinary specialized team conducted a successful surgery to remove an enlarged tumor from a 9-month old baby from Mandera County. The complex surgery took 12 hours of dedicated expertise and team work. The team maintained close monitoring of the baby and ensured full recovery to the satisfaction of the family. The specific targets under the sub-sector programme performance indicators have returned actual performances above targets as shown below;

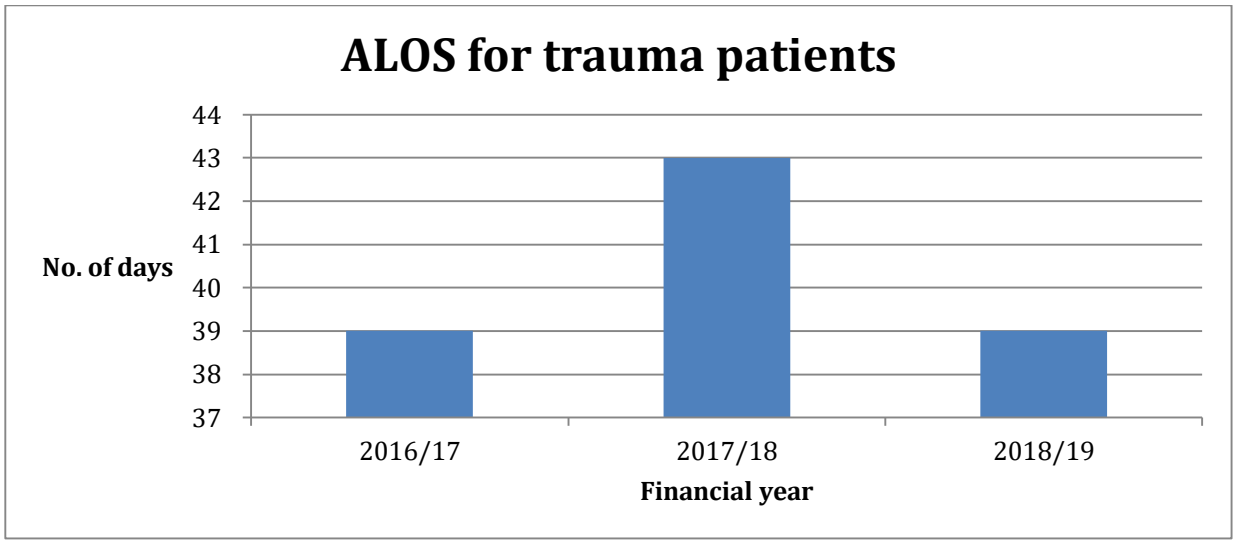
Minimally invasive surgeries

The number of minimally invasive surgeries increased from 456 in FY 2016/17 to 1,865 in FY 2017/18 and further grew to 2,208 in FY 2018/19. The performance improved following the acquisition of new medical equipment (4 laparoscopy towers).



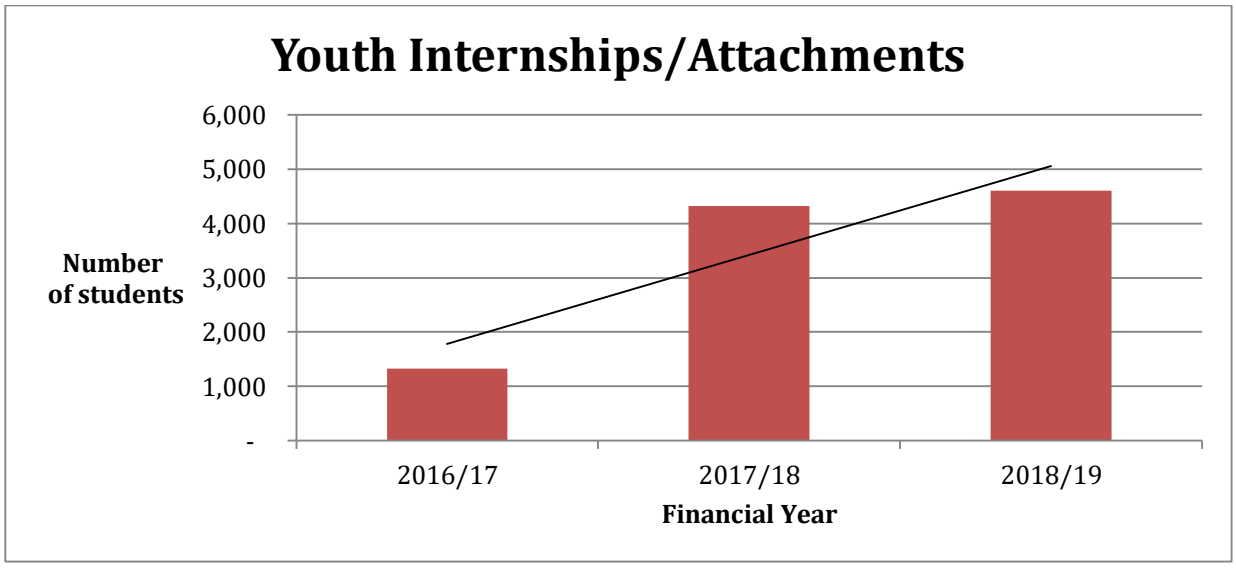
Average Length of Stay (ALOS) for trauma (orthopedic) patients

The ALOS for trauma patients was 39 days in FY 2016/17 and increased to 43 days in FY 2017/18 before stabilizing at 39 days in FY 2018/19. The ALOS is above the target due to the nature and complexity of the trauma cases received at the hospital.



Youth Internships/Industrial Attachment/Apprenticeship

As part of capacity building and development of human resources for health, KNH surpassed the target for Youth Internships/Industrial Attachment/Apprenticeship. The number of students increased from 1,333 in FY 2016/17 to 4,325 in FY 2017/18 and to 4,603 in FY 2018/19. This growth in numbers is due to enhanced collaborations with UON, KMTC and other learning institutions.



Research projects completed and disseminated

The planned research projects (14 in FY 2016/17; 15 in FY 2017/18; 16 in FY 2018/19) were completed and disseminated accordingly. This is attributing to availability of

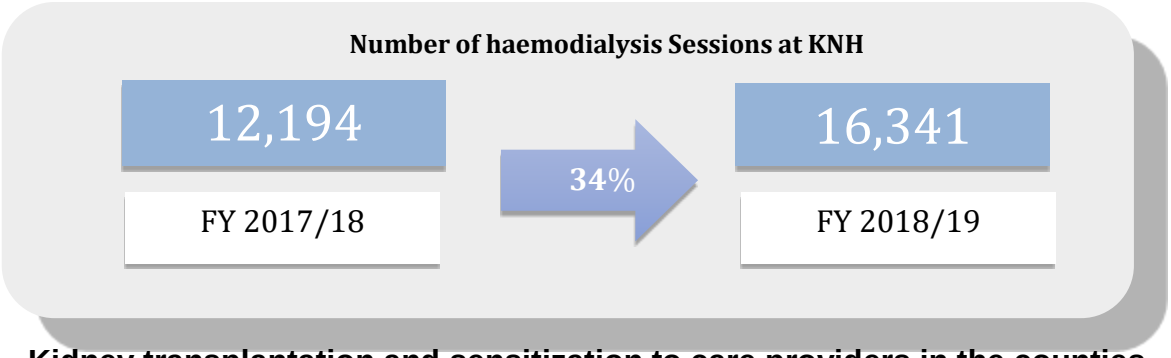
research funds, close monitoring of research work and establishment of a research resource centre.

The other Performance indicators that are not listed as subsector targets yet they influenced overall performance are as follows;

Haemodialysis

Kenyatta National Hospital Renal Unit is adequately equipped with state-of-the-art dialysis machines and houses a well-equipped laboratory for ease of patient evaluation. The unit performed 16,341 haemodialysis sessions in the FY 2018/2019, which averagely translates to 45 patients per day. This is an increase of 34% as compared to previous year as illustrated below.

Haemodialysis Sessions



Kidney transplantation and sensitization to care providers in the counties

The hospital performed 15 kidney transplants during the year. In addition, clinical staff from Nyeri, Embu, Kerugoya and Murang'a Hospitals were sensitized on the assessment of suitable patients on routine haemodialysis for transplant surgery and subsequent referral for transplant evaluation.

Respiratory disease screening

TB screening

The hospital carried out systematic screening for active tuberculosis with the aim of early detection of the disease. Early detection of TB reduces the risk of transmission to the patient's family and the general public. The hospital screened a total of 3,045 new patients for TB during the FY 2018/2019.

Asthma screening

The hospital conducted patient education and screening for asthma with the aim of creating awareness and providing treatment to patients diagnosed with asthma. More than 2,000 patients were attended to and followed up at the KNH asthma clinic. KNH laboratory is well equipped to carry out autoimmune lab tests and allergy testing for patients at an affordable cost.

Retinopathy screening

The KNH Endocrinology centre of excellence conducts systematic routine diabetic retinopathy. More than 384 patients were screened, in the FY 2018/2019, with the objective of improving coverage of diabetic patient screening to detect early sight-threatening retinopathy.

Operation ear drop

Kenyatta National Hospital Ear, Nose and Throat (ENT) surgeons conducted surgeries to restore hearing to 21 patients with perforated eardrums.

Vaccination and Immunization Center

Kenyatta National Hospital is on the front line to reduce vaccine preventable diseases in Kenya. KNH provides early immunizations to infants and completion of the full KEPI schedule of vaccinations. A total of 22,886 patients were vaccinated in KNH in the FY 2018/2019

Health checkup Programs

Kenyatta National Hospital routinely conducts medical examination and screening for both children and adults through the health checkup programs. In the FY 2018/19 the hospital conducted a total of 4,672 health checkups for various diseases. Cervical and breast cancer screening is done on a daily basis.

II. Moi Teaching and Referral Hospital

Moi Teaching and Referral Hospital (MTRH) has continued to make strategic reforms in governance, infrastructure and improvement of service delivery. Among the key flagship projects in the Hospital include the progress made towards the construction and equipping of a 4,000 bed Multi-Specialty Hospital to be funded by the Government, Modernization of Medical Equipment (Intensive Care Units, Diagnostic and Theatre Equipment), Shoe4Africa Children's Hospital, Riley Mother and Baby Hospital, Renal Centre and Chandaria Cancer and Chronic Disease Centre. Investment in Human

Resource for Health (HRH) has been a priority for MTRH through restructuring of Organization Structure for more efficiency and effectiveness through functional teams and clearer reporting structures, implementation of Performance-Based Management across all levels (Directorates, Departments & Individual Staff) and implementation of new MTRH Human Resource Instruments.

Among the achievements realized during the period include;

Medical Outreaches

Under the Medical Outreach Program, MTRH sends a team of different health disciplines to take specialized services to lower level health facilities in order to ensure access of quality services and decongest the Hospital. In 2018/19FY, MTRH undertook sixteen (16) Medical Outreaches in County Health Facilities and provided Mentorship to County Human Resources for Health. These Outreaches were conducted in UasinGishu, Nandi, ElgeyoMarakwet, Trans-Nzoia, Kisumu and Busia Counties.

Corneal Transplants

MTRH has conducted twenty-two (22) corneal transplants since 2018/19FY. MTRH is the only Public Hospital offering Corneal Transplants in the region.

Dermatology

MTRH implements PUVA (Psoralen and Ultraviolet A) Therapy. It was the first Public Institution in Kenya to provide such a service. Phototherapy is a well-established dermatologic therapy recognized as a safe, efficacious and cost-effective treatment option for many cutaneous diseases including Psoriasis, Atopic Dermatitis, Vitiligo and Mycosis Fungoides.

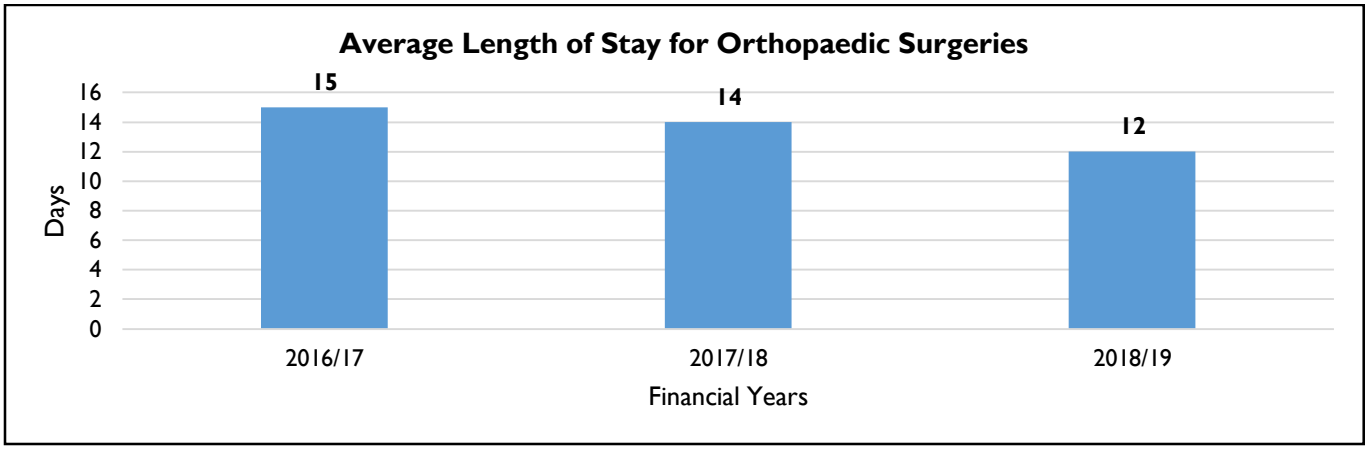
Between February 2018 and August 2019, 62 patients have received phototherapy treatment at MTRH for a range of skin conditions, including psoriasis, atopic dermatitis, cutaneous T-cell lymphoma and vitiligo.

Waste Management

MTRH places great emphasis on the management of medical waste because of the potential health risks associated with medical waste. To ensure best medical waste practices and best environmental practices, the Hospital invested in a Modern Waste Management Technology that uses Microwave Energy as the primary method of waste treatment.

Average Length of Stay for Trauma (Orthopaedic) Surgery

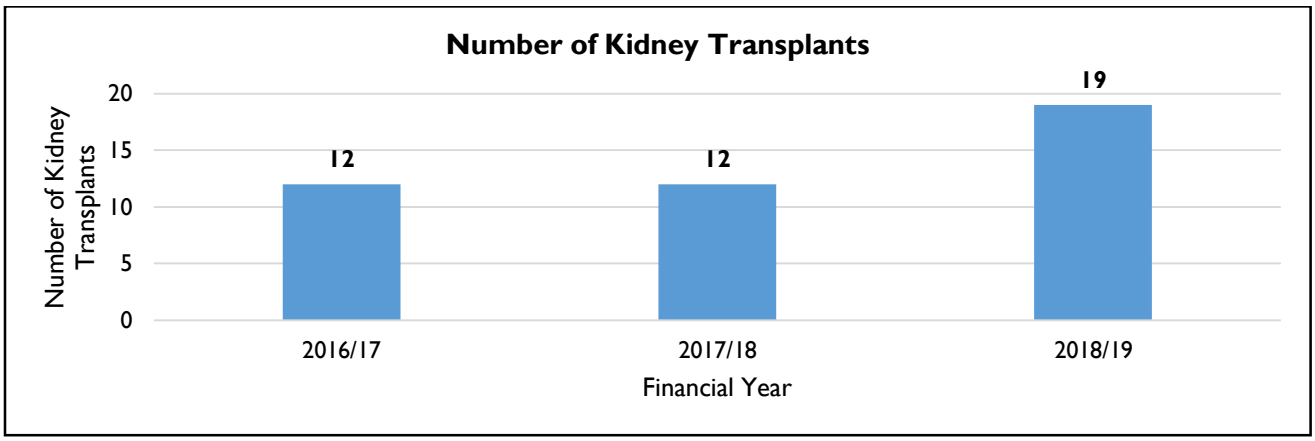
The average length of stay for Trauma Patients dropped by 15% to 12 days in 2018/19, compared to 14 days in the FY 2017/18 and 15 days in FY 2016/17, hence a positive improvement.



Number of Kidney Transplants

MTRH has continued to provide specialized care in the management of renal patients. With the highly trained staff, modern equipment and adequate drugs & supplies in the unit, the hospital continued to boost services to its clients. During the FY 2018/19, the Hospital carried out 19 Kidney Transplants compared to 12 Transplants done in the FY 2017/18 and 12 in the FY 2016/17. This has impacted positively to patients seeking renal services in the country.

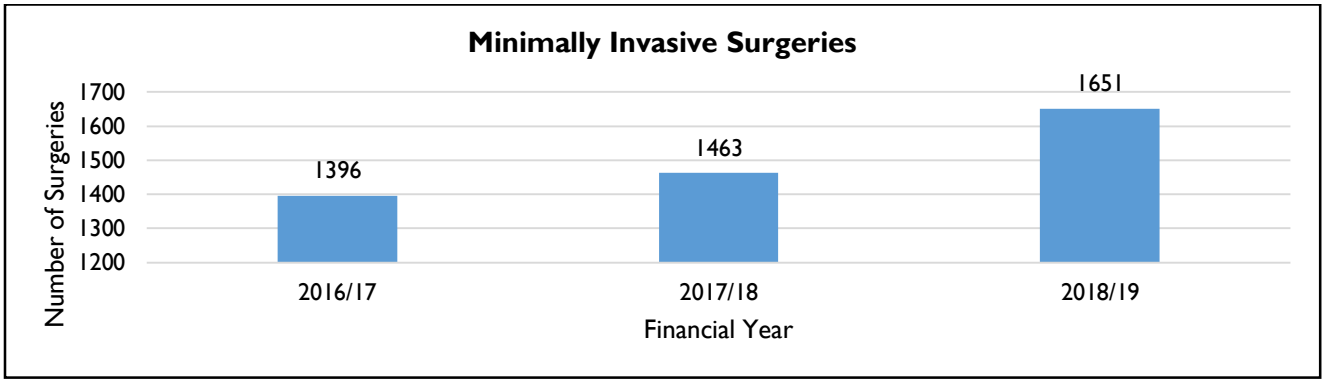
PS Health, Mrs. Susan MochacheCBS on a guided tour of MTRH Renal Dialysis



Number of Minimally Invasive Surgeries

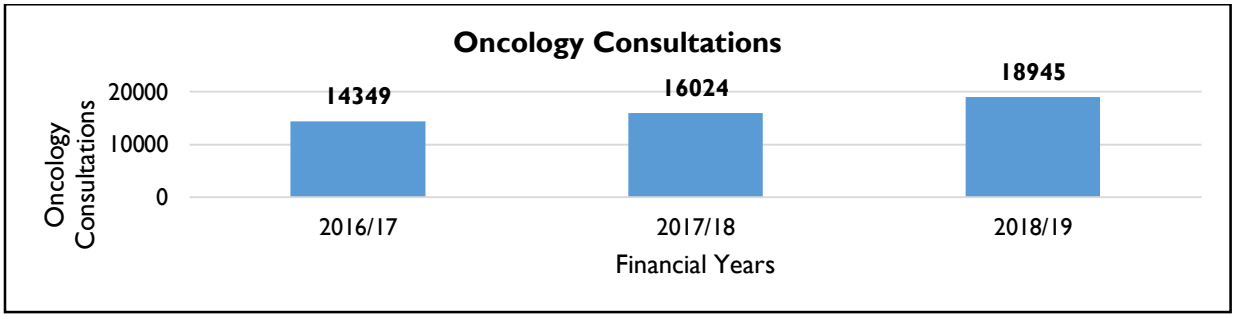
Continuous capacity building of staff and modernization of theatre equipment has revolutionized surgical interventions and better patient outcomes at MTRH. During the FY

2018/19, a total of 1,651 surgeries were done using minimally invasive approach compared to 1,463 done in FY 2017/18 and 1,396 in FY 2016/17.



Oncology Consultations

MTRH has established a Centre of Excellence in the management of cancer patients. During the FY 2018/19, 18,945 Oncology consultations were done compared to 16,024 in FY 2017/18 and 14,349 in FY 2016/17, hence a significant improvement. The Hospital has continued to boost services through investment in Oncology Specialists, availability of Medicines and other supplies. With the enrolment of patients to NHIF, access to services has been enhanced.



The Telemedicine and Telepathology Centre is making a difference in remote areas of Western Kenya by bringing medical care virtually to communities. Patients and families can save on transportation costs and time that come with travel to the Hospital. The following facilities are currently linked through Telemedicine: Longisa Sub-County Hospital (Bomet County), JaramogiOgingaOdinga Hospital (Kisumu); Nakuru County Referral Hospital (Nakuru County); Kakamega County Referral Hospital; Kitale County Referral Hospital (Trans-Nzoia) and Tenwek Mission Hospital (Bomet). Tumour Board Meetings and Diagnosis done are virtually every Mondays and Wednesdays with these Hospitals.

Number of Open Heart Surgeries

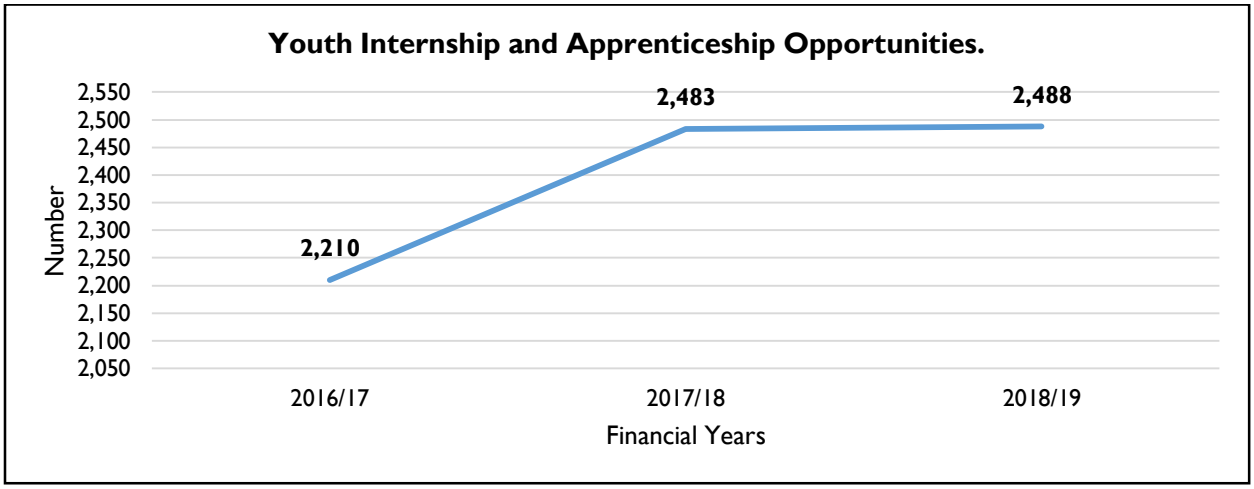
During the FY 2018/19, MTRH made another milestone by conducting 26 Open Heart Surgeries. This is attributed to the continuous capacity building of specialized personnel and modernization of medical equipment towards making MTRH a Multi-Specialty Hospital.

Number of Disseminated Research Papers on Health

Through the Research Fund, MTRH has been able to successfully conduct ten (10) research studies during 2018/19FY and published in internationally reputable journals.

Youth Internships/Industrial Attachment/ Apprenticeship

MTRH has continued to offer internships/ industrial attachments to interns and students across various disciplines. In the FY 2018/19, MTRH offered 2,488 internship and apprenticeship opportunities.



III. Mathari Teaching and Referral Hospital

Mathari hospital remains the hub of the mental health services. It is the major referral hospital for mental health in Kenya. Mathari Hospital is a mental hospital 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 was 548 patients (2016/17), 606 patients (2017/18) and 710 in (2018/19). The number of in–patient ranged from 200,147 (2016/17), 221,204 (2017/18) and 216,000 (2018/19). The average annual outpatient workload for the last 3 years 2016/17 – FY 2018/19 has been 48,847 patients.

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.

2.1.2.2 Forensic and Diagnostic Services

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 twenty-five satellite centres.

Current blood needs for the country stands at over 1,000,000 units of blood of which 18 percent is met by the national blood service. The achievement of 18 percent blood needs has been made possible by 1.6 Billion from funding partners and 320 Million from GOK. With the development partners withdrawing having cushioned 80 percent of achievements of blood collection, National Blood Transfusion Services stands a risk of extremely diminished collection. This therefore calls for increased allocation to continue running the 31 regional and satellite facilities spread across the 47 counties. Urgent funding from exchequer is also required to maintain and increase collection of blood to satisfy the demands of UHC and improve quality of service and products offered to patients. The average unit cost of providing safe blood or blood products range between Kshs.10,000 to Kshs.14, 000.

International best practices and World Health Organization as well as Kenya blood policy recommends that patients should be transfused with the components (packed red cells, platelets, fresh frozen plasma, cryoprecipitate and paediatric packed cells) as opposed to universally giving whole blood. 95 percent of all transfusions require blood components and only about five percent require whole blood. With the rise of non-communicable diseases like cancer, need for blood products has exponentially increased since management of cancer requires huge volumes of blood and blood products. This preparation of components requires dedicated skilled staff, special blood bags, and appropriate infrastructure including transport and blood storage equipment.

In order to bring services closer to the people there is urgent need to establish additional satellite centres to cover the 47 counties. This will further mean that these sites will need to be empowered to prepare blood components. Kenya has approximately 561 transfusing facilities (GOK, Faith based and Private) which get blood from KNBTS; In the

three years under review a total of 158,378 (2016/17) and to 160,000 (2017/18) and in 155 600 (2018/19) blood units were collected.

2.1.2.3 Managed Equipment Services

The Managed Equipment Service (MES) programme helped to embark on a comprehensive programme to upgrade 119 public hospitals, two in each of 47 Counties (94) and four National referral hospitals with a view to improve access to specialized services countrywide. The equipment under this project are categorized into seven lots;

- Lot 1 Theatre, targeted 98 hospitals;
- Lot 2 surgical and CSSD targeted 98 hospitals,
- Lot 3 &4 laboratory equipment, 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.

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 (at least two hospitals per County) 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. Since 2016, there has been 168,564 renal dialysis ions sessions offered under the Lot 5 equipment across the country. Additionally, access to other services is shown as below for Quarter 2 of 2018/19 the following patients used the service across some of the facilities.

Workload for some facilities which received equipment under MES program for period of three months (Oct- Dec 2018)

County	Health Facility	Theatre, CSSD and Surgical equipment	ICU equipment	Renal Dialysis	Radiology
Kitui	Mwingi SCH	143			4,984
	Kitui CRH	756		958	5,988
Makueni	Makueni	1,281		328	5,964
	Makindu	1,093			6,138
Machakos	Machakos	579	88	434	1,993
	Kangundo	846			1,267
	Mwala	-			
TaitaTaveta	Taveta SCH	56			1,017
	Voi CRH	1,510		893	2,426
	Wesu SCH	29			

County	Health Facility	Theatre, CSSD and Surgical equipment	ICU equipment	Renal Dialysis	Radiology
Kwale	Msambweni CRH	399	21	122	2,993
	Kinango SCH	250			1,854
Mombasa	Likoni SCH	28			349
	Coast CRH	2,023	163	993	8,984
	Port Reiz SCH	249			
Kilifi	Malindi SCH	511		287	4,627
	Kilifi CRH	426			6,779
Tana River	Hola CRH	139			743
	Garsen SCH	-			73
	Bura SCH	-			
Lamu	Lamu CRH	158		254	4,050
	Faza SCH	42			409
	Mpeketoni SCH	67			

To further improve access to specialized health services it was decided to equip an additional 19 hospitals with theatre equipment (Lot 1), 24 hospitals with Surgical and sterilizing equipment for all operations (Lot 2), 16 renal dialysis centres (Lot 5), and 3 new additional ICU centres (Lot 6) bringing the number of facilities under MES to 120.Ten out of the 120 facilities, are in various stages of optimal utilization due to various reasons ranging from infrastructure completion and human resources.

Health Infrastructure

During the year under review, FY 2016/17 – FY 2018/19, two projects namely; Kenyatta University Referral, Research and Teaching Hospital (KURRTH), and Othaya Level 5 Hospital were completed and commissioned include.

Health Sector Equalization Fund Projects

Health Sector implements a total of 84 equalization fund projects in the following Counties: Mandera; Wajir; Marsabit; Turkana; West Pokot; Narok; Kwale; Garrissa; Kilifi; TaitaTaveta; Isiolo; and Lamu. The projects range from Construction, Upgrading and equipping of health facilities as well as putting up of Medical Training Colleges.

The Ministry has made significant progress to actualize the projects. The Ministry has so far awarded a total of 82 projects and handed over sites to contractors. The first batch of the projects, 50, was handed over to the contractors in February 2018**.** The second batch of the projects, 25, was handed over to contractors in August and September, 2018 while seven are under contracting process**.** The status of each project per County is listed in the table below.

Projects and overall completion by County

S/N0	County	Number of Projects	Awarded and Notified to site	Under Contracting	Overall completion status on ongoing projects
1	Lamu	16	14	2	**86%**
2	Turkana	2	2	0	**75%**
3	West Pokot	6	5	1	**78%**
4	Isiolo	4	4	0	**83%**
5	Kilifi	11	11	0	**66%**
6	Marsabit	6	6	0	**86%**
7	Narok	15	9	6	**79%**
8	TaitaTaveta	5	5	0	**82%**
9	Garissa (KMTC)	1	1	0	**15%**
10	Kwale	1	1	0	**85%**
11	Wajir	16	16	0	**84%**
12	Mandera (KMTC)	1	1	0	**15%**
	Total	84	75	9	**70.10%**

The projects that are ready for takeover/commissioning are about thirty-one while the rest of the projects are at various levels of completion as tabulated (expanded table submitted to Treasury).

2.1.2.4 Health Products and Technologies

The order turnaround time has increased customer satisfaction. KEMSA has trained health facilities workers, county nurses and pharmacists on the use of the Logistics Management Information System (LMIS) as well as commodity management. This has since boosted medical commodities order turnaround and has helped KEMSA address the challenges experienced in inaccuracy of quantity ordered, forecasting, reduce paper work and has facilitated building of a data bank, where facilities can view their past ordering trends and thus quantify their future need for Medical Commodities. The order turnaround in the FY 2016/17, 2017/18 and 2018/19 stood at 8, 10 and 9.7days respectively against a target of 7 days, while that of rural health facilities (RHFs) stood at 10.3, 12.3 and 14. 6 days respectively against a target of 10 days during the periods. In FY 2018/19 there was slight improvement in performance of hospital orders compared to previous years however there was a decline in performance RHF orders.

Kenya Medical Supplies Authority intends to ensure an order fill rate of 100 percent for medical commodities supplied under the UHC project and 90 percent for the remainder of the supplies. The Order fill rate in FY 2016/17 was 85 percent against a target of 90 percent. The order fill rate target for the FY 2017/18 was 90 percent and the Authority achieved 87 percent. During the FY 2018/19 the order fill rate for EMMS stood at 83 percent against a target of 90 percent while that for programs was 95 percent against a target of 98 percent. The lack of achievement of performance Targets in FY 2018/19 was

due to lack of sufficient stocks during the year occasioned by delay in tax exemptions and delay at the port.

2.1.3 Health Research and Development

2.1.3.1 Capacity Building & Training (Pre-Service & In Service)

Through the development funds received under the budget and in collaboration with county governments and various Constituencies Development Funds, the Kenya Medical Training College (KMTC)expanded its capacity from 40 to 56 to 67 campuses in the years 2016/2017, 2017/2018 and 2018/2019 respectively. This led to growth in student population from 24,500 in 2016/2017, rising to 29,800 in 2017/2018 and 35,000 in 2018/2019.

The College also expanded programs that have led to increase on accessibility of training at the community level including, enrolled community nursing, community health extension workers and community health assistant courses.

In the year under review, the College was able to introduce new programs to address emerging health needs such as Nephrology, Orthopaedic and Trauma Medicine.

The college revenue (A-I-A) increased between 2016 and 2018 from Kshs.2.9 Billion to Kshs.3.4 Billion due to the increased number of students across the campuses.

2.1.3.2 Research and Innovation

The Kenya Medical Research Institute has achieved the following during the period under review; Conducted pre-clinical studies for 20 herbal medicines for cancer treatment; Developed Rift Valley Fever rapid diagnostic tool *(ImmunoLine)*; Developed of a natural antihelminth fortified meals; Conducted studies that led to the discovery of a natural sterilizing natural contraceptive; 29 PhD and 83 Masters Students were enrolled for the various specialized disciplines in FY 2017/18. Development of 511 research proposals between 2016/17 to 2018/19 while in 2018/19 alone a total of 175 new research proposals were developed; dissemination of results, knowledge and best practices through publication of 707 research manuscripts in peer reviewed journals with 274 publications in 2018/19; Contribution of cutting edge and innovative research results to 19 policy documents;

In order to better understand the implementation of UHC, KEMRI carried out a study titled "*Rapid situation analysis on population needs for Universal Health Coverage in the four selected Pilot Counties of Kisumu, Machakos, Nyeri and Isiolo"*. The study aimed at identifying gaps that require improvement and subsequently inform roll out of the implementation of UHC program in the country. Arising from this study, recommendations have informed the scale up strategy at National and County level for UHC activities.

KEMRI through proposal development was able to achieve research grants amounting to Kshs.4.461 billion and Kshs.4.385 billion in FY2016/17, 2017/18 and 2018/19 respectively.

During the reporting period, KEMRI provided 2,480,415 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 225,025 diagnostic kits and other products and 10 policy briefs in areas of the major research.

2.1.4 General Administration, Planning and Support services

2.1.4.1 General Administration and Human Resource

The national government was able to pay personnel emolument of 2,318 officers, 100 Cuban doctors and 1,845 interns totalling to Kshs. 7.5 billion.

The Ministry still manages pension benefits of officers at national level and those who were seconded to county Governments, 850 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.

- A total of 1,845 interns Medical, Dentist, Pharmacist, BSC Nurses and BSC Clinical officers successfully completed the internship program and transited to employment.
- The Ministry facilitated 7 officers to attend strategic leadership development programme course, 146 officers attended Senior Management Course, 160 Supervisory Skills Development and 100 pre-retirement training at Kenya School of Government in Embu.

2.1.4.2 Financing and Planning

Ministry also developed the 3rd Medium Term Plan 2018-2022 of Kenya Vision 2030 with key priority flagship projects during the review period. The final draft of the Kenya Health Sector Strategic Plan 2018-2023 with medium term priorities for implementation of the Kenya Health Policy 2014-2030 was also developed. 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.

The approved estimates for the period under review (2016/17-2018/19) increased from Kshs.71.43 billion in the FY 2016/17 to Kshs.78.39 billion in FY 2017/18 and Kshs.85.14

billion in the FY 2018/19. This represents a 19.2% increase with FY 2016/17 as the base year. The actual expenditures for the same period were Kshs.57.47 billion, Kshs.54.62 billion and Kshs.74.5 billion respectively. The Ministry was able to prepare and submit the quarterly and annual budget implementation reports to statutory bodies as required by law.

2.1.5 Health Policy, Standards and Regulations

2.1.5.1 Health Policy and Healthcare Financing

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 Health Sector indicator and SOP manual were 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 Universal Health Coverage by 2022 as one of the main aspirations. A roadmap was developed and an M&E framework to implement the same.

Research and Development: Health research coordination framework which is now included as part of the Health Act 2017 was done, Kenya Health and Research Observatory prototype, and holding of National Research to Policy conferences, health research guidelines were developed. National research committee was also established

Health Information system: Major progress has been made in the development of health sector indicators, standard integrated data collection and reporting tools, guidelines, monitoring and evaluation institutionalization guidelines, M&E framework, Health Sector Data Quality Assurance Protocol, HIS policy, performance review guidelines, Kenya National E-health Policy, m-Health Standards, interoperability standards and a uniform platform for generating aggregate information (DHIS2) now KHIS. HIS Policy 2014-2030, performance review guidelines, Kenya National E-health Policy, m-Health Standards, interoperability standards and a uniform platform for generating aggregate information through DHIS2. The Health information System report 2017 -2018 revealed that the sector's health information system is at its best with 90% and 83% of health facilities 10,901 are submitting complete and timely reports, respectively.

Healthcare Financing

Access to and provision of quality health care is a basic right guaranteed by the 2010 Constitution of Kenya. In the Kenya Vision 2030, the government targets to have the

entire population having access to quality and effective health services. Further, the government emphasizes on Universal Health Coverage (UHC) coverage in the “Big Four” Agenda.

The government has been very keen on health as one of the pillars of the “Big Four” and has striven to support many projects in a bid to achieve Universal health coverage for its people. The government through NHIF has extended coverage to the poor and vulnerable members of the population through health insurance subsidies that support elimination of out-of-pocket health expenditures for primary healthcare services.

The Fund has not been left behind in its support to the government’s agenda. It has started providing the necessary footing by educating Kenyans on the need to obtain health insurance and the various benefit packages offered by the Fund.

Through increased sensitization and awareness creation of the Funds products, membership has been growing steadily, with the current number of members as at 30th June 2019 being 8.45 million as compared to 7.6 million in 2017/2018 FY.

The Government expenditure on health as a share of the total government expenditure remains low at 7.2% 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(KHHUES 2013, 2018).

Health Insurance Subsidy Program (HISP)

The Government through the Kenya National Social Protection Policy 2012, under the Health Insurance category, provides to establish a framework for enabling those who are not able to contribute to access a core package of essential health services. MOH and NHIF signed a MOU to ensure provision of a subsidy through the Health Insurance Subsidy Programme (HISP) to all the poor and vulnerable in Kenya in line with the Constitutional requirement for the State to ensure widest possible enjoyment of the right to health while protecting the right to the highest attainable standard of health for all Kenyans. To this end programme covers a total of 181,315 indigent households.

A total of Kshs.333,078,319 was utilized in FY 2017/18 and there was increase in utilization in FY 2018/2019 of Kshs.405,019,250.

Health Insurance for the Elderly and People with Severe Disabilities Program

The Older Persons and Persons with Severe Disability program commenced in 2015 with total of 231,549 households targeted. In October 2016, NHIF received a letter from Ministry of Health indicating that the beneficiaries of the program in the 2016/17 financial year were 42,000. In March, 2017 NHIF covered 42,000 beneficiaries out of which 39,349

were elderly persons while the remaining 2,651 were the severely disabled persons. A total of Kshs 112,940,990 has been paid for the beneficiaries in the FY 2018/2019

Implementation of the HISP and E&PWSD Programs by the Fund has faced challenges such as delays in disbursement of premiums which interferes with access to the health benefits and further exposes the poor and vulnerable to out of pocket expenditures

Linda Mama (The Free Maternity Services) Programme

Linda Mama is a public-funded health scheme that ensures pregnant women and infants have access to quality and affordable health services. The goal of the program is to achieve universal access to maternal and child health services. The program targets all expectant mothers without insurance where mothers are entitled to access antenatal care, maternity services, postnatal care and care for new-born from NHIF contracted public and private health facilities.

The number of deliveries has increased since its inception with the Fund covering for 321,113 deliveries in 2017/2018 and 681,028 deliveries in 2018/2019 FY. There has been an increased intervention such as early diagnosis of health complications at birth which has helped to mitigate for proper care.

NHIF received cumulative premiums for the program amounting to KES 5,361,525,853 in the financial years 2016/2017, 2017/2018 and 2018/2019 and a cumulative total of KES 4,833,903,819 was transferred to public health facilities offering the service.

Funds utilization for FY 2018/19

In Kshs	As at 30th June 2017	As at 30th June 2018	As at 30th June 2019	Total
Balance B/fwd.	0	373,747,692	1,698,019,343	
Funds transferred to NHIF	400,000,000	2,961,525,853	2,000,000,000	5,361,525,853
Total funds available	400,000,000	3,335,273,545	3,698,019,343	
Benefits				
- Inpatient	-	291,600	407,128,950	407,420,550
- Caesarean Section	5,526,000	198,695,425	468,584,178	672,805,603
- Normal Delivery	2,894,500	1,402,218,705	2,480,072,668	3,885,185,873
- Ante-Natal	-	14,817,275	223,597,510	238,414,785
- Post-Natal	-	1,494,997	33,162,145	34,657,142
- Administrative costs	17,831,808	19,736,200	46,397,309	83,965,317
Sub-total	26,252,308	1,637,254,202	3,658,942,760	5,322,449,270
Balance	373,747,692	1,698,019,343	39,076,583	39,076,583

2.1.5.2 Health Standards & Regulations

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. The implementation of the Health Act in ongoing evidenced by the

establishment of directorates within the MOH as per the Health Act recommendations, the establishment of the Kenya Human Resource Advisory Council (KHRAC), the Kenya Health Professionals Oversight Authority (KHPOA) and the National Public Health Institute (NPHI).

In support of provision of quality health care services, the Directorate of Health Standards Quality Assurance and Regulations in collaboration with the regulators jointly developed the Joint Health Inspections Checklist which was gazetted. By June 30 2019, 71 inspectors from 23 counties had been trained on the Joint Health Inspections Checklist. Using the JHIC, 42 health facilities from 2 UHC pilot counties (Isiolo and Nyeri) were inspected for compliance in 2018/2019. Using the Human Resource and Infrastructure Norms and Standards a Rapid Results Initiative through the Ministry of Health and regulatory bodies conducted a categorization exercise for health facilities in the country to standardize quality of health service delivery across the country. By June 30th 2019, about 2968 health care facilities had undergone categorization in phase 1 and 2 using the norms and standards developed. This surpassed the target for inspections set for 600 (in the FY 2018/2019) as a result of the Rapid Results Initiative. However, the comprehensive scale up of Joint Health Inspections to all counties as envisioned was not achieved due to logistical challenges.

2.1.5.3 Social Protection in Health

I. Universal Health Coverage

In 2017, the President announced Universal Health Coverage (UHC) as one of the "Big Four Agenda" of his Government's Development plan, and made a commitment to prioritize the achievement of UHC by 2022. Phase I implementation ('UHC Pilot') in 4 counties was then launched on 13th December, 2018 for a period of 1 Year.

An Intergovernmental Participatory Agreement (IPA) was signed spelling out the roles of the National and County governments. A total of Kshs.3.97 billion was invested in the four pilot counties of Machakos, Nyeri, Isiolo and Kisumu in several components (see table below);

1. **Public Health Services:** to support County Health Management Team (CHMT) supervision that includes sub-Counties, Public health inspection and disease surveillance. A total of Kshs.16,765,957 was equally allocated to the four pilot counties.
2. **Community Health Services:** comprised of 30 percent for Community Health Volunteer kits through KEMSA and the remainder was for community formation, capacity building, community dialogue and action days. A total of Kshs.382,807,196.94 was allocated to the four pilot counties according to the County's population.

3. **Health Systems Strengthening:** A total of Kshs.478,776,311.92 was been allocated to the four pilot counties according to a weighted criterion. Of this total, 30 percent was set aside for provision of basic medical equipment in health facilities through KEMSA while 70 percent was set aside for other health system components such as employment of staff.
4. **Basic and specialized Services:** in this component 70 percent of the allocation went to KEMSA for health commodities for level 2-3 facilities while 30 percent went to the Counties for operations and maintenance of level 4 and 5 facilities. A total of Kshs.2,291,816,694.29 was allocated to the four pilot counties based on a weighted criterion.
5. **Specialized Services:** for the referrals from the lower level facilities to level 6 facilities namely Kenyatta National Hospital and Moi Teaching and Referral Hospital, a total of Kshs.500,000,000 was disbursed for this purpose.

Table: Total annual UHC pilot budget per county and per component (Kshs. Millions)

	Public Health Services Allocation	Community Health Services Allocation	Health Systems Strengthening Allocation	Basic and Specialized Services Allocation	Total
Isiolo	4	**21**	**141**	**560**	**726**
Kisumu	4	**133**	**118**	**621**	**876**
Machakos	4	**136**	**106**	**541**	**788**
Nyeri	4	**93**	**113**	**570**	**781**
Specialized services (Pilot Counties referral to L6 Facilities)	-	-	-	-	**800**
Total					**3,970**

Additionally, two advisory panels were constituted to provide expert advice on the needed reforms in key aspects of UHC namely:

i) Health benefits package development. A Health Benefit Package (HBP) that responds to disease burden of the population has been defined, and costed.
ii) Health financing/NHIF reform to transform NHIF towards strategic purchasing for the attainment of UHC.

KEMSA AND UHC

KEMSA successfully implemented the Universal Health Coverage pilot in the four Counties for round 1 & 2(quarter 3 & 4 of FY 2018/19). There was constant improvement in order fill rate in rounds (1, 2&3) due to strategies that KEMSA put in place to ensure improved commodity availability. Achievement for the period is as shown in the table below;

Table: Order Fill Rate

County	Round 1 OFR	Round 2 OFR	Round 3 OFR
Isiolo	**68%**	**67%**	**81.1%**
Kisumu	**75%**	**70%**	**76.8%**
Machakos	**46%**	**68%**	**83.9%**
Nyeri	**77%**	**78%**	**82.6%**
Overall	**63%**	**72%**	**81%**
Target	**100%**	**100%**	**100%**

Table: Order turnaround time

County	Round OTT 1	Round OTT 2	Round OTT 3	Overall(OTT)
Isiolo	**6.8**	**7.7**	**12.3**	**8.9**
Kisumu	**6.4**	**6.5**	**14.0**	**8.9**
Machakos	**8.1**	**8.4**	**8.2**	**8.2**
Nyeri	**8.8**	**13.7**	**10.3**	**11.0**
Average	**7.5**	**9.1**	**11.2**	**9.3**
Target	**10days**	**10days**	**10days**	**10days**

One of the strategies put in place was to increase the range of HPTs at KEMSA stock list increased by 121 items during the period due to upfront availability of funds to procure products that were not in the commodity catalogue. These items include small equipment, Oncology products, renal products, lab reagents among others. The table below provides a summary of the analysis.

Table: analysis of HPTS consumption for the 4 UHC pilot counties for the period (Dec 2018-june 2019)

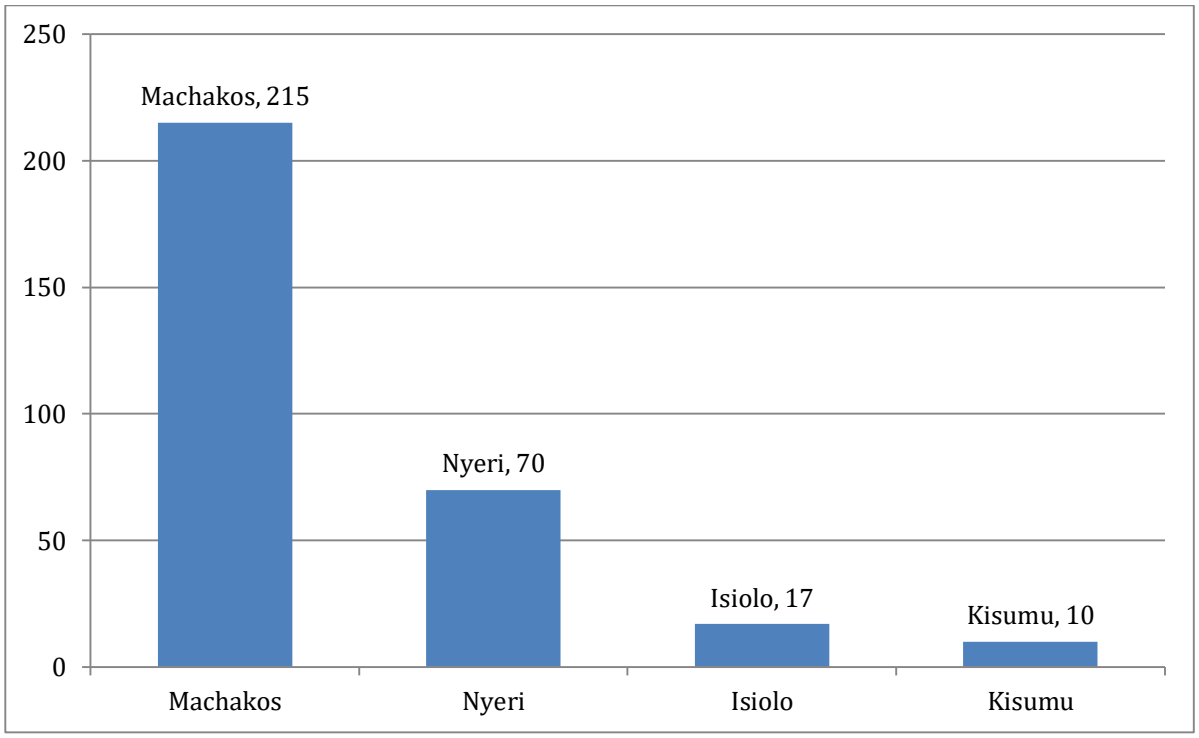
No of HPTs whose consumption increased with>100%	**279**
No of HPTs whose consumption increased with between (0-100percent)	**128**
No of HPTs whose consumption decreased in consumption i.e. <0%	**72**
Newly stocked HPTs in the UHC period	**121**
Restocked HPTs in the UHC period	**62**
Total No of Items Issued	**662**

KEMRI and UHC

KEMRI during FY 2018/19 carried out a baseline situation analysis survey on population needs for universal Health Coverage (UHC) aimed at generating knowledge and evidence that can be applied in the strengthening of health service delivery in Kenya. The studies which were conducted in the four pilot counties namely; Kisumu, Machakos, Isiolo and Nyeri focused on availability of essential healthcare, access to quality healthcare and financial risk protection. Findings of the survey were shared with stakeholders and policymakers for implementation.

KNH and UHC

The hospital was allocated kshs.350 million in June 2019 towards facilitation of implementation of the Universal Health Coverage. The hospital attended to 2,072 patients from the pilot counties of Machakos, Kisumu,Nyeri and Isiolo. 312 patients had direct referrals while the rest were self-referred. These included the patients who were seen on 5 outreaches conducted in these counties. The patients were largely referred for specialised services including oncology, intensive care and surgeries. The composition of referrals by county was as shown below;



The pattern of diseases emerging from the referrals show that a large proportion of the patients from Machakos County require maxillofacial intervention given the high population of patients with malignancies of the face that could not be handled at county level.

Patients from the other counties presented mainly with Non Communicable diseases namely diabetes, hypertension, renal diseases and other malignancies.

The main challenge experienced was advanced stage of malignancies and diseases occasioned by late presentation and lack of awareness. Lack of medical consumables was cited as the main reason for the late and advanced presentation in the pilot counties. These required high expenditure interventions including advanced surgeries, high end medication and intensive care. Before June 2019 the hospital grappled with the referrals many of who could not afford the services on clinical discharge.

MRTH and UHC

TRH dispatched a team of seven (7) Multidisciplinary Healthcare Workers (Consultants and Specialist Nurses) to Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) to undertake Mentorship and Coaching to the County Health Staff. This was done in January 2019 for a period of 2 weeks. A Situational Analysis was carried out in the facility in readiness for UHC scale up.

Nine (9) Oncology Outreaches were carried out in Kisumu County as detailed below:

- Six (6) Outreaches for review of patients and chemotherapy administration. A total of 228 patients received care
- Three (3) Medical Camps were conducted and 766 patients received specialized healthcare services. Those requiring critical care were referred to MTRH.

Through the MTRH's Telemedicine and Telepathology Centre, Tumour Board Meetings and Diagnosis are done virtually every Mondays and Wednesdays with Specialists from JOOTRH.

MTRH will annually conduct fifty (50) Multidisciplinary Outreaches in the 22 Counties in Western Region of Kenya (including Kisumu County) and One (1) Outreach in a hard-to-reach County in Kenya.

Also, as part of the Hospital's contribution towards increasing access to health services, the Hospital in partnership with National Hospital Insurance Fund (NHIF) sensitized a total of 32,500 Individuals and enrolled 6,161 Individuals in 2018/19FY.

KMTC and UHC

In support of UHC, KMTC trained 176 community Health Extension Workers (CHEWs) and 201 Community Health Assistants (CHA).

Some lessons learnt from the UHC pilot

Outpatient utilization increased by average 22 percent in the first quarter compared to the same period in 2018 probably due to the removal of user fees (out of pocket payments. However, no much significance change was seen as time progressed hence the increase may have been caused by an influx of patients from neighbouring counties (table 2). An additional 1 million Kenyans across the four pilot counties have so far accessed Outpatient services and over 30,000 additional admissions were provided compared to the same period the previous year.

Table: Outpatient Services Utilization in the Pilot Counties

	Jan-Mar 2018	Jan-Mar 2019	% change	Apr-Jun 2018	Apr-Jun 2019	% change
Kenya	**1.5**	**1.5**	**0%**	**1.7**	**1.6**	**-10%**
Nyeri County	**2.5**	**2.8**	**30%**	**2.5**	**2.8**	**30%**
Machakos County	**2.2**	**2.1**	**-10%**	**2.7**	**2.1**	**-60%**
Isiolo County	**1.8**	**2.6**	**80%**	**1.9**	**1.8**	**-10%**

Kisumu County	**1.3**	**1.4**	**10%**	**1.5**	**1.7**	**20%**
Average pilot counties	**1.86**	**2.08**	**22%**	**2.06**	**2**	**-6%**

There were inadequate Human Resources for Health (HRH) for service delivery. Health facilities had long queues due to increased service workload and burn out of health care workers. Of the targeted recruitment of 2,898, which is 12.5 percent of the HRH gap in the 4 pilot counties, only 406 (17 percent) health care workers had been recruited, as at June 2019. This is due to a very slow hiring process because of change of tenure of County Public Service Boards, a delay in appropriation of resources for recruitments, and county capping of HRH expenditure to less than a 35% wage bill rate.

Primary healthcare service delivery approach, including community health services, leads to expansion of basic services which emphasize promotion and prevention. The referral system was not appropriately utilized and this led to overcrowding at higher level hospitals.

The range of health commodities and delivery time by KEMSA is not yet optimal to cater for all the County needs in appropriate time. A major challenge was laboratory reagents due to lack of standardization of equipment and reagents (closed systems). The County value Order fill rate was reported at 78 percent in the pilot Counties while the turnaround time for commodities averaged 9.83 days. The County health facilities continued to draw-down health products and technologies from KEMSA which delivered to the last mile (table 4). The Health facility availability of essential medicines and medical supplies has increased to from 43 percent to 67 percent.

Table: Utilization of Health Products & Technologies funds by pilot Counties through KEMSA (Kshs. Million)

County	Sum of County Allocations (Kshs.) Q3 & Q4 FY2018/19	Sum of Issued Value (Kshs.) FY2018/19	Balance Q3 & Q4	County Value based Order Fill Rate (%)
Isiolo	**220**	**132**	**88**	**60.2**
Kisumu	**255**	**217**	**38**	**85.2**
Machakos	**226**	**181**	**45**	**80.1**
Nyeri	**231**	**197**	**34**	**85.4**
Total	**931**	**727**	**204**	**78.1**

Health information, monitoring and evaluation, and in particular real-time data, is critical for implementation of UHC.

Timely flow of funds to health facilities and CHMTs is critical to the implementation of UHC. There was a delay in appropriation of the resources at the County level.

NHIF and UHC

Under the UHC pilot program, all the residents in the pilot Counties were eligible for registration and NHIF was assigned the role of registering the residents and issue them with cards. For smooth registration of the residents, NHIF adopted an agency model where Community Health Volunteers (CHVs) were engaged to collaborate with NHIF during the registration exercise. Leveraging on technology was also key where mobile phones were used for registration. A total of 2,849,222 residents were registered out of the projected population of 3,456,419 representing 82% of the total population. The registration per county is illustrated in the table below;

TOTAL POPULATION REGISTERED PER PILOT COUNTY			
County	**Total Population per County**	**Population Registered per County**	**% of the population registered**
Kisumu	1,145,747	930,307	81%
Nyeri	829,843	695,408	84%
Machakos	1,289,200	1,066,108	83%
Isiolo	191,627	157,399	82%
TOTAL	**3,456,419**	**2,849,222**	**82%**

In addition to registration of residents in the UHC pilot Counties, NHIF printed the UHC cards. Each registered household was expected to be issued one UHC card that displays the registered members of the household. A total of 837,314 cards were printed and delivered to the respective Counties for distribution/dispatch to the residents.

For identification, NHIF created a URL through which the health care facilities in the UHC pilot counties could identify the registered residents in the UHC database. The identification of residents is critical to ensure that only the county resident's access free services.

2.1.6 Review of Sector Programme Performance-Delivery of Outputs/KPI/Targets

Table 2.1.6: Sector Programme Performance Reviews for FY 2016/17-2018/19

Programme 1: Preventive, Promotive and RMNCAH Services

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
SP.1.1 Communicable disease control	Reduced communicable diseases	Number of HIV+ clients on ARV	1,100,000	1,150,000	1,250,000	1,069,220	1,200,000	1,094,323	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%	95.30%	96%	94%	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	47	29	47	19	33	47	All the 47 counties had functional situation rooms. This is a platform utilizing existing data to present select indicators in an interactive and dynamic way
		No of people tested for HIV	8,000,000	8,000,000		13,444,337	11,439,145		
		Number of interns trained to reach other youths	N/A	ALL	150	N/A	110	205	There was an over achievement towards this indicator due to leveraging on the members of the Maisha Youth group which has a big reach through the social media.
		No. of Young people reached by the interns with HIV	N/A	500,000	550,000	N/A	600,000	600,000	The achievement was attributed to the riding on the interns who managed to

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
		Prevention and anti- stigma messages							reach their peers through one to one peer engagement. College Institutions including TIVET were targeted.
		Number of Adolescents and young people (AYP,) reached with HIV information through youth Networks	5,000,000	10,000,000	11,000,000	10,000,000	11,000,000	12,000,000	The NACC reached adolescents and young people through various platforms, mass media, social media, interpersonal engagement, peer to peer engagement across various counties.
		No of PLHIV accessing justice through the HIV Tribunal hubs	N/A	150	250	N/A	115	540	There was an over-achievement due to NACC in partnership with the HIV tribunal sensitized PLHIV in 46 counties on issues of HIV related stigma and discrimination with a view to address barriers in HIV service uptake.
		Number of condoms distributed in non-health settings,	N/A	10,000,000	15,000,000	N/A	13,000,000	10,000,000	The target was not achieved due to lack of condom dispensers in many youth organizations and establishments as well as condoms especially at the community level. Replenishment of the condoms also was a challenge.

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
	Access to maternal care facilitated through Beyond Zero (BZ) campaign	No of counties reached with information on HIV, SRH , NCDs and Obstetric fistula through the Beyond Zero Medical safaris	N/A	N/A	5	N/A	N/A	5	The target of reaching 5 counties was reached through NACC and the office of the 1st lady of the Republic of Kenya. The main aim of the medical safaris is to promote eMTCT in the communities.
		Number of First Line anti – TB medicines distributed	89,247	88,000	94,000	78,394	85,188	96,478	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%	86%	90%	81%	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.	12,000,000	12,000,000	12,000,000	14,600,000	8,287,328		Drop in distribution is due to staff unrest experienced in the FY
		Number of AFP per 100,000 population under 15years of age	3	3.5	3.5	3.18	4.3	3.1	Due to numerous supplementary activities for polio that has led to increased HCW sensitization

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
SP.1.2 Non-Communicable diseases	Reduced non-communicable diseases	No. of Women of Reproductive Age (WRA) screened for cervical cancer	325,000	350,000	400,000	310,677	234,029	369, 380	Counties not providing HCWs with screening kits, and HCW strikes
		Number of cancer centres established	N/A	1	1	N/A	2	5	Five cancer chemotherapy centres established in Bomet, Garissa, Machakos, Embu , Nauru , Meru and Nyeri Counties
SP.1.3 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	100%	100%	100%	99%	100%	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	100%	100%	100%	100%	100%	100%	All radioactive waste is monitored
SP.1.4 RMNCAH		Proportion of children immunized with DPT/ Hep + HiB3 (Pentavalent 3)	90%	90%	90%	81%	81%	79%	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	400		NA	2119		
		Proportion of Children aged 6-59months given 2 doses	80%	80%	80%	70%	70%	71%	HCW unrest led to disruption of services

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
		of Vitamin A supplement annually							
	WRA accessing family planning services	Proportion of WRA accessing FP services	45%	47%	49%	46%	42%	43%	Lack of commodities and HCW unrest
	Increased number of deliveries by skilled birth attendants	Percentage of skilled deliveries conducted by health workers	78%	79%	79%	61%	62%	65%	HCW unrest
		Proportion of pregnant women attending 4 ANC visits	NA	60%	60%	52%	48%	50%	HCW unrest
SP.1.5 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

Programme 2: National Referral and Rehabilitative Services

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
SP.2.1 National Referral Health Services	Improved access to specialized mental health services	No. of patients receiving specialized mental health services	15,000	15,000		26,328	31,409		
Kenyatta National Hospital KNH	Quality evidence based specialized care services	Number of minimally invasive surgeries done	720	479	503	456	1,865	2,208	Improved because of acquisition of new medical equipment (4 laparoscopy towers)
National Referral Health Services	Access to specialized diagnostic and treatment services increased	ALOS for trauma patients (days)	33	35	32	39	42.6	39.2	Increased in number of patients that are seeking medical attention due to increase in RTA, Assaults, gun shots that require multidisciplinary approach and expensive implant.
		Youth Internships/Industrial Attachment/ Apprenticeship	950	1,350	4,570	1,333	4,325	1,691	
(Moi Teaching & Referral Hospital)	Provision of Specialized Healthcare Services	Average Length of Stay (ALOS) for Orthopaedic surgery	15	16	15	15	14	12	This is attributable to efficiencies in service delivery including timely specialized diagnostic services, adoption of 24 hrs Theatres operations, consistent supply of drugs and non-pharmaceuticals.
		Number of Kidney Transplants undertaken	12	11	14	12	12	15	With highly trained staff, modern equipment and adequate drugs and supplies, the hospital continued to boost excellent renal services.
		Number of minimally invasive surgeries	1,093	1,148	1,500	1,396	1,463	1,651	Continuous Training and capacity building

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
									of staff and investment in modern theatre equipment has revolutionized surgical services in MTRH including arthroscopic surgeries.
		No. of Patients receiving oncology services	13,045	14,567	15,060	14,349	16,024	18,945	MTRH has continued to be the preferred Centre of excellence in management of oncology patients.
		Number of Open Heart Surgeries	N/A	N/A	7	N/A	N/A	26	During the year under review, MTRH made another milestone by conducting 26 Open Heart Surgeries. This was made possible through partnership with Kenyatta National Hospital.
		Number of Disseminated Research papers on Health	N/A	N/A	6	N/A	N/A	10	10 research projects were completed and results disseminated. 4 published in internationally reputable journals.
		Youth Internships/ Industrial Attachments and Apprenticeship	N/A	N/A	2,262	N/A	N/A	2,265	During the period MTRH has continued to offer internships/ industrial attachments opportunities across various disciplines and institutions of learning.
SP.2.2 Forensic and diagnostic services (NBTS)	Safe blood & blood products available.	No. of blood units secured	215,000	280,000	200,000	158,378	160,000	155,000	Inadequate funding for this function
		Percentage of whole blood units collected converted into components	80%	85%	75%	69%	57%	60%	Lack of equipment and inadequate funds

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
SP.2.3 Managed Equipment Services	Access to specialized diagnostic and treatment services increased	No of Public hospitals with specialized equipment	98	98	120	98	98	120	Cumulatively, 120 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%	99%	100%	
SP 2.4 Health Products and Technologies									
Kenya Medical Supplies Authority (KEMSA)	Security of Health Products & Technologies	% order refill rate for HPTs	90%	90%	90%	85%	85%	83%	The achievement was good but below the target due to poor stock availability occasioned by delays by suppliers.
Health Products and Technologies		Order turnaround time (days) RHFs	11	10	10	12	10	14.6	The average performance was due to backorders that were occasioned by Delays by suppliers, insecurities & poor transportation network during wet conditions in hard to reach areas.
		Order turnaround time (days) - Hospital	7	7	7	10.4	12.33	9.7	The average performance was due to backorders that were occasioned by Delays by suppliers, insecurities & poor transportation network

Programme 3: Research and Development

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
SP3.1 Training	Health professionals graduating from KMTCs	Number of pre-service/in-service middle level health professionals graduating from KMTC	7,500	8,000	10,428	8,623	8,967	10,868	The increase is due to increase in training institutions
	Increased number of training opportunities	Number of intake	12,000	12,600	16,084	12,600	14,804	12,964	Expansion of new campuses with the support of county governments
SP3.2: Health Research & Innovation	Innovative research finding in application.	Number of policy contributions	3	5	4	5	10	1	The institute contributed to development of key policies aimed at improving human health
	Reduction of disease burden	New research protocols developed & approved	200	250	218	199	137	175	The Institute successfully approved scientific protocols through the Scientific Ethics and Research Unit for implementation. The reduction can be attributed to reduced funding from global partners and unrelated dynamics.
		Ongoing Research Projects	300	300	330	271	300	427	Ongoing research projects cut across national research priority areas including UHC
	Disseminate Research Findings	Hold Scientific & Health Conference	2	5	4	2	5	5	Conferences organized by KEMRI as a dissemination platform for research findings. Key among them is

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
									the annual KEMRI Annual Scientific and Health (KASH) conference
		Abstract	140	150	165	132	133	141	The peer reviewed abstracts were presented in various conferences both nationally and internationally
		Published Papers	216	300	175	280	205	274	The published papers 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
	Critical mass of human resource for health in preventive, curative, research and leadership aspects developed	Number of graduate researchers enrolled	75	50	55	36	30	46	The training aims at enhancing capacity to conduct research nationally.
	Quality products & services	Diagnostic kits	50000	60014	66105	56125	42814	126086	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

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
									aim to improve quality of diagnosis and support service delivery within the health sector.
		Services (Clinical and Specialized laboratory services)	4,500	2,000	2,200	702,723	770,885	1,006,807	The Institute continued to provide specialized laboratory services to support provision of facility based clinical services, research activities, disease surveillance and outbreaks. Improved performance is as a result of acquisition of state-of-the-art equipment and improved reporting.
			4,500	2,000	2,200	1,640	4,745	6,092	The Institute continued to provide specialized laboratory services to support provision of facility based clinical services, research activities, disease surveillance and outbreaks.

Programme 4: General Administration, Planning & Support Services

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Target/ Performance			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
SP.4 General Administration	Schemes of services improved	No of Schemes of services reviewed	3	3	3	9	2	0	
	Incentive frameworks finalized	Rewards and sanctions frameworks	2	2	2	2	0	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%	Availed exemption certificates
	Enhanced capacity building & competency development	No. MoH staff projected and trained	100	100	100	180	100	100	
	Health workers from national and county level seeking further training supported	Number of health workers supported	1,350	1,350	1,350	1,350	230	313	Insufficient funds
	Staff proceeding on retirement undergo pre-retirement training	Number of retirees trained	700	700	100	700	700	100	Total number of retirees
	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		
	Major intergovernmental health system policy issues discussed	No. of forums planned and held	4	4	4	4	4	2	Target for 2018/19 not achieved due to lack of funding
Finance and planning	Financial resources efficiently utilized	Percentage absorption of budgeted funds	100%	100%	100%	68%	80%	80%	Target not achieved as final accounts have not been submitted
	Increased public health sector financial resources	Total of A-in-A collected by the Ministry	10.4 Billion	14 Billion	14.6 Billion	8.6 Billion	17 Billion	11 Billion	Target not achieved due to non-submission of expenditure returns.

	Quarterly review reports	Performance review reports developed	4	4	4	4	4	4	Target achieved
		No. of strategies, plans and guidelines developed	2	2	2	3	2	1	Target not achieved due to lack of funds

Programme 5: Health Policy, Standards and Regulations

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Actual Achievement			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
SP 5.1 Health Policy	Health policies and planning frameworks	Sessional paper on Kenya Health policy 2014-2030	1	1	N/A	1	1	N/A	Dissemination has continuously been done in all the annual Health Forums to all key stakeholders
	Development of the Kenya Health Sector Strategic Plan 2018-2023	Health Sector Strategic Plan Document	N/A	1	N/A	N/A	1	N/A	Final draft available awaiting stakeholder validation, launch and dissemination
	Development of the Ministerial Strategic Plan 2018-2023	Ministerial Strategic Plan Document	N/A	1	N/A	N/A	1	N/A	Final draft available awaiting stakeholder validation, launch and dissemination
	Sector performance report	Annual work plan	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	160,421	181,700	181,315	160,421	181,700	181,315	An increase as only the premiums were renewed
		No of elderly and persons with disability insured with NHIF	42,000	42,000	42,000	42,000	42,000	42,000	Number has not changed due to no change in funding, the beneficiaries receive premium payments through NHIF
SP 5.2 Health Standards and Regulations	Regulatory frameworks, guidelines and standards	Health Act	N/A	1	1	N/A	1	1	Establishment of Directorates aligned to the Health Act 2017

Sub - Programme	Key Output	Key Performance Indicators	Planned Target			Actual Achievement			Remarks
			2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	
	Quality standardized care is provided by all health facilities and registered/ licensed health professionals	% of health facilities meeting defined minimum standards	N/A	50%	100%	N/A	14%	500%	Surpassed target due to Rapid Results Initiative by MOH.

2.2 Expenditure Analysis for FY 2016/17 – 2018/19

This section analyses trends of approved budget and the actual expenditures. Budget expenditures can be broadly categorized into recurrent and development. 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.

As shown in the table below, the approved estimates for Ministry of Health was at Kshs. 85.1 billion in FY 2018/19 which represented a 19 percent increase from Kshs.71.4 billion in 2016/17. The actual expenditure was at Kshs.57.4billion and Kshs.54.6billion Kshs.74.5 billion respectively for the FYs 2016/17, 2017/18 and 2018/19. This is shown in table below.

Table: Analysis of MOH Budgetary Trends 2016/17 – 2018/19

VOTE By Economic Classification	Approved Estimates (Kshs) Million			Actual Expenditures(Kshs) Million		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Total Recurrent	35,737	48,983	53,199	30,636	33,778	48,752
% of Total	50%	63%	62%	53%	62%	65%
Total Development	35,697	29,381	31,943	26,837	20,837	25,782
% of Total	50%	37%	38%	47%	38%	35%
Total Expenditure	**71,434**	**78,364**	**85,143**	**57,472**	**54,615**	**74,534**

Table: Analysis of recurrent approved budget Vs actual expenditure amount in Kshs Million

Budget Category	Approved budget allocations			Actual expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	**35,737**	**48,983**	**53,199**	**30,636**	**33,778**	**48,752**

Budget Category	Approved budget allocations			Actual expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
AIA	3,978	14,429	11,465	7	1	9,708
NET	**31,759**	**34,554**	**41,734**	**30,629**	**33,778**	**39,044**
Compensation to Employees	5,928	6,761	7,096	4,857	6,662	7,137
Transfers	22,613	20,536	21,324	22,651	19,932	21,322
Other Recurrent	3,218	7,256	13,314	3,120	7,184	10,585

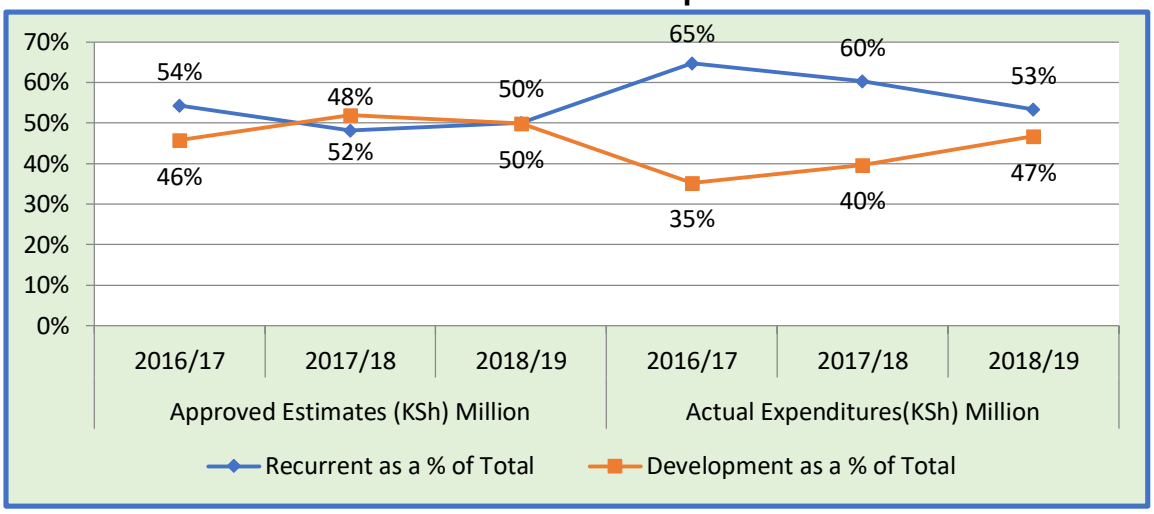
Table: Analysis of Development approved budget Vs actual expenditure amount in Kshs Million

Category	Approved budget allocations			Actual expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	**35,697**	**29,381**	**31,943**	**26,837**	**20,837**	**25,782**
GOK	18,857	15,186	16,973	17,220	13,120	15,527
Loans	8,723	7,050	5,876	3,820	3,560	3,142
Grants	8,117	7,145	9,094	5,797	4,157	7,113
Local AIA	-	-	-	-	-	-
Other Development						

I. Breakdown of Recurrent versus Development trends FY 2016/17 – 2018/19

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. The Figure below shows the breakdown of recurrent and development expenditures for the period between 2016/17 and 2018/19.

Breakdown of Recurrent versus Development for FY 2016/17 – 2018/19



II. Breakdown of MOH Actual Expenditure by Economic Classification, 2016/17 – 2018/19

Economic classification[1] distinguishes between various categories of current and capital expenditure in nature. The main categories in the economic classification of recurrent and development expenditure includes:

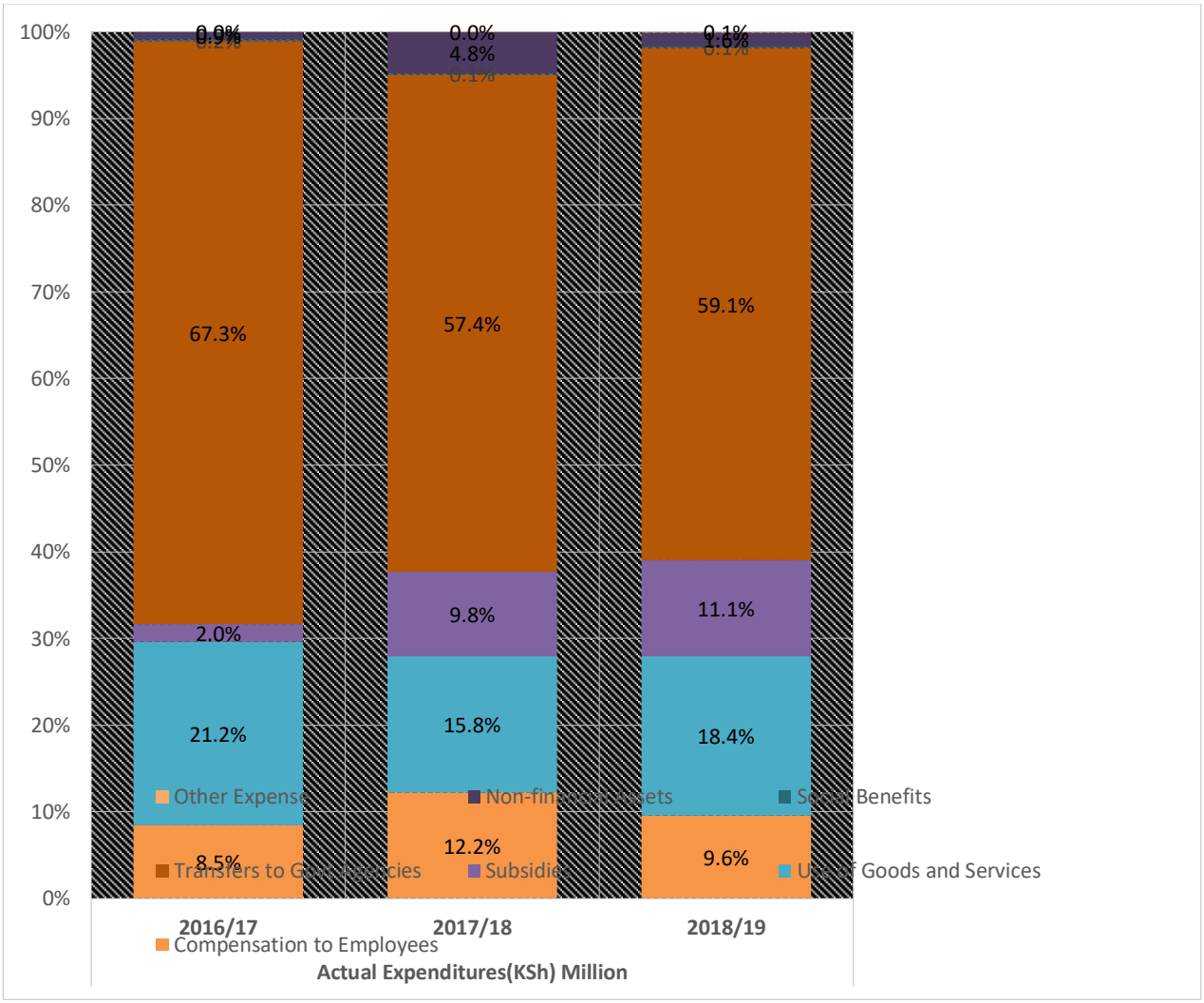
- **Compensation to employees** - (salaries and personnel emoluments);
- **Use of goods and services** - including general administrative expenses and purchases of other goods and services which are not of a capital nature including drugs and medical consumables;
- **Grants, Transfers and Subsidies** - 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.
- **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

[1] 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

of funds (59.1%); followed by use of goods and services (18.4%) during the period. (See figure below).

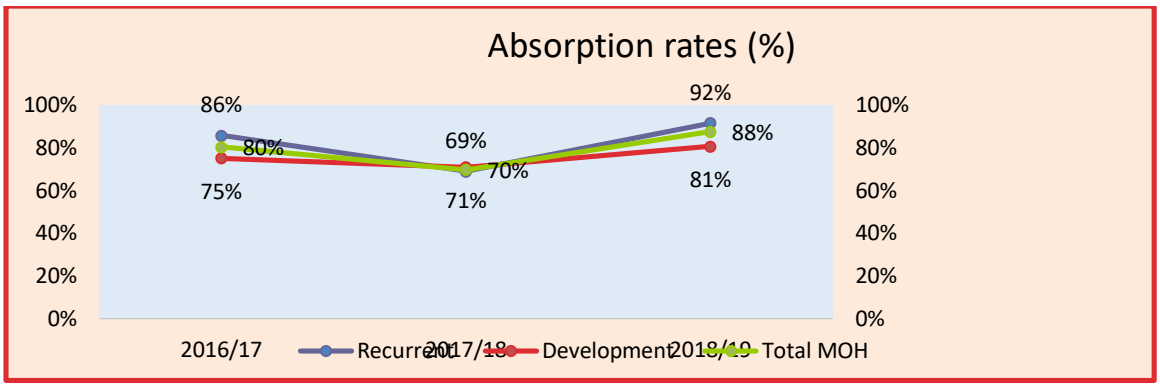
Breakdown of MOH Actual Expenditure by Economic Classification, FY 2016/17 – 2018/19



III. MOH Budget Execution by Vote, FY 2016/17 – 2018/19

Figure below shows analysis of budget execution by the Ministry of health for financial year 2016/17 to 2018/19. Overall, budget execution levels for the ministry of health was at 80 percent, 70 percent and 88 percent respectively for the FY 2016/17, 2017/18 and 2018/19 respectively.

Budget Execution by Vote, FY 2016/17 – 2018/19



IV. MOH Budget Execution by Economic Classification, FY 2016/17 – 2018/19

Figure below shows analysis of budget execution by the Ministry of health for financial year 2016/17 to 2018/19 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.

MOH Budget Execution by Economic Classification, FY 2016/17 – 2018/19

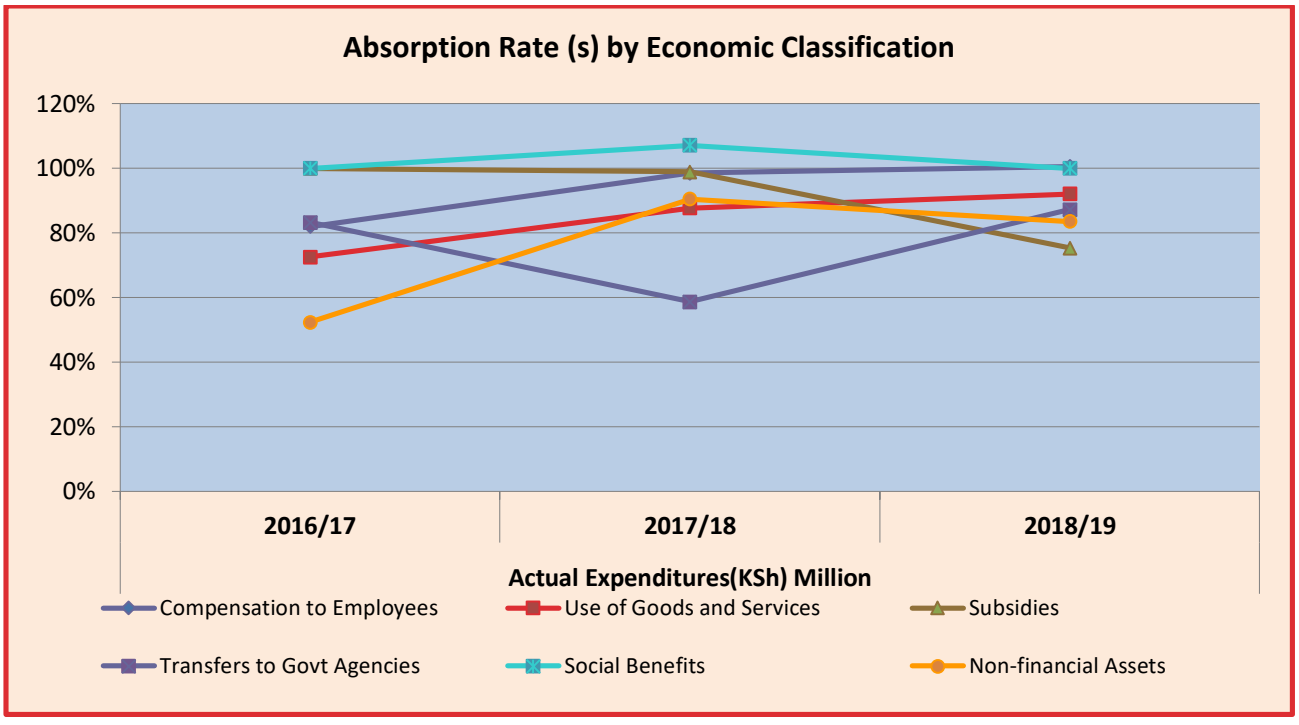


Table: Analysis of MOH Budgetary Trends by Economic Classification 2016/17 – 2018/19

Expenditure Classification	Approved Estimates (Kshs.) Million			Actual Expenditures(Kshs.) Million		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Current Expenditure						
Compensation to Employees	5,928	6,761	7,096	4,857	6,662	7,137
Use of Goods and Services	1,841	1,697	2,130	1,763	1,683	2,130
Subsidies	1,152	5,392	10,968	1,152	5,331	8,254
Current transfers to Gov't Agencies	26,591	34,965	32,789	22,658	19,933	31,030
Social Benefits	100	70	100	100	75	100
Other Expense	-	17	48	-	15	44
Non-financial Assets	125	80	68	106	80	57
Total Current Expenditure	***35,737***	***48,983***	***53,199***	***30,636***	***33,778***	***48,752***
Capital Expenditure						
Compensation to Employees	-	-	-	-	-	-
Use of Goods and Services	14,951	8,110	12,758	10,410	6,919	11,569
Subsidies	-	-	-	-	-	-
Capital transfers to Gov't Agencies	19,910	18,482	17,789	16,030	11,402	13,047
Non-financial Assets	837	2,789	1,397	397	2,516	1,166
Total Capital Expenditure	***35,697***	***29,381***	***31,943***	***26,837***	***20,837***	***25,782***
Recurrent and Capital Expenditure						

Expenditure Classification	Approved Estimates (Kshs.) Million			Actual Expenditures(Kshs.) Million		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Compensation to Employees	5,928	6,761	7,096	4,857	6,662	7,137
Use of Goods and Services	16,792	9,807	14,888	12,173	8,602	13,698
Subsidies	1,152	5,392	10,968	1,152	5,331	8,254
Transfers to Gov't Agencies	46,501	53,447	50,578	38,688	31,335	44,077
Social Benefits	100	70	100	100	75	100
Non-financial Assets	961	2,869	1,465	503	2,596	1,223
Other Expense	-	17	48	-	15	44
Total Expenditure	***71,434***	***78,364***	***85,143***	***57,472***	***54,615***	***74,534***

2.2.1 Analysis of Programme Expenditure FY 2016/17-2018/19

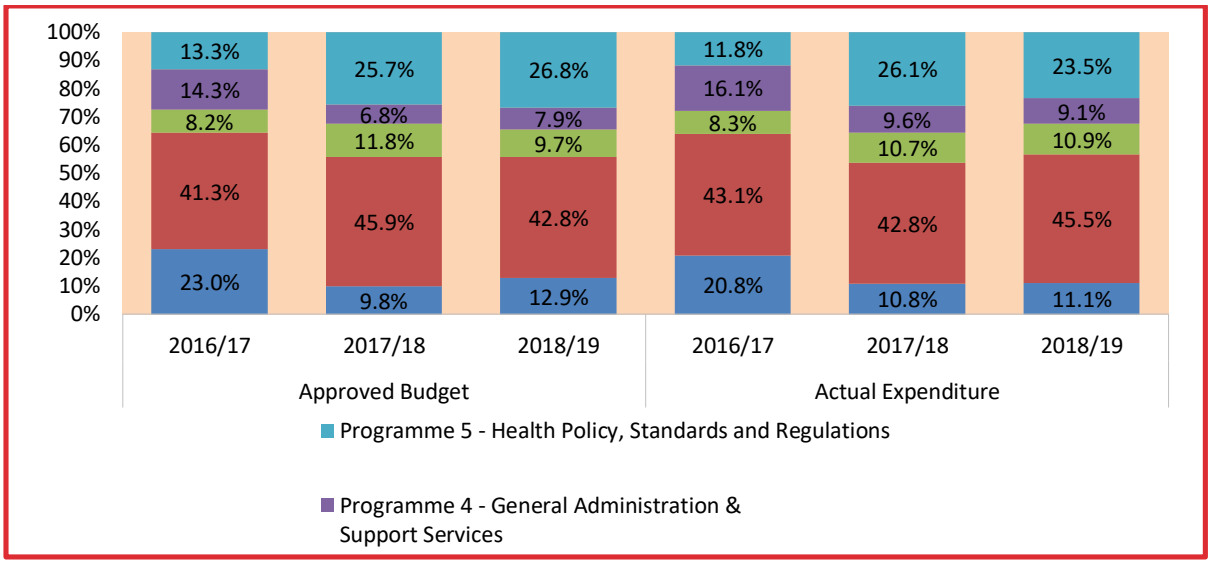
The table below shows a summary breaking down spending for the FY 2016/17 to 2018/19 by programmes.

Table 2.2.1: Analysis of Programme Expenditure for FY 2016/17 – 2018/19

Programme	Approved Budget (Kshs. Millions)			Actual expenditure (Kshs. Millions)		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Programme 1 - Preventive and Promotive Health Services	16,398	7,701	10,943	11,939	5,892	8,251
Programme 2 - National Referral and specialized Services	29,489	35,986	36,465	24,750	23,387	33,877
Programme 3 - Health Research and Development	5,852	9,233	8,243	4,762	5,837	8,141
Programme 4 - General Administration &Support Services	10,181	5,305	6,695	9,247	5,259	6,762
Programme 5 - Health Policy, Standards and Regulations	9,515	20,169	22,797	6,774	14,240	17,504

Total Expenditure -Vote	**71,434**	**78,394**	**85,142**	**57,472**	**54,615**	**74,534**

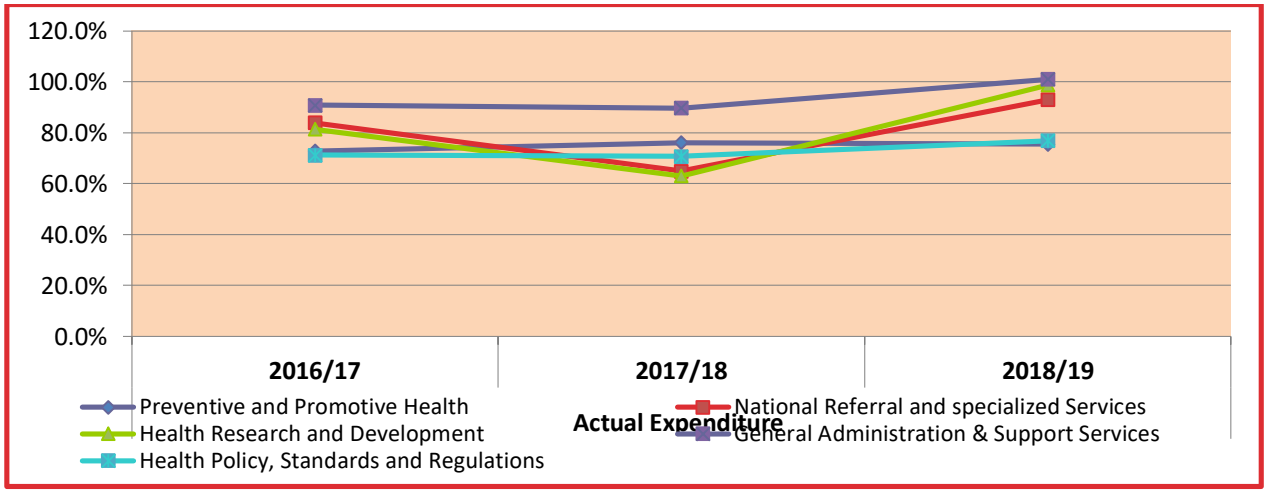
Breakdown of MOH Budget by Programmes



MOH Budget Execution by Programmes, 2016/17 – 2018/19

Figure below shows analysis of budget execution by the Ministry of health for financial year 2016/17 to 2018/19 by programmes.

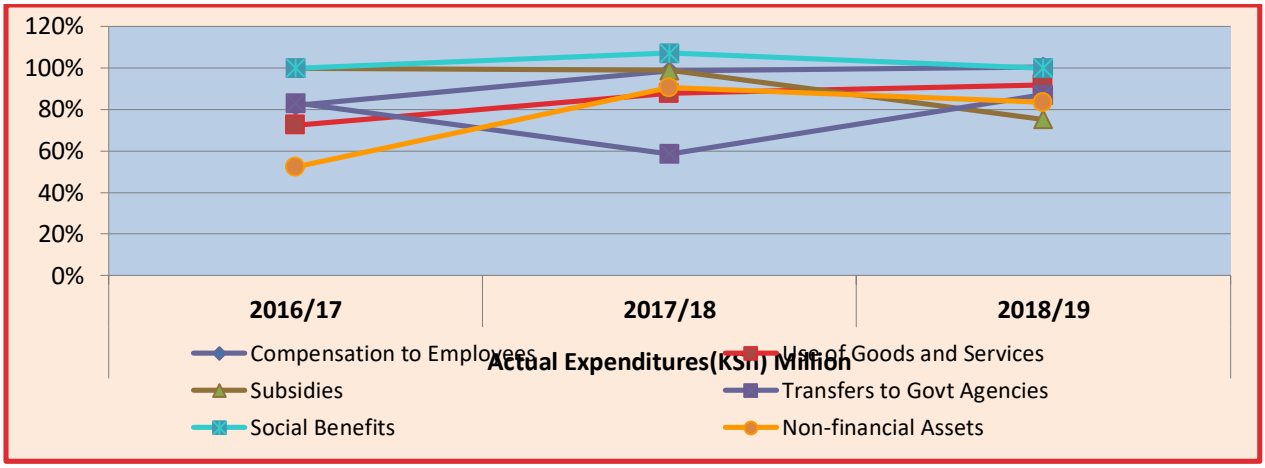
MOH Budget Execution by Programmes, FY 2016/17 – 2018/19



MOH Budget Execution by Economic Classifications, 2016/17 – 2018/19

Figure below shows analysis of budget execution by the Ministry of health for financial year 2016/17 to 2018/19 by Economic Classifications.

Figure: MOH Budget Execution by Economic Classifications, FY 2016/17 – 2018/19



2.2.2 Programmes and Sub-Programmes Expenditure Analysis

This section shows the breakdown of approved and actual expenditures in FY 2016/17 to 2018/19 dis aggregated by programmes and sub programmes.

Table 2.2.2: Analysis of Programme expenditure (amount in Kshs. Million)

Programme	Approved Budget (Kshs. Millions)			Actual Expenditure (Kshs. Millions)		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Programme 1 - Preventive and Promotive Health Services						
SP1.1 -Communicable disease prevention	6,093	5,505	5,459	4,548	4,259	4,736
SP1.2 - Non-communicable disease prevention & control	252	236	435	159	204	286
SP1.3 - Radioactive Waste Management	1,086	158	185	302	149	201
SP1.4- RMNCAH	8,515	1,147	4,320	6,519	1,004	2,497
SP1.5 Environmental Health	453	655	544	412	276	530
Total Programme 1	***16,398***	***7,701***	***10,943***	***11,939***	***5,891***	***8,251***
Programme 2 - National Referral and specialized Services						
SP2.1 - National Referral Services	15,770	23,933	23,577	12,625	14,122	23,174

Programme	Approved Budget (Kshs. Millions)			Actual Expenditure (Kshs. Millions)		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
SP2.2 -Specialized Medical Equipment	9,600	7,892	9,150	9,586	7,626	8,872
SP2.3 - Specialized services (Spinal Injury)	1,243			917		
SP2.4 - Forensic and Diagnostics	1,488	1,857	559	1,241	1,256	531
SP2.5 - Health Products and Technologies	1,387	2,304	3,178	380	384	1,299
Total Programme 2	**29,489**	**35,986**	**36,465**	**24,750**	**23,387**	**33,877**
Programme 3 - Health Research and Development						
SP3.1 - Pre-Service and In-Service Training	4,027	6,803	5,584	2,938	3,701	5,584
SP3.2 - Research & Innovations	1,824	2,430	2,659	1,824	2,136	2,557
Total Programme 3	***5,852***	***9,233***	***8,243***	***4,762***	***5,837***	***8,141***
Programme 4 - General Administration &Support Services						
SP 4.1 - General admin	10,114	5,123	5,907	9,197	5,089	5,990
SP4.2 - Finance and planning	67	182	788	50	170	772
Total Programme 4	***10,181***	***5,305***	***6,695***	***9,247***	***5,259***	***6,762***
Programme 5 - Health Policy, Standards and Regulations						
SP5.1 -Health Policy	7,645	14,368	11,294	5,451	8,525	8,720
SP5.2 -Social Protection in Health	1,642	5,392	10,926	1,152	5,331	8,212
SP5.3 -Health Standards and Regulations	227	409	577	171	384	571
Total Programme 5	***9,515***	***20,169***	***22,797***	***6,774***	***14,240***	***17,504***
Total Health Vote	***71,434***	***78,394***	***85,142***	***57,472***	***54,615***	***74,534***

2.2.3 Analysis of Expenditure Programmes by Economic Classification

This section shows the breakdown of approved and actual expenditures in FY 2016/17 to 2018/19 disaggregated by programmes, sub programmes and economic classifications.

Programme 1: Preventive, Promotive and RMNCAH Services

Expenditure Classification	Approved Budget (Kshs. Millions)			Actual Expenditure (Kshs. Millions)		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Current Expenditure						
Compensation to Employees	650	509	626	512	502	623
Use of Goods and Services	774	753	795	761	756	808
Subsidies						
Current transfers to Gov't Agencies	666	720	711	664	719	707
Social Benefits						
Other Expense			5			4
Non-financial Assets	0			0		
Total Current Expenditure	***2,090***	***1,983***	***2,137***	***1,937***	***1,977***	***2,143***
Capital Expenditure						
Compensation to Employees						
Use of Goods and Services	3,212	1,115	3,454	567	690	2,542
Subsidies						
Capital transfers to Gov't Agencies	11,026	4,288	4,924	9,379	2,951	3,263
Non-financial Assets	70	15	428	55	14	302
Total Capital Expenditure	***14,308***	***5,418***	***8,806***	***10,002***	***3,656***	***6,108***
Total Expenditure for the programme	***16,398***	***7,400***	***10,943***	***11,939***	***5,633***	***8,251***

Programme 2: National Referral and specialized Services

Expenditure Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Current Expenditure						
Compensation to Employees	1,558	749	675	1,124	737	674
Use of Goods and Services	501	342	271	477	340	233
Subsidies						
Current transfers to Gov't Agencies	15,280	24,565	24,617	12,433	13,242	22,965
Social Benefits	100	70	100	100	75	100
Other Expense			19			17
Non-financial Assets	94	57	24	77	58	14
Total Current Expenditure	***17,533***	***25,784***	***25,706***	***14,211***	***14,451***	***24,001***
Capital Expenditure						
Compensation to Employees						
Use of Goods and Services	10,896	6,749	9,304	9,843	6,061	9,026
Subsidies						
Capital transfers to Gov't Agencies	886	462	714	680	231	214
Non-financial Assets	175	2,545	740	17	2,340	635
Total Capital Expenditure	***11,956***	***9,756***	***10,758***	***10,539***	***8,632***	***9,876***
Total Expenditure for the programme	***29,489***	***35,539***	***36,465***	***24,750***	***23,083***	***33,877***

Programme 3: Health Research and Development

Expenditure Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Current Expenditure						
Compensation to Employees	66	65	130	45	64	130
Use of Goods and Services						
Subsidies						

Expenditure Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Current transfers to Gov't Agencies	5,483	8,636	7,366	4,414	5,359	7,264
Social Benefits						
Other Expense						
Non-financial Assets						
Total Current Expenditure	***5,549***	***8,701***	***7,496***	***4,459***	***5,424***	***7,394***
Capital Expenditure						
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital transfers to Gov't Agencies	303	408	518	303	306	518
Non-financial Assets		65	229		49	229
Total Capital Expenditure	***303***	***473***	***746***	***303***	***355***	***746***
Total Expenditure for the programme	***5,852***	***9,174***	***8,243***	***4,762***	***5,779***	***8,141***

Programme 4: General Administration, Planning and Support Services

Expenditure Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Current Expenditure						
Compensation to Employees	3,438	5,204	5,433	3,016	5,144	5,478
Use of Goods and Services	556	457	949	514	447	978
Subsidies						
Current transfers to Gov't Agencies	5,152	910	95	5,136	534	95
Social Benefits						
Other Expense		17	19		15	18
Non-financial Assets	31		22	28		22
Total Current Expenditure	***9,176***	***6,588***	***6,518***	***8,695***	***6,140***	***6,591***

Expenditure Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Capital Expenditure						
Compensation to Employees				-		
Use of Goods and Services	3	11		-	(1)	
Subsidies						
Capital transfers to Gov't Agencies	410	1,708	178	227	1,313	171
Non-financial Assets	592	-		325	(9)	
Total Capital Expenditure	***1,005***	***1,718***	***178***	***552***	***1,304***	***171***
Total Expenditure for the programme	***10,181***	***8,306***	***6,695***	***9,247***	***7,443***	***6,762***

Programme 5: Health Policy, Standards and Regulations

Expenditure Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Current Expenditure						
Compensation to Employees	216	234	232	161	213	232
Use of Goods and Services	11	145	115	10	141	111
Subsidies	1,152	5,392	10,968	1,152	5,331	8,254
Current transfers to Gov't Agencies	10	134		10	79	
Social Benefits						
Other Expense			5			5
Non-financial Assets		22	22		22	21
Total Current Expenditure	***1,390***	***5,927***	***11,342***	***1,333***	***5,786***	***8,623***
Capital Expenditure						
Compensation to Employees						
Use of Goods and Services	841	236		-	168	
Subsidies						
Capital transfers to Gov't Agencies	7,285	11,617	11,455	5,441	6,600	8,881

Expenditure Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Non-financial Assets		164			122	
Total Capital Expenditure	***8,125***	***12,017***	***11,455***	***5,441***	***6,891***	***8,881***
Total Expenditure for the programme	***9,515***	***17,944***	***22,797***	***6,774***	***12,677***	***17,504***

2.2.4 Expenditure Analysis by Parastatals

2.2.4.1 Kenyatta National Hospital (KNH)

The GoK grant (NET) increased to Kshs.7,461 in FY 2018/19 from Kshs.7,335 m in FY 2017/18, a 2% increase to cater for annual increments.

The AIA increased by 13% due to improved efficiency in management of theatre operations and general improvement in hospital clinical operations. The hospital restructured theatre management, expanded, modernized and equipped theatres which resulted in increase in major surgeries done from 17,044 in FY 2017/18 to 23,918 in FY 2018/19. In overall, the number of occupied bed days (in patients) increased by 6% from 703,474 to 743,453.

Compensation to employees increased by 5% from the previous FY 2017/18 due to the resultant annual salary increment. Operational costs reduced by 7% from Kshs.4,777 million in FY 2017/18 to Kshs.4.490 million in FY 2018/19 due to improved assessment of indigents, implementation of re-negotiated NHIF Contracts and the cost management strategy focused on utilities and improvement of processes and usage of general consumables.

The deficit of Kshs.789 million in the FY 2018/19 was occasioned by provision of services to indigent patients who are unable to settle medical bills upon discharge for which the hospital is not compensated for resultant medical cost. In addition, the reimbursement rates for the Free Maternity/Linda Mama services and the comprehensive care contract have been below the cost of services provision and therefore resulting to losses.

Table: Analysis of recurrent approved Budget Vs Actual expenditure amount in Kshs. Million

Economic Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	**9,099**	**14,317**	**14,307**	**11,461**	12,762	13,578
AIA	2,016	6,982	6,846	4,378	5,427	6,117

Economic Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
NET	7,083	7,335	7,461	7,083	7,335	7,461
Compensation to Employees	7,043	7,295	9,571	8,208	9,076	9,527
Transfers	0	0	0	0	0	
Other Recurrent	2,056	7,022	4,736	4,158	4,777	4,840
Deficit	0	0	0	-905	-1,091	-789

Analysis of Development Approved Budget Vs Actual Expenditure

In the FY 2018/19, the Hospital was allocated Kshs.40 million for development towards construction of the Burns & Paediatric Emergency Centre. Previously, in FY 2017/18, Kshs.343 million was allocated by GoK as counterpart funds for the project. However due to delays in approvals by the development partners, the procurement of a contractor was finalized in FY 2018/19 where Kshs.383 million was expensed.

In the FY 2017/18, the Hospital was also allocated Kshs.492 million:- construction of the Cancer Treatment Centre at Kshs.250 million; completion of Day care centre at Kshs.42 million; and Kshs.200 million towards expansion of the Renal Unit. However due to lack of exchequer/Provision only 50% of the funds allocated for each was disbursed leaving a pending bill of Kshs.246 million.

The table below shows the expenditures against approved budget over the years.

Table: Analysis of Development Approved Budget vs. Actual Expenditure amount in Kshs. Million

Description	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	**50**	**835**	**40**	**50**	**492**	383
GoK	0	835	40	50	492	383
Loans	0	0	0	0	0	0
Grants	50	0	0	0	0	0
Local AIA	0	0	0	0	0	0

Analysis of KNH Referral Specialized Health Care expenditure

The total of the sub-programme expenditure comprising of the compensation to employees and use of good & services for the FY 2018/19 is Kshs.14, 367 million which is an increase from the previous year and is largely attributed to annual salary increments and promotions.

Table: Analysis of Sub programme expenditure (amount in Kshs. Million)

	Approved Budget			Actual Expenditure		
	2016/ 17	2017/18	2018/19	2016/ 17	2017/18	2018/19
Referral Specialized Health Care - KNH	9,149	15,152	14,347	12,366	13,853	14,367
Total programme	**9,149**	**15,152**	**14,347**	**12,366**	**13,853**	**14,367**

Table: Analysis of programme expenditure by economic classification – Kshs. Millions

Economic Classification	Approved Budget			Actual Expenditure		
	2016/ 17	2017/18	2018/19	2016/ 17	2017/18	2018/19
Referral Specialized Health Care						
Current Expenditure						
Compensation to Employees	7,043	7,295	9,571	8,208	9,076	9,527
Use of goods and services	2,056	7,022	4,736	4,158	4,777	4,840
Grants and other transfers	0	0	0	0	0	0
Other recurrent	0	0	0	0	0	0
Capital Expenditure						
Acquisition of non-financial Assets	50	835	40	50	492	383
Capital grants to Government Agencies	0	0	0	0	0	0
Other development	0	0	0	0	0	0
Total Programme	**9,149**	**15,152**	**14,347**	**12,416**	**14,345**	**14,750**

Table: Analysis of recurrent Budget for semi-autonomous Government Agencies (SAGA) in Ksh. Million

Economic Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Name of SAGA: KNH						
Gross	**9,099**	**14,317**	**14,307**	**11,461**	**12,762**	**13,578**
AIA - Internally Generated Revenue	2,016	6,982	6,846	4,378	5,427	6,117
NET - Exchequer	7,083	7,335	7,461	7,083	7,335	7,461
Compensation to Employees	7,043	7,295	9,571	8,208	9,076	9,527
Use of Goods & Services	2,056	7,022	4,736	4,158	4,777	4,840
Other Recurrent						
Deficit	0	0	0	-905	-1,091	-789

2.2.4.2 Moi Teaching and Referral Hospital (MTRH)

During the period under review, the budget performance analysis improved with over 100% budget compliance. The Hospital was able to achieved it revenue collection target for the period, having Kshs.7,288 Million for FY 2016/17, Kshs.8,073 Million for FY 2017/18 and Kshs. 9,555 Million for FY 2018/19. A-In-A collection showing a positive improvement for MTEF period.

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	**7,289**	**8,042**	**9,823**	**7,288**	**8,073**	**9,555**
AIA	2,039	2,341	3,049	2,038	2,466	2,804
Net	5,250	5,701	6,774	5,250	5,607	6,751
Compensation to Employees	5,220	5,671	6,743	5,250	5,770	6,751
Transfers						
Other Recurrent	1,949	2,251	2,524	1,908	2,192	2,524

Analysis of Development Expenditure for MTRH

Under development budget performance, the Hospital was capitalized with support from GOK to the tune of Kshs.90 Million for the FY 2016/17, Kshs.85 Million for FY 2017/18 and Kshs.30 Million for the FY 2018/19, the capital projects mainly being the Construction and equipping the ICU and the Neuro-ward.

Addition capital support for purchase of equipment was budgeted from the A-In-A collections, with Kshs.114 Million for the FY 2016/17, Ksh.105 Million for FY 2017/18 and Kshs.220 Million.

Description	Approved (Kshs Million)			Actual (Kshs Million)		
	2016/17	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
Gross	**250**	**290**	**250**	**204**	**190**	**250**
GOK	130	170	30	90	85	30
Loans						
Grants						
Local (AIA)	120	120	220	114	105	30

Analysis of programme expenditure for MTRH

During the period under review the expenditure levels were within the approved Budget. Compensation for employees formed the highest component of the expenditure with an allocation of 80% of the entire budget. There was an increase in PE due to implementation of unions CBAs on health worker's allowances, Doctor's allowances and nursing allowances and SRC (Salaries and Remuneration Commission). The A-In-A realized for the period catered for purchase of goods and services and partly to support capital projects.

Programme	APPROVED BUDGET ALLOCATION (Kshs Million)			ACTUAL EXPENDITURE (Kshs Million)		
	2016/17	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
National referral services						
Compensation of Employees	5,220	5,671	6,743	5,250	5,770	6,751
Transfers						
Other Recurrent	1,949	2,251	3,012	1,908	2,192	2,524

Programme Expenditure Analysis by Economic Classification

A further expenditure analysis per economic classification, during the period under review shows a positive performance for both the re-current and capital expenditure. Although compensation for employees formed the highest component of the expenditure with an allocation of 80% of the entire budget, the expenditure on capital improved significantly. An increase on A-In-A contribution to capital realized for the period also improved with Ksh.220 Million for FY 2018/19.

Economic classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
MTRH	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Current Expenditure						
Compensation of Employees	5,220	5,671	6,743	5,250	5,770	6,751
Use of Goods and Services	1,949	2,251	2,524	1,908	2,192	2,524
Grants and Other Transfers						
Other Recurrent	30	30	30	30	30	30
Total Recurrent	**7,169**	**7,922**	**9,298**	**7,158**	**7,962**	**9,275**
Capital Expenditure						
Acquisition of non-financial assets	90	170	30	90	165	30
Other development(AIA)	120	120	220	114	105	220
TOTAL	**7,379**	**8,212**	**9,548**	**7,362**	**8,232**	**9,525**

2.2.4.3 Kenya Medical Research Institute (KEMRI)

Analysis of Recurrent Expenditure by Vote

Vote and Vote Details	Approved Budget Allocation			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	**1,871**	**2,323**	**2,011**	**1,903**	**2,238**	**2,050**
A in A	72	94	156	104	162	195
NET	1,799	2,229	1,855	1,799	2,076	1,855
Compensation to Employees	1,501	2,014	1,717	1,512	2,004	1,638
Transfers	-	-	-	-	-	-
Other Recurrent	532	688	829	593	625	791

Analysis of Development Expenditure by Sector and Vote

Description	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	**5,127**	**5,609**	**5,397**	**4,497**	**4,572**	**4,658**
GOK	36	80	229	36	60	229
Loans	-	-	-	-	-	-
Grants - Collaborators	4,539	5,529	5,168	4,461	4,167	4,385
External Grants – DTRA	552	-	-	-	345	44
Local A in A	-	-	-	-	-	-

Analysis of Program/Sub-Programme Expenditure by Sector and Vote

PROGRAMME: 3	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Sub-Programme 1: Research & Development	6,705	8,340	8,087	6,609	6,963	7,043
TOTAL	**6,705**	**8,340**	**8,087**	**6,609**	**6,963**	**7,043**

Programme Expenditure Analysis by Economic Classification

	APPROVED BUDGET	ACTUAL EXPENDITURE

	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Current Expenditure						
Compensation to employees	1,501	2,014	1,717	1,512	2,004	1,638
Use of Goods and Services	532	688	829	593	625	791
Grant and other Transfers - Collaborators	4,539	5,529	5,168	4,461	4,167	4,385
Capital Expenditure						
Acquisition of Non-financial Assets	133	109	373.3	43	167	229
Capital Grant to Government Agencies	-	-	-	-	-	-
Other Development - DTRA	-	-	-	-	-	-
TOTAL VOTE	**6,705**	**8,340**	**8,087**	**6,609**	**6,963**	**7,043**

ANALYSIS OF RECURRENT FOR SEMI-AUTONOMOUS GOVERNMENT KSH MILLION

	Approved Budget Allocation			Actual Expenditure		
Economic Classification	**2016/17**	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
Gross	**1,871**	**2,323**	**2,011**	**1,903**	**2,238**	**2,050**
AIA - Internally Generated Revenue	72	94	156	104	162	195
NET - Exchequer	**1,799**	**2,229**	**1,855**	**1,799**	**2,076**	**1,855**
Compensation to Employees	1,501	2,014	1,717	1,512	2,004	1,638
Use of Goods And Services	532	688	829	593	625	791

2.2.4.4 Kenya Medical Training College (KMTC)

Analysis of Recurrent Approved Budget Vs Actual Expenditure Amount in Kshs. Million

Economic Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	**3,484**	**4,351**	**4,935**	**5,378**	**6,668**	**6,481**
AIA	1,069	1,069	1,868	2,963	3,386	3,414
NET	2,415	3,282	3,067	2,415	3,282	3,067
Compensation to Employees	2,415	3,282	3,067	3,218	3,590	3,423
Other Recurrent	2,412	3,051	3,416	2,230	2,752	2,837

- In 2016/2017 AIA has increased as compared to 2017/2018 as a result of expansion and introduction of new faculties in the existing campuses and new campuses.
- In 2018/2019 AIA has reduced as compared to 2017/2018 because ECN world project came to an end in that year.
- For compensation to employees, in 2017/2018 there was a huge increase due to payment of Health Workers Extraneous allowance and there was an aspect of arrears that were subsequently paid in 2017/2018.

Analysis of Development Approved Budget Vs Actual Expenditure Amount in Kshs Million

Description	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	273	393	517	476	849	758
GOK	273	393	517	273	393	517
Local AIA				203	456	241

- The local AIA was used to finance the extra expenditure as compared to the budget for the 3 years under review.

Table: Analysis of Programme Expenditure (Amount in Kshs Million)

	Approved Budget Allocation			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Health Research and Development	4,830	6,726	7,000	5,924	7,191	7,018
Total Programme	**4,830**	**6,726**	**7,000**	**5,924**	**7,191**	**7,018**

Expenditure Analysis by Economic Classification (Amount in Kshs. Million)

	Approved Budget			Actual Expenditure		
Economic Classification	**2016/17**	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
Current Expenditure						
Compensation of Employees	2,415	3,282	3,067	3,218	3,590	3,423
Use of Goods and Services	2,412	3,051	3,416	2,230	2,752	2,837
Grants and other transfers						
Other Recurrent						
Capital Expenditure						
Acquisition of Non-Financial Assets	273	393	517	476	849	758
TOTAL VOTE	**4,830**	**6,726**	**7,000**	**5,924**	**7,191**	**7,018**

Table: Analysis of Recurrent Budget for Semi-Autonomous Government Agencies (Saga) In Kshs. Million

	Approved Budget			Actual Expenditure		
Economic Classification	**2016/17**	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
GROSS	**3,484**	**4,351**	**4,935**	**5,378**	**6,668**	**6,481**
AIA	1,069	1,069	1,868	2,963	3,386	3,414
Net-Exchequer	2,415	3,282	3,067	2,415	3,282	3,067
Compensation to Employees	2,415	3,282	3,067	3,218	3,590	3,423
Use of Goods and Services	2,412	3,051	3,416	2,230	2,752	2,837
Other Recurrent						
TOTAL VOTE	**3,484**	**4,351**	**4,935**	**5,378**	**6,668**	**6,481**

2.2.4.5 Kenya Medical Supplies Authority (KEMSA)

Analysis of Recurrent Expenditure (Amount in Kshs. Millions)

In FY 2017/18, there was a 2% drop in Appropriation in Aid (AIA) from Kshs.1.985billion (FY 2016/17) to Kshs.1.954 billion. The drop was mainly due to the impact of the Interest

capping law that had an adverse impact on income from short term investment (interest on bank deposits). There was also a drop in sales revenue due to industrial strikes and the political instability due to the general elections which led to delays in sales orders from the counties. Further, there was low sales in some counties due to change in governance. However, there was a 10% increase in Appropriation in Aid (AIA) fromKshs.1.954billionin FY 2017/18to Kshs.2.253billionFY 2018/19**.** The increase was mainly driven by provision of HTPs to the four counties on Universal Health Coverage Pilot project.

Table: Analysis of Recurrent Expenditure (Amount in Kshs. Millions)

KEMSA	Budget			Actual		
	2016/2017	2017/2018	2018/2019	2016/2017	2017/2018	2018/2019
Gross	**2,922**	**2,687**	**3,059**	**2,361**	**2,338**	**2,641**
AIA	2,545	2,304	2,670	1,985	1,954	2,253
NET	119	82	476	74	115	58
Compensation Of Employees	753	850	989	696	766	981
Transfers	377	384	389	376	384	389
Other Recurrent	2,050	1,755	1,594	1,591	1,457	1,603

*KEMSA Actual AIA and expenditure for FY 2018/19 was fairly within budget.

Analysis of Development Expenditure in Kshs. Millions

Capital expenditure was below budget due to non-procurement of Motor vehicles. There was delay in receiving the approval to procure. The approval has since been received as the motor vehicles will be procured in FY 2019-20.

KEMSA	Budget			Actual		
	2016/2017	2017/18	2018/19	2016/2017	2017/2018	2018/2019
Gross	**390**	**428**	**1973**	**407**	**557**	**1,352**
GOK						
Loans						
Grants	25		94			94
Local AIA	365	428	1,879	407	557	1,257

Expenditure Analysis by Economic Classification in Kshs. Millions

Compensation to employees increased from Kshs.696 Million (FY 2016/17) to Kshs.766 Million (FY 2017/18) to Kshs.981 Million (FY 2018/19). The Increase is attributed to annual salary adjustment, approved Doctors non-practicing allowance approved by the SRC and new minimum wage guidelines. There has been no significant increase in transfers from Ministry of Health which relates to grants in support of personal emoluments. The increase from Kshs.376 Million (FY 2016/2017) to Kshs.384 Million (FY 2017/2018) to Kshs.389 Million (FY 2018/19) has remained relatively the same and does not adequately cover the Authority's Personal Emoluments.

Expenditure Analysis by Economic Classification in Kshs. Millions

	Approved budget			Actual expenditure		
	2016/2017	**2017/2018**	**2018/2019**	**2016/2017**	**2017/2018**	**2018/2019**
Current Expenditure						
Compensation Of Employees	753	850	989	696	766	981
Administration and Operation costs	2,050	1,755	1,594	1,591	1,457	1,603
Grants And Other Transfers	377	384	389	376	384	389
Capital Expenditure						
Acquisition Of Non-Financial Assets	390	428	1,973	407	557	1,257
Total Expenditure	**3,193**	**3,033**	**4,556**	**2,694**	**2,780**	**3,841**

Expenditure Analysis by Programme/Sub Programme in Kshs. Millions

	APPROVED BUDGET			**ACTUAL EXPENDITURE**		
	2016/17	**2017/18**	**2018/19**	**2016/2017**	**2017/18**	**2018/19**
Health Products and Technologies	3,486	3,033	4,557	2,586	2,780	3,815
TOTAL	**3,486**	**3,033**	**4,557**	**2,586**	**2,780**	**3,815**

2.2.4.6 National Hospital Insurance Fund (NHIF)

Analysis of Recurrent Approved Budget Vs Actual Expenditure Amount in Kshs. Million

Economic Classification	Approved Budget			Actual Expenditure		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	41,377	51,594	66,658	37,180	47,599	58,269
AIA	41,377	51,594	66,658	37,180	47,599	58,269
NET	0	0	0	0	0	0
Compensation to Employees	4,770	4,270	4,497	4,715	4,179	4,258
Benefits paid out	32,978	40,318	53,416	29,412	39,101	53,457
Other Recurrent	2,833	3,397	3,950	3,053	3,475	3,632

The utilization on development expenditure was low because the projects which were been undertaken within the FY had not been completed hence the Fund could not pay at the close of the year.

NHIF generates its income from statutory deductions from members of both public and private sector of the economy. There is also receipt of contributions from the informal sector members which is voluntary. There are also Managed Schemes such as the Civil Servants Scheme, The Kenya Police & Prison Services, Secondary School Students cover Under the Slogan Edu Afya, Several County schemes, Parastatals Schemes and Private Members Association private Schemes. Other income includes, amounts received from interest on its investments and rental income from its properties namely NHIF building, Contrust House and a building in Meru. The Ministry of Health also transfers money for Free Maternity Linda Mama,HISP (Health Insurance Subsidy Program), and OPSD (Older Persons & Persons with Severe Disabilities). Benefits payment for Funds members as continued to increase over the period from Kshs.29.4 billion in 2016/17, Kshs.39.1billion in FY 2017/18 and Kshs.53.4 billion in FY 2018/19.

Analysis of Development Budget Vs Actual Expenditure Amount in Kshs. Million

Economic Classification	Approved Budget			Actual Expenditure		
	2016/17	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
Gross	**863**	**1,657**	**2,570**	**855**	**1,600**	**593**
GOK	0	0	0	0	0	0
Loans	0	0	0	0	0	0
Grants	0	0	0	0	0	0

Local AIA	863	1,657	2,570	855	1,600	593

Analysis of Programme/Sub-Programme expenditure

PPROGRAMME	Approved Budget			Actual Expenditure		
	2016/17	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
Linda Mama	4,298	4,298	4,298	400	2,962	3,170
HISP	1,092	1,092	1,092	963	336	397
OPSD	1,106	252	252	252	189	108
TOTAL VOTE	**6,496**	**5,642**	**5,642**	**1,615**	**3,487**	**3,675**

2.2.4.7 National Aids Control Council (NACC)

Analysis of recurrent approved budget vs. actual expenditure in Kshs. million

	Approved budget			**Actual expenditure**		
Economic classification	**2016/17**	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
Gross	918	1,222	856	919	1,169	856
AIA	-	-	-	-	-	-
Net	918	1,222	856	919	1,169	856
Compensation to employees	282	443	472	282	385	413
Transfers	-	-	-	-	-	-
Other recurrent	636	779	384	636	784	443

Analysis of Development Approved Budget Vs Actual Expenditure in Kshs. Million

	Approved budget			**Actual expenditure**		
Description	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Gross	358.1	289.8	500.2	358.1	214.4	433.9
GOK	75.5	75.5	66.4	75.5	45.5	66.4
Loans	-	-	-	-	-	-
Grants	282.6	214.3	433.8	282.6	168.9	367.5
Local AIA	-	-	-	-	-	-

Expenditure Analysis by Economic Classification

Economic Classification	APPROVED BUDGET 2016/17	2017/18	2018/19	ACTUAL BUDGET 2016/17	2017/18	2018/19
Current Expenditure						
Compensation of Employees	282	443	471.8	282.3	385.4	413.5
Use of Goods and Services	181.9	279	251.3	182	277.4	224.3
Current Grants and Transfers to other Levels of Gov't	-	-	-	-	-	-
Social Benefits	-	-	-	-	-	-
Other Recurrent	454.3	449.6	132.9	454.3	506.6	218.3
Capital Expenditure						
Acquisition of Non-Financial Assets	40	40	45.5	40	45.5	31.2
Capital Grants and Transfers to Other Levels of Gov't						
Other Development	558	399	391	418.1	168.9	402.7

Expenditure Analysis by Programme/Sub Programme in Kshs. Millions

	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2016/17	**2017/18**	**2018/19**	**2016/2017**	**2017/18**	**2018/19**
SP: HIV and AIDS program	1,516	1,661		1,519	1,713	

Table: ANALYSIS OF RECURRENT FOR SEMI-AUTONOMOUS GOVERNMENT (SAGA) IN KSH MILLION

	APPROVED BUDGET			ACTUAL BUDGET		
Economic Classification	**2016/17**	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
GROSS						
AIA Internally generated revenue						
Net exchequer						
Compensation of Employees	282	443	471.8	282.3	385.3	413
Use of Goods and Services	181.9	279	261	181.9	277.3	224.2

Other Recurrent	454.3	449.6	132.6	454.3	506.6	218.2

NACC, Personnel Emoluments (PE) and Operations & Maintenance are funded through the Exchequer/ National Treasury. The Personnel Emoluments (PE) increased from KES 282.3 Million in FY 2016/17, to KES 385.3 Million in FY 2017/18 and to KES 413 Million following the implementation of the SRC Job Evaluation recommendations.

2.3 Analysis of Pending Bills

The Table below presents a summary of pending bills by nature and type during the period under review. In FY 2018/19 the Health sector had total pending bills of Kshs.55,307 Million, comprising of Kshs.45,538 million due to lack of liquidity and Kshs.9,769 million due to lack of budgetary provision.

Table: Summary of Pending Bills by nature (Amount in Kshs Million)

ENTITY	Due to Lack of Liquidity (Ksh Million)			Due to Lack of Budgetary Provision Ksh Million)		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
MOH	213	3,715	41,755	-	-	
KMTC	184	482	482	1,353	1,691	4,056
KEMRI	1,929	2,021	2,197	-	-	
KNH	406	662	662	3,111	3,011	6,721
MTRH	520	602	442	292	589	594
KEMSA	1,093	1,093	-	-	-	-
NACC						
TOTAL	**4,345**	**8,575**	**45,538**	**4,756**	**5,291**	**11,371**

2.3.1 MOH Pending Bills

The total pending bills at MOH headquarters is Kshs.41,755 million. The main reason for the substantial amount in FY 2018/19 is the lack of liquidity (Exchequer) especially in the 4th quarter. 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 (Kshs. Million)

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Recurrent	**130**	**14**	**41,704**	**0**	**0**	
compensation for employees						
Use of Goods and Services	130	14	988.6			
Social Benefits						
Other Expenses-Court Awards& legal fees			40,715			
DEVELOPMENT	**83**	**3,701**	**51**			
Acquisition of Non-Financial Assets	83	3,701	51			
Use of Goods and Services						
Other – Specify						
Total pending bills	**213**	**3,715**	**41,755**	**0**	**0**	

2.3.2 KEMSA Pending Bills

Summary of Pending Bills by nature and type (Kshs. Million)

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
RECURRENT						
compensation for employees	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-
Social Benefits	-	-	-	-	-	-
Other Expenses	-	-	-	-	-	-
DEVELOPMENT	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Use of Goods and Services	1,093	1,093	-	-	-	-
Others – Specify	-	-	-	-	-	-
Total pending bills	**1,093**	**1,093**	**-**	**-**	**-**	**-**

* KEMSA did not have any pending bills in the FY 2018/19

2.3.3 KEMRI Pending Bills

Summary of Pending Bills by nature and type (Kshs. Million)

		Due to lack of Exchequer			Due to lack of provision		
Type/Nature		**2016/17**	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
Recurrent							
Social benefits-pension		1,496	1,649	1,942			
Other expenses							
Development							
Acquisition of non-financial assets	Development grant		20				
Others specify	CDC debts	433	352	255			
Total Pending Bills		**1,929**	**2,021**	**2,197**			

2.3.4 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**		
	2016/17	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
1. Recurrent						
Compensation of employees	114	124	124	-	-	869.60
Use of goods and services						1,602
Social Benefits -NSSF	-	-	-	311	311	311
Social Benefits -Pension Deficit	-	-	-	2,800	2,700	3,938
2. Development						
Acquisition of non-financial assets	292	538	538	-	-	-
Total Pending Bills	**406**	**662**	**662**	**3,111**	**3,011**	**6,721**

Compensation of Employees

During the 2017/18 financial year the hospital was allocated a recurrent budget of Kshs.7,335 million but Ministry disbursed Kshs.7,325 leaving a balance of Kshs.10m. This recurrent grant is used for staff salaries. The hospital had written to the Ministry of health

requesting for disbursement but by the close of the year this was still outstanding. The shortfall in compensation to employees in the FY 2018/19 of Kshs.869.6 million is made up of Harmonized House allowances arrears of Kshs.359.7 million and Health workers allowance shortfall of Kshs.509.9 million.

Harmonized Houses allowance arrears

The harmonized house allowance arrears are in relation to the Salaries and Remuneration Commission circular Ref No: SRC/ADM/CIR/1/13 Vol.III (126) dated 10th December 2014. The allowance was to be paid in three phases. Due to lack of provision, the hospital was not able to implement Phase 2 and Phase 3 of the harmonized house allowance, totalling to Kshs.359.7 million.

Health workers allowances

The Hospital implemented the approved allowances for Doctors, Clinical Officers, Nurses and other Health workers in the financial year 2016/17 after the National Treasury confirmed availability of funds vide letter Ref No: RES/1081/16/01(114) dated 31st May 2017 which was conveyed to the Hospital vide Ministry of Health letter Ref: MOH/FIN/1/A VOL.1 (229) dated 2nd June 2017. In the FY 2017/18, the Hospital incurred a total expenditure of Kshs.914 million on these allowances while The National Treasury allocated Kshs.543 million towards this expenditure leaving a funding gap of Kshs.371 million. In the FY 2018/19, the Hospital was allocated Kshs.546.8 million to sustain the payment of these allowances against the actual expenditure of Kshs.s.951 million, leaving a deficit of Kshs. 404 million. The shortfall for the two years is Kshs.775 million. However, after consultation with the National Treasury, the amount has been rationalized to Kshs. 509.9 million.

Use of goods and services Kshs.1,602 Million

This is occasioned by the use of operations & maintenance funds to cover the shortfall in Personnel Emoluments costs. This is compounded by the growing cost of treating Indigent patients who are not able to pay their bills for services offered by the hospital. As a result of this the hospital is not able to collect all the budgeted cost sharing revenue hence the pending on use of goods and services.

NSSF outstanding arrears Kshs 311 Million

This amount relates to contribution arrears for the period with effect from April 2001 to 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 Kshs.310, 830,280 excluding penalties.

Defined Benefit (DB) Pension Deficit of Kshs.3.9 billion

The current actuarial valuation was done on the DB pension scheme as at 30th June 2018. The valuation showed total liabilities of Kshs.11.3 billion against the schemes asset of Kshs.7.3 billion with a deficit thereon of Kshs.3.9 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.

Shortfall on personnel emoluments support 2015/2016 Kshs.113.6 million

The hospital did not receive its total recurrent disbursement from the Ministry of Health in June 2016. On 30th June 2016, Kshs.447,655,128.45 was received instead of the Monthly disbursement of Kshs.561,255,128.45. This recurrent grant is used for staff salaries. The Ministry has since confirmed to the Hospital that funds will not be forthcoming and the Hospital has instituted the write off process from the books of accounts in accordance with the PFM Act.

Development Pending Bills

In the Financial year 2017/18, the hospital was allocated Kshs.492 for Capital projects however only Kshs.246 was received leaving a balance of Kshs.246. 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 incurring penalties for breach of contract and the project will stall for lack of funds.

In the Financial Year 2012/2013, the hospital had a development budget of Kshs.630 million in the printed estimate. This was decreased by Kshs.22.6 million to a revised figure of Kshs.607 million. The hospital received Kshs.315 million in the first half of 2012/2013 and the balance of Kshs.292 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.

As a result of partial disbursement of funds expected from Exchequer, the hospital has accumulated pending bills of Kshs.662 million**.**

2.3.5 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		
	2016/17	**2017/18**	**2018/19**	**2016/17**	**2017/18**	**2018/19**
1. Recurrent						
Compensation of employees	184	384	384			
Use of good and services e.g. utilities, domestic or foreign travel etc				288	431	784
Social Benefits NSSF				60	60	60
Social benefits Pension deficit				1005	1200	1200
Arrears for Re-Categorization for KMTC to PC4A w. e. f 1/7/17						1052
Provision for CBA from 1st July 2014 (@240M P.A.)						960
2. Development						
Acquisition of non-financial assets		98	98			
Use of goods and services e.g. utilities, domestic or foreign travel etc.						
Others – Specify						
Total Pending Bills	**184**	**482**	**482**	**1,353**	**1,691**	**4,056**

During the FY 2015/16, grant to the tune of Kshs.184 was not received and it has remained undisbursed to date with an additional Kshs.200M 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 Kshs.482M.

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.

The College was declared a Parastatal 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 Kshs.60 million.

The college converted its DB scheme to DCas required vide the treasury circular. An actuarial valuation was undertaken by Actuarial Services that revealed a deficit amounting Kshs. 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.

2.3.6 MTRH Pending Bills

Summary of Pending Bills by nature and Type Kshs Million

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
RECURRENT						
compensation for employees	520	517	442			
Use of Goods and Services				292	589	520
Social Benefits					74	74
Other Expenses						
DEVELOPMENT						
Acquisition of Non-Financial Assets		85				

Use of Goods and Services						
Others - Specify						
Total pending bills	**520**	**602**	**442**	**292**	**663**	**594**

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

- Supplementing the wage bill because of inadequate provision for salaries.
- Indigent patients who are not able to pay their bills for services offered by the hospital
- Non disbursement of allocated resources in the financial year 2015/16 which were in the budget by the ministry of Health for the month of June 2016 amounting to Kshs.350 Million and a balance of Kshs.93 Million for recurrent grant for the FY 2017/18.

To settle the pending bills, the hospital has requested the Treasury to fund the Hospital to correct this anomaly, in addition to taking the following measures

- All patients visiting the hospital to register with NHIF to reduce the waivers.
- Taking up austerity measures in spending, to ensure prudent spending in all areas.
- Follow up with The National Treasury and MOH on pending salary grants and adequate funding.

2.4 ANALYSIS OF CAPITAL PROJECTS

The capital projects analysed have been/are being implemented in different parts of the country under the various programmes with the aim of achieving the Ministry's objectives. Some of the projects are ending during this reporting period although they 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.

2.4.1 Ministry of Health (MOH)

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		Actual Cumulative Exp up to 30th June 2016	Approved budget 2015/16	Expected balance as at 30th June 2016	FY 2016/2017				FY 2017/2018				FY 2018/2019				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	(b)	(c)	(a-b)	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 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2019	Completion stage as at 30th June 2019 (%)	
	Kshs Million					Kshs Million			Kshs Million				Kshs Million				Kshs Million				
1081103200 Nutrition	4,173.60	4,173.60		11/07/2011	11/07/2021	1,768	442	2,406	50		1,818	44	44		1,862	45	10		1,862	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	217	129	427	50		265	41	10		275	43	51		325	50	The project is for improvement of water and sanitation activities in the counties to ensure safe disposal of human waste administered by UNICEF
1081102100 East Africa Public Laboratory Networking Project	3,486.00	3,486.00		11/07/2010	03/07/2020	2,278	581	1,208	200		2,428	70	479		2,509	72	203		2,712	78	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		756	10/04/2012	10/04/2022	661		95		60	701	93		15	703	93		68	760	100	The CRWPF will guarantee safe management, temporary storage and physical security of radioactive waste generated within the Country. Phase 1 ended.
1081105200 Procurement of Anti TB Drugs Not covered under Global fund Tb programme	1,525.00		1,525.00	13/08/2014	13/08/2021	330	110	1,195		110	440	29		110	550	36		155	628	46.2	The project is a priority and funding levels have increased in 2019/20 FY to enhance provision of TB drugs

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		Actual Cumulative Exp up to 30th June 2016	Approved budget 2015/16	Expected balance as at 30th June 2016	FY 2016/2017				FY 2017/2018				FY 2018/2019				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	(b)	(c)	(a-b)	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 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2019	Completion stage as at 30th June 2019 (%)	
1081101600 Wajir District Hospital	1,000.00	750	250	07/01/2012	13/08/2021	600	100	400	40		640	64			640	64			640	64	No allocation in FY 2018/19, however, Ksh80million was allocated for FY 2019/20
1081104800 Modernize Wards & Staff house-Mathari Teaching & Referral Hospital	549		549	30/07/2013	30/06/2021	52	32	497		30	82	16		19	84	15		62	146	26.6	The contract is in phases due to budget constraints. The buildings are in extreme disrepair
1081104900 Construct a Wall, renovation & Procure Equipment at National Spinal Injury Hospital	230		230	30/07/2014	30/06/2019	12		219		4	15	32		2	15	12			15	12	No allocation in FY 2018/19. The project will be allocated funds in 2019/20 to fully complete it
1081106100 Establishing of Regional Cancer Centres	8000		8000	07/01/2016	30/06/2021	-	-	8,000		200	58	1		400	136	2		400	276	3.5	This is for establishment of 4 regional cancer centres in Nakuru, Mombasa, Nyeri and Kisii. Chemotherapy equipment has already been supplied to 3 centres
1081101100 Kigumo Hospital (debt swap)	58.5	58.5		07/07/2015	07/07/2017	20	20	39	18		38	65	18		50	85	9		58	100	The project is complete as KIDPP funds were released in 2018/19 FY.
1081104100 Expansion of Ileho Health Centre (KIDDP).	30	30		07/07/2015	07/07/2017				20		13	65				65	21		30	100	The project is complete as KIDPP funds were released in 2018/19 FY.

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		Actual Cumulative Exp up to 30th June 2016	Approved budget 2015/16	Expected balance as at 30th June 2016	FY 2016/2017				FY 2017/2018				FY 2018/2019				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	(b)	(c)	(a-b)	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 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2019	Completion stage as at 30th June 2019 (%)	
1081102700 Rongai Hospital Project	800	500	300	09/03/2015	09/03/2021	40	40	760	10		50	10	5		55	11					(No allocation in FY 2018/19).The project has not started hence the low funding provisions.
1081103700 Clinical Waste Disposal System Project	1,200.00	1,000.00	200	03/01/2016	30/06/2021			1,200	900		350	29	604		837	70	250	15	1,077	89.7	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	900		07/01/2016	30/06/2021			900	19		19	2	419				218		237	26	The invoices from the project were submitted to treasury.
1081104400 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	42,229		42,229	10/07/2013	10/07/2025	4,800	4,500	37,429		9,600	14,337	34		6,152	20,489	49		9,150	29,359	69.5	Ongoing. To fully utilize the equipment, GoK needs to recruit more HRH
1081105100 Procurement of Equipment at the National Blood Transfusion Services	2,025.00		2,025.00	07/02/2015	07/02/2023			2,025		290	217	11		175	392	19		154	546	27	The Equipment to process blood into blood products are urgently required. In addition, equipment 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	2,280.00	2,000,0	280	10/08/2016	10/08/2022			2,280	10		10	-				-					No allocation in FY 2018/19

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		Actual Cumulative Exp up to 30th June 2016	Approved budget 2015/16	Expected balance as at 30th June 2016	FY 2016/2017				FY 2017/2018				FY 2018/2019				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	(b)	(c)	(a-b)	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 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2019	Completion stage as at 30th June 2019 (%)	
Centre at Kisii Level 5 Hospital																					
1081102500 East Africa's Centre of Excellence for Skills & Tertiary Education	3,999.26	3,674.00	325	2/18/16	18/02/2022	375	360	3,639	312		720	10	450	50	1,026	14	178	50	1,246	31	GoK counterpart funds amounting to Ksh50 million were allocated from 2018/19FY
1081104600 Up Grade of Health Centres in slums (Strategic Intervention)	6,000.00		6,000.00	09/07/2013	09/07/2016	1,612		4,388		1	1,613	27			1,613	27					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
1081109400 Rollout of Universal Health Coverage	25,390.00		25,390.00	10/07/2018	10/07/2022													390			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
1081105300 Procurement of Family Planning & Reproductive Health Commodities	1,525.00		1525	13/08/2014	13/08/2023	50		1,475		52	51	10		52	102	20		64	166	11	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	10/07/2023	8,338	4,298	37,162		5,796	14,134	31		3,961	16,114	35		4,298	20,096	45	Give free maternity services for the deliveries in public hospitals and accredited private hospitals and FBOS and low-cost private hospitals

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		Actual Cumulative Exp up to 30th June 2016	Approved budget 2015/16	Expected balance as at 30th June 2016	FY 2016/2017				FY 2017/2018				FY 2018/2019				Remarks
		Foreign	GOK	Start Date	Exp Completion Date	(b)	(c)	(a-b)	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 (%)	Approved Foreign Budget	Approved GoK Budget	Actual Cumulative Exp up to 30th June 2019	Completion stage as at 30th June 2019 (%)	
																					under new expanded free maternity program
1081103500 Health System Management	17,600.00	17,600.00	0	02/07/2015	02/07/2021	5,613	3,010	11,987	1,000		6,613	38			6,613	38	2,600		8,423	47.9	Improve the immunization coverage of children it is for 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	02/07/2016	02/07/2023	820	410	4,180		703	1,487	30		703	2,020	40		703	2,723	54	Improve the immunization coverage of children it is for Procurement and distribution of vaccines commodities (e.g. Polio, B.C.G, Measles, penta& Pneumococcal) across the country
1081110300 Transforming Health Systems for Universal care Project	19,683.30	19,683.30	0	15/09/2016	30/06/2021				525		121	1	4,202		1,860	9	5,322		4,293	22	
1081110200 Support to Universal Health Care in the Devolved system in Kenya	3165	3165		02/01/2017	30/06/2020				-	-	-	-	1,215		1,215	38	1,013		1,215		

2.4.2 Kenyatta National Hospital (KNH)

PROJECT CODE& PROJECT TITLE	Estimated Cost of The Project (FINANCING)			Timeline		Actual Cumulative Exp. up to 30th June 2016(b)	Approved Budget 2015-2016 (c)	Expected Balance as at 30th June 2016	FY 2016/2017				FY 2017/2018				FY 2018/2019				Remarks*
	Total Est Cost of Project (a)	Foreign	GOK	Start Date	Expected Completion Date				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 (%)	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2019	Completion Stage as at 30th June 2019 (%)	
	Kshs Million																				
315-350-6610 Upgrade of Renal Unit	200	0	200	08/01/2018	31/07/2019	0			0	0	0	0	0	200	-	12%			53.54	85%	Contractor has been granted a no cost extension till April 2019.
315-840-6797 Day Care Surgical Centre	378	100	278	15/02/2016	12/08/2019							69%							185.2	95%	95% of construction complete. Awaiting Ksh 176M for Equipping and Commissioning.
315-840-6620 Cancer Treatment Centre	250	0	250	07/09/2018	06/09/2019	0			0	0	0	0			-	0		250	60.64	38%	The project is broken down into 4 phases. Phase1 Ksh250M, Phase II Ksh250M, PhaseIII Ksh750M, Phase IV Ksh750M. The works for phase I has begun and is currently at 38%.
315-840-6798 Pediatrics& Burns Centre	2900			03/08/2018	20/08/2020	0	0	0	0	0	0	0	0	0	-	0			305.17	30%	The construction is experiencing challenges due to delays of payment by the financiers
315-840-6712 Microwave	12.8	12.8	0	16/10/2017	16/10/2018	0									5.02				14.4	100%	Complete.
300 Bed Private Hospital	103			01/04/2018	30/09/2019	0	0	0	0	0	0	0	0	0	-						There is a no cost extension issued to the Technical advisor till September 2019.The Feasibility study is complete awaiting approval by the PPP BOARD. Evaluation of Transactionary documents for recruitment of the TA is currently underway.

2.4.3 Kenya Medical Training College (KMTC)

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Estimated Cost of the Project Financing		Timeline		Actual Cumulative Exp up to 30th June 2016	Approved budget 2015/16	Expected balance as at 30th June 2016	FY 2016/2017				FY 2017/2018				FY 2018/2019				Remarks
		Foreign	**GOK**	**Start Date**	**Exp Completion Date**	**(b)**	**(c)**	**(a-b)**	**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 (%)**	**Approved Foreign Budget**	**Approved GoK Budget**	**Actual Cumulative Exp up to 30th June 2019**	**Completion stage as at 30th June 2019 (%)**	
	Kshs Million					**Kshs Million**			**Kshs Million**				**Kshs Million**				**Kshs Million**				
Project1:Extension of Existing Administration Block-Headquarters	**77.00**		**77**	**21/09/16**	**30/9/2019**	**0**	**0**	**0**		**20**	**35**	**43**		**15**	**50**	**65**		**12**	**62**	**81**	**Increase of office space**
Project 2: Completion of Laboratory/classrooms - Kisumu Campus	46		46	30/04/2014	31/09/2019	10	10	0		15	25	54		15	30	65		9	39	85	Increase of grandaunts and intake of students
Project 3: Construction of Nutrition and Laboratory - Muranga Campus	34.00		34	07/04/2016	31/10/2019	0	0	0		4	14	41		10	22	65		10	30	88	Increase of grandaunts and intake of students
Project 4: Construction of Tuition Block - Kaptumo Campus	33		33	16/02/2018	15/09/2019	0	0	0		10	5	15		6	10	30		10	25	97	Increase of grandaunts and intake of students
Project 5: Construction of Classroom block - Kapkatet Campus	38		38.00	04/11/2018	31/10/2019	0	0	0		0		0		5	5	18		20	25	90	Increase of grandaunts and intake of students
Project 6: Completion (Final Phase) of Tuition and computer Lab-Kapenguria	10		10	04/06/2018	31/11/2019	0	0	0		0		0		4	4	40		4	8	80	Increase of grandaunts and intake of students
Project 7: Construction of Tuition Block- Kuria	45		45	04/10/2019	31/01/2020	0	0	0		0		0				10		5	5	20	Ongoing
Project 8: Construction of Tuition Block Tana River Campus	42		42	15/03/2019	31/01/2020	0	0	0		0		0		2	2	15		4	6	23	Ongoing
Project 9: Construction of Tuition Block - Kakamega	17		17	22/04/2019	31/12/2019	0	0	0		0		0		2	2	15		5	7	49	Ongoing

2.4.4 National Aids Control Council (NACC)

Project Code & Project Title	Cost of Project (Financing)			Timelines		Actual cumulative expenses to 30th June 2016	Approved budget 2015/16	Expected balance as at 30th June 2016	FY 2016/17				FY 2017/18				FY 2018/19				Remarks
	Total Est Cost of Project (a)	**Foreign**	**GOK**	**Start Date**	**Expected Completion Date**	**(b)**	**(c)**	**(a) - (b)**	**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 (%)**	**Approved Foreign Budget**	**Approved GOK Budget**	**Cumulative Expenditure as at 30th June 2019**	**Completion stage as at 30th June 2019 (%)**	
Roll out and continual enhancement of Situation Room as regularly reviewed by HE. the President and the Governors.	390		390	17/09/2015	20/06/2021	0	0	0	0	40	40	10%		45.5	85.5	22%	0	45.5	116.7	30%	The project provides real time data for planning and decision making at both national and county levels. HIV and AIDS is very dynamic, every county has unique challenges that contribute to the spread of HIV, uptake and adherence to ART including nutrition. Provision of real time data will boost HIV and AIDS programming at both levels of government. The project will enhance ownership of the national response to HIV and AIDS by both levels of government
Facilitating BZ to continue to deliver on EMTCT.	203		203	01/06/2016	30/06/2022	0	0	0	0	35.5	35.5	17%	0	35.5	35.5	17%	0	35.2	70.7	35%	The project promotes health of mothers and children in general, prevents transmission of HIV from HIV+ mothers to their newborns, immunization of children, care for children with special abilities, good nutrition for all including the elderly, vitamin

Project Code & Project Title	Cost of Project (Financing)			Timelines		Actual cumulative expenses to 30th June 2016	Approved budget 2015/16	Expected balance as at 30th June 2016	FY 2016/17				FY 2017/18				FY 2018/19				Remarks
	Total Est Cost of Project (a)	**Foreign**	**GOK**	**Start Date**	**Expected Completion Date**	**(b)**	**(c)**	**(a) - (b)**	**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 (%)**	**Approved Foreign Budget**	**Approved GOK Budget**	**Cumulative Expenditure as at 30th June 2019**	**Completion stage as at 30th June 2019 (%)**	
																					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.
Acquisition of space by the National AIDS Control Council	1,600		1600	29/08/2017	30/06/2021					0	0	0%		0	0	0%		200	100	7%	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. 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 procurement.

2.4.5 Moi teaching and Referral Hospital (MTRH)

Project code & Project Title	Est. Cost of the Project (Financing)			Timeline		Actual Cumulative expenditure up to 30th June 2016	Approved Budget 2015/16	Expected Balance as at 30th June 2016	2016/17				2017/18				2018/19				Remarks
	Total Est. Cost of the Project (a)	Forei gn	G O K	Sta rt	Expec ted Compl etion Date	(b)	c	(a)-(b)	Approved Foreign Budget	Approved GOK Budget	Cummulative Expenditure as at 30th June 2017	Completion stage as at 30th June 2016(%)	Approved Foreign Budget	Approved GOK Budget	Cummulative Expenditure as at 30th June 2018	Completion stage as at 30th June 2017(%)	Approved Foreign Budget	Approved GOK Budget	Cummulative Expenditure as at 30th June 2019	Completion stage as at 30th June 2019(%)	
	Ksh. Million			Ksh. Million																	
1. Equipping of Cancer & Chronic Disease Management Centre	1,193	450	743	13-Jul	20-Jul	450	-	743	-	-	450	40%	-	-	450	40%	-	-	450	40%	Ongoing
2. Equipping of Children Hospital	680	250	430	14-Jan	19-Jun	250	-	430	-	-	250	60%	-	-	250	60%	-	-	250	60%	Ongoing
3. Equipping Maternity Unit (Mother & Baby Hospital)	120	-	120	14-Jul	19-Jun	0	-	120	-	20	20	25%	-	-	20	25%	-	-	20	25%	Ongoing
4. Expansion and Equipping of ICU	220	-	220	14-Jul	19-Jun	0	-	220	-	-	-	0%	-	90	90	40%	-	40	130	60%	Ongoing
5. Power Upgrade and Electricity Ring Main	200	-	200	15-Jul	19-Jul	0	-	200	-	-	-	0%	-	-	-	0%	-	-	-	0%	In Pipeline
6.Network upgrade as per ICT Master plan	100	-	100	15-Jul	19-Jul	0	-	100	-	-	-	0%	-	-	-	0%	-	-	-	0%	In Pipeline
7. Modernization of Medical Equipment	500	-	500	15-Jul	19-Jun	0	-	500	-	-	-	0%	-	-	-	0%	-	40	40	10%	In Pipeline
8. Accident and Emergency Centre	200	-	200	16-Jul	19-Jun	0	-	200	-	-	-	0%	-	-	-	0%	-	-	-	0%	In Pipeline
9. Extension of OPD clinic at Private Wing II (Memorial Wing) – 2nd Floor	108		108	16-Jul	19-Jun	0	-	108	-							0%	-	-	-	0%	In Pipeline
10. Equipping New Kitchen and Laundry	147		147	17-Jul	18-Jun	0	-	60	-	-	-	0%	-	-	-	0%	-	60	60	60%	Ongoing

2.4.6 Kenya Medical Supply Agency (KEMSA)

Project No.& Details	Estimated cost of project (Financing)			Timeline		Actual Cumulative Exp. up to 30th June 2016	Approved Budget 2015. 16	Expected balance as at 30th June 2016	FY 2016-17				FY 2017-18				FY 2018-19				REMARKS
	Total estimate cost of project (a)	GOK/KEMSA	Foreign	Start_Date	Expected completion date	b	c	a - b	Approved Foreign Budget	Approved GOK/KEMSA Budget	Cumulative Expenditure as at 30th June,2017	Completion stage % as at 30th June,2017	Approved Foreign Budget	Approved GOK/KEMSA Budget	Cumulative Expenditure as at 30th June 2018	Completion stage % as at 30th June 2018	Approved Foreign Budget	Approved GOK Budget	Cumulative Expenditure as at 30th June 2019	Completion stage % as at 30th June 2019	
	Kshs in Millions								*Kshs in Millions*				*Kshs in Millions*				*Kshs in Millions*				
National Commodities Storage Center (KEMSA Supply Chain center)	3,977.94	3,004.83	973.1	26th January 2018	30th June 2021	-	-	-	-	-	-	0%	973.103	327.87	327.87	5%	-	1,883.64	1,481.87	40%	The new supply chain center will ensure that medical supplies are handled effectively and efficiently country wide. This 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.

2.4.7 Kenya Medical Research Institute (KEMRI)

Project code and Project Title	Estimated cost of project (Financing)			Timelines		Actual Cumulative Exp. up to 30th June 2016	Approved Budget 2015/16	Expected Balance as at 30th June 2016	FY 2016/17				FY 2017/18				FY 2018/19				Remarks
	Total est. cost of project (a)	**Foreign**	**GOK**	**Start date**	**Expected completion date**	**(b)**	**(c)**	**(a)-(b)**	**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 (%)**	**Approved foreign budget**	**Approved GOK budget**	**Cumulative expenditure as at 30th June 2019**	**Completion stage as at 30th June 2019 (%)**	
	Kshs Million																				
1.Research and development (solution to Health)	3,600	-	3,600	06/01/2014	07/07/2023	458	-	3,142	-	-	458	12.72 %	-	48.75	506.75	14.08 %	-	228.8	735.55	20.43 %	funding has been inadequate to address national research needs
2.Perimeter fencing around KEMRI parcels of land(Taveta&Kiriniyaga)	135	-	135	7/15/19	7/20/19	16	46	119	-	5	16	11.85 %	-	11.25	66	48.89 %	-	-	66	48.89 %	Construction of the wall in Taveta stagnated due to land dispute matter before court
3.Construction of Sample Management and Receiving Facility (SMRF) and	607	552	55	7/16/19	7/20/19	-	-	607	552	20	20	3.29 %	-	-	345	56.84 %	44	-	389	64.09 %	construction is now in Phase IV of the project and is due for

Project code and Project Title	Estimated cost of project (Financing)			Timelines		Actual Cumulative Exp. up to 30th June 2016	Approved Budget 2015/16	Expected Balance as at 30th June 2016	FY 2016/17				FY 2017/18				FY 2018/19				Remarks
	Total est. cost of project (a)	**Foreign**	**GOK**	**Start date**	**Expected completion date**	**(b)**	**(c)**	**(a)-(b)**	**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 (%)**	**Approved foreign budget**	**Approved GOK budget**	**Cumulative expenditure as at 30th June 2019**	**Completion stage as at 30th June 2019 (%)**	
renovation of laboratories																					completion in FY 2019/20
4.Construction and upgrading of Laboratories	635	-	635	7/16/19	7/22/19	-	40.5	635	-	10	50.5	7.95 %	-	-		0.00 %	-	23.3	73.8	11.62 %	seventy seven (77) research laboratories 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
5.ICT Infrastructure and automation	295	-	295	7/16/15	7/21/23	-	12.45	295	-	-	12.45	4.22 %	-	-	12.45	4.22 %	-	99.875	112.325	38.08 %	As per the contract, the service

Project code and Project Title	Estimated cost of project (Financing)			Timelines		Actual Cumulative Exp. up to 30th June 2016	Approved Budget 2015/16	Expected Balance as at 30th June 2016	FY 2016/17				FY 2017/18				FY 2018/19				Remarks
	Total est. cost of project (a)	**Foreign**	**GOK**	**Start date**	**Expected completion date**	**(b)**	**(c)**	**(a)-(b)**	**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 (%)**	**Approved foreign budget**	**Approved GOK budget**	**Cumulative expenditure as at 30th June 2019**	**Completion stage as at 30th June 2019 (%)**	
																					provider was paid 79.2M. The balance to be paid post go-live. This is phase 1 of the project.
6.Purchase and replacement of motor vehicles	126	-	10	7/17/15	7/22/23	-	10	126	-	20	30	23.81 %	-	24	54	42.86 %	-	24	78	61.90 %	The motor Vehicles is to facilitate field research activities
7.Rehabilitation of sewer lines and waste treatment ponds in Busia	31	-	15	7/18/15	7/23/23	13	-	18	-	-	13	41.94 %	-	-	13	41.94 %	-	-	13	41.94 %	phase I of the project was concluded in FY 2015/16
8. Acquisition of cutting-edge research equipment	1,000	-	1,000	7/19/15	7/24/23	-	-	1,000	-	5	5	0.50 %	-	10	15	1.50 %	-	30	45	4.50 %	the project aims at modernizing research equipment in order to improve accuracy and quality of

Project code and Project Title	Estimated cost of project (Financing)			Timelines		Actual Cumulative Exp. up to 30th June 2016	Approved Budget 2015/16	Expected Balance as at 30th June 2016	FY 2016/17				FY 2017/18				FY 2018/19				Remarks
	Total est. cost of project (a)	**Foreign**	**GOK**	**Start date**	**Expected completion date**	**(b)**	**(c)**	**(a)-(b)**	**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 (%)**	**Approved foreign budget**	**Approved GOK budget**	**Cumulative expenditure as at 30th June 2019**	**Completion stage as at 30th June 2019 (%)**	
																					research findings

CHAPTER THREE

3.0 MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2020/21-2022/23

3.1 Prioritization of programmes and sub- programmes

The Health sector has provided a policy framework that will facilitate the attainment of the highest possible standard of health in a manner responsive to the needs of the population, including access to quality services with adequate financial risk protection.

The priorities of the Ministry for FY 2020/21-2022/23 will be geared towards achievement of the Sector development agenda, which will be achieved through full implementation of UHC as part 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 health, 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. Priority in resource allocation for FY 2020/21- 2022/23 will be on funding the UHC activities.

3.1.1 Programmes and their Objectives

The Sector will implement the Following 5 programmes and sub programmes in the Financial Years 2020/21 to 2022/23 which are in line with the priorities mentioned above:

Table: Programmes and their Strategic Objectives

Programme	Outcomes	Programme objectives
Programme 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
Programme 2: National Referral and	Increased access, Quality and range of specialized health services	To increase access and range of quality specialized healthcare services

Programme	Outcomes	Programme objectives
Specialized Health Service		
Programme 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
Programme 4: General Administration and Support Services.	Effective governance and leadership mechanisms strengthened.	To strengthen Governance and leadership in the sector
Programme 5: Health Policy, Standards and Regulations	Strengthened Health Policy, Standards and Regulations	To strengthen policy and regulation of the Health Sector

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

Overall, these programmes 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, 2020/21 to 2022/23.

Programmes and Sub-programmes

Programme	Sub Programmes
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 &Specialized 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

Programme	Sub Programmes
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

3.1.2 Programmes, Sub-Programmes, Expected Outcomes, Outputs, and Key Performance Indicators for the Sector

Table 3.1.2: Summary of Programmes, Key Outputs, Performance Indicators and targets for FY 2020/21 - 2022/23

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
Programme 1: Preventive, Promotive and RMNCAH									
Programme Outcome: Increased access to quality promotive and preventive health care									
SP. 1.1Communicable disease control	Division of Disease Surveillance and Epidemic Response	Healthcare Workers Trained on the Revised Integrated Disease Surveillance Response (IDSR) technical guidelines	Number of Healthcare Workers Trained on the Revised IDSR technical guidelines	NA	NA	NA	200	700	700
	NASCOP	Access to ARV's improved	Number of people currently on ART	1,096,548	1,116,260	1,267,267	1,344,043	1,418,713	1,500,000
			Number of people tested for HIV	8,000,000	11,556,966	11,087,009	11,555,793	8,095,892	5,095,892
			Number of HIV positives identified	144,000	177,467	187,000	197,000	207,000	217,000

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Percentage of Mother to Child Transmission of HIV prevented (Maternal Highly Active and Anti-Retroviral Therapy(HAART))	90%	84%	90%	95%	95%	95%
	National AIDS Control Council (NACC)	New HIV Infections Reduced	Number of adolescents and young people (10-24 years) reached with HIV integrated prevention information through peer to peer approach	550,000	1,449,569	1,500,000	1,650,000	1,815,000	1,996,500
			Number of men reached with comprehensive HIV information leading to uptake of services	250,000	414,980	420,000	462,000	508,200	559,020
			Number of condom dispensers in non-health settings	N/A	N/A	300	750	1000	1500
			Number of condoms distributed in non-health settings	15,000,000	10,000,000	15,000,000	18,000,000	21,000,000	23,000,000

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		population sensitized on HIV prevention and treatment	Number of people reached with integrated HIV messages via different platforms.	12,000,000	25,000,000	20,000,000	23,000,000	27,000,000	30,000,000
			Number of key populations reached with integrated HIV messages via different platforms.	N/A	N/A	100,000	150,000	250,000	300,000
		uptake of elimination of mother to child transmission (eMTCT) services Increased in the counties	No of counties reached through advocacy on eMTCT through the Beyond Zero medical safaris clinics	N/A	5	14	24	35	47
		Domestic Financing for Sustainable HIV Response Increased through capacity building	Number of Sectors allocating HIV specific budgets	40	32	50	60	70	80

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Number of Counties allocating HIV specific budgets	N/A	N/A	N/A	20	40	47
		M&E and Research framework strengthened for the HIV response to promote accountable leadership and coordination	Number of Sectors, NGOs, Development Partners, Research institutions and CBOS capacity built for improved reporting and access to Research Information	1,875	2,013	2,012	2,050	2,080	2,100
			No of reports developed from HIV, NCD and costing modelling	N/A	N/A	4	2	2	2
			Number of thematic modules introduced into the Situation Room (real time data M&E system)	1	1	3	7	11	16
		Human rights advocacy plans developed in counties	Number of Counties with human rights advocacy plans for all vulnerable and key populations.	N/A	N/A	N/A	10	22	37

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Number of PLHIV and key population networks capacity built on stigma and discriminations related barriers	10	0	30	40	50	60
	TB programme	TB burden reduced	Number of TB cases notified (All forms)	98,124	96,478	101,414	112,800	122,000	102,300
			Proportion of successfully treated TB cases (all forms of TB)	90%	81%	90%	90%	90%	90%
			Proportion of drug-resistant TB cases detected	30%	40%	43%	70%	80%	90%
			Proportion of Childhood TB cases detected	45%	47%	50%	60%	70%	80%
	National Malaria Program	Malaria treatment improved	Number of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities	12,000,000	8,776,020	6,700,000	6,800,000	7,000,000	6,300,000
		Testing of Malaria cases in public health	Proportion of suspected cases presenting to public	70%	59%	90%	95%	100%	100%

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		facilities enhanced	health facilities tested (microscopy or RDT)						
			Proportion of Confirmed Malaria Cases treated in accordance to the Kenya Malaria Treatment Guidelines	65%	97%	70%	80%	90%	100%
		Malaria cases prevented	Number of Routine Long Lasting Insecticidal Nets distributed to public health facilities	1,700,000	1,800,000	1,700,000	1,700,000	1,700,000	1,800,000
	Field Epidemiology & Laboratory Training Program(FELTP)	Human resource for strengthening disease surveillance and epidemic response trained	Number of government – sponsored FELTP residents (MSc Applied Epidemiology) recruited	15	15	15	20	25	30

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
	Division of Zoonotic Diseases	One Health committees at the county level operationalized (strengthened human and animal health integration)	Number of counties with operationalized One Health Committee	-	-	9	19	29	47
	Division of National Public Health Laboratories	Capacity of laboratory network for referral services enhanced	No. of national reference laboratories and county reference laboratories able to conduct testing of at least 5 priority diseases	3	3	3	13	23	33
	Public Health Emergency Management Operations Centre	Public health emergency and disaster management strengthened	Number of simulation exercises conducted	NA	NA	3	4	4	4
SP. 1.2 Non-Communicable diseases	Cancer Programme	Uptake of cervical cancer screening improved	Number of women of reproductive age screened for cervical cancer	400,000	369,380	425,000	500,000	550,000	600,000

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Comprehensive cancer centre established	Number of comprehensive cancer centres established and completed	3	0	1	1	1	
		Cancer specimen handling and diagnosis improved	Number of health care workers trained on the Cancer specimen handling and diagnosis guidelines	-	-	-	60	60	60
		Cancer prevention and control awareness among HCWs enhanced.	Number of health care workers trained on management of priority cancers using protocols and curriculum	160	-	-	160	160	180
	National Cancer Institute of Kenya- (NCI-K)	Cancer information platforms established in National and County levels	Number of National & County cancer registries established	0	0	0	12	31	47

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Stakeholders engaged to enhance access to cancer prevention and control	Number of counties engaged in resource allocation and prioritization of cancer prevention and control	0	0	2	5	8	11
			Number of people reached with cancer Prevention & Control messages	0	0	2,000,000	5,000,000	8,000,000	15,000,000
		Stakeholders engaged to promote cancer prevention and control in workplaces	Number of Ministries engaged and implementing workplace cancer prevention and control programs	0	0	0	4	8	10
	Division of Mental Health	Awareness and capacity for priority Mental health Interventions enhanced	Number of Health Care Workers trained on Mental Health Interventions	600	0	0	600	800	1000
			Number of Community Health Volunteers trained on Mental Health	400	300	300	400	1500	1850

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Number of Key messages for common Mental Health conditions developed and disseminated	0	0	10	4	3	3
	Non-Communicable Diseases Prevention and Control Unit	Capacity for NCDs prevention and treatment enhanced	Number of Health Care Workers trained on Diabetes and Cardiovascular Diseases (CVDs) prevention and management	2500	800	800	2500	3000	4500
			Number of Community Health Volunteers trained on Diabetes and CVDs prevention and control	400	285	285	400	1500	1850
	Violence and Injuries Prevention and Control	Trauma treatment improved	Number of Policies, strategies and guidelines on Injury Prevention and Control developed and disseminated	0	0	0	1	1	1

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Number of Health Care workers trained on trauma prevention and care	60	60	60	128	336	336
			Number of National & County trauma registries established	3	3	3	3	5	10
	Tobacco Control	Tobacco control and enforcement enhanced	Number of Health Care Workers trained on implementation of Tobacco Control Act, NTCSP and Cessation Guidelines	50	100	100	300	300	400
			Number of enforcement officers trained on Tobacco Control Act	150	150	150	250	350	250
		Tobacco cessation enhanced	Number of tobacco cessation clinics established	5	0	5	50	105	145
			Number of IEC materials on Tobacco control developed and disseminated.	1	1	1	2	2	2

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Number of Graphic Health Warnings and standardized packaging for Tobacco products developed and implemented	0	0	0	10	2	N/A
	Geriatrics Medicine	Healthy aging and wellness enhanced	Number of Geriatric centres of excellence developed	2	0	0	1	1	N/A
			Number of strategies and guidelines on Physical Activity, Healthy Ageing and Older Persons developed and disseminated	0	0	0	1	1	1
	NCD Department	National NCD Strategy 2020-2025 developed	One National NCD Strategy 2020-2025 developed	0	0	0	1		

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
SP. 1.3 Radioactive waste management	Radiation Protection Board	Safety and security of radioactive sources and intercepted nuclear materials in illicit trafficking enhanced	Completion rate - Phase 2 of the Oloolua National Laboratory: Environmental radiation and nuclear forensic laboratories and offices.	N/A	N/A	5%	20%	50%	60%
SP. 1.4 RMNCAH	Family Planning, Maternal and Child Health	Reproductive Health Services enhanced	Proportion of women of reproductive age receiving family planning commodities	45%	43%	45%	50%	55%	60%
			Proportion of deliveries conducted by skilled health workers	79%	65%	70%	72%	74%	76%
			ANC Attendance Coverage	90%	83%	90%	95%	95%	95%
		School age children de-wormed	Number of Preschool and school going children de-wormed	6 million	6.5 million	6.5 million	6.7 million	6.9 million	7.0 million
		Vaccination Coverage improved	Proportion of fully immunized children (Proxy Penta 3)	80%	80%	82%	84%	86%	88%

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Proportion of Health Facilities with Functional Cold Chain Equipment for vaccines	80%	90%	90%	92%	94%	95%
		Nutrition interventions as a component of primary health care strengthened	Vitamin A Supplementation (VAS) coverage for children 6 to 59 months	70%	65%	71%	75%	78%	80%
SP.1.5 Environmental Health	Water, Sanitation and Hygiene (WASH)	Villages declared open defecation free	Proportion of open defecation free villages	20%	20%	20%	27%	37%	50%
	Food Safety and Quality	National food safety surveillance system established	Proportion of the integrated surveillance system for food hazards and risks	N/A	N/A	0%	80%	90%	100%
	Occupational Health and Safety	County referral Health facilities health committees trained	Number of county referral hospitals health committees trained on health and safety	10	10	10	10	10	10

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
	Waste Management and Climate Change	Medical waste microwave equipment Installed and commissioned	Number of health facilities with functional microwave equipment for medical waste treatment	3	3	1	2	3	4
			Number of healthcare workers trained at national and county health referral hospitals on healthcare waste management	600	600	600	200	200	200
	Port Health Services	Management of Border Health Capacity enhanced	Number of Points of Entry (POEs) implementing the Boarder Health Capacity Discussion Guide (BHCDG)	3	3	3	5	5	5
SP. 1.6. Primary Health	Health promotion unit	Health advocacy and communication enhanced	Number of functional Regional Centres of Excellence for advocacy and communication	6	1	2	3	5	6
		Schools functioning as health promoting	Percentage of schools with health promoting activities	80%	10%	20%	60%	70%	80%

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		environments enhanced							
		Workplaces functioning as health promoting environments enhanced	Proportion of organizations with Health Promotion Programs at the work place	N/A	N/A	10%	20%	30%	50%
	Community Health Unit	Capacity of community health workers enhanced	Proportion of CHEWs trained	80%	60%	80%	100%	N/A	N/A
			Proportion of Community Units established	80%	60%	80%	100%	N/A	N/A
			Number of CHVs trained on basic modules	80,000	60,000	80,000	103,000	N/A	N/A
			Number of CHVs trained on technical modules	50,000	10,000	50,000	30,000	20,000	N/A
			Number of CHVS kits procured	103,000	7,500	103,000	20,000	50,000	20,000

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
	Primary health care (PHC) services	PHC Coordination structures at the national and county level operationalized	Quarterly Multisectoral coordination meetings held at national and county levels	N/A	N/A	N/A	200	200	100
			Number of Policies and guidelines developed to support PHC and UHC	N/A	N/A	N/A	5	1	1
			Number of functional MDT	N/A	N/A	N/A	17	30	N/A
			Number of hospitals functioning as hubs for the PHC Networks	N/A	N/A	N/A	100	100	100
		Functional primary care networks established in all Counties	Number of functional primary care networks	0	0	100	110	100	N/A
		PHC communication and advocacy strengthened	Number of PHC communication and advocacy documents developed	N/A	N/A	N/A	3	1	1
	Delivery Unit	**Key Output**	**Key Performance Indicators**	**Target 2018/19**	**Actual Achievement 2018**	**Target (Baseline) 2019/20**	**Target 2020/21**	**Target 2021/22**	**Target 2022/23**

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
Programme 2: National referral and specialized services									
Programme Outcome: Increased access and range of quality specialized health care services									
S.P 2.1 National Referral Health Services	KNH	Specialized health care services offered	Number of open Heart surgeries done	74	14	76	80	85	90
			Number of other cardiothoracic surgeries	N/A	342	370	399	431	466
			Number of Kidney Transplants conducted	20	15	25	28	30	32
			Number of minimally invasive surgeries done	503	2,208	2,400	2,600	3,200	3,500
			Number of patients undergoing specialized Burns treatment	674	1,422	1,493	1,568	1,646	1,728
		Health researches completed and disseminated	Number of new health researches completed and disseminated	15	16	15	17	18	19
		Reduced average waiting time for specialized	Average length of stay for trauma patients (days)	32	39	38	37	36	34

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		diagnostic and treatment services	Average waiting time (days) for radiotherapy	24	30	28	24	22	20
		Outreaches conducted	No of outreaches conducted	15	17	65	67	68	70
		Mentorship and preceptorship for specialized health personnel conducted	Number of staff under preceptorship	N/A	N/A	N/A	20	100	150
			Number of Youth Internships/Industrial Attachment/ Apprenticeship provided	4,570	4,603	4,800	4,896	4,994	5,044
	KNH - Othaya National Referral Hospital	Specialized Healthcare services provided	Number of surgeries done	N/A	N/A	N/A	270	360	500
			Number of minimally invasive surgeries done	N/A	N/A	N/A	0	50	100
			Number of specialized clinics	N/A	N/A	9	15	18	20
			Number of renal dialysis done	N/A	N/A	N/A	500	550	605
			Percentage bed occupancy	N/A	2	40	60	75	85

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Number of chemotherapy sessions done	N/A	N/A	N/A	200	220	242
			Number of Research Projects completed and disseminated	N/A	N/A	N/A	2	3	5
		Reduced average waiting time for specialized diagnostic and treatment services	Average length of stay for trauma patients in days	N/A	N/A	N/A	20	18	17
			Average waiting time (days) for chemotherapy	N/A	N/A	N/A	15	10	8
		Outreaches conducted	No of outreaches conducted	0	0	3	6	10	15
		Mentorship and preceptorship for specialized health personnel conducted	Number of Youth Internships/Industrial Attachment/ Apprenticeship	0	0	80	200	250	380
	MTRH	Reduce Average Waiting Time	Average Length of Stay for Trauma Patients (days)	15	12	12	12	12	12

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Average Length of Stay for Paediatric Burns Patients	39	37	35	34	33	32
		Provision of Specialized Healthcare Services	No. of Kidney Transplants undertaken	14	15	15	16	17	18
			Number of Minimally Invasive Surgeries	1,500	1,651	1,650	1,750	1,850	1,950
			Number of Oncology Consultations	15,060	15,242	15,250	15,350	15,550	15,750
			Number of Open Heart Surgeries	7	26	27	29	30	31
			Number of Corneal Transplants	8	11	12	13	14	15
			Number of Haemodialysis Sessions for Children	1,400	1,420	1,470	1,500	1,550	1,600
			Number of Cardiothoracic Surgeries	25	27	29	31	35	39
		Undertake Operational Research	Number of Disseminated Research Papers on Health	6	10	12	13	14	15

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Undertake Specialized Medical Outreaches	Number of Specialized Medical Outreaches	16	20	50	51	51	51
		Provide Internship, Apprenticeship and Preceptorship Opportunities	Number of Youth Internships/Industrial Attachment/ Apprenticeship	2,262	2,265	2,590	2,890	3,134	3,447
	KUTRRH	Specialized Healthcare Services provided	No. of Kidney transplant undertaken	N/A	N/A	3	5	7	10
			No. of minimally invasive surgeries done	N/A	N/A	250	1,000	2,100	3,150
			No. of patients receiving Oncology services	N/A	N/A	1,000	2,400	3,600	5,000
			No of renal procedures conducted	N/A	N/A	3,000	5,000	7,500	9,000
			No of Gynaecology surgeries done	N/A	N/A	400	1000	1600	2500
		Bed Capacity improved	No. of Bed Capacity Open to Public	N/A	N/A	160	300	450	650

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Policies and Strategies developed	No. of Policies Developed	N/A	N/A	5	10	5	2
			No. of Strategies Developed	N/A	N/A	1	N/A	N/A	1
		Capacity building	No. of Staff Recruited	N/A	N/A	555	1,000	1,500	2,100
			No. of staff projected and trained	N/A	N/A	416	750	1,125	1,688
		Studies & Research conducted	No. of research conducted	N/A	N/A	5	10	20	30
	Public Health Emergency Management Operations Centre-MOH	Strengthened National Referral system and emergency response	Number of ambulance paramedics trained and certified	NA	NA	0	250	250	500
SP 2.2 Specialized Health services	Mathare Hospital	Access to specialized health services improved	No of patients receiving in-patient mental health services (occupied bed days)	300,120	216,000	315,126	330,882	347,427	350,000
		Modernized wards	No of modernized wards	5	3	3	2	2	2

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Repatriated patients	Number of repatriated patients	96	17	96	96	96	96
		Quality of mental health services	Average Length of Stay (months)	3	3	2	1	1	1
	Spinal Injury	Quality of spinal services improved	No of in-patients receiving spinal services	135	190	190	200	210	300
			Number of out-patients receiving spinal services	800	1,230	1,230	1,630	1,730	1,930
			Average Length of Stay (months)	4	5	3	3	3	3
SP. 2.3 Specialized medical equipment & Infrastructure	Division of Health Infrastructure Management	Operational portable clinics	Proportion of operational clinics	5%	10%	30%	80%	90%	100%
		cancer centres in Mombasa, established	% completion of regional cancer centres	5%	20%	60%	80%	100%	
		Cancer centre in Garissa established	% completion of regional cancer centres	5%	20%	60%	80%	100%	

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Cancer centre in Nakuru established	% completion of regional cancer centres	5%	20%	60%	80%	100%	
		East African Kidney Institute (EAKI) constructed	% completion of East African Kidney Institute (EAKI)	5%	5%	25%	65%	95%	100%
		Dental and ophthalmology centre established in MTRH	% completion of eye & dental centres	5%	5%	10%	55%	85%	100%
		Dental and ophthalmology centre established in CPGH	% completion of eye & dental centres	5%	5%	10%	55%	85%	100%
		Dental and ophthalmology centre established in Nyeri PGH	% completion of eye & dental centres	5%	5%	10%	55%	85%	100%
		Dental and ophthalmology centre	% completion of eye & dental centres	5%	5%	10%	55%	85%	100%

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		established in KNH							
	Division of Health Equipment management	Access to specialized diagnostic and treatment services increased	Uptime of MES equipment maintained (%)	95	95	95	95	95	95
SP. 2.4 Forensic and Diagnostic services	National Blood Transfusion Service Tissue and Human Organ Transplant	Safe blood and blood products available	No. of blood units secured	200,000	155,000	500,000	750,000	1,000,000	1,250,000
			Percentage of whole blood units collected converted into components	75%	60%	75%	85%	90%	90%
			Proportion of transfusing facilities under Haemovigilance surveillance	70%	38%	80%	100%	100%	100%
			No. of specialized commodities and equipment procured for 30 sites	15	10	25	30	30	30

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Kenya Blood transfusion and Organ Transplant service established	Functional Kenya Blood Transfusion and Organ Transplant service	N/A	N/A	N/A	1	N/A	N/A
SP. 2.5 Health Products & Technologies	Kenya Medical Supplies Authority	Health products and technologies available for public health facilities	% order fill rate for Health Product Technologies	90%	83%	90%	90%	95%	95%
			% UHC Value fill rate for Health Product Technologies	100%	72%	100%	100%	100%	100%
			Order turnaround time – Rural Health Facilities(Days)level 2 and level 3	10	14.6	10	10	10	10
			Order turnaround time – Hospitals(Days) level 4-6	7	9.7	7	7	7	7
		National Commodities Storage(supply chain) centre established	% completion rate	60%	40%	60%	90%	100%	100%

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
	Delivery Unit	**Key Outputs**	**Key Performance indicators**	**Target 2018/19**	**Actual Achievement 2018**	**Target(Baseline) 2019/20**	**Target 2020/21**	**Target 2021/22**	**Target 2022/23**
Programme 3: Research and development									
Programme Outcome: Increased capacity and provide evidence for policy formulation and practice									
SP.3.1Pre-service and In-service Training		Training opportunities for health professionals availed	Number of health professionals enrolled	19,024	20,703	22,299	23,247	19,024	20,703
		Health professionals trained	Number of students graduated	16,084	12,964	17,692	19,461	21,407	22,550
		Community Health Workers Trained (Community Health Extension Workers(CHEWS) and Community Health	Number of CHEWS trained	N/A	N/A	2,400	3,600	3,000	3,000
			Number of CHAS trained	N/A	N/A	4,000	6,000	6,000	4,000

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Assistants(CHAS))							
		Health Professionals curriculum reviewed	Number of curriculums reviewed	N/A	N/A	10	11	14	16
	KMTC	Human Resource for Health in support of primary health care increased	Number .of students attached to the primary health facilities	N/A	N/A	5,493	6,042	6,200	6,310
SP:3.2 Research and Innovation		Evidence for policy making increased	Number of Research projects conducted	8	10	12	14	16	18
	KEMRI	Research proposals on public health and health	Number of new research proposals in Public Health & Health Systems	32	35	40	44	46	49

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		systems developed	Number of new research proposals in Non-Communicable Diseases	15	16	18	20	21	22
			Number of new research proposals in Infectious & Parasitic Diseases	50	53	61	67	70	74
			Number of new research proposals in Biotechnology	30	32	37	41	43	45
			Number of new research proposals in Traditional Medicine & Drug Development	6	7	8	9	9	10
			Number of new research proposals on Sexual, Reproductive, Adolescent & Child Health	28	32	36	40	42	44

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Number of new research proposal on UHC including availability of essential healthcare, Access to quality healthcare and financial risk protection	N/A	N/A	N/A	1	1	1
			Number of new research on human food safety and nutrition	N/A	N/A	N/A	1	1	1
		Research Findings disseminated to stakeholders and policy makers	Number of Published Papers	175	274	302	310	325	350
			Number of scientific abstracts presented in scientific conferences	165	180	190	195	200	205
			Number of Scientific & Health Conferences held	4	5	4	4	4	4
		Human resource capacity developed through KEMRI Graduate School	Number of PhD & Msc students enrolled into the KEMRI graduate programs	55	46	60	65	72	84

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Policy briefs developed out of Research findings	Number of policy briefs developed	4	19	5	10	15	20
		Research findings translated into products and practice	Number of medical products developed	1	1	1	1	1	1
			Number of medical products sold	66,105	126,086	251,790	276,969	304,666	335,132
		Specialized laboratory services conducted	Number of samples tested for Viral Loads	800	931,019	977,570	1,026,449	1,077,771	1,131,659
			Number of Polymerase Chain Reaction (PCR) in Early Infant HIV Diagnosis conducted	500	75,173	78,932	82,879	87,023	91,374
			Number of VCT-HIV/Rapid Tests conducted	200	546	601	631	663	696
			Number of samples tested for Arboviruses and Hemorrhagic Fevers Viruses	100	300	315	331	347	365

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Number of samples tested for Influenza & acute respiratory infections (ARI)	20	50	55	58	61	64
			Number of samples tested for Viral Hepatitis	100	600	630	662	695	729
			Number of samples tested for Polio, Measles and other antigens under the national vaccine and immunization programme	400	4500	4725	4961	5209	5470
			Number of testes conducted in organisms to verify resistance to known antibiotics	600	2500	3000	3150	3308	3473
		Centre of Excellence for Stem Cells Research, Synthetic Biology and Regenerative	Centre of Excellence in place (completion rate)	N/A	N/A	N/A	50%	90%	100%

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Medicine established							
		Indigenous Technologies for the Manufacture of Niche Products developed	Number of patents on indigenous technologies	N/A	N/A	N/A	1	1	1
	Delivery Unit	**Key Outputs**	**Key Performance indicators**	**Target 2018/19**	**Actual Achievement 2018/19**	**Target(Baseline) 2019/20**	**Target 2020/21**	**Target 2021/22**	**Target 2022/23**
Programme 4: General Administration, planning and support services									
Programme Outcome: Strengthen Governance and Leadership in the sector									
SP4.1: General Administration and Human Resource	Administration Department	Work environment improved	Number of vehicles repaired/serviced	70	70	90	90	90	90
			% of Afya house refurbished and rehabilitated	N/A	N/A	20%	80%	100%	N/A

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
			Number of lifts replaced/maintained	N/A	N/A	N/A	3	N/A	N/A
			Number of sanitation facilities refurbished	N/A	N/A	4	15	N/A	N/A
			Number of registry racks procured	N/A	N/A	2	5	3	N/A
			% Automation of records/registry	N/A	N/A	50%	50%	N/A	N/A
	Public Relations Division	Communication strategy on Health developed	Number of Communication strategies developed	N/A	N/A	N/A	1	N/A	N/A
	Human Resource Department	Staff with PWD mapped	Number of staff with PWD appropriately mapped	100%	100%	100%	100%	100%	100%
		HRH strategic plan developed and reviewed	Number of HRH strategic plan developed, implemented and reviewed	1	1	N/A	N/A	N/A	1
		HRH workers recruited	Number of health care workers recruited	500	623	869	301	301	303

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
	Management & Development	Capacity building of MoH staff enhanced	Number No. of staff trained in SMC,SLDP & Supervisory Skills Development	530	313	350	380	410	500
		Health Workers in different specialties trained	Number of Health workers trained in different health specialties	N/A	N/A	120	130	140	150
		Staff undergoing pre-retirement trained	Number of retiring staff trained	700	100	115	120	130	140
		Training Need Assessment	TNA Conducted	1	1	1	1	1	1
		Staff Performance Appraisal System	Percentage of staff sensitized	100%	100%	100%	100%	100%	100%
		HR Management	No. of Ministerial Human Resource Management Advisory Committee held	12	12	12	12	12	12

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
SP4.2: Financing and Planning	Division of Finance	Financial resources absorbed efficiently	Percentage of allocated funds utilized as per plan	100	80	100	100	100	100
		Public sector financial resources enhanced	Total of A-in-A collected by the Ministry	10 Billion	12.8 Billion	10.8 Billion	16.0 Billion	16.5 Billion	17 Billion
		Quarterly budget performance reports reviewed	Number of quarterly budget implementation reports submitted to OCOB	4	4	4	4	4	4
	CPPMU	Capital Projects implementation continuously monitored for progress	Number of quarterly progress reports produced on project monitoring	N/A	N/A	2	4	4	4
		Evidence for policy making obtained through surveys (PETS and National	Number of surveys conducted	N/A	N/A	1	1	N/A	1

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Health Accounts)							
	Delivery unit	**Key Outputs**	**Key Performance indicator**	**Target 2018/2019**	**Actual Achievement 2018/2019**	**Target(Baseline)**	**Target 2020/2021**	**Target 2021/2022**	**Target 2022/2023**
Programme 5: Health Policy standards and regulation									
Programme Outcome: Strengthened Health Policy, Standards and Regulations									
SP5.1: Health Policy	Department of Health Policy and Research	Policy making guidelines finalized	Number of Policy making guideline documents developed	1	0	1	N/A	N/A	N/A
		Health policies mainstreamed into all health related sectors	% of sector policies with health component	N/A	N/A	50%	70%	100%	NA
		Research Knowledge translated into policies and disseminated	Number of forums held to disseminate research knowledge policies	N/A	N/A	2	3	4	4

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		National Health Research Committee (NHRC) Operationalized	Number of NHRC meetings held	N/A	N/A	4	4	4	4
	Department of Monitoring & evaluation and health Informatics	UHC implementation assessed	Number of UHC implementation assessments reports	N/A	N/A	1	1	1	1
		Harmonized health facility assessment Done	Number of HHFAs done	1	1	N/A	N/A	N/A	1
		Country burden of disease assessment Done	Number of disease burden assessments done	N/A	N/A	N/A	N/A	1	N/A
		Kenya Demographic and Health Survey (KDHS) conducted	Survey report	N/A	N/A	N/A	1	N/A	N/A

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Health Technology Assessment (HTA) established as a way of prioritizing health interventions.	Functional HTA	N/A	N/A	100%	100%	100%	100%
		Enhancement of Kenya Health Information System (KHIS)	% Integration of KHMFL and DHIS	N/A	N/A	70%	80%	100%	NA
		Kenya Health and Research Observatory developed	% completion of Kenya Health and Research Observatory	N/A	N/A	70%	100%	N/A	N/A
		Ministry of Health Data centre Enhanced	% completion of the MOH Data centre	50%	30%	50%	100%	N/A	N/A
		Standardized Electronic Health Records (EHR)	% of completion of Standardized EHR-(ERP)	N/A	N/A	60%	100%	N/A	N/A

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		/ERP system developed							
	Directorate of Health Sector Coordination & Intergovernmental Affairs	Health sector coordination enhanced	Number of Health Sector Intergovernmental Consultative Forums planned and held	4	2	5	5	5	5
		Funds transferred	Proportion of funds transferred to support the office of health attaches in Geneva	100%	100%	100%	100%	100%	100%
SP. 5.2: Social Protection in Health	NHIF	Reduction of financial barriers to access healthcare	No. of mothers accessing healthcare services through the program	1,231,200	1,272,907	1,231,200	1,263,211	1,329,752	1,400,000
		Reduction of financial barriers to access healthcare	Number of indigents accessing healthcare through HISP.	181,315	181,315	181,315	350,000	350,000	350,000

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Reduction of financial barriers to access healthcare	Number of elderly & Persons with severe disabilities accessing healthcare	42,000	42,000	42,000	725,000	1,040,000	1,225,000
		Enhanced social health insurance coverage	Proportion of population covered by social health insurance	35	19	55	75	100	100
		Enhanced efficiency in claims processing	Average claims processing period	n/a	39	35	30	30	30
SP. 5.3: Health Legislation, Quality Assurance & Standards	Dept. of Regulation & Legislation	Health Act Implemented	Number of Bills developed	N/A	N/A	2	4	6	8
		Accreditation Policy Developed and disseminated	Accreditation Policy approved and disseminated	N/A	N/A	N/A	N/A	1	N/A
	Department of Standards and Quality Assurance	Norms and Standards on Human Resource Reviewed and disseminated	Norms and Standards on Human Resource reviewed and disseminated	N/A	N/A	N/A	1	N/A	N/A

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
		Health Facilities with laboratory capacity to detect Antimicrobial Resistance strengthened	Number of facilities reporting on Antimicrobial Resistance	2	2	5	12	17	22
		Infection Prevention and Control (IPC) Mainstreamed in Training Institutions	Number of Training Institutions with IPC Mainstreamed	N/A	N/A	N/A	30	N/A	N/A
		Clinical guidelines for Management and Referrals in Health care facilities (Level 4-6 and Level 2-3) reviewed	Number of Clinical guidelines for Management and Referral in Health Care Facilities (Level 2-3 and 4-6) reviewed and disseminated	N/A	N/A	1	2	N/A	N/A

Sub-Programmes	Delivery Unit	Key Output	Key Indicators	Target 2018/19	Actual Achievement 2018/19	Target (Baseline) 2019/20	Target 2020/21	Target 2021/22	Target 2022/23
	Kenya Health Professionals Oversight Authority	Inspection of Health Facilities for Quality Improvement, Licensing, Verification, Gazzetment and Enforcement to the required standards conducted.	Proportion of Health Facilities inspected for Quality Improvement, Licensing, Verification, Gazzetment and Enforcement to Standards	N/A	N/A	33%	40%	60%	70%
		Inspection and Certification of Clinical Placement Sites for Internship and Enforcement for Compliance Conducted.	Proportion of facilities certified for internship.	N/A	N/A	70%	80%	90%	100%
		Complains from aggrieved parties resolved	Proportion of the complaints resolved	N/A	N/A	N/A	40%	60%	80%

3.1.3 Programmes by Order of Ranking

The Sector's programmes have been ranked in line with the development goals of the Country as envisioned in various development plans and linked to Kenya Vision 2030, government priorities on Big Four Plan, poverty reduction. To achieve maximum outcome from the Sector investments, the programmes have been ranked as follows;

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

3.2 Analysis of Resource Requirement versus Allocation by:

3.2.1: Sector Recurrent requirement versus Allocation (Amount in Kshs. Million)

Economic Classification	Baseline Estimates 2019/20	REQUIREMENT			ALLOCATION		
		2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
GROSS	**58,083**	**105,984**	**122,130**	**157,209**	**62,744**	**64,198**	**65,697**
AIA	14,971	19,152	20,543	21,986	15,243	15,243	15,243
NET	**43,112**	**86,832**	**101,587**	**135,223**	**47,501**	**48,955**	**50,454**
Compensation to Employees	8,643	14,328	14,730	25,494	8,852	9,119	9,395
Current Transfers to Gov't Agencies	47,776	77,007	88,059	105,876	52,406	53,517	54,663
Use of Goods and Services	1,500	13,971	18,486	24,822	1,340	1,408	1,478
Non-Financial Assets	164	678	855	1,016	147	154	162

3.2.2: Sector Development requirement versus Allocation (Amount in Kshs. Million)

Category	Baseline Estimates 2019/20	REQUIREMENT			ALLOCATION		
		2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
GROSS	**34,641**	**103,394**	**125,207**	**173,872**	**50,180**	**56,188**	**60,853**
GOK	19,992	88,146	109,959	158,624	34,931	40,939	45,604
Loans	6,878	6,878	6,878	6,878	6,879	6,879	6,879
Grants	7,771	8,370	8,370	8,370	8,370	8,370	8,370
Local AIA							
Other Development							

3.2.3: Programmes and Sub-Programmes (Current and Capital)

Programmes and Sub Programmes	Baseline Estimates 2019/20	REQUIREMENTS			Allocation		
		2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Programme 1: Preventive, Promotive and RMNCAH							
Current	1,732	9,306	13,802	20,176	1,810	1,867	1,927
Capital	7,703	18,669	23,452	26,909	6,059	6,625	7,123
Total	**9,435**	**27,975**	**37,255**	**47,086**	**7,870**	**8,493**	**9,050**
SP1.1 - Communicable Disease Control							
Current	1,517	5,082	5,640	11,761	1,537	1,584	1,633
Capital	3,358	13,705	14,849	15,517	2,995	3,295	3,558
Total	***4,875***	***18,787***	***20,489***	***27,278***	***4,532***	***4,879***	***5,191***
SP1.2 - Non Communicable diseases prevention and control							
Current	24	165	167	166	84	85	85
Capital	400	435	950	988	400	400	400
Total	***424***	***600***	***1,117***	***1,154***	***484***	***485***	***485***
SP1.3 - Radioactive Waste Management							
Current	114	116	152	172	108	113	117
Capital	-	-	-	-	-	-	-
Total	***114***	***116***	***152***	***172***	***108***	***113***	***117***
SP1.4 - RMNCAH							
Current	68	2,193	5,993	6,127	61	64	67
Capital	3,893	4,148	7,199	9,844	2,664	2,931	3,165
Total	***3,961***	***6,341***	***13,192***	***15,971***	***2,725***	***2,994***	***3,232***
SP1.5 - Environmental Health							
Current	9	1,750	1,850	1,950	20	22	25
Capital	52	381	454	560	-	-	-
Total	***61***	***2,131***	***2,304***	***2,510***	***20***	***22***	***25***
Programme 2: National Referral & Specialized services							
Current	27,927	41,713	49,845	55,222	28,170	29,072	29,966
Capital	9,061	15,154	23,105	28,885	9,248	9,978	10,350
Total	***36,988***	***56,867***	***72,949***	***84,107***	***37,418***	***39,049***	***40,316***
Sub-Programme 2.1 : National Referral Service							
Current	24,719	32,947	40,888	46,003	25,077	25,975	26,866
Capital	1,502	4,413	5,129	5,559	1,206	1,327	1,433
Total	***26,220***	***37,360***	***46,017***	***51,562***	***26,283***	***27,302***	***28,299***

Sub-Programme 2.3 : Specialized Medical Equipment							
Current	-	-	-	-	-	-	-
Capital	6,205	6,881	14,205	19,205	6,205	6,826	7,372
Total	***6,205***	***6,881***	***14,205***	***19,205***	***6,205***	***6,826***	***7,372***
Sub-Programme 2.4 : Forensic and Diagnostic services							
Current	107	5,325	5,416	5,577	109	113	116
Capital	1,092	3,218	3,377	3,671	1,587	1,696	1,546
Total	***1,199***	***8,543***	***8,793***	***9,248***	***1,696***	***1,808***	***1,662***
Sub-Programme 2.5 : Health Products and Technologies							
Current	3,101	3,440	3,541	3,642	2,984	2,984	2,984
Capital	263	643	393	450	250	130	-
Total	***3,364***	***4,083***	***3,934***	***4,092***	***3,234***	***3,114***	***2,984***
Programme 3: Health Research and Development							
Current	9,042	24,255	26,096	28,021	9,291	9,508	9,774
Capital	703	2,359	2,032	1,825	587	620	1,240
Total	***9,744***	***26,614***	***28,128***	***29,846***	***9,878***	***10,128***	***11,014***
Sub-Programme 3.1 : Capacity Building & Training (Pre Service & In Service)							
Current	6,800	12,634	12,732	12,653	6,981	7,130	7,283
Capital	471	1,983	1,545	1,250	381	390	780
Total	***7,271***	***14,617***	***14,277***	***13,903***	***7,362***	***7,520***	***8,063***
Sub-Programme 3.2 : Research & Innovations on Health							
Current	2,241	11,621	13,364	15,368	2,310	2,378	2,491
Capital	232	376	487	575	206	230	460
Total	***2,473***	***11,997***	***13,851***	***15,943***	***2,516***	***2,608***	***2,951***
Programme 4: General Administration Planning & Support Services							
Current	7,692	12,975	13,304	23,910	7,744	7,993	8,253
Capital	980	2,275	2,300	3,393	1,195	1,485	1,420
Total	***8,672***	***15,250***	***15,604***	***27,303***	***8,939***	***9,478***	***9,673***
Sub-Programme 4.1 : Human Resource Management and Development							
Current	7,180	12,290	12,602	23,106	7,245	7,475	7,715
Capital	-	600	700	740	-	-	-
Total	***7,180***	***12,890***	***13,302***	***23,846***	***7,245***	***7,475***	***7,715***
Sub-Programme 4.2 : Planning and Financing							
Current	513	685	702	804	499	518	538
Capital	980	1,675	1,600	2,653	1,195	1,485	1,420
Total	***1,493***	***2,360***	***2,302***	***3,457***	***1,694***	***2,003***	***1,957***

Programme 5: Health Policy, Standards and Regulations							
Current	11,690	17,734	19,083	29,878	15,730	15,758	15,778
Capital	16,194	64,938	74,319	112,860	33,091	37,480	40,720
Total	***27,884***	***82,672***	***93,401***	***142,738***	***48,820***	***53,238***	***56,498***
Sub-Programme 5.1 : Health Policy Planning							
Current	42	219	221	221	43	44	45
Capital	15,491	8,549	8,685	9,984	4,623	5,085	5,492
Total	***15,534***	***8,768***	***8,905***	***10,205***	***4,666***	***5,129***	***5,537***
Sub-Programme 5.2 : Social Protection in Health							
Current	10,920	16,247	17,585	28,325	14,652	14,654	14,649
Capital	500	55,896	65,218	102,427	28,144	32,038	34,794
Total	***11,420***	***72,143***	***82,803***	***130,752***	***42,796***	***46,692***	***49,443***
Sub-Programme 5.3 : Health Standards and Regulations							
Current	728	1,269	1,277	1,333	1,035	1,060	1,084
Capital	203	493	416	449	324	356	434
Total	***931***	***1,762***	***1,693***	***1,782***	***1,359***	***1,417***	***1,518***
Total Vote	**92,724**	**209,378**	**247,337**	**331,081**	**112,925**	**120,386**	**126,551**

3.2.4 Summary of Vote by Economic Classification-Part G

Code	Economic Classification	Approved Budget 2018/19	Actual Expenditure 2018/19	Baseline Estimates 2019/20	Estimate 2020/21	Projected Estimates	
						2021/22	2022/23
	Current Expenditure	***52,725***	***48,273***	***58,083***	***62,745***	***64,198***	***65,698***
21	Compensation to Employees	7,096	7,137	8,643	8,852	9,119	9,395
22	Use of Goods and Services	1,705	1,694	1,500	1,340	1,408	1,478
24	Interest	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-
26	Current Transfers to Govt Agencies	43,757	39,284	47,676	52,406	53,517	54,663
27	Social Benefits	100	100	100	-	-	-
28	Other Expense	-	-	-	-	-	-
31	Non-Financial Assets	68	57	164	147	154	162
32	Financial Assets	-	-	-	-	-	-
	Capital Expenditure	***32,417***	***26,261***	***34,641***	***50,180***	***56,188***	***60,853***
21	Compensation to Employees	-	-	-	-	-	-

Code	Economic Classification	Approved Budget 2018/19	Actual Expenditure 2018/19	Baseline Estimates 2019/20	Estimate 2020/21	Projected Estimates	
						2021/22	2022/23
22	Use of Goods and Services	13,231	12,048	9,945	25,432	27,971	29,960
24	Interest	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-
26	Capital Transfers to Govt Agencies	17,789	13,047	21,940	22,131	25,335	27,625
31	Non-Financial Assets	1,396	1,166	2,756	2,617	2,882	3,268
32	Financial Assets	-	-	-	-	-	-
	Total Expenditure of Vote	***85,142***	***74,534***	***92,724***	***112,925***	***120,386***	***126,551***

3.2.5: Programmes and Sub-Programmes by Economic Classification

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Programme 1: Preventive, Promotive and RMNCAH								
Sub-Programme 1.1 : Communicable Disease Control								
	Current Expenditure	**1,517**	**5,082**	**5,640**	**11,761**	**1,537**	**1,584**	**1,633**
21	Compensation to Employees	609	723	738	810	627	646	665
22	Use of Goods and Services	46	3,447	3,948	9,953	41	43	46
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	862	912	954	998	869	895	922
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**3,358**	**13,705**	**14,849**	**15,517**	**2,995**	**3,295**	**3,558**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services		8,840	8,930	9,417	-	-	-
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Capital Transfers to Gov't Agencies	3,358	4,865	5,919	6,100	2,995	3,295	3,558
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Total Expenditure	***4,875***	***18,787***	***20,489***	***27,278***	***4,532***	***4,879***	***5,191***

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Sub - Programme 1.2 : Non Communicable diseases prevention and control								
	Current Expenditure	**24**	**165**	**167**	**166**	**84**	**85**	**85**
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	10	10	12	11	9	10	10
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	14	154	155	155	75	75	75
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**400**	**435**	**950**	**988**	**400**	**400**	**400**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	40	40	90	98	40	40	40
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	-	-	-	-			
31	Non-Financial Assets	360	395	860	890	360	360	360
32	Financial Assets	-	-	-	-			
	Total Expenditure	***424***	***600***	***1,117***	***1,154***	***484***	***485***	***485***
Sub-Programme 1.3: Radiation Protection								
	Current Expenditure	**114**	**116**	**152**	**172**	**108**	**113**	**117**
21	Compensation to Employees	32	34	34	38	33	34	35
22	Use of Goods and Services	66	66	101	114	59	62	65
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	16	16	17	20	16	17	17
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**-**	**-**	**-**	**-**	**-**	**-**	**-**
21	Compensation to Employees	-	-	-	-			
21	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Total Expenditure	***114***	***116***	***152***	***172***	***108***	***113***	***117***
Sub-Programme 1.4 : RMNCAH								
	Current Expenditure	**68**	**2,193**	**5,993**	**6,127**	**61**	**64**	**67**
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	68	2,193	5,993	6,127	61	64	67
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	-	-	-	-			
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**3,893**	**4,148**	**7,199**	**9,844**	**2,664**	**2,931**	**3,165**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	3,132	3,187	6,271	8,914	1,929	2,122	2,292
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	461	961	928	930	735	809	874
31	Non-Financial Assets	300	-	-	-			
32	Financial Assets	-	-	-	-			
	Total Expenditure	***3,961***	***6,341***	***13,192***	***15,971***	***2,725***	***2,994***	***3,232***
Sub-Programme 1.5 : Environmental Health								
	Current Expenditure	**9**	**1,750**	**1,850**	**1,950**	**20**	**22**	**25**
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	9	1,750	1,850	1,950	20	22	25
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	-	-	-	-			
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**52**	**381**	**454**	**560**	**-**	**-**	**-**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	52	381	454	560	-	-	-
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Total Expenditure	***61***	***2,131***	***2,304***	***2,510***	***20***	***22***	***25***
Total Programme 1								
	Current Expenditure	**1,732**	**9,306**	**13,802**	**20,176**	**1,810**	**1,867**	**1,927**
21	Compensation to Employees	641	757	772	848	660	680	700
22	Use of Goods and Services	199	7,467	11,904	18,156	190	200	212
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Current Transfers to Gov't Agencies	892	1,082	1,127	1,173	960	987	1,014
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-Financial Assets	-	-	-	-	-	-	-
32	Financial Assets	-	-	-	-	-	-	-
	Capital Expenditure	**7,703**	**18,669**	**23,452**	**26,909**	**6,059**	**6,625**	**7,123**
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	3,172	12,067	15,291	18,429	1,969	2,162	2,332
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Capital Transfers to Gov't Agencies	3,871	6,207	7,301	7,590	3,730	4,103	4,432
31	Non-Financial Assets	660	395	860	890	360	360	360
32	Financial Assets	-	-	-	-	-	-	-
	Total Expenditure	**9,435**	**27,975**	**37,255**	**47,086**	**7,870**	**8,493**	**9,050**
Programme 2: National Referral &Specialized services								
Sub-Programme 2.1 : National Referral Services								
	Current Expenditure	**24,719**	**32,947**	**40,888**	**46,003**	**25,077**	**25,975**	**26,866**
21	Compensation to Employees	582	795	808	993	600	618	636
22	Use of Goods and Services	161	238	242	165	144	151	159

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	23,862	31,600	39,423	44,330	24,232	25,099	25,959
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	114	314	414	515	102	107	112
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**1,502**	**4,413**	**5,129**	**5,559**	**1,206**	**1,327**	**1,433**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	40	94	108	120	40	44	48
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	801	3,626	4,277	4,619	506	557	601
31	Non-Financial Assets	660	692	745	820	660	726	784
32	Financial Assets							
	Total Expenditure	***26,220***	***37,360***	***46,017***	***51,562***	***26,283***	***27,302***	***28,299***
Sub-Programme 2.3 : Specialized Medical Equipment								
	Current Expenditure	**-**	**-**	**-**	**-**			
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	-	-	-	-			
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**6,205**	**6,881**	**14,205**	**19,205**	**6,205**	**6,826**	**7,372**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	6,205	6,881	14,205	19,205	6,205	6,826	7,372
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
	Total Expenditure	***6,205***	***6,881***	***14,205***	***19,205***	***6,205***	***6,826***	***7,372***
Sub-Programme 2.4 : Forensic and Diagnostic services								
	Current Expenditure	**107**	**5,325**	**5,416**	**5,577**	**109**	**113**	**116**
21	Compensation to Employees	98	288	303	404	101	104	107
22	Use of Goods and Services	9	4,737	4,743	4,753	8	8	9
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	-	-	-	-			
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	0	300	370	420	0	0	0
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**1,092**	**3,218**	**3,377**	**3,671**	**1,587**	**1,696**	**1,546**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	528	1,867	1,956	2,021	1,016	1,068	867
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	-	-	-	-			
31	Non-Financial Assets	564	1,351	1,421	1,650	571	628	678
32	Financial Assets	-	-	-	-			
	Total Expenditure	***1,199***	***8,543***	***8,793***	***9,248***	***1,696***	***1,808***	***1,662***
Sub-Programme 2.5 : Health Products and Technologies								
	Current Expenditure	**3,101**	**3,440**	**3,541**	**3,642**	**2,984**	**2,984**	**2,984**
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	3,101	3,440	3,541	3,642	2,984	2,984	2,984
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**263**	**643**	**393**	**450**	**250**	**130**	**-**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	-	-	-	-			

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	263	643	393	450	250	130	-
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Total Expenditure	***3,364***	***4,083***	***3,934***	***4,092***	***3,234***	***3,114***	***2,984***
Total Programme 2								
	Current Expenditure	**27,927**	**41,713**	**49,845**	**55,222**	**28,170**	**29,072**	**29,966**
21	Compensation to Employees	681	1,083	1,111	1,397	701	722	744
22	Use of Goods and Services	170	4,975	4,985	4,918	152	159	167
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Current Transfers to Gov't Agencies	26,963	35,040	42,964	47,972	27,216	28,083	28,943
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-Financial Assets	114	614	784	935	102	107	112
32	Financial Assets	-	-	-	-	-	-	-
	Capital Expenditure	**9,061**	**15,154**	**23,105**	**28,885**	**9,248**	**9,978**	**10,350**
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	6,773	8,842	16,269	21,346	7,261	7,937	8,286
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Capital Transfers to Gov't Agencies	1,064	4,269	4,670	5,069	756	687	601
31	Non-Financial Assets	1,224	2,043	2,166	2,470	1,231	1,354	1,462
32	Financial Assets	-	-	-	-	-	-	-
	Total Expenditure	**36,988**	**56,867**	**72,949**	**84,107**	**37,418**	**39,049**	**40,316**
Programme 3: Health Research and Development								
Sub-Programme 3.1 : Capacity Building & Training (Pre Service & In Service)								
	Current Expenditure	**6,800**	**12,634**	**12,732**	**12,653**	**6,981**	**7,130**	**7,283**
21	Compensation to Employees	132	139	237	158	136	140	145
22	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	6,668	12,495	12,495	12,495	6,845	6,990	7,138
27	Social Benefits	-	-	-	-			

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**471**	**1,983**	**1,545**	**1,250**	**381**	**390**	**780**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	471	1,983	1,545	1,250	381	390	780
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Total Expenditure	***7,271***	***14,617***	***14,277***	***13,903***	***7,362***	***7,520***	***8,063***
Sub-Programme 3.2 : Research & Innovations on Health								
	Current Expenditure	**2,241**	**11,621**	**13,364**	**15,368**	**2,310**	**2,378**	**2,491**
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	2,241	11,621	13,364	15,368	2,310	2,378	2,491
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**232**	**376**	**487**	**575**	**206**	**230**	**460**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	60	147	120	154	60	30	60
31	Non-Financial Assets	172	229	367	421	146	200	400
32	Financial Assets	-	-	-	-			
	Total Expenditure	***2,473***	***11,997***	***13,851***	***15,943***	***2,516***	***2,608***	***2,951***
Total Programme 3								
	Current Expenditure	**9,042**	**24,255**	**26,096**	**28,021**	**9,291**	**9,508**	**9,774**
21	Compensation to Employees	132	139	237	158	136	140	145

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
22	Use of Goods and Services	-	-	-	-	-	-	-
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Current Transfers to Gov't Agencies	8,909	24,116	25,859	27,863	9,155	9,368	9,629
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-Financial Assets	-	-	-	-	-	-	-
32	Financial Assets	-	-	-	-	-	-	-
	Capital Expenditure	**703**	**2,359**	**2,032**	**1,825**	**587**	**620**	**1,240**
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	-	-	-	-	-	-	-
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Capital Transfers to Gov't Agencies	531	2,130	1,665	1,404	441	420	840
31	Non-Financial Assets	172	229	367	421	146	200	400
32	Financial Assets	-	-	-	-	-	-	-
	Total Expenditure	**9,744**	**26,614**	**28,128**	**29,846**	**9,878**	**10,128**	**11,014**
Programme 4: General Administration Planning & Support Services								
Sub-Programme 4.1 : Human Resource Management and Development								
	Current Expenditure	**7,180**	**12,290**	**12,602**	**23,106**	**7,245**	**7,475**	**7,715**
21	Compensation to Employees	6,363	11,379	11,627	22,086	6,504	6,699	6,903
22	Use of Goods and Services	709	800	856	875	634	665	699
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	94	98	99	120	95	97	100
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	14	14	20	25	12	13	14
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**-**	**600**	**700**	**740**	**-**	**-**	**-**
21	Compensation to Employees	**-**	**-**	**-**	**-**			
22	Use of Goods and Services	**-**	**-**	**-**	**-**			
24	Interest	**-**	**-**	**-**	**-**			
25	Subsidies	**-**	**-**	**-**	**-**			
26	Capital Transfers to Gov't Agencies	**-**	**-**	**-**	**-**			

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
31	Non-Financial Assets	-	600	700	740			
32	Financial Assets	-	-	-	-			
	Total Expenditure	***7,180***	***12,890***	***13,302***	***23,846***	***7,245***	***7,475***	***7,715***
Sub-Programme 4.2 : Planning and Financing								
	Current Expenditure	***513***	***685***	***702***	***804***	***499***	***518***	***538***
21	Compensation to Employees	301	408	415	411	310	319	329
22	Use of Goods and Services	207	267	276	382	185	194	204
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	-	-	-	-			
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	5	10	11	12	4	5	5
32	Financial Assets							
	Capital Expenditure	**980**	**1,675**	**1,600**	**2,653**	**1,195**	**1,485**	**1,420**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	980	1,675	1,600	2,653	1,195	1,485	1,420
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Total Expenditure	***1,493***	***2,360***	***2,302***	***3,457***	***1,694***	***2,003***	***1,957***
Total Programme 4								
	Current Expenditure	**7,692**	**12,975**	**13,304**	**23,910**	**7,744**	**7,993**	**8,253**
21	Compensation to Employees	6,664	11,787	12,042	22,497	6,814	7,018	7,231
22	Use of Goods and Services	916	1,066	1,132	1,257	819	860	903
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Current Transfers to Gov't Agencies	94	98	99	120	95	97	100
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-Financial Assets	19	24	30	37	17	18	19
32	Financial Assets	-	-	-	-	-	-	-
	Capital Expenditure	**980**	**2,275**	**2,300**	**3,393**	**1,195**	**1,485**	**1,420**

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	-	-	-	-	-	-	-
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Capital Transfers to Gov't Agencies	980	1,675	1,600	2,653	1,195	1,485	1,420
31	Non-Financial Assets	-	600	700	740	-	-	-
32	Financial Assets	-	-	-	-	-	-	-
	Total Expenditure	**8,672**	**15,250**	**15,604**	**27,303**	**8,939**	**9,478**	**9,672**
Programme 5: Health Policy, Standards and Regulations.								
Sub-Programme 5.1 : Health Policy Planning								
	Current Expenditure	**42**	**219**	**221**	**221**	**43**	**44**	**45**
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	0	77	77	77	0	0	0
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	42	142	144	144	42	44	45
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**15,491**	**8,549**	**8,685**	**9,984**	**4,623**	**5,085**	**5,492**
21	Compensation to Employees	-						
22	Use of Goods and Services	-						
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	15,291	8,170	8,206	9,505	4,243	4,667	5,041
31	Non-Financial Assets	200	379	479	479	380	418	451
32	Financial Assets	-	-	-	-			
	Total Expenditure	***15,534***	***8,768***	***8,905***	***10,205***	***4,666***	***5,129***	***5,537***
Sub-Programme 5.2 : Social Protection in Health								
	Current Expenditure	**10,920**	**16,247**	**17,585**	**28,325**	**14,652**	**14,654**	**14,649**
21	Compensation to Employees					-	-	-
22	Use of Goods and Services	44	43	43	45	39	41	43
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
26	Current Transfers to Gov't Agencies	10,876	16,204	17,541	28,280	14,613	14,613	14,606
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**500**	**55,896**	**65,218**	**102,427**	**28,144**	**32,038**	**34,794**
21	Compensation to Employees	-						
22	Use of Goods and Services	-	23,975	27,542	50,000	16,202	17,872	19,342
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	-	31,322	36,999	51,727	11,442	13,616	14,858
31	Non-Financial Assets	500	599	677	700	500	550	594
32	Financial Assets	-	-	-	-			
	Total Expenditure	***11,420***	***72,143***	***82,803***	***130,752***	***42,796***	***46,692***	***49,443***
Sub-Programme 5.3 : Health Standards and Regulations								
	Current Expenditure	**728**	**1,269**	**1,277**	**1,333**	**1,035**	**1,060**	**1,084**
21	Compensation to Employees	525	562	568	595	541	558	575
22	Use of Goods and Services	171	342	344	369	141	147	153
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Current Transfers to Gov't Agencies	-	325	325	325	325	325	325
27	Social Benefits	-	-	-	-			
28	Other Expense	-	-	-	-			
31	Non-Financial Assets	32	40	40	44	28	30	31
32	Financial Assets	-	-	-	-			
	Capital Expenditure	**203**	**493**	**416**	**449**	**324**	**356**	**434**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	-	-	-	-			
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	203	493	416	449	324	356	434
31	Non-Financial Assets	-	-	-	-			
32	Financial Assets	-	-	-	-			
	Total Expenditure	***931***	***1,762***	***1,693***	***1,782***	***1,359***	***1,417***	***1,518***
Total Programme 5								

Code	Expenditure Classification	Baseline Estimates 2019/20	Requirements			Allocation		
			2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
	Current Expenditure	**11,690**	**17,734**	**19,083**	**29,878**	**15,731**	**15,758**	**15,778**
21	Compensation to Employees	525	562	568	595	542	558	575
22	Use of Goods and Services	215	462	465	491	180	188	196
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Current Transfers to Gov't Agencies	10,918	16,670	18,010	28,749	14,980	14,982	14,976
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-Financial Assets	32	40	40	44	28	30	31
32	Financial Assets	-	-	-	-	-	-	-
	Capital Expenditure	**16,194**	**64,938**	**74,319**	**112,860**	**33,091**	**37,480**	**40,720**
21	Compensation to Employees	-	-	-	-			
22	Use of Goods and Services	-	23,975	27,542	50,000	16,202	17,872	19,342
24	Interest	-	-	-	-			
25	Subsidies	-	-	-	-			
26	Capital Transfers to Gov't Agencies	15,494	39,985	45,621	61,681	16,009	18,640	20,333
31	Non-Financial Assets	700	978	1,156	1,179	880	968	1,045
32	Financial Assets	-	-	-	-			
	Total Expenditure	**27,884**	**82,672**	**93,401**	**142,738**	**48,821**	**53,238**	**56,498**
	Total Expenditure Health Vote	**92,724**	**209,378**	**247,337**	**331,081**	**112,926**	**120,386**	**126,551**

3.2.6 ALLOCATIONS TO SEMI-AUTONOMOUS GOVERNMENT AGENCIES

3.2.6.1: KENYA MEDICAL SUPPLIES AUTHORITY

Analysis of Resource Requirement Vs Allocation (Amount in Kshs. Million)

Economic classification	Allocation	Baseline	Requirement			Allocation		
	2018-19	2019-20	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23
Current Expenditure								
Compensation of Employees	989	1,136	1,193	1,252	1,315	1,170	1,205	1,241
Use of goods and services	1,595	1,966	2,104	2,109	2,100	1,814	1,779	1,471
of which:								
Rent	187	209	235	211	179	235	211	179
Utilities	22	23	26	29	33	26	29	33
Insurance Cost	112	122	136	154	171	136	153	171
International Subscription								

Economic classification	Allocation	Baseline	Requirement			Allocation		
	2018-19	2019-20	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23
Other Recurrent	1,254	1,670	1,683	1,689	1,689	1,393	1,359	1,060
of which:								
Contracted guards	20	23	24	26	28	24	26	28
Capital Expenditure								
Non-Financial Asset	1,973	1,662	1,661	1,588	1,452	1,227	1,161	1,039
TOTAL VOTE	**4,557**	**4,764**	**4,958**	**4,949**	**4,867**	**4,211**	**4,145**	**3,752**
SUMMARY OF EXPENDITURE AND REVENUE GENERATED					0			
Gross	4,557	4,764	4,958	4,949	4,810	4,211	4,145	3,752
AIA-Internally generated revenue	4,074	4,111	3,961	3,902	3,752	3,961	3,752	3,752
Net exchequer	483	653	997	1,047	1,058	250	393	0

3.2.6.2: NATIONAL AIDS CONTROL COUNCIL

Analysis of Resource Requirement Vs Allocation (Amount in Kshs Million)

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2020/21	FY 2021/22	FY 2022/23
Current Expenditure								
Compensation to Employees	**471.8**	**492.00**	**516.7**	**532.2**	**548.17**	**516.7**	**537.37**	**558.87**
Use of Goods and Services	**509.54**	**340.00**	**578.10**	**684.17**	**722.81**	**355.57**	**378.30**	**401.08**
Of which								
Rent	68.00	68.00	70.04	72.14	74.31	70.04	72.14	74.31
Utilities	48.00	50.00	59.28	62.24	64.11	50.00	52.50	55.13
Insurance Cost	50.00	55.00	70.00	75.00	80.00	60.00	65.00	70.00
International Subscription (GLIA)			5.00	5.00	5.00	5.00	5.00	5.00
Other Recurrent	318.54	137.00	298.21	386.66	407.95	145.50	157.38	169.05
Of which:								
Contracted Guards and cleaners	25.00	30.00	75.57	83.13	91.44	25.03	26.28	27.59
Capital Expenditure	**457.40**	**373.00**	**234.70**	**166.60**	**166.00**	**201.08**	**166.60**	**166.60**
Acquisition of Non-Financial Assets	66.40	73.00	166.60	166.60	166.00	132.98	166.60	166.60
Other Development (Global Fund)	391.00	300.00	68.10	-	-	68.10	-	-
TOTAL	**1,438.74**	**1,205.00**	**1,329.50**	**1,382.97**	**1,436.98**	**1,073.35**	**1,082.27**	**1,126.55**
SUMMARY OF THE EXPENDITURE AND REVENUE GENERATED								
Gross	**1,438.74**	**1,205.00**	**1,329.50**	**1,382.97**	**1,436.98**	**1,073.35**	**1,082.27**	**1,126.55**
AIA- Internally Generated Revenue								

Net Exchequer	1,438.74	1,205.00	1,329.50	1,382.97	1,436.98	1,073.35	1,082.27	1,126.55

3.2.6.3: KENYATTA NATIONAL HOSPITAL

Analysis of Resource Requirement Vs Allocation (Kshs Million)

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2020/21	FY 2021/22	FY 2022/23
Current Expenditure								
Compensation to Employees	9,571	9,921	12,803	12,983	13,169	10,513	10,934	11,371
Use of Goods and Services	4,736	4,369	5,631	6,197	6,796	3,248	3,249	3,247
Of which								
Rent	-	-	-	-	-			
Utilities	362	337	371	408	449	371	408	449
Insurance Costs	8	13	14	16	17	14	16	17
International Subscriptions	-	-	-	-	-			
Other recurrent	4,366	4,019	5,246	5,773	6,331	2,865	2,819	2,765
Of which								
Contracted guards & Cleaners	56	66	73	80	88	73	80	88
Capital Expenditure								
Acquisition on Non Financial Assets	835	350	851	1,566	750	370	258	378
Other Development								
Total vote	15,142	14,640	19,285	20,746	20,715	14,131	14,441	14,996
SUMMARY OF THE EXPENDITURES AND REVENUE GENERATED								
Gross	15,142	14,640	19,285	20,746	20,715	14,131	14,441	14,996
AIA - Internally Generated Revenue	6,846	6,086	6,390	6,710	7,045	5,382	5,382	5,382
Net Exchequer	8,296	8,554	12,895	14,036	13,670	8,749	9,059	9,614

3.2.6.4: MOI TEACHING AND REFERRAL HOSPITAL

Analysis of Resource requirement versus allocation (Amount in Kshs Million)

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2020/21	FY 2021/22	FY 2022/23
Current Expenditure								
Compensation to Employees	6,773	6,343	8,561	16,572	18,370	6,461	6,819	7,147
Use of Goods and Services	2,744	2,843	3,233	3,556	3,912	2,853	2,853	2,853
Of Which:								
Rent	2	2	3	3	3	3	3	3
Utilities	117	120	132	145	150	132	132	132
Insurance Costs	9	10	12	14	16	12	12	12
International Subscriptions	-	-	-	-	-			
Other recurrent	2616	2711	3086	3394	3743	2,706	2,706	2,706
Of which								
Contracted guards & cleaners	-	-	-	-	-			
Capital Expenditure								
Acquisition of Non-Financial Assets	30	451	800	1,705	1,961	366	214	426
Other Development	-	-	-	-	-			
Total	**9,547**	**9,637**	**12,594**	**21,833**	**24,243**	**9,680**	**9,886**	**10,426**
SUMMARY OF THE EXPENDITURE AND REVENUE GENERATED								
GROSS	**9,547**	**9,637**	**12,594**	**21,833**	**24,243**	**9,680**	**9,886**	**10,426**
AIA-Cost Sharing Income	2,744	2,843	3,233	3,556	3,912	2,853	2,853	2,853
Net Exchequer	**6,803**	**6,794**	**9,361**	**18,277**	**20,331**	**6,827**	**7,033**	**7,573**

3.2.6.5: KENYA MEDICAL TRAINING COLLEGE

Analysis of Resource Requirement Vs Allocation (Amount in Kshs Million)

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2020/21	FY 2021/22	FY 2022/23
Current Expenditure								
Compensation to employees	3,423	3,332	8,597	5,563	5,748	3,670	3,817	3,870
Use of goods and Services	2,819	3,411	3,898	4,099	4,509	3,311	3,313	3,413
Of which:								

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2020/21	FY 2021/22	FY 2022/23
Rent	27	31	2	3	4	2	2	2
Utilities	160	191	204	225	248	204	214	225
Insurance Costs	490	530	440	484	532	440	462	485
International Subscriptions							0	0
Other Recurrent	1,867	2,362	2,995	3,104	3,414	2,408	2,365	2,417
Of which							0	0
Contracted guards & cleaners	275	297	257	283	311	257	270	284
Capital Expenditures								
Acquisition on Non-Financial Assets	758	471	1,983	1,545	250	381	390	780
Other Development								
Repeat above for all SAGAs								
TOTAL VOTE	7,000	7,214	14.478	11,207	10,507	7,362	7,520	8,063
SUMMARY OF THE EXPENDITURES AND REVENUE GENERATED								
Gross	**7,000**	**7,214**	**14.478**	**11,207**	**10,507**	**7,362**	**7,520**	**8,063**
AIA- Internally Generated Revenue	3,414	3,832	3,898	4,099	4,509	3,832	3,832	3,832
Net Exchequer	**3,584**	**3,382**	**10,580**	**7,108**	**5,998**	**3,530**	**3,688**	**4,231**

3.2.6.6: KENYA MEDICAL RESEARCH INSTITUTE

Analysis of Resource Requirement Vs Allocation (Amount in Kshs Million)

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2020/21	FY 2021/22	FY 2022/23
Current Expenditure								
Compensation of Employees	1,717	1,940	2,470	2,841	3,267	2,123	2,187	2,253
Use of Goods & Services	709	733	842	969	1,115	187	191	237
Of Which:								
Rent & Rates	2	2	2	3	3	2	3	3
Utilities	71	69	79	91	105	70	70	70

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2020/21	FY 2021/22	FY 2022/23
Insurance Costs	16	20	23	26	30	23	25	30
International Subscriptions	-	-	-	-	-		-	-
Other Recurrent	562	581	668	768	884	23	23	64
Contracted guards & cleaners	58	61	70	81	93	69	70	70
Capital Expenditures								
Acquisition of Non-Financial Assets	228.8	231.6	1,095	1,259	1,448	206.15	230	460
Other Development (Research Grants)	5,168	6,272	7,213	8,295	9,539	7,213	8,295	9,539
TOTAL	**7,823**	**9,177**	**11,620**	**13,364**	**15,369**	**9,729**	**10,903**	**12,489**
SUMMARY OF THE EXPENDITURES AND REVENUE GENERATED								
GROSS	**2,239**	**2,492**	**4,407**	**5,069**	**5,830**	**2,516**	**2,608**	**2,950**
AIA-Internally Generated Revenue	155	156	136	136	136	136	136	136
Net Exchequer	**2,084**	**2,336**	**4,271**	**4,933**	**5,694**	**2,380**	**2,472**	**2,814**

3.2.6.7: KENYATTA UNIVERSITY TEACHING RESEARCH & REFERRAL HOSPITAL

Analysis of Resource Requirement Vs Allocation (Amount in Kshs Million)

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	2019/20	2020/21	2021/22	2022/23	2021/22	2021/22	2022/23
Current Expenditure								
Compensation to Employees	264	264	1,448	1,593	1,752	407	407	407
Use of goods and Services	224	285	1,810	2,138	2,432	100	122	129
Of Which							0	0
Rent							0	0
Utilities	30	45	100	120	150	45	56	58
Insurance Costs	10	10	40	90	120	10	16	17
International Subscriptions							0	0
Other Recurrent	124	160	1,500	1,700	1,900		0	0
of Which							0	0
Contracted Guards & Cleaners	60	70	260	228	262	45	50	54
Capital Expenditure							0	0
Acquisition on Non-Financial Assets	167	239	2,166	2,236	2,405	0	0	0

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	2019/20	2020/21	2021/22	2022/23	2021/22	2021/22	2022/23
Other Development							0	0
TOTAL VOTE	**655**	**788**	**5424**	**5,967**	**6,505**	**506.53**	522	545
SUMMARY OF THE EXPENDITURES AND REVENUE GENERATED								
Gross	655	788	5,424	5,966	6,563	507	522	537
AIA - Internally Generated Revenue	0	288	2,424	2,666	2,933			
Net Exchequer	655	500	3,000	3,300	3,630	506.53	522	537

3.2.6.8: NATIONAL CANCER INSTITUTE OF KENYA (NCI-K)

Analysis of Resource Requirement Vs Allocation (Amount in Kshs Million)

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2020/21	FY 2021/22	FY 2022/23
Current Expenditure								
Compensation to Employees	0	0	0	0	0	0	0	0
Use of goods and Services	10	14	328	405	424	37	41	51
Of Which								
Rent			0	0	0	0	0	0
Utilities			0	0	0	0	0	0
Insurance Costs			0	0	0	0	0	0
International Subscriptions								
Other Recurrent	10	14	328	405	424	37	41	51
of Which								
Contracted Guards & Cleaners			0	0	0	0	0	0
Capital Expenditure								
Acquisition on Non-Financial Assets	4		72	80	76	38	38	32
Other Development								
TOTAL VOTE	**14**	**14**	**400**	**485**	**500**	**75**	**79**	**83**
SUMMARY OF THE EXPENDITURES AND REVENUE GENERATED								

Gross	14	14	400	485	500	75	79	83
AIA - Internally Generated Revenue	0	0	0	0	0	0	0	0
Net Exchequer	14	14	400	485	500	75	79	83

3.2.6.8: OTHAYA HOSPITAL

Analysis of Resource Requirement Vs Allocation (Amount in Kshs Million)

Economic Classification	Allocation	Baseline	Requirement			Allocation		
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2020/21	FY 2021/22	FY 2022/23
Current Expenditure								
Compensation to Employees	0	501	2,417	3,440	3,578	510	534	564
Use of Goods and Services	0	149	857	935	1,067	179	190	203
Of which								
Rent	0	0	0	0	0	0	0	0
Utilities	0	29	62	66	72	62	66	72
Insurance Costs	0	2	2	2	2	2	2	2
International Subscriptions	0	0	0	0	0	0	0	0
Other recurrent	0	118	793	867	993	115	122	129
Of which							0	0
Contracted guards & Cleaners	0	4	8	9	10	4	4	4
Capital Expenditure								
Acquisition on Non Financial Assets	0	30	283	125	102	0	0	0
Other Development								
Total vote	**0**	**680**	**3,499**	**4,535**	**4,770**	**689**	**724**	**767**
SUMMARY OF THE EXPENDITURES AND REVENUE GENERATED								
Gross	**0**	**680**	**3,557**	**4,500**	**4,747**	**689**	**724**	**760**
AIA - Internally Generated Revenue	0	0	916	1,042	1,139	0	0	0
Net Exchequer	**0**	**680**	**2,641**	**3,458**	**3,608**	**689**	**724**	**760**

3.2.7 Resource Allocation Criteria

The following criteria served as a guide for prioritizing and allocating resources;

a) Linkage of Programmes to the 'Big Four' plan.
b) Linkage of programme to MTP III of vision 2030.
c) Degree to which the programme addresses job creation and poverty reduction.
d) Degree to which the programme addresses the core mandate of the Ministry.
e) Expected outputs and outcomes of the programme.
f) Cost effectiveness and sustainability.
g) Immediate response to the requirements and furtherance of the implementation of the Constitution.

In addition, the Sector adapted and used the following criteria for prioritization and resource allocation;

I. 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

II. 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 •

S/NO	CRITERIA	CRITERIA INDICATORS	EVIDENCE
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 /CHALLENGES

4.1 Introduction

The Constitution of Kenya established two distinct and interdependent levels of governments consisting of the national and 47 county governments with specific functions. The constitution stipulates that these two levels must conduct their relations through consultation and cooperation in order to effectively deliver their mandates. The Kenya Health Policy 2014-2030 emphasizes on strengthening multisectoral collaboration with private and other sectors that have an impact on health to include health in their programmes. These include economic growth and employment, security and justice, education and early learning, agriculture and food, infrastructure, planning and transport, environment and sustainability, housing, land and culture, and population growth. This will be achieved by adopting a 'Health in all Policies' approach, which ensures that the health sector interacts with and influences the design, implementation, and monitoring of interventions in other sectors.

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 resources.

4.2 Intra Sectoral Linkages within the Health Sector

The national health sector comprises of the Ministry of Health and nine Semi-Autonomous Government Agencies. Intra-sectoral collaborations are mainly in all the programme areas of curative, preventive, promotive health, social protection and training, research and development. The departments and agencies of the Ministry collaborate in information sharing, policy and strategy formulation, planning, programme implementation, setting of standards and monitoring and evaluation. The devolved system of government has brought opportunities for intergovernmental sectoral linkages which within a structured dialogue processes can be exploited by the two levels of governments to contribute to accelerated realization of rights to health.

4.3 Inter Sectoral Linkages

The collaboration with other sectors focuses mainly on issues that impact and contributes to improved health care and quality of life. These include literacy, employment, poverty, globalization, urbanization and housing conditions, nutrition, environmental and occupational hazards among others. The health sector is linked to the following sectors, among others:

5.3.1 Energy, Infrastructure and ICT Sector

Expansion, modernization and operation of the health sector 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 is critical to ensure the health sector attain its goals. A reliable infrastructure facilitates access to health care facilities and emergency services across the country hence improving clinical outcomes.

As the Health Sector continues to embrace ICT as a medium for improved health care delivery, internet connectivity is a key resource for implementing e-health, tele-medicine and training. Strengthening collaboration with the ICT sub sector needs to 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.

5.3.2 Environment, Water and Natural Resources Sector

Provision of clean water, safe environment, adequate sanitation are requisite for improved living conditions and reduction in incidence of vector borne and other communicable diseases, hence better health for all. The target of SDG Goal 6 is to ensure availability and sustainable management of water and sanitation for all. . In line with this goal, 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.

5.3.3 Social Protection, Culture and Recreation Sector

The health sector through the National AIDS Control Council coordinates the national HIV and AIDS programmes, advocacy and mobilization of resources to deal with the scourge. HIV and AIDS had been recognized as a serious challenge facing human development and identified as a target to be addressed by the Sustainable Development Goals and also Kenya Vision 2030. The newly established HIV and AIDS Equity Tribunal shall arbitrate on related human rights issues to ensure non-discrimination of all those infected and affected.

The Health Sector will cooperate with the sub sector of labour, social security and services in the area of international recruitment as well as mainstreaming 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 in order to boost the healthcare workers' productivity and performance.

5.3.4 Public Administration and International Relations Sector

The success of programmes in health sector is dependent on the funding levels and timely disbursements. 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.

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 health care while giving adequate attention to curative care.

The Health Sector will make its contribution towards achievement of gender equality in the provision of health training in line with SDG goal Number 5 and the National Gender Policy. The sector will work closely with the National Gender and Equality Commission.

National disasters like droughts and floods, frequent road traffic accidents, fires and acts of terrorism take 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 relevant guidelines.

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

5.3.5 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 sector by ensuring the provision of an all-inclusive high level and quality education can contribute substantially towards health seeking behaviour as it rolls out health education and outreach programmes. The national teaching and referral hospitals will continue facilitating training of medical and paramedical students from public and private institutions. The Health sector will collaborate with Education Sector in the provision of high health impact intervention including deworming.

5.3.6 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 among others.

The Health Sector will review and finalize the Health Bill to facilitate its enactment into law. The enforcement of this law and other health related legislations will require close cooperation between the office of the Attorney General among others.

5.3.7 General Economic and Commercial Affairs Sector

The sector is committed to improving its specialized health care services thorough bench-marking to effectively compete globally. These services will be modeled and bench-marked around the experiences from middle income countries like India, Thailand and South Africa in order to accelerate the development of Kenya as a medical tourism destination hub for specialized 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.

5.3.8 Agriculture, Rural and Urban Development Sector

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 Action Plan 2012-2017.

4.4 Emerging Issues

Emerging health issues are those that pose either a threat or relief from threat to the overall health of the population. 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.

New and re-emerging infectious diseases have been witnessed in Kenya. Although HIV and AIDS has come under control through several interventions including provision of ARVs, several 'old' infectious diseases, including tuberculosis and malaria have proven problematic, because of increased antimicrobial resistance and activation of infectious agents (e.g. tuberculosis) in people whose immune system is weakened by AIDS. NCDs are on a rising trend especially among PLHIV (People living with HIV) on treatment. Further, there has been an increase in new HIV infections among specific sub populations (Key and priority populations) and among the Adolescents and Young people (AYP). The increased incidence among the AYP is mainly attributed to low comprehensive knowledge and skills to make informed decisions on their Sexual reproductive health and rights. Stigma and discrimination has remained a key challenge among the general population, key populations and the young people hindering effective service uptake. To effectively manage the HIV response, a multi-sectoral approach is required bringing on board key sectors such as Education, Youth and Sports and Key Partners (development and implementing partners) among others.

Although specific new infectious diseases cannot be predicted, understanding of the epidemiology of disease through constant surveillance and research need to be done and related systems improved. But large-scale human-induced environmental change, including climate change, is of increasing importance. The health sector is complex, dynamic and is sensitive to both internal and external environmental changes that require swift and appropriate strategic and operational responses. Key among the emerging issues include;

5.4.1 Universal Health Coverage

The Government has committed to implement Universal Health Coverage (UHC) as one of the big four agenda for the country. His Excellency the President launched a one-year pilot of the Universal Health Coverage (UHC) effective 13th December 2018 in 4 counties of Kisumu, Nyeri, Machakos and Isiolo.

It is envisaged that by 2022, all persons living in Kenya will have access to the essential services they need for their health and well-being through an explicit essential benefit package, without the risk of financial catastrophe. UHC will ensure that Kenyans can access and receive quality promotive, preventive, curative, rehabilitative and palliative health services. The realization of the UHC aspiration will be through a progressive approach building on lessons and experiences from the two levels of government. The vehicle for delivering UHC is through primary health care. As such the focus will be improving quality of care through appropriate deployment of resources and optimizing uptake and utilization of services at this level by citizens.

Universal Health Coverage entails guaranteeing access to all necessary services to everyone while providing protection against financial risk. This implies that three main dimensions of health have to be addressed, namely:

i). The whole population is covered, especially the poor and vulnerable populations;
ii). That there is access to quality health services;
iii). There is financial protection against out of pocket expenditure as a barrier to access.

5.4.2 National Security/Displacements

Deteriorating security situation in some parts of the country pose significant and growing threat to national security with dire implications for public health. The sector should work closely with other sectors (e.g. internal security) to create strategies that balance individual sector dimensions appropriately within a holistic national approach and clearly articulating the role of public health within the national strategies.

5.4.3 Knowledge management

Knowledge Management (KM) is recognized as the backbone for creativity and innovation. Development of standard policies and guidelines and health promotion will ensure information sharing across institutions to enhance relevant knowledge at all levels.

5.4.4 Reducing Donor Funding

The rebasing of the economy has resulted in the country not meeting certain threshold in the case of eligibility for donor funding resulting in reduction or cessation of funding of public health programmes e.g. Global Fund, PEPFAR and GAVI. The Government therefore needs to be ready to allocate adequate resources to programmes that were relying on these funds including TB, HIV/AIDS, Immunisation, Family Planning and Reproductive Health among others.

5.4.5 Devolution

Through the new Constitutional dispensation, a two tier health system has been introduced whereby the national level deals with Health policy, National Referral Hospitals, Capacity Building and Technical Assistance to counties. On the other hand, the County Health Services focus on County Health Facilities and Pharmacies, Ambulance Services; Promotion of Primary Health Care; licensing and control of selling of food in public places; veterinary services, cemeteries, funeral parlours and crematorium; referral removal; refuse dumps and solid waste. This scenario will need strengthened linkages and cooperation. Relevant health sector laws, legislation, policies and regulation need to be formulated and implementation to guide the devolution of health services and programme implementation.

5.4.6 Burden of Communicable and Non- Communicable diseases

Although significant progress towards containing the threat of communicable diseases such as HIV and AIDS, Malaria, Pneumonia, TB and Cholera have been made, the burden to the sector is still significant. This is at the backdrop of rising non-communicable diseases like cancer, hypertension, heart diseases and diabetes due to changes in life styles. The country is facing a future in which the development of resistance to anti-microbial exceeds development of new antimicrobial. This has to be fought by preserving the antimicrobials (antibiotics) we already have and investing in the development of new ones. Injuries (road traffic accidents) are also significant causes of death and disability. The situation is further aggravated by the high cost of medical care for such cases and poverty (inability to pay for services).

5.4.7 Quality of Health Care

Improving quality of health care is about making healthcare safe, effective, patient-centred, timely, efficient and equitable. This can be achieved through systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. In addition, a standardized system of evidence-based performance measurement and reporting must be strengthened applying the principles of quality improvement (QI) to the Kenyan healthcare system.

5.4.8 Standards and Accreditation

The Ministry of Health has been spear-heading various initiatives to institutionalize quality management including the rolling out of Kenya Quality Model for Health (KQMH). There is an urgent need to establish a national accreditation mechanism for health facilities. The process will be deepened through international accreditation such as ISO, Joint Commission International (JCI), Planetree Authorisation (for patient-centred hospitals), among others.

5.4.9 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 linked to 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.

5.4.10 Health Management Information System

The sector has inadequate 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 and 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 need to strengthen Health Care Information Technology (HCIT).

4.5 Challenges and Constraints for the Health Sector

a. Most Health facilities are not adequately equipped according to norms and standards.
b. Most public hospitals are old and dilapidated and are not suitable for current health settings.
c. There is an inadequate budgetary provision for the procurement and distribution of Essential Health Products and Technologies.
d. Existence of regional disparities in the distribution of existing health workers, where arid and semi-arid areas are disadvantaged with less staff. Staff shortage persists also in the Kenya Medical Training colleges
e. High level of staff attrition/turnover without replacement leading to low Doctor to population ratio. Attrition
f. Health spending has remained low as a share of overall Government budget, and as a proportion of G.D.P
g. Poverty estimated at 36.1 per cent remains a major access barrier to health services especially by the indigents (Extremely poor)
h. The national referral system has been hindered by the inadequate management of health facilities neighbouring Kenyatta National Hospital and Moi Teaching and Referral Hospital. This has led to congestion and overstretching their resource

CHAPTER FIVE

5.0 CONCLUSION

This chapter outlines the conclusions for the health sector report.

5.1 CONCLUSION

The Health Sector in Kenya aims to provide an efficient and high quality health care system with the best standards by year 2030. The Sector 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 delineate functions for each level with opportunities for collaboration in delivery of services to citizens.

According to the recently concluded Kenya Population and Housing Census (2019), the country's population is growing at a rate of nearly 3 percent annually. The growth has resulted in an increased demand for health services and additional pressure on the existing facilities and capacity. Within the medium term, the country should 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. This must be accompanied with additional investments in RMNCAH to minimize disease burden.

During the 2020/21-2022/23 MTEF period, the Sector plans to implement priority programmes aligned to the MTP III and other national health priorities including Universal Health Coverage under the "Big Four" Agenda. The health sector will adhere to the accountability mechanisms and enhanced governance as espoused in the Constitution while ensuring support to and collaboration with the Counties to provide quality health services.

The Sector will continue to build capacities of county governments and provide the necessary technical assistance to enable the Counties effectively execute the mandate 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 provision of specialized health services. The health sector will continue to provide the necessary financial resources 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 attainment of middle-income status, the Country has seen reduction or cessation of funding of public health programmes by partners such as GAVI

and Global Fund. To mitigate against these challenges, the Government needs to significantly increase funding to the Sector to safeguard and sustain the gains. The Government needs to explore innovative financing mechanisms such as Joint Ventures (JV) and Public Private Partnerships (PPPs) and ensure efficiency in the utilization of allocated funds by all Sector players.

There are still challenges confronting the health sector key among them is financing. To make significant progress and especially considering the unpredictability of resource flows and the changes in the way external assistance is being financed and distributed in the health sector, the Government needs to increase funding to the Sector. The need for research and policy dialogues has become even more critical in light of escalated costs related to the provision of health services. In addition, there are further challenges in human resources and staffing, performance management, governance issues and social accountability aspects. These challenges directly affect quality of services in health facilities and their functional capability. To realise the aspirations of the Sector as envisioned in the Constitution, the challenges will continuously be addressed using a sector wide approach.

CHAPTER SIX

6.0 RECOMMENDATIONS

In order to realize the aspirations of the Country within the health sector during this Medium-Term Expenditure Framework, the Sector will prioritise several interventions to address the challenges that hinder effective service delivery through the following recommendations;

i. Upscale UHC currently under pilot, to all public health facilities. This will require increases in Human Resource for Health, procurement of Commodities/Services, and provision of basic equipment for the 6,000 public health facilities.
ii. Take over funding gaps left by development partners in strategic areas. The key areas affected by donor withdrawal include; immunization, blood transfusion services, family planning commodities, nutrition, HIV, malaria and TB and also Public health, Disease surveillance and response)
iii. To tackle the rising burden of cancer across the country, through decentralization of cancer management services to Mombasa, Kisii, Kisumu, Nyeri, Nakuru and Garissa to ensure easier access to cancer support services. Further, prevention strategies such roll-out of HPV vaccination and other cancer management interventions across all public health facilities will be prioritized.
iv. Support operationalization of National Cancer Institute of Kenya, raise public awareness of cancer risk factors and developing the cancer registry for data collection to inform policy and practice.
v. In order to halt and reverse the rising burden of NCDs and mental disorders, preventive and promotive interventions need to be scaled up to address the risk factors, examine social determinants, encourage early screening and management.
vi. Build capacity of Human Resource for Health to support provision of Primary Health Care in the counties.
vii. Realize CBA agreements and PE related issues within the Institutions in the Ministry as per the new SRC guidelines on CBA.
viii. Support service delivery in the newly operationalized Kenyatta University Teaching Research and Referral Hospital and Othaya National Teaching and Referral Hospital to improve capacity in specialized health care services and research.
ix. Strengthen health systems to prevent, promptly detect and respond to public health risks and emergencies by strengthening real time surveillance of public health events and disease outbreaks.
x. Enhance medical research in national priority areas rising NCD's, emerging and re-emerging conditions, bio technology and parasitic and infectious diseases. This will provide evidence for actualizing a unified Electronic Health Record System for health Sector

xi. Improve Warehousing and provision of essential Health Products and Technologies.
xii. Progressively Implement the Health Act 2017
xiii. Establish a UHC Social Insurance Fund.
xiv. Establish a robust HICT and M&E infrastructure to support accurate information and delivery.
xv. Investment in e-health solutions to ensure linkage with the DHIS 2 and coordination of all reporting systems to avoid parallel reporting. This will enable CHVs complete service delivery registers electronically and transmit monthly data to CHEWs for quality checks before CHEWs transmit monthly reports to sub county HRIO who then transmits the data to KHIS/DHIS2 on time.
xvi. Improve working relationship in the health sector between Government, employees, and the labour unions for betterment of labour relations in the sector to mitigate against frequent industrial unrest with negative consequences to the gains already made in the health sector.
xvii. Undertake institutional and legal reforms to transform Mathari Hospital and the National Spinal Injury Hospital to provide world class specialized services.

REFERENCES

1. Ministry of Health, Health Management Information Systems, Annual Report
2. Ministry of Health, Kenya AIDS Indicator Survey 2012, September 2013
3. Republic of Kenya, Budget Review Outlook Paper (BROP) 2019
4. Republic of Kenya, Constitution 2010
5. Republic of Kenya, Health Sector Medium Term Plan 2018 - 2022
6. Republic of Kenya, Draft Kenya Health Sector Strategic Plan 2018 – 2023
7. Republic of Kenya, Executive Order No. 1 of June 2018
8. Republic of Kenya, Health Sector MTEF Report 2019/20 – 2021/22
9. Republic of Kenya, Kenya National Bureau of Statistics, Economic Survey, Various years.
10. Republic of Kenya, Ministry of Health, Annual Appropriation in Accounts, 2018/19.
11. Republic of Kenya, Ministry of Health, Kenya Health Policy 2014-2030
12. Republic of Kenya, Ministry of Health, Kenya Household Health Expenditure and Utilization Survey, 2018
13. Republic of Kenya, Ministry of Health, National Health Accounts 2015/16
14. Republic of Kenya, Ministry of Health, UHC Roadmap
15. Republic of Kenya, Ministry of Health: Health sector Strategic Plan 2013 - 2017
16. Republic of Kenya, Sessional paper No. 10 of 2012 On Kenya Vision 2030
17. SAGAs Annual Report & Financial Statements, June 2018

List of Officers who participated in the Health Sector Report writing–(9th to 20th) December, 2019

S/No.	Names	Ministry/Department	E-mail address
1.	Richard Gakunya	National Treasury	rgakunya@gmail.com
2.	Miriam Musyoki	National Treasury	musyokimiriam@yahoo.com
3.	Peter Muhia	National Treasury	petermuhia@yahoo.com
4.	Denis Nyaga	National Treasury	nyagahd@gmail.com
5.	Fridah Kagunda	National Treasury	faridakagunda@gmail.com
6.	HolidaZakayo	National Treasury	joyholida@yahoo.com
7.	David Kiboi	State Dept. for Planning	davidwkiboi@gmail.com
8.	Victoria Wachaiyu	State Dept. for Planning	victoriawachaiyu@yahoo.com
9.	Winfred Nkirote	State Dept. for Planning	
10.	Benson Kimani	State Dept. for Planning	
11.	Anthony Wachira	KEMRI	awachira@kemri.org
12.	Edwin Bett	KEMRI	ebett@kemri.org
13.	Kamau Mugenda	KEMRI	kmugenda@kemri.org
14.	Daniel Lelekoitien	KEMRI	lsaruni@yahoo.com
15.	WaiganjoKaranja	KEMSA	waiganjokaranja@gmail.com
16.	Carol Anunda	KEMSA	caroline.anunda@kemsa.co.ke
17.	Catherine Maingi	KEMSA	catherine.maingi@kemsa.co.ke
18.	Elijah Mititi	KMTC	emititi@kmtc.ac.ke
19.	David Ondeng	KMTC	dondeng@kmtc.ac.ke
20.	John Obiye	KMTC	jobiye@kmtc.ac.ke
21.	Mark Kiruri	KMTC	mkiruri@kmtc.ac.ke
22.	Teresia Shaban	KMTC/Secretary	tmbweza@kmtc.ac.ke
23.	Job Makanga	KNH - Planning	jobmakanga@gmail.com
24.	Haminah Muua	KNH - Finance	hkathambi@knh.or.ke
25.	Phineas Kinoti	KNH - HR	kinotiphineas@yahoo.com
26.	Michael Kihuga	KNH - Finance	mkihuga@knh.or.ke
27.	Dr. Kennedy Odede	KNH	ondede@yahoo.co.uk
28.	Winnie Mwangi	KNH - HR	wmwangi@knh.or.ke
29.	Quilent Odera	KNH – Planning	qodera@knh.or.ke
30.	Juliana Tunanga	KNH -Othaya	jtunangae@gmail.com
31.	Robinson Manguro	KNH – AID	rmanguro@knh.or.ke
32.	Joseph K. Muraga	MOH -Finance	jmuraga@gmail.com
33.	I M. Abdi	MOH- Admin	imamka@yahoo.com
34.	Samuel Nthenge	MOH – Planning	nthenge2012@gmail.com
35.	Catherine Ng'ang'a	MOH-HR	cngash500@yahoo.com
36.	Dr.KaseraKadondi	MOH-DPH	kadondikasera@gmail.com
37.	Grace Ndegwa	MOH – DHSQA&R	glokorio@gmail.com

S/No.	Names	Ministry/Department	E-mail address
38.	Dr.Kibachio Joseph	MOH - DSP	kibachiojoseph@gmail.com
39.	Dr. S. K. Muleshe	MOH – IGR	skmuleshe@gmail.com
40.	Dr. Bob Agwata	MOH – NASCOP	bagwata79@gmail.com
41.	Dr.Jamlick Karumbi	MOH-HCS	karumbij@gmail.com
42.	Newton Omale	MOH-TB Program	nomale@nlfp.co.ke
43.	Dr. Evelyn Wesangula	MOH-DHSQA&R	wesangulaeva@gmail.com
44.	Charles Rombo	MOH-KNBTS	charlesrombo@gmail.com
45.	Dr. Mohamed Sheikh	MOH-DFH	abbeyoo2000@yahoo.com
46.	Dr. Joel Gondi	MOH-DG's office	joel.gondi@gmail.com
47.	Halima K. Yusuf	MOH-DHCF	yusufhalma@gmail.com
48.	Nurseline Osongo	MOH-ADM	nmonyangi02@gmail.com
49.	Joel K. Sego	MOH-ACCTs	Kipkiror2002@yahoo.com
50.	Dr. Alfred Karagu	NCI	karagumaian@gmail.com
51.	Dr. Hannah Kagiri	NCI	ngendohk@yahoo.com
52.	Henry Nyakundi	KHPOA	henrynyakundi79@gmail.com
53.	Jarred Nyakiba	MOH – UHC Secretariat	jnyakiba@gmail.com
54.	James Ngethe	MOH-Finance/Secretariat	jmsngethe@gmail.com
55.	Moleen Cheptoo	MOH-Finance/Secretariat	moleencheptoo@gmail.com
56.	Benson Murimi	MOH-Finance/Secretariat	bmurimi@gmail.com
57.	Felix Mulati	MOH-Finance/Secretariat	mulatifelix@gmail.com
58.	Michael Wanjohi	MOH-Finance/Secretariat	michealmuriithi@yahoo.com
59.	Jawahir Buthul	MOH-Finance/Secretariat	buthuldaughter@gmail.com
60.	Bernard Otieno	MOH-HRM/Secretariat	benard_oonga@yahoo.ca
61.	Victor Mugendi	MOH-HRM/Secretariat	victormugendi89@gmail.com
62.	Dr. Ruth Kitetu	MOH-Planning	kiteturuth@yahoo.com
63.	Stephen Kaboro	MOH-Planning	mbugua.kaboro@gmail.com
64.	Stephen Macharia	MOH-Planning	stephenmacharia@yahoo.com
65.	Njuguna David	MOH-Planning/Secretariat	njuguna_davidk@yahoo.com
66.	Terry Watiri	MOH-Planning/Secretariat	twatiri@gmail.com

S/No.	Names	Ministry/Department	E-mail address
67.	Mary Mwangangi	MOH-Planning/Secretariat	marymwangangi@gmail.com
68.	Mary Muguru	MOH/Secretary	mmuguru2@gmail.com
69.	Ann Chemworsio	MTRH	swmamakellie@gmail.com
70.	Daniel Rotich	MTRH	dkipkoech84@gmail.com
71.	Dr. Victor Maina	MTRH	ksenje@gmail.com
72.	Silas Tarus	MTRH	silastarus@gmail.com
73.	Stanley Kulei	MTRH	stanleykulei@mtrh.go.ke
74.	Mathew K. Birgen	MTRH	kirwamathews@yahoo.com
75.	Thomas Ngetich	MTRH	ngetichkib@yahoo.co.uk
76.	Kamuren Dennis	NACC	dkamuren@nacc.or.ke
77.	Gregory Weere	NACC	weere@nacc.or.ke
78.	Kenneth Nyamolo	NACC	knyamolo@nacc.or.ke
79.	Monica Njoroge	NACC	m.muthoni@nacc.or.ke
80.	Fridah Muinde	NACC	fmuinde@nacc.or.ke
81.	Caroline Ngare	NACC	cngare@nacc.or.ke
82.	Edwin Kimutai	NACC	ekimutai@nacc.r.ke
83.	Clauder Musi	NACC	musicn@nac.or.ke
84.	Marystella Mabuka	NACC	mmabuka@nacc.or.ke
85.	Martin Mwenda	NACC	mmwenda@nacc.or.ke
86.	Simon Macharia	NACC	smacharia@nacc.or.ke
87.	Daniel Mulinge	NHIF	dmulinge@nhif.or.ke
88.	Julius Mwanzia	NHIF	jmwanzia@nhif.or.ke
89.	Bernard Kabuu	NHIF	bnjenga@nhif.or.ke
90.	Ann Shorono	NHIF	ashorono@nhif.or.ke
91.	Weston Kiplangat	NHIF	westonek@nhif.or.ke
92.	Dr. A. J. Toro	KUTRRH	toroajdoc@gmail.com
93.	Samuel Mwaura	KUTRRH	cpamwaura@gmail.com
94.	Moses Ranjih	KUTRRH	mosesranjih@gmail.com
95.	Stephen Muchiri		
96.	JohnPaul Omollo	PATH	jomollo@path.org
97.	Melissa Wanda	PATH	mwanda@path.org
98.	Wesley Kiprono	MTRH-AMPATHPLUS	wkiprono@ampathplus.or.ke
99.	Benjamin Cheboi	MTRH-AMPATHPLUS	bcheboi@ampathplus.or.ke