

**REPUBLIC OF KENYA**



**Ministry of Health**

# **HEALTH SECTOR WORKING GROUP REPORT**

**MEDIUM TERM EXPENDITURE FRAMEWORK  
FOR THE PERIOD 2017-18 to 2019-20**

**September, 2016**



# **HEALTH SECTOR WORKING GROUP REPORT**

**MEDIUM TERM EXPENDITURE FRAMEWORK  
FOR THE PERIOD 2017-18to 2019-20**

## FOREWORD

The Vision 2030 expresses the commitment to provide an efficient and high quality health care system with the best standards focusing on public health, and by this reduce health inequalities and improve infant, child and maternal health.

Faced with scarcity of financial resources in the midst of increasing demand for health services, attention of most governments especially in the developing countries has focused on ensuring efficiency of the expenditures on health. Consequently, greater attention is being placed on ensuring that the available health resources are allocated on targeted interventions that address main health conditions, and that the management of the expenditures of the resources is done in ways that guarantee the effectiveness of the interventions, and their impact on improving health status of the population.

Consistent with the efficiency and effectiveness concerns, increased attention has been placed on ways of measuring and documenting the resource flows, allocation and management of resources. Public expenditure review provides one source of information for measuring:

- a) the structure and composition of health expenditures;
- b) allocation of the expenditures;
- c) efficiency and effectiveness of expenditures;
- d) impact of the expenditures; and
- e) Areas that need strengthening in order to increase the efficiency of health expenditures (i.e. institutional mechanisms).

The Health Sector Medium Term Expenditure Framework (MTEF) for the period 2017/18 - 2019/20 is guided by; The Second Medium Term Plan (2013 – 2017) of Vision 2030; The Kenya Health Policy 2014 – 2030; The Health Sector Strategic Plan 2013 – 2017 and; The Constitution of Kenya 2010.

The main purpose of the report is to provide legislators, policy makers, donor agencies and other stakeholders with key information and government programmes within the sector for the MTEF period that will enable them to make appropriate policies and funding decisions.

## **ACKNOWLEDGEMENTS**

The preparation of the Health Sector Working Group (SWG) Report for Medium Term Expenditure Framework (MTEF) 2017/18 - 2019/20) would not have been possible without the support, hard work, and endless efforts of a large number of individuals and institutions. The Team worked tirelessly to ensure the Report was completed on time.

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

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

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

Dr.Nicholas Muraguri,

**PRINCIPAL SECRETARY**

## LIST OF ABBREVIATIONS

ACT	Artemisinin combination treatment
AIA	Appropriation in Aid
AIDS	Acquired Immune Deficiency
AIE	Authority to incur expenditure
ALOS	Average Length Of stay
AMREF	African Medical and Research Foundation
ANC	Ante Natal Care
ART	Antiretroviral Treatment
ARVs	Antiretroviral ( drugs)
ASAL	Arid And Semi-Arid Lands
ASEOWA	African Union support to Ebola outbreak in West Africa
B	Billion
BMI	Body Mass Index
BOPV	Bivalent oral polio vaccine
BSC	Bachelor of Science
CASPs	County-specific HIV and AIDS Plans
CBA	Collective Bargaining Agreement
CBOs	Community Based Organizations
CPR	Contraceptive Prevalence Rate
CRWFP	Central Radioactive Waste Processing Facility
CSOs	Civil society Organizations
CSSD	Central supplementary services division
DALYs	Disability Adjusted Live Years
DANIDA	Danish International Development Agency
DNA	Deoxyribonucleic Acid
DNDI	Drug and Neglected Disease initiative
EAKI	East Africa Kidney Institute
EMTCT	Elimination of Mother to Child Transmission
ENT	Ear nose and throat
EOC	Emergency Obstetric Care
EPI	Extended Program of Immunization
FBOs	Faith Based Organizations
FP	Family Planning
FY	Financial Year
GAIN	Global Alliance for Improved Nutrition
GAVI	Government contribution for vaccines under
GoK	Government of Kenya
HISP	Health Subsidy Insurance Programme
HIV	Human Immunodeficiency Virus
HPT	Health Products and Technologies
HRH	Human Resources for Health
HSSF	Health Sector Service Fund
ICT	Information and Communication Technology
ICU	Intensive care unit
IDP	Internally displaced people
IGF	Intergovernmental forums
IHIMS	Integrated Hospital Information Management System
IPPD	Integrated Personnel Payroll Database
IPR	Institute of primate research
IPT	Intermittent Prophylactic Treatment
IPV	Inactivated Polio Vaccine
IRS	Indoor Residual Spraying
ITNs	Insecticide Treated Nets
JICA	Japanese International Corporation Agency

KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographical Health Survey
KEHPCA	Kenya Hospices and Palliative Care Association
KEML	Kenya Essential Medicines List
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Authority
KHHEUS	Kenya House Hold Expenditure Utilization Survey
KHSSP	Kenya Health Sector Strategic plan
KIDDP	Kenya Italy for Development Programme
KIPPRA	Kenya Institute of Public Policy Research and Analysis
KMTC	Kenya Medical Training College
KNBS	Kenya National Bureau of Statistics
KNESWS	Kenya National Electronic Single Window System
KNH	Kenyatta National Hospital
KSh	Kenya Shillings
LLITNs	Long Lasting Insecticide Treated Nets
LMIC	Lower Middle Income Country
LMIS	Logistic Management and Information System
M	Million
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MDRTB	Multi-drug resistant tuberculosis
MES	Managed Equipment Services
MOH	Ministry of health
MTEF	Medium Term Expenditure Framework
MTP	Medium Term Plan
MTRH	Moi Teaching and Referral Hospital
NACC	National Aids Control Council
NACOSTI	National Council for Science, Technology and Innovation
NASCOP	National AIDS and STDs Control Programme
NBTS	National Blood Transfusion Services
NCDs	Non-communicable diseases
NGOs	Non-Governmental Organizations
NHIF	National Health Insurance Fund
NMR	neonatal mortality rate
NPHL	National Public Health Laboratories
NQCL	National Quality Control Labs
NSSF	National Social Security Fund
NTDs	Neglected Tropical Diseases
O & M	Operations and Maintenance
OBA	Out-put Based Approach
ODF	Open Defecation Free
OOP	Out of Pocket
P.E	Personnel Emolument
PAS	Performance appraisal forms
PBB	Program Based Budgeting
POEs	Points of Entry
RDTs	Rapid diagnostic test kits
RMNCAH	Reproductive, maternal, neonatal, child and adolescent Health
SAGAs	Semi-Autonomous Government Agencies
SCI	Spinal Cord Injuries
SDGs	Sustainable Development Goals
SLDP	Strategic Leadership Development program
SMART	Specific Measurable Assignable Realistic and Time related
SRC	Salaries and Remuneration Commission
SWG	Sector Working Group
TB	Tuberculosis

THE	Total health expenditures
TOPV	Trivalent oral polio vaccine
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WRA	Women of Reproductive Age



## Table of Contents

<b>FOREWORD</b> .....	iii
Executive Summary .....	xii
<b>1 CHAPTER ONE: INTRODUCTION</b> .....	<b>1</b>
1.1 Background .....	1
<b>1.1.1 Health and national development</b> .....	<b>1</b>
<b>1.1.2 Health sector and PBB</b> .....	<b>1</b>
1.2 General Health Sector Profile .....	3
1.3 Vision, Mission and Mandate of the Health Sector .....	7
1.4 Strategic Objectives of the Sector .....	7
1.4.1 Ministry of Health Mandate.....	8
1.5 Autonomous and Semi-Autonomous Government Agencies .....	8
1.5.1 Kenyatta National Hospital (KNH) .....	9
1.5.2 Moi Teaching and Referral Hospital (MTRH) .....	9
1.5.3 Kenya Medical Training College (KMTC).....	10
1.5.4 Kenya Medical Supplies Authority (KEMSA).....	11
1.5.5 National Hospital Insurance Fund (NHIF) .....	11
1.5.6 Kenya Medical Research Institute (KEMRI).....	12
1.5.7 National AIDS Control Council (NACC).....	13
1.6 Role of Sector Stakeholders .....	13
<b>2 CHAPTER TWO: HEALTH SECTOR PERFORMANCE REVIEW 2013/14 – 2015/16</b> 16	
2.1 Performance of Sector Programmes –Delivery of Outputs .....	16
2.1.1 PREVENTIVE & PROMOTIVE HEALTH PROGRAM .....	16
2.1.1.1 HIV and AIDS control.....	16
2.1.1.2 Malaria control .....	18
2.1.1.3 Tuberculosis control .....	18
2.1.1.4 Non Communicable Diseases.....	18
2.1.1.5 Disease Surveillance and Outbreak Response.....	19
2.1.1.6 Environmental Health.....	20
2.1.2 REPRODUCTIVE, MATERNAL, NEW-BORN CHILD AND ADOLESCENT HEALTH (RMNCAH) PROGRAMME.....	20
2.1.2.1 Maternal and Child health .....	20
2.1.2.2 Immunization.....	20
2.1.2.3 Nutrition.....	21
2.1.2.4 Deworming of School Age Children .....	21
2.1.3 CURATIVE & REHABILITATIVE HEALTH PROGRAM.....	22

2.1.3.1	Specialized National referral hospitals; Moi Teaching and Referral Hospital (MTRH)	22
2.1.3.2	Specialized National referral hospitals; Kenyatta National Hospital (KNH)	22
2.1.3.3	Health Infrastructure	25
2.1.3.4	Model Level 4 Hospitals	26
2.1.3.5	Health Infrastructure upgrading in Slum Areas	26
2.1.4	GENERAL ADMINISTRATION AND PLANNING PROGRAM	27
2.1.4.1	Leadership and Governance	27
2.1.4.2	Health care Financing	27
2.1.4.3	Training	29
2.1.4.4	Health Products and Technologies (HPT)	31
2.1.5	HEALTH RESEARCH & DEVELOPMENT PROGRAMME	32
2.1.5.1	Research and Innovations	32
2.1.5.2	Capacity Building & Training	32
2.2	Review of key indicators of sector performance	33
2.3	Expenditure Analysis	40
2.3.1	Expenditure Analysis by Programmes for FY 2013/14 – 2015/16	44
2.3.2	Analysis of programmes for FY, 2015/16	45
2.3.3	Expenditure Analysis of Programmes by Economic Classification 2013/14 – 2015/16 FY	46
2.4	Pending Bills	49
2.5	Analysis of capital projects by programme	53
2.5.1	SUMMARY OF CAPITAL PROJECTS IN THE MINISTRY/DEPARTMENT/AGENCY	54
3	CHAPTER THREE - MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2017/18 -2019/20	73
3.1	Prioritization of programmes and sub- programmes	73
3.2	Programmes and their objectives	73
3.3	Analysis of Resource Requirement versus Allocation	81
3.4	Programmes by order of ranking	99
3.5	Criteria for programme prioritization	99
3.6	Resource Allocation criteria	100
4	CHAPTER FOUR: CROSS-SECTOR LINKAGES, EMERGING ISSUES AND CHALLENGES	101
4.1	Intra Sectoral Linkages within the Health Sector	101
4.2	Links to other sectors	101
4.2.1	Energy, Infrastructure and ICT Sector	101
4.2.2	Environmental Protection, Water and Natural Resources Sector	102

4.2.3	Social Protection, Culture and Recreation Sector .....	102
4.2.4	Public Administration and International relations .....	102
4.2.5	Education Sector .....	103
4.2.6	Governance, Justice, Law and Order Sector .....	103
4.2.7	General Economic and commercial affairs .....	103
4.2.8	Agriculture, Rural and Urban Development .....	103
4.3	Emerging Issues .....	104
4.4	Challenges for the Health sector .....	105
5	CHAPTER FIVE: CONCLUSION.....	110
6	CHAPTER SIX: RECOMMENDATIONS .....	111
7	REFERENCES .....	113
	List of Officers who participated in the Health Sector Report writing.....	114
	ANNEX II: PROJECT CONCEPT NOTE .....	116
	ANNEX II: PROJECT CONCEPT NOTEPROJECT CONCEPT NOTES .....	155
	ANNEX II: PROJECT CONCEPT NOTE .....	155
	MOH .....	155
	MOI TEACHING AND REFERRAL HOSPITAL .....	194

## List of Figures

Figure 1: Breakdown of Recurrent versus Development for FY 2013/14 – 2015/16 .....	40
Figure 2: Breakdown of MOH Actual Expenditure by Economic Classification, 2013/14 – 2015/16 .....	42
Figure 3: analysis of budget execution .....	42
Figure 4: Programme Percentage Breakdown 2013/14 – 2015/16 .....	45

## List of Tables

Table 1: The Core Mandates of the Ministry of Health.....	8
Table2: Key performance indicators for the sector.....	33
Table 2: Analysis of MOH Budgetary Trends 2013/14 – 2015/16 .....	40
Table 3: Analysis of MOH Budgetary Trends by Economic Classification 2013/14 – 2015/16 .....	43
Table 4: Expenditure Analysis by Programmes.....	45
Table 5: Expenditure Analysis of Programmes by Economic Classification .....	46
Table 6: Pending Bills.....	49
Table 7: Analysis of Performance of Capital Project .....	54
Table 13: Programmes and their Objectives .....	73
Table 14: Programmes and Sub-programmes.....	74
Table 15: Summary of Programmes, Key Outputs, Performance Indicators and targets for FY 2015/16 - 2018/19.....	75
Table 16: Ministry of Health Vote 1081 Analysis of Recurrent Resource requirement Vs Allocation.....	81
Table 20: Resource Allocation Criteria- Health Sector, Mombasa retreat 4-15 September, 2016.....	100

## Executive Summary

The preparation of the Health Sector Working Group (SWG) Report for MTEF period 2017/18 - 2019/20 was undertaken by a team comprising the Ministry of Health and its seven SAGAs namely; Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Kenya Medical Research Institute (KEMRI), Kenya Medical Supplies Authority (KEMSA), Kenya Medical Training College (KMTC), National Health Insurance Fund (NHIF), and National Aids Control Council (NACC). The Report spells out the Sector performance, achievements, key priorities and the resource requirements for the period 2017/18 - 2019/20.

The general Health Sector goal is, **‘attaining the highest possible health standards in a manner responsive to the population needs’**. The Sector aims to achieve this goal through supporting provision of *equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans*. In terms of health impact indicators, the Sector has made progressive achievement overtime. The Under Five Mortality rate dropped from 72 per 1,000 live births in 2009 to 52 per 1,000 live births in 2014, Infant Mortality from 52 per 1000 live births to 39 per 1000 live births in the same period and Maternal Mortality ratio from 488 per 100,000 live births in 2008/09 to 350 per 100,000 live births in 2014. Births attended by skilled health personnel increased from 43% in 2008/09 to 62 percent in 2014 (KDHS 2014) and the number of deliveries in public health facilities increased from 676,100 deliveries in 2013 to over one million deliveries in 2016 (DHIS2). This is attributed to the free maternal services program in all public health facilities. The Contraceptive Prevalence Rate (CPR) increased from 46% in 2008 to 58% in 2014. Immunization coverage for basic vaccines improved from 71 percent in 2014 to 75 percent in 2016. Currently, it is estimated that 1.51 million people are living with HIV in Kenya, out of whom 947,000 are on life saving ARVs. HIV prevalence rate realized a significant drop from 6.3% to 6% while stunting levels among children under five years have decreased from 35.3% in 2008/09 to 26% in 2014. Malaria control program registered a reduction in number of confirmed malaria cases and low prevalence of 8% in 2015 compared to 11% in 2010 (KMIS). Tuberculosis (TB) cases have also declined from 85,289 in 2014/15 to 78,394 cases in 2015/16.

In terms of the key strategic interventions, the Managed Equipment Services (MES), a total of 66 hospitals in 42 counties were fully installed with targeted specialised medical equipment while 11 portable clinics were installed and 8 are operational. Under Health Insurance Subsidy Program (HISP) a total of 21,546 households were enrolled, an increase of 30% over the previous year while the program for the elderly and persons with disability (PWD) registered 219,200 members.

Analysis of the Health Sector Financial Landscape indicates that during the FY2017/18, a total of KES 60,889 Billion was allocated to the sector representing a 20% increase in resource allocation to the sector between the FY 2013/14 and 2017/18 period.

Despite the achievements realized in the health sector, the Sector continues to be confronted with many challenges that include; increasing cases of non-communicable diseases, recurring pending bills attributed to inadequate funding of health interventions including some flagship projects. In addition, several issues have emerged due to social determinants of health and devolution of healthcare services placing huge financial demands on the Sector.

The Sector has been allocated KES 60.1 billion by the National Treasury for 2017/18 financial year.. This is an increase of 2% between the FY 2016/17 and FY 2017/18 budget. The Recurrent Expenditure was allocated Kshs 29,609.1 million while the Development Expenditure was allocated Kshs31,279.8 million. Development expenditure took the lion'sshare of the total sector budget in the FY2017/2018 at 51 per cent. In the Recurrent Expenditure ,a total of KES8,626.4 million was allocated to the Ministry of Health and rest shared among the SAGAs thus; KNH KES6.805B, KEMRI KES 1.846B, KEMSA KES 0.395B, MTRH KES 4.818B, NACC KES 0.606B and KMTC KES 2.533B The GoK component of the development expenditure has been allocated a total of 11.5 billion for capital projects in the FY2017/18 of which strategic interventions received 9.5B while 2.013B was shared between government counterpart funding and the other fully funded government projects. Overall, the government financing towards capital projects remain at 37% whereas donor financing stand at 63%.

# 1 CHAPTER ONE: INTRODUCTION

## 1.1 Background

### 1.1.1 Health and national development

Under the national long-term development agenda, Vision 2030, the Health Sector committed to contribute to ensuring Kenya becomes a globally competitive, industrialized and prosperous middle income country with high quality of life. This is premised on the fact that healthy population is a prerequisite for accelerated national development with higher and sustainable growth, employment generation and poverty reduction. The Constitution of Kenya further guarantees every citizen the right to the highest attainable standards of healthcare including reproductive health.

In order to ensure realization of right to healthcare, the national and county governments have been assigned specific functions and mandates which must effectively and efficiently be executed with the limited resources in an effort to fulfill the constitutional requirement. The medium term strategies and plans, guided by the Jubilee Manifesto, provide the framework for prioritization and implementation of the health sector priorities. The goal of the current Medium-Term-Plan 2013-2017 is to ensure an “*Equitable, Affordable and Quality Health Care of the Highest Standard*”.

The mandates of the national health sector include referral facilities, policy formulation, capacity building, regulations and technical support, while service delivery is assigned to the county governments. The national government functions are further elaborated in the Executive Order No 1 of 2016. The County Governments are responsible for: County health services, including, in particular: County health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, veterinary services (excluding regulation of the profession), cemeteries, funeral parlours and crematoria and refuse removal, refuse dumps and solid waste disposal

To enhance synergy, these roles of both levels of government are undertaken through consultation and cooperation using the structures and mechanisms established by the two levels of governments.

### 1.1.2 Health sector and PBB

The health sector strategies and interventions targeting poverty reduction are organized along transformative priority programmes to ensure scaling up the required level of investments in the sector. Further these interventions are designed to ensure that the sector addresses the health commitments under Sustainable Development Goals (SDGs) and maintaining the momentum gained in pursuit to attain the Millennium Development Goals (MDGs). There are 17 SDGs and the 3<sup>rd</sup> SDG is to: **Ensure healthy lives and promote well-being for all at all ages. It has several targets to be achieved by 2030 including:**

- Reduce maternal mortality ratio to less than 70 per 100,000 live births;
- end preventable deaths of new-born and children under 5 years of age, reduce neonatal mortality to 12 per 1,000 live births and under-5 mortality to 25 per 1,000 live births;

- end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases;
- reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being;
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol;
- halve the number of global deaths and injuries from road traffic accidents;
- ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Full realization of the health goals are also anchored in the Jubilee Administration Transformative Agenda in terms of Key flagship projects. Synergy and close collaborative efforts by both the national and county governments taking into account the respective constitutionally assigned roles and mandates. Considering the huge financial outlay for implementing the priorities from the public sector, efforts will be made to ensure the sector leverage on untapped private sector resources.

Three years into Programme Based Budgeting (PBB), the sector has realized significant progress in maternal and under five mortalities which currently stand at 39/100,000 live births and (52/1000 live births) respectively. Health financing reforms undertaken resulted in increased number of people enrolling for insurance, besides improved access to health services to the under-served through the Beyond Zero Campaign.

### **Rationale for the Health Sector Report**

This Health Sector Working Group (SWG) Report for MTEF period 2017/18 - 2019/20 presents an analysis of the Sector performance and achievements of the period 2013/14-2015/16 and the resource requirements for the period 2017/18 - 2019/20. For the purposes of this document, the Health Sector comprises of the Ministry of Health (Vote 108) and seven Semi-Autonomous Government Agencies (SAGAs) namely, Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Kenya Medical Research Institute (KEMRI), Kenya Medical Supplies Authority (KEMSA), Kenya Medical Training College (KEMTC), National Health Insurance Fund (NHIF), and National Aids Control Council (NACC).

This 2017/2018 Sector report is organized into six chapters. Its **main purpose** is to provide legislators, policy makers, donor agencies and other stakeholders with key information and government programmes within the sector for the MTEF period that will enable them to make appropriate policies and funding decisions.

The **specific objectives** of the Health SWG report are to provide an analysis of:

- Sector mandate
- Public health sector performance (Health outputs and Outcomes);
- Expenditure and performance of the health sector budget.



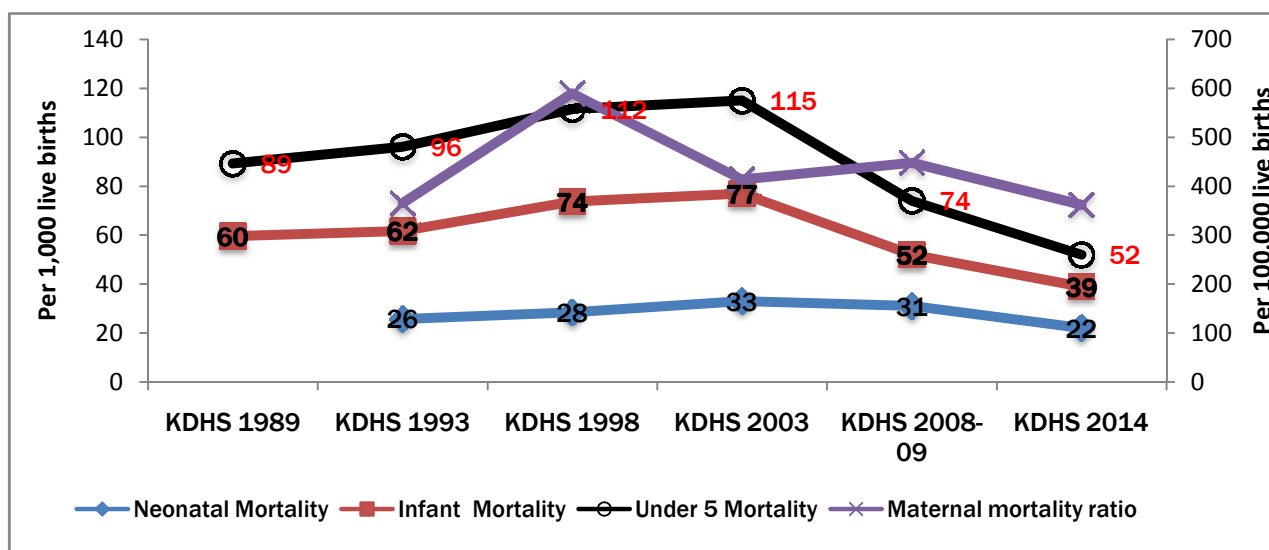
- Linkage between sector policies and priorities and public health sector expenditures;
- Identify constraints and challenges facing the sector and key recommendations
- Sector priorities and key outputs to be implemented in the 2017-2018 in the medium budget
- Budget proposals and resource sharing for FY 2017/18.

## 1.2 General Health Sector Profile

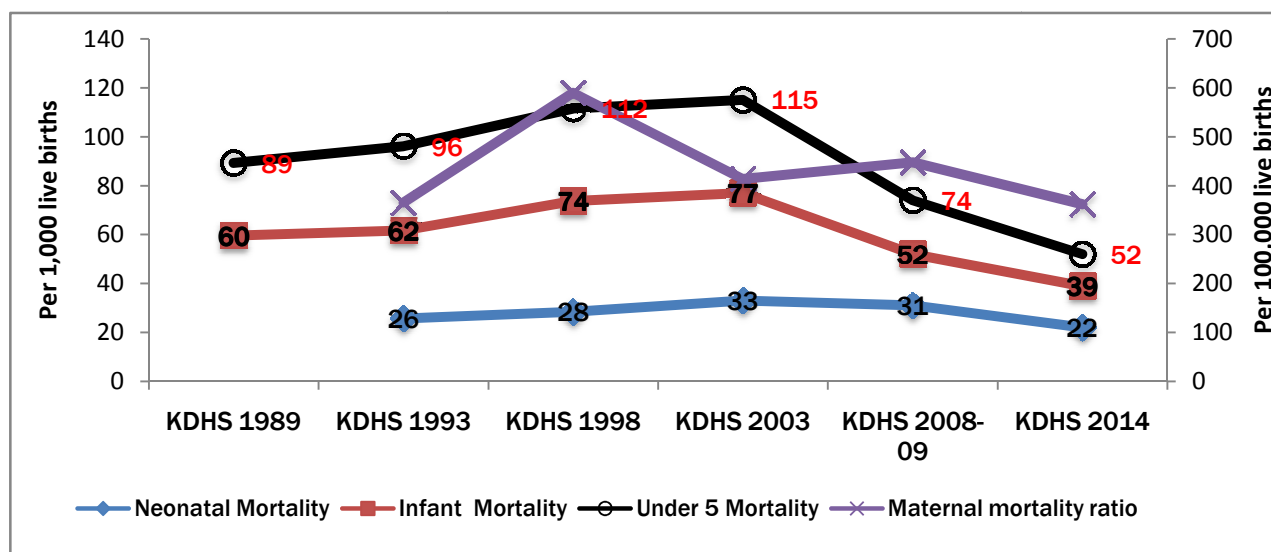
### Status of key health indicators

The sector has made tremendous improvement in communicable diseases control, maternal and child health through deliberate targeted initiatives which has shown significant improvement in the key health indicators as per the latest report of Kenya Health and demographic survey 2014. The Infant mortality rate is 39 deaths per 100,000 live births and under-five mortality rate is 52 deaths per 1,000 live births. Although delivery in a health facility stands at 61% of births, there is however significant reduction in maternal mortality ratio to 362/100,000 live births from 488/100,000 live births; 70% of children received full immunization, 26% of children under 5 are stunted (too short for age). 48% of Kenyan household population has access to an Insecticide treated net(ITN). The HIV/AIDS prevalence rate currently stands at 5.6 % showing a downward trend. More than 70% of Kenyan population live in malaria risk areas including the most vulnerable to the disease such as children and pregnant women however the country has put in place intervention reducing malaria prevalence rate tremendously over the period . The country recorded a high treatment rate among multi drug resistant(MDR) TB cases at 83%. Reports have also showed an increase in non- communicable diseases and injuries contributing significantly to the disease burden in the country.

**Figure: Key Maternal and Child Health Indicators for Kenya**



Source: KDHS various releases



### Risk factors to health

Risk factors to good health in Kenya include unsafe sex<sup>1</sup>, suboptimal breastfeeding, under-nutrition, alcohol and tobacco use, obesity and physical inactivity, among others. Whereas 5 percent of all deaths from non-communicable conditions and 55 percent of deaths from cancers of the trachea, bronchitis and lungs are attributable to tobacco use, and above or about 2.5 million persons were using tobacco products in 2014. The same pattern is seen in the use of alcohol products among sexes, with the impure and unhealthy alcohol products found more in the rural areas and urban slums. The STEPs-wise report showed that 1.9 Kenyans were diabetic while the percentage of Tobacco smoking among men is 20 and less than 1 percent among women.

Alcohol consumption among Kenyans was at 19% with significant difference between sexes; 34% of men and 5% of women. Further, it is estimated that 25 per cent of all persons in Kenya are overweight or obese, with the prevalence being highest among women in their mid- to late 40s and in urban areas.

### Social determinants of health

<sup>1</sup>Kenya Health Policy 2014-2030

Other determinants of health include the literacy levels of women; nutrition; and access to safe water, adequate sanitation, and proper housing, roads and infrastructure among others. The literacy level of women has a strong correlation with a child's health and survival. According to KDHS 2014, 93 % of women had at least primary school education.

Nutrition is a vital building block in the foundation of human health and development. The right nutrition early in life, particularly in the first 1,000 days between a woman's pregnancy and her child's second birthday helps ensure healthy growth and cognitive development, leading to a lifetime of health and economic benefits. Nutrition is not just a social determinant of health, but has a direct relationship with health status. According to the Demographic and Health Surveys 2014, stunting, wasting and underweight have improved from 35%, 7% and 16% in 2008/09, to 26%, 4% and 11% in 2014 respectively.

Overweight and obesity are major risk factors for non-communicable diseases such as cardiovascular, diabetes and some forms of cancer. 9% of the general population have a BMI above 30 (obese) while 19% are overweight. Current data shows that 39% of women are overweight or obese compared with 18% of men.

There were improvements in availability of safe water sources and sanitation facilities. Population with access to safe water increased from 59% in 2008 to 62% in 2013, with rural areas registering 55% access in 2013<sup>2</sup>. However, some regions, such as arid and semi-arid areas, still have poor access to safe water.

The proportion of the population in active employment grew marginally from 28.3% in 2009 to 32.4% in 2013<sup>3</sup>; however, there has been an associated increase in the absolute numbers of the unemployed population. Migration from rural to urban areas, most noted among people ages 20–34 years, has contributed to an increase in the urban population and their associated health risks mostly affecting the urban informal settlements in the country.

### **Health sector financing Landscape**

As repeatedly reported in National Health Accounts reports, Household Out of Pocket Expenditure (OOPs) are a major source of financing for health services in Kenya. The direct OOPs are charged for health services in both the public (cost-sharing, user fees) and private sector. The Household Out of Pocket Expenditure accounted for 26.6% of Total Health Expenditure (THE) in 2012/13, an increase from 24.5% reported in 2009/10.

The level of donor funding is relatively high, with a significant share of this funding being 'off-budget'. External financing for the health sector accounted for 25.6% of THE in 2012/13 up from 16.4% in 2001/02, but down from 34.5% in 2009/10. In absolute terms, the funding available for health has increased since 2001/02, but in relative terms the donor contribution has been declining since 2009/10. A significant share of the donor funding is for key programmes such HIV/AIDS, TB, malaria, reproductive health and immunization.

The KHHEUS showed mixed results of the incidence of catastrophic health spending. In 2012/13, households who utilized healthcare services experienced catastrophic expenditure. As shown, 6.2 percent of households were at risk of impoverishment as a consequence of

---

<sup>2</sup>Ministry of Health: Global Adult Tobacco Survey 2014

<sup>3</sup>Rapid Assessment of Drug and Substance Abuse

spending on health care in comparison to 11.4 percent and 5.2 percent in 2007 and 2003, respectively<sup>4</sup> depleting household savings.

Whilst the total national government budget expanded by 12 percent from FY 2013/14 to FY 2014/15 and by a further 27 percent between FY 2014/15 and FY 2015/16, the total MOH allocation expanded favourably by 31 percent and 25 percent respectively over the same period. This depicts an annual average growth of 28% for the health budget as compared with 20% for the national government budget as shown in Table 1.

**Table 1: Growth of National and MOH Budgets FY 2013/14-2015/16**

	KSh Million			% Increase between FYs 2014/15 and 2015/16
	2013/14	2014/15	2015/16	
MOH	36,219	47,363	59,184	25 %
National Gov't	1,057,274	1,182,432	1,505,492	27 %

## Human Resources

The health workforce constitutes those persons recruited primarily for health and related service provision and management in the state and non-state sectors, who have undergone a defined, formally recognised training programme. An adequate, productive, and equitably distributed pool of trained health workers who are accessible is necessary for the effective delivery of healthcare.

The World Health Organisation recommends 21.7 doctors per 100,000 population and 228 nurses per 100,000 population. Kenya had 22 doctors per 100,000 population and only 173 nurses per 100,000 respectively in 2015<sup>5</sup>. Devolution of service delivery in Kenya has enhanced the health worker population ratio especially in hard to reach areas.

The distribution of workforce has tended to favour regions perceived to have high socioeconomic development, leaving marginalised and hard-to-reach areas at a disadvantage, despite the contribution of faith based organizations (FBO) sector health workers in hard-to-reach areas. There is a skewed urban-rural distribution of health workers, with the urban areas having the highest proportions at the expense of rural and remote areas where 70% of the population lives. Moreover, specialized medical care is mostly available in urban areas.

Lack of essential tools and medical and non-medical supplies in health facilities, and a poor and unsafe working environment contribute to low morale and productivity of health workers. Other challenges that affect performance and motivation include uneven remuneration and disparities in the terms of service among the same cadres of staff in the public sector. Training of specialised is a key priority area for the sector.

## Health infrastructure

<sup>4</sup>Kenya Household Expenditure and Utilization Survey, 2013

<sup>5</sup>Economic Survey 2016

Health infrastructure relates to all the physical infrastructure, non-medical equipment, transport, and technology infrastructure (including ICT) required for effective delivery of services by the national and county governments and other health service providers. The goal of this policy is to have adequate and appropriate health infrastructure. The network should be functional, efficient, safe, and sustainable health infrastructure based on the needs of the clients. Different facilities have different levels of infrastructure. Currently there are 9,630 registered and functional health facilities<sup>6</sup>, Most of these facilities have inadequate and dilapidated equipment and don't meet the required norms and standards. WHO recommends increasing access to health services, there should be a health facility within a 5km radius. The average population in Kenya meeting this norm is about 62%. The health sector has prioritized more investments in health infrastructure by focusing on establishment of specialized centres of excellence for the East African region. Other concerted efforts include access to specialised services through provision of specialised equipment (MES).

### 1.3 Vision, Mission and Mandate of the Health Sector

#### 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.

### 1.4 Strategic Objectives of the Sector

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

- a. **Eliminate communicable conditions:** The Health sector will achieve this by forcing down the burden of communicable diseases, till they are not of major public health concern.
- b. **Halt, and reverse the rising burden of non-communicable conditions** by setting clear strategies for implementation to address all the identified non communicable conditions 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 are affordable, equitable, accessible and responsive to client needs.

---

<sup>6</sup>Kenya Health SARAM 2013

- e. **Minimize exposure to health risk factor** by strengthening the health promoting interventions, which address risk factors to health, plus facilitating use of products and services that lead to healthy behaviours in the population.
- f. **Strengthen collaboration with private and other sectors that have an impact on health.** The health sector will achieve this by adopting a ‘Health in all Policies’ approach, which ensures it interacts with and influences design implementation and monitoring processes in all health related sector actions.

#### 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 2016, as shown in **Error! Reference source not found.:**

**Table 1: The Core Mandates of the Ministry of Health**

Health Policy and Standards Management	Coordination of campaign against HIV/AIDs
Registration of Doctors and Para-medics	Cancer Policy
Training of Health Personnel	Nutrition Policy
National Medical Laboratories Services	KEMSA (KEMSA Act 2013)
Pharmacy and Medicines control	KEMRI, science and technology(amendment act 1979)
Public Health and Sanitation Policy Management	KMTC legal notice no.14 of 1990
Medical Services Policy	NHIF(NHIF act 1998)
Reproductive Health Policy	KNH(Legal notice No.109 of 1987)
Preventive, Promotive and Curative Health Services	MTRH(legal notice no.78 of 1998)
National Health Referral Services	Government Chemist (health act)
Health Education Management	Pharmacy and Poisons Board(cap 244)
Health Inspection and other Public Health Services	Radiation Protection Board(cap 243)
Quarantine Administration	Referral Hospitals Authority
	National Aids Control Council (legal notice No.170 of 1999)

#### 1.5 Autonomous and Semi-Autonomous Government Agencies

The sector has seven Semi-Autonomous Government Agencies (SAGAs) which complements it in discharging its core functions through specialized health service delivery; medical research and training; procurement and distribution of drugs; and financing through

health insurance. These SAGAs are the Kenyatta National Hospital; Moi Teaching and Referral Hospital; Kenya Medical Training College; Kenya Medical Supplies Authority, Kenya Medical Research Institute, National Hospital Insurance Fund; National AIDS Control Council.

### **1.5.1 Kenyatta National Hospital (KNH)**

Kenyatta National Hospital (KNH) was established in 1901 to provide referral and specialized services in Kenya and beyond. Over the years the bed capacity of the Hospital has grown to 2,000. The Hospital provides specialized health care services to Kenyans and the wider East African region. As a result of the pressure occasioned by inadequate public health facilities in Nairobi and the environs, the hospital provides primary and secondary level of care. Annually, about 600,000 outpatients and 84,000 in-patients access health care services at KNH.

Further, the Hospital is the training facility for University of Nairobi (College of Health Sciences) and Kenya Medical Training College (KMTTC). Kenyatta National Hospital also works closely with the Kenya Medical Research Institute (KEMRI), Government Chemist, National Radiation Protection Board, National Public Health Laboratories (NPHL), National AIDS and STDs Control Programme (NASCOP), National AIDS Control Council, National Blood Transfusion Services (NBTS) and African Medical and Research Foundation (AMREF).

The hospital relies heavily on the Government funding which currently stands at over 60% of the total budget, while the balance of about 40% is funded through generated cost sharing.

The Hospital, under legal Notice No. 109 of 1987 has the following mandate:

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

### **1.5.2 Moi Teaching and Referral Hospital (MTRH)**

Moi Teaching and Referral Hospital (MTRH) was established as a State Corporation through Legal No. 78 of 1998. It is the second National Referral Hospital in Kenya after Kenyatta National Hospital (KNH). The Hospital is located along Nandi Road in Eldoret town, Uasin Gishu County, in the North Rift region of Western Kenya. The Hospital is the training facility for Moi University College of Health Sciences, Kenya Medical Training College (KMTTC) and University of Eastern Africa Baraton.

#### **Mandate**

The functions of the Hospital as enumerated in the Legal Notice No. 78 of 12<sup>th</sup> June 1998 are:

- 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 Moi University College of Health Sciences 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.

The overall Goal of the Hospital is to provide Preventive, Promotive and Curative Health Care for all Kenyans through the following Strategic objectives;

- i. To provide specialized, quality and accessible health care services to all clients.
- ii. To provide an enabling environment for teaching and conducting co-ordinated research activities in order to contribute towards enhancing competent healthcare professionals
- iii. To maintain and diversify a stable and sustainable financial base of the Hospital
- iv. To increase the capacity of the institution to recruit, develop and retain a competent human resource that is able to provide excellent service delivery to its customers.
- v. To strengthen and maintain strategic leadership, governance and ethical practices.
- vi. To develop and maintain an efficient and effective Integrated Hospital Information Management System (IHIMS) that is compatible and robust in ICT connectivity and networking in delivery of specialized service by the Hospital.
- vii. To position the Hospital to play its role in the attainment of Kenya Vision 2030 objectives.
- viii. To ensure the risks in the Hospital are managed effectively.

### **1.5.3 Kenya Medical Training College (KMTC)**

Kenya Medical Training College was established as a state corporation through an Act of Parliament (Legal notice no.14 of 1990) vide Cap.261, of 1991. 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
- vi. To determine who may teach and what may be taught and how it may be taught in the College
- vii. To examine and make proposals for establishment of constituent training centres and faculties.



## **KMTC Strategic Objectives**

- i. To sustain quality in training and learning
- ii. To expand training opportunities
- iii. To enhance institutional research capacity
- iv. To institutionalize consultancy services
- v. To attract, develop and retain qualified staff
- vi. To strengthen internal processes
- vii. To integrate ICT in management of college operations
- viii. To improve KMTC corporate image
- ix. To establish appropriate resource mobilization mechanisms
- x. To strengthen financial and resource management system.

### **1.5.4 Kenya Medical Supplies Authority (KEMSA)**

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

It is mandated as a 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.

Specific mandates include:

- i. Procure, warehouse and distribute drugs and medical supplies for prescribed public health programs, the national strategic stock reserve, prescribed essential health packages and national referral hospitals.
- ii. Establish a network of storage, packaging and distribution facilities for the provision of drugs and medical supplies to health institutions.
- iii. Enter into partnership with or establish frameworks with County Governments for purposes of providing services in procurement, warehousing, distribution of drugs and medical supplies.
- iv. Collect information and provide regular reports to the National and County Governments on the status and cost effectiveness of procurement, the distribution and value of prescribed essential medical supplies delivered to health facilities, stock status and on any other aspects of supply system status and performance which may be required by stakeholders.
- v. Support County Governments to establish and maintain appropriate supply chain systems for drugs and medical supplies.

### **1.5.5 National Hospital Insurance Fund (NHIF)**

National Health Insurance Fund was set up in 1966 under Cap 255 of the Laws of Kenya as a department under the Ministry of Health. Its establishment was based on the recommendation 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 mandate of the NHIF is to provide accessible, affordable, sustainable and quality social health insurance through effective and efficient utilization of resources to the satisfaction of contributors. 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.

#### Mandate

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

#### **1.5.6 Kenya Medical Research Institute (KEMRI)**

Kenya Medical Research Institute is a State Corporation established through the Science, Technology and Innovation (Amendment) Act of 2013, as the national body responsible for carrying out health research in Kenya.

Mandate of KEMRI includes; conducting research aimed at providing solutions for the reduction of the infectious, parasitic and non-infectious diseases and other causes of ill-health in Kenya;

- i. To carry out research in human health.
- ii. To cooperate with other research organizations and institutions of higher learning on matters of relevant research and training.
- iii. To work with other research bodies within and outside Kenya carrying out similar research.
- iv. To cooperate with the Ministry of Health, the National Council for Science, Technology and Innovation (NACOSTI) and the Medical Sciences Advisory Research Committee in matters pertaining to research policies and priorities.
- v. To do all things as appear to be necessary, describe or expedient to carry out its functions.

#### **KEMRI strategic objectives**

- i. To develop tools and strategies for reduction of disease burden
- ii. To strengthen relationships with stakeholders, research partners and collaborators for disease diagnosis, prevention, control and surveillance
- iii. To strengthen research infrastructure
- iv. To strengthen human resource capacity
- v. To strengthen programme management and coordination

- vi. To promote research and product innovation
- vii. To promote products and services provided by the Institute
- viii. To implement Quality Management Systems.

### **1.5.7 National AIDS Control Council (NACC)**

National AIDS Control Council (NACC) was established in November 1999 under the State Corporations Act and Legal Notice No. 170 with a mandate to coordinate the national response to HIV and AIDS.

The overriding mandate of NACC is national coordinating for HIV and AIDS. Specific mandates includes:-

- i. Provision of policy and a strategic framework,
- ii. Mobilization of resources,
- iii. Prevention of HIV transmission, and
- iv. Coordination of care and support for those infected and affected.

### **Strategic Objectives of NACC**

The strategic objective of the NACC is to develop policies, strategies and guidelines to the prevention of HIV and AIDS and; mobilize resources for AIDS control and prevention. The ultimate goal is to reduce the spread of HIV, improve the quality of those infected and affected and mitigate the socio-economic impact of the epidemic. Households divert resources from productive use to cater for HIV and AIDS. Containing the spread of the epidemic will contribute significantly to increased investments that will guarantee steady income of Kenyans as envisioned in the Vision 2030.

## **1.6 Role of Sector Stakeholders**

The Kenya Constitutional dispensation a two tier health service delivery system has been introduced whereby the national level deals with Health policy, National Referral Hospitals, Capacity Building and Technical Assistance to counties.

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:

### **National level institutions**

- (i) The National Treasury plays a major role as a stakeholder by providing the budgetary support for investments, operations and maintenance of the Sector's ministries besides the remuneration of all employees within the Sector;
- (ii) The Ministry of Devolution and Planning plays a crucial role in coordination in planning, policy formulation and tracking of results in the sector.
- (iii) The Ministry of Public Service, Gender and Youth Affairs, provides the relevant schemes of service for career development under the directorate of Public Service Management.

- (iv) Kenya National Bureau of Statistics (KNBS) and Kenya Institute of Public Policy Research and Analysis (KIPPRA); conduct surveys and provide information for planning purposes.
- (v) The National Assembly and The Senate plays key role in legislating on matters relating to health including law enactment and budgetary approval.
- (vi) Other stakeholders are the Ministry of Environment and Natural Resources, Ministry of Water & Irrigation; Ministry of Agriculture, Livestock and fisheries, Ministry of Labour & East Africa Affairs, Ministry of Information, Communication and Technology, Ministry of Interior and Coordination of National Government, Ministry of Transport and Infrastructure and Ministry of Education through inter-sectoral collaboration in promotion of health services and disease prevention.

### **County level institutions**

County governments.

The Counties focuses on County health facilities; County health pharmacies; Ambulance services; Promotion of primary health care; licensing and control selling of food in public places; veterinary services; cemeteries, funeral parlours and crematorium; enforcement of waste management policies in particular refuse dumps and solid waste.

### **Non-state actors in health**

These are implementing partners that play a role in health service delivery. They include the private sector, FBOs, NGOs and 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 a critical source of human and monetary resources that would be 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.

### **Development partners**

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

International collaboration on matters of public health is a critical component in driving the process forward in prevention of diseases, sharing and partnering on public health best

practices. Towards this effect Health Sector collaborates with some international bodies whose mandates is to contain, research, or disseminate findings on health matters.

### **Academic institutions**

Universities in the Health Sector and the private sector also play crucial roles in augmenting sector research, training and funding;

### **Clients/consumers**

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, participate in local health care systems. Individuals and Households play a role of adopting good health practices and care seeking behaviours as the Policy outlines and also taking responsibility of own health, participate in local health care systems.

## **2 CHAPTER TWO: HEALTH SECTOR PERFORMANCE REVIEW 2013/14 – 2015/16**

This chapter examines performance review for the 2013/14– 2015/16 period for the health sector. It provides an analysis of the program performance; and on-budget resources (allocations and expenditures) that were allocated to the health sector by both the National Treasury as well as Development Partners who are on-budget. In the period under review, there were five programmes under the Ministry: Preventive and Promotive Health Services, Curative Health Services, Health Research and Development, General Administration, Planning and Support Services and Maternal and Child Health. The programmes are envisaged to be undertaken within the mandate of the Ministry as outlined in its Kenya Health Sector Strategic and Investment Plan and the Ministerial Strategic Plan. This section will therefore highlight the key achievements by programmes and the budget execution over the review period.

### **2.1 Performance of Sector Programmes –Delivery of Outputs**

#### **2.1.1 PREVENTIVE & PROMOTIVE HEALTH PROGRAM**

The achievements of this programme are dependent on both national and county governments allocating resources and delivering fully on their respective mandates through the five sub-programmes: Communicable Diseases Prevention and Control, Health Promotion, Non-Communicable Diseases Prevention and Control, Government Chemist and Radiation Protection.

##### **2.1.1.1 HIV and AIDS control**

The HIV prevalence for the period under review has stabilized at 6% from the peak of 10.5% in 1996. The number of people living with HIV (PLHIV) averaged 1.5 million Kenyans for the period under review. New HIV infections among adult population has declined from 95,000 (2007) to 71,034 (2015) and that of children from 23,000 (2007) to 6,613 (2015). However, new infections vary geographically, for instance, 65% of new infections are coming from 9 counties. The Ministry has rolled out “*Test & Treat HIV Guidelines*” that will ensure that the PLHIV are enrolled on Anti-Retroviral therapy (ARVs), this is in line with the UHC under the WHO Guidelines. Due to increased use of ARVs, the number of AIDS-related deaths reduced from 58,000 (2013) to 35,821 (2015). The number of PLHIV under ART increased from 425,000 (2013) to 947,000 (2015). The government financial contribution for the period under review has increased from 18% (2013) to 25% (2015) according to the Kenya National AIDS Spending Assessment survey. There has been a 44% reduction in mother – to – child transmission of HIV with the current rates standing at 6% at the first test and 13% at the end of breastfeeding; these gains have been made due to high acceptability of HTC in ANC and ARV prophylaxis of 88%.

The development partners average financial contribution has averaged 70% for the period under review. The challenge as we forge ahead is that donors are scaling down their financial

support this requires government contribution to increase significantly. For the period under review, the NACC achieved the following:

- NACC in partnership with stakeholders has continued to launch mobile clinics in the hard-to-reach areas through the Beyond Zero Campaign; this has increased access to health care services by mothers and children.
- NACC in partnership with stakeholders have continued to assist counties develop and launch county specific HIV and AIDS Plans (CASPs) in line with Kenya AIDS Strategic Framework (KASF 2014/15-2018/19)
- NACC in partnership with stakeholders has started Maisha League campaigns (football competition) that target the youth and adolescents in passing HIV prevention messages), this age group is now leading in new HIV infections.
- NACC has partnered with stakeholders to assist counties develop HIV and AIDS budget proposals that will feed into county MTEF process, this is a sustainable way of raising resources for HIV response at county levels. Donors are scaling down their financial support.
- NACC partnered with stakeholders and launched a Research Hub in order to increase access to HIV and AIDS data by the various researchers.
- NACC has partnered with stakeholders in developing an on-line reporting system for the various HIV, including provision of TV screens at strategic areas (Governor's office and State House); this has improved on policy formulation at both national and county levels.
- NACC in partnership with UNAIDS and WHO and carried out a study on the impact of rebasing the economy on HIV and AIDS. Kenya transitioned from a poor country to a Lower Middle Income Country (LMIC), the implications are that the country will procure ARVs at market prices in 2017/18; Future Global Fund monies will only cater for the Key population only (MARPs/ vulnerable population); government contribution for vaccines under GAVI will increase from 5% to 15%; country will no longer access cheap credit from World Bank/ IDA, country will borrow at market prices; the government contribution to HIV and AIDS will have to increase significantly (currently government contribution is estimated at 25%).
- NACC partnered with UNAIDS and carried out Gap analysis survey to inform HIV programming at both national and county levels.
- Initiated research on Actuarial estimations on how much it will cost to insure PLHIV (including paediatrics) under NHIF, this will be in line with WHO recommendation of "Test and Treat" under the UHC.
- NACC partnered with Global Fund in initiating Kenya National AIDS Spending Assessment in order to estimate expenditure on HIV and AIDS. The assessment will show contribution from the various sources, the interventions being implemented and who is benefiting. This will assist in resource mobilization and policy formulation at both national and county levels.
- NACC in partnership with AVRIL and procured a consultant to review efficiency savings that can be realized by optimizing on HIV programme implementation. There are strong feelings that the country can save a lot by streamlining operations especially from ARVs and commodities procurement and distribution.

### **2.1.1.2 Malaria control**

Malaria remains a significant public health problem in Kenya. More than 70% of the population live in malaria risk areas, including the most vulnerable to the disease: children and pregnant women.

During the period under review, tremendous efforts were made to combat malaria with prevention and treatment interventions such distribution of long lasting insecticide treated nets (LLINs), with 0.6million, 6 million and 6 million LLINs being distributed in FY 2013/14, 2014/15 and 2015/16 respectively. This translated to about 25 million Kenyans sleeping under a LLIN (63% households). In addition, the following interventions such as intermittent preventive treatment for malaria during pregnancy, and parasitological diagnosis and management of malaria cases have been ramped up with procurement and distribution of 14 million arthemether – combination therapy (ACT) doses in FY 2015/16, this represented an extra 2 million ACT doses which were sent to counties as part of El – Nino preparations. Due to these concerted efforts, the prevalence of malaria in children under 15 years fell from 11% (2010) to 8% (2015).

### **2.1.1.3 Tuberculosis control**

Tuberculosis (TB) is a key priority communicable disease and a major public health problem. Kenya is currently ranked 15th among the 22 high TB burden countries of the world. There has been a notable decline in TB over the years with 91013; 85289 and 78394 TB cases notified in 2013/14, 2014/15 and 2015/16 respectively. On the other hand, the treatment success rate among TB patients plateaued at 89% during the period under review. Testing for HIV in TB patients has remained relatively stagnant at 94%, which is above the global average of 48% and 76% for the African region. Uptake of antiretroviral therapy among TB/HIV co- infected patients has greatly increased from 80% in 2013/14to 83% in 2015/16.

The number of multidrug resistant tuberculosis cases detected was 302, 305 and 433 in FY 2013/14, 2014/15 and 2015/16 respectively. There was a 45% increase in the cases detected between FY 2014/15 and 2015/16 that matched the distribution of 100 Gene Xpert machines across all 47 counties. The country recorded a high treatment success rate among multi-drug resistant tuberculosis (MDRTB) cases at 83%, higher than the World Health Organization (WHO) target of 75%.

### **2.1.1.4 Non Communicable Diseases**

Kenya is experiencing an epidemiological transition in its diseases burden from infectious to non-communicable conditions resulting in a double burden of disease. Non – communicable diseases (NCDs)like obesity, cancer, diabetes, heart diseases, hypertension, mental disorders, violence and injuries, are a major public health concern with significant social and economic implications in terms of health care-needs, lost productivity and premature death. NCDs are thus a serious setback to our attainment of social, health and economic targets if no proper interventions are put in place. Areas of focus: health promotion and health education, tobacco control, nutrition policy including promotion of health diets and physical activity, Cancer



Control Policy, screening for treatable non-communicable diseases, violence and injury prevention.

The Kenya national strategy for the prevention and control of non-communicable diseases, 2015–2020, gives directions to ensure there is constant significant reduction of preventable burden of NCDs in Kenya.

In the FY 2015/16, the STEP survey was undertaken and provides baseline data on prevalence of NCDs. Twenty-seven percent of Kenyan adults are either overweight or obese. Cervical cancer screening coverage in the country among women of reproductive age decreased to 117,000 against a target of 325,000. This is attributed to the fact that this intervention was largely donor driven and when they changed the focus for the use of their funds, the intervention therefore suffered. The STEPS survey 2015 showed that 23.8% of Kenyans are hypertensive.

### **2.1.1.5 Disease Surveillance and Outbreak Response**

Infectious diseases outbreaks can be devastating as they spread rapidly and can result in many deaths within a short period of time. Control of disease outbreak should be considered a national security issue and should be handled by the national government in collaboration with affected county governments. As witnessed in the period under review, the country has grappled with Cholera outbreaks in various counties across the country with 17,000 cases reported. Further, the country was on high alert due to the Ebola Virus Disease outbreak in West Africa.

The Ministry established and operationalized Emergency Operations Centre (EOC) in quarter 4 FY 2015/16 to develop, strengthen and maintain the capacity to respond promptly and effectively to public health risks and public health emergencies. This is part of the global health security agenda which focuses on improving health globally through partnerships with Ministries of Health. The purpose is to support immediate response efforts for infectious disease outbreaks or health threats and public health emergencies of international concern (PHEICS). It is intended to build capacities to prevent, detect, respond and control infectious disease outbreaks, strengthen border security and mitigate PHEICS and other health threats.

This is envisaged to improve coordination of players from various sectors in planning, preparedness and response to public health emergencies. Public Health Emergency management is a shared essential role of both national and county governments. The County Health Departments are the primary responders during Public Health Emergencies. The national government assumes a secondary role, and it comes in when the emergency is beyond the capacity of the county to respond. The EOC will be very instrumental for the two levels of government as it will provide a link for effective communication, coordination and joint decision making during preparedness and effective response to public health emergencies. The EOC will key in coordinating multi-sectoral and multi-agency response.

### **2.1.1.6 Environmental Health**

The National Health Care Waste Management strategic plan 2015 – 2020 was launched in the period under review, together with the National Health Care Waste Management training manual and the National Health Care Waste Management on job training manual. This has led to better coordination of services and actors, reduced wastage of resources, improved service delivery and improved productivity of labour.

Integration of the e-portal for Port Health services with the Kenya National Electronic Single Window System (KNESWS) to facilitate issuance of electronic import and export health certificates at JKIA Airport in Nairobi and Kilindini Port, Mombasa was done in the period under review. In addition, there was an increase the number of Points of Entry (POEs) contributing to trade facilitation by on-line processing of Import and Export Health Certificates from 3 to 8. Further, 180 Port Health Services staff were trained on Kenya Trade-Net System. This has led to improved trade facilitation along the northern corridor, reduced cost of doing business and lower cost of goods and services to the consumers.

## **2.1.2 REPRODUCTIVE, MATERNAL, NEW-BORN CHILD AND ADOLESCENT HEALTH (RMNCAH) PROGRAMME**

### **2.1.2.1 Maternal and Child health**

In July 2013, the government committed KSh3.8 billion to fund the free maternal health care program and amount considered by observers from within the health system as being inadequate to meet the additional demand placed on facilities and staff due to the free maternity health policy. Subsequently, the budgetary allocation to fund free maternal health care program has progressively increased over the years with recent reimbursements to County Governments being KSh 4.3 billion in FY 2015/16.

During the period under review, free maternity services realized significant progress, maternal utilization (proportion of pregnant mother who sought ANC services who delivered in health facilities), and delivery uptake increased from 69% (2013/14) to 77% (2015/16). Finally, the proportion of women of the reproductive age (WRA) receiving family planning commodities increased from 40% to 47% during the period under review.

### **2.1.2.2 Immunization**

The proportion of fully immunized under 1 year remained stagnant around 70% during the period under review. This can be attributed to the introduction of new vaccines that need at least two fiscal years to have a good coverage.

The government funds the Extended Program of Immunization (EPI) for traditional vaccines of polio, tetanus, BCG and measles 100%, while funds 10% pentavalent (DPT/HepB and HiB), pneumococcal vaccine 10, rota virus and yellow fever (Baringo and Elgeyo Marakwet) vaccines.

Further, the government is to finance 100% anti – snake venom, anti – rabies, Hepatitis B and yellow fever (Port Health) vaccines.

In the period under review, vaccine clearance was outsourced and contracted to professional firm reducing clearance delays. In addition, electronic temperature monitoring devices and electronic stock monitoring tools were introduced to further strengthen cold chain system.

Among the key milestones in the period under review, Inactivated Polio Vaccine (IPV) and rota virus vaccines were introduced into the routine immunization. The Ministry also successfully switched from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) during National Immunization Days, as part of the global Polio Endgame Strategy, and introduced measles rubella during Supplementary Immunization Activity and the acceptance was high. These are geared to reduce the infant mortality rate.

Challenges included late co-financing payments due to Public Finance Management issues due to different financial cycles between GAVI and the government, but these were addressed. The country also faced challenges of increase in number of unvaccinated children especially in underserved populations of urban informal settlements, nomadic, border populations and security challenged areas. Further, vaccine hesitancy due to a wide range of reasons e.g. adverse publicity & religious reasons was noted, despite high levels of awareness of its benefits.

### **2.1.2.3 Nutrition**

During the period under review, 26% of the children below five years are stunted while 11% are underweight and 4% are wasted. The Kenya STEPs wise Survey Report also pointed out the increasing rates of non-communicable diseases of which nutrition has a key role to play. This indicates that Kenya is facing a double burden of malnutrition, where there is a significant number who are underweight while over a quarter of Kenyans are overweight/obese. Vitamin A plays a vital role in bone growth, reproduction and boosting of immunity. Vitamin A, key for child development and growth, had a coverage increase of 41% during the period under review against the global target of 80%.

### **2.1.2.4 Deworming of School Age Children**

The Ministry of Health launched a strategic plan geared towards the prevention and control of all neglected tropical diseases in Kenya. The majority of people affected by the tropical diseases are the marginalized and vulnerable groups exposing them to worsening of the poverty situation in the country. Deworming is key for optimal child development leading to better learning outcomes and productivity in children. During the period under review, over 6 million school age going children were dewormed.

## **2.1.3 CURATIVE & REHABILITATIVE HEALTH PROGRAM**

To improve curative health services there has been increased access to curative and rehabilitative emergency care. Several programs have also been undertaken to improve the health care services to the public. In the period under review, the following achievements were made;

### **2.1.3.1 Specialized National referral hospitals; Moi Teaching and Referral Hospital (MTRH)**

During the 2015/16 financial year, the Hospital targeted an average length of stay (ALOS) of 6.3 days and achieved 7.0 days. The negative variance observed was attributed to the management of chronically ill patients in Mental Health, Orthopaedics and Alcohol and Drug Abuse Rehabilitation Centre who take longer time to recover. In addition, a total of 366,768 patients were attended to against a baseline of 327,946 patients who were attended to during 2014/15 Financial Year.

A total of 50,750 Radiological Examinations were conducted against a target of 62,556 radiological examinations during 2015/16 financial year. The negative variance observed is attributed to the breakdown of Diagnostic equipment during the period. It is however envisaged that improvement will be observed in 2016/17 financial year due to acquisition of new radiology equipment. In Laboratory Services, a total of 608,385 investigations were done against a target of 531,238 investigations. Effective diagnostic services determine timeliness of interventions.

A total of 11,233 Theatre Operations (Orthopaedic, Ophthalmic, ENT, Cardiac, Plastic, and Neuro-Surgery) were conducted against a target of 9,302 operations during 2015/16 financial year.

A total of 10 Kidney Transplants were conducted against a target of 12 Kidney Transplants during 2015/16 financial year. The negative variance is attributed to the eligibility criteria subjected to the patients during the assessments.

### **2.1.3.2 Specialized National referral hospitals; Kenyatta National Hospital (KNH)**

The hospital realized a number of achievements in the financial year 2015/2016 compared to 2014/2015. The number of outpatients seen increased from 566,109 to 566,524, while the number of in-patients increased from 80,321 to 84,784, respectively, a rise of 6%. Further, the hospital Mortality rate slightly reduced from 10% in 2014/2015 to 9.9% in 2015/2016 against a target of 9.5%. due to increase in severe trauma, burns cases and lack of inadequate critical care facilities. lack of implants contributed to prolonged hospital stay and increased morbidity and mortality. In the specialized paediatric unit, case fatalities amongst admitted children reduced as follows; Neonatal mortality from 28% to 21%, Infant mortality from 18% to 15.2% and Under 5 mortality from 20% to 15.8% this is partly attributed to the establishment of a Neonatal Intensive care unit. However, the mortality attributed to the referred neonates has increased, the neonatal

unit runs at a capacity of 250%, (2 to 3 babies per incubator). The mother to child 'HIV transmission rates at 9 months' reduced from 1.3% to 0.8%

The turnaround time at the Accident and Emergency reduced from 7.8 hours in 2014/15 to 5.8 hours in 2015/2016 as result of the implementation of the lean-six sigma and process re-engineering. The average length of stay for the hospital (ALOS) decreased from 9 days to 8.9 in 2015/2016 against a target of 8.55%. The target was not met due to inadequate critical care facilities to treat head injuries, severe trauma and burns. There was an increase of 2% in Deliveries due to the increased uptake of Free Maternity Services. KNH continues to be the hospital of choice for many potential mothers due to the client confidence for better outcome.

The hospital improved diagnostic services ----increased Digital Fluoroscopy examinations to 6 per day after the installation of Digital Fluoroscopy machine; increased number of CT scan from 600 in 2014/2015 to 1,235 per month as a result of installation of a second CT-Scan machine. On surgical services, minimally invasive surgeries increased by 29% from 531 in 2014/15 to 684 in 2015/16 from a target of 3,539 patients per annum. The target was not met due to the frequent breakdown of equipment, especially the Laparoscopy equipment. On cancer treatment, waiting time for radiotherapy reduced from 1 year in 2014/15 to 8 months in 2015/16 after commissioning of the Linear Accelerator. Linear Accelerator is the modern technology in terms of accuracy of treatment for Cancer.

### **Specialized Spinal Injury Services**

Specialized Spinal Injury Service Hospital is a specialized referral facility that offers health care to persons with Spinal Cord Injuries (SCI) and is the only hospital in Eastern and Central Africa that offers rehabilitation services to the persons with spinal cord injuries.

The Hospital was founded in 1944, as a facility to care for the World War II soldiers who had spinal cord injuries and was known as Amani Chesire Home and later in 1950s was donated to the government of Kenya. The 68 years old building is old and dilapidated and requires major renovation for effective service delivery. The hospital has a bed capacity of 33 available beds with an average occupancy of 33 patients, i.e. 100% occupancy, since the hospital cannot accommodate more patients than its capacity its forced to turn away need patients. The Average length of stay is 6 months. The total number of patients receiving rehabilitation service in 2014/15 was 111 while in 2015/16 was 122, this was against the target of 200 and 250 patients in the two financial years respectively. The Hospital did not manage to achieve its target due to inadequate funding to expand facilities at the hospital which currently has a bed capacity of 33 patients with 100% occupancy and could not admit more patients than the capacity allows.

### **Specialised Mental Health Services**

Psychiatric services have been expanding rather slowly in Kenya mainly due to lack of trained staff and funds for expanding the services however, there has been efforts by the schools medical and nursing to train students to meet the national needs of our manpower requirements. There are 8 psychiatric units established and some of them have qualified psychiatrists running these

services. These are in Nakuru, Nyeri, Murang'a, Machakos, Kisumu, Kakamega, Mombasa and Kisii.

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

The hospital has a bed capacity of 700 and 650 available beds. In the last 3 years 2013/14 - 2015/16, the average daily inpatient was 730 patients and 266,551 patients annually, translating to 126% bed occupancy. The average annual outpatient workload for the last 3 years 2013/14 - 2015/16 was 64,842 patients.

Mental health services have been integrated into the health care system however the funding is very low.

### **National Blood Transfusion 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 seventeen satellite centres.

The country's total blood need is estimated to be 400,000 units annually of which KNBTS in its present state only managed to collect an average of about 48% (approximately 180,000 units) in the last 3 years, while the rest were collected by hospitals and used at source, a scenario that has been proven to compromise safety. KNBTS is not able to collect all the blood needed by the country due to its limited capacity in human resource, infrastructure and finances. Kenya has approximately 480 transfusing facilities (GOK, Faith based and Private) of which about 350 do get blood from KNBTS; however, KNBTS is only able to meet 52% of their total needs. We are therefore proposing that with adequate support in capacity building, resources and political good will, KNBTS should be able to progressively upscale its activities and meet the County's blood in the next three years.

### **Forensic and Diagnostic Services**

#### **Forensic, Pathology and Mortuary Services**

Forensic is scientific test or techniques used in the detection of crime. It links medical knowledge and legal processes. In Kenya the institution that is charged with this mandate is the Ministry of Health through Forensic and pathology service and Government Chemist.

## **Forensic and Pathology Services**

The services provided under forensic, pathology and mortuary include; clinical and forensic Autopsies and generate reports for legal processes, expert witness testimony in court of law, guidance on forensic and mortuary service in the country; examination of victims of assault, including sexual and gender violence; provision of referral services on histology and cytology and perform exhumation and visit to crime scenes

Category of cases where autopsy is mandatory include; maternal deaths, sudden unexpected deaths, accidental, suicidal, homicidal deaths, medical misadventure, death in custody. However, these autopsies have not been possible due to various challenges.

The main challenges affecting effective and efficient provision of this crucial service include; infrastructure; there is very poor work environment in most mortuaries leading to; increased missing persons and bodies being disposed as unknown; poor autopsy outcomes due to decomposition from poor storage and facilities; poor infection control practices leading to risk of infection to the staff and general population and inadequate human resource capacity in terms of numbers and level of competence. According to international best practice a pathologist should conduct 3 autopsies per day. In Kenya a pathologist does an average of 15 autopsies per day leading poor outcomes and staff burn out.

Inadequate laboratory services for histology and cytology resulting to accumulation of unprocessed sample and poor patient management, long turnaround time for results.

Poor facilitation of pathologists and other medical service providers to attend court cases leading to reduced determined cases.

Over the last 3 years, the following were the achievements at the national level (City Mortuary) 2256 autopsies were performed in 2014/5, and in 2015/16 a total of 2534 were performed. Targets for the previous years were not set due to lack of funding and lack a national reporting system.

### **2.1.3.3 Health Infrastructure**

During the review period, the Ministry of health undertook the following infrastructure projects: Construction and equipping of a Maternity block at Likoni District Hospital, Construction of a 30 bed Maternity ward and Theatre at Ngong District Hospital, Equipped 40 Hospitals under Managed Equipment Services Project, Constructed 98 classroom (MTC), constructed Central Radioactive Waste Processing Facility (CRWPF), Upgrading of the Health facilities in the slum areas, initiating the construction of the East Africa's Centre of excellence for skills & tertiary Education and construction of the burns unit at Kenyatta National Hospital amongst others . The budget allocations for the three years were MES Kshs7.7b, Kenya Italy Debt for Development Project (KIDDP) KSh233m, Slum Upgrading and Central Radioactive Waste Processing Facility (CRWPF) KSh420m. These undertakings aim at enhancing the quality of health services in addition to improving access of the health facilities to Kenyans. Some of the funding is from

previous loans that were given to the National government and the donors agreed to write them off by way of debt swap (instead of repaying the loan they identified some projects within counties to be funded under the arrangement).

### **2.1.3.4 Model Level 4 Hospitals**

#### **Equipping of Public Hospitals**

The Government of Kenya through the Ministry of Health and in conjunction with county governments embarked on a comprehensive programme to upgrade 98 hospitals, 2 in 47 Counties (94) and 4 National hospitals with a view to improving access to specialized services countrywide. The upgrading was through equipping each of the facilities with critical equipment through a Managed Equipment Services (MES) arrangement and human resource capacity building.

The equipment under this project is categorized into 7 Lots; Lot 1 Theatre, targeted 98 hospitals; Lot 2 surgical and CSSD targeted 98 hospitals, Lot 5 renal, targeted 49 hospitals; Lot 6 ICU, targeted former 11 national and provincial hospitals and Lot 7 Radiology, targeted 86 hospitals.

In the first year of the project 2014/15, preparatory works in most facilities had been started and by the end of the year, the Ministry had only fully equipped one hospital; Machakos level 5.

In 2015/2016 the Ministry had completed about 76% of the project, managing to fully equip 40 hospitals. For each 5 categories which included; LOT 1: Theatre equipment, 69 hospitals had been installed; LOT 2: 87 hospitals had been equipped with surgical instruments and 86 CSSD machines; LOT 5: 26 hospitals equipped with Renal equipment; LOT 6: 3 hospitals equipped with ICU equipment and LOT 7: 84 hospitals equipped with Radiology equipment.

### **2.1.3.5 Health Infrastructure upgrading in Slum Areas**

Health infrastructure upgrading in informal settlements which is one of the flagship projects in the Ministry was started in 2013/14 to address social and economic challenges in these underserved areas. This flagship project is being implemented in collaboration with the Ministries of Devolution and Planning, Interior and Coordination of National Government in consultation with the relevant county governments.

The Ministry target is to procure, install and commission 100 fully kitted portable clinics in slum areas in Mombasa, Kisumu, Nairobi, Nyeri, Uasin Gishu, Nakuru, and Kiambu counties in the current financial year 2015/16.

During the financial year 2014/15, eleven (11) clinics were established in the Kibera slum to provide basic primary health care services out of which eight (8) are operational.

In 2015/16, the Ministry was allocated KSh. 1 Billion, from which 100 fully equipped portable clinics were procured awaiting site preparation and placement. Specific milestones achieved in the 2015/16; i). Conducted a feasibility survey and mapping in 12 major towns to determine



appropriate sites and number of clinics to be placed prior to the placement; ii) procured 100 fully equipped portable clinics ready for placement in the identified sites.

The other requirements that need to be addressed for a fully functional clinic include; mix of human resource, medical supplies (drugs and other consumable) and utilities such as water, electricity and security.

## **2.1.4 GENERAL ADMINISTRATION AND PLANNING PROGRAM**

### **2.1.4.1 Leadership and Governance**

In the period under review, the Ministry was ISO 9001:2008 certified. Further, the Ministry established Intergovernmental Consultative Forum and intergovernmental technical committees to effectively address specific health concerns between the two levels of government. In addition, a total of 2994 officers were trained on governance and financing.

#### **Health sector policy, regulatory frameworks, health planning and monitoring processes**

Among the activities undertaken during the period under review included development of a new Kenya Health Policy framework (2014-2030) and development of the Health Bill. In addition, the Kenya Food & Drug Administration and the Reproductive Maternal Neonatal Child & Adolescent Health Bills were developed. The final draft of Health Policy is currently under discussion with the Cabinet.

#### **Health Care Financing policy and Legal Framework improved**

A draft healthcare financing policy has been developed to provide a framework for Universal Health Coverage to offer social health protection, promote equity, and improve access to healthcare services.

#### **Health Workforce**

Guidelines addressing issues affecting Health workers in both levels of the government was developed by Guidance of Public Service Commission. The Ministry has reviewed nine (9) schemes of service under the year under review. Further, Training Needs Assessment Guidelines was developed and published.

### **2.1.4.2 Health care Financing**

Successive Kenya Household Expenditure and Utilization Surveys showed varying incidences of catastrophic health spending. In 2012/13, households who utilized healthcare services experienced catastrophic expenditure and were at risk of impoverishment. 2.6 million Kenyans (6.2 percent of households) were at risk of impoverishment as a consequence of spending on

health care compared to 5.2 percent and 11.4 percent in 2003 and 2007, respectively depleting household savings and were at a risk of falling into poverty.

Poor households in Kenya are likely not to afford health care and are often serviced with lower quality care than the non-poor. As a result, the poor are less likely to seek necessary treatment. Over the last 10 years, the number of households not seeking health care during an episode of illness ranged from 23 percent to 13 percent in 2003 and 2013 respectively. One of the major reasons for not seeking care is high cost of services accounting to 21 percent of those who did not seek care in 2013.

Health insurance coverage in Kenya is low, with about 17.1% of households reported to be in some form of prepayment health schemes.

.High OOP expenditure on health continues to push poor households further into poverty. As a result the Government through the Ministry of Health initiated several programmes to ensure households are protected from incurring catastrophic expenditure and ensure access to quality health services.

### **Health Subsidy Insurance Programme (HISP)**

Social protection is one of the main priorities for the Government of Kenya as outlined in the National Social Protection policy 2011 and it is also a major goal towards realizing Universal health coverage for the country. Within the policy, the Ministry of Health has been mandated with provision of social health insurance in order to protect the poor and vulnerable from incurring catastrophic expenditure which may further push them into poverty. The Ministry of Health with financial support from the World Bank embarked on implementing a Health insurance subsidy programme, which aims to provide health insurance cover for the poor, through NHIF in the year 2015 targeting to enrol a total of 21,525 poor households. The pilot was launched in April 2015 and in the financial year 2015/16 a total of 21,546 households were registered up from 16,474 in 2014/15 and are accessing care in various NHIF accredited health facilities. The Ministry also allocated a total of 500 million shillings in FY 2015/16 an increase from 365 million in the FY 2014/15 to provide health insurance for the elderly and persons with disabilities through NHIF and has been able to enrol a total of 219,200 beneficiaries against a target of 210,000 in 2015/16 up from 189,717 against a target of 200,000 in the year 2014/15. In order for the Ministry to continue to provide health insurance for the elderly and persons with disability, a total of KSh. 500 million will be required for the FY 2017/18.

### **Free Primary Health Care**

Charging user fees and other out-of-pocket payments have negatively affected the use of health care services in Kenya. To address the barriers to access caused by out-of-pocket payments and to facilitate progress towards universal health coverage, the government removed user fees in dispensaries and health centres, effective June 1, 2013. During the period under review, the Government of Kenya through the Ministry of Health has incrementally disbursed over 700

million Kenya shillings as conditional grants to all 47 County Governments across the Country as a refund for forgone user fees. The realized increase in utilization of health care services patterns to 77% by sick persons implies a positive impact on equity.

### **Output Based Approach (OBA)**

With financial support from the German government, the Ministry of Health has been implementing OBA voucher project since the year 2006. The project aims to provide subsidized vouchers to poor populations in the counties of Kisumu, Kilifi, Kiambu, Kitui and Nairobi's informal settlements of Korogocho and Viwandani. These vouchers enable the beneficiaries to access safe deliveries, family planning and gender based violence treatment services in pre-accredited facilities.

In the year 2013/14 and 2014/15 a total of 67,986 and 104,657 were able to access care respectively. In the financial year 2015/16 a total of 79,734 women were able to access safe motherhood, family planning and GBV treatment services in the various accredited facilities.

Distribution of health vouchers was suspended on 19<sup>th</sup> November 2015 due to a funding gap from the development partner. This resulted in reduced beneficiaries of the project from the projected 100,000 to 79,743 in the financial year 2015/16. The project is expected to close in October 2016.

### **.Results based financing**

To improve maternal and child health in the arid and semi-arid land (ASAL) counties, additional financing of US\$ 25 million was provided by the Health Results Innovation Trust Fund (HRITF) in 2013 to scale-up the RBF program in 21 counties. Based on lessons learned from the pilot in Samburu County, the MOH introduced RBF in Lamu County and one sub-county in West Pokot. However, the planned scale-up in all 21 counties did not take place due to longer than envisaged time taken for reaching agreement on implementation arrangements between the two levels of government.

Pending the finalization of a national framework for Conditional Grants, the MOH proposed an interim funds flow arrangement developed in consultation with ASAL counties and in January 2016, the MOH disbursed KSh 508 million (equivalent to projected RBF funds for four quarters) to the County Revenue Fund in the Central Bank of Kenya (CBK) in accordance with the National Treasury guidelines (2015) on the transfer of conditional grants to county governments.

### **2.1.4.3 Training**

Training of all health facilities Management Committees, Health care workers and CHMTs from all the 20 ASAL and Migori Counties took place from February 2016. Progress has been made and Counties are appreciating the implementation process albeit the different stages due to diverse challenges and also different implementation dynamics in the different Counties. During the period under review; KMTC grew existing campuses by 14 from 42 in 2013/14 to 56 in 2015/16. This growth in the establishment of new campuses increased student population from 25481 to 26000 respectively. New training programmes were also started on need basis in

various areas namely Kapenguria, Mosoriot, Kaptumo, Iten, Nyandarua, Nyahururu, Molo, Gatundu, Othaya, Chuka, Rachuonyo, Makindu, Mwingi and Wajir. An online student application process was commenced to enhance service delivery. Further staff produced 12 publications from 4 in 2013/14 to 8 in 2014/15

## **Health Workforce**

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

The national government was able to pay Personnel Emolument (P.E) of both the 2,688 national officers plus 216 Registrars. The Ministry still manages Pension benefits of officers at National level and those who were seconded to county Governments. 1,144 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 KSh.3.6 billion was paid as salaries to 2,668 officers at the Ministry, plus Registrars. A total of 1268 Interns successfully completed their training. Within the same year the Ministry obtained an approved establishment to accommodate (accommodate) 490 interns with an additional financial implication of KSh. 359,676,520 million to cater for the four months within the year. In addition, the Ministry was able to pay the recommended allowances by SRC to Government Chemist (Arrears) in extraneous allowance KSh. 24,113,800, Gratuity to HSSF Accountants plus Doctors who were on Contract KSh. 40million and KSh. 1.8 million to guides for PWD. The Ministry also obtained approval from Public Service Commission to introduce 32 officers in.to the national payroll with financial implication of KSh. 58 million.

The Ministry oversaw the review of 9 schemes of service for Health workers namely Doctors; Pharmacists; Dental Officers, Medical Laboratory Personnel, Radiation Protection Officers, Inspector of Drugs, Pharmaceutical Personnel, Clinical Officers, and Physiotherapist Personnel. The Ministry also developed a draft rewards and sanctions framework and guidelines to enhance service performance in the health sector.

A total of 1,268 intern Doctors, Dentist, Pharmacist, BSC Nurses and BSC Clinical officers successfully completed the internship program and transited to employment. Internship/attachment programs for other cadres in 2015/16 were at 27.

The Ministry facilitated; 107 Officers were recommended for various courses during July MTC Meeting while 74 Officers were recommended in October 2015. In group training, 23 officers attended a seminar on medical health system operation in China from 11th to 30th August 2015. 34 Officers were inducted at Kenya School of Government, Embu while 16 officers attended strategic leadership development programme course at Kenya School of Government.

#### **2.1.4.4 Health Products and Technologies (HPT)**

Availability of safe, affordable, efficacious and quality health products and technologies is a key element of health care. Therefore, investments in terms of regulation, manufacture, and supply and distribution system need to be made in the sector in order to ensure proper use of medicines, improve utilization, quality and health outcomes.

KEMSA's core mandate as per the Act is to procure, warehouse and distribute drugs and medical supplies for the prescribed public health programmes, the national strategic reserve stock reserve, prescribed essential health packages and national referral hospitals both for the counties and the National government.

In order to achieve the mandate as a medical logistics provider, through an efficient medical supply chain management system; KEMSA has managed to achieve the following:

KEMSA's order fill rate has improved over the years under review through the use of the ERP and LMIS. The order fill rate is the rate at which the facilities orders are fulfilled without delays or stock outs which lead to backorder and loss of sales. The trend has moved from 50% in 2013/14 and 60% in 2014/15, to the current target of 85%. The management plans to maintain the same target of 85% in 2016/17 with the confidence that all Government facilities will continue to use the LMIS platform. The management hope of improve this target to 98% by 2018/19 through the improved efficiency in automation of all operation activities.

The order turnaround time has increased customer satisfaction. Training of over 3,000 health facilities workers on the Logistics Management Information System (LMIS) has boosted medical commodities order turnaround and has helped KEMSA address the challenges experienced in inaccuracy of quantity ordered, forecasting, reduced paper work and building a data bank where facilities quantify volumes of drugs they consume. As a result, the order turnaround time has reduced from 12 days in 2013/14, 10 days in 2014/15 to 9 days in 2015/16 with a target of 7days in 2018/19.

Key major program that KEMSA is running with collaboration with its strategic partners are;

- The supply Chain Management of US Government products; HIV, Family Planning, Nutrition and Malaria Drugs, a contract worth KSh 65 Billion. This is a landmark in the US Government support to Kenya in the health Sector and is a major boost to Kenya's capacity to deliver healthcare to the most vulnerable.
- KEMSA has also partnered with the Government of Japan and UNICEF to procure and distribute Ready to Use Therapeutic Foods to marginalized areas. This partnership is earmarked to reach over 60,000 children suffering from severe malnutrition in those areas.

- There is a partnership with World Food Programme (WFP) for the provision of Supply Chain Services to West Pokot and Baringo. This will involve warehousing and distribution of nutrition commodities to the two counties.

## **2.1.5 HEALTH RESEARCH & DEVELOPMENT PROGRAMME**

### **2.1.5.1 Research and Innovations**

The Kenya Medical Research Institute has achieved the following during the period under review; Launched the KEMRI research complex in Mkuyuni in Kilifi county to strengthen clinical trials and research in collaboration with the Wellcome Trust of the United Kingdom; Production and distribution of HIV ½ rapid testing kit KEMCOM and HEPCELL kit for Hepatitis B & C testing; developed the Particle Agglutination (P.A) kit for the diagnosis of HIV and the HLA tissue typing techniques for kidney transplants; the registered number of graduate students increased from 40 for masters and 18 PhD students in the 2013/14 financial year to 69 Masters and 25 PhD graduate students during 2014/15 financial year. In year FY 205/16, a total of 56 were enrolled for Masters training and 16 for PhD training.

The number of completed research projects increased from 6 in the 2013/14 financial year to 9 in the 2014/15 financial year. In FY 2015/16 the number of completed research projects was 10, while there were 8 Policy briefs originating from research within the period. This contributed in the formulation and review of policies and practice guidelines for improved health systems delivery.

Developed KEMRI's Text IT' a text messaging platform designed to improve early infant testing for HIV in Kenya as a strategy to deliver HIV-related information and encourage increased attendance for prevention programmes.

### **2.1.5.2 Capacity Building & Training**

During the period under review; KMTC grew existing campuses by 14 from 42 in 2013/14 to 56 in 2015/16. This growth in the establishment of new campuses increased student population from 25481 to 26000 respectively. New training programmes were also started on need basis in various areas namely Kapenguria, Mosoriot, Kaptumo, Iten, Nyandarua, Nyahururu, Molo, Gatundu, Othaya, Chuka, Rachuonyo, Makindu, Mwingi and Wajir. An online student application process was commenced to enhance service delivery. Further staff produced 12 publications from 4 in 2013/14 to 8 in 2014/15

The college similarly received KSh. 65 Million for capacity building among health workers and areas of HIV/AIDS and mental health through collaboration with development partners such as Funzo Kenya, JHPIEGO, Capacity Kenya and WHO.

## 2.2 Review of key indicators of sector performance

Table2: Key performance indicators for the sector

Sub program	Key Output	KPI	Planned Targets			Achieved Targets			Remarks
			2013 /14	2014/ 15	2015 /16	2013 /14	2014/15	2015/16	
<b>Name of the Program:</b> Preventive, Promotive and RMNCAH									
<b>Program Outcome:</b> Reduced morbidity and mortality due to preventable causes									
SP.1.1: Communicable disease control	Access to ARVs by HIV + clients	No of PLHIV on ARVs	425,000	750,000	1,000,000	642,472	850,000	947,000	
	Coordinated response to HIV & AIDS	Proportion of counties implementing County specific HIV&AIDS Strategic Plans, in line with KASF	NA	NA	32%	NA	N/A	100%	
	Access to TB treatment increased	Number of First Line anti-TB medicine doses distributed	90,100	89,247	88,355	91,013	85,289	78,394	A projection of 1% reduction in the burden of TB at the population level (use to determine the targets)
	Access to prompt malaria treatment increased	Number of Artemether Combination Therapy (ACT) doses distributed to the public sector.	12 million	12million	12.1 million	11 million	11.4 million	14.6 million	It is a pull system as per the County requests. In Q3 2015/16 medicines were sent for El-Nino preparations thus the high number of Medicines distributed
	Acute flaccid	Number of AFP	NA	2.5	3.0	NA	1.5	3.18	

Sub program	Key Output	KPI	Planned Targets			Achieved Targets			Remarks
	paralysis (AFP) detection rate increased (polio surveillance)	per 100,000 population under 15years of age							
SP.1.2: Non Communicable disease prevention & control	Cancer prevention interventions enhanced	No. of Women of Reproductive Age (WRA) screened for cervical cancer	150,000	200,000	325,000	178,747	291,318	117,000	Cervical cancer screening removed from the PEPFAR Country Operation Plan 2015 due to reprogramming to focus on HIV interventions exclusively.
SP1.3: Radioactive waste management	Radioactive waste managed	Percentage of Radiation sources monitored for safety	NA	NA	100 %	NA	NA	100%	
SP.1.4: RMNCAH	Access to and uptake of FP services improved	Proportion of WRA receiving FP commodities	40%	45%	43%	40.1 %	40.7%	47.4%	
	Deliveries conducted by skilled birth attendants	% of deliveries conducted by skilled birth attendants in public health facilities	61%	70%	78%	69%	74%	77.4%	
	Immunization coverage increased	Proportion of fully immunized children	80%	80%	80%	69%	71%	69%	
	Vitamin A supplements coverage increased	Proportion of Children aged 6-59months given 2 doses of Vitamin A	64%	80%	60%	32%	25%	41%	



Sub program	Key Output	KPI	Planned Targets			Achieved Targets			Remarks
		supplement annually							
SP.1.5: Environmental Health	Environmental Health strengthened	Number of counties implementing The Kenya Open defecation free (ODF) strategy	NA	47	47	NA	23	47	
Name of the Program: National Referral and specialized health Services									
Program Outcome: Strengthened referral health services									
SP2.1: National Referral Health Services	Access to national referral health services improved	ALOS for Trauma patients at KNH	31	29	13	35.6	34.6	35.9	Target not met due to delay by clients to pay for implants resulting in use of tractions which take longer to heal
		Number of Open heart surgeries done KNH	48	60	167	40	58	48	Reduction due to inadequate Theatre space and lack of a dedicated ICU.
		Number of renal transplants done KNH	26	28	30	25	24	20	Reduction due to inadequate Theatre space and lack of a dedicated ICU
		Number of minimally invasive surgeries done KNH	421	1,554	3537	447	531	684	Breakdown and lack of replacement of laparoscopy
		Average waiting time for oncology	17months	7 months	6months	18months	12 months	8 months	Inadequate space and equipment breakdown

Sub program	Key Output	KPI	Planned Targets			Achieved Targets			Remarks
		treatment including radiotherapy KNH							
		No. of Kidney Transplants undertaken MTRH	-	-	12	-	-	10	Preparation process of patient and donors took longer time than expected.
		Average Length of Stay (ALOS)	6.5	6.4	6.3	6	6.3	7	Specialized services for critically ill patients take longer admission time
		Number of Theatre Operations	7,687	8,456	9,302	8,541	9,600	11,233	Surgical Camps e.g. Kidney Transplant, Neurosurgery, ENT has improved number of surgeries done
SP2.2: Specialized Health Services	Access to specialized health services improved	No of patients receiving mental health services	200,000	250,000	260,000	243,254	276,359	280,410	
		No of patients receiving spinal services	NA	200	250	NA	111	122	
SP2.3: Specialized Medical Equipment	Access to specialized diagnostic and treatment services	No of Public hospitals with specialized equipment	NA	98	98	NA	5	40	
		Proportion of installed machines functional	NA	NA	100%	NA	100%	100%	
SP2.4: Forensic and Diagnostic	Availability of safe blood	No of blood units secured	NA	214,000	250,00	NA	187,925	155,000	Reduced partner support (financial)

Sub program	Key Output	KPI	Planned Targets			Achieved Targets			Remarks
services									and staff) hence the low achievement
SP2.5: Health Products & Technologies	Availability of Health Products & technologies	% order refill rate for HPTs	40%	50%	85%	50%	60%	87%	
		Order turnaround time	15	12	10	12	10	9	
<b>Name of the Program:</b> Health Research and Development									
<b>Program Outcome:</b> Increased knowledge and innovation through research findings and capacity building									
SP3.1: Pre-Service and In-Service Training	Trained Health Professionals	No of Middle level health professionals graduating	7,000	8,000	7501	12,000	13,000	15,000	
SP3.2: Health Research	Research translated into policy dialogues	No of briefs informing health policy	NA	8	9	NA	7	8	
		No. of completed research projects	NA	7	10	NA	9	13	
<b>Name of the Program:</b> General Administration & Support Services									
<b>Program Outcome:</b> Ministry's leadership and management mechanisms strengthened									
SP4.1: General Administration	Customer satisfaction index	Customer satisfaction index	NA	1	1	NA	1	NA	
	23 Schemes of services that need reviewed	No of Schemes of services reviewed	2	2	3	7	3	9	
	Enhanced capacity building & competency development	Number MoH staff projected and trained	NA	NA	NA	329	287	180	
	ICT Services strengthened	Ratio of staff to computers (Technical % Non-Technical).	NA	1:3 & 1:13	1:1 & 1:10	NA	1:1 & 1:10	1:1& 1:10	

Sub program	Key Output	KPI	Planned Targets			Achieved Targets			Remarks
	Intergovernmental affairs coordinated	% of forums planned and held	NA	4	4	NA	4	4	
SP4.2: Financing and planning	Efficient and effective utilization of financial resources	% of resources mobilized and utilized as per plan		100	100	100	90	89%	
	Planning processes strengthened	No. of strategies, plans and guidelines developed	2	3	2	2	3	3	
		No. of performance review reports developed	2	2	2	2	2	2	
Name of Program: Health policy, standards and regulation									
S.P 5.1: Health Policy	Development of Health Policies enhanced	No. of policies	NA	2	2	NA	2	1	
S.P 2: Social protection in health	Increased access to health services through subsidies	No of vulnerable persons accessing subsidized health insurance	NA	200,000	210,000	NA	189,717	219,200	
	Policy framework developed for UHC	Health Financing Strategy	NA	NA	Policy	NA	NA	Draft policy	
	Free Primary Health Care enhanced	Amount of funds disbursed		700million	900 million	700 million	900million	900million	
SP5.3: Health Standards & regulations	Quality standardized care is provided by all health facilities and	No of Health Laws and regulations developed	NA	NA	1	NA	1	2	Draft Kenya Food and Drug Authority bill Draft RMNCAH

Sub program	Key Output	KPI	Planned Targets			Achieved Targets			Remarks
	registered/ licensed health professionals								bill
		No of Counties who are capacity built on agreed quality management system	NA	8	8	NA	8	0	

## 2.3 Expenditure Analysis

This Section analyses the recent trends of approved budget and the actual expenditures. Specifically, it provides a detailed assessment of the revised and actual expenditure of the sector during the Financial Years 2013/14 to 2015/16. Expenditure can be broadly categorized into recurrent and development expenditure. Recurrent expenditure mostly comprise 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 national Ministry of health was at KSh. 60.7 Billion which represented a 20 percent increase from KSh. 50.8 Billion in 2013/14. The actual expenditures for the same period was at KSh. 31 billion, KSh 37 billion and KSh 41.5 billion respectively for the years 2013/14, 2014/15 and 2015/16.

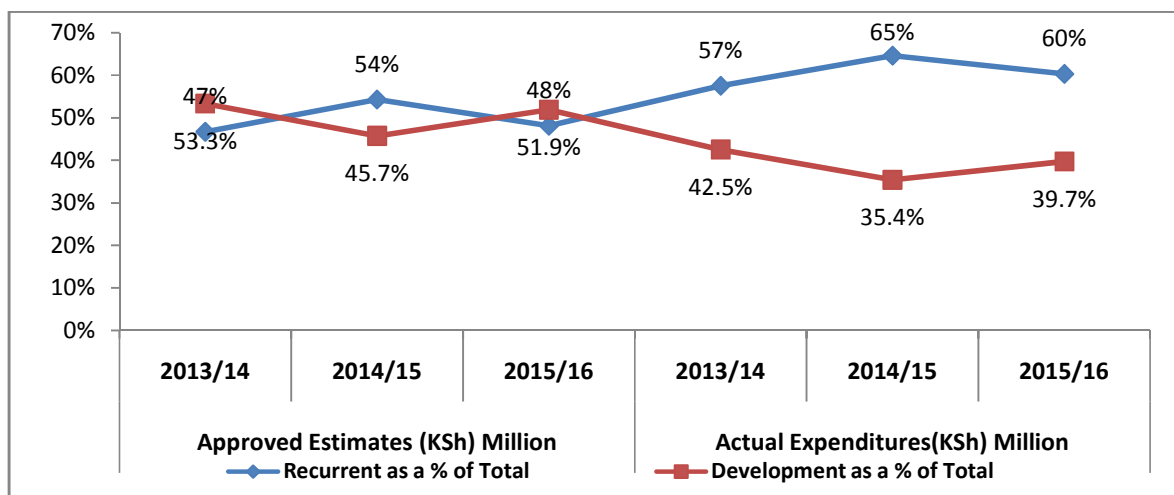
**Table 3: Analysis of MOH Budgetary Trends 2013/14 – 2015/16**

VOTE by Economic Classification	Approved Estimates (KSh) Million			Actual Expenditures(KSh) Million		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
Total Recurrent	23,706	29,482	29,194	17,864	23,934	25,047
% of Total	47%	54%	48%	57%	65%	60%
Total Development	27,067	24,847	31,480	13,211	13,118	16,496
% of Total	53%	46%	52%	43%	35%	40%
<b>Total Expenditure</b>	<b>50,773</b>	<b>54,329</b>	<b>60,674</b>	<b>31,075</b>	<b>37,052</b>	<b>41,543</b>

### Breakdown of Recurrent versus Development trends FY 2013/14 – 2015/16

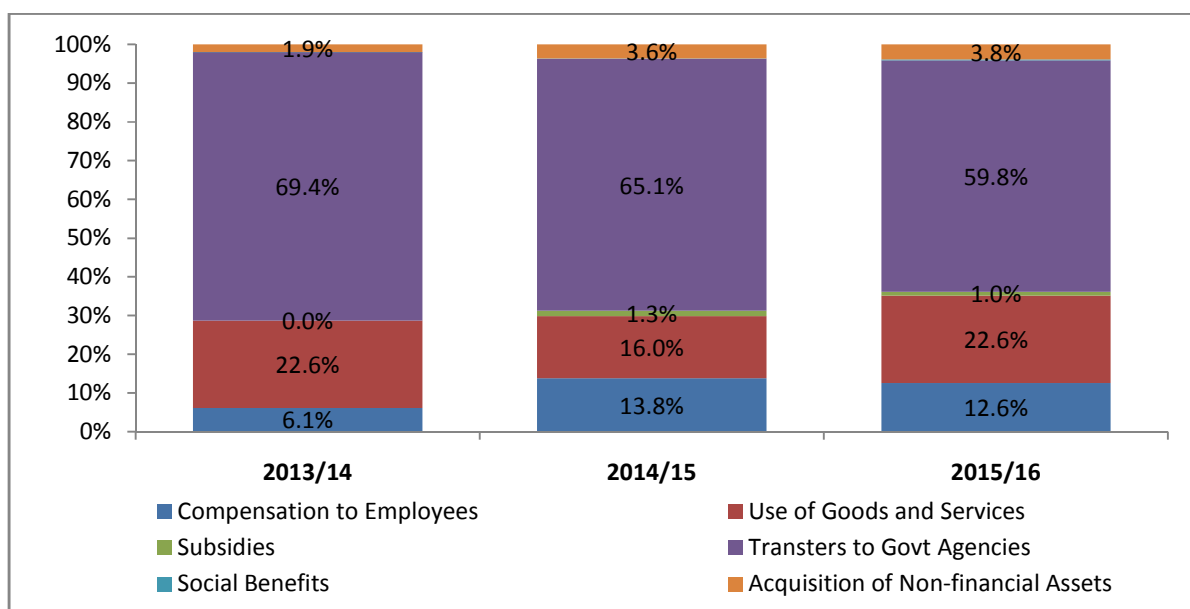
Analysis of the breakdown of recurrent and development budgetary allocations and actual expenditures for the Ministry of health shows that the recurrent vote had been consuming over two thirds of the resources. Figure below shows the breakdown of recurrent and development expenditures for the period between 2013/14 and 2015/16.

**Figure 1: Breakdown of Recurrent versus Development for FY 2013/14 – 2015/16**



### Breakdown of MOH Actual Expenditure by Economic Classification, 2013/14–2015/16

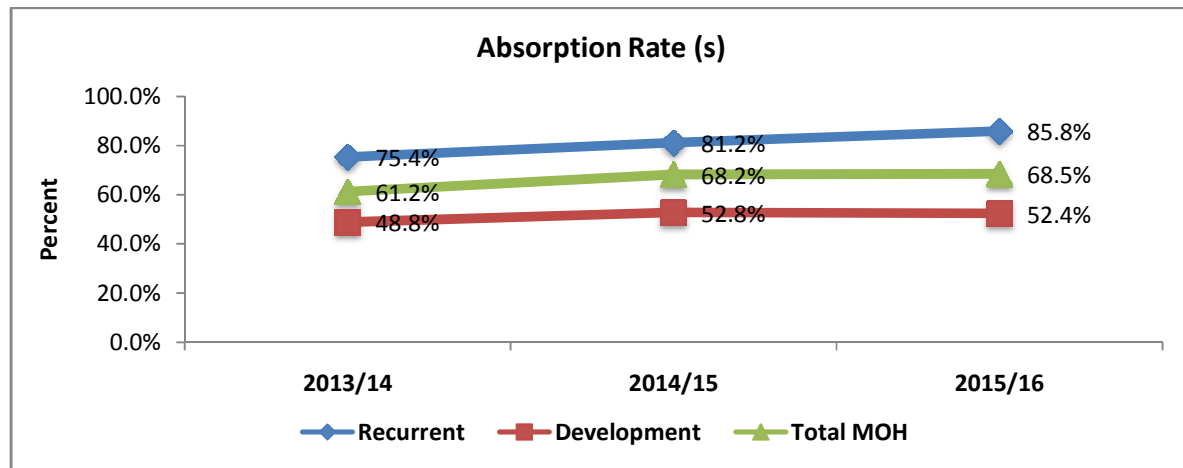
Economic classification distinguishes between various categories of current and capital expenditure in nature. Analysis of expenditures by Economic classification indicates that prior to 2013/14 financial years i.e. before Kenya implemented a two tier government, compensation to employees consumed the largest share of the funds for the health sector; followed by use of goods and services. (See figure below).



**Figure 2: Breakdown of MOH Actual Expenditure by Economic Classification, 2013/14 - 2015/16**

Figure below shows analysis of budget execution by the Ministry of health for financial year 2013/14 to 2015/16. Overall, budget execution levels for the ministry of health was at 61 percent, 68 percent and 69 percent respectively for the FY 2013/14, 2014/15 and 2015/16 respectively.

**Figure 3: analysis of budget execution**

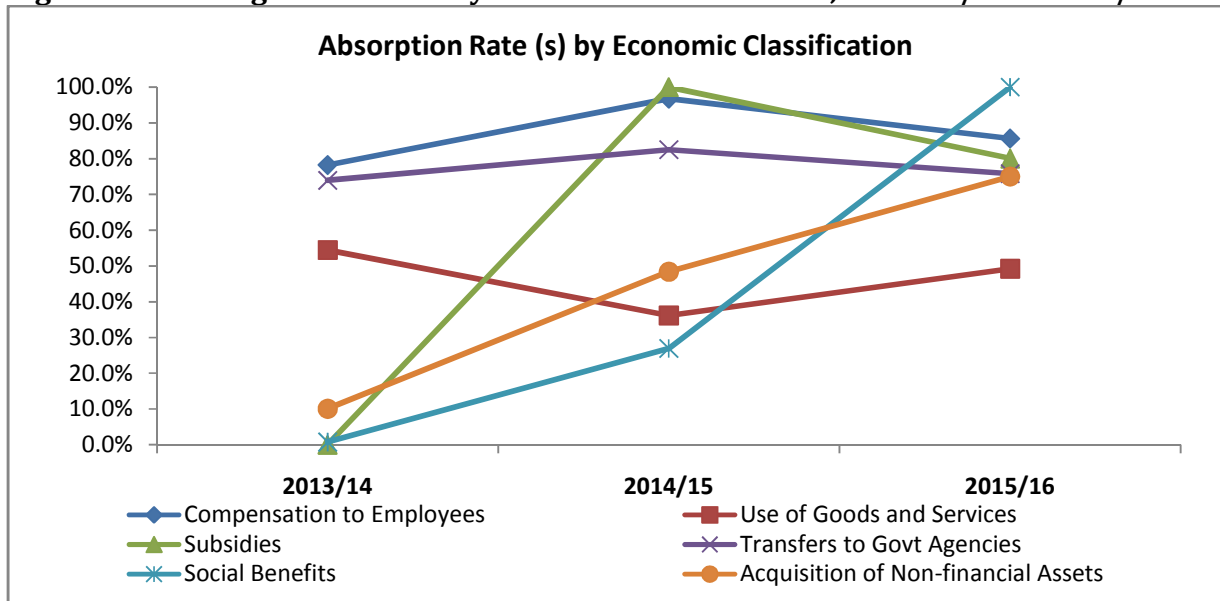


**MOH Budget Execution by Economic Classification, 2013/14 - 2015/16**

Figure below shows analysis of budget execution by the Ministry of health for financial year 2013/14 to 2015/16 by economic classifications. The data analysis reveals major variations in spending the allocated funds. Analysis by economic classifications depicts an overall declining trend in budget execution.



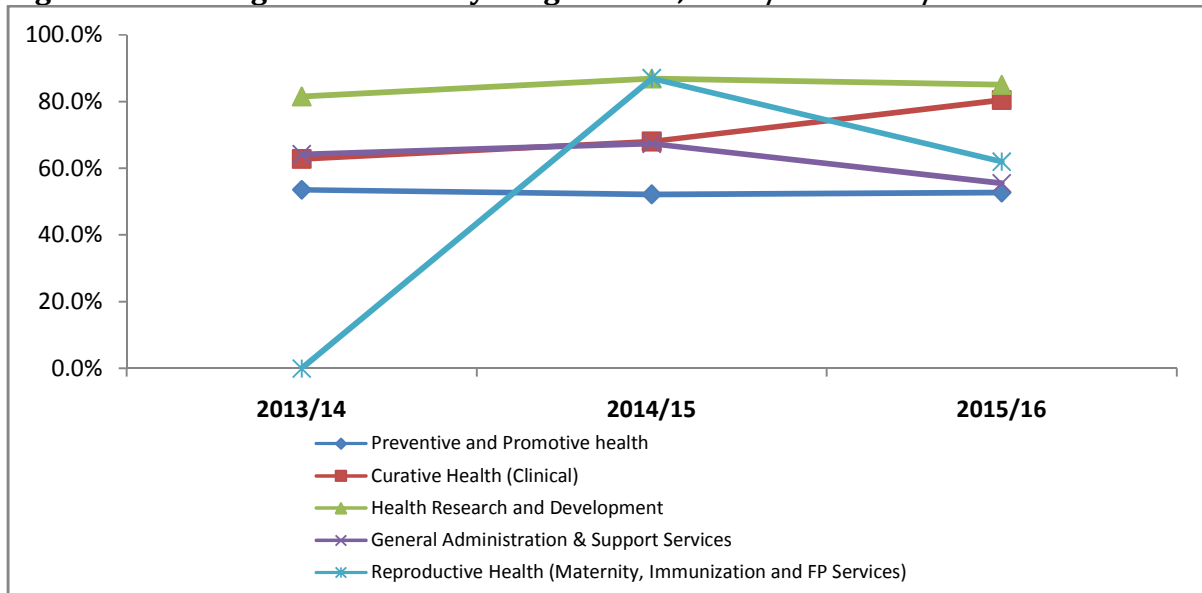
**Figure: MOH Budget Execution by Economic Classification, FY 2013/14 - 2015/16**



**MOH Budget Execution by Programmes, 2013/14 - 2015/16**

Figure below shows analysis of budget execution by the Ministry of health for financial year 2013/14 to 2015/16 by programmes.

**Figure: MOH Budget Execution by Programmes, 2013/14 - 2015/16**



**Table 4: Analysis of MOH Budgetary Trends by Economic Classification 2013/14 - 2015/16**

Expenditure Classification	Approved Estimates (KSh) Million			Actual Expenditures(KSh) Million		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
<b>Current Expenditure</b>						
Compensation to Employees	2,315	5,130	5,327	1,805	5,025	5,045
Use of Goods and Services	1,830	2,064	1,740	1,780	1,436	1,698
Subsidies	-	500	500	-	500	400
Current transfers to Govt Agencies	18,966	21,182	20,177	14,098	16,685	16,480
Social Benefits	394	104	100	3	28	100
Non-financial Assets	201	502	88	178	260	298
<b>Total Current Expenditure</b>	<b>23,706</b>	<b>29,482</b>	<b>27,932</b>	<b>17,864</b>	<b>23,934</b>	<b>24,020</b>
<b>Capital Expenditure</b>						
Compensation to Employees	123	173	769	102	104	176
Use of Goods and Services	11,060	14,350	13,671	5,239	4,503	7,441
Capital transfers to Govt Agencies	10,185	8,056	7,017	7,453	7,430	2,867
Non-financial Assets	5,699	2,268	12,008	417	1,081	8,970
<b>Total Capital Expenditure</b>	<b>27,067</b>	<b>24,847</b>	<b>33,465</b>	<b>13,211</b>	<b>13,118</b>	<b>19,453</b>
<b>Recurrent and Capital</b>						
Compensation to Employees	2,438	5,303	6,096	1,907	5,129	5,221
Use of Goods and Services	12,890	16,414	15,411	7,019	5,939	9,139
Subsidies	-	500	500	-	500	400
Transfers to Govt Agencies	29,151	29,238	27,193	21,551	24,115	19,346
Social Benefits	394	104	100	3	28	100
Acquisition of Non-Financial Assets	5,900	2,770	12,096	595	1,341	9,267
<b>Total Expenditure for the health vote</b>	<b>50,773</b>	<b>54,329</b>	<b>61,396</b>	<b>31,075</b>	<b>37,052</b>	<b>43,473</b>

The table below shows spending for the FY 2015 by programmes. In summary, Curative Health (Clinical) programme utilized 36 percent of all resources, followed by General Administration and planning at 27 percent. The absorption of PE under development vote in financial year 2015/16 was low due to the challenge in recruitment of Health Workers in the two levels of Government after the services were devolved and the expiry of service contracts. The other three programmes utilized between 11 percent and 15 percent of all the resources. A breakdown of spending by programmes is provided in the table that follows.

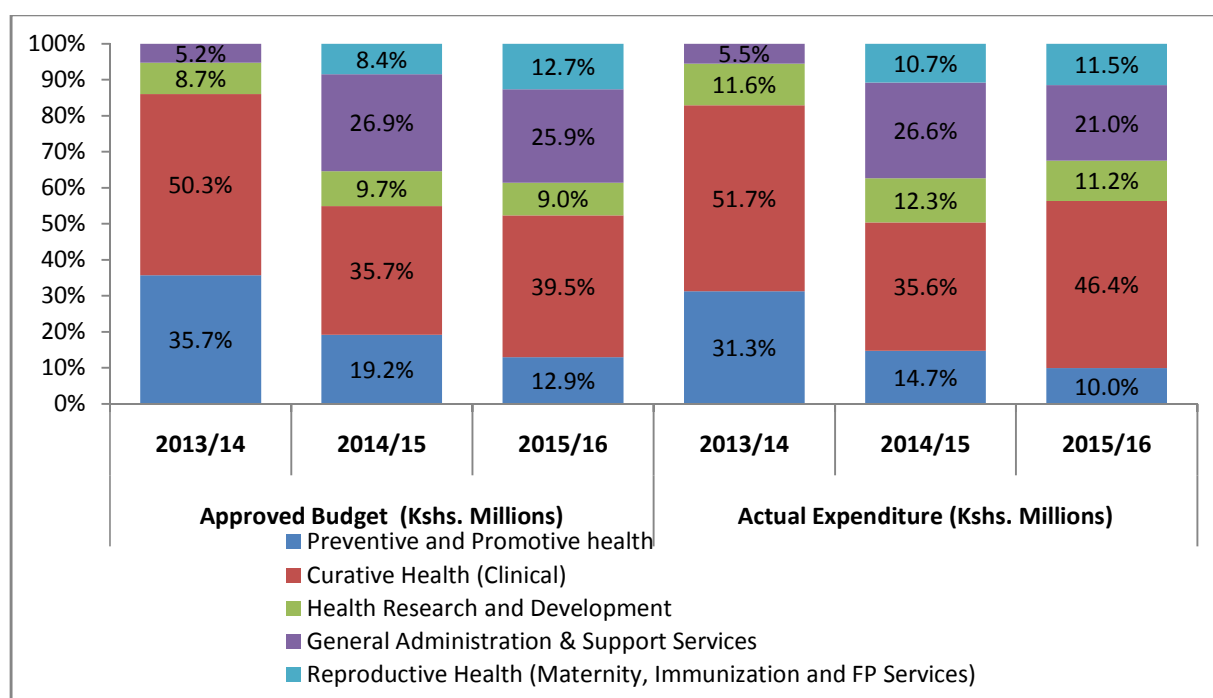
### 2.3.1 Expenditure Analysis by Programmes for FY 2013/14 – 2015/16

This section shows the breakdown of actual expenditures in 2014/15 FY disaggregated by programmes.

**Table 5: Expenditure Analysis by Programmes**

Programme	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
Preventive and Promotive health	18,149	10,456	7,855	9,722	5,457	4,142
Curative Health (Clinical)	25,552	19,412	23,945	16,051	13,202	19,264
Health Research and Development	4,423	5,251	5,486	3,603	4,560	4,661
General Administration & Support Services	2,649	14,629	15,705	1,699	9,851	8,717
Reproductive Health (Maternity, Immunization and FP Services)	-	4,581	7,683	-	3,982	4,758
<b>Total</b>	<b>50,773</b>	<b>54,329</b>	<b>60,674</b>	<b>31,075</b>	<b>37,052</b>	<b>41,543</b>

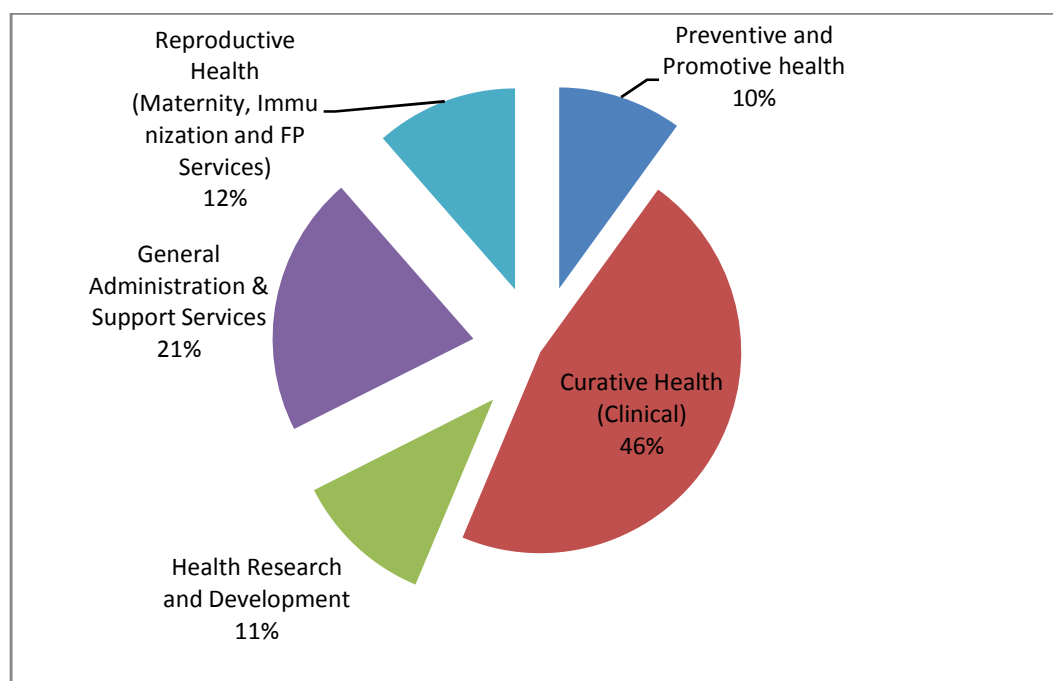
**Figure 4: Programme Percentage Breakdown 2013/14 – 2015/16**



### 2.3.2 Analysis of programmes for FY, 2015/16

Figure below shows the analysis of programmes by the Ministry of Health for financial year 2015/16. Curative health programme consumed the largest share of the resources in the health

sector at 46 per cent, general administration at 21 per cent, reproductive health at 12 per cent, health research and development at 11 per cent and preventive and promotive at 10 per cent.



### 2.3.3 Expenditure Analysis of Programmes by Economic Classification 2013/14 – 2015/16 FY

This section shows the breakdown of actual expenditures in 2014/15 FY disaggregated by Economic classifications. The programmes are not in any way ordered in this section.

**Table 6: Expenditure Analysis of Programmes by Economic Classification**

<b>Programme 1: Preventive and Promotive Health</b>						
Expenditure Classification	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
<b>Current Expenditure</b>						
Compensation to Employees	338	599	453	332	410	370
Use of Goods and Services	786	825	654	795	552	649
Current transfers to Govt Agencies	975	914	695	274	532	659
Non-financial Assets	129	1	(0.21)	120	-	0.19
<b>Total Current Expenditure</b>	<b>2,228</b>	<b>2,339</b>	<b>1,801</b>	<b>1,521</b>	<b>1,494</b>	<b>1,678.35</b>
<b>Capital Expenditure</b>						
Compensation to Employees	123	165	308	102	25	176
Use of Goods and Services	7,492	6,191	4,310	2,612	3,002	1,660
Capital transfers to Govt Agencies	7,607	990	1,152	5070	830	524
Non-financial Assets	699	771	285	417	106	104
<b>Total Capital Expenditure</b>	<b>15,921</b>	<b>8,117</b>	<b>6,054</b>	<b>8,201</b>	<b>3,963</b>	<b>2,464</b>
<b>Total Expenditure for the programme</b>	<b>18,149</b>	<b>10,456</b>	<b>7,855</b>	<b>9,722</b>	<b>5,457</b>	<b>4,142</b>

<b>Programme 2: Curative Health (Clinical)</b>						
Expenditure Classification	Approved Budget			Actual Expenditure		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
<b>Current Expenditure</b>						
Compensation to Employees	902	743	855	889	234	794
Use of Goods and Services	328	293	476	329	186	430
Current transfers to Govt Agencies	13,379	13,849	14,754	10,122	10,893	11,881
Social Benefits	100	100	100	-	25	100
Non-financial Assets	20	22	58	20	14	43
<b>Total Current Expenditure</b>	<b>14,729</b>	<b>15,007</b>	<b>16,243</b>	<b>11,360</b>	<b>11,352</b>	<b>13,247</b>
<b>Capital Expenditure</b>						
Compensation to Employees	-		364	-		
Use of Goods and Services	3,555	2,814	5,777	2,618	825	4,675
Capital transfers to Govt Agencies	2,268	405	504	2,073	180	504
Non-financial Assets	5,000	1,186	1,057	0	845	837
<b>Total Capital Expenditure</b>	<b>10,823</b>	<b>4,405</b>	<b>7,702</b>	<b>4,691</b>	<b>1,850</b>	<b>6,016</b>
<b>Total Expenditure for the programme</b>	<b>25,552</b>	<b>19,412</b>	<b>23,945</b>	<b>16,051</b>	<b>13,202</b>	<b>19,264</b>

<b>Programme 3: Health Research and Development</b>						
Expenditure Classification	Approved Budget			Actual Expenditure		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
<b>Current Expenditure</b>						
Compensation to Employees	20	0	99	19	203	74
Current transfers to Govt Agencies	4,080	4,617	4,896	3,265	3,752	4096
Non-financial Assets		224	224		224	224
<b>Total Current Expenditure</b>	<b>4,100</b>	<b>4,841</b>	<b>5,219</b>	<b>3,284</b>	<b>4,179</b>	<b>4,394</b>
<b>Capital Expenditure</b>						
Compensation to Employees						
Use of Goods and Services	13			9		
Capital transfers to Govt Agencies	310	410	267	310	381	267
Non-financial Assets						
<b>Total Capital Expenditure</b>	<b>323</b>	<b>410</b>	<b>267</b>	<b>319</b>	<b>381</b>	<b>267</b>
<b>Total Expenditure for the programme</b>	<b>4,423</b>	<b>5,251</b>	<b>5,486</b>	<b>3,603</b>	<b>4,560</b>	<b>4,661</b>

<b>Programme 4: General Administration &amp; Support Services</b>						
Expenditure Classification	Approved Budget			Actual Expenditure		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
<b>Current Expenditure</b>						
Compensation to Employees	1,055	3,725	3,920	565	4,178	3,806
Use of Goods and Services	716	916	610	656	677	619
Interest						
Subsidies		500	500		500	400
Current transfers to Govt Agencies	532	1,802	834	437	1,508	834
Social Benefits	294	4		3	3	

Other Expense						
Non-financial Assets	52	31	31	38	22	31
Financial Assets						
<b>Total Current Expenditure</b>	<b>2,649</b>	<b>6,978</b>	<b>5,894</b>	<b>1,699</b>	<b>6,888</b>	<b>5,691</b>
<b>Capital Expenditure</b>						
Compensation to Employees		8	97		79	
Use of Goods and Services		5,121	4,155		674	1,105
Interest						
Subsidies						
Capital transfers to Govt Agencies		2,211	5,094		2,080	1,572
Non-financial Assets		311	464		130	349
Financial Assets						
<b>Total Capital Expenditure</b>	<b>-</b>	<b>7,651</b>	<b>9,810</b>	<b>-</b>	<b>2,963</b>	<b>3,027</b>
<b>Total Expenditure for the programme</b>	<b>2,649</b>	<b>14,629</b>	<b>15,705</b>	<b>1,699</b>	<b>9,851</b>	<b>8,717</b>

<b>Programme 5: Reproductive Health (Maternity, Immunization and FP Services).</b>						
Expenditure Classification	Approved Budget			Actual Expenditure		
	2013/ 14	2014/15	2015/16	2013/14	2014/15	2015/16
<b>Current Expenditure</b>						
Compensation to Employees		63	5		-	4
Use of Goods and Services		30	32		21	32
Current transfers to Govt Agencies						
Non-financial Assets		224				224
<b>Total Current Expenditure</b>	<b>0</b>	<b>317</b>	<b>37</b>	<b>0</b>	<b>21</b>	<b>260</b>
<b>Capital Expenditure</b>						
Compensation to Employees						
Use of Goods and Services		224	3038		2	206
Capital transfers to Govt Agencies		4,040	4,608		3,959	4,516
Non-financial Assets						
<b>Total Capital Expenditure</b>	<b>0</b>	<b>4,264</b>	<b>7,646</b>	<b>-</b>	<b>3,961</b>	<b>4,722</b>
<b>Total Expenditure for the programme</b>	<b>0</b>	<b>4,581</b>	<b>7,683</b>	<b>-</b>	<b>3,982</b>	<b>4,982</b>

## 2.4 Pending Bills

### MOH PENDING BILLS

The Table below present a summary of pending bills by nature and type during the period under review. The main reason for the substantial amount in pending bills is the lack of liquidity (Exchequer) especially in the 4th quarter of the FY 2015/16.

**Table 7: Pending Bills**

#### a) Recurrent Pending Bills

Entity	Due to Lack of Liquidity		
	2013/14 (KSh Million)	2014/15 (KSh Million)	2015/16 (KSh Million)
MOH(HQ)	357	1,800	1,770
KMTC	-	317	572
KEMRI	-	-	2,670
KNH	-	-	3,224.6
MTRH	-	-	208
KEMSA	1.67	1.32	0.77
NACC	-	-	-
<b>TOTAL</b>	<b>359</b>	<b>2,118</b>	<b>8,445.6</b>

#### b) Development Pending Bills

Entity	Due to Lack of Liquidity		
	2013/14(KSh Million)	2014/15(KSh Million)	2015/16(KSh Million)
MOH(HQ)	428.7	-	13.6
KMTC	-	129	98.0
KEMRI	-	-	86.0
KNH	292	-	-
MTRH	-	-	-
KEMSA	-	-	-
NACC	-	-	-
<b>TOTAL</b>	<b>720.7</b>	<b>129</b>	<b>97.6</b>

## 6.1 N

### 6.1.1 Ministry of Health (MOH)

Analysis of the pending bills on the recurrent budget shows MOH headquarters- is at KSh. 1,783 Million. The recurrent pending bills are mostly on on-going service contracts, and transfers Semi-Autonomous Government Agencies (SAGAs) while the development pending bills are mostly on the purchase of medical equipment, construction transfers to Counties for Free Maternity Program and rehabilitation of buildings.

The MOH has taken various initiatives aimed at addressing the problem of pending bills they include;

- 1) Early and timely approvals of yearly work plans;
- 2) Strengthening projects and procurement committees;
- 3) Initiating early disbursements of funds to spending units;

### **Recommendations to reduce pending bills**

The following measures have been mooted to reduce pending bills;

- 1) Disbursements should be accompanied by implementation guidelines;
- 2) Processing disbursement requests and authority to incur expenditures (AIE) should be on time e.g. by the 1st quarter of the FY.
- 3) Increasing monies for O&M expenditures e.g. utilities

### **6.1.2 Kenya Medical Research Institute (KEMRI)**

#### **a) Staff Pension**

The institute owes the staff pension scheme a total of **KSh1.4 billion**. The institute has therefore requested the government to bail it out by injecting a total of **KSh 1.4 billion** to save the staff pension scheme from total collapse.

#### **b) Emergency Call and Extraneous Allowances**

The government in 14<sup>th</sup> September 2015 issued a circular from Salaries and Remuneration Commission (SRC) Ref: No. SRC/TS/CGOVT/3/61 Vol.III / (136) that health professionals working in government institution be given an Emergency call and extraneous allowance. The institute has up to date not been able to pay the medical professionals for lack of additional funds. The Institute therefore requesting the Government to provide **KSh 67million** to enable the Institute pay them and avoid further expenses on legal costs.

#### **c) Rehabilitation of the stalled project in Busia and drilling of a Borehole**

In the year 2000, the PIC recommended that the institute be allocated funds for the completion of its two major stalled projects, namely, the staff housing project along the Mbagathi road and the abandoned project in our Alupe Busia Centre. The institute was allocated KSh. 492 million for the completion Mbagathi housing project which has since been completed. The Institute requires an initial funding of **KSh 86 Million** to enable it to start the construction of the stalled projects in Alupe. It's important to note that the Alupe station which used to serve during the East African community has no sewer posing a health hazard to the community around.

#### **d) CDC debts**

After the close out the institute was left with the following debts:

	<b>KSh(Millions)</b>
Vender debt CoAg	189.5



Vendor debt Collaborative	33.4
Negative Balances CoAg	463
Negative Balances Collaborative	517
	<b>1,202.9</b>

### 6.1.3 Kenyatta National Hospital

#### Recurrent Budget

##### a) NSSF outstanding arrears KSh 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 KSh 310, 830,280 excluding penalties. NSSF are willing to consider some waiver of the penalties once the arrears are settled. The amount is still outstanding and the Hospital is not able to repay this obligation without affecting service delivery. The Hospital is appearing to the National Treasury to take over the repayment of NSSF arrears.

##### b) Pension Deficit Kshs.2.8 billion

The latest valuation in record was at 30 June 2014 with a benefits liability of Sh.8.6 billion against the schemes assets of Sh.5.8 billion equivalent to 67% with an underfunding thereon of 33% equivalent to Sh.2.8 billion. The scheme was closed to new members and the accrual of future benefits on 30 June 2011 when the sponsor discontinued payment of contribution and the entry for new members to the scheme in compliance to the notice of discontinuance and adoption of the amended scheme. Members who were over 45 years at the time of closure of the DB scheme and who had been contributing to the DC scheme were given the option to transfer their benefits to the DB scheme and continue contributing 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. The hospital requires support towards this end.

##### c) 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 30<sup>th</sup> June 2016, KSh. 447,655,128 was received instead of the Monthly disbursement of KSh 561,255,128.45. This recurrent grant is used for staff salaries.

#### Development Budget kshs.292 million

In the Financial Year 2012/2013, the hospital had a printed estimate a development budget of KSh 630 million. This was decreased by KSh. 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 cashflow 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.

#### 6.1.4 Kenya Medical Training College (KMTC)

KMTC pending bills are due to lack of funds

Financial Year	Recurrent (KSh Millions)	Development (KSh Millions)
2014/2015	317	129
2015/2016	572	98
<b>Total</b>	<b>889</b>	<b>227</b>

#### 6.1.5 Moi Teaching and Referral Hospital (MTRH)

The Hospital has an outstanding amount of KSh. 208 Million owed to the MTRH Pension Fund. This is attributed to inadequate allocation for personnel emoluments in the financial year 2014/15. On Development, the Hospital has no pending bills.

#### 6.1.6 Kenya Medical Supplies Agency (KEMSA)

The Agency has an outstanding amount of KSh. 3,767,337 Million. This is attributed to inadequacy of funding in compensation of employees and in procurement, distribution and warehousing of medical commodities.

Financial Year		Recurrent (KSh Millions)	Development (KSh Millions)
2013/2014	Procurement/distribution/warehousing of medical commodities	1,673,300	-
2014/2015	Procurement/distribution/warehousing of medical commodities	1,327,762	-
2015/2016	Compensation of Employees	27,884	-
	Procurement/distribution/warehousing of medical commodities	738,391	-

<b>Total</b>		<b>3,767,337</b>
--------------	--	------------------

## 2.5 Analysis of capital projects by programme

The Ministry had various capital projects at various rates of completion, some of the projects have had lack of or insufficient funding hence leading to delays in their completion. Procurement bureaucracy coupled with legal issues has led to project commencement being a challenge.

Of the KSh 31.3 Billion reserved in the FY 2017/18 for capital projects, donor financing accounted for 63% or KSh 19.8 Billion. Government financing amounted to KSh 11.5 Billion (37%), which comprised of counterpart financing, strategic interventions and capital projects fully financed by the government. The strategic interventions funded by the government were leasing of medical equipment, the slum-upgrading project, free maternity services and the regional cancer centers. In total, the strategic interventions were allocated KSh 9.5 Billion in the financial year.

Amount that was available for sharing from the government funds was amounting to KSh 2.013 Billion, which was allocated to counterpart financed (KSh 1.31 Billion), and to projects fully funded by the Government (KSh 682 Million). One capital project was indicated as having been faced off, i.e. the Output Based Approach (OBA) Voucher Project.

The Ministry of Health received the highest allocation out of the government sharable financing at KSh 1.6 Billion, while the Moi Teaching and Referral Hospital received KSh 170 Million. The National Aids Control Council, Kenya Medical Training College, and Kenya Medical Research Institute were allocated KSh 75.5 Million, 83 Million, and 15 Million each respectively for capital projects.

## 2.5.1 SUMMARY OF CAPITAL PROJECTS IN THE MINISTRY/DEPARTMENT/AGENCY

Table 8: Analysis of Performance of Capital Project

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			F Foreign	G OK	F Foreign	G OK	Foreign	GOK	Foreign	GOK	
<b>PROGRAMME 1 PREVENTIVE, PROMOTION &amp; R.M.N.C.A.H</b>																
<b>0401010 SP.1.1 Health Promotion</b>																
1081103200 Nutrition	3,170,000,000	3,170,000,000		/11/2011	/11/2020	1,326,000,000	1,844,000,000	860,000,000		960,000,000		700,000,000		860,000,000		ngoing
1081103300 Environmental Health Services	644,375,000	644,375,000		/11/2011	/11/2018	193,310,000	451,065,000	95,000,000		265,000,000		95,000,000		95,000,000		ngoing
1081103400 Food and Nutrition Support for Vulnerable Populations	1,621,500,000	1,621,500,000		/11/2010	/11/2016	540,500,000	1,081,000,000	324,300,000		324,300,000		324,300,000				ngoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016	Outstanding Project Cost as at 30th June 2016	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date	(b)	(a)-(b)	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	
Affected by HIV																
<b>0401020</b> <b>sp.1.2 Non-communicable Diseases Prevention &amp; Control</b>																
1081102100 East Africa Public Laboratory Networking Project	3,486,000,000	3,486,000,000		/11/2010	/11/2017	1,743,000,000	1,743,000,000	734,965,000		734,965,000		734,965,000				ongoing
<b>0401040</b> <b>SP.1.4 Radiation Protection</b>																
1081104200 Construct a Radioactive Waste Management Facility	747,000,000	747,000,000		/10/2012	/10/2018	497,000,000	250,000,000		60,000,000	60,000,000		100,000,000				ongoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	
(CRWFP)- Ololua																
<b>0401050 SP.1.5 Communicable Disease Control</b>																
1081100200 National Aids Council	106,500,000			/7/2016	0/6/2019	106,500,000			35,500,000		35,500,000		35,500,000		35,500,000	
1081102200 HIV/AIDS Round 7	4,503,676,965	4,503,676,965		/1/2013	/30/2019	3,002,450,000	1,501,226,965	1,501,225,655		1,501,225,655		1,501,225,655		1,501,225,655		ngoing
1081102300 Tuberculosis Round 6	6,063,000,000	4,860,000,000	1,203,000,000	/1/2013	/30/2019	5,053,380,000	1,009,620,000	605,396,474	403,000,000	338,307,541	403,000,000	605,396,474		605,396,474		ngoing
1081102400 Malaria Round 10-Speed Global Fund	3,235,942,983	3,235,942,983		/1/2013	/30/2019	2,157,300,000	1,078,642,983	1,078,647,661		1,078,647,661		1,078,647,661		1,078,647,661		ngoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	
1081102900 National Aids Control Council	40,137,429	40,137,429		/1/2013	/30/2019	26,760,000	13,377,429	13,379,143		13,379,143		13,379,143		13,379,143		ngoing
1081105200 Procurement of Anti TB Drugs Not covered under Global fund Tbprogramme	700,000,000		700,000,000	/8/2015	/8/2019	120,000,000	580,000,000		110,000,000		110,000,000		160,000,000		200,000,000	ngoing
1081107500 Situation Room for real time data and information on HIV&AIDS-NACC	180,000,000		180,000,000	/8/2015	/8/2017	-	180,000,000		40,000,000		40,000,000		270,000,000		270,000,000	ngoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016	Outstanding Project Cost as at 30th June 2016	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date	b)	a)-(b)	F Foreign	G OK	F Foreign	G OK	Foreign	GOK	Foreign	GOK	
<b>PROGRAMME 2 NATIONAL REFERRAL &amp; SPECIALISED HEALTH SERVICES</b>																
<b>0402010 SP.2.1 National Referral Services</b>																
1081101600 Wajir District Hospital	1,000,000,000	750,000,000		/7/2012	/30/2019	500,000,000	500,000,000	250,000,000		250,000,000		250,000,000		250,000,000		ongoing
1081101700 Kenyatta National Hospital	530,110,000	530,110,000		/4/2012	/30/2019	-	530,110,000	150,000,000		258,000,000		272,110,000				ongoing
1081101900 Moi Teaching and Referral Hospital: Academic Model providing access	1,092,065,688	1,092,065,688		/7/2013	/30/2019	728,040,000	364,025,688	364,021,896		364,021,896		364,021,896		364,021,896		ongoing



Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	
1081102600 Kenya National Hospital	835,940,000	509,720,000	326,220,000	/4/2012	/30/2019	-	835,940,000	150,000,000		150,000,000		209,720,000	128,000,000			ongoing
1081102800 Kenya National Hospital	672,840,000	672,840,000		/4/2012	/30/2019	300,000,000	372,840,000	150,000,000		150,000,000	50,000,000	72,840,000				ongoing
1081104800 Modernize Wards & Staff house-Mathari Teaching & Referral Hospital	220,000,000		90,000,000	/30/2013	/30/2019	20,000,000	200,000,000		30,000,000		50,000,000		50,000,000		5,000,000	ongoing
1081104900 Construct a Wall & Procure Equipment at National Spinal Injury Hospital	25,000,000		12,000,000	/30/2014	/30/2018	8,000,000	17,000,000		4,000,000		6,000,000					ongoing
1081106000 Critical and Acute care	720,600,000		720,600,000			-					-		500,000,000		500,000,000	new

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			F	G	F	G	Foreign	GOK	Foreign	GOK	
1081106100 Cancer Institute	870,000		870,000			-			200,000		200,000		270,000		200,000	ngoing
1081106800 Construction of 300 bed private hospital-Hire of Technical Advisor	3,000,000		3,000,000			-					-		21,000,000		20,000,000	ew
1081106900 Accommodation and Conference facility-Hire of Technical Advisor	5,000,000		5,000,000			-					-		24,000,000		30,000,000	ew
1081107000 Cancer and Chronic Disease Management Centre-MTRH	660,000		660,000			-			20,000,000		-		370,000,000			
1081107100 Children Hospital	120,000		120,000	7/2016	7/2019	-	120,000		40,000,000		-		40,000,000			ngoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	
1081107200 Equipping Maternity Unit (Mother and Child Unit)	-					-										
1081107300 Expansion and Equipping of ICU	90,000,000		90,000,000	/7/2016	/7/2019	-	90,000,000	30,000,000		170,000,000		30,000,000				ngoing
<b>0402040 SP.2.4 Forensic and Diagnostics</b>																
1081100900 Kapenguria Hospital (debt swap)	50,000,000	50,000,000		/7/2015	/7/2017		50,000,000	24,000,000		26,000,000						ngoing
1081101000 Usenge Dispensary	60,000,000	60,000,000		/7/2015	/7/2017		60,000,000	33,000,000		27,000,000						ngoing
1081101100 Kigumu Hospital (debt swap)	50,000,000	50,000,000		/7/2015	/7/2017		50,000,000	26,000,000		24,000,000						ngoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			F	G	F	G	Foreign	GOK	Foreign	GOK	
1081101200 National Technical Assistance to Moh-Kiddp (debt swap)	8,000,000	8,000,000		/7/2015	/7/2017		8,000,000	4,000,000		4,000,000						ngoing
1081102700 Rongai Hospital Project	500,000	200,000		/3/2015	/3/2018		500,000	80,000		250,000		150,000				ngoing
1081103700 Clinical Waste Disposal System Project	1,200,000	1,000,000	200,000	/3/2016	0/6/18	-		40,000		400,000	15,000	400,000	100,000	160,000		ngoing
1081104000 Clinical Laboratory and Radiology Services Improvement	900,000	900,000				-		30,000		500,000		270,000		100,000		ngoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			F	G	F	G	Foreign	GOK	Foreign	GOK	
1081104300 Government Chemist Laboratory Construction at & Nairobi (HQs)	80,000,000		80,000,000			53,000,000	27,000,000		27,000,000		-					ongoing
1081104400 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	42,000,000,000		42,000,000,000	/10/2013	/10/2020	7,782,610,000	34,217,390,000		4,500,000,000		4,500,000,000		6,000,000,000		6,000,000,000	ongoing
1081105100 Procurement of Equipment at the Nairobi Blood Transfusion Services	550,000,000		500,000,000	/2/2015	/2/2017	100,000,000	450,000,000		250,000,000		150,000,000					ongoing
1081109500 Construction of a Cancer Centre at	750,000,000	500,000,000	250,000,000	/10/2016	/10/2019	-	750,000,000	50,000,000		200,000,000		200,000,000	150,000,000	150,000,000	50,000,000	ongoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			F	G	F	G	Foreign	GOK	Foreign	GOK	
Kisii Level 5 Hospital																
<b>0402050</b> <b>SP.2.5 Free Primary Healthcare</b>																
1081102000 Kenya Health Sector Support Project (KHSSP)	13,827,225,000	13,827,225,000		/4/2011	/4/2017	8,340,120,000	5,487,105,000	780,000,000		2,300,000,000		2,287,105,000				ngoing
<b>PROGRAMME 3 HEALTH RESEARCH AND DEVELOPMENTS</b>																
<b>0403010</b> <b>SP.3.1 Capacity Building &amp; Training</b>																

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	
1081105701 Construction of Buildings-Tuition blocks at KMTC	1,000,000,000		1,000,000,000	/5/2015	/5/2017	266,000,000	734,000,000		140,000,000		50,000,000		240,000,000		40,000,000	ongoing
1081105801 Construction and Equipping of laboratory and class rooms at KMTC	560,000,000		560,000,000	/5/2015	/5/2017	28,000,000	532,000,000		33,000,000		33,000,000		199,000,000			ongoing
<b>0403020 SP.3.2 Research &amp; Innovations</b>																
1081107900 Construction and upgrading of Laboratories (Nairobi, Kwale, Busia)	95,000,000		95,000,000	/12/2015	/12/2017	44,000,000	51,000,000		10,500,000		-					ongoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status	
		Foreign	GOK	Start Date	Exp Completion Date			F	G	F	G	Foreign	GOK	Foreign	GOK		
																	OK
1081108100 Sample Storage Facility	68,000,000		68,000,000	/12/2015	/12/2017	30,000,000	38,000,000		20,000,000		-						ongoing
1081108400 Perimeter fencing around KEMRI parcels of land (Taveta and Kirinyaga)	20,000,000		20,000,000	/12/2015	/12/2017	-	20,000,000		5,000,000		15,000,000						ongoing
<b>PROGRAMME 4 HEALTH POLICY, STANDARDS &amp; REGULATIONS</b>																	
<b>0404010 SP.4.1 Health Policy, Planning &amp; Financing</b>																	



Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status	
		Foreign	GOK	Start Date	Exp Completion Date			Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK		
1081100500 Rehabilitation of Muhoroni Sub District Hospital (KIDDP)	67,274,873	67,274,873		/7/2015	/7/2017	30,000,000	37,274,873	30,000,000			-					ngoing	
1081101500 Program for Basic Health Insurance for Poor and Informally Employed	2,100,000,000	2,100,000,000		/7/2016	/7/2019		2,100,000,000	700,000,000			700,000,000					ngoing	
1081102000 Kenya Health Sector Support Project (KHSSP)	5,448,000,000	5,448,000,000		/7/2015	/7/2017	1,760,000,000	3,688,000,000	2,075,749,735			2,075,749,735		2,075,749,735			ngoing	
1081102500 East Africa's Centre of Excellence for Skills & Tertiary Education	3,674,275,000	3,340,250,000	334,025,000	/18'16	/18/2019	21,602,210	3,652,672,790	365,000,000			700,000,000	50,000,000	1,905,000,000	60,000,007	272,000,000	23,600,007	ngoing

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status	
		Foreign	GOK	Start Date	Exp Completion Date			Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK		
1081103600 Health Sector Programme Support III	2,765,000,000	2,765,000,000		/7/2015	/7/2017	1,183,000,000	1,582,000,000	1,183,092,496		398,907,504							ongoing
1081104600 Up Grade of Health Centers in slums (Strategic Intervention)	6,000,000,000		6,000,000,000	/9/2013	/9/2016	1,611,580,000	4,388,420,000		500,000,000	500,000,000			700,000,000		700,000,000		ongoing
1081109400 Rollout of Universal Health Coverage	4,000,000,000	4,000,000,000		/10/2016	/10/2018	-	4,000,000,000	1,394,400,000		1,300,000,000			1,100,000,000				ongoing
<b>0404020 SP.4.2 Health Standards, Quality Assurance and Standards</b>																	

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	
1081101800 Procurement of warehouse equipment for KEMSA	58,900,000		58,900,000	/7/2015	0/6/2019	4,900,000	54,000,000	15,000,000		18,000,000		21,000,000				% complete
1081102700 Maintenance and Renovation of KEMSA Regional warehouse	166,300,000		166,300,000	continuous	continuous	64,000,000	102,300,000	30,000,000		25,000,000		20,000,000		27,300,000		ongoing projects
0404030 SP.4.3 National Quality Control Laboratories										-		24,000,000				new
1081105001 High Performance Liquid Chromatography Machine and accessories										-		25,000,000				new

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			F	G	F	G	Foreign	GOK	Foreign	GOK	
at NQCL																
<b>0405010</b> <b>SP.5.1</b> <b>Family</b> <b>Planning</b> <b>Services</b>																
1081101400 Health Sector Development (Rep. Health and HIV/AIDS)-Commodity	1,540,000,000	1,540,000,000		/13/2014	/13/2018	385,000,000	1,155,000,000	385,000,000		385,000,000		385,000,000		500,000,000		ngoing
1081105300 Procurement of Family Planning & Reproductive Health Commodities	525,000,000		525,000,000	/13/2014	/13/2017	170,000,000	355,000,000		52,000,000	72,500,000			220,000,000	220,000,000		ngoing
<b>0405020</b>																

Project Code & Project Title	Est. Cost of Project or Contract Value (a)	Financing		Timeline		Actual Cumulative Expenditure up to 30th June 2016 (b)	Outstanding Project Cost as at 30th June 2016 (a)-(b)	Allocation for 2016.17 Budget		Projection 2017.18		Projection 2018.19		Projection 2019.20		Project Status
		Foreign	GOK	Start Date	Exp Completion Date			F	G	F	G	Foreign	GOK	Foreign	GOK	
<b>SP.5.2 Maternity</b>																
1081104500 Free Maternity Program(Strategic Intervention)	21,000,000,000		21,000,000,000	/10/2013	/10/2018	10,354,000,000	10,646,000,000		4,298,000,000		4,298,000,000		5,316,000,000		5,500,000,000	ngoing
<b>0405030 SP.5.3 Immunization</b>																
1081103500 Health System Management	10,300,000,000	7,800,000,000		/2/2015	/2/2018	2,600,000,000	7,700,000,000	2,600,000,000		2,600,000,000		2,600,000,000		2,600,000,000		ngoing
1081105500 (Vaccines and Immunizations)	3,000,000,000		2,500,000,000	/2/2016	/2/2020	410,000,000	2,590,000,000		703,000,000		703,000,000		703,000,000		703,000,000	ngoing
<b>Total</b>	<b>161,697,662,938</b>	<b>68,772,117,938</b>	<b>89,076,045,000</b>			<b>51,453,552,210</b>	<b>97,893,510,728</b>	<b>16,077,178,060</b>	<b>11,556,000,000</b>	<b># VALUE !</b>	<b>11,554,000,000</b>	<b>17,594,460,564</b>	<b>15,776,500,000</b>	<b>8,549,670,829</b>	<b>14,524,400,000</b>	



## **3 CHAPTER THREE - MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2017/18-2019/20**

### **3.1 Prioritization of programmes and sub- programmes**

The financial year 2017/18-2019/20 Budget will prioritize scaling up of policy interventions aimed at enhancing equitable access to high impact healthcare services. For the last five years the sector has recorded improvement in maternal and child health and decline in infectious conditions. However, the burden of communicable and non-communicable diseases and maternal mortality are still major challenges for the sector. Significant disparities by county, sex and gender will also have to be addressed. The Sustainable Development Goals (SDGs) also call for efforts to move beyond meeting basic human needs in order to promote dynamic, inclusive and sustainable development and wellbeing for all at all ages by 2030. The emphasis will therefore be the reduction of the burden to the households and attainment of the highest standards care for sustained long-term growth and development it will include the following areas

- a. Improving reproductive, maternal, neonatal, child and adolescent Health (RMNCAH) through increased immunization, improved nutrition, increased access to family planning services and improved quality of health services.
- b. Scaling up Universal Health Coverage (UHC) initiatives including free Maternity Health services, Subsidies for the poor and vulnerable groups and reducing out of pocket/catastrophic health expenditures.
- c. Equipping and Developing of specialized medical equipment in 98 hospitals (2 per county and 4 at national level) on a Managed Equipment Service (M.E.S) contract framework that will give emphasis to Critical and Specialized care equipment e.g. Renal, Cancer and Diagnostics.
- d. Increase access to national referral health facilities and specialised services through increased investment in Human resource for health and medical equipment.
- e. Building capacity on preventive, promotive and palliative care for Non-Communicable Diseases.
- f. Reducing morbidity and mortality from Malaria, HIV/AIDs, Tuberculosis and Non Communicable Diseases
- g. Strengthening health research for improved quality of healthcare
- h. Increased quality of health services through availability of norms and standards, and enhanced regulations.
- i. Building capacity in human resources for health.

### **3.2 Programmes and their objectives**

The Sector will implement the Following 5 programs and Sub programs in the Financial Years 2016/17 to 2018/19:

**Table 9: Programmes and their Objectives**

<b>Programme</b>	<b>Outcomes</b>	<b>Programme objectives</b>
<b>Program 1.</b> Preventive,	Reduced morbidity and mortality	To increase access to quality Promotive and

Programme	Outcomes	Programme objectives
Promotive and RMNCAH Services	due to preventable causes	Preventive health care services.
<b>Program 2.</b> National Referral and Specialized health Service	Quality specialized health services	To improve provision of quality specialized healthcare services
<b>Program 3.</b> Health Research and Development	Increased knowledge and innovation through capacity building and research	To provide stewardship and oversight on Health Training and Research
<b>Program 4.</b> General Administration and Support Services.	Ministry's leadership and management mechanisms strengthened.	To strengthen leadership, management and administration in the sector
<b>Program 5.</b> Health Policy, Standards and Regulations	Strengthened Health Policy, Standards and Regulations	To attain universal health coverage.

The above programmes are aligned and consistent with the MTPII strategic objectives and flagship projects to achieve the Kenya Vision 2030, The Ministerial Strategic Plan, 2013-2017, the Sustainable Development Goals (SDGs) and the core mandates of subsectors. Overall, these programs aim at achieving improved accessibility, affordability of health services, reduction of health inequalities and optimal utilization of health services across the sector.

*Programmes and sub-programmes, Expected Outcomes, Outputs and Key Performance Indicators for the sector*

The following are the programmes and respective sub-programmes to be implemented during the period, 2016/2017 to 2018/2019

**Table 10: Programmes and Sub-programmes**

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



**Table 11: Summary of Programmes, Key Outputs, Performance Indicators and targets for FY 2015/16 - 2018/19**

**Programme 1: Preventive, Promotive and RMNCAH**

**Programme objective : To contribute to the reduction of morbidity and mortality due to preventable conditions**

**Programme Outcome: Reduced morbidity and mortality due to preventable causes**

	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2015/16	Actual Achievements 2015/16	Target (Baseline) 2016/17	Target 2017/18	Target 2018/19	Target 2019/20
SP.1.1:Communicable disease control	NASCOP	Access to ARVs by HIV + clients increased	No of PLHIV on ARVs	750,000	950,000	1,162,783	1,234,875	1,302,303	1,369,731
		County specific HIV&AIDS Strategic Plans aligned to KASF	Number of counties implementing County specific HIV&AIDS Strategic Plans, in line with KASF	10	13	34	47	47	47
	NACC	Policies and strategies & institutional framework for HIV and AIDS formulated, operationalized	No. of policies and strategies formulated	2	2	0	35	2	3
			KASF Review report	0	0	4	4	5	5
			KASF mid and end-term review dissemination report	N/A	N/A	2			
		County support to HIV and AIDS control provided	No. of counties implementing county specific HIV and AIDS resourced strategic plans	N/A	N/A	13	34	47	47
			No. of counties <i>with mobile</i> Beyond Zero Campaign clinics	47	42	5	47	47	47
			Situation room system rolled out	13	28	29	20	27	47
		Research on HIV and AIDS undertaken	No. of Policy briefs	N/A	N/A	0	5	5	5
		Maisha County League fully unimplemented	No of youths reached with HIV prevention and education (million)	N/A	N/A	0	1	2.5	3
		Domestic financial support to HIV/AIDS control increased	% of HIV and AIDS control funding coming from domestic source	18	20	25	35	40	50

	T.B Program Leprosy and Lung Diseases Unit	Access to TB treatment increased	Number of First Line anti-TB medicine doses distributed	88,355	78,394	89,247	88,355	87,471	86,597
	National Malaria Program	Access to prompt malaria treatment	Number of Artemether Combination Therapy (ACT) doses distributed to the public sector.	12,000,000	11,400,000	12,000,000	12,000,000	12,000,000	12,000,000
	Division of Disease Surveillance and Epidemic Response	Acute flaccid paralysis (AFP) detection rate increased (polio surveillance)	Number of AFP per 100,000 population under 15years of age	3	3.2	3	3.5	3.5	3.5
SP.1.2: Non Communicable disease prevention & control	Division of NCD Control Unit	Cancer prevention interventions in women enhanced	No. of Women of Reproductive Age (WRA) screened for cervical cancer	200,000	117,000	162,500	175,000	200,000	212,500
		Cancer prevention interventions in women enhanced	No. of Women of Reproductive Age (WRA) screened for cervical cancer	200,000	117,000	162,500	175,000	200,000	212,500
SP.1.3: RMNCH	Division of Family Health	Increased deliveries conducted by skilled birth attendants	% of deliveries conducted by skilled birth attendants in health facilities	N/A	74%	78%	79%	80%	81%
	National Vaccines and Immunization Programme	Pentavalent 3 vaccination coverage increased	Proportion of children immunized with DPT/ Hep + HiB3 (Pentavalent 3)	90%	74%	90%	90%	90%	90%
	Dietetics & Nutrition Unit	Vitamin A supplements coverage increased	Proportion of Children aged 6-59months given 2 doses of Vitamin A supplement annually	60%	41%	50%	60%	70%	75%
SP.1.5: Environmental Health	Environmental Health Unit	Environmental Health strengthened	Number of counties implementing The Kenya Open defecation free (ODF) strategy	N/A	23	47	47	47	47

			Number of villages declared ODF						
Radiation Protection Board (RPB)	Radiation Protection Board (RPB)	Improved radioactive waste management	% completion of radioactive waste management plant	N/A					

**Programme 2: National Referral and specialized health Services**

**Programme Objective: To provide specialized health care services**

**Programme Outcome: provision of specialized services improved**

SP2.1: National Referral services	KNH	Quality of specialized care services improved	ALOS for Trauma patients	13	35.9	33	29	27	25
			Average waiting time (months) for radiotherapy	6	8	7	6	5	4
		Increased specialized services.	Number of Open heart surgeries	167	48	78	108	138	168
			Number of Renal Transplant	20	12	15	20	25	30
			Number of minimally invasive surgeries done	3,537	684	720	756	794	834
	MTRH	Increased specialized services.	Number of renal transplants	12	10	12	13	14	15
			Average Length of Stay (ALOS)	6.3	7	6.8	6.8	6.8	6.8
			Number of Theatre Operations	9,302	11,233	12,356	13,592	14,951	16,446
SP 2.2 Specialized Health Services	Mathari Hospital	Access to specialized health services improved	No of patients receiving in-patient mental health services	260,000	280,410	300,120	315,126	330,882	347,427
			number of patients accessing general out-patient		61,370	64,438	67,661	71,044	74,596
		Improved infrastructure Modernized Wards & Staff house-	No of modernized wards and staff houses improved	3	0	5	7	6	3
	Spinal Injury Hospital		No of patients receiving spinal services	250	122	125	135	135	140

		improved quality of service	ALOS (months)	N/A	6	4	3	3	3
		Improved infrastructure	No of infrastructure improved				3		
SP2.3 Specialized Medical Equipment	Curative and Rehabilitative Services	Improved hospital infrastructure	No. of hospital with functional MES equipment	98	40	58	98	98	98
SP2.4 Forensic and Diagnostic services	National Blood Transfusion Services	National demand for blood and blood products met	Number of units of Blood demand met	214,000	187,925	250,00	280,000	300,000	320,000
			Percentage of whole blood units collected converted into components	75%	74%	80%	85%	90%	95%
	Forensic and pathology		No. of autopsies performed	N/A	2534	3500	3750	3800	4032
			No. of unidentified bodies disposed	N/A	300	250	200	150	100
SP2.5 Health Products & Technologies	Kenya Medical Supplies Authority	Availability of Health Products & technologies	% order refill rate for HPTs	40%	50%	85%	50%	60%	87%
			Order turnaround time	15	12	10	12	10	9

**Programme 3: Health Research and Development**

**Programme Objective: To provide leadership on health research**

**Programme Outcome: Increased knowledge and innovation for effective health delivery**

SP3.1: Pre-Service and In-Service Training	Kenya Medical Training College	Health Professionals graduating from KMTCs	No Middle level health professionals graduating from KMTCs	8,000	7,501	10,000	11,000	13,000	15,000
	KMTC	Increased number of training opportunities	number of new intake	8000	7500	7500	8500	9500	10500
SP3.2 Research	KMTC	Policy documents	No. of completed research projects	6	6	8	18	20	22
	Kenya Medical Research Institute	High impact relevant research protocols approved	No. of New Research Protocols	200	215	210	220	225	230

		High impact relevant research publications peer-reviewed.	No. of publications in peer-reviewed journals	207	220	216	220	226	230
--	--	---	---	-----	-----	-----	-----	-----	-----

**Programme 4: General Administration & Support Services**

**Programme Objective: To strengthen leadership and management in the sector**

**Programme Outcome: Responsive health leadership and administration**

SP4.1: General Administration	General Administration	Customer satisfaction index	Customer satisfaction index	1	1	1	N/A	N/A	N/A
	Human Resource	Reviewed Schemes of service	No of Schemes of service submitted for approval	2	3	3	3	3	3
		Incentive frameworks finalized	finalized frameworks	Zero Draft	100%	2	2	N/A	N/A
		Staff sensitized on performance appraisal System	Sensitization report	N/A	N/A	1	N/A	N/A	N/A
		Staff with PWD mapped	No of staff with PWD appropriately mapped	N/A	N/A	N/A	100%	100%	100%
	Management & Development	Enhanced capacity building & competency development	% MoH staff projected and trained	100	100	100	100	100	100
		Health workers from national and county level seeking further training supported	% of health workers supported	100	100	100	100	100	
		Health workers proceeding on retirement undergo pre-retirement training	% of retirees trained	100	100	100	100	100	
	ICT Unit	ICT Services strengthened	Ratio of staff to computers (Technical % Non-Technical).	1:3 & 1:13	1:1 & 1:10	1:1 & 1:10	1:1 & 1:10	1:1 & 1:10	1:1 & 1:10
	Department of Inter-Governmental Affairs & Coordination	Major intergovernmental health system policy issues discussed	Number of health system policy issues resolved		4	4	4	4	4

SP4.2: Financing and planning	Finance division, planning and M&E	Financial resources efficiently utilized	and utilized as per plan		89.2	100	100	100	100
		Increased public health sector financial resources	Total of A-in-A collected by the Ministry (billion)	7.5	7.38	10.4	10.6	10.8	11
		Quarterly review reports	Performance review reports developed	2	2	4	4	4	4
			No. of strategies, plans and guidelines developed	3	3	2	2	2	2
			No. of performance review reports developed			2	2	2	2

**Programme 5: Health Policy, Standards and Regulations**

**Programme Objective: To ensure development and implementation of responsive health policy, standards and regulatory frameworks**

**Programme Outcome: Strengthened policy and population**

SP5.1: Health Policy	Division of Health Policy; Division of Health Financing	Development of Health Policies enhanced	No. of policies	2	2	2	2	2	2
	Division of Health financing	Increased access to health services through subsidies	No of vulnerable persons accessing subsidized health insurance	200,000	219,200	83,710	83300	83300	83300
		Policy framework developed for UHC (policy and legislation)	Health Financing Strategy	N/A	N/A	1	0	0	1
SP5.2: Social Protection in Health	Division of Health financing	Free Primary Health Care enhanced	Amount of funds disbursed (million)	700	900	900	900	1,000	1,000
SP5.3: Health Standards & regulations	Dept. of Health Standards, Quality Assurance and Regulation	Quality standardized care is provided by all health facilities and registered/ licensed health professionals	No of Health Laws and regulations developed	N/A	1	1	N/A	N/A	N/A
			% of health facilities meeting defined minimum standards	8	8	8	8	8	8

### 3.3 Analysis of Resource Requirement versus Allocation

The funds are to enable the ministry of health to enhance its mandate as envisaged in vision 2030 and sustainable development goals. The health sector intends to finance the budget from exchequer releases and user fee (cost sharing) development partners and donors.

The health sectors requirements in the medium term are guided by the sector policy commitment as outlines in the vision 2030 and MTP11 (2013-2017).

#### 3.2. Analysis of resource requirement versus allocation:

**Table 12: Ministry of Health Vote 1081 Analysis of Recurrent Resource requirement Vs. Allocation**

Vote	Allocation	Requirement	Projections		Allocation	Projections	
	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Recurrent	28,990	36,829	40,463	45,754	29,609	30,108	30,383
Development	31,280	34,632	37,405	39,954	31,280	31,862	32,369
<b>Total</b>	<b>60,270</b>	<b>71,461</b>	<b>77,869</b>	<b>85,709</b>	<b>60,889</b>	<b>61,970</b>	<b>62,752</b>

#### 3.2.1 Analysis of recurrent requirement versus allocation

Category	Allocation (KSh. Millions)	REQUIREMENT (KSh. Millions)			ALLOCATION (KSh. Millions)		
	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Gross</b>	<b>28,990</b>	<b>44,336</b>	<b>46,648</b>	<b>51,507</b>	<b>29,609</b>	<b>30,108</b>	<b>30,383</b>
AIA	3,978	3,978	3,978	3,978	3,978	3,978	3,978
<b>NET</b>	<b>25,012</b>	<b>40,358</b>	<b>42,670</b>	<b>47,529</b>	<b>25,631</b>	<b>26,130</b>	<b>26,405</b>
Compensation to Employees	5,721	7,281	9,466	12,104	5,892	6,069	6,251
Transfers	20,630	34,725	34,485	36,364	21,043	21,276	21,276
Other Recurrent	1,739	2,331	2,697	3,039	1,774	1,863	1,956

#### Analysis of development requirement versus allocation

Category	Allocation (KSh. Millions)	REQUIREMENT (KSh. Millions)			ALLOCATION (KSh. Millions)		
	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Gross</b>	<b>31,280</b>	<b>40,152</b>	<b>43,685</b>	<b>44,939</b>	<b>31,280</b>	<b>31,862</b>	<b>32,369</b>
GOK	2,213	9,307	10,787	9,833	2,013	2,093	2,600
Loans	6,737	15,422	16,193	17,003	6,737	6,737	6,737
Grants	13,032	5,195	5,455	5,728	13,032	13,032	13,032
Local AIA	-	-	-	-			
Other Development	9,298	10,228	11,251	12,376	9,498	10,000	10,000

### 3.2.2 Analysis of requirement versus allocation by Programmes

Programme	Allocat ion	Require ment			Allocat ion		
	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Programme 1: Preventive, Promotive and RMNCAH	10,398	12,682	14,639	16,144	10,434	11,017	11,224
Programme 2: National Referrals and Specialized services Programme	25,449	30,128	31,848	33,894	25,771	25,830	26,200
Programme 3: Health Research and Development	5,597	6,658	7,146	8,472	5,706	5,750	5,798
Programme 4: General Administration and Support Services Programme	5,742	7,246	8,985	11,148	5,881	6,031	6,131
Programme 5: Health Policy, Regulation and Standards Programme	13,083	14,747	15,250	16,050	13,097	13,343	13,400
<b>Total</b>	<b>60,270</b>	<b>71,461</b>	<b>77,869</b>	<b>85,709</b>	<b>60,889</b>	<b>61,970</b>	<b>62,752</b>

### 3.2.3 Analysis of requirement versus allocation by Programmes by Economic Classifications

Programme 1: Preventive, Promotive and RMNCAH	Allocati on	Require ment			Allocati on		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>1,556</b>	<b>2,517</b>	<b>3,000</b>	<b>3,665</b>	<b>1,592</b>	<b>1,629</b>	<b>1,667</b>
Acquisition Of Non-Financial Assets	-	-	-	-	-	-	-
Compensation Of Employees	506	792	849	913	521	537	553
Grants And Other Transfers	737	1,120	1,381	1,845	752	767	782
Health Subsidy	-	-	-	-	-	-	-
Social Benefits	-	-	-	-	-	-	-
Use of Goods And Services	313	605	770	906	319	325	332
Other Recurrent	0	0	0	0	0	0	0
<b>Development</b>	<b>8,842</b>	<b>10,166</b>	<b>11,639</b>	<b>12,480</b>	<b>8,842</b>	<b>9,388</b>	<b>9,557</b>
Acquisition Of Non-Financial Assets	60	77	98	120	60	65	65
Compensation Of Employees	-	-	-	-	-	-	-
Grants And Other Transfers	4,535	5,001	5,548	6,161	4,535	4,535	4,535
Use of Goods And Services	-	-	-	-	-	-	-
Other Developments	4,247	5,088	5,992	6,199	4,247	4,787	4,956
<b>Total</b>	<b>10,398</b>	<b>12,682</b>	<b>14,639</b>	<b>16,144</b>	<b>10,434</b>	<b>11,017</b>	<b>11,224</b>

Programme 2: National Referrals and Specialized services Programme	Allocat ion	Require ment			Allocat ion		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>15,622</b>	<b>19,508</b>	<b>20,581</b>	<b>21,633</b>	<b>15,943</b>	<b>15,982</b>	<b>16,021</b>
Acquisition Of Non-Financial Assets	-	-	-	-	-	-	-
Compensation Of Employees	909	1,236	1,821	2,381	936	964	993
Grants And Other Transfers	14,224	17,572	17,925	18,284	14,508	14,508	14,508



Health Subsidy	-	-	-	-	-	-	-
Social Benefits	-	-	-	-	-	-	-
Use of Goods And Services	443	578	647	717	452	461	471
Other Recurrent	46	122	188	251	46	47	48
<b>Development</b>	<b>9,827</b>	<b>10,620</b>	<b>11,267</b>	<b>12,261</b>	<b>9,827</b>	<b>9,848</b>	<b>10,179</b>
Acquisition Of Non-Financial Assets	974	1,043	1,225	1,678	974	977	992
Compensation Of Employees	-	-	-	-	-	-	-
Grants And Other Transfers	90	200	340	544	90	90	90
Use of Goods And Services	-	-	-	-	-	-	-
Other Developments	8,763	9,377	9,702	10,039	8,763	8,781	9,097
<b>Total</b>	<b>25,449</b>	<b>30,128</b>	<b>31,848</b>	<b>33,894</b>	<b>25,771</b>	<b>25,830</b>	<b>26,200</b>

<b>Programme 3: Health Research and Development</b>	<b>Allocation</b>	<b>Requirement</b>			<b>Allocation</b>		
<b>Economic classification</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
<b>Recurrent</b>	<b>5,388</b>	<b>5,845</b>	<b>6,244</b>	<b>7,478</b>	<b>5,497</b>	<b>5,537</b>	<b>5,578</b>
Acquisition Of Non-Financial Assets	-	-	-	-	-	-	-
Compensation Of Employees	105	122	136	159	108	112	115
Grants And Other Transfers	5,283	5,723	6,108	7,319	5,389	5,426	5,463
Health Subsidy	-	-	-	-	-	-	-
Social Benefits	-	-	-	-	-	-	-
Use of Goods And Services	-	-	-	-	-	-	-
Other Recurrent	-	-	-	-	-	-	-
<b>Development</b>	<b>209</b>	<b>813</b>	<b>903</b>	<b>995</b>	<b>209</b>	<b>213</b>	<b>220</b>
Acquisition Of Non-Financial Assets	-	-	-	-	-	-	-
Compensation Of Employees	-	-	-	-	-	-	-
Grants And Other Transfers	209	813	903	995	209	213	220
Use of Goods And Services	-	-	-	-	-	-	-
Other Developments	-	-	-	-	-	-	-
<b>Total</b>	<b>5,597</b>	<b>6,658</b>	<b>7,146</b>	<b>8,472</b>	<b>5,706</b>	<b>5,750</b>	<b>5,798</b>

<b>Programme 4: General Administration and Support Services Programme</b>	<b>Allocation</b>	<b>Requirement</b>			<b>Allocation</b>		
<b>Economic classification</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
<b>Recurrent</b>	<b>4,693</b>	<b>5,900</b>	<b>7,408</b>	<b>9,357</b>	<b>4,832</b>	<b>4,980</b>	<b>5,080</b>
Acquisition Of Non-Financial Assets	-	-	-	-	-	-	-
Compensation Of Employees	3,754	4,878	6,322	8,198	3,829	3,907	3,985
Grants And Other Transfers	110	123	123	125	113	115	117
Health Subsidy	-	-	-	-	-	-	-
Social Benefits	-	-	-	-	-	-	-
Use of Goods And Services	780	846	906	966	840	907	926
Other Recurrent	49	53	57	68	50	51	52
<b>Development</b>	<b>1,050</b>	<b>1,347</b>	<b>1,577</b>	<b>1,791</b>	<b>1,050</b>	<b>1,051</b>	<b>1,051</b>
Acquisition Of Non-Financial Assets	530	641	776	939	530	530	530
Compensation Of Employees	-	-	-	-	-	-	-
Grants And Other Transfers	-	-	-	-	-	-	-
Use of Goods And Services	509	690	779	820	509	509	509
Other Developments	11	15	22	32	11	12	12
<b>Total</b>	<b>5,742</b>	<b>7,246</b>	<b>8,985</b>	<b>11,148</b>	<b>5,881</b>	<b>6,031</b>	<b>6,131</b>

<b>Programme 5: Health Policy, Regulation and Standards Programme</b>	<b>Allocation</b>	<b>Requirement</b>			<b>Allocation</b>		
<b>Economic classification</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
<b>Recurrent</b>	<b>1,731</b>	<b>3,059</b>	<b>3,229</b>	<b>3,622</b>	<b>1,745</b>	<b>1,981</b>	<b>2,038</b>
Acquisition Of Non-Financial Assets	-	-	-	-	-	-	-
Compensation Of Employees	188	252	338	453	194	200	206
Grants And Other Transfers	1,276	1,679	1,712	1,936	1,284	1,291	1,299
Health Subsidy	252	1,000	1,050	1,103	252	474	517
Social Benefits	-	-	-	-	-	-	-
Use of Goods And Services	15	128	129	131	15	15	16
Other Recurrent	-	-	-	-	-	-	-
<b>Development</b>	<b>11,352</b>	<b>11,687</b>	<b>12,020</b>	<b>12,428</b>	<b>11,352</b>	<b>11,362</b>	<b>11,362</b>
Acquisition Of Non-Financial Assets	-	-	-	-	-	-	-
Compensation Of Employees	-	-	-	-	-	-	-
Grants And Other Transfers	10,572	10,889	11,216	11,553	10,572	10,572	10,572
Use of Goods And Services	-	-	-	-	-	-	-
Other Developments	780	798	804	875	780	790	790
<b>Total</b>	<b>13,083</b>	<b>14,747</b>	<b>15,250</b>	<b>16,050</b>	<b>13,097</b>	<b>13,343</b>	<b>13,400</b>

### 3.2.3 Analysis of requirement versus allocation by Sub Programmes

<b>Preventive, Promotive and RMNCAH Programme</b>							
<b>Sub Programme</b>	<b>Allocation</b>	<b>Requirement</b>			<b>Allocation</b>		
	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
SP 1.1 Communicable Disease Control	4,992	6,298	6,941	7,743	5,021	5,540	5,670
SP1.2 Non Communicable diseases prevention and control	1,002	1,370	1,495	1,634	1,004	1,055	1,127
SP1.3 Radioactive Waste Management	179	179	215	265	181	189	192
SP1.4 RMNCAH	4,201	4,741	5,868	6,352	4,205	4,208	4,212
SP1.5 Environmental Health	24	95	120	150	24	24	24
<b>Total</b>	<b>10,398</b>	<b>12,682</b>	<b>14,639</b>	<b>16,144</b>	<b>10,434</b>	<b>11,017</b>	<b>11,224</b>

<b>National Referral &amp; Specialized services Programme</b>							
<b>Sub Programme</b>	<b>Allocation</b>	<b>Requirement</b>			<b>Allocation</b>		
	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
SP2.1 National Referral Health Services	16,269	20,304	21,463	22,798	16,577	16,602	16,628
SP2.2 Specialized Medical Equipment	4,500	4,800	4,900	5,000	4,500	4,500	4,500
SP2.3 Forensic and Diagnostic services	1,555	1,724	2,000	2,415	1,568	1,585	1,706
SP2.4 Health Products and	3,125	3,300	3,485	3,680	3,125	3,143	3,366

Technologies							
<b>Total</b>	<b>25,449</b>	<b>30,128</b>	<b>31,848</b>	<b>33,894</b>	<b>25,771</b>	<b>25,830</b>	<b>26,200</b>

Health Research and Development Programme							
Sub Programme	Allocation	Requirement			Allocation		
	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
SP3.1 Pre-Service and In-Service Training	3,762	4,435	4,628	4,838	3,835	3,840	3,850
SP3.2 Health Research	1,835	2,223	2,518	3,634	1,871	1,910	1,948
<b>Total</b>	<b>5,597</b>	<b>6,658</b>	<b>7,146</b>	<b>8,472</b>	<b>5,706</b>	<b>5,750</b>	<b>5,798</b>

General Administration & Support Services Programme							
Sub Programme	Allocation	Requirement			Allocation		
	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
SP 4.1 General Administration	4,676	6,036	7,608	9,583	4,758	4,879	4,966
SP4.2 Finance and Planning	1,067	1,210	1,377	1,565	1,124	1,152	1,165
<b>Total</b>	<b>5,742</b>	<b>7,246</b>	<b>8,985</b>	<b>11,148</b>	<b>5,881</b>	<b>6,031</b>	<b>6,131</b>

Health Policy, Standards and Regulations Programme							
Sub Programme	Allocation	Requirement			Allocation		
	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
SP5.1 Health Policy	12,252	12,987	13,346	13,963	12,252	12,262	12,262
SP5.2 Social Protection in Health	252	1,000	1,050	1,103	252	474	517
SP5.3 Health Standards and Regulations	579	759	853	984	593	606	621
<b>Total</b>	<b>13,083</b>	<b>14,747</b>	<b>15,250</b>	<b>16,050</b>	<b>13,097</b>	<b>13,343</b>	<b>13,400</b>

### 3.2.3 Analysis of requirement versus allocation by Sub Programmes by Economic Classifications

Preventive, Promotive and RMNCAH Programme							
SP 1.1 Communicable Disease Control							
Economic classification	Allocation	Requirement			Allocation		
	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>1,204</b>	<b>1,655</b>	<b>1,834</b>	<b>2,126</b>	<b>1,233</b>	<b>1,263</b>	<b>1,293</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	472	519	571	628	486	501	516
Grants And Other Transfers	681	856	974	1,200	695	709	723
Health Subsidy							
Social Benefits							

Use of Goods And Services	51	280	289	298	52	53	54
Other Recurrent							
<b>Development</b>	<b>3,787</b>	<b>4,643</b>	<b>5,107</b>	<b>5,618</b>	<b>3,787</b>	<b>4,278</b>	<b>4,377</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers	3,384	3,723	4,095	4,504	3,384	3,384	3,384
Use of Goods And Services							
Other Developments	403	920	1,012	1,113	403	893	992
<b>Total</b>	<b>4,992</b>	<b>6,298</b>	<b>6,941</b>	<b>7,743</b>	<b>5,021</b>	<b>5,540</b>	<b>5,670</b>

SP1.2 Non Communicable diseases prevention and control							
	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>67</b>	<b>298</b>	<b>316</b>	<b>336</b>	<b>69</b>	<b>70</b>	<b>72</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	5	135	136	139	5	5	5
Grants And Other Transfers	23	120	132	145	23	24	24
Health Subsidy							
Social Benefits							
Use of Goods And Services	39	43	48	52	40	41	42
Other Recurrent	0.11	0.12	0.14	0.15	0.12	0.12	0.12
<b>Development</b>	<b>935</b>	<b>1,072</b>	<b>1,179</b>	<b>1,297</b>	<b>935</b>	<b>985</b>	<b>1,055</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers	735	800	880	968	735	735	735
Use of Goods And Services							
Other Developments	200	272	299	329	200	250	320
<b>Total</b>	<b>1,002</b>	<b>1,370</b>	<b>1,495</b>	<b>1,634</b>	<b>1,004</b>	<b>1,055</b>	<b>1,127</b>

SP1.3 Radioactive Waste Management							
	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>119</b>	<b>102</b>	<b>117</b>	<b>145</b>	<b>121</b>	<b>124</b>	<b>127</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	26	18	19	19	27	28	29
Grants And Other Transfers	18	32	45	70	18	18	19
Health Subsidy							
Social Benefits							
Use of Goods And Services	75	51	54	57	76	78	80
Other Recurrent							

<b>Development</b>	<b>60</b>	<b>77</b>	<b>98</b>	<b>120</b>	<b>60</b>	<b>65</b>	<b>65</b>
Acquisition Of Non-Financial Assets	60	77	98	120	60	65	65
Compensation Of Employees							
Grants And Other Transfers							
Use of Goods And Services							
Other Developments							
<b>Total</b>	<b>179</b>	<b>179</b>	<b>215</b>	<b>265</b>	<b>181</b>	<b>189</b>	<b>192</b>

SP1.4 RMNCAH							
	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>165</b>	<b>462</b>	<b>733</b>	<b>1,057</b>	<b>169</b>	<b>172</b>	<b>176</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	3	120	123	127	3	3	3
Grants And Other Transfers	15	112	230	430	15	16	16
Health Subsidy							
Social Benefits							
Use of Goods And Services	148	230	380	500	151	154	157
Other Recurrent							
<b>Development</b>	<b>4,036</b>	<b>4,279</b>	<b>5,135</b>	<b>5,295</b>	<b>4,036</b>	<b>4,036</b>	<b>4,036</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers	416	478	574	688	416	416	416
Use of Goods And Services							
Other Developments	3,620	3,801	4,561	4,607	3,620	3,620	3,620
<b>Total</b>	<b>4,201</b>	<b>4,741</b>	<b>5,868</b>	<b>6,352</b>	<b>4,205</b>	<b>4,208</b>	<b>4,212</b>

SP1.5 Environmental Health							
Environmental Health Services	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Health Subsidy							

Social Benefits							
Use of Goods And Services							
Other Recurrent							
<b>Development</b>	<b>24</b>	<b>95</b>	<b>120</b>	<b>150</b>	<b>24</b>	<b>24</b>	<b>24</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Use of Goods And Services							
Other Developments	24	95	120	150	24	24	24
<b>Total</b>	<b>24</b>	<b>95</b>	<b>120</b>	<b>150</b>	<b>24</b>	<b>24</b>	<b>24</b>

National Referral & Specialized services Programme							
SP2.1 National Referral Health Services							
	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>15,081</b>	<b>18,817</b>	<b>19,644</b>	<b>20,339</b>	<b>15,389</b>	<b>15,414</b>	<b>15,439</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	693	980	1,364	1,592	714	735	757
Grants And Other Transfers	14,222	17,567	17,918	18,277	14,507	14,507	14,507
Health Subsidy							
Social Benefits							
Use of Goods And Services	151	200	250	300	154	157	160
Other Recurrent	15	70	112	170	15	15	16
<b>Development</b>	<b>1,188</b>	<b>1,487</b>	<b>1,819</b>	<b>2,460</b>	<b>1,188</b>	<b>1,188</b>	<b>1,188</b>
Acquisition Of Non-Financial Assets	734	800	967	1,378	734	734	734
Compensation Of Employees							
Grants And Other Transfers	90	200	340	544	90	90	90
Use of Goods And Services							
Other Developments	364	487	512	537	364	364	364
<b>Total</b>	<b>16,269</b>	<b>20,304</b>	<b>21,463</b>	<b>22,798</b>	<b>16,577</b>	<b>16,602</b>	<b>16,628</b>

SP2.2 Specialized Medical Equipment							
Specialized Medical Equipment (MES)	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	-	-	-	-	-	-	-
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Health Subsidy							
Social Benefits							

Use of Goods And Services							
Other Recurrent							
<b>Development</b>	<b>4,500</b>	<b>4,800</b>	<b>4,900</b>	<b>5,000</b>	<b>4,500</b>	<b>4,500</b>	<b>4,500</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Use of Goods And Services							
Other Developments	4,500	4,800	4,900	5,000	4,500	4,500	4,500
<b>Total</b>	<b>4,500</b>	<b>4,800</b>	<b>4,900</b>	<b>5,000</b>	<b>4,500</b>	<b>4,500</b>	<b>4,500</b>

SP2.3 Forensic and Diagnostic services							
Forensic and Diagnostic services	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>541</b>	<b>691</b>	<b>937</b>	<b>1,294</b>	<b>554</b>	<b>568</b>	<b>581</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	216	256	457	789	222	229	236
Grants And Other Transfers	2	5	7	7	2	2	2
Health Subsidy							
Social Benefits							
Use of Goods And Services	293	378	397	417	299	305	311
Other Recurrent	31	52	76	81	31	32	33
<b>Development</b>	<b>1,014</b>	<b>1,033</b>	<b>1,063</b>	<b>1,121</b>	<b>1,014</b>	<b>1,017</b>	<b>1,125</b>
Acquisition Of Non-Financial Assets	240	243	258	300	240	243	258
Compensation Of Employees							
Grants And Other Transfers							
Use of Goods And Services							
Other Developments	774	790	805	821	774	774	867
<b>Total</b>	<b>1,555</b>	<b>1,724</b>	<b>2,000</b>	<b>2,415</b>	<b>1,568</b>	<b>1,585</b>	<b>1,706</b>

SP2.4 Health Products and Technologies							
	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	-	-	-	-	-	-	-
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Health Subsidy							
Social Benefits							
Use of Goods And Services							



Other Recurrent							
<b>Development</b>	<b>3,125</b>	<b>3,300</b>	<b>3,485</b>	<b>3,680</b>	<b>3,125</b>	<b>3,143</b>	<b>3,366</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Use of Goods And Services							
Other Developments	3,125	3,300	3,485	3,680	3,125	3,143	3,366
<b>Total</b>	<b>3,125</b>	<b>3,300</b>	<b>3,485</b>	<b>3,680</b>	<b>3,125</b>	<b>3,143</b>	<b>3,366</b>

Health Research and Development Programme							
SP3.1 Pre-Service and In-Service Training							
	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>3,589</b>	<b>3,745</b>	<b>3,904</b>	<b>4,078</b>	<b>3,662</b>	<b>3,665</b>	<b>3,668</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	105	122	136	159	108	112	115
Grants And Other Transfers	3,484	3,623	3,768	3,919	3,553	3,553	3,553
Health Subsidy							
Social Benefits							
Use of Goods And Services							
Other Recurrent							
<b>Development</b>	<b>173</b>	<b>690</b>	<b>725</b>	<b>761</b>	<b>173</b>	<b>175</b>	<b>182</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers	173	690	725	761	173	175	182
Use of Goods And Services							
Other Developments							
<b>Total</b>	<b>3,762</b>	<b>4,435</b>	<b>4,628</b>	<b>4,838</b>	<b>3,835</b>	<b>3,840</b>	<b>3,850</b>

SP3.2 Health Research							
Health Research (KEMRI)	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>1,799</b>	<b>2,100</b>	<b>2,340</b>	<b>3,400</b>	<b>1,835</b>	<b>1,872</b>	<b>1,910</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers	1,799	2,100	2,340	3,400	1,835	1,872	1,910
Health Subsidy							
Social Benefits					-	-	-
Use of Goods And Services							
Other Recurrent							

<b>Development</b>	<b>36</b>	<b>123</b>	<b>178</b>	<b>234</b>	<b>36</b>	<b>38</b>	<b>38</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers	36	123	178	234	36	38	38
Use of Goods And Services							
Other Developments							
<b>Total</b>	<b>1,835</b>	<b>2,223</b>	<b>2,518</b>	<b>3,634</b>	<b>1,871</b>	<b>1,910</b>	<b>1,948</b>

General Administration & Support Services Programme							
General Administration							
	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>4,167</b>	<b>5,346</b>	<b>6,829</b>	<b>8,763</b>	<b>4,249</b>	<b>4,370</b>	<b>4,457</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	3,692	4,800	6,240	8,112	3,766	3,841	3,918
Grants And Other Transfers	110	123	123	125	113	115	117
Health Subsidy							
Social Benefits							
Use of Goods And Services	315	370	409	458	320	363	370
Other Recurrent	49	53	57	68	50	51	52
<b>Development</b>	<b>509</b>	<b>690</b>	<b>779</b>	<b>820</b>	<b>509</b>	<b>509</b>	<b>509</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Use of Goods And Services	509	690	779	820	509	509	509
Other Developments							
<b>Total</b>	<b>4,676</b>	<b>6,036</b>	<b>7,608</b>	<b>9,583</b>	<b>4,758</b>	<b>4,879</b>	<b>4,966</b>

SP4.2 Finance and Planning							
	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>526</b>	<b>554</b>	<b>579</b>	<b>594</b>	<b>583</b>	<b>610</b>	<b>623</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	61	78	82	86	63	65	67
Grants And Other Transfers							
Health Subsidy							
Social Benefits							
Use of Goods And Services	465	476	497	508	520	545	556
Other Recurrent							
<b>Development</b>	<b>541</b>	<b>657</b>	<b>798</b>	<b>971</b>	<b>541</b>	<b>542</b>	<b>542</b>
Acquisition Of Non-Financial Assets	530	641	776	939	530	530	530
Compensation Of Employees							
Grants And Other Transfers							
Use of Goods And Services							
Other Developments	11	15	22	32	11	12	12
<b>Total</b>	<b>1,067</b>	<b>1,210</b>	<b>1,377</b>	<b>1,565</b>	<b>1,124</b>	<b>1,152</b>	<b>1,165</b>

Health Policy, Standards and Regulations Programme							
SP5.1 Health Policy							
Health Policy	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>900</b>	<b>1,300</b>	<b>1,326</b>	<b>1,536</b>	<b>900</b>	<b>900</b>	<b>900</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers	900	1,300	1,326	1,536	900	900	900
Health Subsidy							
Social Benefits							
Use of Goods And Services							
Other Recurrent							
<b>Development</b>	<b>11,352</b>	<b>11,687</b>	<b>12,020</b>	<b>12,428</b>	<b>11,352</b>	<b>11,362</b>	<b>11,362</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers	10,572	10,889	11,216	11,553	10,572	10,572	10,572
Use of Goods And Services							
Other Developments	780	798	804	875	780	790	790
<b>Total</b>	<b>12,252</b>	<b>12,987</b>	<b>13,346</b>	<b>13,963</b>	<b>12,252</b>	<b>12,262</b>	<b>12,262</b>

SP5.2 Social Protection in Health							
Social Protection in Health	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>252</b>	<b>1,000</b>	<b>1,050</b>	<b>1,103</b>	<b>252</b>	<b>474</b>	<b>517</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Health Subsidy	252	1,000	1,050	1,103	252	474	517
Social Benefits							
Use of Goods And Services							
Other Recurrent							
<b>Development</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Use of Goods And Services							
Other Developments							
<b>Total</b>	<b>252</b>	<b>1,000</b>	<b>1,050</b>	<b>1,103</b>	<b>252</b>	<b>474</b>	<b>517</b>

SP5.3 Health Standards and Regulations							
Health Standards and Regulations	Allocation	Requirement			Allocation		
Economic classification	2016/17	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
<b>Recurrent</b>	<b>579</b>	<b>759</b>	<b>853</b>	<b>984</b>	<b>593</b>	<b>606</b>	<b>621</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees	188	252	338	453	194	200	206
Grants And Other Transfers	376	379	386	400	384	391	399
Health Subsidy							
Social Benefits							
Use of Goods And Services	15	128	129	131	15	15	16
Other Recurrent							
<b>Development</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Acquisition Of Non-Financial Assets							
Compensation Of Employees							
Grants And Other Transfers							
Use of Goods And Services							
Other Developments							
<b>Total</b>	<b>579</b>	<b>759</b>	<b>853</b>	<b>984</b>	<b>593</b>	<b>606</b>	<b>621</b>

### Analysis of Funding for Capital projects

As shown in the table below, capital projects for the FY 2017/18 were funded at KSh 11.5billion against a requirement of KSh 16.9billion. GOK counterpart financing was KSh 1.3 billion.

Capital Projects	2017/18 Requirements	2017/18 Allocation	GOK Counterpart	Gap
Total	17,103,774,873	11,511,000,000	1,331,000,000	5,592,774,873

### Analysis of Funding for Capital projects By Programmes

PROGRAMME 1 PREVENTIVE,PROMOTION & R.M.N.C.A.H	2017/18 Requirements	2017/18 Allocation	GOK Counterpart	Gap
<b>0401040 SP.1.4 Radiation Protection</b>				-
1081104200 Construct a Radioactive Waste Management Facility (CRWFP)- Ololua	77,000,000	60,000,000		17,000,000
<b>0401050 SP.1.5 Communicable Disease Control</b>				-
1081100200 National Aids Council	35,500,000	35,500,000		-
1081102300 Tuberculosis Round 6	443,000,000	403,000,000	403,000,000	40,000,000
1081105200 Procurement of Anti TB Drugs Not covered under Global fund Tbprogramme	130,000,000	110,000,000	110,000,000	20,000,000
1081107500 Situation Room for real time data and information on HIV&AIDS-NACC	170,000,000	40,000,000		130,000,000

RMNCAH	2017/18 Requirements	2017/18 Allocation	GOK Counterpart	Gap
<b>0405010 SP.5.1 Family Planning Services</b>				-
1081105300 Procurement of Family Planning & Reproductive Health Commodities	300,500,000	72,500,000		228,500,000
<b>0405020 SP.5.2 Maternity</b>				-
1081104500 Free Maternity Program(Strategic Intervention)	6,500,000,000	4,298,000,000		2,202,000,000
<b>0405030 SP.5.3 Immunization</b>				-
1081105500 (Vaccines and Immunizations)	703,000,000	703,000,000	703,000,000	-

<b>PROGRAMME 2 NATIONAL REFERRAL &amp; SPECIALISED HEALTH SERVICES</b>	<b>2017/18 Requirements</b>	<b>2017/18 Allocation</b>	<b>GOK Counterpart</b>	<b>Gap</b>
<b>0402010 SP.2.1 National Referral Services</b>				-
1081102800 Kenyatta National Hospital	192,000,000	50,000,000	50,000,000	142,000,000
1081104800 Modernize Wards & Staff house- Mathari Teaching & Referral Hospital	50,000,000	50,000,000		-
1081104900 Construct a Wall & Procure Equipment at National Spinal Injury Hospital	13,000,000	6,000,000		7,000,000
1081106000 Critical and Acute care	370,000,000	-		370,000,000
1081106100 Cancer Institute	270,000,000	200,000,000		70,000,000
1081106800 Construction of 300 bed private hospital-Hire of Technical Advisor	15,000,000	-		15,000,000
1081106900 Accommodation and Conference facility-Hire of Technical Advisor	19,000,000	-		19,000,000
1081107000 Cancer and Chronic Disease Management Centre-MTRH	270,000,000	-		270,000,000
1081107100 Children Hospital	40,000,000	-		40,000,000
1081107200 Equipping Maternity Unit (Mother and Child Unit)	30,000,000			30,000,000
1081107300 Expansion and Equipping of ICU	170,000,000	170,000,000		-
<b>0402040 SP.2.4 Forensic and Diagnostics</b>				-
1081103700 Clinical Waste Disposal System Project	100,000,000	15,000,000	15,000,000	85,000,000
1081104300 Government Chemist Laboratory Construction at & Nairobi (HQs)	10,000,000	-		10,000,000
1081104400 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	6,000,000,000	4,500,000,000		1,500,000,000
1081105100 Procurement of Equipment at the Nairobi Blood Transfusion Services	200,000,000	150,000,000		50,000,000
1081109500 Construction of a Cancer Centre at Kisii Level 5 Hospital	50,000,000	-		50,000,000

<b>PROGRAMME 3 HEALTH RESEARCH AND DEVELOPMENTS</b>	<b>2017/18 Requirements</b>	<b>2017/18 Allocation</b>	<b>GOK Counterpart</b>	<b>Gap</b>
<b>0403010 SP.3.1 Capacity Building &amp; Training</b>				-
1081105701 Construction of Buildings-Tuition blocks at KMTC	140,000,000	50,000,000		90,000,000
1081105801 Construction and Equipping of laboratory and class rooms at KMTC	33,000,000	33,000,000		-
<b>0403020 SP.3.2 Research &amp;Innovations</b>				-
1081108400 Perimeter fencing around KEMRI parcels of land (Taveta and Kirinyaga)	15,000,000	15,000,000		-

<b>PROGRAMME 4 HEALTH POLICY, STANDARDS &amp; REGULATIONS</b>	<b>2017/18 Requirements</b>	<b>2017/18 Allocation</b>	<b>GOK Counterpart</b>	<b>Gap</b>
<b>0404010 SP.4.1 Health Policy, Planning &amp; Financing</b>				
1081100500 Rehabilitation of Muhoroni Sub District Hospital (KIDDP)	7,274,873	-		7,274,873
1081102500 East Africa's Centre of Excellence for Skills & Tertiary Education	50,000,000	50,000,000	50,000,000	-
1081103600 Health Sector Programme Support III				-
1081104600 Up Grade of Health Centers in slums (Strategic Intervention)	700,000,000	500,000,000		200,000,000



### **3.4 Programmes by order of ranking**

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

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

### **3.5 Criteria for programme prioritization**

In ranking the Programs, Reference was made to the **Treasury Circular No 14/2016 (ZZ/MOF 81/011 TY (112)** dated **13<sup>th</sup> July 2016** that states the below mentioned Criteria to be used for prioritisation/ranking:-

- 1 Programme Performance Review findings of the on-going programmes;
- 2 Linkage of the programme with the objectives of the Medium Term Plan of Kenya Vision 2030 for the period 2013 – 2017;
- 3 Linkage of the programme to the Jubilee administration flagship projects/interventions;
- 4 Degree to which a programme addresses core poverty interventions;
- 5 Degree to which the program is addressing the core mandate of the Ministry, Departments and Agencies;
- 6 Expected outputs and outcomes of the program;
- 7 Linkage of a program with other programmes;
- 8 Cost effectiveness and sustainability of the programme;
- 9 Immediate response to the requirements and furtherance of the implementation of the Constitution.

#### **Scoring Method**

- All the above criteria carry an equal score of 1 mark.
- A programme that meets the above 9 criteria scores 9 marks
- Degree to which the programme meets criteria is awarded 0.25, 0.5, 0.75 or 1 marks

### 3.6 Resource Allocation criteria

The sector adopted the following criteria in the allocation of resources for the financial year 2017/2018

**Table 13: Resource Allocation Criteria- Health Sector, Mombasa retreat 4-15September, 2016**

S/NO	CRITERIA	CRITERIA INDICATORS	EVIDENCE
1	GOK Counterpart Financing	<ul style="list-style-type: none"> <li>GOK Counterpart Financing</li> </ul>	<ul style="list-style-type: none"> <li>Contract details</li> </ul>
2	Personnel emoluments Annual increment	<ul style="list-style-type: none"> <li>Salaries for MOH establishment</li> </ul>	<ul style="list-style-type: none"> <li>Supported by IPPD, Treasury authority to recruit</li> </ul>
3	On-going projects	<ul style="list-style-type: none"> <li>Status of implementation and absorption capacity of the project</li> </ul>	<ul style="list-style-type: none"> <li>Implementation Status</li> </ul>
4	Achievability/Sustainability  Source of funding	<ul style="list-style-type: none"> <li>Project design including feasibility studies, Land availability, Environmental Impact Assessment</li> <li>GoK,/DONOR, PPP and GoK counterpart funding</li> </ul>	<ul style="list-style-type: none"> <li>Donor agreement, PPP and MOU's</li> <li>Availability of the fiscal space</li> </ul>
5	Desirability of the project	<ul style="list-style-type: none"> <li>consistency with Jubilee transformation agenda, vision 2030,Consistency with MTP II</li> <li>Addressing core mandate of the Subsector/Ministry and poverty intervention</li> </ul>	<ul style="list-style-type: none"> <li>Captured in MTP and Sectoral reports</li> </ul>
6	Approved by Project Committee	<ul style="list-style-type: none"> <li>Constitution of the Project Committee by the Subsector</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of approvals by the PC members</li> </ul>
7	Project concept note	<ul style="list-style-type: none"> <li>Submission</li> </ul>	<ul style="list-style-type: none"> <li>Submission to The N/T Concept notes for project</li> </ul>
8	O & M (Utilities e.g. Rent and rates, electricity parking)	<ul style="list-style-type: none"> <li>Lease agreement</li> </ul>	<ul style="list-style-type: none"> <li>Lease agreement</li> </ul>
9	Statutory obligations and membership subscriptions	<ul style="list-style-type: none"> <li>Subscriptions and dues to International organisations</li> </ul>	<ul style="list-style-type: none"> <li>Demand notes and payment trends</li> </ul>
10	Transfers (SAGAs) Annex 5 of the guidelines	<ul style="list-style-type: none"> <li>Current and Capital Grants to Parastatals</li> </ul>	<ul style="list-style-type: none"> <li>Payment trends</li> </ul>

## **4 CHAPTER FOUR: CROSS-SECTOR LINKAGES, EMERGING ISSUES AND CHALLENGES**

The Constitution established two distinct and interdependent levels of governments consisting of the national and 47 county governments with specific functions. These two levels must conduct their relations through consultation and cooperation<sup>1</sup> in order to effectively deliver their mandates.

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.

### **4.1 Intra Sectoral Linkages within the Health Sector**

The national health sector comprises of the Ministry, KEMRI, National Referral Hospitals (KNH and MTRH), NACC, KEMSA, KMTC and NHIF. The Ministry and its respective SAGAs collaborate in the areas of research, curative, preventive, promotive health, social protection and training of health workers. Under the devolved system of Government, the Ministry of Health has the key mandate of policy formulation and management of the five national referral health facilities, while the county government are responsible for health service delivery. Intra-sectoral collaborations between the two levels of governments are achieved through the Inter-governmental health forums.

### **4.2 Links to other sectors**

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

#### **4.2.1 Energy, Infrastructure and ICT Sector**

Expansion, modernization and operations of the health infrastructure to effectively respond to the changing health service needs are highly dependent on energy, infrastructure and ICT sectors. Structured and deliberate engagement by the health sector with these sectors will be critical to ensure accelerated attainment health sector meet its goal. Reliable infrastructure will facilitate access to health care facilities and emergency services across the country hence improving health outcomes.

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

## **4.2.2 Environmental Protection, Water and Natural Resources Sector**

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

The health sector will engage with these sectors in policy and regulatory dialogue to ensure safe environment, water, and sanitation facilities meet the set standards and the regulatory requirements.

## **4.2.3 Social Protection, Culture and Recreation Sector**

The Health Sector will cooperate with the sub sector of labour, social security and services in the area 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.

## **4.2.4 Public Administration and International relations**

The success of programmes in health sector is dependent on the funding levels and the timely disbursement. In order for the sector to achieve its goals, it will provide the necessary data and information to enable the National Treasury to provide the necessary funding in time. The Health Sector will continue to play its role in line with the national and sectoral policies.

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

National disasters like droughts and floods, frequent road traffic accidents, fires and 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 guidelines for use by County governments.

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

#### **4.2.5 Education Sector**

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

#### **4.2.6 Governance, Justice, Law and Order Sector**

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

#### **4.2.7 General Economic and commercial affairs**

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

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

#### **4.2.8 Agriculture, Rural and Urban Development**

The Health Sector will ensure strengthening of platforms for policy dialogue on nutrition, housing, water and environment in order to improve services to Kenyans. Discussion on nutrition will emphasize on women of reproductive age and children under five (5) years of age including joint implementation of the National Nutrition Action Plan 2012-2017.

### 4.3 Emerging Issues

Emerging health issues are those that pose either a threat or relief from threat to the overall health of the population. These are the events that could have either positive or negative impact on the whole health system which include service delivery, health financing, human resources, infrastructure, leadership, health products and technology and health information system. An emerging issue can be a disease or injury that has either increased incidence or prevalence in the recent past or threatens to increase in the near future. Finally, it can be an increased visibility in a long-standing health issue that continues to obstruct the public health goal of reducing morbidity, mortality and disability. During the Financial year 2015/16 the following were some of the emerging health issues that posed a threat to the overall health system;

- *Increasing visibility* in a long-standing health issue that continues to obstruct the public health goal of reducing morbidity, mortality and disability as in the case of Multidrug resistant Tb and the rise in HIV/AIDs incidence among the youth.
- *Political unrest* and increase cross border travels has led to an increase in emerging and re-emerging Diseases (Haemorrhagic fever, airborne viral epidemics, polio)
- In order to embrace modernization, Government directive on procurement, e-medicine, e-payment through ICT and to comply with and enhance co-ordination between KEMSA and counties, a lot of ground is yet to be covered in terms of training and knowledge management.
- The increasing Challenge in management and coordination of the limited supply of specialized Health care providers to cover all the counties effectively to ensure fair access to relevant health services to all.
- Restrictive human resource management and financial implication have contributed to uncoordinated Inter County transfers and movement of health care workers.
- Lack of a comprehensive legal framework and failure to adhere to set standards and regulations has contributed to counterfeit drugs entering the Kenyan market and compromising the integrity on quality of drugs dispensed.
- There is need for Trade Unions to adapt to the required constitutional changes, and enter into a recognition agreement with county government as employer of the staff they are representing.
- Harmonization of Salary and allowances for employees of National Government, Seconded Staff to the counties, former Local Authority Staff, and those employed by the respective counties for equity.
- Lack of Clear policy on management of financial implication for Health Workers being placed on internship programme.
- The Increase in Road traffic related morbidity and mortality continues to impact negatively on the economy of the country.
- Lack of clear policy guidelines on operations of national run institutions (KMTC) viz a viz the human resource management.
- Control and enforcement of health practice both conventional and traditional medicine remains weak.
- There are new projects that are very key for the sector but the funds are not available.

- Since the rebasing of the economy, Development Partners are exiting and the government is required to finance these specific areas. In addition government is required to contribute 20% instead of 5% hence reducing the amount of sharable allocation.
- The sector is currently installing the radiotherapy equipment that produces radioactive wastes. Therefore, there is need to complete the Radiation waste management plant.
- Strategic interventions require more financing from current allocation as the package keep increasing
- Currently, there is a challenge of new infections within the youth that requires strategic interventions
- There is inadequate allocation to the TB, HIV/AIDS, Malaria and Family planning programs
- There is the challenge of PE for Health workers interns
- Establishment of KMTCs in Counties increases the requirement for construction of more colleges
- KMTC has 329 staff seconded from counties and MoH. The institution requires financing to absolve the personnel.

## 4.4 Challenges for the Health sector

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

### 1. Service Delivery

Trends in Health Outcomes that undermine the health system response include communicable diseases accounts for the highest proportion of disease burden in the sector. Despite the significant decrease on HIV/AIDS prevalence rate, the co-infection of HIV/AIDS and TB coupled with the emergence of drug resistant strains of TB pose a serious problem to the sector. Despite great strides in tuberculosis control, it is estimated that 19% still remain undetected. Additionally, funding of HIV/AIDS programmes still remain donor dependent at 80% which still poses a challenge due to the rebasing of the county's economy.

Malaria persistently remains serious health problem with a prevalence rate of 8%. In order of ranking HIV/AIDS, Perinatal conditions and malaria accounts for 24.2%, 10.7% and 7.2% causes of disabilities respectively. This pattern is synonymous with the leading causes of death where HIV/AIDS lead the pack with 29.3%; Perinatal conditions 9.0%, Lower respiratory diseases 8.1%, Tuberculosis 6.3% and Malaria 5.8%.

Non-communicable diseases (NCDs) also persist in exerting pressure to the health system, hypertension, heart disease and diabetes are major health problems. Cancer alone is estimated to cause 21,000 deaths annually. Injuries from road traffic accidents contribute approximately 50% of bed occupancy in hospitals. The sector commissioned a survey to determine the levels of NCDs in the population and the results show huge disease burden attributed to NCDs.

Childbirth related conditions continue to pose significant challenges, especially inadequacy of emergency services for delivery, under-utilization of existing antenatal services and inadequate skills and competences of health workers in this area, a situation which leads to new-borns (<28 days) constituting 63% of all infant deaths and Maternal mortality Ratio of 488/100,000.

Over 10 million Kenyans suffer from chronic food insecurity and poor nutrition and between one and 2 million require food assistance each year. Nearly 30 percent of Kenya's children are undernourished, and micronutrient deficiencies are widespread. (KDHS (2014) points at the growing prevalence of an overweight and obese population in Kenya. The behavioural and metabolic risk factors include; overweight 18.4 per cent, obesity 4.2 per cent and, physical inactivity at 15.4 per cent nationally, among others.

Access to ARVs for those who require them is still a challenge, currently 947,000 PLHIVs have been enrolled on ART against a projected population of 1.6 million Kenyans living with HIV. Adherence to ART treatment is still a challenge.

The country also faced challenges of increase in number of unvaccinated children especially in underserved populations - urban informal settlements, nomadic and border populations, security challenged areas. Further, there has been vaccine uptake hesitancy due to a wide range of reasons e.g. adverse publicity & religious reasons, despite high levels of awareness of its benefits.

## **2. Health products and technologies**

Investments under this orientation are geared towards ensuring that effective, safe, and affordable health products and technologies that are available and rationally used at all times, while moving towards maintaining a strategic national health products and technologies (HPT)

There is an inadequate budgetary provision for the procurement and distribution of strategic commodities of public health importance from the exchequer, of which cause lack of financial capacity to operationalize the proposed new structures at the National and County levels.

Blood products are part of the strategic commodities in the sector however there still exists persistent shortage countrywide. Currently the institutions mandated with this function have only been able to meet 48% of the demand. This is due to inadequate capacity in human resource, appropriate specialised infrastructure and storage equipment including transport facilities.

## **Finance**

Weaknesses in resource allocation and use: These includes, weak linkages between policy making, planning and budgeting processes, little relationship between budget as formulated and budget executed, weak accounting systems, underutilization of external aid, inadequate reporting of financial performance evidence based planning.

High out of pocket in Kenya continues to be major issue in Kenya constituting about 32 per cent of total health expenditure (when all sources are considered: government, private and development partners). As a result, close to 6.2 per cent of Kenyans spend over 40 per cent of



their non-food expenditure on health (catastrophic health expenditure) – hence pushing close to 2.6 million poor people below the poverty line every year. This situation is partly contributed by low government expenditure in health as public health services remain the main source of outpatient and inpatient care for two thirds of the population. At present, total government health expenditure as a proportion of the total budget (both national and county budget) is about 6.8 per cent, falling much below the 15 per cent agreed by African Government in Abuja in 2003.

Other issues of related to health financing that affect the sector related to efficiencies in resources allocation and use. Over time and currently (both at national and counties) public spending has been skewed towards high end curative services which is both inefficient and inequitable. Furthermore, personnel costs account for 70-80 per cent of total recurrent budget for health both national and county levels.

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

Due to rebasing of the country's economy to lower middle income, donor support has drastically reduced hence need for government to increase domestic health care financing.

To mitigate the challenges of service delivery brought about due to rebasing of the economy, the Government needs to increase funding significantly to the sector in order to safeguard the gains made so far. The Government needs to explore innovative financing of programs in the Sector such as Private Public Partnerships (PPPs), and ensure efficiency in the utilization of allocated funds by all sector players.

### **Health Work force**

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

Other challenges faced in the sector include:

- Knowledge gap amongst health workers, ageing and unequal distribution of health work force in different regions of the country
- Uneven remuneration and disparities in the terms of service among the same cadres of staff in the public sector leading to low motivation and performance levels. The situation is exacerbated by lack of harmonization of salary of former local authority staff, seconded staff to counties and those who were hired by respective counties

- The inability of the Ministry to absorb 50% of KNBTS health workers who were employed by NGO's into public service to provide blood transfusion services due to inadequate funding.
- The Management of Pension which is still a national function and transitioning to the respective County's pensions. This in turn affects the transfer of services between the two levels of government and inter counties
- Provision of adequate training funds to develop human resources in key health specialities to meet the health sector demands in the country
- Delays in provision of the necessary approvals by the National Treasury in confirmation of fund to enable recruit of key staff in several sector institutions

### **3. Health Infrastructure**

There is inadequate infrastructure and skewed distribution of available infrastructure within the sector institutions and the country with a strong bias towards the urban areas. In addition, timely rehabilitation and supportive maintenance still remains a key challenge. There also exists obsolete health equipment that requires replacement with modern ones. Provision of modern and operational health infrastructure together with adequate and appropriate staffing will aid in the proper and timely diagnosis thereby bringing down the disease burden.

### **4. Leadership and governance**

The sector lacks the necessary legal framework to support the constitutional right to health and especially on provision of emergencies services. There is also a lacuna in the institutional roles and accountability between the two levels of government on dealing with emergency care functions. There is need to strengthen leadership and governance structures in the health sector to meet the ever emerging requirements brought about by devolution.

### **5. Health research and development**

Funding for health research remains donor-driven, fragmented and uncoordinated. Currently, research is conducted, managed, and financed by a diverse number of organizations. In addition, research agenda priority setting at both the national and international level is not based on evidence based requirements. There has limited accountability and impact analysis of the research on the critical health needs. This has led to low levels of impact on investment in research productivity and overall improvement of health standards and evidence based decision and policy making.

### **6. Health Management Information System**

Disparate reporting systems (HRIS, LMIS, DHIS, EMRS etc.), underfunding of the infrastructural system together with inadequate capacity in analysis is a major challenge. This has led to inadequate use of available data to inform policy planning both at the national and county level. In addition, reporting from the private healthcare providers is also weak. Innovations in e-health have remained at pilot level with none going to scale due to lack of funding.

Establishment of **e-Health hubs** is one of the flagship projects in the MTPII yet this project has never been funded yet it holds huge potential in improving efficiencies and access to healthcare delivery in Kenya.

## 5 CHAPTER FIVE: CONCLUSION

The health sector has made notable improvements in a number of the health indicators in the last ten years. This has resulted from the implementation of legal and policy reforms, institutional reforms as well as an increase in investments by both Government and other stakeholders. However, these improvements still fall below the Millennium Development Goals targets of 2015. And in order to sustain these improvements and meet the targets presented through the Sustainable Development Goals, the sector reforms and investments have to be fast tracked and enhanced in order to meet the country's overall health goals as enshrined in the Kenya Vision 2030, the Constitution of Kenya, 2010 and the Kenya Health Policy, 2014-2030.

The foregoing notwithstanding, the increasing population growth places a lot of pressure on demand for health services and the health sector will need to expand its capacity to provide quality services in an accessible and equitable manner. The NCDs are also increasingly becoming a major burden to the country within an environment when communicable diseases are still a major challenge. There is therefore need to balance allocation of resources between competing needs of ensuring a conducive policy and regulatory environment and at the same time address the double burden of communicable and non-communicable diseases and to some extent, injuries. In particular, the increase in cancer cases has placed an additional burden to the healthcare system while the capacity for promotion, prevention and treatment is still weak. Other areas of concern for the sector includes increasing funding for the sector in a sustainable manner, protecting the population against catastrophic health expenditures, implementing mechanisms to retain health workforce, improving health infrastructure as well as governance and leadership.

The priorities outlined in this sector report demonstrate the Ministry's commitment in providing the necessary leadership to meet the stated goals. The Ministry will during the MTEF period 2017/18-2019/20 continue to prioritize programs and projects that aimed at promoting health promotion and prevention; addressing the health needs of children, mothers and adolescents; improving the health infrastructure; enhancing social health protection and achievement of universal health coverage and the strengthening of adherence to normal and standards as well as health regulation. In addition the Ministry will continue to build capacity at both the national and the counties as per the requirements of the constitution.

## 6 CHAPTER SIX: RECOMMENDATIONS

Arising from the foregoing, the following recommendations can be made:

- i). There is need to continue channelling more resources to communicable diseases as they still accounts for the highest proportion of the disease burden in the sector. These will include malaria, respiratory related diseases and TB, HIV/AIDS and diarrhoea as well as immunizable conditions.
- ii). Strengthen the coordination and partnerships for maternal, child, neonatal and adolescent related interventions, especially between the national and county levels as well as with other partners in order to achieve efficiency and effectiveness in the use of resources. This should include interventions related to reproductive and child health programmes, nutrition, immunization and competences of health workers in these areas. The issue of adequate availability of blood and blood products need to be given attention so as to complement the efforts being taken on maternal and child health.
- iii). The country needs to strengthen health systems for the control and management of non-communicable diseases (NCDs) and injuries by giving more focus to health prevention and promotion related interventions so as to reduce the cost of care for these conditions and ensure sustainability. In particular, special attention should be given to the preventive, promotive and treatment of cancer.
- iv). The Sector should address establishment of e-Health hubs, a flagship projects in the MTPII which has never been funded, yet it holds huge potential in spurring growth in the sector by enhancing efficiencies, information exchange and access to healthcare delivery in Kenya
- v). The sector should continue exploring and identifying innovative ways of increasing health infrastructure and equipment for health facilities to ensure that there is equity in access to services, especially to areas that were hitherto not well served.
- vi). The Government should scale up the financing of the sector to meet local and global benchmarks and commitments, including the use of innovative financing mechanisms. These efforts will ensure that out of pocket expenditure is reduced and households that face catastrophic health expenditure are protected.
- vii). The sector should continue to strengthen the innovative mechanisms for financing of health services to ensure efficient use of resources and more value for money.
- viii). The sector still should continue with measures that are addressing challenges of skewed distribution of skilled health workers across counties through appropriate human resources policies and strategies at both national and county levels, including issues related to promoting industrial harmony
- ix). The sector needs to strengthen regulation to ensure compliance to set standards in the procurement, delivery systems as well as the enforcement of health practice for both traditional and conventional medicine.
- x). There should be more focus on measures to control standards and regulate the sector players and their practices.
- xi). The need to address the issue of high pending bills should also be given focus by ensuring timely allocations and strict adherence to procurement rules.



## 7 REFERENCES

1. Ministry of Health, Kenya AIDS Indicator Survey 2012 , September 2013
2. Ministry of Health, Health Management Information Systems, Annual Report
3. Republic of Kenya, Budget Review Outlook Paper (BROP) 2015/16
4. Republic of Kenya, Ministry of Health, Annual Appropriation in Accounts, 2014/2015.
5. Republic of Kenya, Ministry of Health: Strategic Plan 2013 - 2017
6. Republic of Kenya, Health Sector Medium Term Plan 2013 - 2017
7. Republic of Kenya, Constitution 2010
8. Republic of Kenya, Kenya National Bureau of Statistics, Economic Survey, Various years.
9. Republic of Kenya, Health Sector MTEF Report 2014/2015 – 2016/17.
10. Republic of Kenya, Medium Term Plan 2013 – 2017
11. Republic of Kenya, Kenya Health Sector Strategic Plan 2013 – 2017
12. Republic of Kenya, Executive Order No. 2 of 2013
13. Republic of Kenya, Ministry of Health Strategic Plan 2013/14 – 2017/18
14. Republic of Kenya, Sessional paper No. 10 of 2012 On Kenya Vision 2030
15. Republic of Kenya, Ministry of Health, National Health Accounts 2012/13
16. Republic of Kenya, Ministry of Health, Kenya Household Health Expenditure and Utilization Survey, 2013
17. Republic of Kenya, Ministry of Health, Kenya Health Policy 2014-2030
18. Republic of Kenya, Ministry of Health: Global Adult Tobacco Survey 2014
19. SAGAs Annual Report & Financial Statements, June 2015

### List of Officers who participated in the Health Sector Report writing

S/NO.	Names	Ministry/Department	E-mail address
1.	Muthoni Ann	KEMRI	<a href="mailto:anmuthoni@yahoo.com">anmuthoni@yahoo.com</a>
2.	Dr. Lubano Kizito	KEMRI	<a href="mailto:mabisik@gmail.com">mabisik@gmail.com</a>
3.	Carol Anunda	KEMSA	<a href="mailto:anundawa@yahoo.com">anundawa@yahoo.com</a>
4.	Mark Maina	KMTC	<a href="mailto:kirurimark@kmtc.ac.ke">kirurimark@kmtc.ac.ke</a>
5.	John Obiye	KMTC	<a href="mailto:jobiye@kmtc.ac.ke">jobiye@kmtc.ac.ke</a>
6.	Michael Kihuga	KNH	<a href="mailto:mkihuga@yahoo.com">mkihuga@yahoo.com</a>
7.	Samuel N.Wainaina	KNH	<a href="mailto:wainaina2011@yahoo.com">wainaina2011@yahoo.com</a>
8.	Job Makanga	KNH	<a href="mailto:jobmakanga@gamil.com">jobmakanga@gamil.com</a>
9.	Etau Ekwom	KNH	<a href="mailto:etau@ymail.com">etau@ymail.com</a>
10.	Phineas Kinoti	KNH	<a href="mailto:papiyo@nacc.or.ke">papiyo@nacc.or.ke</a>
11.	Dr. Ruth Kitetu	MOH	<a href="mailto:kiteturuth@gmail.com">kiteturuth@gmail.com</a>
12.	Rose Ayugi	MOH	<a href="mailto:rose_ayugi@yahoo.com">rose_ayugi@yahoo.com</a>
13.	Alice Wangui	MOH	<a href="mailto:githumbiwangui@gmail.com">githumbiwangui@gmail.com</a>
14.	Dr. Valeria Makory	MOH	<a href="mailto:valeria.makory@gmail.com">valeria.makory@gmail.com</a>
15.	Florah Wanjiku	MOH	<a href="mailto:wanjikuflorah76@gmail.com">wanjikuflorah76@gmail.com</a>
16.	Mary Mumbi	MOH	<a href="mailto:mumbishiko@gmail.com">mumbishiko@gmail.com</a>
17.	John O. Olima	MOH	<a href="mailto:ojohnoganyo@yahoo.com">ojohnoganyo@yahoo.com</a>
18.	Stella Mbugua	MOH	<a href="mailto:mbugua.stella@yahoo.com">mbugua.stella@yahoo.com</a>
19.	Dr. Samuel Were	MOH	<a href="mailto:samuelwere63@yahoo.com">samuelwere63@yahoo.com</a>
20.	Francis Nyamari	MOH	<a href="mailto:fnyamari@yahoo.com">fnyamari@yahoo.com</a>
21.	Peter Odundo	MOH	<a href="mailto:peterodundo@yahoo.com">peterodundo@yahoo.com</a>
22.	Dr. Kasera Kadondi	MOH-DPPHS	<a href="mailto:kadondikasera@gmail.com">kadondikasera@gmail.com</a>
23.	James Ngethe	MOH-Finance	<a href="mailto:jmsngethe@gmail.com">jmsngethe@gmail.com</a>
24.	Mark Rafimbi	MOH-HRM	<a href="mailto:rafimbim@yahoo.com">rafimbim@yahoo.com</a>
25.	Dr.David Soti	MOH-MME	<a href="mailto:dosoti2002@yahoo.com">dosoti2002@yahoo.com</a>
26.	Dr. Peter Kimuu	MOH-Planning	<a href="mailto:peterkimuu@yahoo.com">peterkimuu@yahoo.com</a>
27.	Elkana Ong'uti	MOH-Planning	<a href="mailto:elkananyakundi@yahoo.com">elkananyakundi@yahoo.com</a>
28.	Njuguna David	MOH-Planning	<a href="mailto:njuguna_davidk@yahoo.com">njuguna_davidk@yahoo.com</a>
29.	Mary Mwangangi	MOH-Planning	<a href="mailto:marymwangangi@gmail.com">marymwangangi@gmail.com</a>
30.	Stephen Kaboro	MOH-Planning	<a href="mailto:mbugua.kaboro@gmail.com">mbugua.kaboro@gmail.com</a>
31.	Terry Watiri	MOH-Planning	<a href="mailto:twatiri@gmail.com">twatiri@gmail.com</a>
32.	Thomas Ngetich	MTRH	<a href="mailto:ngetichkib@yahoo.com">ngetichkib@yahoo.com</a>
33.	Ann Chemworri	MTRH	<a href="mailto:swnmamakellie@gmail.com">swnmamakellie@gmail.com</a>
34.	Stanley Kulei	MTRH	<a href="mailto:stanleykulei@gmail.com">stanleykulei@gmail.com</a>
35.	CPA Ken Nyamolo	NACC	<a href="mailto:Knyamolo@nacc.ke">Knyamolo@nacc.ke</a>



36.	Monica Njoroge	NACC	<a href="mailto:m.muthoni@nacc.or.ke">m.muthoni@nacc.or.ke</a>
37.	Philip Apiyo	NACC	<a href="mailto:popiyo@nacc.or.ke">popiyo@nacc.or.ke</a>
38.	Peter Kinuthia	NACC	<a href="mailto:pkinuthia@nacc.or.ke">pkinuthia@nacc.or.ke</a>
39.	Kamleesh D.K	NACC	<a href="mailto:dkamleesh@nacc.or.ke">dkamleesh@nacc.or.ke</a>
40.	Bernard Lukoba	NACC	<a href="mailto:blukoba@nacc.or.ke">blukoba@nacc.or.ke</a>
41.	Francis Muteti	National Treasury	<a href="mailto:francismuteti@yahoo.com">francismuteti@yahoo.com</a>
42.	Felix Oulo	National Treasury	<a href="mailto:foulo@gmail.com">foulo@gmail.com</a>
43.	Lawrence Muthamia	National Treasury	<a href="mailto:lawrence.mwiti@gmail.com">lawrence.mwiti@gmail.com</a>
44.	Fridah Kagunda	National Treasury	<a href="mailto:fridahkagunda@gmail.com">fridahkagunda@gmail.com</a>
45.	Daniel Mulinge	NHIF	<a href="mailto:dmulinge@nhif.or.ke">dmulinge@nhif.or.ke</a>
46.	Victoria Wachaiyu	Planning	<a href="mailto:victoriawachaiyu@yahoo.com">victoriawachaiyu@yahoo.com</a>

## ANNEX II: PROJECT CONCEPT NOTE

MOH

<b>Project 1</b>					
1. Project name: Scaling up Nutrition (Food fortification, Management of acute malnutrition, Healthy diets and lifestyle)					
2. Project geographic location: Nationwide					
3. Project Type/Category: Mega					
4. Implementing organization (s): Ministry of Health-Nutrition and dietetics unit					
5. Counties covered: National					
6. Project Purpose: Malnutrition and over nutrition remains a public health problem in Kenya with devastating effects on development, health, productivity and education. In addition, the country is facing increasing emergence of diet related diseases such as diabetes, heart disease and cancers. These are mainly caused by change in diet and lifestyle such as excessive intake of highly refined food, fat, sugar and salt with limited physical inactivity. Vitamin A deficiency affects about 80% of the children below 5 years; this means that they have a lower immunity, increased susceptibility to infections and also complicates disease outcomes. Iron deficiency affects 43% of the Kenyan Children below 5 years, 70% of pregnant women and 43% of women of reproductive age. Currently over 2 million children are malnourished. In 2012, Kenya signed up to the global Sun movement which is geared towards reducing malnutrition by 2025 (Stunting, wasting underweight and micronutrient deficiencies- Vitamin A, Iron, and Iodine. Food Fortification, Management of acute malnutrition and promotion of appropriate feeding practices under healthy lifestyle and diets are some of the evidence based strategies to address malnutrition and micronutrient deficiencies”. They are geared towards saving lives, reducing morbidity associated with malnutrition, enhancing nutrition status of the population, thereby contributing to the realization of Vision 2030, Jubilee Manifesto, MTP11, SDGs.					
7. Brief description of the project: Food fortification and management of acute malnutrition is one of the high impact nutrition interventions. Food fortification was legislated in the country in 2012 (2012 Legislation of mandatory fortification for staple foods, what and oil). In the past, the programs have supported by partners i.e. Global Alliance for Improved Nutrition (GAIN), Kenya National Food Fortification alliance, UNICEF and WFP. However with reduced donor funding the current coverage and implementation is hampered. For instance, GAIN funding ended in September 2015.  The key activities will be Capacity building for the enforcing agencies on food fortification (PHO, NPHL, KEBS), Monitoring of fortified foods (industry, market, and ports of entry), Scaling up food fortification to small scale millers, National household coverage survey of fortified foods, social marketing and communication campaigns conducted, procurement of commodities for management of acute malnutrition, nutrition surveillance. The projects targets two million stunted children, 330,000 acutely malnourished children, 46 industries (oil and edible fats, four, millers (wheat and Maize) and salt).  Key risks include: lack of prioritization and hence limited funding by the government-leading to inadequate access to nutrition’s foods. To enhance sustainability, the nutrition unit will incorporate capacity building of the private sector essentially the small scale millers on large scale fortification and the community on home fortification.					
8. Project stage (see Annex 1 above): Ongoing project. (Management =32%, Fortification=20% compliance, Lifestyle and diets=0%).					
9. Estimated project duration (months): 60 Months					
10. Estimated project cost.: 8 billion	FY2015/16 • KSh 744M	FY2016/17 • KSh 860M	FY2017/18 • Kshs860m	FY2018/19 Kshs960m	2019/20 Kshs700m
11. Outline economic and social benefits: Good nutrition is the basis for economic, social and human development. Nutrition contributes to the productivity, economic development, and poverty reduction by improving physical works capacity, cognitive development, school performance, and health by reducing disease and mortality. Based on the 2015 preliminary results by world bank scaling up Nutrition in Kenya: how much will it cost? And nutrition profiles.					

12. Outline Sources of Financing: GOK

<b>Project 2</b>					
1. Project name: <i>Environmental Health Services</i>					
2. Project geographic location: <i>Nationwide</i>					
3. Project Type/Category (see Para 6 above): <i>Medium</i>					
4. Implementing organization (s): <i>Ministry of Health</i>					
5. Counties covered: 1 (:) <i>47</i>					
6. Project Purpose (Context and need for the Project): <i>Provision of Water and Sanitation</i>					
7. Brief description of the project (Project summary): <i>undertaking provision of water and sanitation activities in the counties in order to improve health and hygiene to the citizens</i>					
8. Project stage (see Annex 1 above): <i>0%</i>					
9. Estimated project duration (months) <i>60months</i>					
10. Estimated project cost:Kshs644,375,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh 128,875,000	KSh 95,000,000	KSh 230,000,000	KSh 95,000,000	KSh 95,000,000
11. Outline economic and social benefits: <i>improve health</i>					
12. Outline sources of financing: <i>UNICEF</i>					

<b>Project 3</b>					
1. Project name: <i>Food and Nutrition Support for Vulnerable Populations Affected by HIV</i>					
2. Project geographic location: <i>Nation Wide</i>					
3. Project Type/Category (see Para 6 above): <i>Medium</i>					
4. Implementing organization (s): <i>Ministry of Health</i>					
5. Counties covered: 1 (:) <i>47</i>					
6. Project Purpose (Context and need for the Project): <i>provision of food supplement to the HIV/Aids infected population</i>					
7. Brief description of the project (Project summary): <i>this project is funded by the world food program to assist the HIV infected population by providing them with food and nutrient to boost their immunities.</i>					
8. Project stage (see Annex 1 above): <i>55%</i>					
9. Estimated project duration (months) <i>48 months</i>					
10. Estimated project cost:Kshs1,621,500	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh	KSh	KSh	KSh	

,000	324,300,000	324,300,000	324,300,000	432,400,000	
11. Outline economic and social benefits:					
12. Outline sources of financing: <b>WFP</b>					

<b>Project 4</b>						
1. <b>Project name:</b> East Africa Public Health Laboratory Networking Project (EAPHLN)						
2. <b>Project geographic location:</b> Busia, Machakos, Wajir and Kilifi counties						
3. <b>Project Type/Category (see Para 6 above):</b> Large						
4. <b>Implementing organization (s):</b> Ministry of Health						
5. <b>Counties covered:</b> 4 - Busia, Machakos, Wajir and Kilifi counties						
6. <b>Project Purpose (Context and need for the Project):</b> To strengthen the National Public health laboratories and referral capacity through control, diagnosis, treatment and surveillance of the tuberculosis and other communicable diseases						
7. <b>Brief description of the project (Project summary):</b> To modernize and expand the diagnostic capacity of the National Public Health labs in Busia, Machakos, Wajir and Malindi.						
8. Project stage (see Annex 1 above):						
9. Estimated project duration (months) <i>60 months</i>						
10. Estimated project cost:		FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
DONOR		1,743,000,000	Kshs734,965,000	Kshs734,965,000	Kshs734,965,000	Kshs734,965,000
Kshs3,486,000,000						
11. Outline economic and social benefits: Improving diagnostic capacity of the Labs						
12. Outline sources of financing: <i>World Bank (IDA)</i>						

<b>Project 5</b>					
1. Project name: <b>Radiation Waste Processing facility</b>					
2. Project geographic location: <b>Ngong</b>					
3. Project Type/Category (see Para 6 above): <b>large</b>					
4. Implementing organization (s): <b>Ministry of Health</b>					
5. Counties covered: 1 (:) <b>Kajiado</b>					
6. Project Purpose (Context and need for the Project): Use of radioactive materials (in medicine, agriculture, industry, research, water resources management, and many other socio-economic sectors) ultimately generates radioactive waste which may contaminate the environment and affect the health and safety of the people and society if not safely and securely managed. The radioactive waste generated in Kenya and disused radioactive sources are usually stored at the generator's site, often without the requisite safety and security requirements commensurate with the level of safety and nuclear security risks.  The CRWPF will guarantee safe management, temporary storage and physical security of radioactive waste generated within the Country, disused radioactive sources, as well as illicitly trafficked radioactive and nuclear					

materials safeguarding the safety of the environment against radiation contaminants. The Facility will also ensure that radioactive waste, disused radioactive sources and intercepted radioactive and nuclear materials are not accessible to terrorists or other malicious actors while in temporary storage. CRWPF is also a prerequisite for advanced nuclear technological transfer to a member state of the International Atomic Energy Agency (Kenya is a member since 1965) that wishes to embark on a nuclear power programme for peaceful uses such as electricity generation. Lack of radiation waste management facility

7. Brief description of the project (Project summary): Construction of a radiation waste management facility that is aimed at reducing radiation and radioactive substance away from the environment and people. In 2006, the Ministry of Health (Radiation Protection Board) engaged with the National Museums of Kenya (Institute of Primate Research – IPR) and an MoU was done for IPR to provide land (about 12 acres) in Oloolua forest, while the Ministry would construct the CRWPF. Once constructed, the MoU further provides for the management of the facility by an expert team drawn from IPR (as users of radioisotopes), the Materials Branch Department of the Ministry of Public Works (who currently run a small radioactive waste facility) and the Ministry of Health through the Radiation Protection Board – as the regulator. The development of the CRWPF was to be constructed in three (3) integrated Phases. Phase I: Interim underground storage bunker with associated health physics laboratory and waste processing facility. Phase II: Environmental radiation and nuclear forensic laboratories, and offices. Phase III: Near Surface Repository away from the CRWPF site where processed and packaged radioactive/nuclear waste would be stored for a long time.

8. Estimated project cost: 747,000,000	FY2015/16 KSh43,000,000	FY2016/17 KSh 60,000,000	FY2017/18 KSh 77,000,000	FY2018/19 KSh 100,000,000	2019/20 KSh 100,000,000
--	----------------------------	-----------------------------	-----------------------------	------------------------------	----------------------------

9. Outline economic and social benefits: safeguarding public health and safety and protecting the environment from the harmful effects of ionizing radiation resulting from disused radioactive sources, radioactive waste, and illicitly trafficked radioactive and nuclear materials by ensuring safe radioactive waste management.

10. Outline sources of financing: **GOK**

## Project 6

1. Project name: **HIV/AIDS Round 7**

2. Project geographic location: **Nation Wide**

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

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

5. Counties covered: 1 (:) **47**

6. Project Purpose (Context and need for the Project): The intervention aims at the expansion of access to ARV and priority prevention activities to help in mitigation of the infection.

7. Brief description of the project (Project summary): Kenya has the 4th largest HIV disease burden globally The HIV epidemic is distributed among the general population (6% prevalence), 1.6 million People Living with HIV (PLWHIV) with concentrations among specific key populations and in certain geographical areas. In addition, Isoniazid preventive therapy (IPT) provision to people living with HIV is still limited. The main key populations identified include prisoners, urban slum dwellers, diabetics, health care workers, uniformed service personnel, nomadic, internally displaced people (IDPs) and migrants, refugees, contacts of TB patients, and people living with HIV. The intervention therefore includes addressing the expansion of access to ARV and priority prevention activities to help in mitigation of the infection

8. Project stage (see Annex 1 above): **50%**

9. Estimated project duration (months) <b>48 months</b>					
13. Estimated project cost: Kshs4,503,676,965	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh	KSh 1,501,225,655	KSh 1,501,225,655	KSh 1,501,225,655	KSh 1,501,225,655
14. Outline economic and social benefits: freeing people from the disease burden to allow them engage in economic activities.					
15. Outline sources of financing: <b>Global Fund</b>					

<b>Project 7</b>					
1. Project name: <b>Tuberculosis Round 6</b>					
2. Project geographic location: <b>Nation Wide</b>					
3. Project Type/Category (see Para 6 above): <b>Medium</b>					
4. Implementing organization (s): <b>Ministry of Health</b>					
5. Counties covered: 1 (:) <b>47</b>					
6. Project Purpose (Context and need for the Project): The intervention targets TB care and prevention by enabling the provision of health commodities in order to alleviate or mitigate tuberculosis case in the country.					
7. Brief description of the project (Project summary): Kenya has high TB burden with an estimated prevalence of 283/100,000 (relatively flat trend after 2000) and estimated incidence of 268/100,000 in 2013. The trends in TB incidence, as well as TB/HIV incidence indicate a slow decline from the peak of 2005 but still notably high. The intervention therefore target TB care and prevention by enabling the provision of health commodities in order to alleviate or mitigate tuberculosis case in the country.					
8. Project stage (see Annex 1 above): <b>32%</b>					
9. Estimated project duration (months) <b>48 months</b>					
1. Estimated project cost:Kshs6,063,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh 1,078,647,667	KSh 1,008,396,474	KSh 781,607,541	KSh 1,048,696,474	KSh 605,396,474
10. Outline economic and social benefits: prevention treatment and control of tuberculosis hence freeing people from the disease burden to allow them engage in economic activities.					
11. Outline sources of financing: <b>Global Funds</b>					

<b>Project 8</b>					
1. Project name: <b>Malaria Round 10</b>					
2. Project geographic location: <b>Nation Wide</b>					
3. Project Type/Category (see Para 6 above): <b>Medium</b>					
4. Implementing organization (s): <b>Ministry of Health</b>					
5. Counties covered: 1 (:) <b>47</b>					
6. Project Purpose (Context and need for the Project): mitigation of malaria infection by provision of health commodities. The main goal is to reduce the morbidity and mortality attributable to malaria in various epidemiological zones					

by two third of the 2007-2008 levels. Malaria.						
7. Brief description of the project (Project summary): Malaria remains a significant public health problem in Kenya. More than 70% of the population lives in malaria risk areas. The most vulnerable to the disease are children and pregnant women. Tremendous efforts have been made to combat malaria with prevention and treatment interventions such as mass and routine distribution of long lasting insecticide treated nets (LLINs), intermittent preventive treatment for malaria during pregnancy, and parasitological diagnosis and management of malaria cases together with distribution of arthemether – combination therapy (ACT) doses. This intervention is to help in facilitating the availability of the medical commodities for mitigation of the disease.						
8. Project stage (see Annex 1 above): <b>50%</b>						
9. Estimated project duration (months) <b>48 months</b>						
16. Estimated project cost:Kshs6,235,942,983	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
	KSh 1,078,647,661	KSh 1,078,647,661	KSh 1,078,647,661	KSh 1,078,647,661	KSh 1,078,647,661	
17. Outline economic and social benefits: prevention and control malaria hence health citizen that can engage in the economic activities.						
18. Outline sources of financing: <b>Global Funds</b>						

<b>Project 9</b>						
1. Project name: <b>Procurement of anti TB drugs not covered under global fund TB program</b>						
2. Project geographic location: <b>Nation Wide</b>						
3. Project Type/Category (see Para 6 above): <b>Medium</b>						
4. Implementing organization (s): <b>Ministry of Health</b>						
5. Counties covered: 1 (.) <b>47</b>						
6. Project Purpose (Context and need for the Project): <b>Tuberculosis Mitigation.</b>						
7. Brief description of the project (Project summary): Tuberculosis (TB) is a key priority communicable disease and a major public health problem. Kenya is currently ranked 15th among the 22 high TB burden countries of the world the intervention is part of the effort aimed at mitigating TB infection by provision of health commodities and sustaining the provision of the medical commodities that are currently supported by the global fund initiative.						
8. Project stage (see Annex 1 above): <b>50%</b>						
9. Estimated project duration (months) <b>60months</b>						
10. Estimated project cost:Kshs500,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
	KSh 120,000,000	KSh 110,000,000	KSh 130,000,000	KSh 160,000,000	KSh 200,000,000	
11. Outline economic and social benefits: <b>prevention and control TB hence health citizen</b>						
12. Outline sources of financing: <b>GOK</b>						

<b>Project 10</b>					
1. Project name: <i>Wajir District Hospital</i>					
2. Project geographic location: <i>WAJIR</i>					
3. Project Type/Category (see Para 6 above): <i>Medium</i>					
4. Implementing organization (s): <i>Ministry of Health</i>					
5. Counties covered: 1 (: ) <i>Wajir</i>					
6. Project Purpose (Context and need for the Project): <i>Modernization and Expansion Wajir Hospital</i>					
7. <b>Brief description of the project (Project summary):</b> in order to improve the quality of healthcare services to the region construction and equipping the hospital was conceived supported by Arab Bank for Development of East Africa. The construction works involve: outpatient block, female wards, Theatre/ICU/HDU Block, Kitchen/Laundry/Bulk Storage and Mortuary.					
8. Project stage (see Annex 1 above): <i>0%</i>					
9. Estimated project duration (months) <i>36months</i>					
10. Estimated project cost:Kshs800,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	Kshs250,000,000	Kshs250,000,000	Kshs250,000,000	Kshs250,000,000	
11. Outline economic and social benefits: Better Healthcare to the Public					
12. Outline sources of financing: <i>BADEA</i>					

<b>Project 11</b>					
1. Project name: <i>Moi Teaching and Referral Hospital, Academic Model Providing Access</i>					
2. Project geographic location: <i>Eldoret</i>					
3. Project Type/Category (see Para 6 above): <i>Medium</i>					
4. Implementing organization (s): <i>Ministry of Health</i>					
5. Counties covered: 1 (: ) <i>Eldoret</i>					
6. Project Purpose (Context and need for the Project): <i>Provision of Healthcare Commodities for the HIV infected patients at MTRH and the satellite clinic in North Rift, Western and South Nyanza</i>					
7. <b>Brief description of the project (Project summary):</b> <i>this is a program funded by USIAD to provide Anti- Retroviral therapy and other intervention programs including nutrition and socioeconomic support in the care of HIV patients.</i>					
8. Project stage (see Annex 1 above): <i>0%</i>					
9. Estimated project duration (months) <i>36months</i>					
10. Estimated project cost:Kshs1,092,065,688	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
		Kshs364,021,896	Kshs364,021,896	Kshs364,021,896	Kshs364,021,896
11. Outline economic and social benefits: Better Healthcare to the Public					
12. Outline sources of financing: <i>USIAD</i>					

<b>Project 12</b>
-------------------



1. Project name: <i>Modernization of Wards and Staff Houses Mathari Hospital</i>
2. Project geographic location: <i>Nairobi</i>
3. Project Type/Category (see Para 6 above): <i>Medium</i>
4. Implementing organization (s): <i>Ministry of Health</i>
5. Counties covered: 1 (:) <i>Nairobi</i>
6. <b>Project Purpose (Context and need for the Project):</b> The purpose of the project is to modernize the MNTRH through renovations and improvement of the existing infrastructure. MNTRH was established in 1904 as a smallpox isolation Centre which later became a lunatic's asylum in 1910, and was subsequently renamed Mathari Hospital in 1964. Since then it has grown to the level of a National Teaching and Referral hospital and is mandated to provide specialized psychiatric services to the mentally ill. The current use of the facility in the provision of mental health services was not part of its original purpose as is evident in the myriad of problems that the hospital is currently facing. The structures are not in conformity with the current mental health treatment approaches. Most of the buildings are old and dilapidated. The wards are still prison-like dormitories with no provision for social amenities and give a desolate atmosphere defeating the mandate of the hospital. According to the Ministry of Public Works building regulations, any building that is over 100 years old is unfit for human habitation and should be demolished. Maintenance of these buildings has been both costly and uneconomical. The hospital's bed capacity is 700. Over the past years, the number of inpatients handled on daily bases has increased to a tune of 820 patients. Due to introduction of new services, the number of outpatients has also increased to about 1,000 patients daily. Considering the above scenario, it can be observed that the hospital has been expanding in capacity while the infrastructure has remained the same and in a very dilapidated state. There is therefore need for renovation and expansion of the existing infrastructure.
7. <b>Brief description of the project (Project summary):</b> The project entails renovation of the existing infrastructure with an aim of giving the hospital a face-lift. This will involve <ul style="list-style-type: none"> <li>• renovation of the Maximum Security Unit (Where mentally ill offenders are admitted)</li> <li>• Renovation of the wards on the civil side</li> <li>• Renovation of the administration block</li> <li>• Rehabilitation and upgrading of the water supply system</li> <li>• Renovation of the hospital kitchen</li> <li>• Hospital Landscaping</li> <li>• Rehabilitation of the sewer line</li> <li>• Improvement of the hospital lighting</li> <li>• Renovation of the outpatient block and hospital store</li> <li>• Hospital road tarmacked</li> </ul> <p>This will help improve provision of quality mental health services by ensuring that patients are treated in a conducive environment. It will also be a motivation to our health workers.</p> <p>The hospital, having been established in 1904, the buildings are very old and dilapidated due to age. The equipment is old and obsolete across departments.</p> <p>Over the years the hospital has suffered stigma attached to Mathari mental hospital, the mentally- ill and the general negative attitude by the public towards mental illness and the mentally - ill patients. The hospital is commonly referred to as “<b>JELA YA WAZIMU</b>” (Prison for the insane) which is so stigmatizing. There also lacks donors are willing to support Mental services</p> <p>The hospital experiences inadequate funding from the government. There is inadequate revenue collection due non-payment of cost sharing fee by patients abandoned, mentally ill offenders and lack of automation. This is because most of the patients are unproductive and dependant on their relatives and most of them remain in the</p>

hospital for long and thus their relatives grow weary or just exhaust their resources with time leading to neglect and abandonment of the patients. The hospital ends up waiving hospital bills (high waiver rates) for these patients and also repatriation to their homes.

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

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

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

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

1. Project stage (see Annex 1 above): <b>32%</b>					
2. Estimated project duration (months) <b>48 months</b>					
1. Estimated project cost: Kshs120,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	Kshs30,000,000	Kshs30,000,000	Kshs35,000,000	Kshs50,000,000	Kshs5,000,000
2. Outline economic and social benefits: better service delivery					
3. Outline sources of financing: <b>GOK</b>					

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

tremendous progress in developing national policies, strategies and legislation to address cancer control. The enactment of the Cancer Control Act 2012 signified government commitment to addressing cancer while the Kenya Health Policy 2014-2030, Kenya National Strategy for Prevention of NCDs 2015-2020 and the National Cancer Control strategy 2011-2016 have prioritized cancer control interventions. In order to put in place proper mechanisms to maximize coordination and minimize duplication in cancer prevention and control, MOH proposes the formation of a national cancer prevention program. The intervention is therefore to Purchase Cancer screening machines and establishment of screening centers in the 47 counties to help in containing and reducing cancer cases in the country

8. Project stage (see Annex 1 above): **0%**

9. Estimated project duration (months) **60 months**

1. Estimated project cost: Kshs870,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
		Kshs200,000,000	Kshs200,000,000	Kshs270,000,000	Kshs200,000,000

10. Outline economic and social benefits: The program will bring together relevant personnel, information and infrastructure that are necessary for a coordinated approach to cancer prevention and control. It will also serve as a common basket through which the required investments for the war on cancer can be channelled for efficient use. The ultimate goal of the program is to promote equitable and affordable access to evidence-based cancer prevention and control services for all Kenyans

11. Outline sources of financing: **GOK**

#### Project 14

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

#### Project 15

1. Project name: <b>Rongai Hospital</b>
2. Project geographic location: <b>Nakuru</b>
3. Project Type/Category (see Para 6 above): <b>Medium</b>
4. Implementing organization (s): <b>Ministry of Health</b>
5. Counties covered: <b>1 (:) Nakuru</b>
6. Project Purpose (Context and need for the Project): <b>Expansion of Rongai Hospital. The main aim of the expansion to upgrade Rongai Hospital as a specialist facility to handle Trauma cases of numerous road traffic accidents at</b>

Salgaa/ Rongai area and treatment of the victims.					
7. <b>Brief description of the project (Project summary):</b> Construction, equipping and modernization of hospital for quality healthcare service to the public followed a presidential directive by the then President Mwai Kabaki for an Hospital to handle to help in treatment of victims of numerous case of road traffic accident at the black spot of Salgaa/Rongai area. The scope of the work was to include: construction and equipping of Accident and Emergency department (Examination Rooms, Registration and records, observation wards, acute/resuscitation rooms, minor theatre, recovery wards), pharmacy laboratories, X-ray, CT-scan and MRI rooms, physiotherapy/occupational department, 36-bed male surgical ward, 24-bed female surgical ward, 12-bed paediatrics ward, 6-bed ICU/HDU ward.					
8. Project stage (see Annex 1 above): <i>0%</i>					
9. Estimated project duration (months) <i>24 months</i>					
10. Estimated project cost: KSh 1,500,000 (BADEA 1,000,000,000 OFID 500,000,000)	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh	KSh 80,000,000	KSh 250,000,000	KSh 250,000,000	KSh 300,000,000
GOK Counterpart financing (300,000,000)			50,000,000	50,000,000	60,000,000
11. Outline economic and social benefits: <i>improvement of the healthcare services in Kenya</i>					
12. Outline sources of financing: <i>BADEA</i>					

<b>Project 16</b>					
1. Project name: <i>Clinical Waste Disposal System Project</i>					
2. Project geographic location: <i>Nairobi, Nakuru, Kisii and Machakos</i>					
3. Project Type/Category (see Para 6 above): <i>Medium</i>					
4. Implementing organization (s): <i>Ministry of Health</i>					
5. Counties covered: 1 (:) <i>4</i>					
6. <b>Project Purpose (Context and need for the Project):</b> <i>Procurement of Equipment, Goods and Service.</i> Evidence from the World Health Organization reveals that up to 20 percent of hospital wastes are contaminated with infectious and hazardous agents, which can transmit diseases such as hepatitis B, and C and Human Immunodeficiency Virus (HIV) including risks of non-communicable conditions arising from incomplete burning of wastes. The purpose of this project hence is to reduce exposures to health risks resulting from poor and inadequate treatment of health care wastes and improve management of medical waste through installation and commissioning of ten (10) modern AMB serial 250 ecosteryl medical waste treatment devices in ten high volume health facilities in the country.					
7. <b>Brief description of the project (Project summary):</b> the project is aims at procuring and supplying Equipment, Goods and services in respect of clinical waste disposals. 10 medical waste plants/devices will be installed and commissioned in in ten (10) high volume health facilities in Kenya. This will be done through provision of associated spare parts for each installed facility, training of manpower including equipment operators who will manage and coordinate the implementation of the clinical waste systems in the ten (10) Kenyan health facilities and ensure timelines and deliverable are up to the standards required					
8. Project stage (see Annex 1 above): <i>0%</i>					
9. Estimated project duration (months) <i>24 months</i>					

2. Estimated project cost: Kshs1,200,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh200,000,000	KSh 40,000,000	KSh 500,000,000	KSh 500,000,000	KSh 160,000,000
Outline economic and social benefits: <i>Cleaner environment has long</i> positive benefits to human health and environment far out way the relatively higher costs contributing to reduction in communicable and non-communicable diseases. The process may also be an opportunity for new investment options that involve recycling of the treated wastes.					
1. Outline sources of financing: <b>Belgium and GOK</b>					

<b>Project 17</b>					
1. Project name: <b>Clinical Laboratory and Radiology Services Improvement</b>					
2. Project geographic location: <b>Nation Wide</b>					
3. Project Type/Category (see Para 6 above): <b>Medium</b>					
4. Implementing organization (s): <b>Ministry of Health</b>					
5. Counties covered: 1 (:) <b>47</b>					
6. Project Purpose (Context and need for the Project): The main goal of the project was (is) to improve the delivery of diagnostic services around the country through a general modernization plan of clinical laboratories (50 sites) and provision of diagnostic radiological services (8 sites included in the 50 for laboratory services).					
7. Brief description of the project (Project summary): The project was conceptualized in 2010 by the then Ministry of Public Health and Sanitation. It was part of the national plan to overhaul primary health care services in Kenya. At the time, the Ministry of Public Health and Sanitation was responsible for three levels of healthcare namely, level 1 (community health services), level 2 (dispensary services) and level 3 (health centre services). It involved general modernization plan of clinical laboratories (50 sites) and provision of diagnostic radiological services (8 sites included in the 50 for laboratory services) The project covers 50 county health facilities; Under Phase 1, 8 sites will be equipped with laboratory and radiology equipment; Under Phase 2, 42 sites will be equipped with laboratory equipment; The planned Implementation period was from 2013-2017. However, start of implementation was delayed as the implementation contract was signed in 2014 and the contract did not become effective until January 2016 when effectiveness conditions were met.					
8. Project stage (see Annex 1 above): <b>0%</b>					
9. Estimated project duration (months) <b>48months</b>					
10. Estimated project cost: Kshs900,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh	KSh 30,000,000	KSh 500,000,000	KSh 270,000,000	KSh 100,000,000
11. Outline economic and social benefits: <b>Better Healthcare.</b> Modern medical equipment and training for health personnel will enable the general population benefit from better quality diagnoses and care; The wide distribution of facilities to benefit from the project will enable a growing percentage of the population to access quality health care services Health personnel will benefit from theoretical and practical training on new equipment to be supplied and thus improve their general knowledge leading to better diagnosis and treatment and Staff will be able to work with more modern and efficient equipment enabling faster, more precise and reliable analysis of results. Availability of the modern equipment will contribute towards improving staff morale, work environment and retention of skilled staff in the public sector					
13. Outline sources of financing: <b>Belgium</b>					

<b>Project 18</b>					
1. Project name: <b>Managed Equipment Services (MES)</b>					
2. Project geographic location: <b>all 47 counties</b>					
3. Project Type/Category (see Para 6 above): <b>mega</b>					
4. Implementing organization (s): <b>Ministry of Health</b>					
5. Counties covered: 1 (:): <b>all 47counties</b>					
6. Project Purpose (Context and need for the Project): the aim is Providing 98 hospitals with modern, state of the art Medical equipment and technology with the objective of improving diagnosis. With a view to improving access to specialized services countrywide. The upgrading was through equipping each of the facilities with critical equipment through a Managed Equipment Services (MES) arrangement and human resource capacity building.					
7. Brief description of the project (Project summary): The Government of Kenya through the Ministry of Health and in conjunction with county governments conceptualized this comprehensive programme of upgrade 98 hospitals, 2 in 47 Counties (94) and 4 National hospitals with a view to improving access to specialized services countrywide. The upgrading was through equipping each of the facilities with critical equipment through a Managed Equipment Services (MES) arrangement and human resource capacity building. Included are the procurement of theatre, CSSD, Renal, ICU and Radiology equipment, These equipment are categorized into 7 Lots; Lot 1 Theatre, targeted 98 hospitals; Lot 2 surgical and CSSD targeted 98 hospitals, Lot 5 renal, targeted 49 hospitals; Lot 6 ICU, targeted former 11 national and provincial hospitals and Lot 7 Radiology, targeted 86 hospitals.					
8. Project stage (see Annex 1 above): <b>32%</b>					
9. Estimated project duration (months) <b>120 months (10 years)</b>					
10. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
Kshs42,000,000,000	KSh4,500,000,000	KSh4,500,000,000	KSh6,000,000,000	KSh6,000,000,000	KSh6,000,000,000
11. Outline economic and social benefits: Improved diagnosis, prevention and control diseases and improved working environment. This will translate into good health of the citizen and improved economy as due hours put productive activities					
12. Outline sources of financing: <b>GOK</b>					

<b>Project 19</b>					
1. Project name: <b>Procurement of equipment at the Nairobi Blood Transfusion Services</b>					
2. Project geographic location: <b>Nairobi</b>					
3. Project Type/Category (see Para 6 above): <b>Medium</b>					
4. Implementing organization (s): <b>Ministry of Health</b>					
5. Counties covered: 1 (:): <b>Nairobi</b>					
6. Project Purpose (Context and need for the Project): <b>Equip National Blood Transfusion</b>					
7. Brief description of the project (Project summary): <b>the procurement of equipment at the National Blood Transfusion is meant to improve the services by ensuring the safety of the blood transfused to patients</b>					
8. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
Kshs500,000,000	KSh43,000,000	KSh 250,000,000	KSh 150,000,000	KSh 150,000,000	KSh

**9. Outline economic and social benefits: *ensuring safe blood transfusion.***

**10. Outline sources of financing: *GOK***

**Project 20**

1. Project name: *Construction of Cancer centre at Kisii Level 5 Hospital*

2. Project geographic location: *Kisii*

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

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

5. Counties covered: 1 (:) *Kisii*

6. Project Purpose (Context and need for the Project): Construction of cancer centre. It is aimed at enhancement of prevention, treatment and control of cancer cases in the Country.

7. Brief description of the project (Project summary): this project was conceived to enhance prevention, treatment and control of cancer cases in the Country. The scope of work is to construct and equip oncology unit as well as train specialized staff. This will include the Two (2) bunkers, One (1) cobalt 60 machine, one (1) Linear Accelerator, Two (2) Operation theatres, Six (6) bed ICU, Twenty bed ward, Four consultation rooms, reception area, support facilities and trained staff (10% of the project cost is for training of the specialized staff)

8. Project stage (see Annex 1 above):*0%*

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

10. Estimated project cost:Kshs750,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh	KSh 50,000,000	KSh 250,000,000	KSh 350,000,000	KSh 200,000,000
GOK Counterpart funds			Kshs25,000,000	Kshs35,000,000	Kshs20,000,000

11. Outline economic and social benefits: healthy population by prevention and treatment of cancer patient. This will enable the people to engage in the productive activities of economic development.

12. Outline sources of financing: *BADEA, Saudi Fund*

**Project 21**

1. Project name: Kenya Health Sector Support Project ( KHSSP)

2. Project geographic location: Countrywide

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

4. Implementing organization (s): Ministry of Health

5. Counties covered: 47						
6. Project Purpose (Context and need for the Project): To improve the delivery of essential health services in the country especially for the poor with focus on maternal and child health in the arid and semi-arid land (ASAL) counties. Improving health services at lower levels and strengthening systems will be critical for further improvements in health status, especially for poor people and in the challenging areas of reproductive health and nutrition.						
7. Brief description of the project (Project summary): Brief description of the project (Project summary): The Project aims to increase access and utilization of basic quality services; and will fund the increased availability of essential health commodities especially for the vulnerable and marginalized populations; while further strengthening the governance and stewardship capacity at the national and County levels to enhance service delivery. The key priorities for the project include; <ul style="list-style-type: none"> <li>i. Health Insurance Subsidy Programme</li> <li>ii. <b>Results-</b> Based financing</li> <li>iii. Strengthening the stewardship capacity</li> </ul> <b>These are expected</b> to be done by improving the effectiveness of Planning, Financing and procurement of Health Products and technologies through Health Systems strengthening.						
8. Project stage (see Annex 1 above):						
9. Estimated project duration (months) <i>months</i>						
10. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20	
GOK(counterpart)						
DONOR Kshs19,275,225,000	2,765,445,000	2,765,445,000	2,765,445,000	2,765,445,000	2,765,445,000	
11. Outline economic and social benefits: Strengthening Health Systems						
12. Outline sources of financing: <i>World Bank (IDA)</i>						

<b>Project 22</b>						
1. Project name: Construction and Upgrading of Laboratories in (Nairobi, Kwale, Busia)						
2. Project geographic location: Nairobi, Kwale, Busia						
3. Project Type/Category (see Para 6 above): <b>Medium</b>						
4. Implementing organization (s): <b>Ministry of Health</b>						
5. Counties covered: 1 (:) Nairobi, Kwale, Busia						
6. Project Purpose (Context and need for the Project): <b>upgrade of laboratory service in the respective counties</b>						
7. Brief description of the project (Project summary): <b>Construction of modern laboratory aimed at enhancing quality treatment and testing DNA samples in prevention and control of crimes and other social factors.</b>						
8. Project stage (see Annex 1 above): <b>32%</b>						
9. Estimated project duration (months) <b>24 months</b>						
10. Estimated	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	



project cost: Kshs95,000,000	KSh	KSh 33,000,000	KSh 33,000,000	KSh 33,000,000	KSh 33,000,000
10. Outline economic and social benefits: <i>prevention and control of crime and other social factors</i>					
11. Outline sources of financing: <i>GOK</i>					

<b>Project 23</b>						
1. Project name: <i>Program for Basic Health Insurance for the Poor and Informally Employed</i>						
2. Project geographic location: <i>Nationwide</i>						
3. Project Type/Category (see Para 6 above): <i>Medium</i>						
4. Implementing organization (s): <i>Ministry of Health</i>						
5. Counties covered: 1 (: ) <i>47</i>						
6. Project Purpose (Context and need for the Project): The country is gearing up for rolling out of Universal Health Coverage through health insurance. One of the major challenge in achieving UHC is the high number of poor, informally and low waged workers. These groups require subsidization of health insurance in order to reduce their burden of health care. This project aims to contribute to an increased access to equitable, affordable and quality healthcare while contributing to the strengthening of the national health insurance system.						
<p><b>Brief description of the project (Project summary):</b> The project aims at increasing access to equitable and affordable health care to the poor and the informally employed persons in Kenya while at the same time supporting efforts to strengthen systems at the National Hospital Insurance Fund. Beneficiaries to the project and their dependants will be issued with a health insurance card from the NHIF which will entitle them to benefits currently enjoyed by the general scheme beneficiaries. The card will be fully subsidized for the poor families, while those who are informally employed will be co-contributing half the premium for the scheme.</p> <p>The project will also aim to set up a modern and responsive data management system at the NHIF (database, technology, IT infrastructure, etc.) as well as providing support to the fund to design and manage health insurance actuary services.</p>						
7. Project stage (see Annex 1 above): <i>0%</i>						
8. Estimated project duration (months) <i>48months</i>						
9. Estimated project cost: Kshs2,100,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
	Kshs700,000,000	Kshs700,000,000	Kshs700,000,000	Kshs700,000,000		
10. Outline economic and social benefits: <i>an improved, equitable access to affordable quality healthcare by economically disadvantaged groups, incl. access to maternal and neonatal health</i>						
11. Outline sources of financing: <i>KWF-Germany</i>						

<b>Project 24</b>						
1. Project name: <i>East Africa's Centre of Excellence for Skills &amp; Tertiary Education</i>						
2. Project geographic location: <i>Nairobi</i>						
3. Project Type/Category (see Para 6 above): <i>Medium</i>						
4. Implementing organization (s): <i>ministry of health</i>						
5. Counties covered: 1 (: ) <i>Nairobi</i>						
6. Project Purpose (Context and need for the Project): Provision of skills and tertiary Education. This project is an investment operation designed to increase access and improve the quality and relevance of higher medical						

education programmes, research and excel service delivery in Kenya and the wider East African Community member states through a project framework. This project focuses on advanced skills, Higher Education, Science and Technology where development partners' interventions have been limited to direct support to universities on limited activities like scholarships.					
7. Brief description of the project (Project summary): the project aims at establishing the infrastructure, equipment and systems of a centre of excellence in Kenya as part of the regional network of Centre of Excellences in the East Africa region. It will include establishment of a regional Centre of Excellence in Urology and Nephrology Sciences called East Africa Kidney Institute (EAKI). The centre of excellence will be part of the EAC network of Centres of Excellence for Skills and Tertiary Education and will provide i) Higher education programmes and clinical training; ii) Scientific and operational research; and iii) Specialized GoK preventive, curative and service delivery. The infrastructure will include a newly constructed education, training, research and service delivery complex that has an auditorium for conferences, cafeteria, professorial and student lounges, various sized classrooms, a Library, Video Conferencing facility, research lab. Faculty, student desk spaces, administration offices and state of the art 160 beds teaching and referral hospital. A service delivery complex with teaching and learning facilities with a state of the art 160 beds teaching and referral hospital. The project is part of the African Development Bank to the East African Community (EAC) member countries. The objective is to contribute to the development of relevant and highly skilled workforce in biomedical sciences to meet the EAC Labour needs.					
8. Project stage (see Annex 1 above):5%					
9. Estimated project duration (months) <b>36months</b>					
10. Estimated project cost: Kshs3,674,275,000	FY2015/16 KSh 360,000,000	FY2016/17 KSh 365,000,000	FY2017/18 KSh 700,000,000	FY2018/19 KSh 1,905,000,000	2019/20 KSh 272,600,000
Counterpart (GOK)	-	-	Kshs45,000,000	Kshs60,000,007	Kshs23,000,007
11. Outline economic and social benefits: enhancement of skill and improvement of healthcare services to the population in the region. It will reduce the dependency of the countries on services from outside region. A state of the art Institute of Urology and Nephrology will promote regional medical tourismhence a source of revenue to the country. It will ensure access to affordable urology and nephrology services therefore, quality services and care for the region. WHO defines medical tourists as people who cross international borders for the exclusive purpose of obtaining medical services.					
12. Outline sources of financing: <b>ADB and GOK</b>					

<b>Project 25</b>
1. Project name: Health Sector Program Support ( HSPS III)
2. Project geographic location: Countrywide
3. Project Type/Category: Mega
4. Implementing organization (s): Ministry of Health
5. Counties covered: 47
6. Project Purpose: To Improve the delivery of essential health services in the country by Strengthening Health

system and outcomes throughout the country					
7. Brief description of the project (Project summary): To Strengthen Health system and outcomes throughout the country, External assessments of HSSF have shown broad positive impact of these grants jointly managed by the facility management committee and in-charges. HSSF has led to improvements in the reported quality of care, staff motivation and patient satisfaction, even when funds represented less than 1% of the total health sector budget and without any link between funding and performance.					
8. Project stage (see Annex 1 above):					
9. Estimated project duration (months) <i>36months</i>					
10. Estimated project cost: Kshs2,765,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/20	2019/20
DONOR	1,183,092,496	1,183,092,496	1,183,092,496	1,183,092,496	1,183,092,496
11. Outline economic and social benefits: Health systems strengthening					
12. Outline sources of financing <i>DANIDA</i>					

<b>Project 26</b>	
1. Project name: Upgrade of Health Centers in Slums (Strategic Intervention)	
2. Project geographic location: <i>12 major Towns including Nairobi, Mombasa, Kisumu, Nyeri Kakamega and others</i>	
3. Project Type/Category (see Para 6 above): <i>Medium</i>	
4. Implementing organization (s): <i>Ministry of Health</i>	
5. Counties covered: 1 (:) <i>Various</i>	
6. Project Purpose (Context and need for the Project): the aim is to address social and economic challenges facing the slum dwellers including congestion, mobility that posed the unique challenges in provision of health and social services. Lack of medical facilities to the highly populated slum areas has been a major problem the country.	
7. Brief description of the project (Project summary): Slum upgrading is one of the flagship projects in the Ministry, it was started in 2013/14 to address social and economic challenges facing the slum dwellers including congestion, mobility that posed the unique challenges in provision of health and social services., such essential services can only be offered through application of unique and innovative approaches. The project is currently being implemented in collaboration with the Ministries of Devolution and Planning and Interior and Coordination of National Government and the relevant county governments, was Initially implemented under the integrated slum upgrading activities through a collaborative effort between the Ministry of Devolution and Planning, the Ministry of Health and the Nairobi County Government at the Kibera slum in 2013/14although Slum areas of the major urban areas are densely populated the health facilities has been lacking and this project is to assist in alleviating the problem	
8. Project stage (see Annex 1 above): <i>30%</i>	
9. Estimated project duration (months) <i>60 months</i>	

10. Estimated project cost: Kshs6,000,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
		Kshs500,000,000	Kshs700,000,000	Kshs700,000,000	Kshs700,000,000
11. Outline economic and social benefits: Access of the medical facilities by the slum dwellers which will in turn stabilize the economic activities of the populace living in the areas.					
12. Outline sources of financing: <b>GOK</b>					

### Project 27

1. Project name: Roll-out of Universal Health Coverage					
2. Project geographic location: Nationwide					
3. Project Type/Category (see Para 6 above): Medium					
4. Implementing organization (s): Ministry of Health					
5. Counties covered: All 47 counties					
6. Project Purpose (Context and need for the Project): To improve efficiency in the provision of the essential health services for Kenyans while also ensuring financial risk protection particularly for the poor and vulnerable groups. Key among these priorities is efforts to move the country towards achieving universal health coverage. Towards this end, the funds will be used in the following three priority key areas; <ul style="list-style-type: none"> <li>i. Health Insurance Subsidy Programme (HISP)</li> <li>ii. Results- based financing</li> <li>iii. Free maternity services</li> </ul>					
7. Brief description of the project (Project summary): To improve access and utilization of health services in all the 47 counties, the Ministry of Health mobilized additional financing to scale-up the RBF and HISP program Nationwide. Currently, RBF is being implemented in 21 Counties. Further, through HISP which is being implemented by the National Hospital Insurance Fund (NHIF), the funds will be used to purchase premiums for the poor and vulnerable segments of the population to enable them access quality inpatient and outpatient services. Also, the proceeds from the JICA loan will be used to compensate all health facilities for provision of free maternity services.					
8. Project stage (see Annex 1 above): 0%					
9. Estimated project duration (months) 48 months					
10. Estimated project cost:8,000,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
		KSh 1,394,400,000	KSh 1,394,400,000	KSh 1,394,400,000	KSh 1,394,400,000
11. Outline economic and social benefits: Health Systems Strengthening					
12. Outline sources of financing: <b>JICA</b>					

### Project 28

1. Project name: Health Sector Development (Rep. Health and HIV/AIDS ) Commodities					
2. Project geographic location: Nationwide					

3. Project Type/Category (see Para 6 above): Medium						
4. Implementing organization (s): Ministry of Health						
5. Counties covered: 1 (: ) 47						
6. Project Purpose (Context and need for the Project): Improve Laboratory Services.						
7. Brief description of the project (Project summary): Construction of modern laboratory aimed at testing DNA samples from Kisumu and the larger Western region in prevention and control of crimes and other social factors.						
8. Project stage (see Annex 1 above):32%						
9. Estimated project duration (months) 24 months						
10. Estimated project cost:Kshs1,540,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
		Kshs385,000,00	Kshs385,000,00	Kshs385,000,00	Kshs385,000,00	
11. Outline economic and social benefits: improved health						
12. Outline sources of financing: <b>KFW- Germany</b>						

<b>Project 29</b>						
1. Project name: <b>Procurement of Family Planning &amp; Reproductive Health Commodities</b>						
2. Project geographic location: <b>Country Wide</b>						
3. Project Type/Category (see Para 6 above): <b>Medium</b>						
4. Implementing organization (s): <b>Ministry of Health</b>						
5. Counties covered: 1 (: ) 47						
6. Project Purpose (Context and need for the Project): <b>Purchase of family planning and reproduction commodities.</b>						
7. Brief description of the project (Project summary): <b>to promote a healthy and manageable family for the better growth of our economy the project assist the needy families by providing the drugs to the hospitals.</b>						
8. Project stage (see Annex 1 above):32%						
9. Estimated project duration (months) <b>48months</b>						
10. Estimated project cost: Kshs525,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
		Kshs52,000,000	Kshs150,000,000	Kshs52,000,000	Kshs52,000,000	
11. Outline economic and social benefits: Manageable Family size to the citizen						
12. Outline sources of financing: <b>GOK</b>						

<b>Project 30</b>						
1. Project name: <b>Free Maternity Program</b>						
2. Project geographic location: <b>Country wide</b>						

3. Project Type/Category (see Para 6 above): <b>Medium</b>					
4. Implementing organization (s): <b>Ministry of Health/NHIF</b>					
5. Counties covered: 1 (:) <b>47</b>					
6. Project Purpose (Context and need for the Project): give free maternity services for the deliveries in public hospitals and accredited private hospitals and FBOS and low cost private hospitals under new expanded free maternity program. Objectives . Attain the highest possible standards of health in a responsive manner by supporting equitable affordable and high quality health and related services at the highest attainable standards for all Kenyans . Achieve universal access to maternal and child health services . To remove financial barriers of access to maternal and child health services for women and children in Kenya . Increase utilization of maternal and child health services . Improve the quality of maternal and child health services					
7. Brief description of the project (Project summary): this involves reimbursement of the deliveries expenses in public hospital, accredited private hospital, FBOS hospitals and low cost private hospitals, under the expanded program. The new expanded program will cover essential health services for the woman and the child for a period of one year which will include ; <ul style="list-style-type: none"> <li>• ANC services</li> <li>• Delivery</li> <li>• PNC services (Post natal care)</li> <li>• Emergency referrals for pregnancy related complications and conditions during and after Pregnancy</li> <li>• Infant care both outpatient and in patient</li> </ul>					
8. Project stage (see Annex 1 above): <b>49%</b>					
9. Estimated project duration (months) <b>84 months</b>					
10. Estimated project cost: Kshs30,500,000,000	FY2015/16 KSh 4,298,000,000	FY2016/17 KSh 4,298,000,000	FY2017/18 KSh 6,500,000,000	FY2018/19 KSh 6,500,000,000	2019/20 KSh 6,500,000,000
11. Outline economic and social benefits: better service delivery I, Eliminate financial barrier to access of maternity services ii Improved pregnancy outcomes iii Secure household income for other economic activities iv Lower maternal and neonatal mortality. V Achieve maternal and child health targets set out in the Kenya Health Policy,(2014-2030)					
12. Outline sources of financing: <b>GOK</b>					

### Project 31

1. **Project name:** Health Systems Management (Procurement & Distribution of Vaccines & Sera)- GAVI

2. <b>Project geographic location:</b> Countrywide						
3. <b>Project Type/Category (see Para 6 above):</b> Mega						
4. <b>Implementing organization (s):</b> Ministry of Health						
5. <b>Counties covered:</b> 47 Counties						
6. <b>Project Purpose (Context and need for the Project):</b> To improve the immunisation coverage of children across the country.						
7. <b>Brief description of the project (Project summary):</b> the intervention is for Procurement and distribution of vaccines commodities ( e.g. Polio, B.C.G, Measles, penta & Pneumococcal ) across the country . The proportion of fully immunized under 1 year remain stagnant around 70%. This has been attributed to the introduction of new vaccines that need at least two fiscal years to have a good coverage. Rota virus and Measles – Rubella vaccines were introduced into the routine immunization program during the period under review in an effort to improve further the health of the children of Kenya.						
8. <b>Project stage (see Annex 1 above):</b>						
9. <b>Estimated project duration (months) months</b>						
10. <b>Estimated project cost:</b>		FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
GOK(counterpart)			913,000,000	913,000,000	913,000,000	913,000,000
DONOR		2,600,000,000	2,600,000,000	2,600,000,000	2,600,000,000	2,600,000,000
11. <b>Outline economic and social benefits:</b> reduction of mortality and disability caused by polio related complications						
12. <b>Outline sources of financing:</b>						
Global Alliance for Vaccines ( GAVI) KSh.2,600,000,000						
GOK (Counterpart funding) KSh.913,000,000 *Amount increased due to rebasing of the Kenyan Economy.						

## Kenyatta National Hospital (K.N.H)

<b>Project 1</b>					
1. <b>Project name:</b> Burns Unit and Paediatric Emergency Centre ( BADEA)					
2. <b>Project geographic location:</b> KNH					
3. <b>Project Type/Category :</b> Mega Project					
4. <b>Implementing organization (s):</b> KNH					
5. <b>Counties covered:</b> National					
6. <b>Project Purpose:</b> To provide Paediatrics Emergency and early and late Burns management in a controlled environment. This will improve preparedness and response to emergencies and disasters as envisioned in Medium-Term Plan of the Vision 2030.					
7. <b>Brief description of the project :</b> This will involve the construction and equipping of a paediatric emergency Centre with a specialised Burns treatment wing. This will separate the Children from the Adults and create an ideal environment for control of nosocomial infections. The key outputs are; <ul style="list-style-type: none"> <li>i. Reduced congestions at the paediatrics filter clinics and wards,</li> <li>ii. Improve clinical outcomes for the target population,</li> <li>iii. Facilitate the control of nosocomial infections.</li> </ul> The Project faces the risk of Price escalation and inadequate funding which will be mitigated by adherence to the terms and conditions of the contract; and negotiating with the Donors for to share on the additional funding respectively.  Sustainability of the project will be ensured through inclusion of the service in the universal healthcare coverage under NHIF, modest charge through the user fee and for burns, lobbying for introduction of oil levy to supplement costs of treating burns patients.					
8. <b>Project stage:</b> On-going					
9. <b>Estimated project duration (months) :</b> 36 months					
10. <b>Estimated project cost:</b>	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
KSh.3.2 billion-					
GOK –counterpart fund					
GOK – additional	0	0	192,000,000	128,000,000	0
			1,200,000,000		0
DONOR	150,000,000	450,000,000	558,000,000	672,000,000	0
11. <b>Outline economic and social benefits:</b> On the economic benefit, it will reduce time and money spent due to long waiting delays in treatment (Elimination of down time and wastage). For the hospital, it will diversify and enhance revenue generation for financial sustainability. The social benefits of the project include reduction of infections among patients leading to less complications and reduction in disability; facilitate speedy recovery and improved quality life years. It will also improve national preparedness and response to emergencies and disasters besides providing a training facility for capacity building.					
12. <b>Outline sources of financing:</b> GoK (Counterpart funding + additional funding) and Development partners ( BADEA, OFID, Saudi Fund for Development)					

<b>Project 2</b>					
1. <b>Project name:</b> Critical and Acute care					
2. <b>Project geographic location:</b> KNH					
3. <b>Project Type/Category:</b> Large					
4. <b>Implementing organization (s):</b> KNH					
5. <b>Counties covered:</b> National wide					
6. <b>Project Purpose:</b> In fulfilling its mandate as a specialized care and training centre, the hospital’s 21 Critical Care Unit (CCU) beds were designed to cater for referral and specialized needs only. Against this background, the provision of such specialized care is currently an uphill task because the total number of critical and emergency care patients has significantly risen over the last three years. Further, the situation has been					



made worse by non-referral emergency cases. To meet the needs of the 12 specialities in KNH, it will require an extra 104. Currently, the 21 CCU beds are occupied 100% throughout the year. Consequently some patients have been dying while waiting for critical care service and the hospital has been unable to accommodate referrals from other lower level hospitals. There is therefore an urgent need to increase the bed space in CCU by 104 to effectively cater for the increased demand.

**7. Brief description of the project:**

Increased access to critical and acute care will not only reduce mortality/ morbidity among the emergency cases but also enhance specialized care by reducing the waiting time for specialized surgeries that require CCU beds  
As a result we project to increase renal transplant from 1 to 3 per month, the number of open heart surgeries done from 154 per annum to 180 per annum by the year 2018/19. On the same note trauma, neurosurgery and other surgical emergencies will be done as per schedule without unnecessary delays by 2019.

The project faces several risks which include Resistance from Stakeholders, Space limitation and inadequate funding. Fear of relegation of our mandate by the training institutions using the facilities under MOU, resistance to change by the trainees from these institutions that form a significant workforce. To mitigate this risk the hospital will Ensure inclusion in all stages of project and that the hospital does not relegate specialist services to Emergency responses. To ensure adequate funding the will be Spread to 24 months, with the first year being provision of civil works and equipping to be done in the second year.

Sustainability of the project will be ensured through inclusion of the service in the universal healthcare coverage under NHIF and modest charge through the user fee.

**8. Project stage (see Annex 1 above):** Large Project

**9. Estimated project duration (months) :** 24 Months

10. <b>Estimated project cost:</b> KSh.720.6 million	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	<b>KSh.....</b>	<b>KSh.....</b>	KSh 150 M	KSh 570.6 M	KSh.....

**11. Outline economic and social benefits:**

Patients well managed will have a better health outcome with less complications/disabilities thus increasing the chances of being productive economically and socially. Secondly, as we support the country in providing healthcare for all, The hospital will not be relegating its primary mandate of tertiary care.

**12. Outline sources of financing:** GoK

**Project 3**

1. **Project name:** Cancer Institute

2. **Project geographic location:** KNH

3. **Project Type/Category ;**Mega project

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

5. **Counties covered:** National

**6. Project Purpose**

By modernising equipment and infrastructure we will cater for increased demand for oncology and offer competitive services locally and regionally. By creating a facility to enhance research in Cancer and enhancing training for both local and regional consumption, this will promote medical tourism and attract research grants. The facility will provide a platform for multi-disciplinary dimension of cancer care aimed at improving clinical outcomes.

**7. Brief description of the project**

The project is aimed at creating a cancer centre of excellence in Oncology. This will involve civil works to expand the space and accommodate more bunkers for modern radiotherapy equipment. Through this project, the hospital will eliminate the waiting list for waiting for radiotherapy services and eliminate waiting between prescription and actual treatment. It will also provide a conducive atmosphere to reduce time for conclusive diagnosis for patients whose diagnosis is not clear and facilitate cancer screen services. In addition, it will provide training facility for the faculty of medical oncology in the University of Nairobi to facilitate for a Master's degree in haematology/Oncology and training of oncology nurses and other auxiliary staff. The project could face the risk of lack of adequate trained staff in the country. This will be mitigated by involving the UON to provide training services from inception. Sustainability of the facility and services therein will be through modest user fee and research grants.

8. <b>Project stage:</b> On-Going					
9. <b>Estimated project duration (months):</b> 60 months (5 years)					
10. Estimated project cost: 2.6 Billion	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh116M	0	KSh564,500,000	KSh 1,000,000,000	KSh 1,000,000,000
11. <b>Outline economic and social benefits:</b> The facility will lead to reduction of cost of seeking cancer treatment to patients through harmonized treatment processes and guidelines. Savings accruing from foreign exchange for those who would have sort cancer treatment outside the country, training, and competitive services to attract medical tourists from the region. In addition, the facility will attract research grants.					
12. <b>Outline sources of financing:</b> GoK,					

<b>Project 4</b>					
1. Project name: Cardiology services expansion					
2. Project geographic location: KNH					
3. Project Type/Category : Medium					
4. Implementing organization (s): KNH					
5. Counties covered: National					
6. <b>Project Purpose</b> Among non-communicable diseases, acute coronary syndromes have increased the demand for interventional cardiology to intervene for heart attacks. There is need for an extra catheterisation laboratory (cath-lab) to cater for this increase. There is also need to modernise equipment to facilitate more surgical interventions for children's heart conditions at competitive rates.					
7. <b>Brief description of the project.</b> This will involve creation of an extra catheterization laboratory and provision of equipment to identify and monitor cardiac related events. It will facilitate timely intervention of acute cardiac events without interfering with scheduled procedures for children. The modernised equipment will facilitate timely and quick assessment of patient's condition prior to the patient's surgery for proper planning. Sustainability of the services will be through inclusion of the service in the universal healthcare coverage under NHIF and modest charge through the user fee.					
8. <b>Project stage :</b> On-going					
9. <b>Estimated project duration (months):</b> 36 months					
10. Estimated project cost: KSh. 406,000,000	FY2014/15	FY2015/16	FY2016/17	FY2017/18	FY2018/19
	KSh140,000,000	KSh.	KSh.....	KSh.176,000,000	KSh.90,000,000
11. <b>Outline economic and social benefits:</b> Prevention of premature death to heart attacks to our economically productive population and prompt intervention of children's heart conditions before they become terminal.					
12. <b>Outline sources of financing:</b> GoK					

<b>Project 5</b>					
1. Project name: Radiology services					
2. Project geographic location: KNH					
3. Project Type/Category : Medium					
4. Implementing organization (s):KNH					
5. Counties covered: National					

<b>6. Project Purpose</b> The hospital has inadequate capacity to detect and treat cancer early; there is a long turn-around time for diagnostic services. This situation has arisen due to inadequate equipment and large number of patients who require this service. The project will refine and align the scope assessment services, provide a model of navigation for patients during their diagnostic phase and improve patient transition along the pathway from suspicion to diagnosis leading to treatment. Improve diagnostic services, increase and provide quick access for staging and re-evaluation in cancer.					
7. Brief description of the project The key output of the facility will be to improve diagnostic services, increase and provide quick access for staging and re-evaluation in cancer. In particular, it will; Reduce turn-around time from diagnostic to treatment; reduce cost of service to the patient as they do not have to seem expensive alternatives; Increase accuracy in targeting radiation treatment through installation of a simulator; Increased efficiency and effectiveness in service delivery; Quick and efficient dissemination and secure storage of patients information and facilitate teaching and research for non-communicable diseases.					
8. Project stage (see Annex 1 above): New project					
9. <b>Estimated project duration (months):</b> 12 months					
10. Estimated project cost: 460,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh.....	KSh ...	KSh 460 000 000	KSh.....	KSh.....
11. Outline economic and social benefits: Early detection will result in high cure of non-communicable diseases and less time and money spent seeking healthcare. The hospital will provide highest standard of care.					
12. Outline sources of financing: GoK					

<b>Project 6</b>					
1. Project name: Equipping Day-care centre					
2. Project geographic location: KNH					
3. Project Type/Category (see Para 6 above): Medium					
4. Implementing organization (s): KNH					
5. Counties covered: National					
<b>6. Project Purpose:</b> This will provide outpatient or same-day surgery that does not require an overnight hospital stay. The purpose of the day-care surgery is to keep hospital costs down, as well as saving the patient time that would otherwise be wasted in the hospital and reducing congestion in the wards. The project will address the problem of delayed diagnosis in some diseases like stomach and colon cancers and reduce inefficiency in providing surgical services.  It will relate to the social and economic pillar of vision 2030, by embracing modern surgical technology, attracting medical tourism, increase access to screening, diagnostic and curative services. It will also provide a local training facility for endoscopic surgeries locally and regionally.					
7. <b>Brief description of the Project:</b> It will involve construction and equipping of theatres, recovery wards and related diagnostic services at an identified site within KNH. On completion it will address the problem of congestion in the surgical wards, diagnose and treat variety of conditions without open surgery, increase revenue generation for the hospital and reduce the cost of seeking health care the clients and train local and regional specialists. Sustainability of the services will be through inclusion of the service in the universal healthcare coverage under NHIF and modest charge through the user fee.					
8. Project stage (see Annex 1 above): On-going					
9. Estimated project duration (months): 12 months					
10. Estimated project cost: KSh. 678,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh 160,000,000	KSh 0	KS 518,000,000	KSh 0	KSh.....
11. Outline economic and social benefits will include reduced cost of health care, faster diagnosis, timely intervention and reduced hospital stay. It will provide a hub for training and research. Will promote medical tourism in the region					
12. Outline sources of financing: GoK KSh. 360m and private partner (Merali) KSh. 318m					

<b>Project 7</b>						
1. Project name: Diagnostic and Farewell home services						
2. Project geographic location: KNH						
3. Project Type/Category : Medium						
4. Implementing organization (s): KNH						
5. Counties covered: National						
6. <b>Project Purpose:</b> The farewell home has a capacity of 96 bodies against a current need of 200 bodies. This situation has led to congestion, poor body management and overstretching the cold room facilities. Within the diagnostics unit, there is a long waiting time for results from related DNA tests.						
7. <b>Brief description of the project:</b> The project will include rehabilitation of the existing facilitate to expand capacity and modernise the diagnostic equipment. On completion, the facility will be fully equipped with a DNA testing KIT and modern post-mortem facility for expanded services, training and research. The key output for the facility will be to address delays in decision making and improve accuracies in diagnostics and treatment. In addition, it will reduce congestion, improve the hospitals image and increase customer satisfaction. Sustainability of the project will be ensured through the implementation of user fees.						
8. Project stage : New Project						
9. Estimated project duration (months): 12 months						
10. Estimated project cost: KSh.		FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
313,000,000		KSh 2,000,000	KS 0	KS 111,000,000	KSh 200,000,000	KSh
11. Outline economic and social benefits: On the economic benefit, it will diversify and enhance revenue generation for financial sustainability and improved research and training and improved clinical outcomes. The social benefits of the project include cleaner environmental due to use of right standard for preservation, reduction of emotional stress reduction of infections among patients leading to less complications and reduction in disability ; facilitate speedy recovery and improved quality life years. It will also improve national preparedness and response to emergencies and disasters besides providing a training facility for capacity building.						
12. Outline sources of financing: GoK						

<b>Project 8</b>						
1. <b>Project name:</b> ICT and Security initiative						
2. <b>Project geographic location:</b> KNH						
3. <b>Project Type/Category:</b> Mega						
4. <b>Implementing organization (s):</b> KNH						
5. <b>Counties covered:</b> National						
6. <b>Project Purpose</b> Modern ICT infrastructure is essential to achieving health service transformation, enabling clinical information to be passed secured and quickly using electronic means for increased patient safety and reduction of errors. This will address the inefficiencies in service delivery, enhance risk management and improve clinical governance. It is a flagship project in the social pillar for the Health sector in the second Medium-Term Plan						
7. <b>Brief description of the project</b> Through this project, the hospital will create an integrated ICT infrastructure to enhance service delivery and e-health while creating leakages between services and structures. The objective is to achieve connectivity and standardisation for the hospital operations. This includes replacement of the current Health Information system, upgrade of hardware and ICT related infrastructure. This project will be phased over a 4 year period beginning by enhancing the ICT Master plan to accommodate the anti-terror initiatives, followed by installation of body scanners, luggage scanners and CCTV. Successful delivery of the Master Plan will require specialized skills and significant capital outlay. In consideration of the above, the ICT Master plan will be implemented through the Public Private Partnership arrangement.						
8. <b>Project stage :</b> On-going						
9. <b>Estimated project duration (months):</b> 60 months						
10. Estimated project cost: KSh.		FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20

3,121,200,000	KSh	KSh	KSh 500,000,000	KSh 800,000,000	KSh 800,000,000
<b>11. Outline economic and social benefits:</b> Economic Benefits will include; Enhancement of capabilities within local firms to delivery ICT solutions in the Health Sector, enhanced knowledge on the delivery of ICT solutions, and other service based PPPs in the country.  Successful implementation of the KNH ICT Master Plan is expected to have significant social benefits for the country. These include: Efficient patient service delivery, capacity to serve more patients, accurate patient records, consistent patient care, Telemedicine capabilities and easier information sharing for teaching purposes as well as national health statistics and disease control.					
<b>12. Outline sources of financing:</b> GoK and Public Private Partner					

<b>Project 9</b>					
1. Project name: <i>Environmental Health Services</i>					
2. Project geographic location: <i>Nation Wide</i>					
3. Project Type/Category (see Para 6 above): <i>Medium</i>					
4. Implementing organization (s): <i>Ministry of Health</i>					
5. Counties covered: 1 (: ) <i>47</i>					
6. Project Purpose (Context and need for the Project): <i>Provision of Water and Sanitation in the counties</i>					
7. Brief description of the project (Project summary): <i>the project is conceived to undertake Water and Sanitation activities in the counties</i>					
8. Project stage (see Annex 1 above): <i>30%</i>					
9. Estimated project duration (months) <i>60months</i>					
10. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
Kshs644,375,000	KSh 128,875,000,000	KSh 95,000,000	KSh 95,000,000	KSh 95,000,000	KSh 95,000,000
11. Outline economic and social benefits: <i>cleaner environment and improved health</i>					
12. Outline sources of financing: <i>UNICEF</i>					

<b>Project 10</b>					
1. Project name: Up scaling Auxiliary facilities/ Equipment Replacement					
2. Project geographic location: KNH					
3. Project Type/Category (see Para 6 above): Medium					
4. Implementing organization (s): KNH					
5. Counties covered: National					
6. Project Purpose The current level of equipment obsolescence is at 37%. This rate is set to rise to over 80% given the condition of the current equipment status if no urgent measures are undertaken. This may services in the hospital to grind to a halt. It is critical therefore that, resources be availed to replace the equipment to avoid service delivery disruptions while improving the clinical outcomes and ensuring safety of patients and staff. The Hospital has developed a five year Hospital equipment and infrastructure replacement plan that has the critical needs and structured over a five year period the gradual replacement.					

<b>7. Brief description of the project:</b> The project aims at replacing the most obsolete equipment urgently. It is intended to upgrade the hospital equipment for it to main the efficiency, timely delivery of service, safety of patients and staff and improve customer satisfaction.  The cost of replacement of all the equipment is Kshs.1.729 billion (KSh. 2.363 billion less diagnostic and Farewell equipment KSh. 111 million less radiology services equipment kshs.460 million) for the first year.						
<b>8. Project stage :</b> On-going						
<b>9. Estimated project duration (months):</b> 48 months						
<b>10. Estimated project cost:</b> KSh. 2.484billion	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20	
	KSh	KS 0	KSh 1.729 B	KSh 254 M	KSh 501 M	
<b>11. Outline economic and social benefits:</b> The benefits will be <ul style="list-style-type: none"> <li>• Reduced operational costs that will translate to affordable fees for patients</li> <li>• Reduced maintenance costs thus utilising the savings to enhance services and facilitate service delivery to more clients.</li> <li>• Enhance the delivery of specialised care for Patients who need.</li> <li>• Enhance revenue generation and diversification for financial sustainability, improve research activities and improve clinical outcomes</li> <li>• Reduce the turnaround time for service delivery</li> <li>• Refine and align the scope of services delivered to the patients</li> <li>• Improve the capacity for Training to all levels of clinical speciality.</li> </ul>						
<b>12. Outline sources of financing:</b> GoK						

<b>Project 11</b>						
<b>1. Project name:</b> 300 bed private hospital						
<b>2. Project geographic location:</b> KNH						
<b>3. Project Type/Category :</b> Mega project						
<b>4. Implementing organization (s):</b> KNH						
<b>5. Counties covered:</b> Nairobi						
<b>6. Project Purpose:</b> The project purpose is to attract clients who can afford to pay for services rendered at a premium rate. Revenue so generated will in turn support the operations and maintenance expenses of the main hospital. This facility will offer both outpatient and inpatient services for all specialities. The facility will offer specialized healthcare aimed at promoting medical tourism as outlined in the Vision 2030.						
<b>7. Brief description of the project.</b> The project involves the construction of a 300 bed hospital equipped with modern and state of the art facilities within the wider KNH complex. It will include specialised services like cardiology, nephrology, neurology and neurosurgery, oncology and gastroenterology among other specialisations. The project will generate revenue, promote medical tourism and create a forum for regional multidisciplinary clinical management integration. On completion, the sustainability of the facility will be through implementation of the fee for service.						
<b>8. Project stage :</b> New Project ( Conceptualisation stage )						
<b>9. Estimated project duration:</b> 60 months						
<b>10. Estimated project cost:</b> KSh. 3 billion	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20	
	KSh 0	KSh 0	KSh 50,000,000	KSh 50,000,000	KSh	
<b>11. Outline economic and social benefits:</b> The economic benefits of the project will include; attracting foreign exchange earnings, reduced reliance on the exchequer, providing a wider pool of medical specialists (capacity for the Nation). It will bring in expertise (in financial risk, project management and investment expertise) which would not be otherwise available in the country  The social benefits include promoting medical tourism, provide a wider option for medical care and reduce the cost of medical care.						
<b>12. Outline sources of financing:</b> GoK (for transaction advisor and monitoring costs) and Public Private Partnership.						

<b>Project 12</b>					
1. <b>Project name:</b> Accommodation, Training and conference facility					
2. <b>Project geographic location:</b> KNH					
3. <b>Project Type/Category:</b> Mega project					
4. <b>Implementing organization (s):</b> KNH					
5. <b>Counties covered:</b> Nairobi					
6. <b>Project Purpose:</b> Currently, the hospital is experiencing a critical shortage of residential and training facilities. The situation is punctuated by existing funding gaps. By putting up this project, the hospital will transform itself to provide residential facilities within easy reach for students, doctors, nurses and medical tourists; to enhance the hospital's financial stability by bridging the funding gap and ploughing back more resources to sustain accessible health care services to Kenyans; and enhance specialized training and research using state of the art facilities. The project will enhance the positioning of the country as a destination for specialized health and medical services as envisioned in Medium-Term Plan of the Vision 2030.					
7. <b>Brief description of the project</b> This will involve construction of a 2,000 accommodation units, a training and conference facility within the wider KNH complex. The project will generate revenue to bridge funding gaps, provide specialized training and research facilities, and avail accommodation facilities for students, doctors, nurses and patients on medical tourism and the relatives accompanying them. The project will be implemented through a PPP arrangement. On completion, the facility will be run on a commercial basis thus generating resources for its sustenance and providing extra revenue for the main hospital.					
8. <b>Project stage :</b> New project					
9. <b>Estimated project duration:</b> 60 Months years					
10. <b>Estimated project cost:</b> KSh. 5 billion GoK( Transaction advisors and M&E )					
	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh .....	KSh 0	KSh 50,000,000	KSh 50,000,000	KSh 0
11. <b>Outline economic and social benefits:</b> The economic benefits of the project will include; attracting foreign exchange earnings, reduced on the exchequer, providing a wider pool of medical specialists (capacity for the Nation). It will bring in expertise (in financial risk, project management and investment expertise) which would not be otherwise available in the country.  The social benefits include promoting medical tourism, provide a wider option for medical care and reduce the cost of medical care.					
12. <b>Outline sources of financing:</b> GoK (for transaction advisor and monitoring costs) and Public Private Partnership.					

## National Aids Control Council(NACC)

<b>Project 1</b>					
1. <b>Project name:</b> Roll out of Adolescence Strategy at National and County level as directed by HE. the President					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b> Large					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> 47					
6. <b>Project Purpose:</b> The project aims to reach out to adolescents (15-24 years) who are vulnerable to contracting HIV, 21% of new HIV infections occur among girls aged 15-24 years. The country aims to have a free-HIV generation by year 2030. The country needs to continue targeting adolescents and youth with HIV prevention messages in order to realize this vision.					
7. <b>Brief description of the project:</b> The project will be implemented in all the 47 counties as directed by HE the president. All the adolescents (both in school and outside school) will be targeted in all counties. The NACC and stakeholders will engage adolescents meaningfully, working with them to minimize risks that render them vulnerable to contracting HIV i.e. drug use. In order to reach out to many adolescents, Youth(s) will be engaged through various interventions including the Maisha County League targeting : <ul style="list-style-type: none"> <li>• Reach 10 million young people with HIV prevention education.</li> <li>• Ensure that 3 million young people receive interactive one on one mentorship and learning through the Maisha Digital Platform.</li> <li>• Test 1 million young people for HIV.</li> </ul>					
8. <b>Project stage:</b> 25%					
9. <b>Estimated project duration (months):</b> 6 years.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh15,000,000	KSh 24,000,000	KSh 50,000,000	KSh 75,000,000..... ...	KSh. 75,000,000
11. <b>Outline economic and social benefits:</b> - The project will contribute significantly to the vision of an HIV-free generation in Kenya. This will ensure that girls and boys will be healthy and productive. The HIV and AIDS has pushed more Kenyans into poverty as funds are diverted from investment to financing HIV-related illnesses. The country will save billions of shillings every year, Kenya AIDS Spending Assessment (KNASA) survey showed that over KSh 60 billion are spent on HIV and AIDS yearly.					



12. **Outline sources of financing:** GOK Grant

**Project 2**

1. **Project name:** Ending stigma and discrimination through advocacy campaign.

2. **Project geographic location:** National

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

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

5. **Counties covered:** 47

6. **Project Purpose:**Change of Attitude, Acceptance and support for PLHIVs

7. **Brief description of the project:** The HIV stigma is the main barrier for young people to HIV testing and ARV treatment. Available statistics show that 58% of young people do not have correct knowledge of HIV transmission; 46% of young women and 58% of young men have never been tested. Every day 97 young people (15-24) get HIV infected

8. **Project stage:** 25%

9. **Estimated project duration:** 6 years.

10. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh.....	KSh.....	KSh 125,000,000	KSh 125,000,000	KSh 125,000,000

13. **Outline economic and social benefits:** - The project will contribute significantly to the vision of an HIV-free generation in Kenya. The HIV and AIDS has pushed more Kenyans into poverty as funds are diverted from investment to financing HIV-related illnesses. The country will save billions of shillings every year, Kenya AIDS Spending Assessment (KNASA) survey showed that over KSh 60 billion are spent on HIV and AIDS yearly.

13. **Outline sources of financing:** GOK Grant

**Project 3**

1. **Project name:** Situation Room System.

2. **Project geographic location:** National

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

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

5. **Counties covered:** 47

6. **Project Purpose:**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

7. **Brief description of the project:** Provision of real-time data and information on HIV and AIDS for policy and

decision making through the following strategies. Establish and equipping 48 (47 counties plus 1) by 2017.

8. **Project stage:** 30%

9. **Estimated project duration (months):** 3 years.

10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KShs145,000,000	KSh 95,500,000	KSh 50,000,000	KSh 100,000,000

11. **Outline economic and social benefits:** The Project will help address issues on HIV and AIDS in real time, lessen new HIV infections, improve health of PLHIV and make them more productive economically. The number of HIV and AIDS related deaths will decrease as well as the number of orphans and OVCs. The project will enhance ownership of the response to HIV and AIDS at both levels of government, taking into account that Kenya has become a Lower Middle Income Country (LMIC) after rebasing. As a result of rebasing, Kenya will not be able to procure ARVs and related commodities at the pre-negotiated low prices meant for poor countries

12. **Outline sources of financing:** GOK Grant

<b>Project 4</b>					
1. <b>Project name:</b> V2030 Research Hub					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b> Large					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> 47					
6. <b>Project Purpose:</b> The purpose of the Research Hub for HIV and AIDS that is to provide evidence-based data for policy making at county and national levels. It is expected to boost research and communication on issues relating to HIV and AIDS programming. The Hub (website) will provide a “one-stop-shop” for quality data from scientific researches for the countries in the region and all over the world.					
7. <b>Brief description of the project:</b> The project involves development of a research Hub at Nairobi that will serve as a Centre for research on HIV and AIDS for Kenya and countries in the region. Kenya has partnered with other countries in the search for a vaccine (cure) for HIV and AIDS for over a decade. The research Hub will attract scientists from neighbouring countries and from all over the world thereby promoting medical tourism.					
8. <b>Project stage:</b> 40%					
9. <b>Estimated project duration (months):</b> 6 years.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh	KSh 31,000,000	KSh 47,000,000	KSh 100,500,000	KSh125,500,000
11. <b>Outline economic and social benefits:</b> The project will elevate Kenya as a Centre/ Hub for research on HIV and AIDS and promote medical tourism. Kenya will be mapped with other countries of the world that have contributed to scientific milestones in the search for cure for HIV and AIDS. Once the vaccine for HIV is developed it will improve health of Kenyans as well as alleviate poverty levels. The world scientists who will visit Kenya for purposes of carrying out researches on HIV and AIDS will generate foreign exchange for the country.					
12. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 5</b>					
1. <b>Project name:</b> Training and capacity building framework for the public sector					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b> Large					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> 47					
6. <b>Project Purpose:</b> The framework will guide MCDAs in implementation and mainstreaming of HIV//AIDS Programs as part of performance contracting delivery.					
7. <b>Brief description of the project:</b> Capacity building for the public sector to improve the system's ability to transfer clients and improving reverse referral and feedback information system by the ACUs as part of Maisha Certification and performance contracting requirements for Public Sector Institutions. The performance of Institutions will be assessed at various levels (level 1-4).					
8. <b>Project stage :</b> 25% on Level 1					
9. <b>Estimated project duration (months):</b> More than one year.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KSh.....	KSh 40,000,000	KSh 40,000,000	KSh 40,000,000
11. <b>Outline economic and social benefits:</b> Improved productivity and competency development in the public sector by mainstreaming and reporting on HIV/AIDS in the sectors.					
12. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 6</b>					
1. <b>Project name:</b> Acquisition of space by the National AIDS Control Council					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category :</b> Large					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> Nairobi					
6. <b>Project Purpose:</b> The project aims at providing office space for NACC thereby strengthening it for effective coordination of the national response to HIV and AIDS. The NACC spends KSh 60 million annually on office rentals, this money will be saved once the Institution acquires own office. Acquisition of office space by the NACC will be in line with the Second Medium-Term Plan of the Vision 2030 objective of reducing total expenditure to 26.6 % of the GDP.					

7. <b>Brief description of the project:</b> The project of constructing offices for NACC will be phased out, phase 1 will involve acquisition / purchase of land, construction will be finalized in three Financial Years. Currently the NACC is housed in private premises and there are other challenges like availability of parking space. The NACC holds meetings with various stakeholders including development partners, public sector, Diplomats, NGOs and members from the civil society organizations, parking slots are inadequate at the private premises.					
8. <b>Project stage:</b> New (yet to be funded-0%)					
9. <b>Estimated project duration (months):</b> 4 years.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KSh 400,000,000	KSh 400,000,000	KSh 400,000,000	KSh 400,000,000
11. <b>Outline economic and social benefits:</b> - Acquisition of own office space will make the NACC a competitive and responsive Authority able to attain her mission and mandate. The country will save KSh 60 million annually on rentals which will be available for programmes.					
12. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 7</b>					
1. <b>Project name:</b> Beyond Zero Campaign					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b>					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> 47					
6. <b>Project Purpose:</b> The project aims to improve health of mothers and children especially those who reside in hard-to-reach areas by promoting eMTCT services and cancer awareness. The project also provides mobile clinics, reaching out to mothers and children and assisting other needy cases countrywide. The number of new infection among children has reduced by 50% between 2014 and 2016.					
7. <b>Brief description of the project:</b> The project involves procuring of special Trucks and equipping them to act as clinics. The Trucks are partitioned like a clinic i.e. examination room, laboratory, dispensing/ dressing room etc. All counties will be provided with the special Trucks, starting with the needy ones (counties situated on arid and semi-arid areas). This project is being led by the office of the First Lady					
8. <b>Project stage :</b> 50%					
9. <b>Estimated project duration (months):</b> 6 years.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KSh35,000,000	KSh 45,000,000	KSh 45,000,000	KSh45,000,000

13. <b>Outline economic and social benefits:</b> The project promotes health of mothers and children in general, prevents transmission of HIV from HIV+ mothers to their new-borns, immunization of 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.
14. <b>Outline sources of financing:</b> GOK Grant

<b>Project 8</b>					
1. <b>Project name:</b> Implementation and monitoring of County HIV and AIDS plans and structures					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b> Large					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> 47					
6. <b>Project Purpose:</b> Designing an harmonized and progressive resource mobilization strategy targeting all sources of funds and efficient allocation and utilization of resources for HIV/AIDs at the county.					
7. <b>Brief description of the project</b> The Counties to develop, launch disseminate and implement their CASPs Framework 2014/15-2018/19 at the County and sub county levels. The Counties are supposed to domesticate KASF and develop county specific HIV strategic plans.					
8. <b>Project stage :</b> 30%					
9. <b>Estimated project duration (months):</b> 5 years.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....		KSh 360,000,000	KSh 360,000,000	KSh 360,000,000
13. <b>Outline economic and social benefits:</b> This will act as seed money for the sustained efforts in the fight against HIV/AIDS by counties as they take ownership and budget allocations at the County levels. Counties are expected to take a lead role thereafter.					
14. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 9</b>					
1. <b>Project name:</b> Institutional strengthening for effective coordination.					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b> Large					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> Headquarters					

6. <b>Project Purpose:</b> Strengthened NACC's institutional capacity for enhanced coordination, resource mobilization, accountability and reporting for the HIV response. This will guide NACC to deliver on its mandate of coordination of stakeholders, resource mobilization for sustainable financing and tracking of results.					
7. <b>Brief description of the project:</b> HIV and AIDS Response in Kenya remains a critical developmental, social and economic agenda. In order to consolidate the gains made so far in the HIV and AIDS response, the NACC is charged with the coordination of the response has to continuously be strengthened in order to succeed in attaining its mandate. It requires focus and a clear roadmap to get to where it needs to be.					
8. <b>Project stage :</b> 50%					
9. <b>Estimated project duration (months):</b> 5 years.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KSh99,000,000	KSh99,000,000	KSh99,000,000	KSh99,000,000
12. <b>Outline economic and social benefits:</b> The achievement of the Strategic objectives of the NACC Strategic Plan has a bearing on the overall delivery of the KASF. This Strategy puts great emphasis on the functions and direction of the NACC and will add impetus to the response as it seeks to harness the synergy of the various different stakeholders towards the achievement of the overall Vision of a Kenya free of HIV infections, stigma and AIDS related Deaths.					
13. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 10</b>					
1. <b>Project name:</b> Strengthening and Integration of ICT systems					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b> Medium					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> 47					
6. <b>Project Purpose:</b> The ICT infrastructure will enable the NACC to achieve her mandate of coordination of National response to HIV/AIDS					
7. <b>Brief description of the project:</b> Data for the NACC is held held in different databases such as SAP, Inspire people, Teammate, HIPORS, financial systems. The systems currently are not interoperable. This creates a situation where we have a lot of data redundancy and time wastage in data collection. This project aims at harmonizing and creating one data base for reporting of HIV/AIDS information and data.					
8. <b>Project stage :</b> 50%					
9. <b>Estimated project duration (months):</b> 6 years.					
<b>10. Estimated project</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>

<b>cost:</b>	KSh.....	KSh50,000,000	KSh 50,000,000	KSh 50,000,000	KSh50,000,000
11. <b>Outline economic and social benefits:</b> The integrated systems will allow for innovative approaches that will ensure a comprehensive and effective system that will guide reporting and decision making.					
12. <b>Outline sources of financing:</b> GOK Grant					



## ANNEX II: PROJECT CONCEPT NOTE PROJECT CONCEPT NOTES

### ANNEX II: PROJECT CONCEPT NOTE

#### MOH

<b>Project 1</b>					
13. Project name: Scaling up Nutrition (Food fortification, Management of acute malnutrition, Healthy diets and lifestyle)					
14. Project geographic location: Nationwide					
15. Project Type/Category: Mega					
16. Implementing organization (s): Ministry of Health-Nutrition and dietetics unit					
17. Counties covered: National					
<p>18. Project Purpose:</p> <p>Malnutrition and over nutrition remains a public health problem in Kenya with devastating effects on development, health, productivity and education. In addition, the country is facing increasing emergence of diet related diseases such as diabetes, heart disease and cancers. These are mainly caused by change in diet and lifestyle such as excessive intake of highly refined food, fat, sugar and salt with limited physical inactivity. Vitamin A deficiency affects about 80% of the children below 5 years; this means that they have a lower immunity, increased susceptibility to infections and also complicates disease outcomes. Iron deficiency affects 43% of the Kenyan Children below 5 years, 70% of pregnant women and 43% of women of reproductive age. Currently over 2 million children are malnourished. In 2012, Kenya signed up to the global Sun movement which is geared towards reducing malnutrition by 2025 (Stunting, wasting underweight and micronutrient deficiencies- Vitamin A, Iron, and Iodine. Food Fortification, Management of acute malnutrition and promotion of appropriate feeding practices under healthy lifestyle and diets are some of the evidence based strategies to address malnutrition and micronutrient deficiencies". They are geared towards saving lives, reducing morbidity associated with malnutrition, enhancing nutrition status of the population, thereby contributing to the realization of Vision 2030, Jubilee Manifesto, MTP11, SDGs.</p>					
<p>19. Brief description of the project:</p> <p>Food fortification and management of acute malnutrition is one of the high impact nutrition interventions. Food fortification was legislated in the country in 2012 (2012 Legislation of mandatory fortification for staple foods, what and oil). In the past, the programs have supported by partners i.e. Global Alliance for Improved Nutrition (GAIN), Kenya National Food Fortification alliance, UNICEF and WFP. However with reduced donor funding the current coverage and implementation is hampered. For instance, GAIN funding ended in September 2015.</p> <p>The key activities will be Capacity building for the enforcing agencies on food fortification (PHO, NPHL, KEBS), Monitoring of fortified foods (industry, market, and ports of entry), Scaling up food fortification to small scale millers, National household coverage survey of fortified foods, social marketing and communication campaigns conducted, procurement of commodities for management of acute malnutrition, nutrition surveillance. The projects targets two million stunted children, 330,000 acutely malnourished children, 46 industries (oil and edible fats, four, millers (wheat and Maize) and salt).</p> <p>Key risks include: lack of prioritization and hence limited funding by the government-leading to inadequate access to nutrition's foods. To enhance sustainability, the nutrition unit will incorporate capacity building of the private sector essentially the small scale millers on large scale fortification and the community on home fortification.</p>					
20. Project stage (see Annex 1 above): Ongoing project. (Management =32%, Fortification=20% compliance, Lifestyle and diets=0%).					
21. Estimated project duration (months): 60 Months					
22. Estimated project cost.: 8 billion	FY2015/16 • KSh 744M	FY2016/17 • KSh 860M	FY2017/18 • Kshs860m	FY2018/19 Kshs960m	2019/20 Kshs700m

23. Outline economic and social benefits:

Good nutrition is the basis for economic, social and human development. Nutrition contributes to the productivity, economic development, and poverty reduction by improving physical works capacity, cognitive development, school performance, and health by reducing disease and mortality. Based on the 2015 preliminary results by world bank scaling up Nutrition in Kenya: how much will it cost? And nutrition profiles.

24. Outline Sources of Financing: GOK

### Project 2

13. Project name: *Environmental Health Services*

14. Project geographic location: *Nationwide*

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

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

17. Counties covered: 1 (:) *47*

18. Project Purpose (Context and need for the Project): *Provision of Water and Sanitation*

19. Brief description of the project (Project summary): *undertaking provision of water and sanitation activities in the counties in order to improve health and hygiene to the citizens*

20. Project stage (see Annex 1 above): *0%*

21. Estimated project duration (months) *60months*

22. Estimated project cost:Kshs644,375,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh 128,875,000	KSh 95,000,000	KSh 230,000,000	KSh 95,000,000	KSh 95,000,000

23. Outline economic and social benefits: *improve health*

24. Outline sources of financing: *UNICEF*

### Project 3

19. Project name: *Food and Nutrition Support for Vulnerable Populations Affected by HIV*

20. Project geographic location: *Nation Wide*

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

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

23. Counties covered: 1 (:) *47*

24. Project Purpose (Context and need for the Project): *provision of food supplement to the HIV/Aids infected population*

25. Brief description of the project (Project summary): *this project is funded by the world food program to assist*

<i>the HIV infected population by providing them with food and nutrient to boost their immunities.</i>					
26. Project stage (see Annex 1 above):55%					
27. Estimated project duration (months) <b>48 months</b>					
28. Estimated project cost:Kshs1,621,500,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh 324,300,000	KSh 324,300,000	KSh 324,300,000	KSh 432,400,000	
29. Outline economic and social benefits:					
30. Outline sources of financing: <b>WFP</b>					

<b>Project 4</b>					
13. <b>Project name:</b> East Africa Public Health Laboratory Networking Project (EAPHLN)					
14. <b>Project geographic location:</b> Busia, Machakos,Wajir and Kilifi counties					
15. <b>Project Type/Category (see Para 6 above):</b> Large					
16. <b>Implementing organization (s):</b> Ministry of Health					
17. <b>Counties covered:</b> 4 - Busia, Machakos,Wajir and Kilifi counties					
18. <b>Project Purpose (Context and need for the Project):</b> To strengthen the National Public health laboratories and referral capacity through control, diagnosis , treatment and surveillance of the tuberculosis and other communicable diseases					
19. <b>Brief description of the project (Project summary):</b> To modernize and expand the diagnostic capacity of the National Public Health labs in Busia, Machakos, Wajir and Malindi.					
20. Project stage (see Annex 1 above):					
21. Estimated project duration (months) <b>60 months</b>					
22. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
DONOR Kshs3,486,000,000	1,743,000,000	Kshs734,965,000	Kshs734,965,000	Kshs734,965,000	Kshs734,965,000
23. Outline economic and social benefits: Improving diagnostic capacity of the Labs					
24. Outline sources of financing:  <i>World Bank (IDA)</i>					

<b>Project 5</b>					
13. Project name: <b>Radiation Waste Processing facility</b>					
14. Project geographic location: <b>Ngong</b>					
15. Project Type/Category (see Para 6 above): <b>large</b>					
16. Implementing organization (s): <b>Ministry of Health</b>					
17. Counties covered: 1 (:) <b>Kajiado</b>					
18. Project Purpose (Context and need for the Project): Use of radioactive materials (in medicine, agriculture, industry, research, water resources management, and many other socio-economic sectors) ultimately generates					

radioactive waste which may contaminate the environment and affect the health and safety of the people and society if not safely and securely managed. The radioactive waste generated in Kenya and disused radioactive sources are usually stored at the generator's site, often without the requisite safety and security requirements commensurate with the level of safety and nuclear security risks.

The CRWPF will guarantee safe management, temporary storage and physical security of radioactive waste generated within the Country, disused radioactive sources, as well as illicitly trafficked radioactive and nuclear materials safeguarding the safety of the environment against radiation contaminants. The Facility will also ensure that radioactive waste, disused radioactive sources and intercepted radioactive and nuclear materials are not accessible to terrorists or other malicious actors while in temporary storage. CRWPF is also a prerequisite for advanced nuclear technological transfer to a member state of the International Atomic Energy Agency (Kenya is a member since 1965) that wishes to embark on a nuclear power programme for peaceful uses such as electricity generation. Lack of radiation waste management facility

19. Brief description of the project (Project summary): Construction of a radiation waste management facility that is aimed at reducing radiation and radioactive substance away from the environment and people. In 2006, the Ministry of Health (Radiation Protection Board) engaged with the National Museums of Kenya (Institute of Primate Research – IPR) and an MoU was done for IPR to provide land (about 12 acres) in Oloolua forest, while the Ministry would construct the CRWPF. Once constructed, the MoU further provides for the management of the facility by an expert team drawn from IPR (as users of radioisotopes), the Materials Branch Department of the Ministry of Public Works (who currently run a small radioactive waste facility) and the Ministry of Health through the Radiation Protection Board – as the regulator. The development of the CRWPF was to be constructed in three (3) integrated Phases. Phase I: Interim underground storage bunker with associated health physics laboratory and waste processing facility. Phase II: Environmental radiation and nuclear forensic laboratories, and offices. Phase III: Near Surface Repository away from the CRWPF site where processed and packaged radioactive/nuclear waste would be stored for a long time.

20. Estimated project cost: 747,000,000	FY2015/16 KSh43,000,000	FY2016/17 KSh 60,000,000	FY2017/18 KSh 77,000,000	FY2018/19 KSh 100,000,000	2019/20 KSh 100,000,000
---	----------------------------	-----------------------------	-----------------------------	------------------------------	----------------------------

21. Outline economic and social benefits: safeguarding public health and safety and protecting the environment from the harmful effects of ionizing radiation resulting from disused radioactive sources, radioactive waste, and illicitly trafficked radioactive and nuclear materials by ensuring safe radioactive waste management.

22. Outline sources of financing: **GOK**

## Project 6

12. Project name: **HIV/AIDS Round 7**

13. Project geographic location: **Nation Wide**

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

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

16. Counties covered: 1 (:) **47**

17. Project Purpose (Context and need for the Project): The intervention aims at the expansion of access to ARV and priority prevention activities to help in mitigation of the infection.

18. Brief description of the project (Project summary): Kenya has the 4th largest HIV disease burden globally The HIV epidemic is distributed among the general population (6% prevalence), 1.6 million People Living with HIV (PLWHIV) with concentrations among specific key populations and in certain geographical areas. In addition, Isoniazid preventive therapy (IPT) provision to people living with HIV is still limited. The main key

populations identified include prisoners, urban slum dwellers, diabetics, health care workers, uniformed service personnel, nomadic, internally displaced people (IDPs) and migrants, refugees, contacts of TB patients, and people living with HIV. The intervention therefore includes addressing the expansion of access to ARV and priority prevention activities to help in mitigation of the infection

19. Project stage (see Annex 1 above):**50%**

20. Estimated project duration (months) **48 months**

31. Estimated project cost: Kshs4,503,676,965	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh	KSh 1,501,225,655	KSh 1,501,225,655	KSh 1,501,225,655	KSh 1,501,225,655

32. Outline economic and social benefits: freeing people from the disease burden to allow them engage in economic activities.

33. Outline sources of financing: **Global Fund**

### Project 7

12. Project name: **Tuberculosis Round 6**

13. Project geographic location: **Nation Wide**

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

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

16. Counties covered: 1 (:)**47**

17. Project Purpose (Context and need for the Project: The intervention targets TB care and prevention by enabling the provision of health commodities in order to alleviate or mitigate tuberculosis case in the country.

18. Brief description of the project (Project summary): Kenya has high TB burden with an estimated prevalence of 283/100,000 (relatively flat trend after 2000) and estimated incidence of 268/100,000 in 2013. The trends in TB incidence, as well as TB/HIV incidence indicate a slow decline from the peak of 2005 but still notably high. The intervention therefore target TB care and prevention by enabling the provision of health commodities in order to alleviate or mitigate tuberculosis case in the country.

19. Project stage (see Annex 1 above):**32%**

20. Estimated project duration (months) **48 months**

1. Estimated project cost:Kshs6,063,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh 1,078,647,667	KSh 1,008,396,474	KSh 781,607,541	KSh 1,048,696,474	KSh 605,396,474

21. Outline economic and social benefits: prevention treatment and control of tuberculosis hence freeing people from the disease burden to allow them engage in economic activities.

22. Outline sources of financing: **Global Funds**

### Project 8

10. Project name: **Malaria Round 10**

11. Project geographic location: <i>Nation Wide</i>					
12. Project Type/Category (see Para 6 above): <i>Medium</i>					
13. Implementing organization (s): <i>Ministry of Health</i>					
14. Counties covered: 1 (:) <i>47</i>					
15. Project Purpose (Context and need for the Project): mitigation of malaria infection by provision of health commodities. The main goal is to reduce the morbidity and mortality attributable to malaria in various epidemiological zones by two third of the 2007-2008 levels. Malaria.					
16. Brief description of the project (Project summary): Malaria remains a significant public health problem in Kenya. More than 70% of the population lives in malaria risk areas. The most vulnerable to the disease are children and pregnant women. Tremendous efforts have been made to combat malaria with prevention and treatment interventions such as mass and routine distribution of long lasting insecticide treated nets (LLINs), intermittent preventive treatment for malaria during pregnancy, and parasitological diagnosis and management of malaria cases together with distribution of arthemether – combination therapy (ACT) doses. This intervention is to help in facilitating the availability of the medical commodities for mitigation of the disease.					
17. Project stage (see Annex 1 above): <i>50%</i>					
18. Estimated project duration (months) <i>48 months</i>					
34. Estimated project cost:Kshs6,235,942,983	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh 1,078,647,661	KSh 1,078,647,661	KSh 1,078,647,661	KSh 1,078,647,661	KSh 1,078,647,661
35. Outline economic and social benefits: prevention and control malaria hence health citizen that can engage in the economic activities.					
36. Outline sources of financing: <i>Global Funds</i>					

<b>Project 9</b>					
1. Project name: <i>Procurement of anti TB drugs not covered under global fund TB program</i>					
2. Project geographic location: <i>Nation Wide</i>					
3. Project Type/Category (see Para 6 above): <i>Medium</i>					
4. Implementing organization (s): <i>Ministry of Health</i>					
5. Counties covered: 1 (:) <i>47</i>					
6. Project Purpose (Context and need for the Project): <i>Tuberculosis Mitigation.</i>					
7. Brief description of the project (Project summary): Tuberculosis (TB) is a key priority communicable disease and a major public health problem. Kenya is currently ranked 15th among the 22 high TB burden countries of the world the intervention is part of the effort aimed at mitigating TB infection by provision of health commodities and sustaining the provision of the medical commodities that are currently supported by the global fund initiative.					
8. Project stage (see Annex 1 above): <i>50%</i>					
9. Estimated project duration (months) <i>60months</i>					
10. Estimated project	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20

cost:Kshs500,000,000	KSh 120,000,000	KSh 110,000,000	KSh 130,000,000	KSh 160,000,000	KSh 200,000,000
11. Outline economic and social benefits: <i>prevention and control TB hence health citizen</i>					
12. Outline sources of financing: <i>GOK</i>					

<b>Project 10</b>					
13. Project name: <i>Wajir District Hospital</i>					
14. Project geographic location: <i>WAJIR</i>					
15. Project Type/Category (see Para 6 above): <i>Medium</i>					
16. Implementing organization (s): <i>Ministry of Health</i>					
17. Counties covered: 1 (:) <i>Wajir</i>					
18. Project Purpose (Context and need for the Project): <i>Modernization and Expansion Wajir Hospital</i>					
19. <b>Brief description of the project (Project summary):</b> in order to improve the quality of healthcare services to the region construction and equipping the hospital was conceived supported by Arab Bank for Development of East Africa. The construction works involve: outpatient block, female wards, Theatre/ICU/HDU Block, Kitchen/Laundry/Bulk Storage and Mortuary.					
20. Project stage (see Annex 1 above): <i>0%</i>					
21. Estimated project duration (months) <i>36months</i>					
22. Estimated project cost:Kshs800,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	Kshs250,000,000	Kshs250,000,000	Kshs250,000,000	Kshs250,000,000	
23. Outline economic and social benefits: Better Healthcare to the Public					
24. Outline sources of financing: <i>BADEA</i>					

<b>Project 11</b>					
1. Project name: <i>Moi Teaching and Referral Hospital, Academic Model Providing Access</i>					
2. Project geographic location: <i>Eldoret</i>					
3. Project Type/Category (see Para 6 above): <i>Medium</i>					
4. Implementing organization (s): <i>Ministry of Health</i>					
5. Counties covered: 1 (:) <i>Eldoret</i>					
6. Project Purpose (Context and need for the Project): <i>Provision of Healthcare Commodities for the HIV infected patients at MTRH and the satellite clinic in North Rift, Western and South Nyanza</i>					
7. Brief description of the project (Project summary): <i>this is a program funded by USIAD to provide Anti- Retroviral therapy and other intervention programs including nutrition and socioeconomic support in the care of HIV patients.</i>					
8. Project stage (see Annex 1 above): <i>0%</i>					
9. Estimated project duration (months) <i>36months</i>					
10. Estimated project	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20

cost:Kshs1,092,065,688		Kshs364,021,896	Kshs364,021,896	Kshs364,021,896	Kshs364,021,896
23. Outline economic and social benefits: Better Healthcare to the Public					
24. Outline sources of financing: <i>USIAD</i>					

<b>Project 12</b>
8. Project name: <i>Modernization of Wards and Staff Houses Mathari Hospital</i>
9. Project geographic location: <i>Nairobi</i>
10. Project Type/Category (see Para 6 above): <i>Medium</i>
11. Implementing organization (s): <i>Ministry of Health</i>
12. Counties covered: 1 (:) <i>Nairobi</i>
13. <b>Project Purpose (Context and need for the Project):</b> The purpose of the project is to modernize the MNTRH through renovations and improvement of the existing infrastructure. MNTRH was established in 1904 as a smallpox isolation Centre which later became a lunatic's asylum in 1910, and was subsequently renamed Mathari Hospital in 1964. Since then it has grown to the level of a National Teaching and Referral hospital and is mandated to provide specialized psychiatric services to the mentally ill. The current use of the facility in the provision of mental health services was not part of its original purpose as is evident in the myriad of problems that the hospital is currently facing. The structures are not in conformity with the current mental health treatment approaches. Most of the buildings are old and dilapidated. The wards are still prison-like dormitories with no provision for social amenities and give a desolate atmosphere defeating the mandate of the hospital. According to the Ministry of Public Works building regulations, any building that is over 100 years old is unfit for human habitation and should be demolished. Maintenance of these buildings has been both costly and uneconomical. The hospital's bed capacity is 700. Over the past years, the number of inpatients handled on daily bases has increased to a tune of 820 patients. Due to introduction of new services, the number of outpatients has also increased to about 1,000 patients daily. Considering the above scenario, it can be observed that the hospital has been expanding in capacity while the infrastructure has remained the same and in a very dilapidated state. There is therefore need for renovation and expansion of the existing infrastructure.
14. <b>Brief description of the project (Project summary):</b> The project entails renovation of the existing infrastructure with an aim of giving the hospital a face-lift. This will involve <ul style="list-style-type: none"> <li>• renovation of the Maximum Security Unit (Where mentally ill offenders are admitted)</li> <li>• Renovation of the wards on the civil side</li> <li>• Renovation of the administration block</li> <li>• Rehabilitation and upgrading of the water supply system</li> <li>• Renovation of the hospital kitchen</li> <li>• Hospital Landscaping</li> <li>• Rehabilitation of the sewer line</li> <li>• Improvement of the hospital lighting</li> <li>• Renovation of the outpatient block and hospital store</li> <li>• Hospital road tarmacked</li> </ul> <p>This will help improve provision of quality mental health services by ensuring that patients are treated in a conducive environment. It will also be a motivation to our health workers.</p> <p>The hospital, having been established in 1904, the buildings are very old and dilapidated due to age. The equipment are old and obsolete across departments.</p> <p>Over the years the hospital has suffered stigma attached to Mathari mental hospital, the mentally- ill and the</p>



general negative attitude by the public towards mental illness and the mentally - ill patients. The hospital is commonly referred to as “**JELA YA WAZIMU**” (Prison for the insane) which is so stigmatizing. There also lacks donors are willing to support Mental services

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

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

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

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

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

3. Project stage (see Annex 1 above): <b>32%</b>					
4. Estimated project duration (months) <b>48 months</b>					
4. Estimated project cost: Kshs120,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	Kshs30,000,000	Kshs30,000,000	Kshs35,000,000	Kshs50,000,000	Kshs5,000,000
5. Outline economic and social benefits: better service delivery					
6. Outline sources of financing: <b>GOK</b>					

<b>Project 13</b>
12. Project name: <b>Cancer Institute</b>
13. Project geographic location: <b>Nation Wide</b>
14. Project Type/Category (see Para 6 above): <b>Medium</b>
15. Implementing organization (s): <b>Ministry of Health</b>
16. Counties covered: 1 (:) <b>47</b>
17. Project Purpose (Context and need for the Project): <b>Establishment of 47 cancer screening centers.</b> The intervention will also serve as a common basket through which the required investments for the war on cancer can be channelled for efficient use. The ultimate goal of the program is to promote equitable and affordable

access to evidence-based cancer prevention and control services for all Kenyans.

18. **Brief description of the project (Project summary):**Cancer is one of the leading causes of death worldwide accounting for 13% of all global mortality. In Kenya, it is estimated to be the second leading cause of NCD related deaths after cardiovascular diseases and accounting for 7% of overall national mortality. Existing evidence shows that the annual incidence of cancer is close to 37,000 new cases with an annual mortality of over 28,000. There is also evidence that between 7000 to 10000 Kenyans seek specialized medical care abroad with a large proportion being specialized cancer treatment. This translates to approximately 7-10 billion worth of health care services imported annually. In response to this growing challenge, the government has made tremendous progress in developing national policies, strategies and legislation to address cancer control. The enactment of the Cancer Control Act 2012 signified government commitment to addressing cancer while the Kenya Health Policy 2014-2030, Kenya National Strategy for Prevention of NCDs 2015-2020 and the National Cancer Control strategy 2011-2016 have prioritized cancer control interventions. In order to put in place proper mechanisms to maximize coordination and minimize duplication in cancer prevention and control, MOH proposes the formation of a national cancer prevention program. The intervention is therefore to Purchase Cancer screening machines and establishment of screening centers in the 47 counties to help in containing and reducing cancer cases in the country

19. Project stage (see Annex 1 above):0%

20. Estimated project duration (months) **60 months**

1. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
Kshs870,000,000		Kshs200,000,000	Kshs200,000,000	Kshs270,000,000	Kshs200,000,000

21. Outline economic and social benefits:The program will bring together relevant personnel, information and infrastructure that are necessary for a coordinated approach to cancer prevention and control. It will also serve as a common basket through which the required investments for the war on cancer can be channelled for efficient use. The ultimate goal of the program is to promote equitable and affordable access to evidence-based cancer prevention and control services for all Kenyans

22. Outline sources of financing: **GOK**

#### Project 14

14. <b>Project name: Rehabilitation of hospitals (KIDDP-Italy)</b>					
15. <b>Project geographic location: Ngong (Kajiado County) Likoni (Mombasa County), Muhoroni (Kisumu County) ,Usenge (Siaya County), Kigumo (Muranga County), Kapenguria (West Pokot County)</b>					
16. <b>Project Type/Category (see Para 6 above): Medium</b>					
17. <b>Implementing organization (s): Ministry of Health</b>					
18. <b>Counties covered: 1 Various</b>					
19. <b>Project Purpose (Context and need for the Project): Enhance the capacity of the Health Facilities</b>					
20. <b>Brief description of the project (Project summary): Improve the facilities amenities infrastructure and Medical Equipment</b>					
21. <b>Project stage (see Annex 1 above):92%</b>					
22. <b>Estimated project duration (months) 36 months</b>					
23. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh233,000,000	KSh253,000,000	KSh253,000,000	KSh253,000,000	
24. <b>Outline economic and social benefits:</b>					
25. <b>Outline sources of financing: Kenya Italy Debt for Development Project</b>					

#### Project 15

13. Project name: <b>Rongai Hospital</b>					
14. Project geographic location: <b>Nakuru</b>					
15. Project Type/Category (see Para 6 above): <b>Medium</b>					
16. Implementing organization (s): <b>Ministry of Health</b>					
17. Counties covered: 1 (:): <b>Nakuru</b>					
18. Project Purpose (Context and need for the Project): Expansion of Rongai Hospital. The main aim of the expansion to upgrade Rongai Hospital as a specialist facility to handle Trauma cases of numerous road traffic accidents at Salгаа/ Rongai area and treatment of the victims.					
19. <b>Brief description of the project (Project summary):</b> Construction, equipping and modernization of hospital for quality healthcare service to the public followed a presidential directive by the then President Mwai Kabaki for an Hospital to handle to help in treatment of victims of numerous case of road traffic accident at the black spot of Salгаа/Rongai area. The scope of the work was to include: construction and equipping of Accident and Emergency department ( Examination Rooms, Registration and records, observation wards, acute/resuscitation rooms, minor theatre, recovery wards), pharmacy laboratories, X-ray, CT-scan and MRI rooms, physiotherapy/occupational department, 36-bed male surgical ward, 24-bed female surgical ward, 12-bed paediatrics ward, 6-bed ICU/HDU ward.					
20. Project stage (see Annex 1 above): <b>0%</b>					
21. Estimated project duration (months) <b>24 months</b>					
22. Estimated project cost: KSh 1,500,000 (BADEA 1,000,000,000 OFID 500,000,000)	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh	KSh 80,000,000	KSh 250,000,000	KSh 250,000,000	KSh 300,000,000
GOK Counterpart financing (300,000,000)			50,000,000	50,000,000	60,000,000
23. Outline economic and social benefits: <b>improvement of the healthcare services in Kenya</b>					
24. Outline sources of financing: <b>BADEA</b>					

<b>Project 16</b>					
13. Project name: <b>Clinical Waste Disposal System Project</b>					
14. Project geographic location: <b>Nairobi, Nakuru, Kisii and Machakos</b>					
15. Project Type/Category (see Para 6 above): <b>Medium</b>					
16. Implementing organization (s): <b>Ministry of Health</b>					
17. Counties covered: 1 (:): <b>4</b>					
18. <b>Project Purpose (Context and need for the Project):</b> <b>Procurement of Equipment, Goods and Service.</b> Evidence from the World Health Organization reveals that up to 20 percent of hospital wastes are contaminated with infectious and hazardous agents, which can transmit diseases such as hepatitis B, and C and Human Immunodeficiency Virus (HIV) including risks of non-communicable conditions arising from incomplete burning of wastes. The purpose of this project hence is to reduce exposures to health risks resulting from poor and inadequate treatment of health care wastes and improve management of medical waste through installation and commissioning of ten (10) modern AMB serial 250 ecosteryl medical waste treatment devices in ten high volume health facilities in the country.					

<b>19. Brief description of the project (Project summary):</b> the project is aims at procuring and supplying Equipment, Goods and services in respect of clinical waste disposals. 10 medical waste plants/devices will be installed and commissioned in in ten (10) high volume health facilities in Kenya. This will be done through provision of associated spare parts for each installed facility, training of manpower including equipment operators who will manage and coordinate the implementation of the clinical waste systems in the ten (10) Kenyan health facilities and ensure timelines and deliverable are up to the standards required						
20. Project stage (see Annex 1 above): <b>0%</b>						
21. Estimated project duration (months) <b>24 months</b>						
3. Estimated project cost: Kshs1,200,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
	KSh200,000,000	KSh 40,000,000	KSh 500,000,000	KSh 500,000,000	KSh 160,000,000	
Outline economic and social benefits: <i>Cleaner environment has long</i> positive benefits to human health and environment far out way the relatively higher costs contributing to reduction in communicable and non-communicable diseases. The process may also be an opportunity for new investment options that involve recycling of the treated wastes.						
2. Outline sources of financing: <b>Belgium and GOK</b>						

<b>Project 17</b>						
1. Project name: <b>Clinical Laboratory and Radiology Services Improvement</b>						
2. Project geographic location: <b>Nation Wide</b>						
3. Project Type/Category (see Para 6 above): <b>Medium</b>						
4. Implementing organization (s): <b>Ministry of Health</b>						
5. Counties covered: 1 (:) <b>47</b>						
6. Project Purpose (Context and need for the Project): The main goal of the project was (is) to improve the delivery of diagnostic services around the country through a general modernization plan of clinical laboratories (50 sites) and provision of diagnostic radiological services (8 sites included in the 50 for laboratory services).						
7. Brief description of the project (Project summary): The project was conceptualized in 2010 by the then Ministry of Public Health and Sanitation. It was part of the national plan to overhaul primary health care services in Kenya. At the time, the Ministry of Public Health and Sanitation was responsible for three levels of healthcare namely, level 1 (community health services), level 2 (dispensary services) and level 3 (health centre services). It involved general modernization plan of clinical laboratories (50 sites) and provision of diagnostic radiological services (8 sites included in the 50 for laboratory services) The project covers 50 county health facilities; Under Phase 1, 8 sites will be equipped with laboratory and radiology equipment; Under Phase 2, 42 sites will be equipped with laboratory equipment; The planned Implementation period was from 2013-2017. However, start of implementation was delayed as the implementation contract was signed in 2014 and the contract did not become effective until January 2016 when effectiveness conditions were met.						
8. Project stage (see Annex 1 above): <b>0%</b>						
9. Estimated project duration (months) <b>48 months</b>						
10. Estimated project cost: Kshs900,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
	KSh	KSh 30,000,000	KSh 500,000,000	KSh 270,000,000	KSh 100,000,000	
11. Outline economic and social benefits: <b>Better Healthcare.</b> Modern medical equipment and training for health personnel will enable the general population benefit from better quality diagnoses and care; The wide distribution of facilities						

to benefit from the project will enable a growing percentage of the population to access quality health care services Health personnel will benefit from theoretical and practical training on new equipment to be supplied and thus improve their general knowledge leading to better diagnosis and treatment and Staff will be able to work with more modern and efficient equipment enabling faster, more precise and reliable analysis of results. Availability of the modern equipment will contribute towards improving staff morale, work environment and retention of skilled staff in the public sector

26. Outline sources of financing: *Belgium*

### Project 18

13. Project name: **Managed Equipment Services (MES)**

14. Project geographic location: *all 47 counties*

15. Project Type/Category (see Para 6 above): *mega*

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

17. Counties covered: 1 (.) *all 47counties*

18. Project Purpose (Context and need for the Project): the aim is Providing 98 hospitals with modern, state of the art Medical equipment and technology with the objective of improving diagnosis. with a view to improving access to specialized services countrywide. The upgrading was through equipping each of the facilities with critical equipment through a Managed Equipment Services (MES) arrangement and human resource capacity building.

19. Brief description of the project (Project summary): The Government of Kenya through the Ministry of Health and in conjunction with county governments conceptualized this comprehensive programme of upgrade 98 hospitals, 2 in 47 Counties (94) and 4 National hospitals with a view to improving access to specialized services countrywide. The upgrading was through equipping each of the facilities with critical equipment through a Managed Equipment Services (MES) arrangement and human resource capacity building. Included are the procurement of theatre, CSSD, Renal, ICU and Radiology equipment, These equipment are categorized into 7 Lots; Lot 1 Theatre, targeted 98 hospitals; Lot 2 surgical and CSSD targeted 98 hospitals, Lot 5 renal, targeted 49 hospitals; Lot 6 ICU, targeted former 11 national and provincial hospitals and Lot 7 Radiology, targeted 86 hospitals.

20. Project stage (see Annex 1 above):**32%**

21. Estimated project duration (months) **120 months (10 years)**

22. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
Kshs42,000,000,000	KSh4,500,000,000	KSh4,500,000,000	KSh6,000,000,000	KSh6,000,000,000	KSh6,000,000,000

23. Outline economic and social benefits: Improved diagnosis, prevention and control diseases and improved working environment. This will translate into good health of the citizen and improved economy as due hours put productive activities

24. Outline sources of financing: **GOK**

### Project 19

1. Project name: *Procurement of equipment at the Nairobi Blood Transfusion Services*

2. Project geographic location: *Nairobi*

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

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

5. Counties covered: 1 (:) <i>Nairobi</i>					
6. Project Purpose (Context and need for the Project): <i>Equip National Blood Transfusion</i>					
7. Brief description of the project (Project summary): <i>the procurement of equipment at the National Blood Transfusion is meant to improve the services by ensuring the safety of the blood transfused to patients</i>					
8. Estimated project cost: Kshs500,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh43,000,000	KSh 250,000,000	KSh 150,000,000	KSh 150,000,000	KSh
9. Outline economic and social benefits: <i>ensuring safe blood transfusion.</i>					
10. Outline sources of financing: <i>GOK</i>					

<b>Project 20</b>					
1. Project name: <i>Construction of Cancer centre at Kisii Level 5 Hospital</i>					
2. Project geographic location: <i>Kisii</i>					
3. Project Type/Category (see Para 6 above): <i>Medium</i>					
4. Implementing organization (s): <i>Ministry of Health</i>					
5. Counties covered: 1 (:) <i>Kisii</i>					
6. Project Purpose (Context and need for the Project): Construction of cancer centre. It is aimed at enhancement of prevention, treatment and control of cancer cases in the Country.					
7. Brief description of the project (Project summary): this project was conceived to enhance prevention, treatment and control of cancer cases in the Country. The scope of work is to construct and equip oncology unit as well as train specialized staff. This will include the Two (2) bunkers, One (1) cobalt 60 machine, one (1) Linear Accelerator, Two (2) Operation theatres, Six (6) bed ICU, Twenty bed ward, Four consultation rooms, reception area, support facilities and trained staff (10% of the project cost is for training of the specialized staff)					
8. Project stage (see Annex 1 above): <i>0%</i>					
9. Estimated project duration (months) <i>36months</i>					
10. Estimated project cost:Kshs750,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh	KSh 50,000,000	KSh 250,000,000	KSh 350,000,000	KSh 200,000,000
GOK Counterpart funds			Kshs25,000,000	Kshs35,000,000	Kshs20,000,000
11. Outline economic and social benefits: healthy population by prevention and treatment of cancer patient. This will enable the people to engage in the productive activities of economic development.					
12. Outline sources of financing: <i>BADEA, Saudi Fund</i>					

<b>Project 21</b>						
13. Project name: Kenya Health Sector Support Project ( KHSSP)						
14. Project geographic location: Countrywide						
15. Project Type/Category (see Para 6 above): Mega						
16. Implementing organization (s): Ministry of Health						
17. Counties covered: 47						
18. Project Purpose (Context and need for the Project): To improve the delivery of essential health services in the country especially for the poor with focus on maternal and child health in the arid and semi-arid land (ASAL) counties. Improving health services at lower levels and strengthening systems will be critical for further improvements in health status, especially for poor people and in the challenging areas of reproductive health and nutrition.						
19. Brief description of the project (Project summary): Brief description of the project (Project summary): The Project aims to increase access and utilization of basic quality services; and will fund the increased availability of essential health commodities especially for the vulnerable and marginalized populations; while further strengthening the governance and stewardship capacity at the national and County levels to enhance service delivery. The key priorities for the project include; iv. Health Insurance Subsidy Programme v. <b>Results-</b> Based financing vi. Strengthening the stewardship capacity <b>These are expected</b> to be done by improving the effectiveness of Planning, Financing and procurement of Health Products and technologies through Health Systems strengthening.						
20. Project stage (see Annex 1 above):						
21. Estimated project duration (months) <i>months</i>						
22. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20	
GOK(counterpart)						
DONOR Kshs19,275,225,000	2,765,445,000	2,765,445,000	2,765,445,000	2,765,445,000	2,765,445,000	
23. Outline economic and social benefits: Strengthening Health Systems						
24. Outline sources of financing: <i>World Bank (IDA)</i>						

<b>Project 22</b>						
1. Project name: Construction and Upgrading of Laboratories in (Nairobi, Kwale, Busia)						
2. Project geographic location: Nairobi, Kwale, Busia						
3. Project Type/Category (see Para 6 above): <b>Medium</b>						
4. Implementing organization (s): <b>Ministry of Health</b>						
5. Counties covered: 1 (:) Nairobi, Kwale, Busia						
6. Project Purpose (Context and need for the Project): <b>upgrade of laboratory service in the respective counties</b>						

7. Brief description of the project (Project summary): <b>Construction of modern laboratory aimed at enhancing quality treatment and testing DNA samples in prevention and control of crimes and other social factors.</b>					
8. Project stage (see Annex 1 above): <b>32%</b>					
9. Estimated project duration (months) <b>24 months</b>					
10. Estimated project cost: Kshs95,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh	KSh 33,000,000	KSh 33,000,000	KSh 33,000,000	KSh 33,000,000
21. Outline economic and social benefits: <b>prevention and control of crime and other social factors</b>					
22. Outline sources of financing: <b>GOK</b>					

<b>Project 23</b>					
14. Project name: <b>Program for Basic Health Insurance for the Poor and Informally Employed</b>					
15. Project geographic location: <b>Nationwide</b>					
16. Project Type/Category (see Para 6 above): <b>Medium</b>					
17. Implementing organization (s): <b>Ministry of Health</b>					
18. Counties covered: 1 (:): <b>47</b>					
19. Project Purpose (Context and need for the Project): The country is gearing up for rolling out of Universal Health Coverage through health insurance. One of the major challenge in achieving UHC is the high number of poor, informally and low waged workers. These groups require subsidization of health insurance in order to reduce their burden of health care. This project aims to contribute to an increased access to equitable, affordable and quality healthcare while contributing to the strengthening of the national health insurance system.					
<p><b>Brief description of the project (Project summary):</b> The project aims at increasing access to equitable and affordable health care to the poor and the informally employed persons in Kenya while at the same time supporting efforts to strengthen systems at the National Hospital Insurance Fund. Beneficiaries to the project and their dependants will be issued with a health insurance card from the NHIF which will entitle them to benefits currently enjoyed by the general scheme beneficiaries. The card will be fully subsidized for the poor families, while those who are informally employed will be co-contributing half the premium for the scheme.</p> <p>The project will also aim to set up a modern and responsive data management system at the NHIF (database, technology, IT infrastructure, etc.) as well as providing support to the fund to design and manage health insurance actuary services.</p>					
20. Project stage (see Annex 1 above): <b>0%</b>					
21. Estimated project duration (months) <b>48months</b>					
22. Estimated project cost:Kshs2,100,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	Kshs700,000,000	Kshs700,000,000	Kshs700,000,000	KShs700,000,000	
23. Outline economic and social benefits: <b>an improved, equitable access to affordable quality healthcare by economically disadvantaged groups, incl. access to maternal and neonatal health</b>					
24. Outline sources of financing: <b>KWF-Germany</b>					

<b>Project 24</b>					
13. Project name: <b>East Africa's Centre of Excellence for Skills &amp; Tertiary Education</b>					
14. Project geographic location: <b>Nairobi</b>					



15. Project Type/Category (see Para 6 above): <b>Medium</b>						
16. Implementing organization (s): <b>ministry of health</b>						
17. Counties covered: 1 (:): <b>Nairobi</b>						
18. Project Purpose (Context and need for the Project): Provision of skills and tertiary Education. This project is an investment operation designed to increase access and improve the quality and relevance of higher medical education programmes, research and excel service delivery in Kenya and the wider East African Community member states through a project framework. This project focuses on advanced skills, Higher Education, Science and Technology where development partners' interventions have been limited to direct support to universities on limited activities like scholarships.						
19. Brief description of the project (Project summary): the project aims at establishing the infrastructure, equipment and systems of a centre of excellence in Kenya as part of the regional network of Centre of Excellences in the East Africa region. It will include establishment of a regional Centre of Excellence in Urology and Nephrology Sciences called East Africa Kidney Institute (EAKI). The centre of excellence will be part of the EAC network of Centres of Excellence for Skills and Tertiary Education and will provide i) Higher education programmes and clinical training; ii) Scientific and operational research; and iii) Specialized GoK preventive, curative and service delivery. The infrastructure will include a newly constructed education, training, research and service delivery complex that has an auditorium for conferences, cafeteria, professorial and student lounges, various sized classrooms, a Library, Video Conferencing facility, research lab. Faculty, student desk spaces, administration offices and state of the art 160 beds teaching and referral hospital. A service delivery complex with teaching and learning facilities with a state of the art 160 beds teaching and referral hospital. The project is part of the African Development Bank to the East African Community (EAC) member countries. The objective is to contribute to the development of relevant and highly skilled workforce in biomedical sciences to meet the EAC Labour needs.						
20. Project stage (see Annex 1 above): <b>5%</b>						
21. Estimated project duration (months) <b>36months</b>						
22. Estimated project cost: Kshs3,674,275,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
	KSh 360,000,000	KSh 365,000,000	KSh 700,000,000	KSh 1,905,000,000	KSh 272,600,000	
Counterpart (GOK)	-	-	Kshs45,000,000	Kshs60,000,007	Kshs23,000,007	
23. Outline economic and social benefits: enhancement of skill and improvement of healthcare services to the population in the region. It will reduce the dependency of the countries on services from outside region. A state of the art Institute of Urology and Nephrology will promote regional medical tourismhence a source of revenue to the country. It will ensure access to affordable urology and nephrology services therefore, quality services and care for the region. WHO defines medical tourists as people who cross international borders for the exclusive purpose of obtaining medical services.						
24. Outline sources of financing: <b>ADB and GOK</b>						

<b>Project 25</b>	
13. Project name:	Health Sector Program Support ( HSPS III)
14. Project geographic location:	Countrywide
15. Project Type/Category:	Mega

16. Implementing organization (s): Ministry of Health					
17. Counties covered: 47					
18. Project Purpose: To Improve the delivery of essential health services in the country by Strengthening Health system and outcomes throughout the country					
19. Brief description of the project (Project summary): To Strengthen Health system and outcomes throughout the country, External assessments of HSSF have shown broad positive impact of these grants jointly managed by the facility management committee and in-charges. HSSF has led to improvements in the reported quality of care, staff motivation and patient satisfaction, even when funds represented less than 1% of the total health sector budget and without any link between funding and performance.					
20. Project stage (see Annex 1 above):					
21. Estimated project duration (months) <i>36months</i>					
22. Estimated project cost: Kshs2,765,000,000  DONOR	FY2015/16	FY2016/17	FY2017/18	FY2018/20	2019/20
	1,183,092,496	1,183,092,496	1,183,092,496	1,183,092,496	1,183,092,496
23. Outline economic and social benefits: Health systems strengthening					
24. Outline sources of financing <i>DANIDA</i>					

<b>Project 26</b>					
13. Project name: Upgrade of Health Centers in Slums (Strategic Intervention)					
14. Project geographic location: <i>12 major Towns including Nairobi, Mombasa, Kisumu, Nyeri Kakamega and others</i>					
15. Project Type/Category (see Para 6 above): <i>Medium</i>					
16. Implementing organization (s): <i>Ministry of Health</i>					
17. Counties covered: 1 (:) <i>Various</i>					
18. Project Purpose (Context and need for the Project): the aim is to address social and economic challenges facing the slum dwellers including congestion, mobility that posed the unique challenges in provision of health and social services. Lack of medical facilities to the highly populated slum areas has been a major problem the country.					
19. Brief description of the project (Project summary): Slum upgrading is one of the flagship projects in the Ministry, it was started in 2013/14 to address social and economic challenges facing the slum dwellers including congestion, mobility that posed the unique challenges in provision of health and social services., such essential services can only be offered through application of unique and innovative approaches. The project is currently being implemented in collaboration with the Ministries of Devolution and Planning and Interior and Coordination of National Government and the relevant county governments, was Initially implemented under the integrated slum upgrading activities through a collaborative effort between the Ministry of Devolution and Planning, the Ministry of Health and the Nairobi County Government at the Kibera slum in 2013/14 although Slum areas of the major urban areas are densely populated the health facilities has been lacking and this project is to assist in					

alleviating the problem					
20. Project stage (see Annex 1 above): <b>30%</b>					
21. Estimated project duration (months) <b>60 months</b>					
22. Estimated project cost: Kshs6,000,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
		Kshs500,000,000	Kshs700,000,000	Kshs700,000,000	Kshs700,000,000
23. Outline economic and social benefits: Access of the medical facilities by the slum dwellers which will in turn stabilize the economic activities of the populace living in the areas.					
24. Outline sources of financing: <b>GOK</b>					

<b>Project 27</b>					
1. Project name: Roll-out of Universal Health Coverage					
2. Project geographic location: Nationwide					
3. Project Type/Category (see Para 6 above): Medium					
4. Implementing organization (s): Ministry of Health					
5. Counties covered: All 47 counties					
6. Project Purpose (Context and need for the Project): To improve efficiency in the provision of the essential health services for Kenyans while also ensuring financial risk protection particularly for the poor and vulnerable groups. Key among these priorities are efforts to move the country towards achieving universal health coverage. Towards this end, the funds will be used in the following three priority key areas;					
iv. Health Insurance Subsidy Programme (HISP)					
v. Results- based financing					
vi. Free maternity services					
7. Brief description of the project (Project summary): To improve access and utilization of health services in all the 47 counties, the Ministry of Health mobilized additional financing to scale-up the RBF and HISP program Nationwide. Currently, RBF is being implemented in 21 Counties. Further, through HISP which is being implemented by the National Hospital Insurance Fund (NHIF), the funds will be used to purchase premiums for the poor and vulnerable segments of the population to enable them access quality inpatient and outpatient services. Also, the proceeds from the JICA loan will be used to compensate all health facilities for provision of free maternity services.					
8. Project stage (see Annex 1 above): <b>0%</b>					
9. Estimated project duration (months) <b>48 months</b>					
10. Estimated project cost:8,000,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
		KSh 1,394,400,000	KSh 1,394,400,000	KSh 1,394,400,000	KSh 1,394,400,000
11. Outline economic and social benefits: Health Systems Strengthening					
12. Outline sources of financing: <b>JICA</b>					

<b>Project 28</b>						
1. Project name: Health Sector Development (Rep. Health and HIV/AIDS ) Commodities						
2. Project geographic location: Nationwide						
3. Project Type/Category (see Para 6 above): Medium						
4. Implementing organization (s): Ministry of Health						
5. Counties covered: 1 (: ) 47						
6. Project Purpose (Context and need for the Project): Improve Laboratory Services.						
7. Brief description of the project (Project summary): Construction of modern laboratory aimed at testing DNA samples from Kisumu and the larger Western region in prevention and control of crimes and other social factors.						
8. Project stage (see Annex 1 above):32%						
9. Estimated project duration (months) 24 months						
10. Estimated project cost:Kshs1,540,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
		Kshs385,000,00	Kshs385,000,00	Kshs385,000,00	Kshs385,000,00	
11. Outline economic and social benefits: improved health						
12. Outline sources of financing: <b>KFW- Germany</b>						

<b>Project 29</b>						
13. Project name: <b>Procurement of Family Planning &amp; Reproductive Health Commodities</b>						
14. Project geographic location: <b>Country Wide</b>						
15. Project Type/Category (see Para 6 above): <b>Medium</b>						
16. Implementing organization (s): <b>Ministry of Health</b>						
17. Counties covered: 1 (: ) 47						
18. Project Purpose (Context and need for the Project): <b>Purchase of family planning and reproduction commodities.</b>						
19. Brief description of the project (Project summary): <b>to promote a healthy and manageable family for the better growth of our economy the project assist the needy families by providing the drugs to the hospitals.</b>						
20. Project stage (see Annex 1 above):32%						
21. Estimated project duration (months) <b>48months</b>						
22. Estimated project cost: Kshs525,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20	
		Kshs52,000,000	Kshs150,000,000	Kshs52,000,000	Kshs52,000,000	
23. Outline economic and social benefits: Manageable Family size to the citizen						
24. Outline sources of financing: <b>GOK</b>						

<b>Project 30</b>
-------------------

1. Project name: <b>Free Maternity Program</b>					
2. Project geographic location: <b>Country wide</b>					
3. Project Type/Category (see Para 6 above): <b>Medium</b>					
4. Implementing organization (s): <b>Ministry of Health/NHIF</b>					
5. Counties covered: 1 (: ) <b>47</b>					
6. Project Purpose (Context and need for the Project): give free maternity services for the deliveries in public hospitals and accredited private hospitals and FBOS and low cost private hospitals under new expanded free maternity program. Objectives . Attain the highest possible standards of health in a responsive manner by supporting equitable affordable and high quality health and related services at the highest attainable standards for all Kenyans . Achieve universal access to maternal and child health services . To remove financial barriers of access to maternal and child health services for women and children in Kenya . Increase utilization of maternal and child health services . Improve the quality of maternal and child health services					
7. Brief description of the project (Project summary): this involves reimbursement of the deliveries expenses in public hospital, accredited private hospital, FBOS hospitals and low cost private hospitals, under the expanded program. The new expanded program will cover essential health services for the woman and the child for a period of one year which will include ; <ul style="list-style-type: none"> <li>• ANC services</li> <li>• Delivery</li> <li>• PNC services (Post natal care)</li> <li>• Emergency referrals for pregnancy related complications and conditions during and after Pregnancy</li> <li>• Infant care both outpatient and in patient</li> </ul>					
8. Project stage (see Annex 1 above): <b>49%</b>					
9. Estimated project duration (months) <b>84 months</b>					
10. Estimated project cost: Kshs30,500,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
	KSh 4,298,000,000	KSh 4,298,000,000	KSh 6,500,000,000	KSh 6,500,000,000	KSh 6,500,000,000
11. Outline economic and social benefits: better service delivery I, Eliminate financial barrier to access of maternity services ii Improved pregnancy outcomes iii Secure household income for other economic activities iv Lower maternal and neonatal mortality. V Achieve maternal and child health targets set out in the Kenya Health Policy,(2014-2030)					
12. Outline sources of financing: <b>GOK</b>					

<b>Project 31</b>					
13. <b>Project name:</b> Health Systems Management (Procurement & Distribution of Vaccines & Sera)- GAVI					
14. <b>Project geographic location:</b> Countrywide					
15. <b>Project Type/Category (see Para 6 above):</b> Mega					
16. <b>Implementing organization (s):</b> Ministry of Health					
17. <b>Counties covered:</b> 47 Counties					
18. <b>Project Purpose (Context and need for the Project):</b> To improve the immunisation coverage of children across the country.					
19. <b>Brief description of the project (Project summary):</b> the intervention is for Procurement and distribution of vaccines commodities ( e.g. Polio, B.C.G, Measles, penta & Pneumococcal ) across the country . The proportion of fully immunized under 1 year remain stagnant around 70%. This has been attributed to the introduction of new vaccines that need at least two fiscal years to have a good coverage. Rota virus and Measles – Rubella vaccines were introduced into the routine immunization program during the period under review in an effort to improve further the health of the children of Kenya.					
20. <b>Project stage (see Annex 1 above):</b>					
21. <b>Estimated project duration (months) months</b>					
22. <b>Estimated project cost:</b>	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
GOK(counterpart)		913,000,000	913,000,000	913,000,000	913,000,000
DONOR	2,600,000,000	2,600,000,000	2,600,000,000	2,600,000,000	2,600,000,000
23. <b>Outline economic and social benefits:</b> reduction of mortality and disability caused by polio related complications					
24. <b>Outline sources of financing:</b>					
Global Alliance for Vaccines ( GAVI) KSh.2,600,000,000					
GOK (Counterpart funding) KSh.913,000,000 *Amount increased due to rebasing of the Kenyan Economy.					

## Kenyatta National Hospital (K.N.H)

<b>Project 1</b>					
13. <b>Project name:</b> Burns Unit and Paediatric Emergency Centre ( BADEA)					
14. <b>Project geographic location:</b> KNH					
15. <b>Project Type/Category :</b> Mega Project					
16. <b>Implementing organization (s):</b> KNH					
17. <b>Counties covered:</b> National					
18. <b>Project Purpose:</b> To provide Paediatrics Emergency and early and late Burns management in a controlled environment. This will improve preparedness and response to emergencies and disasters as envisioned in Medium-Term Plan of the Vision 2030.					
19. <b>Brief description of the project :</b> This will involve the construction and equipping of a paediatric emergency Centre with a specialised Burns treatment wing. This will separate the Children from the Adults and create an ideal environment for control of nosocomial infections. The key outputs are; <ul style="list-style-type: none"> <li>iv. Reduced congestions at the paediatrics filter clinics and wards,</li> <li>v. Improve clinical outcomes for the target population,</li> <li>vi. Facilitate the control of nosocomial infections.</li> </ul> The Project faces the risk of Price escalation and inadequate funding which will be mitigated by adherence to the terms and conditions of the contract; and negotiating with the Donors for to share on the additional funding respectively.  Sustainability of the project will be ensured through inclusion of the service in the universal healthcare coverage under NHIF, modest charge through the user fee and for burns, lobbying for introduction of oil levy to supplement costs of treating burns patients.					
20. <b>Project stage:</b> On-going					
21. <b>Estimated project duration (months) :</b> 36 months					
22. <b>Estimated project cost:</b>	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
KSh.3.2 billion-					
GOK –counterpart fund					
GOK – additional	0	0	192,000,000	128,000,000	0
			1,200,000,000		0
DONOR	150,000,000	450,000,000	558,000,000	672,000,000	0
23. <b>Outline economic and social benefits:</b> On the economic benefit, it will reduce time and money spent due to long waiting delays in treatment (Elimination of down time and wastage). For the hospital, it will diversify and enhance revenue generation for financial sustainability. The social benefits of the project include reduction of infections among patients leading to less complications and reduction in disability; facilitate speedy recovery and improved quality life years. It will also improve national preparedness and response to emergencies and disasters besides providing a training facility for capacity building.					
24. <b>Outline sources of financing:</b> GoK (Counterpart funding + additional funding) and Development partners ( BADEA, OFID, Saudi Fund for Development)					

<b>Project 2</b>					
13. <b>Project name:</b> Critical and Acute care					
14. <b>Project geographic location:</b> KNH					
15. <b>Project Type/Category:</b> Large					
16. <b>Implementing organization (s):</b> KNH					
17. <b>Counties covered:</b> National wide					
18. <b>Project Purpose:</b> In fulfilling its mandate as a specialized care and training centre, the hospital’s 21 Critical Care Unit (CCU) beds were designed to cater for referral and specialized needs only. Against this background, the provision of such specialized care is currently an uphill task because the total number of critical and emergency care patients has significantly risen over the last three years. Further, the situation has been					

made worse by non-referral emergency cases. To meet the needs of the 12 specialities in KNH, it will require an extra 104. Currently, the 21 CCU beds are occupied 100% throughout the year. Consequently some patients have been dying while waiting for critical care service and the hospital has been unable to accommodate referrals from other lower level hospitals. There is therefore an urgent need to increase the bed space in CCU by 104 to effectively cater for the increased demand.

**19. Brief description of the project:**

Increased access to critical and acute care will not only reduce mortality/ morbidity among the emergency cases but also enhance specialized care by reducing the waiting time for specialized surgeries that require CCU beds

As a result we project to increase renal transplant from 1 to 3 per month, the number of open heart surgeries done from 154 per annum to 180 per annum by the year 2018/19. On the same note trauma, neurosurgery and other surgical emergencies will be done as per schedule without unnecessary delays by 2019.

The project faces several risks which include Resistance from Stakeholders, Space limitation and inadequate funding. Fear of relegation of our mandate by the training institutions using the facilities under MOU, resistance to change by the trainees from these institutions that form a significant workforce. To mitigate this risk the hospital will Ensure inclusion in all stages of project and that the hospital does not relegate specialist services to Emergency responses. To ensure adequate funding the will be Spread to 24 months, with the first year being provision of civil works and equipping to be done in the second year.

Sustainability of the project will be ensured through inclusion of the service in the universal healthcare coverage under NHIF and modest charge through the user fee.

**20. Project stage (see Annex 1 above):** Large Project

**21. Estimated project duration (months) :** 24 Months

22. <b>Estimated project cost:</b> KSh.720.6 million	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	<b>KSh.....</b>	<b>KSh.....</b>	<b>KSh 150 M</b>	<b>KSh 570.6 M</b>	<b>KSh.....</b>

**23. Outline economic and social benefits:**

Patients well managed will have a better health outcome with less complications/disabilities thus increasing the chances of being productive economically and socially. Secondly, as we support the country in providing healthcare for all, The hospital will not be relegating its primary mandate of tertiary care.

**24. Outline sources of financing:** GoK

**Project 3**

**13. Project name:** Cancer Treatment Centre

**14. Project geographic location:** KNH

**15. Project Type/Category ;**Mega project

**16. Implementing organization (s):** KNH

**17. Counties covered:** National

**18. Project Purpose**

By modernising equipment and infrastructure we will cater for increased demand for oncology and offer competitive services locally and regionally. By creating a facility to enhance research in Cancer and enhancing training for both local and regional consumption, this will promote medical tourism and attract research grants. The facility will provide a platform for multi-disciplinary dimension of cancer care aimed at improving clinical outcomes.

**19. Brief description of the project**

The project is aimed at creating a cancer centre of excellence in Oncology. This will involve civil works to expand the space and accommodate more bunkers for modern radiotherapy equipment. Through this project, the hospital will eliminate the waiting list for waiting for radiotherapy services and eliminate waiting between prescription and actual treatment. It will also provide a conducive atmosphere to reduce time for conclusive diagnosis for patients whose diagnosis is not clear and facilitate cancer screen services. In addition, it will provide training facility for the faculty of medical oncology in the University of Nairobi to facilitate for a Master's degree in haematology/Oncology and training of oncology nurses and other auxiliary staff. The project could face the risk of lack of adequate trained staff in the country. This will be mitigated by involving the UON to provide training services from inception. Sustainability of the facility and services therein will be through modest user fee and research grants.



20. <b>Project stage:</b> On-Going					
21. <b>Estimated project duration (months):</b> 60 months (5 years)					
22. Estimated project cost: 2.6 Billion	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh116M	0	KSh564,500,000	KSh 1,000,000,000	KSh 1,000,000,000
23. <b>Outline economic and social benefits:</b> The facility will lead to reduction of cost of seeking cancer treatment to patients through harmonized treatment processes and guidelines. Savings accruing from foreign exchange for those who would have sort cancer treatment outside the country, training, and competitive services to attract medical tourists from the region. In addition, the facility will attract research grants.					
24. <b>Outline sources of financing:</b> GoK,					

<b>Project 4</b>					
13. Project name: Cardiology services expansion					
14. Project geographic location: KNH					
15. Project Type/Category : Medium					
16. Implementing organization (s): KNH					
17. Counties covered: National					
18. <b>Project Purpose</b> Among non-communicable diseases, acute coronary syndromes have increased the demand for interventional cardiology to intervene for heart attacks. There is need for an extra catheterisation laboratory (cath-lab) to cater for this increase. There is also need to modernise equipment to facilitate more surgical interventions for children's heart conditions at competitive rates.					
19. <b>Brief description of the project.</b> This will involve creation of an extra catheterization laboratory and provision of equipment to identify and monitor cardiac related events. It will facilitate timely intervention of acute cardiac events without interfering with scheduled procedures for children. The modernised equipment will facilitate timely and quick assessment of patient's condition prior to the patient's surgery for proper planning. Sustainability of the services will be through inclusion of the service in the universal healthcare coverage under NHIF and modest charge through the user fee.					
20. <b>Project stage :</b> On-going					
21. <b>Estimated project duration (months):</b> 36 months					
22. Estimated project cost: KSh. 406,000,000	FY2014/15	FY2015/16	FY2016/17	FY2017/18	FY2018/19
	KSh140,000,000	KSh.	KSh.....	KSh.176,000,000	KSh.90,000,000
23. <b>Outline economic and social benefits:</b> Prevention of premature death to heart attacks to our economically productive population and prompt intervention of children's heart conditions before they become terminal.					
24. <b>Outline sources of financing:</b> GoK					

<b>Project 5</b>					
13. Project name: Radiology services					
14. Project geographic location: KNH					
15. Project Type/Category : Medium					
16. Implementing organization (s):KNH					
17. Counties covered: National					

<b>18. Project Purpose</b> The hospital has inadequate capacity to detect and treat cancer early; there is a long turn-around time for diagnostic services. This situation has arisen due to inadequate equipment and large number of patients who require this service. The project will refine and align the scope assessment services, provide a model of navigation for patients during their diagnostic phase and improve patient transition along the pathway from suspicion to diagnosis leading to treatment. Improve diagnostic services, increase and provide quick access for staging and re-evaluation in cancer.					
19. Brief description of the project The key output of the facility will be to improve diagnostic services, increase and provide quick access for staging and re-evaluation in cancer. In particular, it will; Reduce turn-around time from diagnostic to treatment; reduce cost of service to the patient as they do not have to seem expensive alternatives; Increase accuracy in targeting radiation treatment through installation of a simulator; Increased efficiency and effectiveness in service delivery; Quick and efficient dissemination and secure storage of patients information and facilitate teaching and research for non-communicable diseases.					
20. Project stage (see Annex 1 above): New project					
21. <b>Estimated project duration (months):</b> 12 months					
22. Estimated project cost: 460,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh.....	KSh ...	KSh 460 000 000	KSh.....	KSh.....
23. Outline economic and social benefits: Early detection will result in high cure of non-communicable diseases and less time and money spent seeking healthcare. The hospital will provide highest standard of care.					
24. Outline sources of financing: GoK					

<b>Project 6</b>					
13. Project name: Equipping Day-care centre					
14. Project geographic location: KNH					
15. Project Type/Category (see Para 6 above): Medium					
16. Implementing organization (s): KNH					
17. Counties covered: National					
<b>18. Project Purpose:</b> This will provide outpatient or same-day surgery that does not require an overnight hospital stay. The purpose of the day-care surgery is to keep hospital costs down, as well as saving the patient time that would otherwise be wasted in the hospital and reducing congestion in the wards. The project will address the problem of delayed diagnosis in some diseases like stomach and colon cancers and reduce inefficiency in providing surgical services.  It will relate to the social and economic pillar of vision 2030, by embracing modern surgical technology, attracting medical tourism, increase access to screening, diagnostic and curative services. It will also provide a local training facility for endoscopic surgeries locally and regionally.					
19. <b>Brief description of the Project:</b> It will involve construction and equipping of theatres, recovery wards and related diagnostic services at an identified site within KNH. On completion it will address the problem of congestion in the surgical wards, diagnose and treat variety of conditions without open surgery, increase revenue generation for the hospital and reduce the cost of seeking health care the clients and train local and regional specialists. Sustainability of the services will be through inclusion of the service in the universal healthcare coverage under NHIF and modest charge through the user fee.					
20. Project stage (see Annex 1 above): On-going					
21. Estimated project duration (months): 12 months					
22. Estimated project cost: KSh. 376,000,000	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh 160,000,000	KSh 0	KS 216,000,000	KSh 0	KSh.....
23. Outline economic and social benefits will include reduced cost of health care, faster diagnosis, timely intervention and reduced hospital stay. It will provide a hub for training and research. Will promote medical tourism in the region					
24. Outline sources of financing: GoK KSh. 276 m and private partner (Merali) KSh. 100m					

<b>Project 7</b>						
13. Project name: Diagnostic and Farewell home services						
14. Project geographic location: KNH						
15. Project Type/Category : Medium						
16. Implementing organization (s): KNH						
17. Counties covered: National						
18. <b>Project Purpose:</b> The farewell home has a capacity of 96 bodies against a current need of 200 bodies. This situation has led to congestion, poor body management and overstretching the cold room facilities. Within the diagnostics unit, there is a long waiting time for results from related DNA tests.						
19. <b>Brief description of the project:</b> The project will include rehabilitation of the existing facilitate to expand capacity and modernise the diagnostic equipment. On completion, the facility will be fully equipped with a DNA testing KIT and modern post-mortem facility for expanded services, training and research. The key output for the facility will be to address delays in decision making and improve accuracies in diagnostics and treatment. In addition, it will reduce congestion, improve the hospitals image and increase customer satisfaction. Sustainability of the project will be ensured through the implementation of user fees.						
20. Project stage : New Project						
21. Estimated project duration (months): 12 months						
22. Estimated project cost: KSh.		FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
313,000,000		KSh 2,000,000	KS 0	KS 111,000,000	KSh 200,000,000	KSh
23. Outline economic and social benefits: On the economic benefit, it will diversify and enhance revenue generation for financial sustainability and improved research and training and improved clinical outcomes. The social benefits of the project include cleaner environmental due to use of right standard for preservation, reduction of emotional stress reduction of infections among patients leading to less complications and reduction in disability ; facilitate speedy recovery and improved quality life years. It will also improve national preparedness and response to emergencies and disasters besides providing a training facility for capacity building.						
24. Outline sources of financing: GoK						

<b>Project 8</b>						
13. <b>Project name:</b> ICT and Security initiative						
14. <b>Project geographic location:</b> KNH						
15. <b>Project Type/Category:</b> Mega						
16. <b>Implementing organization (s):</b> KNH						
17. <b>Counties covered:</b> National						
18. <b>Project Purpose</b> Modern ICT infrastructure is essential to achieving health service transformation, enabling clinical information to be passed secured and quickly using electronic means for increased patient safety and reduction of errors. This will address the inefficiencies in service delivery, enhance risk management and improve clinical governance. It is a flagship project in the social pillar for the Health sector in the second Medium-Term Plan						
19. <b>Brief description of the project</b> Through this project, the hospital will create an integrated ICT infrastructure to enhance service delivery and e-health while creating leakages between services and structures. The objective is to achieve connectivity and standardisation for the hospital operations. This includes replacement of the current Health Information system, upgrade of hardware and ICT related infrastructure. This project will be phased over a 4 year period beginning by enhancing the ICT Master plan to accommodate the anti-terror initiatives, followed by installation of body scanners, luggage scanners and CCTV. Successful delivery of the Master Plan will require specialized skills and significant capital outlay. In consideration of the above, the ICT Master plan will be implemented through the Public Private Partnership arrangement.						
20. <b>Project stage :</b> On-going						
21. <b>Estimated project duration (months):</b> 60 months						
22. Estimated project cost: KSh.		FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20

3,121,200,000	KSh	KSh	KSh 500,000,000	KSh 800,000,000	KSh 800,000,000
<b>23. Outline economic and social benefits:</b> Economic Benefits will include; Enhancement of capabilities within local firms to delivery ICT solutions in the Health Sector, enhanced knowledge on the delivery of ICT solutions, and other service based PPPs in the country.  Successful implementation of the KNH ICT Master Plan is expected to have significant social benefits for the country. These include: Efficient patient service delivery, capacity to serve more patients, accurate patient records, consistent patient care, Telemedicine capabilities and easier information sharing for teaching purposes as well as national health statistics and disease control.					
<b>24. Outline sources of financing:</b> GoK and Public Private Partner					

<b>Project 9</b>					
22. Project name: <i>Environmental Health Services</i>					
23. Project geographic location: <i>Nation Wide</i>					
24. Project Type/Category (see Para 6 above): <i>Medium</i>					
25. Implementing organization (s): <i>Ministry of Health</i>					
26. Counties covered: 1 (: ) <i>47</i>					
27. Project Purpose (Context and need for the Project): <i>Provision of Water and Sanitation in the counties</i>					
28. Brief description of the project (Project summary): <i>the project is conceived to undertake Water and Sanitation activities in the counties</i>					
29. Project stage (see Annex 1 above): <i>30%</i>					
30. Estimated project duration (months) <i>60months</i>					
31. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	2019/20
Kshs644,375,000	KSh 128,875,000,000	KSh 95,000,000	KSh 95,000,000	KSh 95,000,000	KSh 95,000,000
0					
32. Outline economic and social benefits: <i>cleaner environment and improved health</i>					
33. Outline sources of financing: <i>UNICEF</i>					

<b>Project 10</b>					
13. Project name: Up scaling Auxiliary facilities/ Equipment Replacement					
14. Project geographic location: KNH					
15. Project Type/Category (see Para 6 above): Medium					
16. Implementing organization (s): KNH					
17. Counties covered: National					
18. Project Purpose The current level of equipment obsolescence is at 37%. This rate is set to rise to over 80% given the condition of the current equipment status if no urgent measures are undertaken. This may services in the hospital to grind to a halt. It is critical therefore that, resources be availed to replace the equipment to avoid service delivery disruptions while improving the clinical outcomes and ensuring safety of patients and staff. The Hospital has developed a five year Hospital equipment and infrastructure replacement plan that has the critical needs and structured over a five year period the gradual replacement.					

<b>19. Brief description of the project:</b>						
The project aims at replacing the most obsolete equipment urgently. It is intended to upgrade the hospital equipment for it to main the efficiency, timely delivery of service, safety of patients and staff and improve customer satisfaction.						
The cost of replacement of all the equipment is Kshs.1.729 billion (KSh. 2.363 billion less diagnostic and Farewell equipment KSh. 111 million less radiology services equipment kshs.460 million) for the first year.						
<b>20. Project stage :</b> On-going						
<b>21. Estimated project duration (months):</b> 48 months						
<b>22. Estimated project cost:</b> KSh. 2.484billion	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20	
	KSh	KS 0	KSh 1.729 B	KSh 254 M	KSh 501 M	
<b>23. Outline economic and social benefits:</b>						
The benefits will be						
<ul style="list-style-type: none"> <li>• Reduced operational costs that will translate to affordable fees for patients</li> <li>• Reduced maintenance costs thus utilising the savings to enhance services and facilitate service delivery to more clients.</li> <li>• Enhance the delivery of specialised care for Patients who need.</li> <li>• Enhance revenue generation and diversification for financial sustainability, improve research activities and improve clinical outcomes</li> <li>• Reduce the turnaround time for service delivery</li> <li>• Refine and align the scope of services delivered to the patients</li> <li>• Improve the capacity for Training to all levels of clinical speciality.</li> </ul>						
<b>24. Outline sources of financing:</b> GoK						

<b>Project 11</b>						
<b>13. Project name:</b> 300 bed private hospital						
<b>14. Project geographic location:</b> KNH						
<b>15. Project Type/Category :</b> Mega project						
<b>16. Implementing organization (s):</b> KNH						
<b>17. Counties covered:</b> Nairobi						
<b>18. Project Purpose:</b>						
The project purpose is to attract clients who can afford to pay for services rendered at a premium rate. Revenue so generated will in turn support the operations and maintenance expenses of the main hospital. This facility will offer both outpatient and inpatient services for all specialities. The facility will offer specialized healthcare aimed at promoting medical tourism as outlined in the Vision 2030.						
<b>19. Brief description of the project.</b>						
The project involves the construction of a 300 bed hospital equipped with modern and state of the art facilities within the wider KNH complex. It will include specialised services like cardiology, nephrology, neurology and neurosurgery, oncology and gastroenterology among other specialisations. The project will generate revenue, promote medical tourism and create a forum for regional multidisciplinary clinical management integration. On completion, the sustainability of the facility will be through implementation of the fee for service.						
<b>20. Project stage :</b> New Project ( Conceptualisation stage )						
<b>21. Estimated project duration:</b> 60 months						
<b>22. Estimated project cost:</b> KSh. 3 billion	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20	
	KSh 0	KSh 0	KSh 50,000,000	KSh 50,000,000	KSh	
<b>23. Outline economic and social benefits:</b>						
The economic benefits of the project will include; attracting foreign exchange earnings, reduced reliance on the exchequer, providing a wider pool of medical specialists (capacity for the Nation). It will bring in expertise (in financial risk, project management and investment expertise) which would not be otherwise available in the country						
The social benefits include promoting medical tourism, provide a wider option for medical care and reduce the cost of medical care.						
<b>24. Outline sources of financing:</b> GoK (for transaction advisor and monitoring costs) and Public Private Partnership.						

<b>Project 12</b>					
14. <b>Project name:</b> Accommodation, Training and conference facility					
15. <b>Project geographic location:</b> KNH					
16. <b>Project Type/Category:</b> Mega project					
17. <b>Implementing organization (s):</b> KNH					
18. <b>Counties covered:</b> Nairobi					
19. <b>Project Purpose:</b> Currently, the hospital is experiencing a critical shortage of residential and training facilities. The situation is punctuated by existing funding gaps. By putting up this project, the hospital will transform itself to provide residential facilities within easy reach for students, doctors, nurses and medical tourists; to enhance the hospital's financial stability by bridging the funding gap and ploughing back more resources to sustain accessible health care services to Kenyans; and enhance specialized training and research using state of the art facilities. The project will enhance the positioning of the country as a destination for specialized health and medical services as envisioned in Medium-Term Plan of the Vision 2030.					
20. <b>Brief description of the project</b> This will involve construction of a 2,000 accommodation units, a training and conference facility within the wider KNH complex. The project will generate revenue to bridge funding gaps, provide specialized training and research facilities, and avail accommodation facilities for students, doctors, nurses and patients on medical tourism and the relatives accompanying them. The project will be implemented through a PPP arrangement. On completion, the facility will be run on a commercial basis thus generating resources for its sustenance and providing extra revenue for the main hospital.					
21. <b>Project stage :</b> New project					
22. <b>Estimated project duration:</b> 60 Months years					
23. <b>Estimated project cost:</b> KSh. 5 billion GoK( Transaction advisors and M&E )	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh .....	KSh 0	KSh 50,000,000	KSh 50,000,000	KSh 0
24. <b>Outline economic and social benefits:</b> The economic benefits of the project will include; attracting foreign exchange earnings, reduced on the exchequer, providing a wider pool of medical specialists (capacity for the Nation). It will bring in expertise (in financial risk, project management and investment expertise) which would not be otherwise available in the country.  The social benefits include promoting medical tourism, provide a wider option for medical care and reduce the cost of medical care.					
25. <b>Outline sources of financing:</b> GoK (for transaction advisor and monitoring costs) and Public Private Partnership.					

## National Aids Control Council(NACC)

<b>Project 1</b>					
14. <b>Project name:</b> Roll out of Adolescence Strategy at National and County level as directed by HE. the President					
15. <b>Project geographic location:</b> National					
16. <b>Project Type/Category:</b> Large					
17. <b>Implementing organization (s):</b> NACC					
18. <b>Counties covered:</b> 47					
19. <b>Project Purpose:</b> The project aims to reach out to adolescents (15-24 years) who are vulnerable to contracting HIV, 21% of new HIV infections occur among girls aged 15-24 years. The country aims to have a free-HIV generation by year 2030. The country needs to continue targeting adolescents and youth with HIV prevention messages in order to realize this vision.					
20. <b>Brief description of the project:</b> The project will be implemented in all the 47 counties as directed by HE the president. All the adolescents (both in school and outside school) will be targeted in all counties. The NACC and stakeholders will engage adolescents meaningfully, working with them to minimize risks that render them vulnerable to contracting HIV i.e. drug use. In order to reach out to many adolescents, Youth(s) will be engaged through various interventions including the Maisha County League targeting : <ul style="list-style-type: none"> <li>• Reach 10 million young people with HIV prevention education.</li> <li>• Ensure that 3 million young people receive interactive one on one mentorship and learning through the Maisha Digital Platform.</li> <li>• Test 1 million young people for HIV.</li> </ul>					
21. <b>Project stage:</b> 25%					
22. <b>Estimated project duration (months):</b> 6 years.					
23. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh15,000,000	KSh 24,000,000	KSh 50,000,000	KSh 75,000,000..... ...	KSh. 75,000,000
24. <b>Outline economic and social benefits:</b> - The project will contribute significantly to the vision of an HIV-free generation in Kenya. This will ensure that girls and boys will be healthy and productive. The HIV and AIDS has pushed more Kenyans into poverty as funds are diverted from investment to financing HIV-related illnesses. The country will save billions of shillings every year, Kenya AIDS Spending Assessment (KNASA) survey showed that over KSh 60 billion are spent on HIV and AIDS yearly.					

25. **Outline sources of financing:** GOK Grant

**Project 2**

1. **Project name:** Ending stigma and discrimination through advocacy campaign.
2. **Project geographic location:** National
3. **Project Type/Category :** Large
4. **Implementing organization (s):** NACC
5. **Counties covered:** 47
6. **Project Purpose:**Change of Attitude, Acceptance and support for PLHIVs
7. **Brief description of the project:** The HIV stigma is the main barrier for young people to HIV testing and ARV treatment. Available statistics show that 58% of young people do not have correct knowledge of HIV transmission; 46% of young women and 58% of young men have never been tested. Every day 97 young people (15-24) get HIV infected
8. **Project stage:** 25%
9. **Estimated project duration:** 6 years.

10. Estimated project cost:	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh.....	KSh.....	KSh 125,000,000	KSh 125,000,000	KSh 125,000,000

26. **Outline economic and social benefits:** - The project will contribute significantly to the vision of an HIV-free generation in Kenya. The HIV and AIDS has pushed more Kenyans into poverty as funds are diverted from investment to financing HIV-related illnesses. The country will save billions of shillings every year, Kenya AIDS Spending Assessment (KNASA) survey showed that over KSh 60 billion are spent on HIV and AIDS yearly.

26. **Outline sources of financing:** GOK Grant

**Project 3**

13. **Project name:** Situation Room System.
14. **Project geographic location:** National
15. **Project Type/Category :** Large
16. **Implementing organization (s):** NACC
17. **Counties covered:** 47
18. **Project Purpose:**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
19. **Brief description of the project:** Provision of real-time data and information on HIV and AIDS for policy and



decision making through the following strategies. Establish and equipping 48 (47 counties plus 1) by 2017.

20. **Project stage:** 30%

21. **Estimated project duration (months):** 3 years.

22. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KShs145,000,000	KSh 95,500,000	KSh 50,000,000	KSh 100,000,000

23. **Outline economic and social benefits:** The Project will help address issues on HIV and AIDS in real time, lessen new HIV infections, improve health of PLHIV and make them more productive economically. The number of HIV and AIDS related deaths will decrease as well as the number of orphans and OVCs. The project will enhance ownership of the response to HIV and AIDS at both levels of government, taking into account that Kenya has become a Lower Middle Income Country (LMIC) after rebasing. As a result of rebasing, Kenya will not be able to procure ARVs and related commodities at the pre-negotiated low prices meant for poor countries

24. **Outline sources of financing:** GOK Grant

<b>Project 4</b>					
13. <b>Project name:</b> V2030 Research Hub					
14. <b>Project geographic location:</b> National					
15. <b>Project Type/Category:</b> Large					
16. <b>Implementing organization (s):</b> NACC					
17. <b>Counties covered:</b> 47					
18. <b>Project Purpose:</b> The purpose of the Research Hub for HIV and AIDS that is to provide evidence-based data for policy making at county and national levels. It is expected to boost research and communication on issues relating to HIV and AIDS programming. The Hub (website) will provide a “one-stop-shop” for quality data from scientific researches for the countries in the region and all over the world.					
19. <b>Brief description of the project:</b> The project involves development of a research Hub at Nairobi that will serve as a Centre for research on HIV and AIDS for Kenya and countries in the region. Kenya has partnered with other countries in the search for a vaccine (cure) for HIV and AIDS for over a decade. The research Hub will attract scientists from neighbouring countries and from all over the world thereby promoting medical tourism.					
20. <b>Project stage:</b> 40%					
21. <b>Estimated project duration (months):</b> 6 years.					
22. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh	KSh 31,000,000	KSh 47,000,000	KSh 100,500,000	KSh125,500,000
23. <b>Outline economic and social benefits:</b> The project will elevate Kenya as a Centre/ Hub for research on HIV and AIDS and promote medical tourism. Kenya will be mapped with other countries of the world that have contributed to scientific milestones in the search for cure for HIV and AIDS. Once the vaccine for HIV is developed it will improve health of Kenyans as well as alleviate poverty levels. The world scientists who will visit Kenya for purposes of carrying out researches on HIV and AIDS will generate foreign exchange for the country.					
24. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 5</b>					
15. <b>Project name:</b> Training and capacity building framework for the public sector					
16. <b>Project geographic location:</b> National					
17. <b>Project Type/Category:</b> Large					
18. <b>Implementing organization (s):</b> NACC					
19. <b>Counties covered:</b> 47					
20. <b>Project Purpose:</b> The framework will guide MCDAs in implementation and mainstreaming of HIV//AIDS Programs as part of performance contracting delivery.					
21. <b>Brief description of the project:</b> Capacity building for the public sector to improve the system's ability to transfer clients and improving reverse referral and feedback information system by the ACUs as part of Maisha Certification and performance contracting requirements for Public Sector Institutions. The performance of Institutions will be assessed at various levels (level 1-4).					
22. <b>Project stage :</b> 25% on Level 1					
23. <b>Estimated project duration (months):</b> More than one year.					
24. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KSh.....	KSh 40,000,000	KSh 40,000,000	KSh 40,000,000
25. <b>Outline economic and social benefits:</b> Improved productivity and competency development in the public sector by mainstreaming and reporting on HIV/AIDS in the sectors.					
26. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 6</b>					
15. <b>Project name:</b> Acquisition of space by the National AIDS Control Council					
16. <b>Project geographic location:</b> National					
17. <b>Project Type/Category :</b> Large					
18. <b>Implementing organization (s):</b> NACC					
19. <b>Counties covered:</b> Nairobi					
20. <b>Project Purpose:</b> The project aims at providing office space for NACC thereby strengthening it for effective coordination of the national response to HIV and AIDS. The NACC spends KSh 60 million annually on office rentals, this money will be saved once the Institution acquires own office. Acquisition of office space by the NACC will be in line with the Second Medium-Term Plan of the Vision 2030 objective of reducing total expenditure to 26.6 % of the GDP.					

21. <b>Brief description of the project:</b> The project of constructing offices for NACC will be phased out, phase 1 will involve acquisition / purchase of land, construction will be finalized in three Financial Years. Currently the NACC is housed in private premises and there are other challenges like availability of parking space. The NACC holds meetings with various stakeholders including development partners, public sector, Diplomats, NGOs and members from the civil society organizations, parking slots are inadequate at the private premises.					
22. <b>Project stage:</b> New (yet to be funded-0%)					
23. <b>Estimated project duration (months):</b> 4 years.					
24. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KSh 400,000,000	KSh 400,000,000	KSh 400,000,000	KSh 400,000,000
25. <b>Outline economic and social benefits:</b> - Acquisition of own office space will make the NACC a competitive and responsive Authority able to attain her mission and mandate. The country will save KSh 60 million annually on rentals which will be available for programmes.					
26. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 7</b>					
1. <b>Project name:</b> Beyond Zero Campaign					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b>					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> 47					
6. <b>Project Purpose:</b> The project aims to improve health of mothers and children especially those who reside in hard-to-reach areas by promoting eMTCT services and cancer awareness. The project also provides mobile clinics, reaching out to mothers and children and assisting other needy cases countrywide. The number of new infection among children has reduced by 50% between 2014 and 2016.					
7. <b>Brief description of the project:</b> The project involves procuring of special Trucks and equipping them to act as clinics. The Trucks are partitioned like a clinic i.e. examination room, laboratory, dispensing/ dressing room etc. All counties will be provided with the special Trucks, starting with the needy ones (counties situated on arid and semi-arid areas). This project is being led by the office of the First Lady					
8. <b>Project stage :</b> 50%					
9. <b>Estimated project duration (months):</b> 6 years.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KSh35,000,000	KSh 45,000,000	KSh 45,000,000	KSh45,000,000

27. <b>Outline economic and social benefits:</b> The project promotes health of mothers and children in general, prevents transmission of HIV from HIV+ mothers to their new-borns, immunization of 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.
28. <b>Outline sources of financing:</b> GOK Grant

<b>Project 8</b>					
1. <b>Project name:</b> Implementation and monitoring of County HIV and AIDS plans and structures					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b> Large					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> 47					
6. <b>Project Purpose:</b> Designing an harmonized and progressive resource mobilization strategy targeting all sources of funds and efficient allocation and utilization of resources for HIV/AIDs at the county.					
7. <b>Brief description of the project</b> The Counties to develop, launch disseminate and implement their CASPs Framework 2014/15-2018/19 at the County and sub county levels. The Counties are supposed to domesticate KASF and develop county specific HIV strategic plans.					
8. <b>Project stage :</b> 30%					
9. <b>Estimated project duration (months):</b> 5 years.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....		KSh 360,000,000	KSh 360,000,000	KSh 360,000,000
27. <b>Outline economic and social benefits:</b> This will act as seed money for the sustained efforts in the fight against HIV/AIDs by counties as they take ownership and budget allocations at the County levels. Counties are expected to take a lead role thereafter.					
28. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 9</b>					
1. <b>Project name:</b> Institutional strengthening for effective coordination.					
2. <b>Project geographic location:</b> National					
3. <b>Project Type/Category:</b> Large					
4. <b>Implementing organization (s):</b> NACC					
5. <b>Counties covered:</b> Headquarters					

6. <b>Project Purpose:</b> Strengthened NACC's institutional capacity for enhanced coordination, resource mobilization, accountability and reporting for the HIV response. This will guide NACC to deliver on its mandate of coordination of stakeholders, resource mobilization for sustainable financing and tracking of results.					
7. <b>Brief description of the project:</b> HIV and AIDS Response in Kenya remains a critical developmental, social and economical agenda. In order to consolidate the gains made so far in the HIV and AIDS response, the NACC is charged with the coordination of the response has to continuously be strengthened in order to succeed in attaining its mandate. It requires focus and a clear roadmap to get to where it needs to be.					
8. <b>Project stage :</b> 50%					
9. <b>Estimated project duration (months):</b> 5 years.					
10. <b>Estimated project cost:</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>
	KSh.....	KSh99,000,000	KSh99,000,000	KSh99,000,000	KSh99,000,000
25. <b>Outline economic and social benefits:</b> The achievement of the Strategic objectives of the NACC Strategic Plan has a bearing on the overall delivery of the KASF. This Strategy puts great emphasis on the functions and direction of the NACC and will add impetus to the response as it seeks to harness the synergy of the various different stakeholders towards the achievement of the overall Vision of a Kenya free of HIV infections, stigma and AIDS related Deaths.					
26. <b>Outline sources of financing:</b> GOK Grant					

<b>Project 10</b>					
13. <b>Project name:</b> Strengthening and Integration of ICT systems					
14. <b>Project geographic location:</b> National					
15. <b>Project Type/Category:</b> Medium					
16. <b>Implementing organization (s):</b> NACC					
17. <b>Counties covered:</b> 47					
18. <b>Project Purpose:</b> The ICT infrastructure will enable the NACC to achieve her mandate of coordination of National response to HIV/AIDS					
19. <b>Brief description of the project:</b> Data for the NACC is held held in different databases such as SAP, Inspire people, Teammate, HIPORS, financial systems. The systems currently are not interoperable. This creates a situation where we have a lot of data redundancy and time wastage in data collection. This project aims at harmonizing and creating one data base for reporting of HIV/AIDS information and data.					
20. <b>Project stage :</b> 50%					
21. <b>Estimated project duration (months):</b> 6 years.					
22. <b>Estimated project</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>FY2017/18</b>	<b>FY2018/19</b>	<b>FY2019/20</b>

<b>cost:</b>	KSh.....	KSh50,000,000	KSh 50,000,000	KSh 50,000,000	KSh50,000,000
23. <b>Outline economic and social benefits:</b> The integrated systems will allow for innovative approaches that will ensure a comprehensive and effective system that will guide reporting and decision making.					
24. <b>Outline sources of financing:</b> GOK Grant					

**MOI TEACHING AND REFERRAL HOSPITAL  
FUNDED PROJECTS FOR FY 2016/17**

<b>Project 1</b>					
1. <b>Project name:</b> Equipping of Cancer & Chronic Disease Management Centre					
2. <b>Project geographic location:</b> Eldoret					
3. Project Type/Category - <b>Category 2/ Large</b>					
4. <b>Implementing organization(s):</b> Moi Teaching and Referral Hospital					
5. Counties covered: <b>National</b>					
6. <b>Project Purpose:</b> This project will address treatment of cancer which has increased incidence in the country. It is expected that the project shall enable early diagnosis of cancer and hence effective treatment. <b>Relationship to Medium Term Plan of Vision 2030</b> This is a flagship project outlined in MTP II of the Kenya Vision 2030.					
7. <b>Description of Project</b> The Building works for Cancer & Chronic Disease Management Centre has been completed with 100% donor funding. However, no equipment installed by donors. This allocation is needed to buy Linear Accelerator with 3D Conformational Treatment Unit, CT Simulator, Treatment Plan and all other accessories. <b>Expected Results/Output</b>  Currently, 5,000 patients receive Chemotherapy services at the Hospital. The rest are referred to KNH for Radiotherapy treatment. Under the project, up to 15,000 patients will receive Radiotherapy services per year. The project will enable access to affordable services for patients, reduce waiting time for radiotherapy services and decongest KNH. It will also reduce the need for poor patients to seek medication in foreign countries.  <b>Sustainability</b>  The Hospital will charge nominal fees (cost shared) to ensure self-sustainability of the project.					
8. Project stage - <b>Ongoing</b>					
9. Estimated project duration - <b>48 months</b>					
10. Estimated project cost: KSh. 1.193Billion (Construction Phase - KSh. 450 Million paid by donor)	FY2015/16 KSh 20 Million (GOK)	FY2016/17 KSh 20 Million (GOK)	FY2017/18 KSh 703 Million (GOK)	FY2018/19 KSh.....	FY2019/20 KSh.....
23. Outline economic and social benefits: <ul style="list-style-type: none"> <li>• Access to affordable, specialized and quality healthcare for poor patients</li> <li>• A healthy and productive population</li> </ul>					
24. Outline sources of financing: <b>GOK</b>					

<b>Project 2</b>					
1. <b>Project name:</b> Equipping of the Children Hospital					
2. <b>Project geographic location:</b> Eldoret					
3. Project Type/Category - <b>Category 3/ Medium</b>					
4. <b>Implementing organization(s):</b> Moi Teaching and Referral Hospital					
5. Counties covered: <b>National</b>					
6. <b>Project Purpose:</b> To provide comprehensive care for children  <b>Relationship to Medium Term Plan of Vision 2030</b>					



This is a flagship project outlined in MTP II of the Kenya Vision 2030.					
<p><b>7. Description of Project</b> The Project will provide comprehensive care for sick children. This project is the first public children Hospital in East and Central Africa with a bed capacity of 120. This allocation is needed to buy Equipment for 2 Theatres, 12 Paediatric ICU &amp; HDU and Burns unit.</p> <p><b>Expected Results/Output</b></p> <p>It will provide comprehensive care for children with 9,000 inpatient admissions and 80,000 outpatients for specialized services per year.</p> <p><b>Sustainability</b></p> <p>The Hospital will charge nominal fees (cost shared) to ensure self-sustainability of the project.</p>					
8. Project stage - <b>Ongoing</b>					
9. Estimated project duration - <b>24 months</b>					
10. Estimated project cost: <b>KSh. 680 Million</b>	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
<ul style="list-style-type: none"> <li>• Construction <b>KSh. 250 Million (Donor – KSh. 200 Million, GOK KSh. 50 Million)</b></li> <li>• Equipping GOK – <b>KSh. 410 Million for FY 2016/17</b></li> </ul>	KSh. 20 Million (GOK)	KSh 40 Million (GOK)	KSh 160 Million (GOK)	KSh.....	KSh.....
11. Outline economic and social benefits: <ul style="list-style-type: none"> <li>• Access to comprehensive healthcare for Children</li> <li>• A healthy and productive population</li> </ul>					
12. Outline sources of financing: <b>GOK</b>					

<b>Project 3</b>
<b>1. Project name:</b> Equipping of Maternity Hospital (Mother & Baby Hospital)
<b>2. Project geographic location:</b> Eldoret
<b>3. Project Type/Category - Category 3/ Small</b>
<b>4. Implementing organization(s):</b> Moi Teaching and Referral Hospital
<b>5. Counties covered:</b> <b>National</b>
<p><b>6. Project Purpose:</b> To meet demand for services to mothers under the Free Maternity Services</p> <p><b>Relationship to Medium Term Plan of Vision 2030</b></p> <p>This project is a strategic priority of the Jubilee Administration and geared towards attainment of the Kenya Vision 2030.</p>
<p><b>7. Description of Project</b> The Project is geared towards provision of free maternity services. It's a 164 Bed Unit with 100 beds for mothers and 64 beds for new-borns. The project gives free maternity services to mother's i.e. antenatal care, delivery and postnatal care with a view of reducing maternity related mortalities and neonatal mortality. This allocation is needed to buy Equipment for the second maternity theatre, Maternal ICU, Neonatal ICU and the new born unit (Neonatal Incubators, Phototherapy Units, Neonatal Monitors, CPAP etc.).</p>

<b>Expected Results/Output</b>					
Free maternity services to 14,000 mothers expected to deliver per year.					
<b>Sustainability</b>					
The Hospital will charge nominal fees (cost shared) to ensure self-sustainability of the project.					
<b>8. Project stage - Ongoing</b>					
<b>9. Estimated project duration - 48 Months</b>					
<b>10.</b> Estimated project cost: KSh. 120 Million	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh 10 Million	Kshs.50 Million	KSh. 50 Million	KSh.....	KSh.....
<b>11.</b> Outline economic and social benefits:					
<ul style="list-style-type: none"> <li>• Access to free maternity services</li> <li>• Reduction of Maternal and Neonatal Mortality</li> </ul>					
<b>12.</b> Outline sources of financing - GOK					

<b>Project 4</b>
<b>1. Project name:</b> Phase II Equipping of ICU
<b>2. Project geographic location:</b> Eldoret
<b>3. Project Type/Category - Category 3 / Medium</b>
<b>4. Implementing organization(s):</b> Moi Teaching and Referral Hospital
<b>5. Counties covered:</b> National
<b>6. Project Purpose:</b> To provide the WHO recommended ICU & HDU beds to meet the demand. The Hospital requires 40 ICU & HDU beds (5% of 800 bed capacity). The Hospital currently has only 6 ICU beds leading to the Hospital outsourcing the service from private hospitals. 200 patients are referred for ICU care in other facilities every year. This allocation shall enable expansion and equipping of ICU to enable patients access service affordably.
<b>Relationship to Medium Term Plan of Vision 2030</b>  This is a flagship project outlined in MTP II of the Kenya Vision 2030 for Modernization of Equipment at MTRH. It also fulfils the constitutional obligations on provisions of healthcare to Kenyan Citizens.
<b>7. Description of Project</b> To Procure ICU & HDU Beds, Patient Monitors, Suction Machines, Defibrillators, Mechanical Ventilators and Infusion Pumps.
<b>Expected Results/Output</b>  Project is geared towards giving access to specialized healthcare as enshrined in the Kenya Constitution 2010. All patients in need of ICU/HDU service will receive it at the Hospital without need to refer.
<b>Sustainability</b>  The Hospital will charge nominal fees (cost shared) to ensure self-sustainability of the project.
<b>8. Project stage - Ongoing</b>

<b>9. Estimated project duration - 48 months</b>					
<b>10.</b> Estimated project cost: KSh. 235 Million	FY2015/16	FY2016/17	FY2017/18	FY2018/19	FY2019/20
	KSh 10 Million	KSh 30 Million	KSh 200Million	KSh.....	KSh.....
<b>11.</b> Outline economic and social benefits: <ul style="list-style-type: none"> <li>• Access to specialized healthcare</li> <li>• Reduce referral of referred cases to other Hospitals including Private Hospitals</li> <li>• Improved Clinical Outcomes</li> </ul>					
<b>12.</b> Outline sources of financing - <b>GOK</b>					

## KENYA MEDICAL TRAINING (KMTC)

<b>Project 1</b>					
<b>Project Name: Construction of Buildings</b>					
1. Project geographical location: National					
2. Type/Category					
3. Implementing organization: KMTC					
4. Counties Covered: 13					
5. Project Purpose: 13 new constituent colleges have been started which require physical infrastructure particularly the tuition facilities					
6. Brief Description of The Project: construction of tuition blocks compose of classrooms, libraries in each college					
7. Project stage: on going					
8. Estimated project duration: More than a year					
9. Estimated Project cost	FY2015/2016 Kshs1,200,000	FY2016/17 Kshs3,941,793	FY2017/2018 Kshs1,580,050	FY2018/19 Kshs1,630,215	FY2019/20 KSh
10. Outline economic and social benefits : Will increase training opportunities to meet the demand for middle level health workers in the country					
11. Outline sources of financing: GOK Grant					

<b>Project 2</b>					
<b>Project Name: Purchase of teaching and medical equipment</b>					
1. Project geographical location: National					
2. Type/Category					
3. Implementing organization: KMTC					
4. Counties Covered: 13					
5. Project Purpose: 13 new constituent colleges have been started which require physical infrastructure particularly the tuition facilities					
6. Brief Description of The Project: this is to provide equipment for quality training					
7. Project stage: on going					
8. Estimated project duration: More than a year					
9. Estimated Project cost	FY2015/2016 Kshs300,000	FY2016/17 Kshs180,000	FY2017/2018 Kshs139,730	FY2018/19 Kshs140,310	FY2019/20 KSh 140,310
10. Outline economic and social benefits : These are material used for training in line with the modern training requirements					
11. Outline sources of financing: GOK Grant					



## KEMSA

<b>Project 1</b>					
11. <b>Project name:</b> Purchase of the Embakasi Supply Chain Center					
27. <b>Project geographic location:</b> Embakasi-Nairobi County					
28. <b>Project Type/Category:</b> Category1-Mega Project					
29. <b>Implementing organization (s):</b> Kenya Medical Supplies Authority					
30. <b>Counties covered :</b> Nairobi					
31. <b>Project Purpose:</b> 80% of the KEMSA Inventory is held in Embakasi warehouse which is under lease with annual rental fee of KSh 100M.This cost is high not to mention that it is reviewed every year. Procurement of the Embakasi warehouse will address; the problem of warehouse space and administration block, the savings incurred will translate to cheaper medical commodities. The warehouse will also be renovated/upgraded as per required standards for storage of medical commodities e.g.Temperature regulations, Cold rooms, ranking systems.					
<b>Brief description of the project:</b> In Financial year 2015/16, KEMSA procured the Embakasi supply chain centre previously owned by Kenya Airways worth KSh 2.250B. KEMSA Management thought it would be prudent to procure the Embakasi Supply Chain Centre together with the adjacent land totalling to 14.57 acres.					
32. <b>Project stage;</b> Almost Complete.					
33. <b>Estimated project duration-</b> Two Year					
34. <b>Estimated project cost:</b> KSh 2,250,000,000	FY2014/15 KSh.....	FY2015/16 KSh 1,980,000,000	FY2016/17 KSh 270,000,000	FY2017/18 KSh .....	FY2018/19 KSh.....
35. <b>Outline economic and social benefits:</b> There will be savings on annual rental expenses. The warehouse will facilitate proper management of medical commodities. This will also lead to a reduction in the cost of medical commodities.					
36. <b>Outline sources of financing:</b> This project was financed from Internal Revenue Reserves to a tune of KSh 1.98B in 2015-16, and in 2016/17 KSh 270M is expected to be incurred towards the completion of the purchases of the Warehouse.					

<b>Project 2</b>
1. <b>Project name:</b> Maintenance and Renovation of KEMSA regional warehouse.
2. <b>Project geographic location:</b> Mombasa, Kisumu, Eldoret, Nakuru, Nyeri, Kakamega

3. <b>Project Type/Category</b> :Category 4-Small project					
4. <b>Implementing organization (s)</b> :Kenya Medical Supplies Authority					
5. <b>Counties covered</b> : Mombasa, Kisumu, Eldoret, Nakuru, Nyeri, Kakamega					
6. <b>Project Purpose</b> : The renovation of the regional warehouses will ensure effective supply and access to medical commodities as they are the regional distribution hubs for the counties.					
7. <b>Brief description of the project</b> : The renovation entails automation of the depots with the objective of making them semi-autonomous and regional hubs for distribution and warehousing of medical commodities.					
8. <b>Project stage</b> : Ongoing project					
9. <b>Estimated project duration</b> -Continuous					
10. <b>Estimated project cost</b> : KSh 166,300,000	FY2014/15	FY2015/16	FY2016/17	FY2017/18	FY2018/19
	KSh 27,300,000	KSh 64,000,000	KSh 30,000,000	KSh 25,000,000	KSh 20,000,000
11. <b>Outline economic and social benefits</b> : As regional hubs for the supply of medical commodities to the counties, the warehouses will make the medicals commodities easily accessible to health facilities with the region, this will also help KEMSA achieve the targeted order fill rate and order turnaround.					
12. <b>Outline sources of financing</b> : So far the project has been financed from Development grants from the Ministry of Health and donations from KEMSA strategic partners.					

<b>Project 3</b>					
1. <b>Project name</b> : Procurement of Warehouse Equipment.					
2. <b>Project geographic location</b> : Embakasi-Nairobi County					
3. <b>Project Type/Category</b> : Category 4-Small project					
4. <b>Implementing organization (s)</b> :Kenya Medical Supplies Authority					
5. <b>Counties covered</b> :Nairobi					
6. <b>Project Purpose</b> : The new warehouse Machines are meant to provide support in the day to day operations in handling medical commodities. This will provide efficiency and effective handling of medical commodities. The Machines will support the supply chain in areas of warehousing (arrangement of medical commodities) and in distribution section (loading and offloading). This will help in achieved our target of order turnaround and order fill rate by saving time used on these activities.					
7. <b>Brief description of the project</b> : The machines to be procured are 3 reach trucks and 3 forklifts and Pallet trucks for warehouses ,at a cost of KSh 58.9M.The estimates cost of one reach truck/forklift is KSh 8.5M.					

8. <b>Project stage:</b> Tender Evaluation					
9. <b>Estimated project duration-</b> 48 Months					
10. <b>Estimated project cost:</b> KSh 58,900,000	FY2014/15	FY2015/16	FY2016/17	FY2017/18	FY2018/19
	KSh.....	KSh 4,900,000	KSh 15,000,000	KSh 18,000,000	KSh 21,000,000
11. <b>Outline economic and social benefits:</b> The will be improved efficiency and effectiveness in the supply chain process. The new warehouse Machines will provide support in the day to day operations in handling medical commodities. The Machines will support the supply chain in areas of warehousing and in the distribution section. This will help in achieving our target of order turnaround and order fill rate by saving time used on these activities.					
12. <b>Outline sources of financing:</b> This project will be financed from Revenue reserves and donations from KEMSA's Strategic partners.					



## Kenya medical research institute (KEMRI)

<b>Project 1</b>					
1. <b>Project name:</b> Perimeter fencing around KEMRI parcels of land					
2. <b>Project geographic location:</b> Nairobi, Taveta, Busia, Kirinyaga					
3. <b>Project Type/Category (see Para 6 above):</b> Medium					
4. <b>Implementing organization (s):</b> KEMRI					
5. <b>Counties covered:</b> Nairobi, Taveta, Busia, Kirinyaga					
6. <b>Project Purpose</b> The institute needs to secure its land by fencing them to avoid encroaching and potential land grabbing.					
7. <b>Description</b> The institute intends to put a stone wall around its parcels of land. The Nairobi campus is 90% complete, We propose to fence the 100 acre in Kirinyaga in next 2016/17 financial year and the Busia plot in the 2017/2018					
8. <b>Project stage (see Annex 1 above):</b> on-going					
9. <b>Estimated project duration (months)</b> Three years					
10. <b>Estimated project cost: KSh</b> 435M	FY2014/15	FY2015/16	FY2016/17	FY2017/18	FY2018/19
	KSh 99M	KSh 46 M	KSh 5M	KSh 150M	KSh 140 M
11. <b>Outline economic and social benefits:</b> reduced future cost of acquiring land for purpose of medical research, create jobs for scientist and local communities. Stimulate economic growth in the neighbourhood					
12. <b>Outline sources of financing:</b> GoK					

<b>Project 2</b>					
1. <b>Project name:</b> <b>Sample Storage facility</b>					
2. <b>Project geographic location:</b> <b>Nairobi</b>					
3. <b>Project Type/Category (see Para 6 above):</b> <b>Mega</b>					
4. <b>Implementing organization (s):</b> <b>KEMRI</b>					
5. <b>Counties covered:</b> <b>Nairobi</b>					
6. <b>Project purpose</b> The USA Government through Defence Threat Reduction Agency (DTRA) is constructing a sample storage facility in the institute at a cost of KES 1.2 Billion. The GoK is expected to put up the security and CCTV for the facility and this requires KSh. 50M and 40M for purchase and running of software					

for 5 years. KEMRI has many multiple biological organisms' and other materials that are stored in many labs (in fridges and frozen in nitrogen chambers) within the Institute. These poses a great threat to the community as organism can accidentally, by purpose or by natural disaster, leak to the community and cause havoc. Criminals or terrorists can also use them for their evil intention, we therefore take this project seriously					
7. This will reduce the chemical and biological threat to the country.					
8. Project stage (see Annex 1 above): on-going					
9. Estimated project duration (months) Five years					
10. Estimated project cost:	FY2014/15	FY2015/16	FY2016/17	FY2017/18	FY2018/19
KSh 2200M GOK	KSh	KSh	KSh 20M	KSh 180M	KSH
USA Government			KSh 1,000 M	KSh 1,000 M	
11. <b>Outline economic and social benefits:</b> Greatly reduce expensive man made epidemic, Earn feed collected from stored organisms of sponsored studies or from other facilities. Ability to do further studies in future and even trace time and place of new disease entities.					
12. Outline sources of financing: GoK 10% cost and USA government 90%					

<b>Project 3</b>					
1. Project name: <b>Expansion of research facilities for neglected diseases</b>					
2. Project geographic location: <b>Nairobi</b>					
3. Project Type/Category (see Para 6 above): <b>Large</b>					
4. Implementing organization (s): <b>KEMRI</b>					
5. Counties covered: <b>Nairobi</b>					
6. <b>Project purpose:</b> KEMRI is constructing a research and training facility through funding by Drug and Neglected Disease initiative (DNDi) to enhance the capacity to carry out research in neglected diseases. The Institute is required to give counterpart funding of KSh 50Million.					
7. The building will avail more space for research activities in neglected diseases.					
8. Project stage (see Annex 1 above): New					
9. Estimated project duration (months) Two years					
10. Estimated project cost: KSh 550M	FY2014/15	FY2015/16	FY2016/17	FY2017/18	FY2018/19
GoK					

	KSh 0	KSh 0	KSh 0	KSh 50M	KSh 0
Donor				KSh 100M	KSh 100M
11. <b>Outline economic and social benefits:</b> reduction of neglected diseases such as leishmaniasis, trypanosomiasis and filariasis which affects mostly the poor. Control of this diseases could elevate the economic status of the affected communities.					
12. Outline sources of financing: GoK					