# REPUBLIC OF KENYA


## Ministry of Health

# HEALTH SECTOR WORKING GROUP REPORT

**MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) FOR THE PERIOD 2018/19 to 2020/21**

**November 18, 2017**

# FOREWORD

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

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

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

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

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

The Health Sector Medium Term Expenditure Framework (MTEF) for the period 2018/19-2020/21is guided by; the Third Medium Term Plan (2018 – 2022) of Vision 2030; the Kenya Health Policy 2014 – 2030; The Health Sector Strategic Plan 2013 – 2017 and; The Constitution of Kenya 2010.

## ACKNOWLEDGEMENTS

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

The preparation of the Medium-Term Expenditure Framework (MTEF) 2018/19–2020/21) would not have been possible without the support, hard work, and endless efforts of a large number of individuals and institutions. The Team worked tirelessly to ensure the Report was completed on time.

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

The compilation of this Report would not have been successful without the professional input and dedication on the part of those involved. The MTEF preparation process was coordinated by the Offices of the Senior Chief Finance Officer (Division of Finance) and the Chief Economist (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.

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

Julius Korir, CBS
**PRINCIPAL SECRETARY**

## LIST OF ABBREVIATIONS

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

| | |
|---|---|
| KEMRI | Kenya Medical Research Institute |
| KEMSA | Kenya Medical Supplies Authority |
| KHP | Kenya Health Policy |
| KHSSP | Kenya Health Sector Strategic Plan |
| KICD | Kenya Institute of Curriculum Development |
| KIPPRA | Kenya Institute of Public Policy Research and Analysis |
| KMTC | Kenya Medical Training College |
| KNBS | Kenya National Bureau of Statistics |
| KNH | Kenyatta National Hospital |
| KQMH | Kenya Quality Model for Health |
| KSh | Kenya Shilling |
| LDCs | Least Developed Countries |
| LMIC | Lower Middle-Income Country |
| LMIS | Logistics Management Information System |
| MCP | Medical Commodities Program |
| MDAs | Ministry, Department and Agency |
| MES | Managed Equipment Service |
| MHM | Menstrual Hygiene Management |
| MOE | Ministry of Education |
| MOH | Ministry of Health |
| MTEF | Medium Term Expenditure Framework |
| MTP | Medium-Term-Plan |
| MTRH | Moi Teaching and Referral Hospital |
| NACC | National Aids Control Council |
| NASCOP | National AIDS and STDs Control Programme |
| NBTS | National Blood Transfusion Services |
| NCD | Non-Communicable Diseases |
| NEPHAK | Network for Empowerment of People Living with HIV in Kenya |
| NGOs | Non-Governmental Organizations |
| NHIF | National Health Insurance Fund |
| NMR | Neonatal Mortality Rate |
| NPHL | National Public Health Laboratories |
| NSSF | National Social Security Fund |
| O&M | Operations and Maintenance |
| OBA | Output Based Approach |
| ODF | Open Defecation Free |
| PDQ | Process Data Quickly |
| PE | Personnel Emolument |
| PFM | Public Financial Management |
| PLHIV | Persons Living with HIV/AIDs |
| PPP | Public Private Partnership PPP |
| RDI | Training, Research, Development & Innovation |
| RH | Reproductive Health |
| RMNCAH | Reproductive Maternal Neonatal Child and Adolescent Health |
| SAGA | Semi-Autonomous Government Agency |

| | |
|---|---|
| SGDs | Sustainable Development Goals |
| SIAs | Supplementary Immunization Activities |
| SIDs | Small Inland Developing States |
| SLA | Service Level Agreement |
| SRC | Salaries and Revenue Commission |
| SRH | Sexual Reproductive Health |
| SUPKEM | Supreme Council of Kenya Muslim |
| SWG | Sector Working Group |
| TB | Tuberculosis |
| THP | Traditional Health Practitioner |
| THS-UC | Transforming Health Systems for Universal Care |
| TRIPS | Trade Related Intellectual Properties |
| UHC | Universal Health Coverage |
| WASH | Water, Sanitation and Hygiene |
| WB | World Bank |
| WHO | World Health Organization |
| WRA | Women of Reproductive Health |

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## Executive Summary

Under the Constitution of Kenya, Kenyans have the right to life and the highest attainable standard of health, which includes the right to quality health care services, reproductive health, emergency care, clean, safe and adequate water for all Kenyans, reasonable standards of sanitation, food of acceptable quality and a clean healthy environment. Constitution further states that a person shall not be denied emergency medical treatment and that the State shall provide appropriate social security to persons who are unable to support themselves and their dependants.

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

The Ministry in line with the Government pronouncement on the implementation of the Big Four Initiatives of which Universal Health Care is one of them has prepared the implementation plan for rolling out the Universal Health Care program from 2017/18 financial year to 2021/22 financial year.

The preparation of the Health Sector Working Group (SWG) Report for MTEF period 2018/19 - 2020/21 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 2018/19 - 2020/21.

### Health Performance by Programmes

### Preventive and Promotive and RMNCAH Services Programme

The achievements of this programme are dependent on both the National and County Governments allocating resources and delivering fully on their respective mandates through the five sub-programmes: (i) Communicable Diseases Prevention and Control, (ii) Non-Communicable Diseases Prevention and Control, (iii) Radioactive Waste Management (iv) Reproductive Maternal Neonatal Child and Adolescent Health (v) Environmental Health. The section below highlights some of the key achievements during the period 2014/15 - 2016/17.

### Communicable Diseases Prevention & Control

### HIV and AIDS Control

The health sector has continued to undertake interventions aimed at controlling the spread of HIV/AIDS in the country. As a result, considerable achievements have been made within the sector. The number of persons tested for HIV have risen from 7.5 million (2014/15) to 10.9

million (2015/16) and 13.4 million (2016/17). From the numbers of newly identified PLHIVs, an incremental number of PLHIVs have been initiated on life – saving antiretroviral therapy from 850,000 (2014/15) through 947,000 (2015/16) to 989,280 (2016/17). After the introduction of the new HIV Care and Treatment guidelines, all newly diagnosed PLHIVs are initiated to antiretroviral therapy immediately. These interventions have cumulatively averted over 400,000 HIV/ AIDS related deaths. In addition, the proportion of HIV positive pregnant women receiving ARVs to prevent-mother-to-child-transmission of HIV have improved from 82.2% (2014/15) through 94.1% (2015/16) to 95.3% (2016/17), leading to reduction in the number of mother – to – child transmission of HIV by half.

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

**Malaria Control**

Nearly half of the population (47.3%) live in areas with a parasite prevalence of 5-10% and 18% live in areas with a parasite prevalence of 20-40%. Routine data on malaria cases shows a similar picture with majority of the cases from the malaria endemic zone and the lowest cases in the low endemic areas[1]. Malaria control interventions undertaken have led to a gradual drop in the proportion of suspected malaria cases in the outpatient attendance. The interventions undertaken include:

a) Distribution of an average of 6 million long lasting insecticide treated bed nets in the last three fiscal years. These prevention efforts have led to a gradual reduction in the burden of malaria.
b) Distribution of an average of 11 million doses of artemether combination treatment (ACT) in 2014/15, 2015/16 and 2016/17. These were accompanied by a similar amount of rapid diagnostic test kits (RDTs).

**Tuberculosis Control**

Kenya has made great strides in the control and prevention of tuberculosis. The proportion of successfully treated notified tuberculosis cases has hit a plateau of 89% (2014/15), 90% (2015/16) and 90% (2016/17). This has surpassed the WHO global targets of successfully treating 85% of the notified cases.
These achievements can be attributed to uninterrupted availability of anti-TB medicines, successful roll-out and implementation of high impact interventions for TB control. Moving forward, enhanced diagnosis and treatment of drug resistant TB, TB/HIV and Diabetes Mellitus integration will be critical.

[1]Revised Kenya national Malaria Strategy 2009-2018

**Non-Communicable Diseases (NCDs) Prevention and Control**

In Kenya, NCDs accounts for more than 50% of total hospital admissions and over 40% of hospital mortality. With projections indicating that the morbidity from HIV/AIDS, TB and other infectious diseases declining, NCDs and Injuries will be the major health burden by 2030 in Kenya.

The major NCDs of concerns in Kenya include cardiovascular diseases, cancers, diabetes mellitus, chronic respiratory diseases, injuries, alcohol and substance abuse ailments and a battery of small but very significant diseases like epilepsy, sickle cell anaemia, nutritional and birth defects all of which confer long term complications and disabilities. Towards monitoring progress to combating NCDs, the country was able to screen 127,859 (2012/13), 178,474 (2013/14) and 291,318 (2014/15) women of the reproductive age group for cervical cancer.

**Radioactive Waste Management**

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

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

There were increasing public health and environmental concerns with respect to the increasing use of radioactive materials, abandoned and illicit radioactive sources and nuclear materials, and the wastes arising there from. The Radiation Protection Board advised the Ministry of Health on a national strategy for the security of disused, illicit and orphan radioactive sources and nuclear materials as well as the associated radioactive/nuclear waste.

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

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

- safeguard radioactive and nuclear materials against acts of terror

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

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

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

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

Note: Only Phase I has been completed to date.

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

**Reproductive Maternal Neonatal Child and Adolescent Health**

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

According to the KDHS 2014, infant mortality rate stands at 39 per 1000 live births, a decline from the previous rate of 52 per 1000 live births (2012/13). This decline is driven mainly by utilization of mosquito nets, increases in antenatal care, skilled attendance at childbirth and postnatal care, as well as overall improvements in other social indicators such as education and access to water. However, reduction in neonatal mortality rate (NMR) was much slower during the same period (from 31 to 22 per 100,000 live births).

The proportion of Women of Reproductive Health (WRA) using contraceptives has gradually improved from 40.7% (2014/15), through 47.4% (2015/16) to 44.9% (2016/17) as captured by routine data. In addition, the fourth ante-natal clinic coverage has also registered improvement from 51.7% (2014/15), 51.9% (2015/16) to 52.2% (2016/157). This has been matched by an even remarkable improvement in the births by skilled attendants in health facilities from 73.7% (2014/15), 77.4% (2015/16) to 77.4% (2016/17). This could largely be attributed to the implementation of the Free Maternity Services, which has been transformed to Linda Mama Program.

**Immunization**

Immunization services have been adversely affected by the numerous industrial action by health workers since the advent of devolution. The fully immunized child coverage has been fluctuating around 71% (2014/15), 68.5% (2015/16) and 71.7% (2016/17). During this period, a number of new antigens (vaccines) have been introduced including Rota virus, Measles – Rubella vaccine, Inactivated Polio Vaccine. In addition, the Ministry in close collaboration with all stakeholders conducted a number of successful Supplementary Immunization Activities (SIAs) in high risk regions.

**Nutrition**

Since 2012, there has been an enhanced policy environment to guide implementation of nutrition Programmes. Some of the achievements include development of policy and guidelines from 2012 to 2014 this includes: The National Food and Nutrition Security Policy launched October 2012, Breast Milk and Substitutes Act (2012), Mandatory fortification of flour and oils (2012), MIYCN Policy and Strategy and operational guidelines (2013), Urban Nutrition Strategy (2013–2017). Dissemination and sensitisation of the counties in the relevant policies was done in 2014/2015 financial year.

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

**Environmental Health**

The water, sanitation and hygiene (WASH) programme was implemented during the period under review. However, basic sanitation services are not yet accessible to the majority of the population with Open Defecation rates at about 14% but with regional disparities. At the same time, a real-time monitoring and evaluation system was developed for use in monitoring rural sanitation and hygiene interventions in the country. 37 counties are implementing the Community Lead Total Sanitation (CLTS) and have adopted strategies to realize an Open Defecation Free Kenya. A total of 69,250 villages have been mapped across the country out of which 4,000 have been certified as Open Defecation Free as at June 2017 in line with SDG 6.2.1 which aims at eradication of Open Defecation by 2020.

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

Poor management of health care waste potentially exposes health care workers, waste handlers, patients and the community at large to infection, toxic effects and injuries, and risks polluting the environment. The 20% of the total waste is considered hazardous material that may be infectious, toxic or radioactive. The infections, toxic effects and pollution are reduced by proper waste management. In a bid to improve medical waste management, diesel fire incinerators were installed and commissioned at Kiambu, Nyamira, Mpeketoni, Siaya, Malindi, Nakuru and Vihiga county hospitals 2014. In addition, 669 health workers from 25 health facilities were trained on medical waste management in 2014.

**National Referral and Rehabilitative Services Programme**

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.

**Mental Health Hospital**

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 medical schools and nursing to train students to meet the national needs of our manpower r 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. In 2015/16 alone 91,049 cases were reported, of which 85% were 5 years and older. During the period under review a Mental Health Policy was developed.

The main challenges are inadequate number of trained personnel in psychiatry, inadequate availability of the physical health infrastructure to care for mental health cases and lack of data on mental health case prevalence. The hospital is the only facility that caters for inmates who suffer from mental illness or who have committed crimes as a result of insanity. The facility however is in a dilapidated state and requires urgent attention to improve on the infrastructure.

**Forensic and Diagnostic Services**

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

centres strategically located in the country. KNBTS currently operates six regional and seventeen satellite centres.

International best practices and World Health Organization as well as Kenya blood policy recommends that patients should be transfused with the component of blood he/she requires as opposed to universally giving all of them whole blood. It has also been shown that close to 95% of all transfusions require blood components and only about 5% require whole blood. It has also been observed that one third of all transfusions go to children who require smaller blood volumes as compared to adults. In order to comply with best practices, KNBTS converts a certain percentage of whole blood units collected into various blood components namely packed red cells, platelets, fresh frozen plasma and cryoprecipitate. It also prepares small packs for children This process requires dedicated skilled staff, special blood bags, appropriate infrastructure including transport and blood storage equipment.

Kenya has approximately 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.

**Managed Equipment Services**

The health care infrastructure has seen unprecedented expansion and improvements with an increase in the number of health facilities from just about 9,000 before devolution to 10,000, increasing the national average facility density from 1.9 to 2.2 health facilities per 10,000 populations. About 80 percent of these facilities are at Levels 2 and 3, focused on primary health care, and include community health facilities, dispensaries and health centres. Levels 4 and 5 comprise secondary health facilities which provide specialized services. Level 6 facilities are highly-specialized tertiary hospitals (referral hospitals) and provide health care, teaching, training and research services. This classification is in accordance with the Kenya Essential Package of Health.

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

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

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

**Health Products and Technologies**

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

KEMSAs order fill rate has improved over the years under review with the ERP and LMIS. The trend has moved from 85%-2014/15 and 87% 2015/16, to the current achievement for FY 2016/17 of 85%. The management targets an order fill rate of 95% in 2017/18 and it hopes to maintain the target up to 2018/2019 through the improved efficiency in automation of all operation activities.

The order turnaround time has increased customer satisfaction. Training of over 3,000 health facilities workers on the Logistics Management Information System (LMIS) has boosted medical commodities order turnaround and has helped KEMSA address the challenges experienced in inaccuracy of quantity ordered, forecasting reduce paper work and building a data bank where facilities quantify volumes of drugs they consume. As a result, the order turnaround time has reduced from 10 days in 2014/15 to 9 days in 2015/16. However, in FY 2016/17 there was slight decline in performance to 12 days against a target of 10days. This decline was attributed to the doctors/nurses' strike experienced the better half of the financial year. Notwithstanding, the Authority targets an order turnaround of 7days in FY 2018/19.

**Health Research and Development Programme**

**Training**

Major achievements during the period 2014/2015 to 2016/2017 are as indicated below

- Infrastructural developments were undertaken that increase training opportunities. This led to increased number of campuses from 45 to 65 within the period under review
- Students admission grew from 6,500 to 12,600 during the same period
- Research projects undertaken grew from 6 to 14
- Compensation to employees grew from KSh2.09 Billion to Kshs3.01Billion in 2016/2017

- New programs were introduced to address emerging health needs such as Nephrology, Orthopaedic & Trauma medicine.
- Procurement of additional teaching equipment/materials for students learning.

**Research and Innovation**

The Kenya Medical Research Institute has achieved the following during the period under review; Production and distribution of HIV ½ rapid testing kit KEMCOM and HEPCELL kit for Hepatitis B & C testing; registration of 203 PhD and Masters students; development of 666 research proposals; dissemination of results, knowledge and best practices through publication of 768 research manuscripts in peer reviewed journals; and contribution of cutting edge and innovative research results to 21 policy documents;

During the reporting period, KEMRI provided 431,713 specialized laboratory tests in support of ongoing clinical research activities and service provision at KEMRI clinics and collaborating facilities.

**General Administration, Planning and Support Services Programme**

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

- The national government was able to pay Personnel Emolument (P.E) of both the 2,414 and remitted additional allowances awarded to health workers at the county governments. The Ministry still manages Pension benefits of officers at National level and those who were seconded to county Governments. 1,000 officers were issued with retirement notices at least one year before expected date of retirement and their benefit documents processed and submitted to the National Treasury for payment.
- A total of kshs.5.9 billion was paid as salaries to 2,414 officers at the Ministry, plus Registrars. A total of 1420 Interns successfully completed their training.
- Obtained approval from Public Service Commission to introduce 24 officers into the national payroll with financial implication of KSh. 2.1 million.
- The Ministry oversaw the review of 2schemes of service for Health workers namely Public Health Personnel and Clinical Personnel.
- A total of 1,420 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 2016/17 was at 50.
- The Ministry facilitated 2 officers attend strategic leadership development programme course at Kenya School of Government, while 25 officers attended Senior Management Course and 100 Customer care in Baringo.

**Health Policy, Standards and Regulations Program**

**Health Policy, Planning and Healthcare Financing**

The Executive Order No.1 of 2016 provides health policy as one of the key functions of the National Government and the Ministry is expected to provide the overall health policy direction

for the country. The Kenya Health Policy 2014-2030 was developed through a comprehensive consultative process and the final draft was approved by Cabinet. A Sessional Paper No. 2 of 2017, on the Kenya Health Policy 2014–2030 was developed and 50 copies submitted to the National Assembly. The Health Policy is awaiting debate and approval by the National Assembly.

The Ministry has developed the 3rd Medium Term Plan 2018-2022 of Vision 2030 with key priority flagship projects. The Kenya health sector partnership framework for effective coordination and aid effectiveness including the compact to guide its implementation were also developed. Guidelines for annual work plan linked with program based budgeting were also developed and implemented. Annual work plan 2017/18 was also developed and it is being implemented by the ministry together with the SAGAs within the sector.

The Ministry also conducted medium term review of the Kenya Health Sector Strategic and Investment Plan 2014-2018 and a report produced. Health Sector indicator manual was also developed. The Ministry has also continuously produced annual quarterly performance reports for the health sector. Capacity building on planning and monitoring was also conducted at both national and county governments.

**Healthcare Financing**

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

NHIF has already initiated effective recruitment strategies to ensure constant growth of members in both the formal and informal sectors. As at the end of 2016/17, total membership is expected to grow to 6.8M; this translates to an overall coverage of 27.2M Kenyans (principal contributors and their dependents), implying that approximately 50% of Kenyans are covered by NHIF. This increase in membership has seen the Fund inject over KSh.33 Billion in the health sector during the financial year 2016/17, a significant increase compared to the 28.1 Billion injected into the sector in 2015/16.

**Universal Health Care**

One of the ‘Big Four’ priorities of Government during the period, 2018 to 2022 is the achievement of Universal Health Coverage. This prioritization is in line with the Constitution, the Kenya Vision 2030, the Kenya Health Policy, 2014 to 2030 and sector strategies.

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

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

**Medium Term Objectives and outputs on UHC**

The Government's objective in both the medium to long term is to ensure that universal health coverage is fully achieved in Kenya by 2022. The priorities outlined in **Section 3.1** of this report are aligned and linked to the achievement of UHC, and the programming and targets will be fast tracked to achieve universal health coverage by 2022.

The overall objective on UHC is to cover 100 per cent of the population with access to quality health services while ensuring that they are financially protected against prohibitive financial costs.

**Health Insurance Subsidy Program (HISP)**

The Government through the NHIF has been implementing the Social Health Insurance as part of the program it initiated the Health Insurance Subsidy Project (HISP Project) in April 2017 with support from the Work Bank Group (World Bank, IFC). The main objective of the project is to increase prepaid health insurance coverage especially for the poor populations of the country. The project would ensure that the state covered the full insurance premiums for beneficiaries and the beneficiaries would then be entitled to full benefits of the health insurance cover.

To ensure harmonization of government activities, the Ministry decided to use data from the Ministry of East Africa, Labour and Social Security who were already implementing state projects for the poor populations in the country. The proxy for poverty as agreed by the two Ministries were households that were already taking care of orphans and vulnerable children in the society, and were already identified as very poor through community-based poverty identification mechanisms.

The Ministry received funding to the tune of KSh.970 Million from both the World Bank Group and the Japanese International Cooperation Agency (JICA), and had projected to cover a total of 160,421 households in all counties in 2016/17. The total coverage for 2016/17 stood at 178,186 Households representing about 111.3% of the total target for the financial year.

**Health Insurance for the Elderly and People with Severe Disabilities Program**

The Ministry of Health undertook to cover all the elderly and persons with severe disabilities (E&PWSD) who were receiving cash transfer from the Ministry of East Africa, Labour and Social Security, Department of Social Services as per the Presidency's directive of February 2014. The cover was offered to the beneficiaries by the NHIF through its premier Super-Cover

initiative, and the beneficiaries were offered a full subsidy by the State for their premiums. The cover provides benefits to the principal member, one spouse and up to five (5) dependents. Those persons whose households were receiving some form of health benefits through other state funded projects were not eligible for benefits.

Consequently, the Ministry was allocated KSh.500 Million for 2014/15 and 2015/16, which was reduced to KSh.250 Million (2016/17). Between 2014 and 2016, the total coverage under the project was 231,000 beneficiary households for the insurance cover. This number was however reduced to a total of 42,000 households in all counties due to the reduced funding and increasing NHIF premiums required for the cover. This reduced number of beneficiaries has been selected from the initial band based on poverty scores provided by the Ministry of East Africa, Labour and Social Security.

**Linda Mama (The Free Maternity Services) Program**

On June 1st, 2013, H.E. The President of the Republic announced that maternity health services would be provided free in public health facilities to women of reproductive age. This was necessitated by the need to eliminate financial barriers to accessing maternity services in public hospitals. The main objectives of the project were:

- ✓ To encourage women to give birth in health facilities, and therefore contribute to improvement of pregnancy outcomes, including the reduction of maternal and neonatal deaths
- ✓ To secure household incomes meant for deliveries to other economic activities with a potential positive impact on poor households.
- ✓ To supplement facilities' budgetary allocations; and therefore, effectively address quality gaps in the delivery of services.

Consequently, the Ministry of Health developed operational procedures to implement the directive. All public health facilities were to offer free maternity services, and request for reimbursement from the Ministry for the services rendered at a fee of KSh.5,000 and KSh.2,500 for hospitals and primary health facilities respectively. The Ministry was allocated a progressive budget of KSh.4.2 Billion to ensure that all facilities were reimbursed for the health services.

This project has seen the number of deliveries being conducted at public health facilities in the country increase from 925,716 (2014/15), to 995,905 (2015/16) and 972,526 (2016/17) deliveries in health facilities, and a total of KSh.12.2 Billion transferred to public health facilities offering the service. This also has necessitated a change in the way the project is implemented to ensure increased coverage and benefits to mothers. From the final quarter of the 2016/17 financial year, the project was implemented through the NHIF, covering antenatal care, deliveries, postnatal care and other illnesses for the new-born. The service was also available all over the country in both public and private-not-for-profit health care providers who are interested in joining the project. The total number of beneficiaries for the project for the financial year was 987,122 unique beneficiaries against an expenditure of KSh.3.54 Billion.

**Challenges**

a) Inadequate GOK funding leading to donor dependence which is sometimes unpredictable
b) Inadequate staff and office equipment

**Health Legislation, Quality Assurance & Standards**

The Constitution in its Chapter on Bills of Rights is clear on the need to address the citizens' expectations of the right to the highest attainable standards of health including reproductive health and emergency treatment. The social pillar for the Vision 2030, calls for improvement of the overall livelihoods of Kenyans, through provision of efficient and high-quality health care systems with the best standards.

In this respect, Health Act No. 21 of 2017 has been enacted paving way for its implementation and development of other health related legislative instruments that will address the health rights as per the Constitution in the FY 2017/2018. The Health Act provides for the establishment of a Kenya Health Professionals Oversight Authority that will improve and streamline the regulation of health care practitioners. The health sector has a multiplicity of regulatory bodies that carry out the function of regulating health workers. However, these bodies have no clear coordination mechanism or forum where they can converge and deliberate on issues affecting the health professionals and practice standards. The Health Act 2017 made provision for the development of the Traditional Health Practitioners (THP's) Bill and will be crucial in setting up structures for the mainstreaming and regulation of Traditional and Alternative medicine. Lastly, the Health Act provides for the establishment of an Intergovernmental Kenya Health Human Resource Advisory Council to guide both levels of government on the human resources for the Health Sector to avoid and bring to an end health worker' strikes and crises. The body shall manage health human resource and set universally binding standards at both levels of government.

The Cabinet Secretaries of the Ministries of Health and Agriculture, Livestock & Fisheries approved and signed the "National Policy for the Prevention and Containment of Antimicrobial resistance in Kenya" and its "National action plan on the prevention and containment of Antimicrobial Resistance" in June 2017. Key to the implementation of these documents are the AMR surveillance system, AMR consumption surveillance system, preservation of existing molecules through stewardship programs and enhancing awareness on AMR among the public.

Poor Infection prevention control (IPC) encourages the spread of antimicrobial resistance (AMR) and increases the spread of new infectious diseases. WHO estimates the prevalence of Hospital Acquired Infections (HAIs) in developing countries to vary between 5.7% and 19.1%? There is scant data from Kenya, but one study found the incidence of post caesarean infection to be 19% overall. Being able to gather data around HAIs will strategically inform Kenya on where infections are incurring and guide programmatic decisions about how to best combat them.

MOH has been certified with ISO 9001:2008 Standard and there will be expectation for transitioning to ISO 9001:2015. Therefore, there will be need initiate steps for achievement of the ISO 9001:2015 standard and maintenance of the same in the years ahead. Kenya Quality Model for Health (KQMH) has been reviewed and forms the basis for Quality of Care measurement and accreditation.

**42** Counties have their Community Health Management Teams (CHMTs) trained on Quality Improvement approaches as enshrined in the KQMH for equipping the health professionals with skills and knowledge in Quality Improvement for improved delivery of health services. Continued Technical Assistance to County Health Management teams will be required so as cascade the Quarter 1(QI) approaches to implementers and develop ToTs, mentors and coaches for QI.

The challenges faced in the implementation of the activities have been inadequate financial and human resources and managing multiple stakeholders across the 47 counties.

**Expenditure review**

Expenditure trends over time shows that central government allocation to the public health sector remains below the Abuja Declaration of 15 per cent. This indicates that this funding does not fulfil the full demand for investments in health and to an extent is a pointer to the constrained budget status of the Ministry in the light of the mandate.

The approved estimates for national Ministry of Health was at KSh.71.4 Billion which represented a 31percent increase from KSh.54.3 Billion in 2014/15. The actual expenditures for the same period was at KSh.37.3billion, KSh.41.5billion and KSh.57.4billion respectively for the years 2014/15, 2015/16 and 2016/17.

The Sector absorbed 69 per cent, 68 per cent, and 80 percent of all approved budget in the period under review with recurrent vote absorbing 82 per cent, 86 per cent, and 86 per cent respectively, in the MTEF period. Development vote absorbed 53 per cent, 52 per cent, and 75 per cent respectively, in the same period.

Analysis of expenditures by programmes indicates that National Referral and specialized Services programme utilized 43 percent of all resources, followed by Preventive and Promotive Health at 21 percent. The other three programmes utilized between 8 percent and 16 percent of all the resources.

**Resource Requirements and allocations**

The requirement for the period 2018/19 is KSh.115.86 billion **compared to a resource allocation of** KSh**70.36 billion**. Further, requirements are KSh.124.5billion and KSh.134.3 billion for the 2019/20 and 2020/21 respectively. The Sector's resource requirements are guided by the sector policy commitments as broadly articulated in the Vision 2030 and more specifically in the third Medium Term Plan (2018 – 2022) while ensuring alignment of the Health Sector policies.

**Cross sector linkages**

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 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 which include Environmental Protection, Water and Natural Resources; Agriculture, Rural and Urban Development; Education; General Economic and Commercial Affairs, to name but a few.

**Emerging Issues**

The Health Sector is committed to ensuring the attainment of the highest standards of health to Kenyans as enshrined in the Bill of Rights in the Constitution of Kenya 2010. The Sector further takes into cognisance of the opportunities and challenges in establishing strong health systems responsive to the population under the new constitution that creates two levels of government and delineates health care provision to the counties. The health sector will adhere to the accountability mechanisms and enhanced governance regime as espoused in the constitution while ensuring that the county provide quality services.

During the Financial year 2016/17, Sustainability of the public health goal of reducing morbidity, mortality and disability in NCDs, injuries and communicable conditions was a major challenge due to the over dependency of development partners' resources. Increased cross border travels and regional instability has also led to an increase in emerging and re-emerging Diseases. While the effects of the global climate change have led to increased incidences of neglected tropical diseases coupled with frequent and prolonged industrial unrest in the sector.

The health sector recognizes the provisions under the Constitution of Kenya 2010, the right to the highest attainable standard of health and also recognises devolution as an opportunity to achieve the set outputs and outcomes. There is a significant decrease on prevalence of communicable conditions such as HIV/AIDS, TB and malaria. Despite these efforts communicable conditions remain high contributing to over 50% of the causes of morbidity and mortality. Additionally, funding of these programmes still remains donor dependent at 80% and poses a challenge due to the rebasing of the county's economy.

Non-communicable diseases (NCDs) are on a rising trend in addition, injuries arising from road traffic accidents contributed approximately 50% of bed occupancy in hospitals thus exacerbating the burden to the health care systems. 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. Reproductive, Maternal, Neonatal Child and Adolescent Health (RMNCAH) services has remained at a low uptake and coverages due to: inadequacy of emergency services for delivery of quality care services, under-utilization of existing services, inadequate skills and competences of health workers in this area, social cultural, political influence, lack of information coupled with misinformation and inadequate supply of the key essential public health commodities in the health system.

Over many years, High out of Pocket Expenditure on health continues to be major issue in Kenya constituting about 32 per cent of total health expenditure. 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. At present, total government health expenditure as a proportion of the total budget (both national

and county budget) is about 6.8 per cent while over time public spending has been skewed towards high-end curative services (70-80%) which is both inefficient and inequitable. The rebasing of the country's economy to lower middle-income country has also necessitated some development partners to drastically reduce their support as per international benchmarks related to such support. These provisions have also led to inadequate budgetary provision to the sector and allocation for the procurement and distribution of strategic public health commodities hindering the capacity of KEMSA to operationalize the proposed new structures at the National and County levels. While the NBTS blood products only being able to meet 48% of the demand.

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. There is also 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 and Ageing health workforce. This poses a shortage, demotivation of staff and unclear succession management in the sector. The ministry is unable to absorb health workers who were employed by implementing partners into public service to provide essential services due to inadequate budgetary provisions. Moreover, the provision of training funds to develop human resource for health in key specialties to meet the health sector demands in the country remains inadequate.

There is inadequate infrastructure and skewed distribution of available infrastructure, obsolete health equipment and lack of adequate physical space for treatment and management of patients to fully benefit from the MES. The sector also lacks the necessary legal framework to support the constitutional right to health, especially on provision of emergencies services and to strengthen leadership and governance structures in a devolved function.

Health research and development remains donor-driven, fragmented and uncoordinated. This leads to low levels of impact on investment in research productivity and overall improvement of health standards and evidence based decision and policy making. The sector has silo reporting health information systems that are underfunded, inadequate capacity to analyse major health issues and this has led to inadequate use of available data and information to inform policy planning both at the national and county levels.

## Conclusion

During 2018/19 planning period, the sector plans to implement priority programmes aligned to the MTPII and the proposed MTP III together with other sectoral plans. Efforts will be made to ensure progressive realization of rights to health as envisioned in the Constitution.

Kenya's population is growing at a rate of nearly 3 percent annually and will continue to place a huge demand for health services. The government must continue expanding maternal and child health services while developing the capacity of the health systems to cater for communicable and non-communicable disease burdens which are on the rise. In addition, the government should continue investing in RMNCAH to minimize health burden.

The sector will continue to build capacities of county governments and provide the necessary technical support so that the counties can effectively execute the functions assigned to them

under the Fourth Schedule. In addition, the national health sector will continue to strengthen the national referral hospital to be able to provide the critical backstopping to the counties with regards to specialized health services. The national government with the SAGAs in the sector will continue to provide the necessary financial inputs as require for effective service delivery.

The two levels of government shall continue engaging each other to ensure that there is good working environment for staff, effective and efficient service delivery to the citizens. At the same time the Government needs to increase funding significantly to the sector in order to safeguard the gains made so far and explore alternative innovative financing mechanisms such as Private Public Partnerships (PPPs), and ensure efficiency in the utilization of allocated funds by all sector players.

**Recommendations**

The major focus for the Sector during this Medium-Term Expenditure Framework should maximize health outputs and outcomes with the available resources. The following recommendations are made: The national and county should enhance budgetary resources allocation and utilization in the health sector; improve the efficiency and effectiveness in programmes implementation as well as exploring alternative mechanisms of mobilizing additional resources.

Public health programmes are largely dependent on development partners funding for financing. With the rebasing of economy, the Government therefore needs to allocate adequate resources for effective implementation of health sector programmes with the overall goal of sustainable financing to the sector in the long run and in line with the deliberate attempt to attain the Abuja Declaration target of at least 15% allocation of national budgets to the health sector.

To enhance collaborations in health sector given the devolved nature of health systems in Kenya, there is need to maintain and strengthen the existing health sector inter-governmental consultative fora/ mechanisms for effective coordination of health sector. The government should have strengthened tripartite working relations in the health sector between Government, employees, and the labour unions for harmonization of labour relations in the sector. This will ensure sustainability of the wage bill in the sector which has been rising is contained and labour unrests is minimised.

The Ministry of Health should focus on improvement in the service delivery by SAGAs, find an appropriate mechanism to provide for their pension deficits and enhance their revenue collections to reduce over reliance on exchequer funding in the sector. At the same time the Government should provide funds to cater for pending bills before determining the resource envelope to be shared.

The National Government and Counties should collaborate to develop and implement standards, norms and guidelines for the health sector. The National Government and Counties need a written agreement on the shared responsibilities on procurement and distribution of commodities for programmes of public health importance and which are heavily donor funded such as ARVs, TB drugs, Malaria drugs, vaccines and family planning commodities.

There is need for harmonization of planning, budgeting, programme implementation, setting of standards, information sharing, monitoring and evaluation, between the two levels of government to ensure that health sector funding and interventions are prioritized at all levels. Finally, the sector need to revise and implement relevant health sector laws, legislations, policies and regulation to guide the devolution of health services and programme implementation.

# CHAPTER ONE

# 1 INTRODUCTION

## Background

### 1.1.1 Health and National Development

The general aspiration of the Kenya Vision 2030 is to transform the country into a globally competitive and prosperous industrialized, middle-income country. In line with Vision 2030 and the Constitution of Kenya 2010, the government is committed to implementing strategic interventions aimed at accelerating the attainment of Universal Health Coverage (UHC) for all Kenyans.

Kenyan health sector has an articulate and elaborate Kenya Health Policy (KHP 2014 -2030) aimed at assisting the sector realign to new emerging issues and enable the country to attain its long-term Health goal as outlined in the Kenya's Vision 2030 and the Kenyan Constitution (2010). The Health Sector is responsible for the provision and coordination of the health policy formulation, ensuring quality of service delivery and regulation and control of health care. The responsibility is guided by the understanding that good health guarantees an active population that immensely contributes to the overall productivity and economic development of the country. This is a direct contribution to the achievement of the national poverty reduction strategies as outlined in the country's Sessional Paper No. 10 (2012) and the Vision 2030. The Constitution of Kenya further guarantees every citizen the right to the highest attainable standards of healthcare including reproductive health.

To ensure realization of 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, provide the framework for prioritization and implementation of the health sector priorities. The goal of Medium-Term-Plan III(MTP) 2018-2022 of Kenya Vision 2030 is to ensure an *"Equitable, Affordable and Quality Health Care of the Highest Standard*". This medium-term plan guides the development of sector priorities, policies, plans, monitoring and evaluation processes for financial year 2018/2019-2020/21 MTEF budget.

As per the Fourth Schedule of the Constitution, the mandates of the national Government sector include health policy, regulation, national referral facilities, capacity building and technical support to counties. The national government functions are further elaborated in the Executive Order No 1 of 2016.

### 1.1.2 Health Sector and Programme Based Budget

The Health Sector strategies and interventions targeting poverty reduction are organized along transformative priority programmes to ensure scaling up the required level of investments in the Sector. During the medium-term period the Government will pay special attention to the following priorities in health sector:

1. Social Health Protection

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

The Kenya Health Policy 2014-2030 has six policy objectives and eight policy orientations which provide the policy framework to progress towards attainment of Vision 2030 goal for the health sector and universal health coverage. The six policy objectives include; elimination of communicable diseases, halting and reversing the burden of Non-communicable diseases, reducing the burden of violence and injuries, providing essential health care, minimizing the exposure to health risk factors and strengthening collaboration with sector providers. These policy objectives will be achieved through; sustainable health financing mechanisms, effective governance and leadership, improved health products and technologies, adequate health work force, appropriate infrastructure, information and efficient service delivery systems.

The Kenya Health Sector and Investment Strategic Plan 2014-2018 also has six strategic objectives and eight investment priorities, lays emphasis on Sustainable Development Goals (SDGs)and the achievement of Africa Union Agenda of 2063 with a view of achieving Kenya Vision 2030 objectives and goals.

The current Health Sector Plan lays emphasis on Sustainable Development Goals (SDGs) the achievement of AU Agenda 2063 with a view of achieving Kenya Vision 2030 objectives and goals. The SDG Goal 2 and 3 that states that "End hunger, achieve food security and improved nutrition and promote sustainable agriculture" and ***"Ensure healthy lives and promote well-being for all at all ages"*** respectively are premised on the following;

a) By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births;
b) By 2030 end preventable deaths of new-borns and under-five children;
c) By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases;
d) By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing;
e) By 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons;
f) Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol;
g) By 2020 halve global deaths and injuries from road traffic accidents;
h) By 2030 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;
i) Achieve universal health coverage (UHC), 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;
j) By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination;
k) Strengthen implementation of the Framework Convention on Tobacco Control in all countries as appropriate.

l) Support research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the Trade Related Intellectual Properties (TRIPS) agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all
m) Increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, especially in Least Developed Countries (LDCs) and Small Inland Developing States (SIDS)

The SDG's framework further call for the strengthening of the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks.

At the regional level, the African Union has set an Agenda 2063, named *The Africa We Want* which sets out aspirations for the African continents of 'Attaining an integrated, prosperous and peaceful Africa, driven by its own citizens, representing a dynamic force in the international arena.' In the first ten-year implementation plan 2014-2023, in its 1st aspiration goal 3 which aims at healthy and well-nourished citizens with a key priority area on health and nutrition has 10 targets which the member states will work towards achieving. These targets are:

a) Increase 2013 levels of access to quality basic health care and services by at least 40%
b) Increase 2013 levels of access to sexual and reproductive health services to women and adolescent girls by at least 30%
c) Reduce 2013 maternal, neonatal and child mortality rates by at least 50%
d) Reduce 2013 proportion of deaths attributable to HIV/AIDs, Malaria and TB by at least 50%
e) Reduce under 5 mortality rates attributable to malaria by at least 80%
f) Reduce the 2013 incidence of HIV/AIDs, Malaria and TB by at least 80%
g) Reduce 2013 level of prevalence of malnutrition by at least 50%
h) Reduce stunting to 10%
i) Reduce 2013 proportion of deaths attributable to dengue and chikungunya by 50%
j) Increase to 100% access to Anti-Retroviral (ARV) drugs

Further, SDG goal six (6), in the spirit of leave no one behind- ***"Ensure availability and sustainable management of water and sanitation for all"*** aims at achieving by 2030, universal and equitable access to safe and affordable drinking water for all and adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

Other commitments by the Africa region Ministers/Cabinet Secretaries relate to mobilizing resources for sanitation and hygiene and tracking them to reach a minimum of 0.5% GDP by 2020 of the budgets in addition to ensuring strong leadership and coordination to build and sustain the developments.

The Kenyan Health Sector over the next five years, while taking into account the global and regional commitments towards a just and equitable world, will work towards the achievement of Vision 2030 with the realization that the Health sector is one of the key areas in the social pillar that aims at building a just and cohesive society that enjoys equitable social

development in a clean and secure environment. A healthy nation is critical for economic development and poverty reduction. In this regard, sector plans and strategies are essential in spelling out specific issues that the sector will focus to address and which priority programmes will be implemented.

### 1.1.3 Rationale for the Health Sector Report

The Health Sector Working Group (SWG) Report for MTEF period 2018/19 - 2020/21 presents an analysis of the Sector performance and achievements of the period 2014/15 - 2016/17 and the resource requirements for the period 2017/18 - 2019/20.

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

This 2018/2019 Sector report is organized into six chapters. Its **main purpose** is to provide legislators, policy makers, donor agencies and other stakeholders with key information about the Sector for the MTEF period that will enable them to make appropriate policies and funding decisions.

The **specific objectives** of the Health 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 the implemented in the 2017-2018 in the medium budget
- Budget proposals and resource sharing for FY 2017/18.

# Sector Vision and Mission

### Vision

"A healthy, productive and globally competitive Nation."

### Mission

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

### Goal

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

# 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.
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.

# Sub Sectors and their Mandates

### 1.1.1 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**

| Functions | Policies and Regulations |
|---|---|
| Health Policy and Standards Management<br>Registration of Doctors and Para-medics<br>Training of Health Personnel<br>National Medical Laboratories Services<br>Pharmacy and Medicines control<br>Public Health and Sanitation Policy Management<br>Medical Services Policy<br>Reproductive Health Policy<br>Preventive, Promotive and Curative Health Services<br>National Health Referral Services<br>Health Education Management<br>Health Inspection and other Public Health Services<br>Quarantine Administration<br>Coordination of campaign against HIV/AIDS | KEMSA (KEMSA Act 2013)<br>KEMRI, Science, Technology and Innovation Act 2013<br>KMTC Legal Notice no.14 of 1990<br>NHIF (NHIF Act 1998)<br>KNH (Legal Notice No.109 of 1987)<br>MTRH (Legal Notice No.78 of 1998)<br>Government Chemist (Health Act)<br>Pharmacy and Poisons Board (Cap 244)<br>Radiation Protection Board (Cap 243)<br>Referral Hospitals Authority<br>National Aids Control Council (Legal Notice No.170 of 1999)<br>Cancer Policy<br>Nutrition Policy |

## Autonomous and Semi-Autonomous Government Agencies

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

### 1.1.2 Kenyatta National Hospital (KNH)

Kenyatta National Hospital (KNH) was established in 1901 to provide referral and specialized services in Kenya and beyond.

The Hospital was established under the 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.

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 both 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 (KMTC). 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.

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

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

The Hospital fully depends on the Government exchequer for both Development and Personnel Emoluments.

**Mandate**

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 and Policy.

The overall Goal of the Hospital is to provide Preventive, Promotive and Curative Health Care services for all Kenyans.

The following are Strategic objectives;

i. To Improve Customer Experiences.
ii. To Expand and Improve Services.
iii. To Improve Revenue Generation.
iv. To Improve Processes and Management Systems.
v. To Maintain Effective, Dynamic and Transformational Leadership.
vi. To Promote Organizational and Work Culture.
vii. To Enhance Knowledge Management.
viii. To Create Enabling Environment for Healthcare, Training, Research, Development & Innovation (RDI).
ix. To Strengthen Human Resource Capacity and
x. To Strengthen Strategic Partnerships and Alliances.

### 1.1.4 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.

Kenya Medical Training College 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.

### 1.1.5 Kenya Medical Supplies Authority (KEMSA)

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

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

Specific mandate includes:

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.

### 1.1.6 National Hospital Insurance Fund (NHIF)

National Hospital Insurance Fund was established in 1966 under Cap 255 of the Laws of Kenya as a department under the Ministry of Health.

Its establishment was based on the recommendations of Sessional Paper no. 10 of 1965: African Socialism and its Application to Planning in Kenya. The original Act was revised and currently, the Fund derives its mandate from the NHIF Act No. 9 of 1998.

The 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.

The NHIF Mandate is:

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.

### 1.1.7 Kenya Medical Research Institute (KEMRI)

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

**The Mandate of KEMRI includes;**

i. 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;
ii. To carry out research in human health.
iii. To cooperate with other research organizations and institutions of higher learning on matters of relevant research and training.
iv. To work with other research bodies within and outside Kenya carrying similar research.
v. 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.
vi. 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.

### 1.1.8 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. NACC is classified as a Semi-Autonomous Agency (SAGA) in

the ministry of Health. A key role for the NACC is resource mobilization for the national response to HIV and AIDS. The NACC is committed to provide the leadership and coordination that will ensure that the Kenyan Society is free from HIV and AIDS and its negative impacts. The NACC in partnership with development partners and stakeholders developed Kenya AIDS Strategic Framework (KASF 2014/15-2018/19) to guide the national response to HIV and AIDS in Kenya.

HIV and AIDS has been recognized as a serious challenge facing human development and achievement of the Vision 2030. For Kenya to achieve a sustained economic growth as outlined in the Vision 2030, a healthy population is vital. Currently there is heavy dependence on donor funds to run HIV and AIDS programmes and this situation is not sustainable in the long run. 70% of resources spent on HIV and AIDS comes from donors. The government has demonstrated commitment to the fight against HIV and AIDS at both the National and County levels, this commitment needs to be translated into increased resource allocations. This will make Kenya a best practice country that could be emulated by others in the region.

### 1.1.9 The NACC mandate

NACC is a national HIV and AIDS coordinating agency with the following three main mandates:

i) Provision of policy and strategic framework
**ii)** Coordination of multi-sectoral HIV and AIDS response in Kenya
**iii)** Mobilization of technical and financial resources

**The NACC Objectives includes:**

i) Reduce new HIV Infections by 75%
ii) Reduce AIDS related mortality by 25%
iii) Reduce HIV related stigma and discrimination by 50% and
iv) Increase domestic Financing of HIV response to 50%.

## Role of Sector Stakeholders

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

**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 play key roles 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 health institutions**

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, faith based organizations (FBOs), non-governmental organizations (NGOs) and community service organizations (CSOs). This report recognises the strengths of these actors in mobilising resources for health service delivery, designing and implementing development programmes, and organising and interacting with community groups. The implementing partners have also been important in staffing and well as provision of monetary support that are 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 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; and participate in local health care systems. Individuals and households play a role of adopting good health practices and care seeking behaviours as the Policy outlines and also taking responsibility of own health.

# CHAPTER TWO

# 2 HEALTH SECTOR PERFORMANCE REVIEW 2014/15 – 2016/17

This chapter examines performance review for the 2014/15 – 2016/17 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: (i) Preventive and Promotive and RMNCAH Services, (ii) National Referral and Rehabilitative Services, (iii) Health Research and Development, (iv) General Administration, Planning and Support Services, and (v) Health Policy, Standards and Regulations.

## 2.1. Review of Sector of Programme Performance

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.

### 2.1.1. Programme 1: Preventive and Promotive and RMNCAH Services

The achievements of this programme are dependent on both the National and County Governments allocating resources and delivering fully on their respective mandates through the five sub-programmes: (i) Communicable Diseases Prevention and Control, (ii) Non-Communicable Diseases Prevention and Control, (iii) Radioactive Waste Management (iv) Reproductive Maternal Neonatal Child and Adolescent Health (v) Environmental Health. The section below highlights some of the key achievements during the period 2014/15 - 2016/17.

#### Sub-Programme 1.1: Communicable Diseases Prevention & Control

**HIV and AIDS Control**

The health sector has continued to undertake interventions aimed at controlling the spread of HIV/AIDS in the country. As a result, considerable achievements have been made within the sector. The number of persons tested for HIV have risen from 7.5 million (2014/15) to 10.9 million (2015/16) and 13.4 million (2016/17). From the numbers of newly identified PLHIVs, an incremental number of PLHIVs have been initiated on life – saving antiretroviral therapy from 850,000 (2014/15) through 947,000 (2015/16) to 989,280 (2016/17). After the introduction of the new HIV Care and Treatment guidelines, all newly diagnosed PLHIVs are initiated to antiretroviral therapy immediately. These interventions have cumulatively averted over 400,000 HIV/ AIDS related deaths. In addition, the proportion of HIV positive pregnant women receiving ARVs to prevent-mother-to-child-transmission of HIV have improved from 82.2% (2014/15) through 94.1% (2015/16) to 95.3% (2016/17), leading to reduction in the number of mother – to – child transmission of HIV by half.

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

**Malaria Control**

Nearly half of the population (47.3%) live in areas with a parasite prevalence of 5-10% and 18% live in areas with a parasite prevalence of 20-40%. Routine data on malaria cases shows a similar picture with majority of the cases from the malaria endemic zone and the lowest cases in the low endemic areas[2]. Malaria control interventions undertaken have led to a gradual drop in the proportion of suspected malaria cases in the outpatient attendance. The interventions undertaken include:

c) Distribution of an average of 6 million long lasting insecticide treated bed nets in the last three fiscal years. These prevention efforts have led to a gradual reduction in the burden of malaria.
d) Distribution of an average of 11 million doses of Artemether Combination Therapy(ACT) in 2014/15, 2015/16 and 2016/17. These were accompanied by a similar amount of rapid diagnostic test kits (RDTs).

**Tuberculosis Control**

Kenya has made great strides in the control and prevention of tuberculosis. The proportion of successfully treated notified tuberculosis cases has hit a plateau of 89% (2014/15), 90% (2015/16) and 90% (2016/17). This has surpassed the WHO global targets of successfully treating 85% of the notified cases.
These achievements can be attributed to uninterrupted availability of anti-TB medicines, successful roll-out and implementation of high impact interventions for TB control. Moving forward, enhanced diagnosis and treatment of drug resistant TB, TB/HIV and Diabetes Mellitus integration will be critical.

## Sub-Programme 1.2: Non-Communicable Diseases (NCDs) Prevention and Control

In Kenya, NCDs accounts for more than 50% of total hospital admissions and over 40% of hospital mortality. With projections indicating that the morbidity from HIV/AIDS, TB and other infectious diseases declining, NCDs and Injuries will be the major health burden by 2030 in Kenya.

The major NCDs of concerns in Kenya include cardiovascular diseases, cancers, diabetes mellitus, chronic respiratory diseases, injuries, alcohol and substance abuse ailments and a battery of small but very significant diseases like epilepsy, sickle cell anaemia, nutritional

[2]Revised Kenya national Malaria Strategy 2009-2018

and birth defects all of which confer long term complications and disabilities. Towards monitoring progress to combating NCDs, the country was able to screen 127,859 (2012/13), 178,474 (2013/14) and 291,318 (2014/15) women of the reproductive age group for cervical cancer.

## Sub - Programme 1.3: Radioactive Waste Management

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

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

There were increasing public health and environmental concerns with respect to the increasing use of radioactive materials, abandoned and illicit radioactive sources and nuclear materials, and the wastes arising therefrom. The Radiation Protection Board advised the Ministry of Health on a national strategy for the security of disused, illicit and orphan radioactive sources and nuclear materials as well as the associated radioactive/nuclear waste.

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

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

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

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

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

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

Only Phase I has been completed to date.

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

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

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

According to the KDHS 2014, infant mortality rate stands at 39 per 1000 live births, a decline from the previous rate of 52 per 1000 live births (2012/13). This decline is driven mainly by utilization of mosquito nets, increases in antenatal care, skilled attendance at childbirth and postnatal care, as well as overall improvements in other social indicators such as education and access to water. However, reduction in Neonatal Mortality Rate (NMR) was much slower during the same period (from 31 to 22 per 1,000 live births).

The proportion of Women of Reproductive Health (WRA) using contraceptives has gradually improved from 40.7% (2014/15), through 47.4% (2015/16) to 44.9% (2016/17) as captured by routine data. In addition, the fourth ante-natal clinic coverage has also registered improvement from 51.7% (2014/15), 51.9% (2015/16) to 52.2% (2016/157). This has been matched by an even remarkable improvement in the births by skilled attendants in health facilities from 73.7% (2014/15), 77.4% (2015/16) to 77.4% (2016/17). This could largely be attributed to the implementation of the Free Maternity Services, which has been transformed to Linda Mama Program.

**Immunization**

Immunization services have been adversely affected by the numerous industrial action by health workers since the advent of devolution. The fully immunized child coverage has been fluctuating around 71% (2014/15), 68.5% (2015/16) and 71.7% (2016/17). During this period, a number of new antigens (vaccines) have been introduced including Rota virus, Measles – Rubella vaccine, Inactivated Polio Vaccine. In addition, the Ministry in close collaboration with all stakeholders conducted a number of successful Supplementary Immunization Activities (SIAs) in high risk regions.

**Nutrition**

Since 2012, there has been an enhanced policy environment to guide implementation of nutrition Programmes. Some of the achievements include development of policy and guidelines from 2012 to 2014 this includes: The National Food and Nutrition Security Policy launched October 2012, Breast Milk and Substitutes Act (2012), Mandatory fortification of flour and oils (2012), MIYCN Policy and Strategy and operational guidelines (2013), Urban Nutrition Strategy (2013–2017). Dissemination and sensitisation of the counties in the relevant policies was done in 2014/2015 financial year.

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

## Sub - Programme 1.5: Environmental Health

The Water, Sanitation and Hygiene (WASH) programme was implemented during the period under review. However, basic sanitation services are not yet accessible to the majority of the population with Open Defecation rates at about 14% but with regional disparities. At the same time, a real-time monitoring and evaluation system was developed for use in monitoring rural sanitation and hygiene interventions in the country. 37 counties are implementing the Community Lead Total Sanitation (CLTS) and have adopted strategies to realize an Open Defecation Free Kenya. A total of 69,250 villages have been mapped across the country out of which 4,000 have been certified as Open Defecation Free as at June 2017 in line with SDG 6.2.1 which aims at eradication of Open Defecation by 2020.

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

Poor management of health care waste potentially exposes health care workers, waste handlers, patients and the community at large to infection, toxic effects and injuries, and risks polluting the environment. The 20% of the total waste is considered hazardous material that may be infectious, toxic or radioactive. The infections, toxic effects and pollution are reduced by proper waste management. In a bid to improve medical waste management, diesel fire incinerators were installed and commissioned at Kiambu, Nyamira, Mpeketoni, Siaya, Malindi, Nakuru and Vihiga county hospitals 2014. In addition, 669 health workers from 25 health facilities were trained on medical waste management in 2014.

## 2.1.2. Programme 2: National Referral and Rehabilitative Services

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

### Sub-Programme 2.1: Mental Health Hospital

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 medical schools and nursing to train students to meet the national needs of our manpower r 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. In 2015/16 alone 91,049 cases were reported, of which 85% were5 years and older. During the period under review a Mental Health Policy was developed.

The main challenges are inadequate number of trained personnel in psychiatry, inadequate availability of the physical health infrastructure to care for mental health cases and lack of data on mental health case prevalence. The hospital is the only facility that caters for inmates who suffer from mental illness or who have committed crimes as a result of insanity. The facility however is in a dilapidated state and requires urgent attention to improve on the infrastructure.

### Sub-Programme 2.2: Forensic and Diagnostic Services

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

International best practices and World Health Organization as well as Kenya blood policy recommends that patients should be transfused with the component of blood he/she requires as opposed to universally giving all of them whole blood. It has also been shown that close to 95% of all transfusions require blood components and only about 5% require whole blood. It has also been observed that one third of all transfusions go to children who require smaller

blood volumes as compared to adults. In order to comply with best practices, KNBTS converts a certain percentage of whole blood units collected into various blood components namely packed red cells, platelets, fresh frozen plasma and cryoprecipitate. It also prepares small packs for children This process requires dedicated skilled staff, special blood bags, appropriate infrastructure including transport and blood storage equipment.

Kenya has approximately 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.

## Sub-Programme 2.3: Managed Equipment Services

The health care infrastructure has seen unprecedented expansion and improvements with an increase in the number of health facilities from just about 9,000 before devolution to 10,000, increasing the national average facility density from 1.9 to 2.2 health facilities per 10,000 populations. About 80 percent of these facilities are at Levels 2 and 3, focused on primary health care, and include community health facilities, dispensaries and health centres. Levels 4 and 5 comprise secondary health facilities which provide specialized services. Level 6 facilities are highly-specialized tertiary hospitals (referral hospitals) and provide health care, teaching, training and research services. This classification is in accordance with the Kenya Essential Package of Health.

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

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

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

LOT 6: 3 hospitals equipped with ICU equipment and LOT 7: 84 hospitals equipped with Radiology equipment. The private sector (Equipment manufacturers) has been contracted to service equipment, train equipment users and biomedical engineers for seven years.

### Sub-Programme 2.4: Health Products and Technologies

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

KEMSAs order fill rate has improved over the years under review with the ERP and LMIS. The trend has moved from 85%-2014/15 and 87% 2015/16, to the current achievement for FY 2016/17 of 85%. The management targets an order fill rate of 95% in 2017/18 and it hopes to maintain the target up to 2018/2019 through the improved efficiency in automation of all operation activities.

The order turnaround time has increased customer satisfaction. Training of over 3,000 health facilities workers on the Logistics Management Information System (LMIS) has boosted medical commodities order turnaround and has helped KEMSA address the challenges experienced in inaccuracy of quantity ordered, forecasting reduce paper work and building a data bank where facilities quantify volumes of drugs they consume. As a result, the order turnaround time has reduced from 10 days in 2014/15 to 9 days in 2015/16. However, in FY 2016/17 there was slight decline in performance to 12 days against a target of 10days. This decline was attributed to the doctors/nurses' strike experienced the better half of the financial year. Notwithstanding, the Authority targets an order turnaround of 7days in FY 2018/19.

## 2.1.3. Programme 3: Health Research and Development

### Sub – Program 3.1: Training

Major achievements during the period 2014/2015 to 2016/2017 are as indicated below

- Infrastructural developments were undertaken that increase training opportunities. This led to increased number of campuses from 45 to 65 within the period under review
- Students admission grew from 6,500 to 12,600 during the same period
- Research projects undertaken grew from 6 to 14
- Compensation to employees grew from KSh 2.09 Billion to 3.01Billion in 2016/2017
- New programs were introduced to address emerging health needs such as Nephrology, Orthopaedic & Trauma medicine.
- Procurement of additional teaching equipment/materials for students learning.

### Sub – Program 3.2: Research and Innovation

The Kenya Medical Research Institute has achieved the following during the period under review; Production and distribution of HIV ½ rapid testing kit KEMCOM and HEPCELL kit for Hepatitis B & C testing; registration of 203 PhD and Masters students; development of 666 research proposals; dissemination of results, knowledge and best practices through publication of 768 research manuscripts in peer reviewed journals; and contribution of cutting edge and innovative research results to 21 policy documents;

During the reporting period, KEMRI provided 431,713 specialized laboratory tests in support of ongoing clinical research activities and service provision at KEMRI clinics and collaborating facilities.

### 2.1.4. Programme 4: General Administration, Planning and Support services

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

- The national government was able to pay Personnel Emolument (P.E) of both the 2,414 and remitted additional allowances awarded to health workers at the county governments. The Ministry still manages Pension benefits of officers at National level and those who were seconded to county Governments. 1,000 officers were issued with retirement notices at least one year before expected date of retirement and their benefit documents processed and submitted to the National Treasury for payment.
- A total of KSh.5.9 billion was paid as salaries to 2,414 officers at the Ministry, plus Registrars. A total of 1420 Interns successfully completed their training.
- Obtained approval from Public Service Commission to introduce 24 officers into the national payroll with financial implication of KSh.2.1 million.
- The Ministry oversaw the review of 2schemes of service for Health workers namely Public Health Personnel and Clinical Personnel.
- A total of 1,420 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 2016/17 was at 50.
- The Ministry facilitated 2 officers attend strategic leadership development programme course at Kenya School of Government, while 25 officers attended Senior Management Course and 100 Customer care in Baringo.

### 2.1.5. Program 5: Health Policy, Standards and Regulations

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

The Executive Order No.1 of 2016 provides health policy as one of the key functions of the National Government and the Ministry is expected to provide the overall health policy direction for the country. The Kenya Health Policy 2014-2030 was developed through a comprehensive consultative process and the final draft was approved by Cabinet. A Sessional Paper No. 2 of 2017, on the Kenya Health Policy 2014–2030 was developed and 50 copies submitted to the National Assembly. The Health Policy is awaiting debate and approval by the National Assembly.

The Ministry has developed the 3rd Medium Term Plan 2018-2022 of Vision 2030 with key priority flagship projects. The Kenya health sector partnership framework for effective coordination and aid effectiveness including the compact to guide its implementation were also developed. Guidelines for annual work plan linked with program based budgeting were also developed and implemented. Annual work plan 2017/18 was also developed and it is being implemented by the ministry together with the SAGAs within the sector.

The Ministry also conducted medium term review of the Kenya Health Sector Strategic and Investment Plan 2014-2018 and a report produced. Health Sector indicator manual was also developed. The Ministry has also continuously produced annual quarterly performance reports for the health sector. Capacity building on planning and monitoring was also conducted at both national and county governments.

**Healthcare Financing**

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

NHIF has already initiated effective recruitment strategies to ensure constant growth of members in both the formal and informal sectors. As at the end of 2016/17, total membership is expected to grow to 6.8M; this translates to an overall coverage of 27.2M Kenyans (principal contributors and their dependents), implying that approximately 50% of Kenyans are covered by NHIF. This increase in membership has seen the Fund inject over KSh.33 Billion in the health sector during the financial year 2016/17, a significant increase compared to the 28.1 Billion injected into the sector in 2015/16.

**Health Insurance Subsidy Program (HISP)**

The Government through the NHIF has been implementing the Social Health Insurance as part of the program it initiated the Health Insurance Subsidy Project (HISP Project) in April 2017 with support from the Work Bank Group (World Bank, IFC). The main objective of the project is to increase prepaid health insurance coverage especially for the poor populations of the country. The project would ensure that the state covered the full insurance premiums for beneficiaries and the beneficiaries would then be entitled to full benefits of the health insurance cover.

To ensure harmonization of government activities, the Ministry decided to use data from the Ministry of East Africa, Labour and Social Security who were already implementing state projects for the poor populations in the country. The proxy for poverty as agreed by the two Ministries were households that were already taking care of orphans and vulnerable children in the society, and were already identified as very poor through community-based poverty identification mechanisms.

The Ministry received funding to the tune of KSh.970 Million from both the World Bank Group and the Japanese International Cooperation Agency (JICA), and had projected to cover a total of 160,421 households in all counties in 2016/17. The total coverage for 2016/17 stood at 178,186 Households representing about 111.3% of the total target for the financial year.

**Health Insurance for the Elderly and People with Severe Disabilities Program**

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

Consequently, the Ministry was allocated KSh.500 Million for 2014/15 and 2015/16, which was reduced to KSh.250 Million (2016/17). Between 2014 and 2016, the total coverage under the project was 231,000 beneficiary households for the insurance cover. This number was however reduced to a total of 42,000 households in all counties due to the reduced funding and increasing NHIF premiums required for the cover. This reduced number of beneficiaries has been selected from the initial band based on poverty scores provided by the Ministry of East Africa, Labour and Social Security.

**Linda Mama (The Free Maternity Services) Program**

On June 1st, 2013, H.E. the President of the Republic announced that maternity health services would be provided free in public health facilities to women of reproductive age. This was necessitated by the need to eliminate financial barriers to accessing maternity services in public hospitals. The main objectives of the project were:

- ✓ To encourage women to give birth in health facilities, and therefore contribute to improvement of pregnancy outcomes, including the reduction of maternal and neonatal deaths
- ✓ To secure household incomes meant for deliveries to other economic activities with a potential positive impact on poor households.
- ✓ To supplement facilities' budgetary allocations; and therefore, effectively address quality gaps in the delivery of services.

Consequently, the Ministry of Health developed operational procedures to implement the directive. All public health facilities were to offer free maternity services, and request for reimbursement from the Ministry for the services rendered at a fee of KSh.5,000 and KSh.2,500 for hospitals and primary health facilities respectively. The Ministry was allocated a progressive budget of KSh.4.2 Billion to ensure that all facilities were reimbursed for the health services.

This project has seen the number of deliveries being conducted at public health facilities in the country increase from 925,716 (2014/15), to 995,905 (2015/16) and 972,526 (2016/17) deliveries in health facilities, and a total of KSh.12.2 Billion transferred to public health facilities offering the service. This also has necessitated a change in the way the project is implemented to ensure increased coverage and benefits to mothers. From the final quarter of the 2016/17 financial year, the project was implemented through the NHIF, covering antenatal care, deliveries, postnatal care and other illnesses for the new-born. The service was also available all over the country in both public and private-not-for-profit health care providers who are interested in joining the project. The total number of beneficiaries for the

project for the financial year was 987,122 unique beneficiaries against an expenditure of KSh.3.54 Billion.

**Challenges**

c) Inadequate GOK funding leading to donor dependence which is sometimes unpredictable
d) Inadequate staff and office equipment

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

The Bills of Rights as stipulated in the constitution addresses the citizens' expectations of the right to the highest attainable standards of health including reproductive health and emergency treatment. In addition, the social pillar for the Vision 2030 calls for improvement of the overall livelihoods of Kenyans, through provision of efficient and high-quality health care systems with the best standards.

In this respect, Health Act No. 21 of 2017 has been enacted paving way for its implementation and development of other health related legislative instruments that will address the health rights as per the Constitution in the FY 2017/2018. The Health Act provides for the establishment of a Kenya Health Professionals Oversight Authority that will improve and streamline the regulation of health care practitioners. The health sector has a multiplicity of regulatory bodies that carry out the function of regulating health workers. However, these bodies have no clear coordination mechanism or forum where they can converge and deliberate on issues affecting the health professionals and practice standards. The Health Act 2017 made provision for the development of the Traditional Health Practitioners (THP's) Bill and will be crucial in setting up structures for the mainstreaming and regulation of Traditional and Alternative medicine. Lastly, the Health Act provides for the establishment of an Intergovernmental Kenya Health Human Resource Advisory Council to guide both levels of government on the human resources for the Health Sector to avoid and end health worker' strikes. and crises. The body shall manage health human resource and set universally binding standards at both levels of government.

The Cabinet Secretaries of the Ministries of Health and Agriculture, Livestock & Fisheries approved and signed the "National Policy for the Prevention and Containment of Antimicrobial resistance in Kenya" and its "National action plan on the prevention and containment of Antimicrobial Resistance" in June 2017. Key to the implementation of these documents are the AMR surveillance system, AMR consumption surveillance system, preservation of existing molecules through stewardship programs and enhancing awareness on AMR among the public.

Poor Infection prevention control (IPC) encourages the spread of Antimicrobial Resistance (AMR) and increases the spread of new infectious diseases. WHO estimates the prevalence of Hospital Acquired Infections (HAIs)in developing countries to vary between 5.7% and19.1%? There is scant data from Kenya, but one study found the incidence of post caesarean infection to be 19% overall. Being able to gather data around HAIs will strategically inform Kenya on where infections are incurring and guide programmatic decisions about how to best combat them.

MOH has been certified with ISO 9001:2008 Standard and there will be expectation for transitioning to ISO 9001:2015. Therefore, there will be need initiate steps for achievement of the ISO 9001:2015 standard and maintenance of the same in the years ahead. Kenya Quality Model for Health (KQMH) has been reviewed and forms the basis for Quality of Care measurement and accreditation.

**42** Counties have their Community Health Management Teams (CHMTs)trained on Quality Improvement approaches as enshrined in the KQMH for equipping the health professionals with skills and knowledge in Quality Improvement for improved delivery of health services. Continued Technical Assistance to County Health Management teams will be required so as cascade the Quarter 1(QI) approaches to implementers and develop ToTs, mentors and coaches for QI.

The challenges faced in the implementation of the activities have been inadequate financial and human resources and managing multiple stakeholders across the 47 counties.

## 2.2. PERFORMANCE FOR SAGAs

## 2.1.1 Kenyatta National Hospital (KNH)

The Hospital achieved the following based on planned outputs/services for 2014/15 – 2016/17 period under review

**Patient statistics**

The hospitals work lord continues to be on the higher side however there was a decline in the financial year 2016/17 due to the prolonged national wide health workers industrial action. The following are selected statistics for the last three years.

| No. | Category | Financial year | | |
|---|---|---|---|---|
| | | 2014/15 | 2015/16 | 2016/17 |
| 1. | Out patient | 566,524 | 562,196 | 397,129 |
| 2. | In patients | 80,348 | 84,787 | 67,914 |
| 3. | Major surgeries | 19,916 | 22,207 | 15,364 |
| 4. | Minor surgeries | 1,016 | 1,053 | 476 |
| 5. | Renal patients | 17,230 | 14,457 | 6,882 |
| 6. | Cancer patients | 58,974 | 57,508 | 192,550 |
| 7. | Cardiology patients | 7,481 | 7,791 | 5,182 |
| 8. | Burns patients | 4,256 | 3,995 | 2,563 |
| 9. | Neurology patients | 7,766 | 8,932 | 6,196 |
| 10 | Paediatrics | 4,620 | 5,233 | 3,563 |
| 11 | Disaster/ Emergencies | 220 | 97 | 340 |
| 12 | Reproductive (Deliveries) | 15,546 | 16,599 | 13,729 |
| 13 | Reproductive (clinic attendants) | 40,391 | 22,847 | 22,847 |

**The Centres of Excellence**

- **Cancer Treatment Centre**; Peripheral works including fencing and room modifications have been completed and Linear Accelerator delivered, installed and commissioned.
- **Renal centre of excellence**; MOU was signed stipulating the responsibilities of KNH, UoN and MoH. Renovation of Renal wards is on-going

**Value addition services**

- **E-Payment platform**; Mpesa payment and Process Data Quickly (PDQ) services have been rolled out in Hospital.
- **Online Clinic booking**: online clinic booking is being piloted in ENT clinic and will be rolled out to all clinics once challenges have been addressed.

**Reduction in mortality rates**:

Due to improved healthcare services the mortality rates have reduced from 10.1% in 2014/15 to 9.5% in 2016/17

**Reduction of Hospital Acquired Infections (HAIs)**

Due to measures taken the Hospital acquired infection rate has reduced from 13.1% in 2014/15 to 11.5% in 2016/17.

**Innovations: Innovations developed include**:

- **Marker Project**; a collaboration between KNH and UoN to fabricate equipment for use in medical care
- **Cashless Payment (Mpesa and PDQs);** to reduce risk relating to cash handling to the hospital and patient and further to increase revenue generation.
- **Kangaroo Mother Care**, a continuous skin to skin contact between the mother and preterm baby to help keep the baby warm and encourage weight gain in preterm babies.
- **Custom Made Shoes**; to help even distribution of plantar pressure and relief of areas of excessive plantar pressure, shock absorption, reduction in friction and shear stress and trauma prevention.
- **The Hip Spica Table,** to improve quality of care through fracture management for paediatrics cases and reduction of time consumed in casting resulting in reduced ALOS
- **Child Reflection Box;** for improved psychosocial functioning of patients and quality of life.
- **Web Based Performance Monitoring Tool**; for timely and accurate reporting leading to efficient service delivery.

**Research conducted**: Research conducted increased from 24 studies in 2014/15 to 54 studies in 2016/17.

**Medical projects**:

- Successful separation of conjoined twins
- Extraction of lodged bullet on Baby Satrin Osinya
- Maxillofacial surgery for domestic violence patient
- Successful incubation of baby Hope who was born weighing 400 grams.

**Awards**

- Position 2 award for Excellence in Service Delivery at the Kenya Public Service Day at KICC on 15th& 16th June 2017
- Africa Service Award for innovations in Kangaroo Mother Care, the Child Reflection Box and Hip Spica Table in Kigali- Rwanda on 19th-23rd June 2017
- Best display in health sector and pharmaceutical stand and best Government Social Function stand during the Nairobi International Trade Fair in 4th October 2016

**Challenges**

The inability to achieve some of the planned targets were due to the following challenges among others;

**Donor pull-out from prospective projects;** Kenya Commercial Bank and National Bank reprioritized funding for projects they had early committed to fund due to the change in Banking Act which affected their bottom lines.

**Nationwide Industrial Action** by healthcare workers has affected service delivery. The strike by county health worker has put great pressure on KNH facilities as this remained the only public hospital in full operation as most of the patients were seeking primary health care as opposed to referral specialized care.

The doctors' nationwide industrial action adversely affected the hospital internal revenue generation putting the planned activities in disarray.

**Underprivileged and Indigents medical bills**; 78% of the patients treated at KNH are either from the informal sector or unemployed. These clients do not have an insurance cover and usually settle their medical bills out of pocket. Upon clinical discharge, most are unable to settle medical bills. They are released from the hospital on a commitment to settle their bills in future on unsecured credit. After the release, efforts to collect the due credit are largely fruitless. A provision for bad and doubtful debts is made to recognize the inability to recover the debt.

Total medical bills to indigent cases in FY 2016/17 that was provided for was Kshs.451 million and since FY 2002/03 the indigent bills outstanding is KSh. 3,855 million.

**Decline in GoK Development Budget Allocation to the Hospita**l; The FY 2016/17 the hospital was not allocated any fund towards development expenditure by GoK. Most of the hospital medical equipment have outlived their useful life and require replacement to manage the increasing repair and maintenance costs.

**Influx of Maternity Cases**; due to the industrial action by health workers and the benefits that accrue to citizen from implementation free maternity policy cases of neonatal that requires incubation services has put a constraint on the hospital existing facilities. Further, the high numbers of infants have resulted in increase of hospital acquired infections (HAI) which has adversely affected clinical outcomes.

## 2.1.2 Moi Teaching and Referral Hospital (MTRH)

During the period 2014/15 - 2016/17 period under review, MTRH recorded the following achievements;

**Average Length of Stay**

During the 2016/17 financial year, the Hospital targeted 6.3 days and achieved 7.3 days. The negative variance observed was attributed to prolonged Doctors strike that lasted 100 days in

the 1st QTR of the FY, coupled with Nurses strike in the 4th QTR, this resulted into delay in Operations and treatment.

**Theatre Operations (Orthopaedic, Ophthalmic, ENT, Cardiac, Plastic, and Neuro-Surgery)**

A total of 11,233 Theatre Operations were conducted against a target of 9,302 operations during 2015/16 financial year. Prolonged Doctors strike that lasted for 100 days in the 1st QTR of the FY, coupled with Nurses strike in the 4th QTR, this resulted into delay in Operations and treatment

**Diagnostic Services**

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 low patient numbers attributed to strikes, during the period. It is however envisaged that improvement will be observed in 2017/18 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.

**Kidney Transplants**

11 kidney transplants were done in FY 2016/17. The negative variance is attributed to the strike by doctors since the period of operation was scheduled to take place at that time. However, since the doctors called off the strike, 4 more transplants have already been done.

**Maternal Mortality Rate (Per 1,000 Live Births)**

The Hospital achieved 2.2 per 1,000 Live Births against a target of 1.8 per 1,000 Live Births. This is as a result protracted Doctors' and Nurses strikes. within the period under review, this forced Management to engage Doctors and Nurses on Locum to mitigated and bring services to normalcy, however as a corrective measure towards reduction of Maternal Mortality, the Hospital undertakes in the long term the following activities: enhance Health Education in Antenatal Clinics and visits to health facilities that refer mothers in labour to the Hospital, Training on Advanced Labour and Risk Management (ALARM). During the financial year, capacity-building activities, including trainings were undertaken in the referring facilities within the region. Referral Policy for High Risk Delivery Clients was developed and implemented in the Hospital and disseminated to the Referring Facilities. A total of 12,048 deliveries were conducted against a target of 15,397 during the financial year.

**Reduction in Neonatal Mortality Rate (Per 1000 Live Births)**

The Hospital achieved 36.3 per 1,000 Live Births against a target of 40 per 1000 Live Births. As a measure towards continued reduction in Neonatal Mortality Rate, the Hospital undertakes quarterly swabbing and fumigation as well as training Nurses on Neonatal Care. Twelve (12) Paediatric Nurses were trained in Emergency Triage Assessment and Triage (ETAT) and Thirty (30) New Born Unit Nurses were trained on New Born Resuscitation using Neopuff. Monthly Perinatal Clinical Audits are also being conducted and provision of curative services to all admitted children as per the National Paediatric Management

Protocols. Infection Control Practices have also been enhanced. The Hospital also conduct outreach and training sessions to referring facilities.

### 2.1.3 National Aids Control Council (NACC)

The following are key achievements for the period under review (**2014/15- 2016/17**):

**Reduced New Infections**

NACC continued to scale up prevention and treatment programmes using current evidence based programming as a means toward realizing zero new infections. For the period under review, National HIV prevalence reduced from 7.2% to 5.6% among adults aged 15-64 years; in the age cohort 15-24 years prevalence dropped from 3.8% to 2.1% and in the age cohort 25-34 prevalence dropped from 10.5% to 6.4% over the same period (KAIS Report September 2012). Awareness of HIV status has improved among HIV infected persons aged between 15-64 years from 16% to 47 % and the uptake among those eligible for ART was at 88% while that of children 0-14 years was 43%. eMTCT coverage is over 82% (Kenya HIV Estimates 2016)) in the period under review. The cumulative number of AIDS related deaths averted as a result of increased ART from year 2000 is 423,000 since 2014. The number of persons counselled and tested for HIV increased from 6,800,000 in year 2013/14 to 8,082,346 in year 2014/15 (HIV Estimates, 2015).

| Indicator | 2014 Estimates | 2016 Estimates |
|---|---|---|
| Total PLHIV | 1,599,451 | 1,517,705 |
| # of children living with HIV | 191,836 | 98,169 |
| # of adolescents living with HIV | 188,989 | 91,350 |
| # of Adults living with HIV | 1,407,615 | 1,419,536 |
| Total ART | 656,369 | 895,000 |
| # of Adults on ART (Coverage) | 596,228 (66%) | 826,097 (66%) |
| # of children (0-14 years) on ART | 60,141 (42%) | 71,547 (79%) |
| New Infections | 101,563 | 77,648 |
| # of new infections among Adults | 88,622 | 71,034 |
| # of new infections (15-24 years) | 29,352 | 35,776 |
| PMTCT (Coverage) | 55,543 (70%) | 59,214 (75%) |
| MTCT final transmission rate (at 18 months) | 14% | 8.3% |
| # of new infections among children | 12,940 | 6,613 |
| AIDS related deaths | 57,000 | 30,817 |

**Situation Room**

The Kenya HIV Situation room system is a high-level data management tool for decision making at the highest level of Governance at both the National and the County Levels. The Kenya HIV Situation room system has been availed at the Office of H.E the President to enable him monitor progress towards achievement of the national results as per the Health Sector Strategic Plan. It is also assisting in monitoring of the country's global commitments on Health, especially the HIV and Maternal Health components. The system has also been availed to County Health Leadership for monitoring of HIV interventions targets at the County level and so far, nineteen (19) counties have benefited. Equipment for the Situation room (TVs, Tablets and Wi-Fi Access Points) for the remaining counties has been procured and delivery and commissioning are on-going.

**Beyond Zero Mobile Clinics**

The NACC supported the launch of the Beyond Zero Mobile clinics in 47 Counties with the last county planned for the FY 2016/2017.

**Adolescent and Youth Anti-Stigma Campaigns**

**I. Maisha County League**

The National AIDS Control Council (NACC), Council of Governors (COG), National AIDS and STI Control Programme (NASCOP), United Nations Joint Team on HIV and AIDS, Kuza Biashara and Network for Empowerment of People Living with HIV in Kenya (NEPHAK) have partnered with the Federation of Kenya Football (FKF) to promote HIV control activities through the use of football. A total of 940 boys' and 470 girls' teams were organized to take part and targeted young people within the age bracket of 15-24 years old. The objectives of the league were to: -

- Reach 10 million young people with HIV prevention education.
- Ensure that 3 million young people receive interactive one on one mentorship and learning through the Maisha Digital Platform.
- Test 1 million young people for HIV.

The following was achieved:

a) Over 10 young million people were reached with HIV information during the campaign period. This was through various media channels.
b) 3,864,013 young people were reached with one on one HIV education and mentorship.
c) 814,336 young people were tested for HIV and received results across all the 47 the counties.

The winners for the girls' and boys' teams football tournament as well as the counties that emerged tops in HIV testing and one-to one HIV education were awarded trophies by H.E The First Lady Margaret Kenyatta on December 1, 2016.

**II. Fast Track Plan to end Adolescent and Young People HIV Infections and AIDS related deaths**

The Kenya Fast Track Plan to end new HIV infections and AIDS related deaths among adolescents and young people aims at contributing to the achievements of the targets of the KASF 2014/15 – 2018/19 through universal access to comprehensive HIV prevention, treatment and care among adolescents and young people. During this period, the NACC set out to support the Kenya Institute of Curriculum Development (KICD) to develop HIV and AIDS content for inclusion into the curriculum for learners as part of the on-going larger curriculum reform. The following was achieved;

Curriculum needs assessment carried out in 10 counties by teams comprising of KICD, MOE and NACC in quarter 1 and the data was analysed, and the findings documented to provide comprehensive sexuality information through the national curriculum.

The content was developed and submitted to KICD and the integration of the same into the curriculum for mid primary level is currently on-going.

The NACC also designed, produced and disseminated messages and content for the social media platforms in form of audio visuals, infographics and graphic representation; promoting and distribution of the website content. A total of 113,239 people were reached through Facebook while Twitter handle registered 197,500 persons through impressions and engagements.

**Development and Launch of the County AIDS Strategic Plans (CASPs)**

46 counties developed, launched and disseminated their County AIDS Strategic Plans. These 46 counties have also integrated HIV into their County Integrated Plans. 33 counties have HIV coordination committees established and held quarterly meetings to review implementation of the County AIDS Strategic Plans. This was against a target of 27 counties.

**Mainstreaming of HIV & AIDS in the Public Sector-Maisha Certification**

MDAs account for 700,000 workers with an estimated 41,300 workers ( based on 5.9 % national prevalence) living with HIV.MDAs therefore need to invest in protecting the work force The NACC continued to advocate for mainstreaming of HIV and AIDS in the Public Sector based on their comparative advantage and for them to undertake HIV and AIDS sector specific activities This will ensure that the HIV and AIDS response become integrated into their core business and they will prioritize planning and budgeting of the epidemic. During the period under review the Maisha Certification System was developed and Sector HIV plans were developed and validated by all sectors. The NACC has sensitized over 300 MDAs on the Certification system and 47 MCDAs on PC indicators during the PC negotiations. As a result of this KSh 129 million was allocated by MDAs in FY 16/17 to HIV activities up from KSh 1.8 million in FY 15/16

**Research Hub-Maisha Maarifa Hub**

During the FY 2015/2016, the National AIDS Control Council with support from stakeholders developed the Kenya HIV, SRH and co-morbidities Research hub dubbed 'Maisha Maarifa Research hub' to enhance access to research and information to stakeholders and decision makers at all levels. The Hub will facilitate evidence informed decision making and programming at all levels. The specific objectives of the Maisha Maarifa hub are threefold;

- To enhance access to research and knowledge information for HIV and co-morbidities in Kenya,
- To promote evidence based policy formulation and programming,
- To provide an interactive forum for practitioners, implementers, researchers to share knowledge and develop innovative approaches to the HIV response.

During the reporting period development of the research hub was completed. A tracking tool that Ethics Review committees use to submit the approved studies to NACC was also developed and agreed upon in a meeting held with the ERCs on November 2015. This tool was approved by NACOSTI and is currently in use by the ERCs to submit research data. Development of the hub was identified as one of the RRIs under the MoH. It was completed

within the RRI timelines and successfully launched on April 25, 2016 by the Cabinet Secretary Ministry of Health in Nairobi.

During the same period, all the 47 counties were supported to access the Maisha Maarifa research hub and 10 counties to utilize the research. By end of FY 16/17, 1036 studies on HIV, SRH and TB had been uploaded and were accessible to Kenyans and 251 studies are currently on-going. In FY 16/17 10 webinars were conducted with accumulative participation of 281 people both locally and internationally. 23 communities of practice were established and are actively interacting online on HIV and SRH.

**Community and Stakeholder Engagement**

NACC improved capacities of communities to be HIV responsive and empowered community level project implementers through training on data management and accountability, financial management, project management, recording keeping, networking and advocacy, improved human resource management, among others.

Kenya's HIV related stigma index is at 45%. To advocate for reduced HIV related stigma the NACC supported the Faith Sector to develop, approve and launch a Faith Sector HIV Action Plan by Kenya's religious leaders (NCCK, SUPKEM, Hindu Council KCCB). A handbook with non-stigmatizing faith based sermons was developed and approved to reach 25 million Kenyans weekly.

NACC in partnership with stakeholders continued to explore domestic and innovative sustainable financing options to increase domestic financing to 50% by the year 2018/19 in response to the dwindling donor funds for the national response.

The following were achieved

i. 17 counties were supported in resource mobilization through MTEF 13 counties allocated USD 1,7 Million as part of Domestic Resource Mobilization for HIV in FY 16/17
ii. HIV Implementing Partners Online Reporting System (HIPORS- In the FY 2015/16, a total of 44 (11%) of all the 411 HIV NGOs reported expenditure of up to KSh. 14,385,285,158 across the 46 counties for HIV and AIDS programmes.

The NACC in partnership with stakeholders developed, disseminated and/or disseminated several key documents as follows:

National and County annual HIV estimates ,47 County HIV profiles provided for planning, target setting, performance review and prioritization of HIV activities at the counties, the Global AIDS Monitoring Report (GAM) as part of Kenya's global reporting obligations and the Kenya AIDS Progress Report (KAPR)-report available to support the country's biennial HIV program performance review

The Community Based Programme Activity Reporting Tool (COBPAR), through the Community AIDS Programme Reporting system (CAPR) was also reviewed and rolled out to track implementation of non-health facility based HIV programs at community level.

### 2.1.4 Kenya Medical Training College KMTC)

Major achievements during the period 2014/2015 to 2016/2017 are as indicated below

- Infrastructural developments were undertaken that increased training opportunities. This led to increased number of campuses from 45 to 65 within the period under review
- Students admission grew from 6,500 to 12,600 during the same period
- Research projects undertaken grew from 6 to 14
- Compensation to employees grew from KSh.2.09 Billion to 3.01Billion in 2016/2017
- New programs were introduced to address emerging health needs such as Nephrology, Orthopaedic & Trauma medicine.
- Procurement of additional teaching equipment/materials for students learning.

## 2.1.5 Kenya Medical Research Institute (KEMRI)

The Kenya Medical Research Institute has achieved the following during the period under review; Production and distribution of HIV ½ rapid testing kit KEMCOM and HEPCELL kit for Hepatitis B & C testing; Registration of 203 PhD and Masters student; Development of 666 research proposals; Dissemination of results, knowledge and best practices through publication of 768 research manuscripts in peer reviewed journals; Contribution of cutting edge and innovative research results to 21 policy documents;

On average, the Institute has managed to attract research grants of approximately 5B over the reporting period drawn from approximately 61 GoK, local and International collaborators. As donors and development partners re-evaluate their funding priorities, it is important for GoK to significantly increase allocation to health research to ensure continuity of existing research agenda.

The Institute is in the process of building research capacity and establishing research partnerships at county level. During the reporting period, KEMRI conducted county based rapid assessments to establish health needs, priorities and research capacity gaps in 17 counties. It is envisaged that KEMRI will take lead in development of appropriate county specific research and subsequent implementation and dissemination activities.

During the reporting period, KEMRI provided 431,713 specialized laboratory tests in support of ongoing clinical research activities and service provision at KEMRI clinics and collaborating facilities.

## 2.1.6 Kenya Medical Supplies Authority (KEMSA)

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

- KEMSA's strengthened her partnership with development partners, with the highlights being:

    - The KEMSA USAID Medical Commodities Program(MCP) for the supply of ART commodities worth KSh 65B.

- KEMSA – KOFIH 3-year MoU Valued at KES. 280Million
- KEMSA – JHPIEGO contract to provide warehouse and distribution services for Family Planning and PReP commodities.
- Pamela Steele KEMSA Contract to provide Supply Chain Training.

- KEMSA entered in an agreement with UNICEF and the government of Japan to provide supply chain services for the ready to use Therapeutic Food worth KSh 515M.
- KEMSA signed a two-year Memorandum of understanding with the National Treasury to provide procurement and supply chain management services for Global Fund Aids, TB and Malaria programs in Kenya.
- Further, KEMSA enhanced its inter-sectoral linkages with the other ministerial semi-autonomous agencies and county partnerships by entering into relevant MoUs and contracts as detailed below:
    a) MOH
    b) County Governments
    c) NACC
    d) KEMRI
    e) KNH
    f) NQCL
- The Authority managed to achieve the following KPIs:

| KEY OUTPUT | KEY PRFORMANCE INDICATORS | PLANNED TARGET | | | ACHIEVED TARGET/PERFORMANCE | | | |
|---|---|---|---|---|---|---|---|---|
| | | 2014/15 | 2015/2016 | 2016/2017 | 2014/15 | 2015/2016 | 2016/2017 | |
| Adequate stocks of health products & technologies. | % order refill rate for HPTs | 80% | 85% | 90% | 85% | 87% | 85% | The drop in performance in 2016/17 was due to industrial action in the health sector |
| Timely supply of commodities to purchasing entities. | Order turnaround time | 12 | 10 | 10 | 15 | 10 | 12 | |

- The Authority's Quality Lab received Accreditation (ISO/IEC 17025:2005) from KENAS.
- KEMSA procured the Embakasi supply chain centre worth KSh.2.25B previously owned by Kenya Airways. Further to this KEMSA managed to secure funding of KES 954M through the Global Fund Grant, to put up a state of the art supply chain centre at Embakasi
- KEMSA secured funding KES 57M for upgrading Kisumu and Mombasa depots to distribution centres.

- Training of over 3,000 health facilities workers on the Logistics Management Information System (LMIS). This has helped to boost medical commodities order turnaround and has helped KEMSA address the challenges experienced in inaccuracy of quantity ordered, forecasting reduce paper work and building a data bank where facilities quantify volumes of drugs they consume.
- KEMSA rolled out the Risk Management Framework following the launch of the risk champion network. This was an initiative by the government through the treasury circular of 2009 that directed the heads of public institutions to develop and implement the risk management framework.
- KEMSA establishment of a new directorate –KEMSA Medical Commodities Program(KEMSA-MCP). The directorate saw the appointment of a Director and several managers and support staff. The mandate of the directorate is to streamline the operations and functions of KEMSA in order to achieve its main objective of establishing and maintaining an efficient forecasting and acquiring system, warehousing and distribution of the USAID supported commodities.
- KEMSA also strengthened the Planning and Continuous Improvement Department through capacity building by appointing a new Head of department and supporting staff to undertake monitoring and evaluation of the business to aid in forecasting of stock Planning levels and advice on business growth. The department is tasked with the realization of the organizational goals and objectives as outlined in the KEMSA strategic plan and lead the organization in Monitoring and Evaluation of its objectives.
- KEMSA management formed a technical working group made up of the Sales and Marketing team and representatives from the Ministry of Health, nursing unit and the Nursing council to review the current product portfolio through selection, quantification and specification with a view of bring more medical commodities to meet customer needs.
- KEMSA attained the 4th cycle recertification of the upgraded standard for the ISO-9001:2015.

- KEMSA was recognized by the Computer Society of Kenya for the best use if ICT in healthcare delivery, through the implementation of the Logistics Management Information System (LMIS).
- The management has continued to embrace the performance based management and signing the requisite government performance contracting targets. Though no evaluation took place in the last FY, there was a remarkable improvement in performance within the organization based on self-evaluation of the Performance contract.
- **South- South Exchange initiative**

During the Financial year, the Authority was awarded for outstanding achievement in supply chain management under the development of the development of the supply chain knowledge through south- south exchange initiative.

- **E- Health**

The Authority completed training for the LMIS platform to all counties for ordering and all HIV reporting cites. The Platform saw KEMSA achieve 1st place award for best application of e-Health by the computer society of Kenya during Kenya ICT excellence awards.

## 2.1.7 National Health Insurance Fund (NHIF)

The National Hospital Insurance Fund has recorded remarkable achievements in the period under review as follows;

**Increase in membership**

The membership for NHIF has increased by 24 percent (1.32 million members) from 5.4 million in 2014/15 to 6.8 million in 2016/17. This increase is varied between the formal and informal sector with formal sector witnessing a growth of 17 percent while the informal sector has grown by 36 percent over the same period as shown in the table below:

The Table below shows a 5-year trend of total principal members registered per sector

| Classification | 2014/15 | 2015/16 | 2016/2017 |
|---|---|---|---|
| Public Sector | 865,649 | 926,414 | 972,239 |
| Micro-Insurance | 1,989,420 | 2,235,892 | 2,608,832 |
| Private Sector | 2,455,900 | 2,689,753 | 2,898,174 |
| Sponsored program | 164,211 | 284,197 | 325,612 |
| **Total Membership** | **5,475,180** | **6,136,256** | **6,804,857** |
| *% growth* | ***16%*** | ***12%*** | ***11%*** |

**Improved income and increased benefits utilization**

NHIF income has been growing annually as a result of various strategies employed by the Fund including the introduction of new contribution rates in April 2015 as shown below:

Table: Trends in NHIF Income and Expenditure (KSh million)

| Income and Expenditure | 2014/15 | 2015/16 | 2016/17 |
|---|---|---|---|
| Receipts from Contributions & premiums | 12,666.54 | 28,565.87 | 34,978.22 |
| Benefits paid out | 5,883.68 | 10,248.80 | 26,122.11 |
| Contributions Net of Benefits | 6,782.86 | 18,317.07 | 8,856.11 |
| Other Income | 622.62 | 1,609.57 | 2,108.89 |
| Admin Costs | 4,741.03 | 6,616.22 | 8,276.86 |
| Surplus | 2,664.45 | 13,310.42 | 2,688.14 |

As per the table above, income increased by KSh.22 billion (176%) since the introduction of new contribution rates in 2014/15. Benefits grew by 344% (KSh.20 billion) in the period under review. There was low expenditure on benefits in the FY 2015/16 because of the low intake of capitation as the outpatient services had just been rolled out. However, the following year great strides were made in the uptake of outpatient and the pay-out ratio rose to over 75% of the contributions.

**Enhanced benefits**

NHIF has rolled out of a wide range of benefits aimed at guaranteeing adequacy in service coverage and reducing out of pocket health expenditures. The achievements made in the review period are as follows;

- Introduction of outpatient services to all NHIF members and declared dependants which covers general consultations, diagnosis and treatment of common ailments, prescribed laboratory, X-ray investigation services, prescribed drugs administration among others
- Introduction of new special benefit packages for all members and declared dependants covering; Radiology (MRI and CT scans), Renal (pre, intra and post-dialysis), Maternity (normal and caesarean section), Surgery (minor, major, specialized), Oncology (radiotherapy, chemotherapy), Kidney transplant, and Rehabilitation services.
- Increased daily inpatient rebates for all levels of hospitals.
- Introduced road evacuation (ambulance) services applicable to all NHIF members.
- Improved on claims payments time period from thirty days to fourteen working days.

**Automation of services**

NHIF continues to improve service delivery by automation of its services. Notable achievements madein the review period are as follows;

- NHIF introduced online registration of members in a bid to improve on convenience and accessibility of services to the public
- Implementation of an integrated revenue platform that offers members improved service and convenience while making payments. The integrated system links all the partner banks and mobile money channels with NHIF and ensures individual member and employer accounts are updated on a real-time basis.

Other achievements made in the period under review include the following;

- Introduction of new negotiated medical schemes for counties and state bodies. A total of 14 counties and 13 parastatals were brought on board with their members enjoying enhanced cover that includes inpatient, outpatient, optical & dental care and group life.
- Amendment of NHIF Act of 1998 to review penalties for both informal and formal sector members.
- Organizational restructuring to ensure efficient delivery of services

## 2.3. Review of key indicators of sector performance

Table2: Key performance indicators for the sector

**PROGRAM 1: Preventive, Promotive and RMNCAH Services**

| Sub - Program | Key Output | Key Performance Indicators | Planned Target | | | Achieved Target/ Performance | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 | |
| Communicable disease control | Reduced communicable diseases | Number of HIV+ clients on ARV | 750,000 | 1,000,000 | 1,100,000 | 850,000 | 947,000 | 1,069,220 | The launch of Test & Treat HIV Guidelines in July 2016 has led to a sharp increase in numbers on ART |
| | | Proportion of ANC mothers on ARVs | 80% | 90% | 90% | 82.2% | 94.1% | 95.3% | |
| | | No of people tested for HIV | 8,000,000 | 8,000,000 | 8,000,000 | 7,498,216 | 10,991,260 | 13,444,337 | |
| | | % of TB patients completing treatment | 90% | 90% | 90% | 89% | 90% | 86% | Variance was the result of increase in death rate and lost to follow up. |
| National AIDS Control Council | County AIDS Strategic Plans (CASPs) developed by counties | Number of CASPs developed | N/A | 21 | 15 | N/A | 27 | 19 | |
| | Young people reached with prevention information on HIV/AIDS | Number of young people reached with prevention information on HIV/AIDS | N/A | N/A | 5,000,000 | N/A | N/A | 10,000,000 | Leveraged on financial & technical support from implementing partners, and a popular vehicle (soccer) to reach the youth. |
| | HIV situation room operationalized | Numbers of counties having access to HIV situation room | N/A | N/A | 47 | N/A | N/A | 19 | Inadequate resources (human & financial) required for cascading the hardware, training and maintenance |
| | National and County Profiles on HIV/AIDS | No. of National and County Profiles developed | 48 | - | 48 | 48 | - | 48 | Done every two years |
| Non-communicable diseases | Reduced non-communicable diseases | No. of Women of Reproductive Age (WRA) screened for cervical cancer | 150,000 | 200,000 | 325,000 | 291,318 | 117,000 | 310,677 | |

| Sub - Program | Key Output | Key Performance Indicators | Planned Target | | | Achieved Target/ Performance | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 | |
| Radioactive waste management | Ensure the safety and security of radioactive sources and intercepted nuclear materials in illicit trafficking | Fully operational Central Radioactive Waste Processing Facility | 70% | 95% | 100% | 70% | 97% | 99% | Phase I of the project is almost completed – minor repairs captured in the snag list pending. Phase II ought to be commenced. Both Phases are inter-related to ensure full operationalization of the facility. |
| Radioactive waste management | Radioactive waste managed | Percentage of Radiation sources monitored for safety | NA | NA | 100% | NA | NA | 100% | |
| RMNCAH | Increased number of children fully immunized | Proportion of fully immunized children | 79% | 80% | 80% | 71% | 68.5% | 71.7% | |
| | WRA accessing family planning services | Proportion of WRA accessing FP services | 45% | 43% | 45% | 40.7% | 47.4% | 44.9% | |
| | Increased number of deliveries by skilled birth attendants | Percentage of deliveries conducted by skilled health | N/A | 78% | 79% | 73.7% | 77.4% | 77.4% | |
| | | Proportion of pregnant women attending 4 ANC visits | NA | NA | NA | 51.7 | 51.9 | 52.2 | |

## PROGRAM 2: National Referral and Rehabilitative Services

| Sub - Program | Key Output | Key Performance Indicators | Planned Target | | | Achieved Target/ Performance | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 | |
| Mental health hospital | Improved access to specialized mental health services | No. of patients receiving specialized mental health services | 4,000 | 4,250 | 4,500 | 4,188 | 4,401 | 2,819 | The drop-in performance in 2016/17 was due to industrial action in the health sector |
| Forensic and diagnostic services (NBTS) | Safe blood & blood products available. | No. of blood units secured | 214,000 | 205,000 | 215,000 | 187,925 | 158,749 | 158,378 | |
| Managed Equipment Services** | Access to specialized diagnostic and treatment services increased | No of Public hospitals with specialized equipment | N/A | 92 | 98 | N/A | 92 | 98 | Cumulatively, 98 facilities have been equipped across the country |
| | Specialized services available e.g. radiotherapy, cardiac disease management | Proportion of installed machines functional | N/A | 100% | 100% | N/A | 100% | 100% | |
| Kenya Medical Supplies Authority | Adequate stocks of health products & technologies. | % order refill rate for HPTs | 80% | 85% | 90% | 85% | 87% | 85% | The drop-in performance in 2016/17 was due to industrial action in the health sector |
| | Timely supply of procured commodities to purchasing entities. | Order turnaround time | 12 | 10 | 10 | 15 | 10 | 12 | |
| Kenyatta National Hospital | Specialized services available e.g. radiotherapy, cardiac disease management | Number of Open Heart surgeries | 60 | 167 | 78 | 58 | 48 | 61 | Constraint in critical care facilities e.g. CCU and effect of industrial action |
| | | Number of Renal Transplant | 28 | 30 | 15 | 24 | 12 | 7 | Not achieved because of renovation of renal unit to enhance capacity |
| | | Number of minimally | 1554 | 3537 | 720 | 531 | 684 | 456 | Not achieved because of the effect of |

| Sub - Program | Key Output | Key Performance Indicators | Planned Target | | | Achieved Target/ Performance | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 | |
| | | invasive surgeries done | | | | | | | industrial strike. |
| | Access to specialized diagnostic and treatment services increased | ALOS for trauma patients' days | 29 | 33 | 33 | 34.6 | 35.9 | 39 | Not achieved due to inadequate Theatre capacity. However, we have rededicated a trauma theatre and construction of a day care surgery facility which are expected to reduce the ALOS |
| | | Average waiting time (monthly) for radiotherapy | 7 | 6 | 7 | 12 | 8 | 1 | Achieved. Improved capacity by acquisition of LINAC |
| Moi Teaching & Referral Hospital | Provision of Specialized Healthcare Services | Average Length of Stay (ALOS) | 6.5 | 6.5 | 6.5 | 6.3 | 7 | 7.3 | The negative variance observed was attributed to prolonged Doctors strike |
| | | Number of Theatre Operations | 9,302 | 9,302 | 12,356 | 9,600 | 11,233 | 7448 | Prolonged Doctors strike that lasted for 100 days in the 1st QTR of the FY |
| | | No. of Radiological Investigations | 62,556 | 62,556 | 55,825 | 45,968 | 50,750 | 62,358 | The negative variance observed is attributed to the low patient numbers attributed to strikes., during the period |
| | | No. of Laboratory investigations | 531,238 | 531,238 | 669,224 | 736,146 | 608,385 | 553,562 | The negative variance observed is attributed to the low patient numbers attributed to strikes., during the period |
| | | No. of Kidney Transplants undertaken | 12 | 12 | 12 | 15 | 10 | 11 | Doctors strike |

## PROGRAM 3: Research and Development

| Sub - Program | Key Output | Key Performance Indicators | Planned Target | | | Achieved Target/ Performance | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 | |
| Capacity Building & Training | Critical mass of human resource for health trained | Number of trained health professionals | 6,000 | 8,000 | 7,500 | 7,501 | 8,043 | 8,957 | Expansion of new campuses with the support of County Governments. |
| Research and Development | Innovative research finding in application. | Number of policy contributions | 6 | 8 | 3 | 8 | 8 | 5 | The institute contributed to development of key policies. Notably, the institute provided technical assistance and data in development of the Kenya AIDS Strategic Framework 2014/15-2018/19, Improving priority setting Practices in Kenya's hospitals: Recommendations for county decision-makers and hospital managers, Guidelines for Conducting adolescent HIV sexual and reproductive health research in Kenya, Malaria and Ebola vaccine guidelines. |
| | Response to national health research priorities | New research protocols developed & approved | 200 | 230 | 200 | 287 | 180 | 199 | The Institute successfully approved scientific protocols through the Scientific Ethics and Research Unit for implementation during the reporting periods. Reduced funding levels were noted during the FY15/16 due to unforeseen exogenous factors. |
| | | Completed Research Projects | 7 | 10 | 10 | 9 | 13 | 35 | The institute successfully completed all scheduled projects. |
| | Production and utilisation of research | Published Papers | 320 | 207 | 216 | 268 | 220 | 280 | During the period under review, the Institute disseminated key results and best practices through approval and successfully publishing manuscripts/publications in peer reviewed journals. Reduced No of publications noted during the FY15/16 due to reduced research funding levels. |
| | | Hold Scientific & Health Conferences | 2 | 2 | 2 | 2 | 1 | 2 | The Institute routinely organizes at the Annual Scientific and Health Conference conferences. |
| | Support to county health research | Counties supported | | 15 | 5 | | 15 | 5 | • The Institute held consultative meetings with County Governments of to establish health needs, priorities and research capacity gaps. Partnerships and collaborations were established in the areas. |

| Sub - Program | Key Output | Key Performance Indicators | Planned Target | | | Achieved Target/ Performance | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 | |
| | | | | | | | | | • KEMRI signed Memorandum of Understanding (MoU) and a Service Level Agreement (SLA) with the Nairobi City County Government that established collaborative framework in health research, capacity building and service delivery<br>• The Institute held workshops to build capacity and develop collaborative networks county health managers.<br>• Carried out health research needs assessment in the following 17 counties; Wajir, Garissa, Mandera, Isiolo, Tharaka Nithi, Meru, Marsabit, Embu, Makueni, Machakos, Kajiado, Nairobi, Kilifi, Mombasa, Kwale, Taita Taveta and Bomet.<br>• Operational research training needs assessment for health care workers in Embu county was held in May 26th, 2015<br>• Bomet County Health Officials visited KEMRI on fact finding mission on Tuesday, 14th April 2015. |
| Training & capacity building | Critical mass of human resource for health in preventive, curative, research and leadership aspects developed | Number of graduate researchers enrolled | 155 | 102 | 75 | 95 | 72 | 36 | The targets for enrolment of students at the KEMRI graduate school was not realized due to discontinuation of the FELTP program sponsored by CDC and deferments by some of the already shortlisted students |
| Products and Services | Quality products & services | Diagnostic kits | 15,000 | 47,774 | 50,000 | 14,037 | 63,012 | 56,125 | The Institute continued to produce quality, competitively priced diagnostic kits to support service delivery within he health sector. |
| | | Services (Clinical and Specialized laboratory services) | 85, 000 | 93,500 | 171,932 | 119,773 | 216,940 | 95,000 | The Institute continued to provide specialized laboratory services to support provision of facility based clinical services, research activities, disease surveillance and outbreaks. |

## PROGRAM 4: General Administration, Planning & Support Services

| Sub - Program | Key Output | Key Performance Indicators | Planned Target | | | Achieved Target/ Performance | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 | |
| Human Resource Management | Schemes of services improved | No of Schemes of services reviewed | 2 | 2 | 3 | 7 | 3 | 9 | |

## PROGRAM 5: Health Policy, Standards and Regulations

| Sub - Program | Key Output | Key Performance Indicators | Planned Target | | | Achieved Target/ Performance | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 | |
| Health Policy, Planning & Healthcare Financing | Health Policies and planning frameworks | Kenya Health Policy | NA | NA | Sessional paper on Kenya Health policy 2014-2030 | NA | NA | Sessional paper on Kenya Health policy 2014-2030 | Approved by parliament |
| | | Annual operational work plan | 1 | 1 | 1 | 1 | 1 | 1 | |
| | | Annual sector performance report | 1 | 1 | 1 | 1 | 1 | 1 | |
| | Reduced financial barriers to access to healthcare | Increased number of indigents accessing healthcare through HISP | 200,000 | 200,000 | 160,421 | 189,717 | 219,200 | 155,519 | Target reduced due to increase in NHIF premiums without corresponding financial increase |
| | | No of elderly and persons with disability insured with NHIF | N/A | 189,000 | 42,000 | N/A | 231,000 | 42,000 | Reduction due to increase in premiums and reduction in financing |

| Sub - Program | Key Output | Key Performance Indicators | Planned Target | | | Achieved Target/ Performance | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 | |
| Health Standards, Quality Assurance & Standards | Regulatory frameworks, guidelines and standards | Health Act | NA | NA | Kenya Health Bill enacted in parliament | NA | NA | Health Act 2017 | |

## 2.4. Analysis of Expenditure Trends

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 2014/15 to 2016/17. Expenditure can be broadly categorized into recurrent and development expenditure. Recurrent expenditure mostly comprises of expenditures on personnel emoluments, supply of Medical drugs and non-pharmaceuticals, goods and services (O&M). Development expenditure involves non-recurrent expenditure on physical assets and infrastructure.

As shown in the table below, the approved estimates for national Ministry of Health was at KSh. 71.4 Billion which represented a 31percent increase from KSh. 54.3 Billion in 2014/15. The actual expenditures for the same period was at KSh. 37.3billion, KSh 41.5billion and KSh 57.4billion respectively for the years 2014/15, 2015/16and 2016/17.The reason for underutilization of both the Recurrent and Development is due to the non-submission of Appropriation in Aid returns by the Ministry's SAGAs and the Development Partners.

**Analysis of MOH Budgetary Trends 2014/15 – 2016/17**

| VOTE | Approved Estimates (KSh) Million | | | Actual Expenditures(KSh) Million | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| Total Recurrent | 29,482 | 29,194 | 35,737 | 24,158 | 25,047 | 30,636 |
| % of Total | 54% | 48% | 50% | 65% | 60% | 53% |
| Total Development | 24,847 | 31,479 | 35,697 | 13,118 | 16,496 | 26,837 |
| % of Total | 46% | 52% | 50% | 35% | 40% | 47% |
| **Total Expenditure** | **54,329** | **60,674** | **71,434** | **37,276** | **41,543** | **57,472** |

**Table 2.2. Analysis of Recurrent expenditure by Sector and Vote (KSh. Millions).**

| Economic classification | Approved budget allocations | | | Actual expenditure | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Gross** | **29,482** | **29,194** | **35,737** | **24,158** | **25,047** | **30,636** |
| AIA | 3,900 | 3,900 | 3,978 | - | 4 | 7 |
| **NET** | **25,582** | **25,294** | **31,759** | **24,158** | **25,043** | **30,629** |
| Compensation to Employees | 5,130 | 5,332 | 5,928 | 5,025 | 5,048 | 4,857 |
| Transfers | 21,182 | 21,178 | 27,381 | 16,685 | 17,470 | 23,448 |
| Other Recurrent | 3,170 | 2,685 | 2,428 | 2,448 | 2,528 | 2,330 |

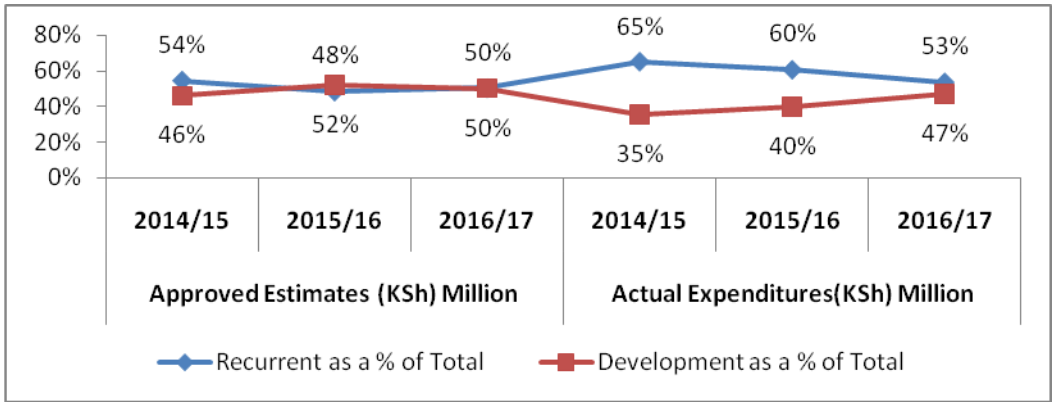
**Table 2.3. Analysis of Development expenditure by Sector and Vote (KSh. Millions)**

| Economic classification | Approved budget allocations | | | Actual expenditure | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Gross** | **24,847** | **31,479** | **35,697** | **13,118** | **16,496** | **26,837** |
| AIA | | | | | | |
| **NET** | **24,847** | **31,479** | **35,697** | **13,118** | **16,496** | **26,837** |
| Compensation to Employees | 173 | 769 | - | 104 | 176 | - |
| Transfers | 8,056 | 11,625 | 19,910 | 7,430 | 7,382 | 16,030 |
| Other Development | 16,618 | 19,086 | 15,787 | 5,584 | 8,937 | 10,807 |

**Breakdown of Recurrent versus Development trends FY 2014/15 – 2016/17**

Analysis of the breakdown of recurrent and development budgetary allocations and actual expenditures for the Ministry of Health shows that the recurrent vote accounts for over 50 percent of the Ministry's expenditures. Figure below shows the breakdown of recurrent and development expenditures for the period between 2014/15 and 2016/17.

**Breakdown of Recurrent versus Development for FY 2014/15 – 2016/17**




**Breakdown of MOH Actual Expenditure by Economic Classification, 2014/15 – 2016/17**

Economic classification[3] distinguishes between various categories of current and capital expenditure in nature. The main categories in the economic classification of recurrent and development expenditure includes:

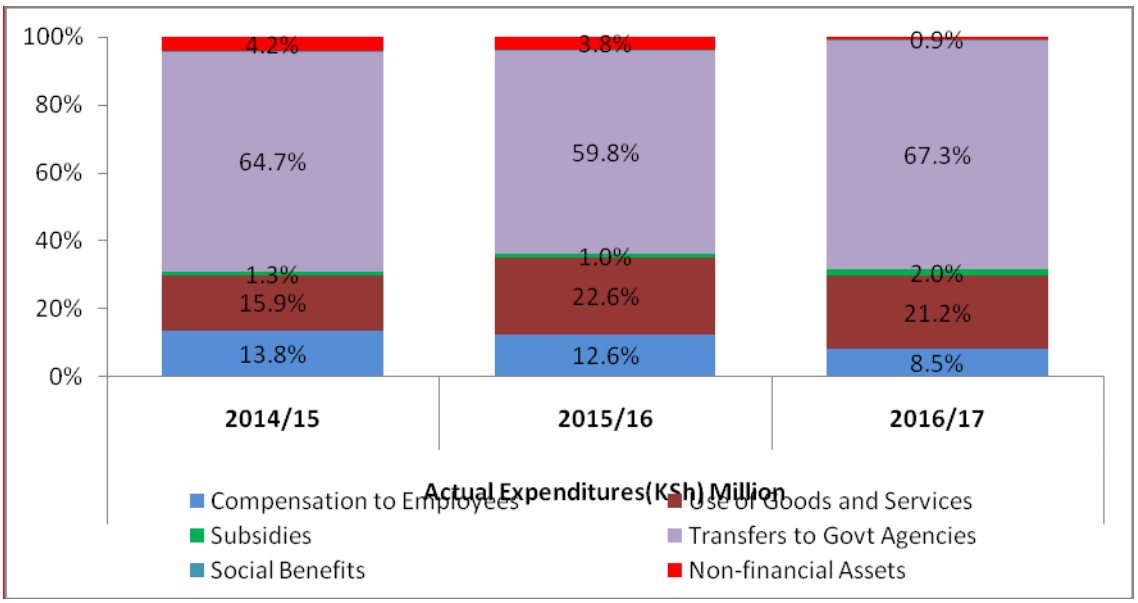
- **Compensation to employees** - (salaries and personnel emoluments);
- **Use of goods and services** - including general administrative expenses and purchases of other goods and services which are not of a capital nature including drugs and medical consumables;
- **Grants, Transfers and Subsidies**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

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

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

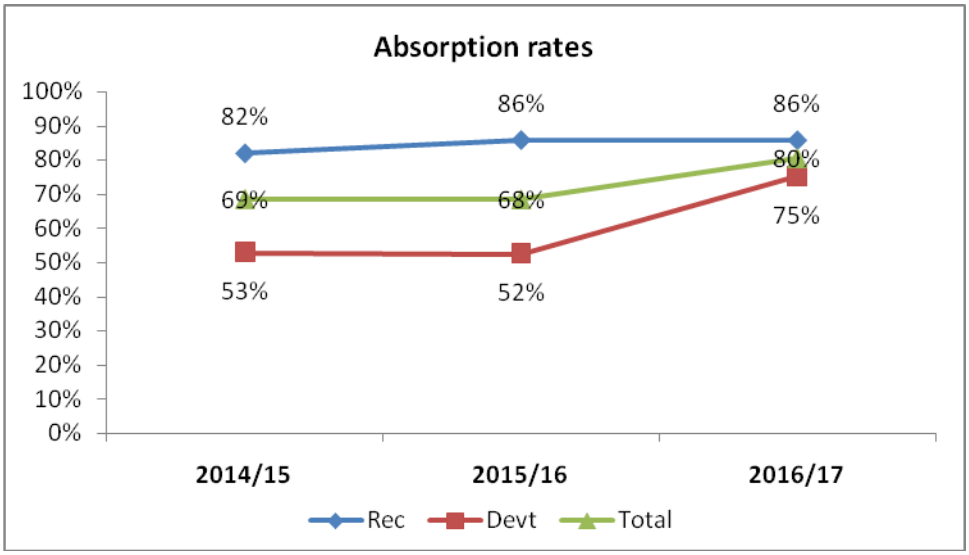
**Breakdown of MOH Actual Expenditure by Economic Classification, 2014/15 – 2016/17**

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




**MOH Budget Execution by Vote, 2014/15 – 2016/17**

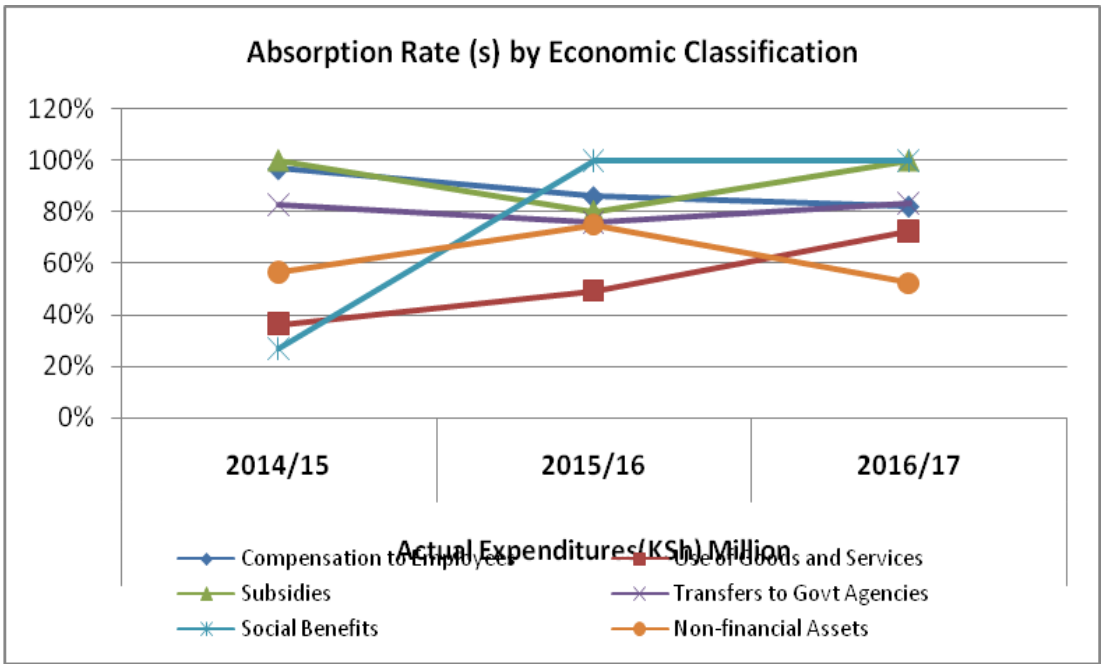
Figure below shows analysis of budget execution by the Ministry of Health for financial year 2014/15 to 2016/17. Overall, budget execution levels for the Ministry of Health was at 69 percent, 68 percent and 80 percent respectively for the FY 2014/15, 2015/16 and 2016/17 respectively.




**MOH Budget Execution by Economic Classification, 2014/15 – 2016/17**

Figure below shows analysis of budget execution by the Ministry of Health for financial year 2014/15 to 2016/17 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 2014/15 – 2016/17**



**Analysis of MOH expenditures by Economic Classification 2014/15 – 2016/17**

| Expenditure Classification | Approved Estimates (KSh) Million | | | Actual Expenditures(KSh) Million | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Recurrent Expenditure** | | | | | | |
| Compensation to Employees | 5,130 | 5,332 | 5,928 | 5,025 | 5,048 | 4,857 |
| Use of Goods and Services | 2,064 | 1,772 | 1,841 | 1,436 | 1,730 | 1,763 |
| Subsidies | 500 | 500 | 1,152 | 500 | 400 | 1,152 |
| Current transfers to Govt Agencies | 21,182 | 21,178 | 26,591 | 16,685 | 17,470 | 22,658 |
| Social Benefits | 104 | 100 | 100 | 28 | 100 | 100 |
| Non-financial Assets | 502 | 312 | 125 | 484 | 298 | 106 |
| ***Total Current Expenditure*** | ***29,482*** | ***29,194*** | ***35,737*** | ***24,158*** | ***25,047*** | ***30,636*** |
| **Capital Expenditure** | | | | | | |
| Compensation to Employees | 173 | 769 | - | 104 | 176 | - |
| Use of Goods and Services | 14,350 | 17,280 | 14,951 | 4,503 | 7,647 | 10,410 |
| Subsidies | - | - | - | - | - | - |
| Capital transfers to Govt Agencies | 8,056 | 11,625 | 19,910 | 7,430 | 7,382 | 16,030 |
| Non-financial Assets | 2,268 | 1,805 | 837 | 1,081 | 1,291 | 397 |
| ***Total Capital Expenditure*** | ***24,847*** | ***31,479*** | ***35,697*** | ***13,118*** | ***16,496*** | ***26,837*** |
| **Recurrent and *Capital* Expenditure** | | | | | | |
| Compensation to Employees | 5,303 | 6,101 | 5,928 | 5,129 | 5,224 | 4,857 |
| Use of Goods and Services | 16,414 | 19,052 | 16,792 | 5,939 | 9,377 | 12,173 |
| Subsidies | 500 | 500 | 1,152 | 500 | 400 | 1,152 |
| Transfers to Govt Agencies | 29,238 | 32,803 | 46,501 | 24,115 | 24,853 | 38,688 |
| Social Benefits | 104 | 100 | 100 | 28 | 100 | 100 |
| Non-financial Assets | 2,770 | 2,118 | 961 | 1,565 | 1,588 | 503 |
| ***Total Expenditure*** | ***54,329*** | ***60,674*** | ***71,434*** | ***37,276*** | ***41,543*** | ***57,472*** |

## 2.5. PROGRAMME IMPLEMENTATION: FY 2014/15 – 2016/17

The table below shows spending for the FY 2016/17 by programmes. In summary, National Referral and specialized Services programme utilized 43 percent of all resources, followed by Preventive and Promotive Health at 21 percent. The other three programmes utilized between 8 percent and 16 percent of all the resources. A breakdown of spending by programmes is provided in the table that follows.

### 2.5.1. Expenditure Analysis by Programmes for FY 2014/15 – 2016/17

**Table: Analysis by Programme 2014/15 – 2016/17**

| Programme (s) | Approved Budget | | | Actual Expenditure | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| Programme 1: Preventive and Promotive Health | 10,456 | 7,856 | 16,398 | 5,457 | 4,142 | 11,939 |
| *As a % of Total* | *19%* | *13%* | *23%* | *15%* | *10%* | *21%* |
| Programme 2: National Referral and specialized Services | 19,412 | 23,944 | 29,489 | 13,202 | 19,264 | 24,750 |
| As a % of Total | *36%* | *39%* | *41%* | *35%* | *46%* | *43%* |
| Programme 3: Health Research and Development | 5,251 | 5,486 | 5,852 | 4,560 | 4,661 | 4,762 |
| As a % of Total | *10%* | *9%* | *8%* | *12%* | *11%* | *8%* |
| Programme 4: General Administration & Support Services | 14,629 | 15,705 | 10,181 | 9,851 | 8,717 | 9,247 |
| As a % of Total | *27%* | *26%* | *14%* | *26%* | *21%* | *16%* |
| Programme 5: Health Policy, Standards and Regulations | 4,581 | 7,683 | 9,515 | 4,206 | 4,758 | 6,774 |
| As a % of Total | *8%* | *13%* | *13%* | *11%* | *11%* | *12%* |
| **Total Expenditure for MOH** | **54,329** | **60,674** | **71,434** | **37,276** | **41,543** | **57,472** |

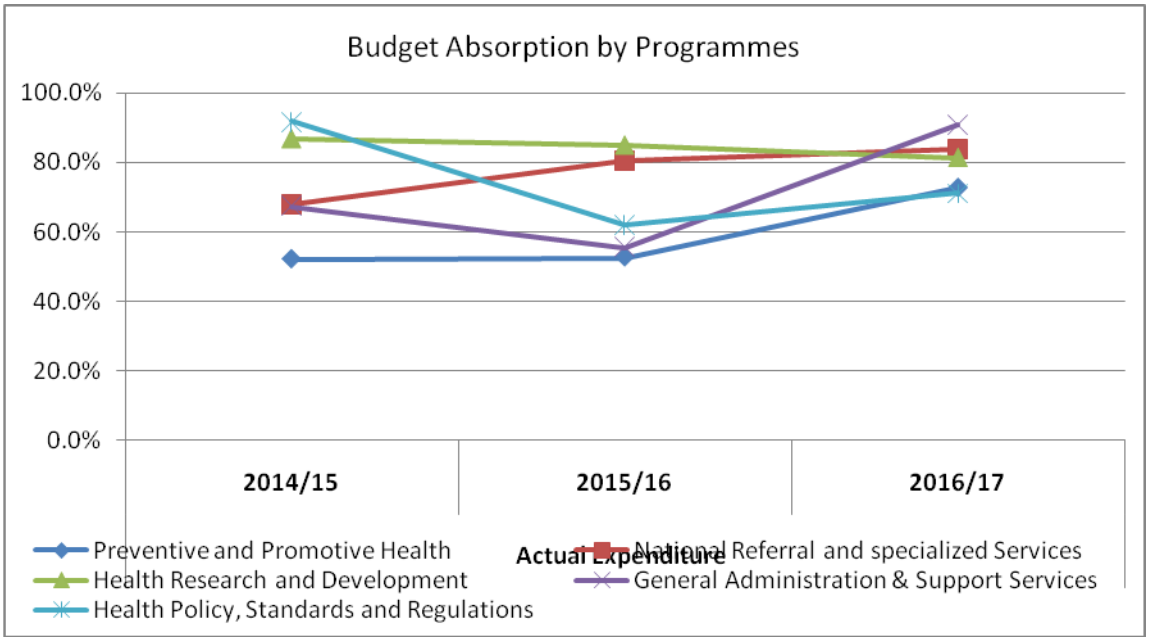
**Reasons for Low Budgetary Execution**

| Programme | Reason |
|---|---|
| Programme 1: Preventive and Promotive Health | Use of goods and service<br>This was AIA component under GAVI and under clinical waste management that was not spent. |
| Programme 2: National Referral and specialized Services | Use of goods and service<br>BADEA (KSh. 450m) KNH and Wajir (KSh. 250m) and USAID- MTRH (364).<br>3.9b was for transfers to KNH and MTRH |
| Programme 3: Health Research and Development | The difference is the AIA for KMTC (KSh. 1,069) |
| Programme 4: General Administration & Support Services | |
| Programme 5: Health Policy, Standards and Regulations | The difference was due to underspending for the capital transfers (JICA, Kidney Institute, UHC) |

**MOH Budget Execution by Programmes, 2014/15 – 2016/17**

Figure below shows analysis of budget execution by the Ministry of health for financial year 2014/15 to 2016/17 by programmes.

**Figure: MOH Budget Execution by Programmes, 2014/15 – 2016/17**




# Table 2.4. Analysis of Programme/ Sub programme expenditure by Sector

**Programme 1 - Preventive and Promotive Health Services**

| Sub Programme | Approved Budget (KSh. Millions) | | | Actual Expenditure (KSh. Millions) | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| SP1.1 -Communicable disease prevention | 857 | 5,802 | 6,093 | | 3,360 | 4,548 |
| SP1.2 - Non-communicable disease prevention & control | 2,853 | 632 | 252 | | 531 | 159 |
| SP1.3 - Radioactive Waste Management | 125 | 182 | 1,086 | | 147 | 302 |
| SP1.4- RMNCAH | 302 | - | 8,515 | | (0) | 6,519 |
| SP1.5 Environmental Health | 125 | 182 | 453 | | 147 | 412 |
| ***Total Expenditure Programme 1*** | ***4,263*** | ***6,798*** | ***16,398*** | ***-*** | ***4,186*** | ***11,939*** |

**Programme 2 - National Referral and specialized Services**

| Sub Programme | Approved Budget (KSh. Millions) | | | Actual Expenditure (KSh. Millions) | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| SP2.1 - National Referral Services | 15,660 | 1,685 | 15,770 | | 14,879 | 12,625 |
| SP2.2 -Specialized Medical Equipment | | | 9,600 | | (0) | 9,586 |
| SP2.3 - Specialized services (Spinal Injury) | 108 | - | 1,243 | | (0) | 917 |
| SP2.4 - Forensic and Diagnostics | 3,820 | 5,707 | 1,488 | | 5,290 | 1,241 |

| Sub Programme | Approved Budget (KSh. Millions) | | | Actual Expenditure (KSh. Millions) | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| SP2.5 - Health Products and Technologies | | | 1,387 | | | 380 |
| ***Total Expenditure Programme 2*** | **19,588** | **7,392** | **29,489** | **0** | **20,169** | **24,750** |

**Programme 3 - Health Research and Development**

| Sub Programme | Approved Budget (KSh. Millions) | | | Actual Expenditure (KSh. Millions) | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| SP3.1 - Pre-Service and In-Service Training | 3,290 | 3,456 | 4,027 | | 2,631 | 2,938 |
| SP3.2 - Research & Innovations | 1,961 | 2,030 | 1,824 | | 2,030 | 1,824 |
| ***Total Expenditure Programme 3*** | ***5,251*** | ***5,486*** | ***5,852*** | ***-*** | ***4,661*** | ***4,762*** |

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

| Sub Programme | Approved Budget (KSh. Millions) | | | Actual Expenditure (KSh. Millions) | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| SP 4.1 - General admin | 6,566 | 7,985 | 10,114 | - | 4,792 | 9,197 |
| SP4.1 - Finance and planning | 4,181 | 7,719 | 67 | | 3,926 | 50 |
| ***Total Expenditure Programme 2*** | ***10,747*** | ***15,704*** | ***10,181*** | ***-*** | ***8,717*** | ***9,247*** |

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

| Sub Programme | Approved Budget (KSh. Millions) | | | Actual Expenditure (KSh. Millions) | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| SP5.1 -Health Policy | 30 | 320 | 7645 | | 31 | 5451 |
| SP5.2 -Social Protection in Health | 4,040 | 4,348 | 1642 | | 4306 | 1152 |
| SP5.3 -Health Standards and Regulations | 265 | 3,015 | 227 | | 421 | 171 |
| ***Total Expenditure Programme 5*** | ***4,335*** | ***7,683*** | ***9,515*** | ***-*** | ***4,758*** | ***6,774*** |

## Expenditure Analysis of Programmes by Economic Classification FY 2014/15 – 2016/17

This section shows the breakdown of approved budget versus actual expenditures in for FY 2014/15 to 2016/17 disaggregated by programmes and by Economic classifications. The programmes are not in any way ordered in this section.

## Table 2.5: Programme Expenditure analysis by Economic Analysis (Amount in KSh Million)

**Programme 1: Preventive and Promotive Health**

| Expenditure Classification | Approved Budget (KSh. Millions) | | | Actual Expenditure (KSh. Millions) | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Current Expenditure** | | | | | | |
| Compensation to Employees | 599 | 453 | 650 | 410 | 370 | 512 |
| Use of Goods and Services | 825 | 654 | 774 | 552 | 649 | 761 |
| Subsidies | | | | | | |
| Current transfers to Govt Agencies | 914 | 695 | 666 | 532 | 659 | 664 |
| Social Benefits | | - | | - | 0 | |
| Non-financial Assets | 1 | (0.21) | 0 | - | 0 | 0 |
| ***Total Current Expenditure*** | ***2,339*** | ***1,801*** | ***2,090*** | ***1,494*** | ***1,678*** | ***1,937*** |
| **Capital Expenditure** | | | | | | |
| Compensation to Employees | 165 | 308 | | 25 | 176 | |
| Use of Goods and Services | 6,191 | 4,310 | 3,212 | 3,002 | 1,660 | 567 |
| Subsidies | | | | | | |
| Capital transfers to Govt Agencies | 990 | 1,152 | 11,026 | 830 | 524 | 9,379 |
| Non-financial Assets | 771 | 285 | 70 | 106 | 104 | 55 |
| ***Total Capital Expenditure*** | ***8,117*** | ***6,054*** | ***14,308*** | ***3,963*** | ***2,464*** | ***10,002*** |
| ***Total Expenditure for the programme*** | ***10,456*** | ***7,856*** | ***16,398*** | ***5,457*** | ***4,142*** | ***11,939*** |

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

| Expenditure Classification | Approved Budget | | | Actual Expenditure | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Current Expenditure** | | | | | | |
| Compensation to Employees | 743 | 855 | 1,558 | 234 | 794 | 1,124 |
| Use of Goods and Services | 293 | 476 | 501 | 186 | 430 | 477 |
| Subsidies | | | | | | |
| Current transfers to Govt Agencies | 13,849 | 14,754 | 15,280 | 10,893 | 11,881 | 12,433 |
| Social Benefits | 100 | 100 | 100 | 25 | 100 | 100 |
| Non-financial Assets | 22 | 58 | 94 | 14 | 43 | 77 |
| Financial Assets | | | | | | |
| ***Total Current Expenditure*** | ***15,007*** | ***16,243*** | ***17,533*** | ***11,352*** | ***13,247*** | ***14,211*** |
| **Capital Expenditure** | | | | | | |
| Compensation to Employees | | 364 | | | | |
| Use of Goods and Services | 2,814 | 5,777 | 10,896 | 825 | 4,675 | 9,843 |
| Subsidies | | | | | | |
| Capital transfers to Govt Agencies | 405 | 504 | 886 | 180 | 504 | 680 |
| Non-financial Assets | 1,186 | 1,057 | 175 | 845 | 837 | 17 |
| ***Total Capital Expenditure*** | ***4,405*** | ***7,701*** | ***11,956*** | ***1,850*** | ***6,016*** | ***10,539*** |
| ***Total Expenditure for the programme*** | ***19,412*** | ***23,944*** | ***29,489*** | ***13,202*** | ***19,264*** | ***24,750*** |

**Programme 3: Health Research and Development**

| Expenditure Classification | Approved Budget | | | Actual Expenditure | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Current Expenditure** | | | | | | |
| Compensation to Employees | 0 | 99 | 66 | 203 | 74 | 45 |
| Use of Goods and Services | | | | | | |
| Current transfers to Govt Agencies | 4,617 | 4,896 | 5,483 | 3,752 | 4,096 | 4,414 |
| Social Benefits | | | | | | |

| Expenditure Classification | Approved Budget | | | Actual Expenditure | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| Non-financial Assets | 224 | 224 | | 224 | 224 | |
| ***Total Current Expenditure*** | ***4,841*** | ***5,219*** | ***5,549*** | ***4,179*** | ***4,394*** | ***4,459*** |
| **Capital Expenditure** | | | | | | |
| Compensation to Employees | | | | | | |
| Use of Goods and Services | | | | | | |
| Capital transfers to Govt Agencies | 410 | 267 | 303 | 381 | 267 | 303 |
| Non-financial Assets | | | | | | |
| ***Total Capital Expenditure*** | ***410*** | ***267*** | ***303*** | ***381*** | ***267*** | ***303*** |
| ***Total Expenditure for the programme*** | ***5,251*** | ***5,486*** | ***5,852*** | ***4,560*** | ***4,661*** | ***4,762*** |

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

| Expenditure Classification | Approved Budget | | | Actual Expenditure | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Current Expenditure** | | | | | | |
| Compensation to Employees | 3,725 | 3,920 | 3,438 | 4,178 | 3,806 | 3,016 |
| Use of Goods and Services | 916 | 610 | 556 | 677 | 619 | 514 |
| Subsidies | 500 | 500 | | 500 | 400 | |
| Current transfers to Govt Agencies | 1,802 | 834 | 5,152 | 1,508 | 834 | 5,136 |
| Social Benefits | 4 | | | 3 | | |
| Non-financial Assets | 31 | 31 | 31 | 22 | 31 | 28 |
| ***Total Current Expenditure*** | ***6,978*** | ***5,894*** | ***9,176*** | ***6,888*** | ***5,691*** | ***8,695*** |
| **Capital Expenditure** | | | | | | |
| Compensation to Employees | 8 | 97 | | 79 | | - |
| Use of Goods and Services | 5,121 | 4,155 | 3 | 674 | 1,105 | - |
| Subsidies | | | | | | |
| Capital transfers to Govt Agencies | 2,211 | 5,094 | 410 | 2,080 | 1,572 | 227 |
| Non-financial Assets | 311 | 464 | 592 | 130 | 349 | 325 |
| ***Total Capital Expenditure*** | ***7,651*** | ***9,810*** | ***1,005*** | ***2,963*** | ***3,027*** | ***552*** |
| ***Total Expenditure for the programme*** | ***14,629*** | ***15,705*** | ***10,181*** | ***9,851*** | ***8,717*** | ***9,247*** |

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

| Expenditure Classification | Approved Budget | | | Actual Expenditure | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Current Expenditure** | | | | | | |
| Compensation to Employees | 63 | 5 | 216 | - | 4 | 161 |
| Use of Goods and Services | 30 | 32 | 11 | 21 | 32 | 10 |
| Subsidies | | | 1,152 | | | 1,152 |
| Current transfers to Govt Agencies | | | 10 | | | 10 |
| Social Benefits | | | | | | |
| Non-financial Assets | 224 | | | 224 | | |
| Financial Assets | | | | | | |
| ***Total Current Expenditure*** | ***317*** | ***37*** | ***1,390*** | ***245*** | ***36*** | ***1,333*** |
| **Capital Expenditure** | | | | | | |
| Compensation to Employees | | | | | | |
| Use of Goods and Services | 224 | 3,038 | 841 | 2 | 206 | - |
| Subsidies | | | | | | |
| Capital transfers to Govt Agencies | 4,040 | 4,608 | 7,285 | 3,959 | 4,516 | 5,441 |

| Expenditure Classification | Approved Budget | | | Actual Expenditure | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| Non-financial Assets | | | | | | |
| ***Total Capital Expenditure*** | ***4,264*** | ***7,646*** | ***8,125*** | ***3,961*** | ***4,722*** | ***5,441*** |
| ***Total Expenditure for the programme*** | ***4,581*** | ***7,683*** | ***9,515*** | ***4,206*** | ***4,758*** | ***6,774*** |

## 2.6. 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 2016/17.

Analysis of the pending bills on the recurrent budget shows MOH headquarters- is at KSh. 327 Million**.** The recurrent pending bills are mostly on on-going service contracts while the development pending bills are mostly on the purchase of medical equipment, construction and rehabilitation of buildings

**Table 2.6: Summary of Pending Bills by nature (KSh Millions)**

| ENTITY | Due to Lack of Liquidity | | | Due to Lack of Budgetary Provision | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| MOH | 900 | 1,239 | 213 | 900 | 1,239 | 114 |
| KMTC | | 184 | 184 | 533 | 1,643 | 1,442 |
| KEMRI | | 2,132 | 2,742 | | | |
| KNH | 292 | 406 | 292 | 3,111 | 3,111 | 3,111 |
| MTRH | 0 | 352 | 0 | 789 | 835 | 292 |
| KEMSA | 1,328 | 766 | 1,093 | | | |
| NACC | | | | | | |
| **TOTAL** | **2,520** | **5,079** | **4,524** | **5,333** | **6,828** | **4,959** |

# 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 2016/17.

**Summary of Pending Bills by Nature and Type (KSh. Million)**

| Type/Nature | Due to Lack of Exchequer | | | Due to Lack to Lack of Provision | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **RECURRENT** | **900** | **1,232** | **130** | **900** | **1,232** | **54** |
| compensation for employees | | | | | | |
| Use of Goods and Services | 900 | 1,232 | 130 | 900 | 1,232 | 54 |
| Social Benefits | | | | | | |
| Other Expenses | | | | | | |
| Court Order | | | | | | 1900 |
| **DEVELOPMENT** | | **7** | **83** | | **7** | **60** |
| Acquisition of Non-Financial Assets | | 7 | 83 | | 7 | 60 |
| Use of Goods and Services | | | | | | |
| Other - Specify | | | | | | |
| **Total pending bills** | **900** | **1239** | **213** | **900** | **1239** | **114** |

Analysis of the pending bills on the recurrent budget shows MOH headquarters- is at KSh. 327 Million. The recurrent pending bills are mostly on on-going service contracts while the development pending bills are mostly on the purchase of medical equipment, constructions and rehabilitation of buildings. The MOH has taken various initiatives aimed at addressing the problem of pending bills not limited to;

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

**Recommendations to reduce pending bills**

The following have been proposed to reduce pending bills

- Disbursements should be accompanied by implementation guidelines
- Processing disbursement requests and Authority to Incur Expenditures (AIE) should be on time e.g. by the 1st quarter of the FY.
- Timely budgetary provisionsfor O&M expenditures e.g. utilities

## KEMSA Pending Bills

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

| Type/Nature | Due to lack of Exchequer | | | Due to lack of Provision | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Recurrent** | | | | | | |
| Compensation of employees | | 28 | | | | |
| **Development** | | | | | | |
| Use of Goods and Services | 1,328 | 738 | 1,093 | | | |
| **Total Pending Bills** | **1,328** | **766** | **1,093** | | | |

The current pending bill of KSh. 1.093B relates to amount owed to KEMSA by MOH. For supply chain services (procurement, warehousing and distribution) of medical commodities under the various national programmes.

## KEMRI Pending Bills

| Type/Nature | | Due to lack of Exchequer | | | Due to lack of provision | | |
|---|---|---|---|---|---|---|---|
| | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Recurrent** | **Description** | | | | | | |
| Compensation of employees | Pension | | 1,357 | 1,357 | | | |
| | Capitation | | 139 | 139 | | | |
| | Emergency call | | | 610 | | | |

| Type/Nature | | Due to lack of Exchequer | | | Due to lack of provision | | |
|---|---|---|---|---|---|---|---|
| | | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| | and extraneous allowance | | | | | | |
| **Development** | | | | | | | |
| Others-specify | Rehabilitation of projects in Busia | | 86 | 86 | | | |
| | CDC debts | | 550 | 550 | | | |
| **Total Pending Bills** | | | **2,132** | **2,742** | | | |

*Emergency call and extraneous allowance include 448M for doctors' allowances.*

Compensation of employees (Emergency call and extraneous allowance 610m and Pension scheme (1,357). Debts owing to CDC and projects in Busia. 139m was for compensation (capitation) for FY 2015/16 that was not provided for.

# KNH Pending Bills

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

| Type/Nature | Due to lack of Exchequer | | | Due to lack of Provision | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **1. Recurrent** | | | | | | |
| Compensation of employees | - | 114 | - | - | - | - |
| Social Benefits -NSSF | - | - | - | 311 | 311 | 311 |
| Social Benefits -Pension Deficit | - | - | - | 2,800 | 2,800 | 2,800 |
| **2. Development** | | | | | | |
| Acquisition of non-financial assets | 292 | 292 | 292 | | | |
| **Total Pending Bills** | **292** | **406** | **292** | **3,111** | **3,111** | **3,111** |

**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.

**b) Defined Benefit (DB) Pension Deficit of Kshs.2.8 billion**

The latest valuation in record is at 30 June 2014.The Defined Benefit (DB) scheme has a benefits liability of Sh.8.6 billion against the schemes assets of Sh.5.8 billion equivalent to 67% with an underfunding thereon of 33% equivalent to Sh.2.8 billion. The scheme was closed to new

members on 30 June 2011 in compliance to the notice of discontinuance and adoption of the amended scheme. Members who were over 45 years at the time were given the option to continue in this scheme. The scheme is in the process of executing a deed of closure with the Retirement Benefit Authority (RBA). Complete approval for the deed of closure will be done on presentation of a deficit funding proposal which has to be cleared within six years period as per RBA act.

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

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

**c) Development Budget kshs.292 million**

In the Financial Year 2012/2013, the hospital had a development budget of KSh.630 million in the printed estimate. This was decreased by KSh.22.6 million to a revised figure of KSh.607 million. The hospital received kshs.315 million in the first half of 2012/2013 and the balance of Kshs.292 million was to be received in the second half of 2012/2013. The same was not received even after follow up due to lack of exchequer liquidity. The hospital had already committed the procurement of the capital items and lack of disbursement has caused a great stain on cash flow of the Hospital and affected the relationship with suppliers due to delayed payments. The funds are still required in keeping with the spirit of using the printed estimates as the guide to allocation.

## KMTC Pending Bills

**Summary of Pending Bills by nature and Type KSh Million**

| Type/nature | Due to lack of Exchequer | | | Due to lack of provision | | |
|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2014/15 | 2015/16 | 2016/17 |
| **Recurrent** | | | | | | |
| Use of goods and services | | | | 373 | 486 | 288 |
| Social benefits: NSSF | | | | | 60.0 | 60.0 |
| Social Benefits: RBA | | | | | 947.0 | 1005.0 |
| **Development** | | | | | | |
| Acquisition of non-financial assets | | | | 160.0 | 150.0 | 89.0 |
| OTHERS – Specify | | 184.0 | 184.0 | | | |
| **Total Pending Bills** | | **184.0** | **184.0** | **533.0** | **1,643.0** | **1,442** |

**Remarks:**

1. The KSh. 184 Million denoted as refer to pending bill by lack of exchequer grant for FY 2015/16 A letter should be written to the college to give the way forward on how to treat the figure in our financial statement.

2. The NSSF arose following the establishment of the college as a parastatal, hence requiring all staff including those on permanent terms of service to make contributions to the NSSF. This had not been paid up to 2009 when the Ministry for Labour directed the college to remit the outstanding amounts due.
3. The amounts for Pension deficit arose as a result of Actual Valuation for the defined Benefits Scheme for staff which has remained outstanding since commencement of the scheme.
4. For the Use of Goods and Acquisition of Non-Financial Assets, relates to Suppliers whom we owe, it is largely due to Lack of Exchequer.

## MTRH Pending Bills

**Summary of Pending Bills by nature and Type KSh, Million**

| | Due to lack of Exchequer | | | Due to lack of Provision | | |
|---|---|---|---|---|---|---|
| **Type** | **2014/15** | **2015/16** | **2016/17** | **2014/15** | **2015/16** | **2016/17** |
| **Recurrent** | | | | | | |
| Compensation of employees | | 352 | | 508 | 463 | |
| Use of Goods and Services | - | | - | 281 | 372 | 292 |
| **Development** | | | | | | |
| **Total** | **0** | **352** | **0** | **789** | **835** | **292** |

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

- Non-disbursement of allocated resources for the fourth quarter in the fiscal year 2015/16 which were in the budget by the Ministry of Health.
- Supplementing the wage bill because of inadequate provision for salaries. KSh 520m for salaries due to non-provision (Non-disbursement of allocated resources in the financial year 2015/16 which were in the budget by the ministry of Health amounting to KSh.350m and provision for ksh.170 for promotions and annual increments).
- Non-payment of the cost of services by the clients of the hospital (KSh. 292M)

To settle the pending bills, the hospital has petitioned the National Treasury time and again to correct the anomaly, in addition to taking the following measures

- Encouraging all patients visiting the hospital to register with NHIF to reduce the waivers.
- Taking up austerity measures in spending, such that no wastage occurs.

## 2.7. Analysis of Performance of capital projects

There was a total of 76 capital projects at various stages of completion in the sector as at FY 2017/18 as listed in Annex III. These capital projects were allocated a total of KSh 31 Billion during the financial year 2017/18, comprising of KSh 18 Billion from development partners (57.7%) and KSh 13 billion from the GOK (42.3%). The amounts are projected to increase to

KSh.55 Billion, reducing to KSh.45 Billion and KSh.37 Billion in financial years 2018/19, 2019/20, 2020/2021 respectively.

During the financial year 2017/18, health policy standards and regulations program received a total of KSh.13 Billion, national referral and rehabilitative services a total of KSh.9.5 Billion and preventive promotive & RMNCH receiving KSh.7.5 Billion. Capital projects receiving funding priority in the financial year 2017/18 were Free Maternity Project (KSh.3.8 Billion, GOK) and Transforming Health systems for Universal Care (THS-UC) (KSh.4.2 Billion, WB) Managed Equipment Service-Hire of Medical Equipment (KSh.5 Billion, GOK) all under health policy standards and regulations program.

Some of the challenges experienced by the sector include lack of sufficient funds especially counterpart funding, slow disbursement of funds by development partners, litigation issues and cost overrun.

# CHAPTER THREE

# 3 MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2018/19-2020/21

## 3.1 Prioritization of programmes and sub- programmes

For the last five years the Sector has recorded improvement in maternal and child health and decline in infectious conditions. However, the burden of communicable and non-communicable diseases and maternal mortality are still major challenges for the Sector. Significant disparities by county, sex and gender will also have to be addressed. The financial year 2018/19 and the medium term budget will therefore prioritize scaling up of policy interventions aimed at enhancing equitable access to high impact healthcare services as outlined in the proposed Medium-Term Plan III and other sector policies and plans. Priority will also be given to the implementation of the Sustainable Development Goals (SDGs) that calls for efforts to move beyond meeting basic human needs in order to promote dynamic, inclusive and sustainable development and wellbeing for all at all ages by 2030. The emphasis of the emphasis of the sector will therefore be geared towards the reduction of the health financial burden to the households and attainment of the highest standard of health care for sustained long-term growth and development. Priority in resource allocation for FY 2018/19 will be based on the following;

a. Scaling up Universal Health Coverage (UHC) in line with the big four Government initiative that include activities under the Linda Mama (free maternity health services), subsidies for the poor, elderly and vulnerable groups and reducing out of pocket/catastrophic health expenditures through reforming the provider payment mechanisms.
b. Improving quality of healthcare through the revamping and expansion of health infrastructure, including: expanding the categories of specialized medical equipment to include other components and areas not covered in Phase 1 of MES. In addition, the focus will also be on establishment of centres of excellence in health, health commodity storage centres, new specialized health facilities and laboratories.
c. Building capacity in human resources for health at all levels of the healthcare system, including transforming the KMTC into a centre of excellence in training middle level health workers and the strengthening of the community health components.
d. 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.
e. Ending AIDS, TB, Malaria and NCDs as a public health threat by 2030 through cost effective and transformative prevention interventions.
f. Increase access to national referral health facilities and specialised services, including mental health and spinal injury health services.
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. Develop the medical tourism industry to tap into the global multi-billion medical and health tourism business.

### 3.1.1 Programmes and their objectives

The Sector will implement the Following 5 programs and Sub programs in the Financial Years 2018/19 to 2020/21 which are in line with the priorities mentioned above:

**Table 3: Programmes and their Objectives**

| Programme | Outcomes | Programme objectives |
|---|---|---|
| **Program 1**. Preventive, Promotive and RMNCAH Services | Reduced morbidity and mortality due to preventable causes | To increase access to quality Promotive and Preventive health care services. |
| **Program 2.** National Referral and Specialized Health Service | Quality specialized health services | To improve provision of quality specialized healthcare services |
| **Program 3**. Health Research and Development | Increased knowledge and innovation through capacity building and research | To provide stewardship and oversight on Health Training and Research |
| **Program 4**. General Administration and Support Services. | Ministry's leadership and management mechanisms strengthened. | To strengthen leadership, management and administration in the sector |
| **Program 5.** Health Policy, Standards and Regulations | Strengthened Health Policy, Standards and Regulations | To attain universal health coverage. |

The above programmes are aligned and consistent with MTP II and the proposed MTP III strategic objectives and flagship projects to achieve the Kenya Vision 2030, The Ministerial Strategic Plan, 2014-2018, the Sustainable Development Goals (SDGs), the government transformative agenda including the big four initiative and the core mandates of subsectors. Overall, these programs aim at achieving improved accessibility, affordability of health services, reduction of health inequalities and optimal utilization of health services across the sector. The following are the programmes and respective sub-programmes to be implemented during the period, 2018/19 to 2020/21.

**Table 4: Programmes and Sub-programmes**

| Program | Sub Programs |
|---|---|
| Preventive, Promotive and RMNCAH | SP 1.1 Communicable Disease Control<br>SP1.2 Non-Communicable diseases prevention and control<br>SP1.3 Radioactive Waste Management<br>SP1.4 RMNCAH<br>SP1.5 Environmental Health |
| National Referral & Specialised services | SP2.1 National Referral Health Services<br>SP2.2 Specialized Health Services<br>SP2.3 Specialized Medical Equipment<br>SP2.4 Forensic and Diagnostic services<br>SP2.5 Health Products and Technologies |
| Health Research and Development | SP3.1 Pre-Service and In-Service Training<br>SP3.2 Health Research |
| General Administration & Support Services | SP4.1 General Administration |

| Program | Sub Programs |
|---|---|
| | SP4.2 Finance and planning |
| Health Policy, Standards and Regulations. | SP5.1 Health Policy<br>SP5.2 Social Protection in Health<br>SP5.3 Health Standards and Regulations<br>SP5.4 National Cancer Program |

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

**Table 3.1: Summary of Programmes, Key Outputs, Performance Indicators and targets for FY 2018/19 - 2020/21**

| | Delivery Unit | Key Outputs | Key Performance Indicators | Target 2016/17 | Actual Achievements 2016/17 | Target (Baseline) 2017/18 | Target 2018/19 | Target 2019/20 | Target 2020/21 |
|---|---|---|---|---|---|---|---|---|---|
| ***Programme 1: Preventive and Promotive healthcare***<br>***Programme Outcome: Reduced morbidity and mortality due to preventable causes*** | | | | | | | | | |
| SP.1.1: Communicable disease control | NASCOP | Access to ARVs by HIV + clients increased | No of PLHIV on ARVs | 1,000,000 | 1,069,220 | 1,100,000 | 1,200,000 | 1,250,000 | 1,300,000 |
| | National Aids Control Council (NACC) | Situation room as a Web based HIV information platform available to the public | The number of situation rooms established and accessible to the public | 47 | 19 | 29 | 42 | 45 | 47 |
| | | Youth networks Capacity for HIV service referrals strengthened | Number of Adolescents and young people (AYP)reached with HIV information through youth Networks | 5,000,000 | 10,000,000 | 10,000,000 | 13,000,000 | 15,000,000 | 20,000,000 |
| | | Skills for HIV prevention and control among youths | • Number of interns trained to reach other youths<br>• No. of Young people reached by the interns with HIV Prevention and anti-stigma messages | N/A | N/A | 100<br>500,000 | 150<br>750,000 | 200<br>1,000,000 | 250<br>1,250,000 |
| | | County HIV tribunal hubs established within centres of public service such as Huduma Centers | No of PLHIV accessing justice through the HIV Tribunal hubs | N/A | N/A | 150 | 675 | 1050 | 1350 |
| | | Report on condom distribution from non-health settings including workplaces | Number of condoms distributed in non-health settings,<br>number of condom distribution points in non-health settings | N/A | N/A | 10,000,000 | 15,000,000 | 20,000,000 | 25,000,000 |
| | T.B Program Leprosy and Lung Diseases Unit | Access to TB treatment increased | Number of First Line anti-TB medicine doses distributed | 89,247 | 78,394 | 88,000 | 94,000 | 101,000 | 108,000 |
| | National Malaria Program | Access to prompt malaria treatment | Number of Artemether Combination Therapy (ACT) doses distributed to the public sector. | 12,000,000 | 14,600,000 | 12,000,000 | 12,000,000 | 12,000,000 | 12,000,000 |
| | Division of Disease Surveillance | Acute flaccid paralysis (AFP) detection rate | Number of AFP per 100,000 population under 15years of age | 3.0 | 3.18 | 3.5 | 3.5 | 3.5 | 3.5 |

| | Delivery Unit | Key Outputs | Key Performance Indicators | Target 2016/17 | Actual Achievements 2016/17 | Target (Baseline) 2017/18 | Target 2018/19 | Target 2019/20 | Target 2020/21 |
|---|---|---|---|---|---|---|---|---|---|
| | and Epidemic Response | increased (polio surveillance) | | | | | | | |
| 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 | 325,000 | 310,677 | 350,000 | 400,000 | 425,000 | 450,000 |
| | | Establish 4 new comprehensive regional cancer treatment centres in Kisii, Mombasa, Nakuru and Nyeri | Number of cancer centres established | NA | NA | 1 | 1 | 1 | 1 |
| SP1.3: Radioactive waste management | Radiation Protection Board | Radiation safety enhanced | Percentage of Radiation sources monitored for safety | 100% | 100% | 100% | 100% | 100% | 100% |
| | | Radiation safety enhanced | Completion of Central Radioactive Waste Processing Facility | 87% | 85% | 90% | 100% | N/A | N/A |
| SP.1.4: RMNCAH | Division of Family Health | Access to and uptake of FP services improved | Proportion of WRA receiving FP commodities | 45% | 44.9% | 47% | 49% | 50% | 51% |
| | Division of Family Health | Increased deliveries conducted by skilled birth attendants | % of deliveries conducted by skilled birth attendants in health facilities | 78% | 77.4% | 79% | 80% | 81% | 81% |
| | National Vaccines and Immunization Programme | Pentavalent 3 vaccination coverage increased | Proportion of children immunized with DPT/ Hep + HiB3 (Pentavalent 3) | 90% | 79% | 90% | 90% | 90% | 90% |
| | | Cold Chain | Number of health facilities with on-grid cold chain equipment | N/A | N/A | N/A | 400 | 280 | 25 |
| | Dietetics & Nutrition Unit | Vitamin A supplements coverage increased | Proportion of Children aged 6-59months given 2 doses of Vitamin A supplement annually | 60% | 41% | 70% | 80% | 80% | 80% |
| SP.1.5: Environmental Health | Environmental Health Unit | Environmental Health strengthened | Number of counties implementing The Kenya Open defecation free (ODF) strategy | 47 | 47 | 47 | 47 | 47 | 47 |
| ***Programme 2: National Referral and specialized health Services*** <br> ***Programme Outcome: provision of specialized services improved*** | | | | | | | | | |
| SP2.1: Specialized Health Services | KNH | Quality of specialized care services improved | ALOS for trauma patients' days | 33 | 39 | 35 | 32 | 28 | 26 |
| | | | Average waiting time (monthly) for | 7 Month | 1 month | 27 days | 24 days | 21 Days | 19 days |

| | Delivery Unit | Key Outputs | Key Performance Indicators | Target 2016/17 | Actual Achievements 2016/17 | Target (Baseline) 2017/18 | Target 2018/19 | Target 2019/20 | Target 2020/21 |
|---|---|---|---|---|---|---|---|---|---|
| | | | radiotherapy(cancer) | | | | | | |
| | | increased specialized services | Number of Open Heart surgeries | 78 | 61 | 67 | 74 | 81 | 89 |
| | | | Number of Renal Transplant | 15 | 7 | 15 | 20 | 25 | 30 |
| | | | Number of minimally invasive surgeries done | 720 | 456 | 479 | 503 | 528 | 554 |
| | MTRH | Increased specialized services. | Number of specialised Laboratory investigations | 553,562 | 553,562 | 581,240 | 610,302 | 640,817 | 672,857 |
| | | | Number of Orthopaedic Surgeries Done | 2,084 | 2,084 | 2188 | 2,297 | 2,413 | 2,534 |
| | | | Number of Minimally Invasive Surgeries | 1,041 | 1,041 | 1093 | 1,148 | 1,205 | 1,265 |
| | | | ALOS for Trauma Patient Days | 15 | 15 | 14 | 13 | 12 | 12 |
| | | | Number of Mental Health Patients Treated | 3,583 | 3,762 | 3,950 | 4,147 | 4,355 | 4,573 |
| | | | No. of Radiological investigations | 31,790 | 31,790 | 33,380 | 35,049 | 36,800 | 38,641 |
| | Mathari Hospital | Access to specialized health services improved | No of patients receiving in-patient mental health services | 3,000 | 2,819 | 3,000 | 3,100 | 3,300 | 3,450 |
| | National Blood Transfusion Services | National demand for blood and blood products met | Number of units of Blood demand met | 250,00 | 158,378 | 280,000 | 300,000 | 320,000 | 330,000 |
| | | | Percentage of whole blood units collected converted into components | 80% | 69% | 85% | 90% | 95% | 95% |
| SP2.5: Health Products &Technologies | Kenya Medical Supplies Authority | Availability of Health Products & technologies | % order refill rate for HPTs | 90% | 85% | 95% | 95% | 95% | 95% |
| | | | Order turnaround time | 10 | 12 | 7 | 7 | 7 | 7 |
| | | National Commodities Storage centre | % completion rate | 40% | 40% | 60% | 90% | 100% | N/A |
| | | | | | | | | | |
| ***Programme 3: Health Research and Development*** <br> ***Programme Outcome: Increased knowledge and innovation for effective health delivery*** | | | | | | | | | |
| SP3.1: Pre-Service and In-Service Training | Kenya Medical Training College | Health professionals graduating from KMTCs | Number of pre-service middle level health professionals graduating from KMTCs | 7,629 | 8,534 | 8,731 | 9,481 | 10,421 | 11,351 |
| | | | Number of in-service middle level health professionals graduating from KMTCs | 413 | 423 | 469 | 519 | 579 | 649 |
| | | Increased number of training opportunities | Number of new intake | 12,000 | 12,600 | 12,800 | 13,000 | 13,200 | 13,400 |
| | | Policy document | Research projects | 8 | 14 | 16 | 18 | 20 | 22 |
| SP3.2: Health Research | Kenya Medical Research | Innovative research finding in | Number of policy contributions | 3 | 5 | 1 | 1 | 1 | 1 |

| | Delivery Unit | Key Outputs | Key Performance Indicators | Target 2016/17 | Actual Achievements 2016/17 | Target (Baseline) 2017/18 | Target 2018/19 | Target 2019/20 | Target 2020/21 |
|---|---|---|---|---|---|---|---|---|---|
| | Institute | application. | | | | | | | |
| | | response to national health research priorities | New research protocols developed & approved | 200 | 199 | 215 | 220 | 225 | 230 |
| | | | Completed Research Projects | 10 | 35 | 10 | 12 | 14 | 16 |
| | | production and utilisation of research | Published Papers | 216 | 280 | 280 | 290 | 300 | 310 |
| | | | Hold Scientific & Health Conferences | 2 | 2 | 2 | 2 | 2 | 2 |
| | | support of counties health research | Counties supported | 5 | 5 | 47 | 47 | 47 | 47 |
| | | Critical mass of human resource developed | Number of graduate researchers enrolled | 75 | 36 | 40 | 40 | 40 | 40 |
| ***Programme 4: General Administration & Support Services***<br>***Programme Outcome: Responsive health leadership and administration*** | | | | | | | | | |
| SP4.1: General Administration | General Administration | Customer satisfaction index | Customer satisfaction index | 1 | 0 | 1 | 1 | 1 | 1 |
| | Human Resource | Reviewed Schemes of service | No of Schemes of service submitted for approval | 3 | 9 | 3 | 3 | 3 | 2 |
| | | Incentive frameworks finalized | finalized frameworks | 2 | 2 | 2 | 2 | 2 | 2 |
| | | Staff sensitized on performance appraisal System | Sensitization report | 1 | 1 | 1 | 1 | 1 | 1 |
| | | Staff with PWD mapped | No of staff with PWD appropriately mapped | N/A | 100% | 100% | 100% | 100% | 100% |
| | Management & Development | Enhanced capacity building & competency development | No. MoH staff projected and trained | 100 | 180 | 100 | 100 | 100 | 200 |
| | | Health workers from national and county level seeking further training supported | Number of health workers supported | 1350 | 1350 | 1350 | 1350 | 1350 | 1350 |
| | | Health workers proceeding on retirement undergo pre-retirement training | % of retirees trained | 100 | 100 | 100 | 100 | 100 | 100 |
| | ICT Unit | ICT Services strengthened | Ratio of staff to computers (Technical % Non-Technical). | 1:1 & 1:10 | 1:1 &1:10 | 1:1 & 1:10 | 1:1 & 1:10 | 1:1 & 1:10 | 1:1 & 1:10 |
| | Department of Inter- | Major intergovernmental | No. of forums planned and held | 4 | 4 | 4 | 4 | 4 | 4 |

| | Delivery Unit | Key Outputs | Key Performance Indicators | Target 2016/17 | Actual Achievements 2016/17 | Target (Baseline) 2017/18 | Target 2018/19 | Target 2019/20 | Target 2020/21 |
|---|---|---|---|---|---|---|---|---|---|
| | Governmental Affairs & Coordination | health system policy issues discussed | | | | | | | |
| | General Administration | Refurbishment of Afya House and replacement of Lifts | | N/A | N/A | 0% | 30% | 30% | 40% |
| SP4.2: Financing and planning | Finance division, planning and M&E | Financial resources efficiently utilized | percentage absorption of budgeted funds | 100% | 89% | 100% | 100% | 100% | 100% |
| | | Increased public health sector financial resources | Total of A-in-A collected by the Ministry | 10.4 Billion | 8.6 Billion | 10.6Billion | 10.8 Billion | 11.0 Billion | 11.5 Billion |
| | | Quarterly review reports | Performance review reports developed | 4 | 4 | 4 | 4 | 4 | 4 |
| | | | No. of strategies, plans and guidelines developed | 2 | 3 | 2 | 2 | 2 | 3 |
| ***Programme 5: Health Policy, Standards and Regulations*** ***Programme Outcome: Strengthened policy and population*** | | | | | | | | | |
| SP5.1: Health Policy | Division of Health Policy; Division of Health Financing | Dissemination of the Kenya Health Policy 2014-2030 | No. of counties | N/A | N/A | N/A | 47 | NA | NA |
| | | Development of the Kenya Health Sector Strategic Plan 2018-2023 | Health Sector Strategic Plan Document | N/A | N/A | N/A | 1 | NA | NA |
| | | Development of the Ministerial Strategic Plan 2018-2022 | Ministerial Strategic Plan Document | N/A | N/A | N/A | 1 | NA | NA |
| SP5.2: Social Protection in Health | Division of Health financing | Increased access to health services through subsidies | No of vulnerable persons accessing subsidized health insurance | 160,710 | 171,800 | 180,000 | 180,000 | 180,000 | N/A |
| | | | No of elderly persons accessing subsidized health insurance | 42,000 | 42,000 | 42,000 | 181,000 | 200,000 | 250,000 |
| | | Policy framework developed for UHC | Health Financing Strategy | Strategy | Draft Strategy | Final Strategy | Legislation | Legislation | N/A |
| SP5.3: Health Standards & regulations | Dept. of Health Standards, Quality Assurance and Regulation | Quality standardized care is provided by all health facilities and registered/ licensed health professionals | % of health facilities meeting defined minimum standards | N/A | N/A | 50% | 60% | 70% | 80% |
| | | ISO Certification | Attainment of ISO 9001-2015 | ISO 9001-2008 | ISO 9001-2008 | ISO 9001-2008 | ISO 9001-2015 | ISO 9001-2015 | |

### 3.1.3 Programmes by order of ranking

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

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

## 3.2 Criteria for programme prioritization

In ranking the Programs, reference was made to the **Treasury Circular No 9/2017 (Ref No. ES 1/03)** dated **30th August 2017** 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

## 3.3 Analysis of Resource Requirement versus Allocation

The requirement for the period 2018/19 is KSh.115.9 billion compared to a resource allocation of KSh.70.36 billion. Further, requirements are KSh.124.4 billion and KSh.134.3 billion for the 2019/20 and 2020/21 respectively. The Sector's resource requirements are guided by the sector policy commitments as broadly articulated in the Vision 2030 and more specifically in the third Medium Term Plan (2018 – 2022) while ensuring alignment of the Health Sector policies.

**Table 3.2.1 Recurrent requirement versus allocation**

| Category | | REQUIREMENT (KSh. Millions) | | | ALLOCATION (KSh. Millions) | | |
|---|---|---|---|---|---|---|---|
| | 2017/18 estimates | 2018/19 | 2019/20 | 2020/21 | 2018/19 | 2019/20 | 2020/21 |
| **Gross** | **30,722** | **44,657** | **45,633** | **45,882** | **35,680** | **33,624** | **33,908** |
| **AIA** | 3,978 | 3,978 | 3,978 | 3,978 | 3,978 | 3,978 | 3,978 |
| **NET** | 26,744 | 40,679 | 41,655 | 41,904 | 31,702 | 29,646 | 29,930 |
| **Compensation to Employees** | 6,959 | 12,461 | 13,645 | 13,570 | 8,668 | 7,383 | 7,604 |
| **Transfers** | 21,989 | 24,333 | 23,678 | 23,678 | 22,180 | 21,332 | 21,312 |
| **Other Recurrent** | 1,774 | 7,863 | 8,309 | 8,634 | 4,832 | 4,910 | 4,992 |

**Table 3.2.2 Development requirement versus allocation**

| Category | | REQUIREMENT (KSh. Millions) | | | ALLOCATION (KSh. Millions) | | |
|---|---|---|---|---|---|---|---|
| | 2017/18 Estimates | 2018/19 | 2019/20 | 2020/21 | 2018/19 | 2019/20 | 2020/21 |
| **Gross** | **30,979** | **71,198** | **78,812** | **88,420** | **34,679** | **35,119** | **35,843** |
| **GOK** | 13,023 | 53,448 | 61,062 | 70,670 | 16,929 | 17,369 | 18,093 |
| **Loans** | 6,877 | 7,727 | 7,727 | 7,727 | 7,727 | 7,727 | 7,727 |
| **Grants** | 11,078 | 10,023 | 10,023 | 10,023 | 10,023 | 10,023 | 10,023 |
| **Local AIA** | - | - | - | - | - | - | - |
| **Other Development** | - | - | - | - | - | - | - |

## Table 3.2.3: Summary of Big Four Intervention: DRIVERS

| PROGRAMMES/ PROJECTS | Output | Target | | | | | Estimated Cost | Baseline Allocation 2017/18 | | | Allocation 2018/19 | | | 2019/20 | 2020/21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Baseline 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | | GOK | PPP/Donor | Total | GOK | PPP/Donor | Total | Gross Projection | |
| **PROGRAMME 1: PREVENTIVE, PROMOTION AND R.M.N.C.A.H** | | | | | | | **62,436** | **1,689** | **5,470** | **7,159** | **1,725** | **7,004** | **8,729** | **15,569** | **15,569** |
| Establisment of Six new comprehensive cancer centres | No. of cancer centres established | | 1 | 2 | 2 | 1 | 17,000 | 400 | - | 400 | 400 | - | 400 | 5,400 | 5,400 |
| Health Sector Development (Rep. Health and HIV/AIDS) Commodity - KFW | No. of women of reproductive age (WRA) reclining family planning commodities | 30% | | | | | 45,436 | - | 270 | 270 | - | 270 | 270 | 270 | 270 |
| Health System Management (GAVI) | Proportion of children immunized with DPT/Hep +HiB3 | 90% | 90% | 90% | 90% | 90% | | - | 2,600 | 2,600 | - | 2,600 | 2,600 | 2,600 | 2,600 |
| Procurement of Family Planning & and Reproductive Health Commodities | No. of women of reproductive age (WRA) reclining family planning commodities | | | | | | | 73 | - | 73 | 64 | - | 64 | 64 | 64 |
| Vaccines and Immunizations (GOK) | Proportion of children immunized with DPT/Hep +HiB3 | 90% | 90% | 90% | 90% | 90% | | 703 | - | 703 | 703 | - | 703 | 703 | 703 |
| HIV/AIDS Round 7 (Global Fund) | No of People living with HIV on ARVs | 1,234,875 | 1,369,731 | 1,302,303 | | | | - | 760 | 760 | - | 1,095 | 1,095 | 2,095 | 2,095 |
| Tuberculosis Round 6 (Global Fund) | No of first line anti TB medicine Doses Distributed | 87,471 | 86,597 | 90,000 | | | | 403 | 200 | 603 | 403 | 605 | 1,008 | 1,749 | 1,749 |
| Malaria Round 10 (Global Fund) | No. Artemether Combination Therapy (ACT) Doses Distributed | 12M | 12M | 12M | 12,M | 12,M | | - | 1,200 | 1,200 | - | 1,200 | 1,200 | 1,200 | 1,200 |
| Procurement of Ant TB Drugs not Covered under Global Fund | No of first line anti TB medicine Doses Distributed | 87,471 | 86,597 | 90,000 | | | | 110 | - | 110 | 155 | - | 155 | 155 | 155 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (GOK) | | | | | | | | | | | | | | | |
| Nutrition (UNICEF) | Proportion of children with severe and moderate malnutrition receiving treatment | 80% | 90% | 90% | 90% | 90% | | - | 68 | 68 | - | 860 | 860 | 960 | 960 |
| Environmental Health Services (UNICEF) | No. of Counties implementing the Kenya Open Defecation | 47 | 47 | 47 | 47 | 47 | | - | 50 | 50 | - | 50 | 50 | 50 | 50 |
| Food and Nutrition Support for Vulnerable Populations Affected by HIV (WFP) | No. of vulnerable persons affected by HIV/AIDs accessing Nutritional feeds as prescribed | 250,000 | 250,000 | 250,000 | 250,000 | 250,000 | | - | 324 | 324 | - | 324 | 324 | 324 | 324 |
| **Programme 2: NATIONAL REFERRAL & RAHABILITATIVE SERVICES** | | | | | | | | **95,442** | **5,000** | **-** | **5,000** | **9,400** | **-** | **9,400** | **19,421** | **24,421** |
| Managed Equipment Services (MES) | No. of Hospitals equipped | 98 | 119 | 119 | 119 | 119 | | 45,442 | 5,000 | 0 | 5,000 | 9,400 | - | 9,400 | 9,421 | 9,421 |
| Establish 10 new Referral Hospitals | No. of Referral Hospitals established | | 2 | 2 | 3 | 3 | | 50,000 | - | - | - | - | - | - | 10,000 | 15,000 |
| **Programme 4: GENERAL ADMINISTRATION AND SUPPORT SERVICES** | | | | | | | | **55,550** | **7,009** | **1,755** | **8,765** | **9,618** | **2,995** | **12,613** | **12,684** | **12,390** |
| Sub-Activity 1.3 : Pensioners | No. of People covered | | 300,000 | 360,000 | 432,000 | 480,000 | | - | 0 | - | - | - | - | - | - | - |
| Activity 3: Removal of user fees | No. of outpatient attendance | 45,000,000 | 55,000,000 | | | | | - | - | - | - | 900 | - | 900 | 900 | 900 |
| Activity 4: Informal Sector (Voluntary) | No. of Informally employed | 3,140,202 | 4,710,303 | 6,594,424 | 9,232,194 | 12,001,852 | | - | - | - | - | - | - | - | - | - |
| Activity 5: Formal Sector | No. of formally employed | 3,800,000 | 3,800,000 | 3,925,400 | 4,054,938 | 4,188,751 | | - | - | - | - | - | - | - | - | - |
| Support to Universal Health Coverage - DENIDA | | | | | | | | | - | 855 | 855 | - | 1,095 | 1,095 | 1,024 | - |
| Wavers and Exemptions | No. of Patients Exempted/ | | | | | | | 1,200 | - | - | - | - | - | - | 300 | 300 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | waved | | | | | | | | | | | | | | | |
| Activity 3: 1 Centre of Excellence for Kidney | No. of Centres of Excellence established | | | 1 | | | | 3,350 | 50 | 900 | 950 | 50 | 1,900 | 1,950 | 360 | 90 |
| Human Resources for Health | No. of Health Workers | 40,500 | 45,500 | 50,500 | 55,500 | 63,000 | | 51,000 | 6,959 | - | 6,959 | 8,668 | - | 8,668 | 10,100 | 11,100 |
| **Programme 5: HEALTH POLICY STANDARD AND REQULATION** | | | | | | | | **108,047** | **4,100** | **5,293** | **9,393** | **8,290** | **6,020** | **14,310** | **20,709** | **20,734** |
| Medical insurance for the Elderly and Severely Disabled Person | No. of People covered | 42,000 | 1,040,000 | 1,092,000 | 1,146,600 | 1,203,930 | | 27,147 | 252 | - | 252 | 3,452 | - | 3,452 | 6,552 | 6,880 |
| Program for Basic Health Insurance for the Poor and Informally Employed | No. of households registered | | | | | | | - | - | - | | 150 | 700 | 850 | 750 | 1,250 |
| Rollout of Universal Health Coverage | | | | | | | | - | - | - | | 390 | - | 390 | 607 | 607 |
| Kenya Health Sector Support Project ( KHSSP) - World Bank | | 181,898 | 350,000 | 725,000 | 1,025,000 | 1,225,000 | | 21,041 | 0 | 1,091 | 1,091 | - | - | - | - | - |
| Activity2: Linda Mama | No. of Mothers and Babies covered | 1,200,000 | 1,231,200 | 1,263,211 | 1,296,055 | 1,329,752 | | 37,921 | 3,848 | - | 3,848 | 4,298 | - | 4,298 | 7,579 | 7,776 |
| Transforming Health Systems For Universal Care (THS -UC) - World Bank | | | | | | | | 21,937 | - | 4,202 | 4,202 | - | 5,320 | 5,320 | 5,220 | 4,220 |
| **Total** | | | | | | | | **321,475** | **17,798** | **12,519** | **30,317** | **29,033** | **16,019** | **45,052** | **68,383** | **73,114** |

**Table 3.2.4 Analysis of requirement versus allocation by Programmes**

| Programme by Expenditure Classification | Estimates | Requirements (KSh. Millions) | | | Allocation (KSh. Millions) | | |
|---|---|---|---|---|---|---|---|
| | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2018/19 | 2019/20 | 2020/21 |
| Preventive , Promotive & RMNCAH | 14,111 | 20,811 | 24,930 | 25,350 | 10,447 | 12,293 | 12,325 |
| National Referral and Specialized Services | 23,792 | 44,563 | 45,682 | 53,461 | 27,180 | 25,725 | 28,200 |
| Health Research and Development | 5,840 | 7,032 | 7,024 | 7,016 | 5,998 | 5,926 | 5,928 |
| General Administration and Support Services | 7,726 | 15,516 | 15,140 | 14,827 | 10,469 | 8,773 | 7,730 |
| Health Policy, Standards and Regulations | 10,231 | 27,932 | 31,668 | 33,646 | 16,264 | 16,026 | 15,568 |
| **TOTAL VOTE** | **61,701** | **115,855** | **124,445** | **134,301** | **70,358** | **68,743** | **69,751** |

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

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

| Expenditure Classification | Estimates 2017/18 | Requirements (KSh. Millions) | | | Allocation (KSh. Millions) | | |
|---|---|---|---|---|---|---|---|
| | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 | 2018/2019 | 2019/2020 | 2020/2021 |
| **Current Expenditure** | **1,642** | **1,724** | **1,760** | **1,796** | **1,585** | **1,582** | **1,614** |
| Compensation to Employees | 648 | 680 | 691 | 706 | 648 | 608 | 624 |
| Use of Goods and Services | 322 | 338 | 355 | 375 | 265 | 294 | 310 |
| Current Transfers to Govt. Agencies | 672 | 706 | 714 | 714 | 672 | 680 | 680 |
| **Capital Expenditure** | **12,469** | **19,086** | **23,170** | **23,554** | **8,861** | **10,711** | **10,711** |
| Acquisition of Non-Financial Assets | 60 | 63 | 69 | 68 | 53 | 53 | 53 |
| Capital Grants to Govt. Agencies | 6,135 | 6,442 | 6,709 | 6,498 | 3,614 | 5,363 | 5,363 |
| Other Development | 6,274 | 12,582 | 16,392 | 16,989 | 5,195 | 5,295 | 5,295 |
| **Total Expenditure** | **14,111** | **20,811** | **24,930** | **25,350** | **10,447** | **12,293** | **12,325** |

**Programme 2: National Referral & Specialised services**

| Expenditure Classification | Estimates 2017/18 | Requirements (KSh. Millions) | | | Allocation (KSh. Millions) | | |
|---|---|---|---|---|---|---|---|
| | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 | 2018/2019 | 2019/2020 | 2020/2021 |
| **Current Expenditure** | **15,504** | **17,224** | **16,575** | **16,559** | **15,578** | **14,523** | **14,497** |
| Compensation to Employees | 1,039 | 1,091 | 1,095 | 1,100 | 1,039 | 736 | 750 |
| Use of Goods and Services | 344 | 361 | 372 | 376 | 316 | 332 | 334 |
| Current Transfers to Govt. Agencies | 13,977 | 15,621 | 14,954 | 14,930 | 14,094 | 13,308 | 13,266 |
| Other Recurrent | 143 | 150 | 154 | 154 | 129 | 146 | 147 |
| **Capital Expenditure** | **8,288** | **27,339** | **29,107** | **36,902** | **11,602** | **11,202** | **13,703** |
| Acquisition of Non-Financial Assets | 635 | 10,967 | 10,928 | 16,029 | 485 | 485 | 485 |
| Capital Grants to Govt. Agencies | 170 | 179 | 540 | 2,475 | 0 | 438 | 1,932 |
| Other Development | 7,483 | 16,194 | 17,639 | 18,398 | 11,117 | 10,279 | 11,286 |
| **Total Expenditure** | **23,792** | **44,563** | **45,682** | **53,461** | **27,180** | **25,725** | **28,200** |

**Programme 3: Health Research and Development**

| Expenditure Classification | Estimates 2017/18 | Requirements (KSh. Millions) | | | Allocation (KSh. Millions) | | |
|---|---|---|---|---|---|---|---|
| | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 | 2018/2019 | 2019/2020 | 2020/2021 |
| **Current Expenditure** | **5,497** | **5,772** | **5,774** | **5,777** | **5,572** | **5,499** | **5,501** |
| Compensation to Employees | 130 | 136 | 138 | 141 | 130 | 132 | 134 |
| Current Transfers to Govt. Agencies | 5,367 | 5,636 | 5,636 | 5,636 | 5,442 | 5,367 | 5,367 |
| **Capital Expenditure** | **343** | **1,260** | **1,250** | **1,240** | **426** | **426** | **426** |
| Capital Grants to Govt. Agencies | 343 | 1,260 | 1,250 | 1,240 | 426 | 426 | 426 |
| **Total Expenditure** | **5,840** | **7,032** | **7,024** | **7,016** | **5,998** | **5,926** | **5,928** |

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

| Expenditure Classification | Estimates 2017/18 | Requirements (KSh. Millions) | | | Allocation (KSh. Millions) | | |
|---|---|---|---|---|---|---|---|
| | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 | 2018/2019 | 2019/2020 | 2020/2021 |
| **Current Expenditure** | **5,034** | **10,439** | **11,724** | **12,397** | **6,714** | **6,462** | **6,712** |
| Compensation to Employees | 4,185 | 9,548 | 10,748 | 11,348 | 5,893 | 5,647 | 5,834 |
| Use of Goods and | 505 | 530 | 613 | 686 | 476 | 470 | 532 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Services | | | | | | | |
| Current Transfers to Govt. Agencies | 338 | 355 | 355 | 357 | 338 | 338 | 340 |
| Other Recurrent | 7 | 7 | 7 | 8 | 7 | 7 | 7 |
| **Capital Expenditure** | **2,693** | **5,077** | **3,417** | **2,429** | **3,755** | **2,311** | **1,017** |
| Acquisition of Non-Financial Assets | 500 | 2,525 | 531 | 536 | 1,950 | 360 | 90 |
| Capital Grants to Govt. Agencies | 2,091 | 2,196 | 2,515 | 1,515 | 1,485 | 1,631 | 607 |
| Other Development | 102 | 357 | 371 | 378 | 320 | 320 | 320 |
| **Total Expenditure** | **7,726** | **15,516** | **15,140** | **14,827** | **10,469** | **8,773** | **7,730** |

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

| **Expenditure Classification** | **Estimates 2017/18** | **Requirements (KSh. Millions)** | | | **Allocation (KSh. Millions)** | | |
|---|---|---|---|---|---|---|---|
| | **2017/2018** | **2018/2019** | **2019/2020** | **2020/2021** | **2018/2019** | **2019/2020** | **2020/2021** |
| **Current Expenditure** | **3,045** | **9,497** | **9,800** | **9,352** | **6,231** | **5,557** | **5,583** |
| Compensation to Employees | 957 | 1,005 | 973 | 276 | 957 | 260 | 262 |
| Use of Goods and Services | 418 | 6,439 | 6,755 | 6,981 | 3,604 | 3,609 | 3,610 |
| Current Transfers to Govt. Agencies | 1,634 | 2,016 | 2,019 | 2,041 | 1,634 | 1,637 | 1,659 |
| Other Recurrent | 36 | 37 | 53 | 54 | 36 | 51 | 51 |
| **Capital Expenditure** | **7,186** | **18,435** | **21,868** | **24,294** | **10,034** | **10,468** | **9,985** |
| Capital Grants to Govt. Agencies | 7,186 | 18,435 | 21,868 | 24,294 | 10,034 | 10,468 | 9,985 |
| **Total Expenditure** | **10,231** | **27,932** | **31,668** | **33,646** | **16,264** | **16,026** | **15,568** |

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

| Programmes and Sub Programmes | Estimates 2017/18 | | | REQUIREMENTS (KSh. Millions) | | | | | | | | | ALLOCATION (KSh. Millions) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 2018/19 | | | 2019/20 | | | 2020/2021 | | | 2018/19 | | | 2019/20 | | | 2020/2021 | | |
| | Current | Capital | Total | Current | Capital | Total | Current | Capital | Total | Current | Capital | Total | Current | Capital | Total | Current | Capital | Total | Current | Capital | Total |
| **Preventive , Promotive & RMNCAH** | | | | | | | | | | | | | | | | | | | | | |
| SP 1.1 Communicable Disease Control | 1,219 | 3,172 | 4,391 | 1,280 | 3,331 | 4,611 | 1,300 | 5,722 | 7,021 | 1,311 | 5,871 | 7,182 | 1,205 | 3,538 | 4,743 | 1,227 | 5,288 | 6,514 | 1,236 | 5,288 | 6,524 |
| SP1.2 Non Communicable diseases prevention and Control | 52 | 200 | 252 | 55 | 3,310 | 3,365 | 56 | 5,813 | 5,869 | 61 | 5,873 | 5,934 | 38 | 400 | 438 | 42 | 400 | 442 | 47 | 400 | 447 |
| SP1.3 Radioactive Waste Management | 176 | 60 | 236 | 185 | 63 | 248 | 196 | 69 | 265 | 213 | 68 | 280 | 162 | 53 | 214 | 126 | 53 | 179 | 142 | 53 | 195 |
| SP1.4 Reproductive, Maternal, neonatal Child and Adolescent Health (RMNCAH) | 167 | 6,696 | 6,862 | 175 | 9,924 | 10,099 | 178 | 8,304 | 8,482 | 181 | 8,707 | 8,888 | 153 | 3,636 | 3,789 | 159 | 3,636 | 3,795 | 161 | 3,636 | 3,797 |
| SP 1.5 Environmental Health | 28 | 2,342 | 2,370 | 29 | 2,459 | 2,488 | 30 | 3,262 | 3,292 | 30 | 3,035 | 3,066 | 28 | 1,234 | 1,262 | 29 | 1,334 | 1,363 | 29 | 1,363 | 1,392 |
| **Sub Total** | **1,642** | **12,469** | **14,111** | **1,724** | **19,086** | **20,811** | **1,760** | **23,170** | **24,930** | **1,796** | **23,554** | **25,350** | **1,585** | **8,861** | **10,447** | **1,582** | **10,711** | **12,293** | **1,614** | **10,740** | **12,354** |
| **National Referral and Specialized Services** | | | | | | | | | | | | | | | | | | | | | |
| SP2.1 National Referral Health Services | 14,698 | 1,325 | 16,023 | 16,378 | 11,379 | 27,757 | 15,696 | 11,309 | 27,005 | 15,674 | 18,250 | 33,923 | 14,786 | 407 | 15,193 | 13,697 | 846 | 14,543 | 13,665 | 2,339 | 16,005 |
| SP2.2 Specialized Health Services | 7 | - | 7 | 7 | - | 7 | 7 | - | 7 | 7 | - | 7 | 7 | - | 7 | 7 | - | 7 | 7 | - | 7 |
| SP2.3 Specialized Medical Equipment | - | 5,000 | 5,000 | - | 13,299 | 13,299 | - | 13,964 | 13,964 | - | 13,815 | 13,815 | - | 9,400 | 9,400 | - | 9,116 | 9,116 | - | 9,822 | 9,822 |
| SP2.4 Forensic and Diagnostic services | 415 | 329 | 745 | 436 | 945 | 1,382 | 448 | 1,400 | 1,848 | 455 | 2,123 | 2,578 | 401 | 747 | 1,148 | 416 | 1,147 | 1,563 | 422 | 1,447 | 1,869 |
| SP2.5 Health Products and Technologies | 384 | 1,634 | 2,018 | 403 | 1,716 | 2,118 | 423 | 2,434 | 2,857 | 423 | 2,714 | 3,137 | 384 | 1,048 | 1,432 | 403 | 94 | 497 | 403 | 94 | 497 |
| **Sub Total** | **15,504** | **8,288** | **23,792** | **17,224** | **27,339** | **44,563** | **16,575** | **29,107** | **45,682** | **16,559** | **36,902** | **53,461** | **15,578** | **11,602** | **27,180** | **14,523** | **11,202** | **25,725** | **14,497** | **13,703** | **28,200** |
| **Health Research and Development** | | | | | | | | | | | | | | | | | | | | | |
| SP3.1 Pre-Service and In-Service Training | 3,662 | 83 | 3,745 | 3,845 | 987 | 4,832 | 3,847 | 977 | 4,824 | 3,849 | 967 | 4,816 | 3,736 | 198 | 3,934 | 3,664 | 198 | 3,861 | 3,666 | 198 | 3,864 |
| SP3.2 Health | 1,835 | 260 | 2,095 | 1,927 | 273 | 2,200 | 1,927 | 273 | 2,200 | 1,927 | 273 | 2,200 | 1,835 | 229 | 2,064 | 1,835 | 229 | 2,064 | 1,835 | 229 | 2,064 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Research | | | | | | | | | | | | | | | | | | | | | |
| **Sub Total** | **5,497** | **343** | **5,840** | **5,772** | **1,260** | **7,032** | **5,774** | **1,250** | **7,024** | **5,777** | **1,240** | **7,016** | **5,572** | **426** | **5,998** | **5,499** | **426** | **5,926** | **5,501** | **426** | **5,928** |
| **General Administration and Support Services** | | | | | | | | | | | | | | | | | | | | | |
| SP4.1 General Administration | 4,998 | 2,693 | 7,691 | 10,402 | 5,077 | 15,479 | 11,679 | 3,417 | 15,096 | 12,346 | 2,429 | 14,775 | 6,679 | 3,755 | 10,433 | 6,430 | 2,311 | 8,742 | 6,675 | 1,017 | 7,693 |
| SP4.2 Finance and Planning | 35 | - | 35 | 37 | - | 37 | 45 | - | 45 | 51 | - | 51 | 35 | - | 35 | 31 | - | 31 | 37 | - | 37 |
| **Sub Total** | **5,034** | **2,693** | **7,726** | **10,439** | **5,077** | **15,516** | **11,724** | **3,417** | **15,140** | **12,397** | **2,429** | **14,827** | **6,714** | **3,755** | **10,469** | **6,462** | **2,311** | **8,773** | **6,712** | **1,017** | **7,730** |
| **Health Policy, Standards and Regulations** | | | | | | | | | | | | | | | | | | | | | |
| SP5.1 Health Policy | 727 | 6,986 | 7,713 | 764 | 16,335 | 17,099 | 767 | 17,336 | 18,103 | 789 | 18,144 | 18,934 | 727 | 9,918 | 10,646 | 731 | 10,268 | 10,999 | 752 | 9,785 | 10,537 |
| SP5.2 Social Protection in Health | 1,152 | - | 1,152 | 7,510 | - | 7,510 | 7,824 | - | 7,824 | 8,048 | - | 8,048 | 4,352 | - | 4,352 | 4,352 | - | 4,352 | 4,352 | - | 4,352 |
| SP5.3 Health Standards and Regulations | 1,165 | 200 | 1,365 | 1,223 | 2,100 | 3,323 | 1,209 | 4,532 | 5,741 | 515 | 6,150 | 6,665 | 1,151 | 115 | 1,266 | 474 | 200 | 674 | 478 | 200 | 678 |
| **Sub Total** | **3,045** | **7,186** | **10,231** | **9,497** | **18,435** | **27,932** | **9,800** | **21,868** | **31,668** | **9,352** | **24,294** | **33,646** | **6,231** | **10,034** | **16,264** | **5,557** | **10,468** | **16,026** | **5,583** | **9,985** | **15,568** |
| **Total Health Sector** | **30,722** | **30,979** | **61,701** | **44,657** | **71,198** | **115,855** | **45,633** | **78,812** | **124,445** | **45,882** | **88,419** | **134,301** | **35,680** | **34,679** | **70,358** | **33,624** | **35,119** | **68,743** | **33,908** | **35,872** | **69,780** |

**Table 4.1: Semi – Autonomous Government Agencies**

**KENYA MEDICAL SUPPLIES AGENCY**

| Economic Classification | Allocation | Requirement | | | Allocation | | |
|---|---|---|---|---|---|---|---|
| | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2018/19 | 2019/20 | 2020/21 |
| **CURRENT EXPENDITURE** | **385** | **457** | **479** | **503** | **389** | **408** | **429** |
| Compensation of Employees | 385 | 457 | 479 | 503 | 389 | 408 | 429 |
| Use of Goods and Services | | | | | | | |
| Other Recurrent | | | | | | | |
| **CAPITAL EXPENDITURE** | **954** | **1,646** | **400** | **-** | **94.2** | **1,000** | **951.8** |
| Acquisition of Non-Financial Assets | 954 | 1,646 | 400 | - | 94.2 | 1,000 | 951.8 |
| Other Development | | | | | | | |
| **GROSS** | **1,339** | **2,103** | **879** | **503** | **483.2** | **1,408** | **1,381** |
| AIA Internally Generated Revenue | - | - | - | - | | | |
| Net Exchequer | 1,339 | 2,103 | 879 | 503 | 483.2 | 1,408 | 1,381 |

**Justification for additional resources**

**Recurrent**

The growth of the Annual grant by 5% is meant to take care of the Annual staff salary review.

**Capital**

The Authority plans to build a modern warehouse Customized for storage of medical commodities. Global fund has committed support for the construction of KSh 954M in the Financial Year 2017/2018. However, disbursement of these funds from Global fund is subject to confirmation of the National Government counterpart funding in FY 2018/19 of KSh 1.646Billion and KSh 400M in Financial Year 2019/2020 through budgetary allocation as par Global fund AIDE MEMOIRE dated 25th August 2017.

**NATIONAL AIDS CONTROL COUNCIL**

| Economic Classification | Allocation | Requirement | | | Allocation | | |
|---|---|---|---|---|---|---|---|
| | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2018/19 | 2019/20 | 2020/21 |
| **CURRENT EXPENDITURE** | **643** | **836** | **919** | **1,012** | **962** | **1,058** | **1,164** |
| Compensation of Employees | 404 | 525 | 577 | 636 | 651 | 716 | 787 |
| Use of Goods and Services | 239 | 311 | 342 | 376 | 311 | 342 | 376 |
| Other Recurrent | | | | | | | |
| **CAPITAL EXPENDITURE** | **276** | **950** | **904** | **799** | **627** | **902** | **484** |
| Acquisition of Non-Financial Assets | | | | | | | |
| **Other Development** | **444** | **-** | **-** | **-** | | | |
| TOTAL | 1,363 | 1,786 | 1,823 | 1,811 | 1,277 | 1,960 | 1,647 |
| GROSS | 1,363 | 1,786 | 1,823 | 1,811 | 1,277 | 1,960 | 1,647 |
| AIA Internally Generated Revenue | | | | | | | |
| Net Exchequer | 1,363 | 1,786 | 1,823 | 1,811 | 1,277 | 1,960 | 1,647 |

**Justifications for the additional recurrent resources in the FY 2018/19**

**Expand NACC presence in the regions.**

The NACC is currently present in 18 regions (cluster of Counties) in compliance with the requirements of the constitution. This means we have a shortfall of 29 counties. The presence of the NACC at the counties will facilitate effective support in the implementation of the County HIV and AIDS strategic plans, monitoring indicators as spelt out in the County Profiles and track reporting of the key indicators in line with Kenya's Global obligations on reporting.

**KENYATTA NATIONAL HOSPITAL**

| | Allocation | Requirement | | | Allocation | | |
|---|---|---|---|---|---|---|---|
| Economic Classification | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2018/19 | 2019/20 | 2020/21 |
| CURRENT EXPENDITURE | | | | | | | |
| Compensation of Employees | 6,792 | 9,354 | 9,384 | 9,411 | 6,866 | 9,384 | 9,411 |
| Use of Goods and Services | 3,933 | 4,123 | 4,329 | 4,546 | 4,123 | 4,329 | 4,546 |
| Other Recurrent | | | | | | | |
| CAPITAL EXPENDITURE | | | | | | | |
| Acquisition of Non-Financial Assets | 635 | 2,176 | 1,105 | 246 | 40 | 1,105 | 246 |
| Other Development | | | | | | | |
| TOTAL | 11,360 | 15,654 | 14,819 | 14,202 | 11,029 | 14,819 | 14,202 |
| AIA Internally Generated Revenue | 4,538 | 4,669 | 4,810 | 4,954 | 4,669 | 4,810 | 4,954 |
| Net Exchequer | 6,822 | 10,985 | 10,009 | 9,248 | 6,,360 | 10,009 | 9,248 |

**MOI TEACHING AND REFERRAL HOSPITAL**

| | **Allocation** | **Requirement** | | | **Allocation** | | |
|---|---|---|---|---|---|---|---|
| **Economic Classification** | **2017/18** | **2018/19** | **2019/20** | **2020/21** | **2018/19** | **2019/20** | **2020/21** |
| **CURRENT EXPENDITURE** | | | | | | | |
| Compensation of Employees | 5,034 | 6,816 | 7,141 | 19,493 | 6,103 | 6,286 | 19,493 |
| Use of Goods and Services | 2320 | | | | 2,575 | 2,600 | 2,700 |
| Other Recurrent | 30 | 100 | 100 | 100 | 30 | 100 | 100 |
| **CAPITAL EXPENDITURE** | | | | | | | |
| Acquisition of Non-Financial Assets | 170 | 40,340 | 13,580 | 630 | 30 | 40,340 | 13,580 |
| Other Development | | | | | | | |
| TOTAL | 7,554 | 47,256 | 20,821 | 20,223 | 8,738 | 49,326 | 35,873 |
| AIA Internally Generated Revenue | 2,341 | 2,575 | 2,832 | 8,099 | 2,575 | 2,600 | 2,850 |
| Net Exchequer | 5,213 | 44,681 | 17,989 | 12,124 | 6,163 | 46,726 | 33,023 |

**JUSTIFICATION**

a. The development funds will be required to construct and equip the 4,000 bed capacity multi-specialty MTRH as envisaged in MTP III of the Vision 2030 at a cost of KSh.38 billion in the year 2018/19 and KSh.2 billion for purchase of radiotherapy equipment for cancer Centre and upgrading medical equipment.

b. The recurrent will be required towards personnel emolument specifically for the approved Doctors' Allowance, Nursing Allowance and Health Service Allowance. It will also include Health Service allowance proposed for Health records and administrative staff previously omitted.

**KENYA MEDICAL TRAINING COLLEGE**

| Economic Classification | Allocation | Requirement | | | Allocation | | |
|---|---|---|---|---|---|---|---|
| | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2018/19 | 2019/20 | 2020/21 |
| **Current Expenditure** | | | | | | | |
| Compensation of Employees | 2,488 | 7,978 | 8,217 | 8,463 | 2,515 | 8,217 | 8,463 |
| Use of Goods and Services | 1,382 | 1,868 | 2,054 | 2,260 | 1,868 | 2,054 | 2,260 |
| Other Recurrent | | | | | | | |
| **Capital Expenditure** | | | | | | | |
| Acquisition of Non-Financial Assets | 393 | 2,432 | 2,105 | 2,300 | 198 | 2,105 | 2,300 |
| Other Development | | | | | | | |
| **TOTAL** | **4,263** | **12,278** | **12,376** | **13,023** | **4,581** | **12,376** | **13,023** |
| GROSS | 4,263 | 12,278 | 12,376 | 13,023 | 4,581 | 12,376 | 13,023 |
| AIA Internally Generated Revenue | 1,069 | 1,868 | 2,054 | 2,260 | 1,868 | 2,054 | 2,300 |
| **Net Exchequer** | **2,881** | **10,410** | **10,322** | **10,763** | **2,713** | **10,322** | **10,723** |

**Note**: The amount under 2018/19 has gone up compared to the current year due to the following activities that the College would wish to undertake:

a) The College is a recipient of funds under Equalisation fund for 2017/18 and as such once the construction of Tuition Blocks is complete a lot of funds will be needed in equipping them some of which are very expensive, refurbishing the dilapidated Campus across the country.
b) Due to improvement in technology, it has necessitated the College to buy new teaching/medical equipment's in the various existing campuses to assist in training and as such funds will be needed for the purpose.

The college has outstanding payments for the following items both of which have been factored in 2018/19 Financial year as a one-off payment:

a) Pension deficit - KSh 1.005Billion
b) b) Adjustments for remunerations following re - categorization of the College amounting to KSh.1.052Billion.

**KENYA MEDICAL RESEARCH INSTITUTE**

| Economic Classification | Allocation | Requirement | | | Allocation | | |
|---|---|---|---|---|---|---|---|
| | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2018/19 | 2019/20 | 2020/21 |
| **CURRENT EXPENDITURE** | | | | | | | |
| Compensation of Employees | 1,612 | 2,407 | 2,423 | 2,511 | 1705 | 1,921 | 2,113 |
| Use of Goods and Services | 647 | 628 | 628 | 691 | 686 | 691 | 700 |
| Other Recurrent | | | | | | | |
| **CAPITAL EXPENDITURE** | | | | | | | |
| Acquisition of Non-Financial Assets | 275 | 750 | 750 | 750 | 229 | 750 | 750 |
| Other Development | | | | | | | |
| **TOTAL** | 275 | 750 | 750 | 750 | 229 | 750 | 750 |
| **SUMMARY OF THE EXPENDITURES AND REVENUE GENERATED** | | | | | | | |
| GROSS | 2,534 | 3,785 | 3,801 | 3,952 | 2,620 | 3,362 | 3,563 |
| AIA Internally Generated Revenue | 121 | 102 | 150 | 200 | 102 | 150 | 200 |
| Net Exchequer | 2,413 | 3,683 | 3,651 | 3,752 | 2,518 | 3,212 | 3,363 |

**Notes**

**A. Recurrent projections**

**1. Health workers service allowance.**

This is in reference to National treasury letter Circular Ref: RES 1081/16/01 (71) dated 28th February 2017 and SRC letter Ref. SRC/TS/HWI/3/23 VOL 1(61) dated 9th March and that professional working in government institutions be given health workers service allowances. The institute has up to date not been able to pay the medical professionals for lack of funds. KSh.95.3 million is required to enable the institute to pay the Doctors, Clinical Officers, Laboratory Technologists and technicians and Nurses and avoid further expenses on legal costs.

**2. Extraneous and call emergency allowances and arrears.**

This Follows the court order dated 16th June 2017 in the cause No. 1315 of 2013 – Extraneous allowance; where the court directed that KEMRI implement the two government circulars Ref: MSPS/2/1/3A/VOL III (77) dated 12th January 2012 and Ref: MSPS /2/1/3A vol. III/ (100) dated 29th February 2012 and further that the accrued arrears from December 2011 be budgeted for and paid in succeeding financial year in line with treasury fiscal policy. This will require **KES.284,358,500** for Extraneous allowances and **KES 117,504,000** for Call allowances.

**3. Pension scheme**

KEMRI staff retirement benefits scheme was established on 1stJuly 1983 as a defined befits scheme (DB). The scheme lost funds amounting to KSh.597Million in the hands of the former trustees. The matter came into light in the year 2008.

Some of the members of this pension scheme have since retired and they are demanding their pension benefits amounting to KSh.566.5 million. It is important to note that we have to deal with cases in regard to unpaid pension benefits and more is expected as

staff attain mandatory retirement age. Upon settling of the unpaid pension, the financial implication annually is will be expected to be KSh 100 Million.

**4. Research funding**

KEMRI was allocated KSh.224M during the financial year 2014/2015 and 2015/2016 and KSh 260M in 2017/18 for the purpose of conducting research on identified national and county priority areas. During this period major research undertakings included research on the affects Khat (Miraa) on human health and welfare, research on pyrethrum and research on cancer and other non-communicable diseases, as well as other health challenges of national concern. Investment in health research will enhance Kenya's economic development and growth. In consideration of the enormous challenges and research needs, KEMRI requires funds in the amount of **Kes.480, 000,000/=** in financial 2017/2018 for continuity and to ensure sustainable support for research within the institute. An annual commitment to support research through exchequer funding will go a long way in enhancing research capacity at KEMRI for national development.

## B. Capital Funding

### 1. Construction of research infrastructure

KEMRI being a national Health research institution has research facilities in Nairobi, Kilifi, Kisumu and Busia. In order to realize its mandate, the institute aims at upgrading research infrastructure for conducting research that will provide evidence- informed policies and interventions aimed at reduction of disease burden and supporting the achievements of the highest level of health as envisioned in Kenya's vision 2030. This is in response to the increasing demand for KEMRI to build research capacities to address the local (county specific) health needs through involvement of communities in the management of research and health research services/ activities. The research infrastructure is expected to maintain high levels of biosafety standards and international standards. The following is a breakdown of infrastructure to undertaken:

1. sample storage and management facility – **KSh 40 million**
2. Construction of research laboratories – **KSh 55m**
3. Construction of research regulation and coordination facility – **KSh 250m**
4. ICT infrastructure and automation – **KSh 65m**
5. Construction of research administration and conference block - **KSh 300m**
6. Rehabilitation of sewer lines and waste treatment ponds in Busia – **KSh 40m**

## 3.4 Analysis of Funding for Capital projects

There was a total of 76 capital projects at various stages of completion in the sector as at FY 2017/18 as listed in Annex III. These capital projects were allocated a total of KSh. 31 Billion during the financial year 2017/18, comprising of KSh. 18 Billion from development partners (57.7%) and KSh. 13 billion from the GOK (42.3%). The amounts are projected to increase to KSh 55 Billion, reducing to KSh 45 Billion and KSh. 37 Billion in financial years 2018/19, 2019/20, 2020/2021 respectively.

During the financial year 2017/18, health policy standards and regulations program received a total of KSh. 10 Billion, national referral and rehabilitative services a total of KSh 23.8 Billion and preventive promotive & RMNCH receiving KSh. 14 Billion. Capital projects receiving funding priority in the financial year 2017/18 were Free Maternity Project (KSh 3.8 Billion, GOK) and Transforming Health systems for Universal Care (THS-UC) (KSh. 4.2 Billion, WB) Managed Equipment Service-Hire of Medical Equipment (KSh. 5 Billion, GOK) all under health policy standards and regulations program.

Some of the challenges experienced by the sector include lack of sufficient funds especially counterpart funding, slow disbursement of funds by development partners, litigation issues and cost overrun among others.

In the next MTEF period the Sector was given GOK ceilings of KSh.16.9 billion, KSh.17.3 billion and KSh.18.0 billion in the FY 2018/19,2019/20 and 2020/21 respectively for Capital Projects. From the amount allocated in 2018/19 KSh.14.6 billion was for Strategic Intervention Projects namely Managed Equipment Service-Hire of Medical Equipment for 120 Hospitals, Free Maternity Program, Cancer Institute, Purchase of the Teaching Equipment – KMTC and Up Grade of Health Centres in slums and KSh.2.3 billion was for other projects.

The Ministry of Health Headquarters received the highest allocation out of the government sharable financing at KSh.1.6 Billion, while the Moi Teaching and Referral Hospital received KSh.30 Million, The National Aids Control Council KSh.66.4 Million, Kenya Medical Training College Kshs.197.6 Million, Kenya Medical Research Institute KSh.229 Million, Kenya Medical Supplies Authority KSh.94Million and Kenyatta National Hospital KSh.40 Million. Details are as in Annex III.

## 3.5 Resource Allocation criteria

The sector adopted the following criteria in the allocation of resources for the financial year 2018/2019

**Table 5: Resource Allocation Criteria- Health Sector, Mombasa retreat 6-19November2017**

| S/NO | CRITERIA | CRITERIA INDICATORS | EVIDENCE |
|---|---|---|---|
| 1 | Personnel emoluments Annual increment | • Salaries for MOH establishment<br>• Signed CBAs<br>• SRC upgrades | • Supported by IPPD, Treasury authority to recruit<br>• CBA |
| 2 | GOK Counterpart Financing | • GOK Counterpart Financing | • Contract details |
| 3 | On-going projects | • Status of implementation and absorption capacity of the project | • Implementation Status |
| 4 | O & M (Utilities e.g. Rent and rates, electricity parking) | • Lease agreement | • Lease agreement<br>• |
| 5 | Statutory obligations and membership subscriptions | • Subscriptions and dues to International organisations | • Demand notes and payment trends |
| 6 | Transfers (SAGAs) Annex 5 of the guidelines | • Current and Capital Grants to Parastatals | • Payment trends |
| 7 | Achievability/Sustainability | • Project design including feasibility studies, Land availability, Environmental Impact Assessment<br>• Source of funding identified - GoK, /DONOR, PPP, AIA and GoK counterpart funding | • Donor agreement, PPP and MOU's<br>• Availability of the fiscal space |
| 8 | Alignment and harmonisation to government development agenda | • Consistency with government transformation agenda, vision 2030, Consistency with MTP III<br>• Addressing core mandate of the Subsector/Ministry and poverty intervention | • Captured in MTP and Sectoral reports |
| 9 | Approved by Project Committee | • Constitution of the Project Committee by the Subsector<br>• Project concept note | • Minutes of approvals by the PC members<br>• Concept notes for projectsSubmitted to the SWG |

## 3.6 Linkage of the Health Sector to the 'Big Four'

One of the 'Big Four' priorities of Government during the period, 2018 to 2022 is the achievement of Universal Health Coverage. This prioritization is in line with the Constitution, the Kenya Vision 2030, the Kenya Health Policy, 2014 to 2030 and sector strategies.

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

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

It is noted in the foregoing that although a lot of progress has been achieved in meeting various health targets, there are differentials in the country in terms of population covered with health services within a radius of 5 kilometres, with the hard to reach areas most disadvantaged. The differentials also include access to health facilities, access to services, the distribution of health workers and the access to health commodities and technologies. Inequalities are also experienced in terms of out of pocket expenses when paying for services provided. Evidence indicates that one third of all health financial resources in the sector are contributed through out of pocket expenditure. Government financing of health also stands at just about 7 per cent (national and county budgets) – which is way below the global targets, including the African commitment (Abuja target of 15%). All these factors contribute to inadequate access to quality health services. Besides, the quality of services is also affected. Evidence further shows that close to 1 million people fall below the poverty line as a result of catastrophic health expenditure arising from a major illness in the family.

**Medium Term Objectives and outputs on UHC**

The Government's objective in both the medium to long term is to ensure that universal health coverage is fully achieved in Kenya by 2022. Although all the priorities outlined in **Section 3.1** of this report are aligned and linked to the achievement of UHC, the programming and targets will be fast tracked to achieve universal health coverage by 2022.

The overall objective on UHC is to cover 100 per cent of the population with access to quality health services while ensuring that they are financially protected against prohibitive financial costs. The priorities and outputs to be achieved for UHC by 2018/19 will include:

i). Implementing targeted financial health protection initiatives, including Linda Mama (free maternity health services for about 1.2 million mothers that will now include ante and post-natal services and care for infants), subsidies through the NHIF for about 350,000 poor and vulnerable households, about 1 million elderly (aged 70+ years) and about 300,000 people with severe disabilities.
ii). Increasing the proportion of government budget going to the health sector so as to gradually reach the Abuja target
iii). Scale up the health insurance cover through the National Hospital Insurance Fund (NHIF) from the current 36 per cent to 100 per cent of the population through the use of legislative reforms, financial agency and digital systems, community based approaches

and advocacy. Besides, NHIF will roll out a multi-tier insurance plan that will provide Kenyans with a choice of affordable insurance plans that will suit their needs.

iv). Strengthening the primary healthcare system through empowerment of communities, equipping of primary healthcare facilities and recruitment of additional health workers;

v). Strengthening the provision of secondary and tertiary healthcare services through extending of the Managed Equipment Services Project (MES) to 21 more sites, increasing the number of referral health facilities and use of e-health systems in delivering health care. The construction of a new 2,000 bed multi-speciality hospital will be commissioned under the Moi Teaching and Referral Hospital in Eldoret.

vi). Expanding the provision of specialized health services, including the establishment of additional surgical, 6 cancer centres and one new centre of excellence in renal services;

Promoting the use of alternative sources of financing health care and the role of the private sector in healthcare.

# CHAPTER FOUR:

# 4 CROSS-SECTOR LINKAGES, EMERGING ISSUES AND CHALLENGES

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

The two levels of government are dependent and are expected through the Intergovernmental Relations Act 2013 to work in harmony to achieve the various functions in service delivery within the two levels of government.

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 of Health, Kenya Medical Research Institute (KEMRI), National Referral Hospitals (Kenyatta National Hospital, KNH and Moi Teaching & Referral Hospital, MTRH), National AIDS Control Council, NACC, Kenya Medical Supplies Agencies, KEMSA, Kenya Medical Training College, KMTC and National Hospital Insurance Fund, 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, and infrastructural development among others. In this regard cross-sectoral relations are key in moving towards a healthy population. This section looks at ways that the health sector collaborates with other sectors of the economy.

### 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 contributes to increased risk of cancer and respiratory infections. Access to clean water is key to good health and prevention of waterborne diseases like cholera and diarrhoea, which are 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 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.

## Emerging Issues

Emerging health issues are those that pose either a threat or relief from threat to the overall health of the population. These events could have either positive or negative impact on the whole health system, which include service delivery, health financing, human resources, infrastructure, leadership, health products, 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 2016/17, the following were some of the emerging health issues that posed a threat to the overall health system;

- *Sustainability of the* public health goal of reducing morbidity, mortality and disability in NCDs and communicable conditions is challenged due to the overdependency of development partners resources,
- Increased cross border travels and regional instability has led to an increase in emerging and re-emerging Diseases (Haemorrhagic fever, airborne viral epidemics, polio)
- Since the rebasing of the economy, Development Partners are exiting, and the government is required to finance these specific areas. In addition, government is required to contribute 20% instead of 5% hence reducing the amount of sharable allocation.
- Extreme changes in weather conditions caused by the effects of the global climate change has led to increased incidences of diseases.
- Re-emergence of neglected tropical diseases e.g. elephantiasis, kalaazar.
- Epidemiologic transition (lifestyle diseases) e.g. cancer, hypertension and other NCDs.
- Frequent and prolonged industrial unrest in the sector.

## Challenges for the Health sector

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

### 4.2.9 Service Delivery

Despite the significant decrease on HIV/AIDS prevalence rate, the co-infection of HIV/AIDS and TB coupled with the emergence of drug resistant strains of TB pose a serious problem to the

sector. Despite great strides in tuberculosis control, it is estimated that 19% remain undetected. Additionally, funding of HIV/AIDS programmes remain donor dependent at 80% which still poses a challenge due to the rebasing of the county's economy. Access to ARVs for those who require them is still a challenge, currently 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.

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

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

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

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

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

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

The sector faces emerging and re-emerging threats of diseases, health workers unrest which has a direct impact on service delivery as well as negatively impacting on the gains made in health outcomes.

### 4.2.10 Health products and technologies

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

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

### 4.2.11 Finance

There are weaknesses in resource allocation and use due to the weak linkages between policy making, planning and budgeting processes. There is little relationship between budget as formulated and budget executed, weak accounting systems, underutilization of external development budget, inadequate reporting of financial performance evidence based planning.

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

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

### 4.2.12 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.

Ageing health workforce in a period where the public service has put a freeze on recruitment will cause a shortage and unclear succession management in the sector.

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 ministry is unable to absorb 50% of KNBTS health workers who were employed by implementing partners into public service to provide blood transfusion services due to inadequate budgetary provisions.

The pension for health workers is still managed at the national level while the requirement is for the transitioning to the respective County's pension schemes. This has led to challenges in the transfer of the workers services between the two levels of government and inters counties

Inadequate provision of training funds to develop human resource for health in key specialties to meet the health sector demands in the country

### 4.2.13 Health Infrastructure

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

### 4.2.14 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.

### 4.2.15 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 is limited accountability and impact analysis of research on the critical health needs. This leads to low levels of impact on investment in research productivity and overall improvement of health standards and evidence based decision and policy making.

### 4.2.16 Health Management Information System

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

# CHAPTER FIVE: CONCLUSION

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

Kenya's population is growing at a rate of nearly 3 percent annually and will continue to place a huge demand for health services. Kenya must continue expanding maternal and child health services while developing the capacity of the health systems to cater for communicable and non-communicable disease burdens which are on the rise. This must be countered with additional investments in RMNCAH to minimize health burden.

During 2018/19 planning period, the sector plans to implement priority programmes aligned to the MTPII and the proposed MTP III together with other sectoral plans. Efforts will be made to ensure progressive realization of rights to health as envisioned in the Constitution. The health sector will adhere to the accountability mechanisms and enhanced governance regime as espoused in the constitution while ensuring that the county provide quality services.

The sector will continue to build capacities of county governments and provide the necessary technical support so that the counties can effectively execute the functions assigned to them under the Fourth Schedule. In addition, the national health sector will continue to strengthen the national referral hospital to be able to provide the critical backstopping to the counties with regards to specialized health services. The national government with the SAGAs in the sector will continue to provide the necessary financial inputs as require for effective service delivery.

The two levels of government shall continue engaging each other to ensure that there is good working environment for staff, effective and efficient service delivery to the citizens.

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

# RECOMMENDATIONS

Maximizing health outputs and outcomes with the available resources remains the major focus for the Sector during this Medium-Term Expenditure Framework. The sector has noted several emerging issues and challenges that have faced the sector during the review period. To realize the targeted outputs/outcomes and overcome the sector challenges, the following recommendations are made:

- The national and county governments taking cognizance of the inadequate budgetary allocations should enhance budgetary resources allocation and utilization in the health sector. This should be coupled by improving the efficiency and effectiveness in programmes implementation as well as exploring alternative mechanisms of mobilizing additional resources.
- Public health programmes are largely dependent on development partners funding for financing. With the rebasing of economy, the country will go beyond the threshold eligible for donor funding resulting in reduction or cessation of funding of public health programmes for several critical supports e.g. by GAVI, Global Fund. The Government therefore needs to allocate adequate resources for effective implementation of health sector programmes with the overall goal of sustainable financing to the sector in the long run and in line with the deliberate attempt to attain the Abuja Declaration target of at least 15% allocation of national budgets to the health sector.
- There is need for strengthened tripartite working relations in the health sector between Government, employees, and the labour unions for harmonization of labour relations in the sector. This will ensure sustainability of the wage bill in the sector which has been rising is contained and labour unrests is minimised.
- The Ministry of Health should focus on improvement in the service delivery by SAGAs in the sector. Focus should also be put in ensuring that the SAGAs enhance their revenue collections to reduce over reliance on exchequer funding.
- The Government should provide funds to cater for pending bills before determining the resource envelope to be shared
- The SAGAS should find an appropriate mechanism to provide for their pension deficits.
- In the recent past, the country has witnessed potential disease threats like Ebola, Marburg, haemorrhagic fevers etc and acts of terrorism. This calls for additional resources allocation in order to prepare, respond and contain such situations.

- To enhance collaborations in health sector given the devolved nature of health systems in Kenya, there is need to maintain and strengthen the existing health sector inter-governmental consultative fora/ mechanisms for effective coordination of health sector.
- The National Government and Counties need a written agreement on the shared responsibilities on procurement and distribution of commodities for programmes of public health importance and which are heavily donor funded such as ARVs, TB drugs, Malaria drugs, vaccines and family planning commodities.

- The National Government and Counties should collaborate to develop standards, norms and guidelines for the health sector. The implementation of the policies, norms, standards and guidelines should be enhanced for quality services in the sector.
- There is need for harmonization of planning, budgeting, programme implementation, setting of standards, monitoring and evaluation between the two levels of government to ensure that health sector funding and interventions are prioritized at all levels. This also requires collaboration in information sharing at all levels.
- Revision of relevant health sector laws, legislations, policies and regulation need to be formulated and implemented to guide the devolution of health services and programme implementation.

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## ANNEX II: PROJECT CONCEPT NOTEPROJECT CONCEPT NOTES

| **PROJECT 2** | | | | | |
|---|---|---|---|---|---|
| 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:KSh. 1,540,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | Kshs385,000,00 | Kshs269,500,00 | Kshs385,000,00 | Kshs385,000,00 | |
| 11. Outline economic and social benefits: improved health | | | | | |
| 12. Outline sources of financing: ***KFW- Germany*** | | | | | |

| **PROJECT 3** |
|---|
| 1. **Project name:** Health Systems Management (Procurement & Distribution of Vaccines& Sera)- GAVI |
| 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 Counties |
| 6. **Project Purpose (Context and need for the Project):** To improve the immunisation coverage of children across the country. |
| 7. **Brief description of the project (Project summary):** the intervention is for Procurement and distribution of vaccines commodities (e.g. Polio, B.C.G, Measles, Penta&Pneumococcal) across the country. The proportion of fully immunized under 1 year remain stagnant around 70%. This has been attributed to the introduction of new vaccines that need at least two fiscal years to have a good coverage. Rota virus and Measles – Rubella vaccines were introduced into the routine immunization program during the period under review in an effort to improve further the health of the children of |

| | | | | | |
|---|---|---|---|---|---|
| Kenya. | | | | | |
| 8. **Project stage (see Annex 1 above):** | | | | | |
| 9. **Estimated project duration (months) months** | | | | | |
| 10. **Estimated project cost:** | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
| GOK (5bn | 703,000,000 | 703,000,000 | 703,000,000 | 703,000,000 | 703,000,000 |
| DONOR KSh 15bn | 2,600,000,000 | 2,600,000,000 | 2,600,000,000 | 2,600,000,000 | 2,600,000,000 |
| 11. **Outline economic and social benefits:** reduction of mortality and disability caused by polio related complications | | | | | |
| 12. **Outline sources of financing:**<br>Global Alliance for Vaccines (GAVI) KSh. 2,600,000,000<br>GOK (Counterpart funding) KSh. 703,000,000 *Amount increased due to rebasing of the Kenyan Economy. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **PROJECT 4** | | | | | |
| 1. Project name: ***Procurement of Family Planning & Reproductive Health Commodities*** | | | | | |
| 2. Project geographic location: ***Country 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): ***Purchase of family planning and reproduction commodities.*** | | | | | |
| 7. Brief description of the project (Project summary): ***to promote a healthy and manageable family for the better growth of our economy the project assists the needy families by providing the drugs to the hospitals.*** | | | | | |
| 8. Project stage (see Annex 1 above):***32%*** | | | | | |
| 9. Estimated project duration (months***) 48months*** | | | | | |
| 10. Estimated project cost: Kshs525,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
| | Kshs52,000,000 | Kshs72,500,000 | Kshs63,800,000 | Kshs220,000,000 | Kshs220,000,000 |
| 11. Outline economic and social benefits: Manageable Family size to the citizen | | | | | |
| 12. Outline sources of financing: ***GOK*** | | | | | |

**PROJECT 5**

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

   The CRWPF will guarantee safe management, temporary storage and physical security of radioactive waste generated within the Country, disused radioactive sources, as well as illicitly trafficked radioactive and nuclear materials safeguarding the safety of the environment against radiation contaminants. The Facility will also ensure that radioactive waste, disused radioactive sources and intercepted radioactive and nuclear materials are not accessible to terrorists or other malicious actors while in temporary storage. CRWPF is also a prerequisite for advanced nuclear technological transfer to a member state of the International Atomic Energy Agency (Kenya is a member since 1965) that wishes to embark on a nuclear power programme for peaceful uses such as electricity generation. Lack of radiation waste management facility
7. Brief description of the project (Project summary): Construction of a radiation waste management facility that is aimed at reducing radiation and radioactive substance away from the environment and people. In 2006, the Ministry of Health (Radiation Protection Board) engaged with the National Museums of Kenya (Institute of Primate Research – IPR) and an MoU was done for IPR to provide land (about 12 acres) in Oloolua forest, while the Ministry would construct the CRWPF. Once constructed, the MoU further provides for the management of the facility by an expert team drawn from IPR (as users of radioisotopes), the Materials Branch Department of the Ministry of Public Works (who currently run a small radioactive waste facility) and the Ministry of Health through the Radiation Protection Board – as the regulator. The development of the CRWPF was to be constructed in three (3) integrated Phases. Phase I: Interim underground storage bunker with associated health physics laboratory and waste processing facility. Phase II: Environmental radiation and nuclear forensic laboratories, and offices. Phase III: Near Surface Repository away from the CRWPF site where processed and packaged radioactive/nuclear waste would be stored for a long time.
8. Estimated project cost: 747,000,000

| FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
|---|---|---|---|---|
| KSh 60,000,000 | KSh 60,000,000 | KSh 52,800,000 | KSh 100,000,000 | KSh 475,000,000 |

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**

**Project name**: Beyond Zero Campaign

1. **Project geographic location**: National
2. **Project Type/Category:**
3. **Implementing organization (s):** NACC
4. **Counties covered:** 47
5. **Project Purpose:**The project aims to improve health of mothers and children especially those who reside in hard-to-reach areas by promoting eMTCT services and cancer awareness. The project also provides mobile clinics, reaching out to mothers and children and assisting other needy cases countrywide. The number of new infection among children has reduced by 57% between 2014 and 2017.
6. **Brief description of the project:** The project involves procuring of special Trucks and equipping them to act as clinics. The Trucks are partitioned like a clinic i.e. examination room, laboratory, dispensing/ dressing room etc. All counties will be provided with the special Trucks, starting with the needy ones (counties situated on arid and semi-arid areas). This project is being led by the office of the First Lady
7. **Project stage:** 50%
8. **Estimated project duration (months):** 6 years.
9. **Estimated project cost: 172,000,000**

| | FY2017/18 | FY2018/19 | FY2019/20 | FY2020/21 |
|---|---|---|---|---|
| | KSh40,000,000 | KSh31,240,000 | KSh. 44,000,000 | KSh 46,000,000 |

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

10. **Outline sources of financing**: The Request is for Ksh42, 000,000 for this project through GOK grant.

**Project 7**

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***) 48 months*** | | | | | |
| 10. Estimated project cost: Kshs4,503,676,965 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
| | KSh 1,501,225,655 | KSh 759,572,380 | KSh 2,094,653,481 | KSh 1,501,225,655 | 410,955,800 |
| 11. Outline economic and social benefits: freeing people from the disease burden to allow them to engage in economic activities. | | | | | |
| 12. Outline sources of financing: ***Global Fund*** | | | | | |

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|---|---|---|---|---|---|
| **Project 8** | | | | | |
| 1. Project name: ***Tuberculosis Round 6*** | | | | | |
| 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 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 targets TB care and prevention by enabling the provision of health commodities in order to alleviate or mitigate tuberculosis case in the country. | | | | | |
| 8. Project stage (see Annex 1 above):***32%*** | | | | | |
| 9. Estimated project duration (months***) 48 months*** | | | | | |
| 10. Estimated | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |

| | | | | | |
|---|---|---|---|---|---|
| project cost: Kshs6,063,000,000 | KSh 781,607,541 | KSh 199,515,900 | KSh 605,396,474 | 591,693,100 | 247,766,900 |
| GOK | 403,000,000 | 403,000,000 | 403,000,000 | 403,000,000 | 403,000,000 |

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

**Project 9**

1. Project name: ***Malaria Round 10***
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): 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):***50%***
9. Estimated project duration (months***) 48 months***

| | | | | | |
|---|---|---|---|---|---|
| 13. Estimated project cost: Kshs6,235,942,983 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
| | KSh 1,078,647,661 | KSh 1,200,000,000 | KSh 1,078,647,661 | KSh 256,673,000 | 79,044,600 |

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

**Project 10**

1. Project name: ***Procurement of anti TB drugs not covered under global fund TB program***

| | | | | | |
|---|---|---|---|---|---|
| 2. Project geographic location: ***Nation Wide*** | | | | | |
| 3. Project Type/Category (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): ***Tuberculosis Mitigation.*** | | | | | |
| 7. Brief description of the project (Project summary): Tuberculosis (TB) is a key priority communicable disease and a major public health problem. Kenya is currently ranked 15th among the 22 high TB burden countries of the world the intervention is part of the effort aimed at mitigating TB infection by provision of health commodities and sustaining the provision of the medical commodities that are currently supported by the global fund initiative. | | | | | |
| 8. Project stage (see Annex 1 above):***50%*** | | | | | |
| 9. Estimated project duration (months***) 60months*** | | | | | |
| 10. Estimated project cost: Kshs700,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
| | KSh 110,000,000 | KSh 110,000,000 | KSh 155,000,000 | KSh 200,000,000 | 200,000,000 |
| 11. Outline economic and social benefits: ***prevention and control TB hence health citizen*** | | | | | |
| 12. Outline sources of financing: ***GOK*** | | | | | |

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| **PROJECT 11** |
| **Project name**: Acquisition of space by the National AIDS Control Council |
| 1. **Project geographic location**: National |
| 2. **Project Type/Category:**Large |
| 3. **Implementing organization (s):** NACC |
| 4. **Counties covered:** Nairobi |
| *5.* **Project Purpose:**The project aims at providing office space for NACC, strengthening it for effective coordination of the national response to HIV and AIDS. This will release KSh 60 million spend annually on office rentals for the NACC programmes and other obligations. The acquisition of office space by the NACC will be in line with the Second Medium-Term Plan of the Vision 2030 objective of reducing total expenditure to 26.6 % of the GDP**.**<br>Is at phase one |
| 6. **Brief description of the project**: The project is at phase 1, the process of identification of space, approvals, technical support from technical arms of government and contracts negotiations are advanced. Currently the NACC is housed in private premises and there are other challenges like availability of parking space. The NACC holds meetings with various stakeholders including development partners, public sector, Diplomats, NGOs and members from the civil society organizations, parking slots are inadequate at the private |

premises.

7. **Project stage: Approvals and** contractual

8. **Estimated project duration (months):** 4 years.

| 9. **Estimated project cost: 1,400,000,000** | **FY2016/17** | **FY2017/18** | **FY2018/19** | **FY2019/20** | **FY2020/21** |
|---|---|---|---|---|---|
| | KSh……. | KSh 200,000,000 | KSh 132,000,000 | KSh 400,000,000 | KSh 400,000,000 |

10. **Outline economic and social benefits**: - Acquisition of own office space will make the NACC a competitive and responsive Authority able to deliver its mandate. The country will save KSh 60 million annually on rentals which will be available for programmes.

11. **Outline sources of financing**: The Request is for Ksh400,000,000 for this project through GOK grant

**PROJECT 12**

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

1. **Project geographic location**: National

2. **Project Type/Category:**On- going Project/Large

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

4. **Counties covered:** 47

5. **Project Purpose**: Timely translation of data and evidence for programming and policies are hampered by a multiplicity of data sources, disparity in methodologies and timeframes and user friendliness of data collected and generated at facility, county and national levels. The Situation Room as a platform for real time HIV data for planning and decision making brings to focus the need to have a one country level M&E framework. This transformative innovation will result in an integrated multi-sectoral, accessible, accurate, reliable and cost-effective information plat-form for HIV programmers and policy makers for decision making.

6. **Brief description of the project:** Provision of real-time data and information on HIV and AIDS for policy and decision making by integration of the M&E subsystems to the HIV Information platform and capacity building of county personnel and maintenance of situation room at all levels of government

7. **Project stage:** 50%

8. **Estimated project duration (months):**36 months

| 9. **Estimated project cost390,500,** | **FY2016/17** | **FY2017/18** | **FY2018/19** | **FY2019/20** | **FY 2020/21** |
|---|---|---|---|---|---|
| | KShs32,000,000 | KSh | KSh 35,200,000 | KShs100,000,000 | 17,500,000 |

| | | | | | |
|---|---|---|---|---|---|
| **000** | | 40,000,000 | | | |

10. **Outline economic and social benefits**: To effectively and efficiently manage our HIV response, the Situation Room is the gold standard for reliable data for evidence –based decisions for HIV interventions through routine review of data from counties. With an integrated approach of the M&E subsystems, the Situation Room will monitor both the HIV epidemic, its prevention, care and support programs through strategic information, development of HIV informatics systems, expenditure analysis and evaluations.

11. **Outline sources of financing**: The Request is for KSh 150 million for this project through GOK grant

**Project 13**

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 complicates disease outcomes. Iron deficiency affects 43% of the Kenyan Children below 5 years, 70% of pregnant women and 43% of women of reproductive age. Currently over 2 million children are malnourished. In 2012, Kenya signed up to the global Sun movement which is geared towards reducing malnutrition by 2025 (Stunting, wasting underweight and micronutrient deficiencies- Vitamin A, Iron, and Iodine. Food Fortification, Management of acute malnutrition and promotion of appropriate feeding practices under healthy lifestyle and diets are some of the evidence based strategies to address malnutrition and micronutrient

deficiencies". They are geared towards saving lives, reducing morbidity associated with malnutrition, enhancing nutrition status of the population, thereby contributing to the realization of Vision 2030, Jubilee Manifesto, MTP11, SDGs.

7. Brief description of the project:

Food fortification and management of acute malnutrition is one of the high impact nutrition interventions. Food fortification was legislated in the country in 2012 (2012 Legislation of mandatory fortification for staple foods, wheat and oil). In the past, the programs have been supported by partners i.e. Global Alliance for Improved Nutrition (GAIN), Kenya National Food Fortification alliance, UNICEF and WFP. However, with reduced donor funding the current coverage and implementation is hampered. For instance, GAIN funding ended in September 2015.

The key activities will be Capacity building for the enforcing agencies on food fortification (PHO, NPHL, KEBS), Monitoring of fortified foods (industry, market, and ports of entry), Scaling up food fortification to small scale millers, National household coverage survey of fortified foods, social marketing and communication campaigns conducted, procurement of commodities for management of acute malnutrition, nutrition surveillance. The projects 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 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
|---|---|---|---|---|---|
| | • KSh 860M | • Kshs67,556,992 m | Kshs860m | Kshs700m | Kshs860 |

11. Outline economic and social benefits:

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

12. Outline Sources of Financing: UNICEF

**Project 14**

1. Project name: ***Environmental Health Services***

| | | | | | |
|---|---|---|---|---|---|
| 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): ***Provision of Water and Sanitation*** | | | | | |
| 7. Brief description of the project (Project summary): ***undertaking provision of water and sanitation activities in the counties to improve health and hygiene to the citizens. It aligned with vision 2030 social pillar, more specifically the environment, water, and Sanitation sector which focuses in investing in people and enhancing a clean safe and sustainable environment to access water and sanitation. It aims at reducing morbidity and mortality with improved maternal, neonatal and child survival, reduced malnutrition and incidence of major endemic diseases (malaria, tuberculosis) and stabilized population growth underpinned by a universally accessible, quality and responsive health system.*** | | | | | |
| 8. Project stage (see Annex 1 above):***0%*** | | | | | |
| 9. Estimated project duration (months***) 60months*** | | | | | |
| 10. Estimated project cost: Kshs644,375,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
| | KSh 95,000,000 | KSh 50,000,000 | KSh 95,000,000 | KSh 95,000,000 | KSh 95,000,000 |
| 11. Outline economic and social benefits: ***improved health*** | | | | | |
| 12. Outline sources of financing: ***UNICEF*** | | | | | |

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|---|---|---|---|---|---|
| **Project 15** | | | | | |
| 1. Project name: ***Wajir District Hospital*** | | | | | |
| 2. Project geographic location: ***WAJIR*** | | | | | |
| 3. Project Type/Category (see Para 6 above): ***Medium*** | | | | | |
| 4. Implementing organization (s): ***Ministry of Health*** | | | | | |
| 5. Counties covered: 1 (*:*) ***Wajir*** | | | | | |
| 6. Project Purpose (Context and need for the Project): ***Modernization and Expansion Wajir Hospital*** | | | | | |
| 7. **Brief description of the project (Project summary):**to improve the quality of healthcare services to the region construction and equipping the hospital was conceived supported by Arab Bank for Development of East Africa. The construction works involve: outpatient block, female wards, Theatre/ICU/HDU Block, Kitchen/Laundry/Bulk Storage and Mortuary. | | | | | |
| 8. Project stage (see Annex 1 above):***0%*** | | | | | |
| 9. Estimated project duration (months***) 36months*** | | | | | |
| 10. Estimated project cost: Kshs1,000,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | Kshs250,000,000 | Kshs25,000,000 | KShs250,000,000 | | |

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| 11. Outline economic and social benefits: Better Healthcare to the Public |
| 12. Outline sources of financing: ***BADEA*** |

| **PROJECT 16** | | | | | |
|---|---|---|---|---|---|
| 1. **Project name:** Burns Unit and Paediatric Emergency Centre (BADEA) | | | | | |
| 2. **Project geographic location:** KNH | | | | | |
| 3. **Project Type/Category:**Mega Project | | | | | |
| 4. **Implementing organization (s):** KNH | | | | | |
| 5. **Counties covered:** National | | | | | |
| 6. **Project Purpose**:<br>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. **Brief description of the project:**<br>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.<br>The key outputs are;<br>i) Reduced congestions at the paediatrics filter clinics and wards,<br>ii) Improve clinical outcomes for the target population,<br>iii) Facilitate the control of nosocomial infections.<br>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.<br>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. **Project status**: On-going | | | | | |
| 9. **Estimated project duration (months):**36 months | | | | | |
| 10. **Estimated project cost:** KSh.3.2 B | FY2016/17 | FY2017/18 | FY2018/19 | FY2019/20 | FY2020/21 |
| | 0 | Ksh.343 | KSh. 1,500M | KSh. 1,000M | KSh 357M |
| GOK Counterpart Funding | | | KSh 40M | | |
| 11. **Outline economic and social benefits:**<br>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.<br>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. **Outline sources of financing:** | | | | | |

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| GoK (Counterpart funding) and Development partners (BADEA, OFID, Saudi Fund for Development) |

| **Project 17** |
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| 2. Project name: ***Modernization of Wards and Staff Houses Mathari Hospital*** |
| 3. Project geographic location: ***Nairobi*** |
| 4. Project Type/Category (see Para 6 above): ***Medium*** |
| 5. Implementing organization (s): ***Ministry of Health*** |
| 6. Counties covered: 1 (*:*) ***Nairobi*** |
| 7. **Project Purpose (Context and need for the Project):** The purpose of the project is to modernize the MNTRH through renovations and improvement of the existing infrastructure. MNTRH was established in 1904 as a smallpox isolation Centre which later became a lunatic's asylum in 1910, and was subsequently renamed Mathari Hospital in 1964. Since then it has grown to the level of a National Teaching and Referral hospital and is mandated to provide specialized psychiatric services to the mentally ill. The current use of the facility in the provision of mental health services was not part of its original purpose as is evident in the myriad of problems that the hospital is currently facing. The structures are not in conformity with the current mental health treatment approaches. Most of the buildings are old and dilapidated. The wards are still prison-like dormitorieswith no provision for social amenities and give a desolate atmosphere defeating the mandate of the hospital. According to the Ministry of Public Works building regulations, any building that is over 100 years old is unfit for human habitation and should be demolished. Maintenance of these buildings has been both costly and uneconomical. The hospital's bed capacity is 700. Over the past years, the number of inpatients handled on daily bases has increased to a tune of 820 patients. Due to introduction of new services, the number of outpatients has also increased to about 1,000 patients daily. Considering the above scenario, it can be observed that the hospital has been expanding in capacity while the infrastructure has remained the same and in a very dilapidated state. There is therefore need for renovation and expansion of the existing infrastructure. |
| 8. **Brief description of the project (Project summary):** The project entails renovation of the existing infrastructure with an aim of giving the hospital a face-lift. This will involve<br>• renovation of the Maximum-Security Unit (Where mentally ill offenders are admitted)<br>• Renovation of the wards on the civil side<br>• Renovation of the administration block<br>• Rehabilitation and upgrading of the water supply system<br>• Renovation of the hospital kitchen<br>• Hospital Landscaping<br>• Rehabilitation of the sewer line<br>• Improvement of the hospital lighting<br>• Renovation of the outpatient block and hospital store<br>• Hospital road tarmacked<br>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.<br><br>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.<br><br>Over the years the hospital has suffered stigma attached to Mathari mental hospital, the mentally- ill and the general negative attitude by the public towards mental illness and the mentally - ill patients. The hospital is commonly referred to as "**JELA YA WAZIMU**" (Prison for the insane) which is so stigmatizing. |

There also lacks donors are willing to support Mental services

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

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

MNTRH has a vast compound, neighbouring high security threat slum areaswhich 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.

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

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

| 11. Estimated project cost: Kshs220,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
|---|---|---|---|---|---|
| | Kshs30,000,000 | Kshs75,000,000 | Kshs61,600,000 | Kshs65,000,000 | KSh 74,000,000 |

12. Outline economic and social benefits: better service delivery

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

**Project 18**

1. **Project name: Construct a wall and Procure Equipment at National Spinal Injury Hospital**
2. **Project geographic location: Nairobi**
3. **Project Type/Category (see Para 6 above):** ***Small***
4. **Implementing organization (s):** ***Ministry of Health***
5. **Counties covered: 1 Nairobi**
6. **Project Purpose (Context and need for the Project):** ***Secure the institution and provide the necessary equipment to enable it give quality and efficient service***

| | | | | | | |
|---|---|---|---|---|---|---|
| 7. | **Brief description of the project (Project summary): the intervention was for the fencing of the National spinal injury to make it secure and to procure the equipment that include the standby generator. The fencing is to be completed in 2016/17. The procurement of the standby generator has begun and is expected to be paid in 2017/18. This equipment is very important during the power outage.** | | | | | |
| 8. | **Project stage (see Annex 1 above):*92%*** | | | | | |
| 9. | **Estimated project duration (months) *36 months*** | | | | | |
| 10. | **Estimated project cost: Kshs25,000,000** | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | **2020/21** |
| | | KSh4,000,000 | KSh6,000,000 | 0 | 0 | 0 |
| 11. | **Outline economic and social benefits:** | | | | | |
| 12. | **Outline sources of financing: *GOK*** | | | | | |

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|---|---|---|---|---|---|---|
| **PROJECT 19** | | | | | | |
| 1. | **Project name:** Construction and Equipping Day-care centre | | | | | |
| 2. | **Project geographic location:** KNH | | | | | |
| 3. | **Project Type/Category:** Medium | | | | | |
| 4. | **Implementing organization(s):** KNH | | | | | |
| 5. | **Counties covered:** National | | | | | |
| 6. | **Project Purpose:**<br>This will provide outpatient or same-day surgery that does not require an overnight hospital stay. The purpose of the day-care surgery is to keep patient hospital costs down, reduce patient turnaround time and reduce congestion in the wards. The project will address the problem of delayed diagnosis in some diseases like stomach and colon cancers and reduce inefficiency in providing surgical services.<br>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. | **Brief description of the Project:**<br>It will involve construction and equipping of theatres, recovery wards and related diagnostic services at an identified site within KNH. On completion it will address the problem of congestion in the surgical wards, diagnose and treat variety of conditions without open surgery, increase revenue generation for the hospital and reduce the cost of seeking health care for the clients and train local and regional specialists. Sustainability of the services will be through inclusion of the service in the universal healthcare coverage under NHIF and modest charge through the user fee. | | | | | |
| 8. | **Project status:** On-going | | | | | |
| 9. | **Estimated project duration (months):** 12 months | | | | | |
| 10. | **Estimated projectcost:** KSh. 378M | FY2016/17 | FY2017/18 | FY2018/19 | FY2019/20 | FY2020/21 |
| | | KSh. 160M | KSh. 42M | KSh.36.96M | 0 | 0 |
| | ***This money will be used for equipping the facility** | | | | | |
| 11. | **Outline economic and social benefits:**<br>The economic and social benefits will include reduced cost of health care, faster diagnosis, timely intervention and reduced hospital stay. It will provide a hub for training and research. Will promote medical | | | | | |

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| tourism in the region. |
| 12. **Outline sources of financing:** GoK and private partner (Merali) and KNH |

| **PROJECT 20** | | | | | |
|---|---|---|---|---|---|
| **Project name:**Phase II Equipping of ICU | | | | | |
| **Project geographic location:** Eldoret | | | | | |
| Project Type/Category - **Category 3 / Medium** | | | | | |
| **Implementing organization(s):** Moi Teaching and Referral Hospital | | | | | |
| Counties covered: **National** | | | | | |
| **Project Purpose:**<br>To provide the WHO recommended standards of ICU & HDU beds. 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.<br>**Relationship to Medium Term Plan of Vision 2030**<br>This is a flagship project outlined in MTP III of the Kenya Vision 2030 for Modernization of Equipment at MTRH. It also fulfils the constitutional obligations on provisions of healthcare to Kenyan Citizens. | | | | | |
| **Description of Project**<br>To Procure ICU & HDU Beds, Patient Monitors, Suction Machines, Defibrillators, Mechanical Ventilators and Infusion Pumps.<br>**Expected Results/Output**<br>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.<br>**Sustainability**<br>Sustainability of the project will be ensured through inclusion of the service in the universal healthcare coverage under NHIF, modest charge through the user fees. | | | | | |
| Project stage - **Ongoing** | | | | | |
| Estimated project duration - **48 months** | | | | | |
| Estimated project cost: KSh. 390 Million | FfaY2016/17 | FY2017/18 | FY2018/19 | FY2019/20 | FY2020/21 |
| | KSh 30 Million | KSh 170Million | KSh 22 Million | KSh 30 Million | KSh 30 Million |
| Outline economic and social benefits:<br>o Access to specialized healthcare<br>o Reduce referral of referred cases to other Hospitals including Private Hospitals<br>o Improved Clinical Outcomes | | | | | |
| Outline sources of financing - **GOK** | | | | | |

| PROJECT 21 |
|---|
| 1. Project name: Cancer treatment centre |
| 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. Efficient and effective service delivery through timely diagnostics and treatment of cancer cases.

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. Project status. On-going

9. Estimated project duration (months): 60 months (5 years)

| 10. Estimated project cost: Ksh.2.6 Billion | FY2016/17 | FY2017/18 | FY2018/19 | FY2019/20 | FY2020/21 |
|---|---|---|---|---|---|
| | 0 | Ksh.250M | KSh.220M | KSh. 1,000M | KSh.234 M |

A total of KSh. 116M was disbursed in 2015/16.

11. Outline economic and social benefits:

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

12. Outline sources of financing: GoK

**Project 22**

1. Project name: ***Rongai Hospital***
2. Project geographic location: ***Nakuru***
3. Project Type/Category (see Para 6 above): ***Medium***
4. Implementing organization (s): ***Ministry of Health***

| | | | | | |
|---|---|---|---|---|---|
| 5. Counties covered: 1 (*:*) ***Nakuru*** | | | | | |
| 6. Project Purpose (Context and need for the Project): Expansion of Rongai Hospital. The main aim of the expansion to upgrade Rongai Hospital as a specialist facility to handle Trauma cases of numerous road traffic accidences at Salgaa/ Rongai area and treatment of the victims. | | | | | |
| 7. **Brief description of the project (Project summary**): Construction, equipping and modernization of hospital for quality healthcare service to the public followed a presidential directive by the then President Mwai Kabaki for an Hospital to handle to help in treatment of victims of numerous case of road traffic accidence at the black spot of Salgaa/Rongai area. The scope of the work was to include: construction and equipping of Accident and Emergency department (Examination Rooms, Registration and records, observation wards, acute/resuscitation rooms, minor theatre, recovery wards), Pharmacy laboratories, X-ray, CT-scan and MRI rooms, physio-therapy/occupational department, 36-bed male surgical ward, 24-bed female surgical ward, 12-bed paediatrics ward, 6-bed ICU/HDU ward. | | | | | |
| 8. Project stage (see Annex 1 above):***0%*** | | | | | |
| 9. Estimated project duration (months***) 24 months*** | | | | | |
| 10. Estimated project cost: KSh 1,500,000,000<br>(BADEA 1,000,000,000<br>DFID 500,000,000) | FY2016/17<br>KSh 80,000,000 | FY2017/18<br>KSh 50,000,000 | FY2018/19<br>KSh 150,000,000 | 2019/20<br>KSh 300,0000,000 | |
| GOK Counterpart financing (300,000,000) | 0 | 0 | 0 | 0 | |
| 11. Outline economic and social benefits: ***improvement of the healthcare services in Kenya*** | | | | | |
| 12. Outline sources of financing: ***BADEA*** | | | | | |

| **Project 23** |
|---|
| 1. Project name: ***Clinical Waste Disposal System Project*** |
| 2. Project geographic location: ***Nairobi, Nakuru, Kisii and Machakos*** |
| 3. Project Type/Category (see Para 6 above): ***Medium*** |
| 4. Implementing organization (s): ***Ministry of Health*** |
| 5. Counties covered: 1 (*:*) ***4*** |
| 6. **Project Purpose (Context and need for the Project**): ***Procurement of Equipment's, Goods and Service.*** Evidence from the World Health Organization reveals that up to 20 percent of hospital wastes are contaminated with infectious and hazardous agents, which can transmit diseases such as hepatitis B, and C and Human Immunodeficiency Virus (HIV) including risks of non-communicable conditions arising from incomplete burning of wastes. The purpose of this project hence is to reduce exposures to health risks resulting from poor and inadequate treatment of health care wastes and improve management of medical waste through installation and commissioning of ten (10) modern AMB serial 250 ecosteryl medical waste treatment devices in ten high volume health facilities in the country. |
| **7. Brief description of the project (Project summary):** the project is aims at procuring and suppling equipment, Goods and services in respect of clinical waste disposals. 10 medical waste plants/deviceswill 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):***0%*** | | | | | |
| 9. Estimated project duration (months***) 24 months*** | | | | | |
| 10. Estimated project cost: Kshs1,200,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | KSh 40,000,000 | KSh 450,000,000 | KSh 400,000,000 | KSh 160,000,000 | |
| GOK | 0 | 15,000,000 | 15,000,000 | 15,000,000 | |
| 11. Outline economic and social benefits: C*leaner environment has long* positive benefits to human health and environment far out way the relatively higher costs contributing to reduction in communicable and non-communicable diseases. The process may also be an opportunity for new investment options that involve recycling of the treated wastes. | | | | | |
| 12. Outline sources of financing: ***Belgium and GOK*** | | | | | |
| **Project 24** | | | | | |
| 1. Project name: ***Clinical Laboratory and Radiology Services Improvement*** | | | | | |
| 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 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):***0%*** | | | | | |
| 9. Estimated project duration (months***) 48months*** | | | | | |
| 10. Estimated project cost: Kshs900,000, | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | KSh 30,000,000 | KSh | KSh | KSh | |

| | | | | | |
|---|---|---|---|---|---|
| 000 | | 418,900,000 | 270,000,000 | 100,000,000 | |

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

13. Outline sources of financing: ***Belgium***

**Project 25**

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 (*:*) ***Nairobi***
6. Project Purpose (Context and need for the Project): ***Equip National Blood Transfusion***
7. Brief description of the project (Project summary): ***the procurement of equipment at the National Blood Transfusion is meant to improve the services by ensuring the safety of the blood transfused to patients***

| 8. Estimated project cost: Kshs2,025,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
|---|---|---|---|---|---|
| | KSh 250,000,000 | KSh 175,000,000 | KSh 154,000,000 | KSh 175,000,000 | KSh 175,000,000 |

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

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

**Project 26**

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.

| | | | | | |
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| 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 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | KSh 50,000,000 | KSh 0 | KSh 200,000,000 | KSh 200,000,000 | |
| GOK Counterpart funds | | 0 | 0 | | |
| 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 27** |
|---|
| 1. Project name: **Managed Equipment Services** (MES) |
| 2. Project geographic location: ***all 47 counties*** |
| 3. Project Type/Category (see Para 6 above): ***mega*** |
| 4. Implementing organization (s): ***Ministry of Health*** |
| 5. Counties covered: 1 (:) ***all 47counties*** |
| 6. Project Purpose (Context and need for the Project): the aim is Providing 98 hospitals with modern, state of the art Medical equipment and technology with the objective of improving diagnosis. with a view to improving access to specialized services countrywide. The upgrading was through equipping each of the facilities with critical equipment through a Managed Equipment Services (MES) arrangement and human resource capacity building. |
| 7. Brief description of the project (Project summary): The Government of Kenya through the Ministry of Health and in conjunction with county governments conceptualized this comprehensive programme of upgrade 98 hospitals, 2 in 47 Counties (94) and 4 National hospitals with a view to improving access to specialized services countrywide. The upgrading was through equipping each of the facilities with critical equipment through a Managed Equipment Services (MES) arrangement and human resource capacity building. Included are the procurement of theatre, CSSD, Renal, ICU and Radiology equipment, this equipment are categorized into 7 Lots; Lot 1 Theatre, targeted 98 hospitals; Lot 2 surgical and CSSD targeted 98 hospitals, Lot 5 renal, targeted 49 hospitals; Lot 6 ICU, targeted former 11 national and provincial hospitals and Lot 7 Radiology, |

| | | | | | |
|---|---|---|---|---|---|
| targeted 86 hospitals. | | | | | |
| 8. Project stage (see Annex 1 above):***32%*** | | | | | |
| 9. Estimated project duration (months***) 120 months (10 years)*** | | | | | |
| 10. Estimated project cost: Kshs86,100,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | KSh4,500,000,000 | KSh5,000,000,000 | KSh6,100,000,000 | KSh6,000,000,000 | Kshs,6000,000,000 |
| 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: ***GOK*** | | | | | |

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|---|---|---|---|---|---|
| **Project 28** | | | | | |
| 1. **Project name: National Commodities Storage Centre (KEMSA Supply Chain Centre)** | | | | | |
| 2. **Project geographic location**: Embakasi-Nairobi County | | | | | |
| 3. **Project Type/Category:** Category1-Mega Project | | | | | |
| 4. **Implementing organization (s):** Kenya Medical Supplies Authority | | | | | |
| 5. **Counties covered: National** | | | | | |
| 6. **Project Purpose:** To improve the delivery of Health Commodities | | | | | |
| 7. **Brief description of the project**: This will involve construction and equipping of a customized, state of the art supply chain centre at Embakasi. | | | | | |
| 8. **Project stage;** On-going | | | | | |
| 9. **Estimated project Duration-**Three Years | | | | | |
| **10. Estimated Project Cost: 4,980,000,000** | **FY2016/17** | **FY 2017/18** | **FY 2018/19** | **FY 2019/20** | **FY 2020/21** |
| **AIA** | **1,980,000,000** | | | | |
| **Global Fund** | | | **KES. 954,000,000** | | |
| **Counterpart(GOK)** | | | **KES. 94,200,000** | **KES. 1,000,000,000** | **951,800,000** |

| |
|---|
| **11. Outline economic and social benefits: Economic benefits; -** The new warehouse will ensure that medical supplies are handled effectively and efficiently country wide. The new supply chain centre will improve access to essential medicines, by ensuring regular, shorter turnaround time for inbound and outbound supplies, and continuous availability of medicines in the public health facilities. There will be improved responsiveness during diseases outbreaks and disasters or emergencies due increased space. Savings of warehouse leasing costs will be realized, and this will translate to value for money in total cost and into reducing prices of pharmaceuticals and medical supplies. There will be improved delivery of essential health services for Kenyans and increased customer satisfaction i.e. county public health facilities, National health facilities and development partners. |
| **12. Outline sources of financing:** During the FY 2016/17 KEMSA using revenue reserves, finalized the purchase of 14.5 acres of land and Buildings at a cost of KES 2.250B at Embakasi. The Authority plans to build modern state of the art medical commodities warehouse. Global fund has committed support for the construction to the tune of KSh.954M in the FY 2017/18. However, disbursement of these funds from Global fund is subject to confirmation of the National Government counterpart funding in FY 2018/19 of KSh.1,646B, and KSh.400M in FY 2019/20 through budgetary allocation as per Global fund AIDE MEMOIRE dated 25th August 2017. |

| **PROJECT 29** | | | | | |
|---|---|---|---|---|---|
| **KENYA MEDICAL TRAINING COLLEGE** | | | | | |
| **Project 13: CONSTRUCTION OF TUITION BLOCK WAJIR CAMPUS** | | | | | |
| Project Name: Construction of buildings | | | | | |
| 1.Project geographical location: Wajir County | | | | | |
| 2.Type/Category: | | | | | |
| 3.Implementing organization: KMTC | | | | | |
| 4.Counties covered: 1 | | | | | |
| 5. Project purpose: This is a new constituent college which require physical infrastructure particularly the tuition block, Offices and Hostel facilities | | | | | |
| 6. Brief description of the Project: Construction of tuition blocks comprising of classrooms, libraries and offices. | | | | | |
| 7: Project stage: Tender advertised | | | | | |
| 8.Estimated project duration: Three years | | | | | |
| Estimated project cost KSh 120,000,000 | FY2016/2017 0 | FY2017/18 KShMillion 40 | FY2018/19Ksh Million 4,400,000M | Y2019/20Ksh Million 20M | FY2020/21 KSh Million 20M |
| 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 (2017/2018) | | | | | |

| **PROJECT 30** |
|---|
| **KENYA MEDICAL TRAINING COLLEGE** |
| **Project 2** |

| | | | | | |
|---|---|---|---|---|---|
| Project Name: Purchase of teaching and medical equipment's | | | | | |
| 1.Project geographical location: National | | | | | |
| 2.Type/Category: | | | | | |
| 3.Implementing organization: KMTC | | | | | |
| 4.Counties covered: | | | | | |
| 5. Project purpose: New constituent colleges have been started which require teaching equipment. | | | | | |
| 6. Brief description of the Project: this is to provide equipment for quality training | | | | | |
| 7: Project stage: Ongoing | | | | | |
| 8.Estimated project duration: More than a year | | | | | |
| Estimated project cost KSh. 900,000,000 | FY2016/2017 | FY2017/18Ksh Million 180 | FY2018/19Ksh Million 180 | Y2019/20Ksh Million 180 | FY2020/21Ksh Million 180 |
| 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 | | | | | |

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|---|---|
| | **PROJECT 31** |
| 1 | Project Name: **Health Research & Development:ESTABLISHMENT**, **CONSTRUCTION, DEVELOPMENT AND OPERATIONALIZATION OF HEALTH RESEARCH INFRASTRUCTURE** |
| 2 | Project Geographic Location: **KIRINYAGA, KWALE, UASIN GISHU, MARSABIT, BUNGOMA, TAITA TAVETA, BOMET, HOMA BAY & MANDERA** |
| 3 | Project Type/Category: **Large** |
| 4 | Implementing Organization(s):**KEMRI** |
| 5 | **Counties Covered: KIRINYAGA, KWALE, UASIN GISHU, MARSABIT, BUNGOMA, TAITA TAVETA, BOMET, HOMA BAY & MANDERA** |
| 6 | **Project Purpose:** Kenya Medical Research Institute is a national Health research institution of research with facilities in Nairobi, Kilifi, Kisumu and Busia Counties. This project aims increasing the geographic coverage to other counties by establishing and developing infrastructure for conducting research that will provide evidence-informed policies and interventions aimed at reduction of disease burden and supporting the achievements of the highest level of health as envisioned in Kenya's vision 2030. This is in response to the increasing demand for KEMRI to build research capacities to address the local (county specific) health needs through involvement of communities in the management of research and health research services/ activities. The research laboratories are expected to maintain high levels of biosafety standards and international standards. |
| 7 | **Brief Description:** The project will involve Establishment and operationalization of County Health Research Systems, involving, Research Priority and Ethical standards setting, Health Research human resources Capacity Development, Production and utilization of Research, Specialized services capacity strengthening as well as Disease Surveillance and response systems. The Aim is to support counties to |

| | | | | | | |
|---|---|---|---|---|---|---|
| | achieve Universal Health Coverage goals as well as Sustainable Development goals related to Health. Implementation will be through partnership and collaboration model including Development partners as well as local resources. Infrastructure that will facilitate conduct of clinical trials and specialized diagnostic services with the aim of providing research evidence that shall inform interventions and policy formulation towards reduction of disease burden at the counties. Special focus will be given to identified priority diseases at the counties | | | | | |
| 8 | Project Status (see Annex 2 above):**ongoing** | | | | | |
| 10 | Estimated Project Duration (months):**Five years** | | | | | |
| 11 | Estimated Project Cost: **20M** | FY2016/17 | FY2017/18 | FY2018/19 | FY2019/20 | FY2020/21 |
| | | KSh 35.5M | KSh 15M | KSh 8.8 M | KSh 600M | KSh 400 |
| 12 | Economic and social benefits: The project aims at reducing the cost incurred in in seeking medical services and the cost of sending samples outside the country | | | | | |
| 13 | Outline Sources of Funding: GoK | | | | | |

| | |
|---|---|
| | **PROJECT 32** |
| 1. | Project name: **Response to Essential National Health Research priorities** |
| 2. | Project geographic location: **National** |
| 3. | Project Type/Category (see Para 6 above): **Large** |
| 4. | Implementing organization (s): **KEMRI** |
| 5. | Counties covered: **all 47 counties** |
| 6. | **Project Purpose**<br>With focused research funded by citizens KEMRI will be able to offer solution that will help eliminate and reduce communicable/ non-communicable diseases and better document and use traditional medicine and use of biotechnology in diagnosis and management of illness. The solution offered to reduce morbidity and mortality in the areas identified in the MTP and provide quality medical care |
| 7. | **Description**<br>KEMRI focus on research targeting public health and health systems, non-communicable diseases, parasitic and infectious diseases, and intervention including nanotechnology and herbal medicine. The teams include basic scientists, clinicians, public health scientists and statistician to speed up lab to bed side /field solution in shortest time possible. |
| 8. | Project stage (see Annex 1 above): **Continuous** |
| 9. | Estimated project duration (months) **continuous** |

| | | | | | |
|---|---|---|---|---|---|
| 10. Estimated project cost: | FY2016/17 | FY2017/18 | FY2018/19 | FY2019/20 | FY2020/21 |
| KSh. 6,400,000,000 | - | KSh 260M | KSh 228.8M | KSh 700M | KSh 850M |
| | KSh 3,840 M | KSh 4,466 M | KSh 6,480 M | KSh 7,000M | KSh 7,500 M |
| 11. The economic and Social benefits include reduction of ill health and increase of productive years among Kenyan will lift the poor Kenyans from absolute poverty, less orphaned and widowed citizens, prevent chronic illness that will reduce expensive medical care in future (due to more targeted research) | | | | | |
| 12. Outline sources of financing: GOK/ Donor | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **Project 33** | | | | | |
| 1. Project name: ***East Africa's Centre of Excellence for Skills & Tertiary Education*** | | | | | |
| 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 (*:*) ***Nairobi*** | | | | | |
| 6. Project Purpose (Context and need for the Project): Provision of skills and tertiary Education. This project is an investment operation designed to increase access and improve the quality and relevance of higher medical education programmes, research and excel service delivery in Kenya and the wider East African Community member states through a project framework. This project focuses on advanced skills, Higher Education, Science and Technology where development partners' interventions have been limited to direct support to universities on limited activities like scholarships. | | | | | |
| **7.** Brief description of the project (Project summary): the project aims at establishing the infrastructure, equipment and systems of a centre of excellence in Kenya as part of the regional network of Centre of Excellences in the East Africa region. It will include establishment of a regional Centre of Excellence in Urology and Nephrology Sciences called East Africa Kidney Institute (EAKI). The centre of excellence will be part of the EAC network of Centres of Excellence for Skills and Tertiary Education and will provide i) Higher education programmes and clinical training; ii) Scientific and operational research; and iii) Specialized GoK preventive, curative and service delivery. The infrastructure will include a newly constructed education, training, research and service delivery complex that has an auditorium for conferences, cafeteria, professorial and student lounges, various sized classrooms, a Library, Video Conferencing facility, research lab. Faculty, student desk spaces, administration offices and state of the art 160 beds teaching and referral hospital. A service delivery complex with teaching and learning facilities with a state of the art 160 beds teaching and referral hospital. The project is part of the African Development Bank to the East African Community (EAC) member countries. The objective is to contribute to the development of relevant and highly skilled workforce in biomedical sciences to meet the EAC Labour needs. | | | | | |
| 8. Project stage (see Annex 1 above):***5%*** | | | | | |
| 9. Estimated project duration (months***) 36months*** | | | | | |
| 10. Estimated project cost: Kshs3,674,275,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | KSh 365,000,000 | KSh 700,000,000 | KSh 1,900,000,000 | KSh 272,600,000 | |

| | | | | | |
|---|---|---|---|---|---|
| Counterpart (GOK) | - | Kshs50,000,000 | Kshs50,000,000 | 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: ***ADB and GOK***

**Project 34**

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*) 36months*

| | | | | | |
|---|---|---|---|---|---|
| 10. Estimated project cost: Kshs2,765,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| DONOR | 1,183,092,496 | 398,907,504 | 418,552,879 | 1,183,092,496 | |

11. Outline economic and social benefits: Health systems strengthening
12. Outline sources of financing *DANIDA*

| **Project 35** | | | | | |
|---|---|---|---|---|---|
| 1. Project name: Upgrade of Health Centres in Slums (Strategic Intervention) | | | | | |
| 2. Project geographic location: ***12 major Towns including Nairobi, Mombasa, Kisumu, Nyeri Kakamega and others*** | | | | | |
| 3. Project Type/Category (see Para 6 above): ***Medium*** | | | | | |
| 4. Implementing organization (s): ***Ministry of Health*** | | | | | |
| 5. Counties covered: 1 (*:*) ***Various*** | | | | | |
| 6. Project Purpose (Context and need for the Project): 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):***30%*** | | | | | |
| 9. Estimated project duration (months***) 60 months*** | | | | | |
| 10. Estimated project cost: Kshs6,000,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | Kshs500,000,000 | Kshs450,000,000 | KSh 320,000,000 | Kshs200,000,000 | |
| 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: ***GOK*** | | | | | |

| **Project 36** |
|---|
| 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; |

i. Health Insurance Subsidy Programme (HISP)
ii. Results- based financing
iii. Free maternity services

7. Brief description of the project (Project summary): To improve access and utilization of health services in all the 47 counties, the Ministry of Health mobilized additional financing to scale-up the RBF and HISP program Nationwide. Currently, RBF is being implemented in 21 Counties. Further, through HISP which is being implemented by the National Hospital Insurance Fund (NHIF), the funds will be used to purchase premiums for the poor and vulnerable segments of the population to enable them access quality inpatient and outpatient services. Also, the proceeds from the JICA loan will be used to compensate all health facilities for provision of free maternity services.

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

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

| 10. Estimated project cost: KSh. 4,000,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
|---|---|---|---|---|---|
| | KSh 1,394,400,000 | KSh 279,250,265 | KSh 0 | KSh 1,394,400,000 | |

11. Outline economic and social benefits: Health Systems Strengthening

12. Outline sources of financing: *JICA*

**PROJECT 37**

**Project:** DANIDA **SUPPORT TO UNIVERSAL HEALTH CARE IN THE DEVOLVED SYSTEM**

**PROGRAM**

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

2. Project geographic location: Nationwide
3. Project Type/Category (see Para 6 above): Mega
4. Implementing organization (s): Ministry of Health
5. Counties covered: All 47 counties
6. Project Purpose

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

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

The Project is expected to benefit the whole population, the **key beneficiaries are women of reproductive age (WRA), including adolescents and children under five who utilize Primary Health Care (PHC) services most**. As other partners are already providing various supports, especially to the underserved counties, the Project will provide support to all 47 counties to address critical gaps not funded by domestic or external funding and to build

institutional capacity. The main development objective is to improve access to quality PHC and RMNCAH services. The Program will use 89% of the grant resources for disbursements to counties in the form of conditional grants. This is for the purposes of supporting operation and maintenance costs of primary health care facilities in order to improve access to services. The remaining 11% will be used to support health systems strengthening initiatives and program management.

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

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

End Date: **30th June 2020**

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

9. Estimated project duration (months) *42 months*

10. Estimated project cost: **2,840,450,000**

| FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2019/20 |
|---|---|---|---|---|
| KSh. 0.00 | KSh 855,479,761 | KSh 1,095,000,000 | KSh 641,276,382 | |

11. Outline economic and social benefits

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

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

c. In addition to the aforementioned contribution to health results, the modality of the UHC support - making full use of country systems - is an important contributor to advancing PFM and governance. The

support will have a built-in condition of a minimum threshold of a county's expenditure on health in order to be eligible for the Danida grant as well as a gradual increase in county allocation to O&M at primary health care facilities. This will ensure additionality of the support in addition to providing the counties with incentives for further prioritization of the health sector as well as securing sustainability when the Danida support comes to an end. This will, together with an assumed ongoing increase of domestic resources being allocated to health, further support the goal of Kenya in the longer run being able to finance primary health care through its own resources as the Danida support to health will come to an end.

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

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

**Project 38**

1. Project name: ***Program for Basic Health Insurance for the Poor and Informally Employed***
2. Project geographic location: ***Nationwide***
3. Project Type/Category (see Para 6 above): ***MNedium***
4. Implementing organization (s): ***Ministry of Health***
5. Counties covered: 1 (*:*) ***47***
6. Project Purpose (Context and need for the Project): The country is gearing up for rolling out of Universal Health Coverage through health insurance. One of the major 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.

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| 8. Estimated project duration (months***) 48months*** | | | | | |
| 9. Estimated project cost: Kshs3,330,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
| | - | Kshs700,000,000 | KShs700,000,000 | KShs780,000,000 | KShs780,000,000 |
| GOK Counterpart Funding KSh, 370,000,000,000 | N/A | N/A | 100,000,000 | 150,000,000 | 150,000,000 |
| 10. Outline economic and social benefits: ***an improved, equitable access to affordable quality healthcare by economically disadvantaged groups, incl. access to maternal and neonatal health*** | | | | | |
| 11. Outline sources of financing: ***KWF Banking Group –Federal Republic of Germany*** | | | | | |

**Project 39**

1. Project name: ***Free Maternity Program***
2. Project geographic location: ***Country wide***
3. Project Type/Category (see Para 6 above): ***Medium***
4. Implementing organization (s): ***Ministry of Health/NHIF***
5. Counties covered: 1 (*:*) ***47***
6. Project Purpose (Context and need for the Project): give free maternity services for the deliveries in public hospitals and accredited private hospitals and FBOS and low cost private hospitals under new expanded free maternity program.

   Objectives

   . Attain the highest possible standards of health in a responsive manner by supporting equitable affordable and high-quality health and related services at the highest attainable standards for all Kenyans

   . Achieve universal access to maternal and child health services

   . To remove financial barriers of access to maternal and child health services for women and children in Kenya

   . Increase utilization of maternal and child health services

   . Improve the quality of maternal and child health services

7. Brief description of the project (Project summary): this involves reimbursement of the 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;

   - ANC services
   - Delivery

- PNC services (Post-natal care)
- Emergency referrals for pregnancy related complications and conditions during and after Pregnancy
- Infant care both outpatient and in patient

8. Project stage (see Annex 1 above):***49%***

9. Estimated project duration (months***) 84 months***

| 10. Estimated project cost: Kshs30,500,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
|---|---|---|---|---|---|
| | KSh 4,298,000,000 | KSh 3,848,000,000 | KSh 4,298,000,000 | KSh 6,500,000,000 | Kshs6,500,000,000 |

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: ***GOK***

| | | | | | |
|---|---|---|---|---|---|
| **PROJECT 40** | | | | | |
| **KENYA MEDICAL TRAINING COLLEGE** | | | | | |
| **Project 1** | | | | | |
| Project Name: Construction of buildings | | | | | |
| 1.Project geographical location: National | | | | | |
| 2.Type/Category: | | | | | |
| 3.Implementing organization: KMTC | | | | | |
| 4.Counties covered:13 Campuses each at 50M (Nyamache, Mwingi,Chuka,Makindu,Mosoriot,Gatundu,Kaptumo,Nyahururu,Molo, Kuria, Rera, Rachuonyo,Othaya | | | | | |
| 5. Project purpose:13 new constituent colleges have been started which require physical infrastructure particularly the tuition block | | | | | |
| 6. Brief description of the Project: Construction of tuition blocks compose of classrooms, libraries in each of the 13 campuses. | | | | | |
| 7: Project stage: To be initiated | | | | | |
| 8.Estimated project duration: three years | | | | | |
| Estimated project cost | FY2016/2017 0 | FY2017/18KSh Million 10M | FY2018/19Ksh Million 325M | Y2019/20KSh325Million | FY2020/21Ksh Million 195M |
| 10. Outline economic and social benefits: Will increase training opportunities to meet the demand for middle level health workers in the country. | | | | | |
| 11.Outline sources of financing: GOK | | | | | |

| |
|---|
| **PROJECT 41** |
| **Project: Transforming Health Systems for Universal Care Project** |
| 1. Project name: Transforming Health System for Universal HealthCare |
| 2. Project geographic location: Nationwide |
| 3. Project Type/Category (see Para 6 above): Mega |
| 4. Implementing organization (s): Ministry of Health |
| 5. Counties covered: All 47 counties |
| 6. Project Purpose<br><br>**The Project Objective is "*to improve utilization and quality of primary health care (PHC) services with a focus on*** |

***reproductive, maternal, new-born, child, and adolescent health services."*** The Project will achieve this objective by:

I. Improving access to and demand for quality PHC services;

II. Strengthening institutional capacity in selected key areas to improve utilization and quality of PHC services; and

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

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

Effective Start date of the Project: October 3, 2016.

End Date: 30 September, 2021

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

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

| 10. Estimated project cost: 19,110,000,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
|---|---|---|---|---|---|
| | KSh. 2,380,794,117.65 | KSh 4,202,088,235.30 | KSh 5,320,370,875.30 | KSh 5,220,370,873.30 | KSh4,220,370,875.0 |

11. Outline economic and social benefits

***Project Development Impact***

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

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

and children, and lowered incidence of non-communicable diseases later in life.

*c.* **The Project will contribute to the country's long-term economic growth** in the form of higher GDP arising from savings on health costs, increased labor force participation, and higher productivity.The only available evidence shows that one maternal death would reduce annual GDP per capita by US$0.42 (in 2015 prices) in Sub-Saharan Africa. The cost of maternal deaths to the Kenyan economy can be substantial as close to 5,500 women die in Kenya each year. High fertility rates also negatively impact a country's development due to increased investment in education, health, and other related areas in the long term; and delaying the impact of 'demographic dividend'. Kenya could cumulatively save US$114.7 million per year if the unmet need for FP was addressed.

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

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

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

| **Project 42** |
|---|
| 1. **Project name:** East Africa Public Health Laboratory Networking Project (EAPHLN) |
| 2. **Project geographic location:** Busia, Machakos, Wajir and Kilifi counties |
| 3. **Project Type/Category (see Para 6 above):** Large |
| 4. **Implementing organization (s):** Ministry of Health |
| 5. **Counties covered:** 4 - Busia, Machakos, Wajir and Kilifi counties |
| 6. **Project Purpose (Context and need for the Project):** To strengthen the National Public health laboratories and referral capacity through control, diagnosis, treatment and surveillance of the tuberculosis and other communicable diseases |
| 7. **Brief description of the project (Project summary):** To modernize and expand the diagnostic capacity of the National Public Health labs in Busia, Machakos, Wajir and Malindi. |

| | | | | | |
|---|---|---|---|---|---|
| 8. Project stage (see Annex 1 above): | | | | | |
| 9. Estimated project duration (months*) 60 months* | | | | | |
| 10. Estimated project cost: | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | 2020/21 |
| | | | | | |
| DONOR Kshs3,486,000,000 | Kshs734,965,000 | Kshs200,000,000 | Kshs203,030,478 | Kshs203,030,478 | Kshs203,030,478 |
| 11. Outline economic and social benefits: Improving diagnostic capacity of the Labs | | | | | |
| 12. Outline sources of financing:<br>*World Bank (IDA)* | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **Project 43** | | | | | |
| 1. Project name: ***Food and Nutrition Support for Vulnerable Populations Affected by HIV*** | | | | | |
| 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): ***provision of food supplement to the HIV/Aids infected population*** | | | | | |
| 7. Brief description of the project (Project summary): ***this project is funded by the world food program to assist the HIV infected population by providing them with food and nutrient to boost their immunities.*** | | | | | |
| 8. Project stage (see Annex 1 above):***55%*** | | | | | |
| 9. Estimated project duration (months***) 48 months*** | | | | | |
| 10. Estimated project cost: Kshs1,621,500,000 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | KSh 324,300,000 | KSh 324,300,000 | KSh 432,400,000 | | |
| 11. Outline economic and social benefits: | | | | | |
| 12. Outline sources of financing: ***WFP*** | | | | | |

| |
|---|
| Project 44 |
| 1. Project name: Rehabilitation of hospitals (KIDDP-Italy) |
| 2. Project geographic location: Ngong (Kajiado County) Likoni (Mombasa County), Muhoroni (Kisumu County), Usenge (Siaya County), Kigumo (Muranga County), Kapenguria (West Pokot County) |

| | | | | | |
|---|---|---|---|---|---|
| 3. Project Type/Category (see Para 6 above): *Medium* | | | | | |
| 4. Implementing organization (s): *Ministry of Health* | | | | | |
| 5. Counties covered: 1 Various | | | | | |
| 6. Project Purpose (Context and need for the Project): *Enhance the capacity of the Health Facilities* | | | | | |
| 7. Brief description of the project (Project summary): Improve the facilities amenities infrastructure and Medical Equipment | | | | | |
| 8. Project stage (see Annex 1 above):*92%* | | | | | |
| 9. Estimated project duration (months) *36 months* | | | | | |
| 10. Estimated project cost: Kshs274,121,278.40 | FY2016/17 | FY2017/18 | FY2018/19 | 2019/20 | |
| | KSh253,000,000 | KSh253,000,000 | KSh253,000,000 | | |
| 11. Outline economic and social benefits: | | | | | |
| 12. Outline sources of financing: *Kenya Italy Debt for Development Project* | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **Project 45** | | | | | |
| 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;<br>i. Health Insurance Subsidy Programme<br>ii. **Results**- Based financing<br>iii. Strengthening the stewardship capacity<br>**These are expected** 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*) months* | | | | | |
| 10. Estimated project | FY2016/17 | FY2017/18 | FY2018/19 | FY2019/20 | |

| | | | | | |
|---|---|---|---|---|---|
| cost:<br>GOK(counterpart) | | | | | |
| DONOR Kshs19,275,225,000 | 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: *World Bank (IDA)* | | | | | |

**PROJECT 46**

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

12. **Project geographic location**: National

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

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

15. **Counties covered:** Nairobi

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

Is at phase one

17. **Brief description of the project**: The project is at phase 1, the process of identification of space, approvals, technical support from technical arms of government and contracts negotiations are advanced. Currently the NACC is housed in private premises and there are other challenges like availability of parking space. The NACC holds meetings with various stakeholders including development partners, public sector, Diplomats, NGOs and members from the civil society organizations, parking slots are inadequate at the private premises.

18. **Project stage: Approvals and** contractual

19. **Estimated project duration (months):** 4 years.

20. **Estimated project cost: 1,400,000,000**

| **FY2016/17** | **FY2017/18** | **FY2018/19** | **FY2019/20** | **FY2020/21** |
|---|---|---|---|---|
| KSh……. | KSh 200,000,000 | KSh 132,000,000 | KSh 400,000,000 | KSh 400,000,000 |

21. **Outline economic and social benefits**: - Acquisition of own office space will make the NACC a competitive and responsive Authority able to deliver its mandate. The country will save KSh 60 million annually on rentals which will be available for programmes.

22. **Outline sources of financing**: The Request is for Ksh400,000,000 for this project through GOK grant

**ANNEX III: PROJECTS DETAILS**

| Project Code & Project Tittle | Est Cost of Project or Contract Value (a) | Financing | | Timeline | | Actual Cumulative Expe up to 30th June 2017 | Outstanding Project Cost as at 30th June 2017 | Allocation for 2017.18 Budget | | Projection 2018.19 | | Projection 2019.20 | | Projection 2020.21 | | Project Status |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Foreign | GOK | Start Date | Exp Completion Date | (b) | (a)-(b) | Foreign | GOK | Foreign | GOK | Foreign | GOK | Foreign | GOK | |
| | KSh Million | | | | | KSh Million | | KSh Million | | | | | | | | |
| **PROGRAMME 1 PREVENTIVE, PROMOTION& R.M.N.C.A.H** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| **0401020 sp.1.2 Non-communicable Diseases Prevention & Control** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081106100 Establishment of Cancer Institute | 1,000 | - | 1,000 | 01/07/2016 | 30/06/2019 | 58 | 0 | - | 400 | - | 400 | - | 400 | - | 400 | Ongoing |
| **0401030 SP.1.3 Reproductive Maternal Neo - Natal Child& Adolescent Health - RMNCAH** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081101400 Health Sector Development (Rep. Health and HIV/AIDS)- Commodity | 1,540 | 1,540 | - | 13/08/2014 | 13/08/2018 | 385 | 0 | 270 | - | 270 | - | 270 | - | 270 | - | Ongoing |
| 1081103500 Health System Management | 0 | 15,000 | - | 02/07/2015 | 02/07/2019 | 2,600 | (0) | 2,600 | - | 2,600 | - | 2,600 | - | 2,600 | - | Ongoing |
| 1081105300 Procurement of Family Planning & Reproductive Health Commodities | 525 | - | 525 | 13/08/2014 | 13/08/2017 | 171 | 0 | - | 73 | - | 64 | - | 64 | - | 64 | Ongoing |
| 1081105500 (Vaccines and Immunizations) | 0 | - | 5,000 | 02/07/2016 | 02/07/2020 | 1,077 | (0) | - | 703 | - | 703 | - | 703 | - | 703 | Ongoing |
| **0401040 SP.1.4 Radiation Protection** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081104200 Construct a Radioactive Waste Management Facility (CRWFP)- Ololua | 747 | - | 747 | 10/04/2012 | 10/04/2018 | 537 | 0 | - | 60 | - | 53 | - | 53 | - | 53 | Ongoing |
| **0401050 SP.1.5 Communicable Disease Control** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081100200 National Aids Council | 0 | - | 172 | 07/01/2016 | 30/6/2019 | 36 | (0) | - | 36 | - | 31 | - | 36 | - | 36 | Ongoing |
| 1081102200 HIV/AIDS Round 7 | 4,504 | 4,504 | - | 01/07/2013 | 30/06/2019 | 3,494 | 0 | 760 | - | 1,095 | - | 2,095 | - | 2,095 | - | Ongoing |
| 1081102300 Tuberculosis Round 6 | 6,063 | 4,860 | 1,203 | 01/07/2013 | 30/06/2019 | 5,919 | 0 | 200 | 403 | 605 | 403 | 1,346 | 403 | 1,346 | 403 | Ongoing |
| 1081102400 Malaria Round 10-Speed Global Fund | 5,236 | 5,236 | - | 01/07/2013 | 30/06/2019 | 4,149 | 0 | 1,200 | - | 1,200 | - | 1,200 | - | 1,200 | - | Ongoing |
| 1081102900 National Aids | 50 | 50 | - | 01/07/2013 | 30/06/2019 | 40 | 0 | 13 | - | 13 | - | 13 | - | 13 | - | Ongoing |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Control Council | | | | | | | | | | | | | | | | |
| 1081105200 Procurement of Anti TB Drugs Not covered under Global fund TbProgramme | 700 | - | 700 | 08/07/2015 | 08/07/2019 | 230 | 0 | - | 110 | - | 155 | - | 155 | - | 155 | Ongoing |
| 1081107401 - Acquisition of space for National AIDS Control Council | 0 | - | 1,400 | 01/07/2017 | 30/06/2021 | - | 1,400 | - | 200 | - | - | - | 132 | - | 132 | Ongoing |
| 1081107500 Situation Room for real time data and information on HIV&AIDS-NACC | 0 | - | 391 | 08/07/2015 | 08/07/2017 | 30 | (0) | - | 40 | - | 35 | - | 40 | - | 40 | Ongoing |
| **0401090 SP. 1.9 Environmental Health** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081103200 Nutrition | 3,170 | 3,170 | - | 11/07/2011 | 11/07/2020 | 1,326 | 0 | 68 | - | 860 | - | 960 | - | 960 | - | Ongoing |
| 1081103300 Environmental Health Services | 644 | 644 | - | 11/07/2011 | 11/07/2018 | 242 | 0 | 50 | - | 50 | - | 50 | - | 50 | - | Ongoing |
| 1081103400 Food and Nutrition Support for Vulnerable Populations Affected by HIV | 1,622 | 1,622 | - | 11/09/2010 | 11/07/2016 | 541 | 0 | 324 | - | 324 | - | 324 | - | 324 | - | Ongoing |
| **PROGRAMME 2 NATIONAL REFERRAL & REHABILITATIVE SERVICES** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| **0402010 SP.2.1 National Referral Services** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081101600 Wajir District Hospital | 1,000 | 750 | - | 07/01/2012 | 30/06/2019 | - | 0 | 25 | - | 25 | - | 25 | - | 250 | - | Ongoing |
| 1081101700 Kenyatta National Hospital | 530 | 530 | - | 04/01/2012 | 30/06/2019 | - | 0 | 51 | - | 51 | - | 51 | - | 51 | - | Ongoing |
| 1081101900 Moi Teaching and Referral Hospital: Academic Model providing access | 1,092 | 1,092 | - | 07/01/2013 | 30/06/2019 | 728 | 0 | 364 | - | - | - | - | - | - | - | Ongoing |
| 1081102600 Kenyatta National Hospital - BADEA | 836 | 510 | 326 | 04/01/2012 | 30/06/2019 | 343 | 0 | 50 | - | 50 | 40 | 480 | 40 | 1,449 | 40 | Ongoing |
| 1081102800 Kenyatta National Hospital | 673 | 673 | - | 04/01/2012 | 30/06/2019 | - | 0 | 150 | 50 | 150 | - | 150 | - | 450 | - | Ongoing |
| 1081104800 Modernize Wards & Staff houses- Mathari Teaching & Referral Hospital | 220 | - | 220 | 30/07/2013 | 30/06/2019 | 20 | 0 | - | 75 | - | 62 | - | 50 | - | 50 | Ongoing |
| 1081104900 Construct a Wall & Procure Equipment at National Spinal Injury Hospital | 25 | - | 12 | 30/07/2014 | 30/06/2018 | 11 | 0 | - | 6 | - | - | - | - | - | - | Ongoing |
| 1081106401 Completion and Equipping Day - Care Centre - KNH | 0 | 100 | 278 | 01/01/2015 | 30/06/2018 | - | 0 | - | 42 | - | - | - | 42 | - | 42 | ongoing |
| 1081107000 Cancer and Chronic Disease Management Centre-MTRH | 0 | - | 1,930 | | | 20 | - | - | - | - | - | - | 183 | - | 183 | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1081107100 Children Hospital | 0 | - | 680 | 07/01/2016 | 07/01/2019 | 40 | (0) | - | - | - | - | - | 50 | - | 50 | Ongoing |
| 1081107300 Expansion and Equipping of ICU | 0 | - | 390 | 07/01/2016 | 07/01/2019 | 30 | (0) | - | 170 | - | 30 | - | 22 | - | 22 | Ongoing |
| 1081110701 Strengthening of Cancer Management at KNH (CANCER TREATMENT CENTRE) | 0 | - | 2,600 | | | - | 0 | - | 250 | - | - | - | 220 | - | 220 | Ongoing |
| **0402040 SP.2.4 Forensic and Diagnostics** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081100900 Kapenguria Hospital (debt swap) | 50 | 50 | - | 07/07/2015 | 07/07/2017 | - | 0 | 15 | - | 15 | - | 15 | - | 15 | - | Ongoing |
| 1081101000 Usenge Dispensary | 60 | 60 | - | 07/07/2015 | 07/07/2017 | - | 0 | 23 | - | 23 | - | 23 | - | 23 | - | Ongoing |
| 1081101100 Kigumu Hospital (debt swap) | 50 | 50 | - | 07/07/2015 | 07/07/2017 | - | 0 | 18 | - | 18 | - | 18 | - | 18 | - | Ongoing |
| 1081101200 National Technical Assistance to Moh-Kiddp (debt swap) | 8 | 8 | - | 07/07/2015 | 07/07/2017 | - | 0 | 3 | - | 3 | - | 3 | - | 3 | - | Ongoing |
| 1081102700 Rongai Hospital Project | 500 | 500 | - | 03/09/2015 | 03/09/2018 | - | 0 | 50 | - | 50 | - | 50 | - | 350 | - | Ongoing |
| 1081103700 Clinical Waste Disposal System Project | 1,200 | 1,000 | 200 | 03/01/2016 | 30/6/18 | 150 | - | 450 | 15 | 250 | 15 | 450 | 15 | 450 | 15 | Ongoing |
| 1081104000 Clinical Laboratory and Radiology Services Improvement | 900 | 900 | - | | | - | - | 419 | - | 219 | - | 419 | - | 419 | - | Ongoing |
| 1081105100 Procurement of Equipment at the National Blood Transfusion Services | 0 | - | 2,025 | 02/07/2015 | 02/07/2021 | 1,217 | (0) | - | 175 | - | 154 | - | 154 | - | 154 | Ongoing |
| 1081109500 Construction of a Cancer Centre at Kisii Level 5 Hospital | 750 | 500 | 250 | 10/08/2016 | 10/08/2019 | - | 0 | - | - | - | - | - | - | - | - | Ongoing |
| **0402060 SP.2.6 Specialized Medical Equipment** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081104400 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital | 0 | - | 86,100 | 10/07/2013 | 10/07/2025 | 17,320 | (0) | - | 5,000 | - | 9,400 | - | 6,100 | - | 6,100 | Ongoing |
| **0402090 SP.2.9 Health Product and Technologies** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081101800 Kenya Medical Supplies Authority (KEMSA) | 9,375 | 9,375 | - | 07/05/2014 | 07/05/2017 | 6,250 | 0 | 2,146 | - | - | - | - | - | - | - | Ongoing |
| National Commodities Storage Center (KEMSA Supply Chain center) | 0 | 954 | 4,026 | 01/07/2017 | 30/06/2020 | 1,980 | (0) | - | - | 954 | 94 | - | 94 | - | 94 | New |
| | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| **PROGRAMME 3 HEALTH RESEARCH AND DEVELOPMENTS** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |

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| **0403010 SP.3.1 Capacity Building & Training** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081105701 Construction of Buildings- Tuition blocks at KMTC | 1,000 | - | 1,000 | 05/08/2015 | 05/08/2017 | 506 | 0 | - | 50 | - | - | - | - | - | - | Ongoing |
| 1081105801 Construction and Equipping of laboratory and class rooms at KMTC | 560 | - | 560 | 05/08/2015 | 05/08/2017 | 61 | 0 | - | 283 | - | 13 | - | 13 | - | 13 | Ongoing |
| 1081110901 - Construction of Wajir KMTC | 0 | - | 120 | 01/10/2017 | 30/06/2021 | - | 0 | - | 40 | - | 4 | - | 4 | - | 4 | Ongoing |
| 1081110901 - Construction of Mandera KMTC | 0 | - | 290 | 01/10/2017 | 30/06/2021 | - | 0 | - | 20 | - | - | - | - | - | - | Ongoing |
| Purchase of the Teaching Equipment - KMTC | 0 | - | 900 | 01/07/2017 | 01/07/2021 | - | 0 | - | - | - | 180 | - | 180 | - | 180 | New |
| **0403020 SP.3.2 Research &Innovations** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081108400 Perimeter fencing around KEMRI parcels of land (Taveta and Kirinyaga) | 20 | - | 20 | 12/05/2015 | 12/05/2017 | - | 0 | - | 15 | - | - | - | 9 | - | 9 | Ongoing |
| 1081110800 - Research and Development - KEMRI | 0 | - | 6,400 | 01/07/2015 | 30/06/2025 | - | 0 | - | 260 | - | 229 | - | 229 | - | 229 | Ongoing |
| **Programme 4 general administration & support services** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| **Programme 5 health policy, standards and regulation** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| **0404010 SP.5.1 Health Policy** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081102500 East Africa's Centre of Excellence for Skills & Tertiary Education | 3,674 | 3,340 | 334 | 18/02/2016 | 18/02/2019 | 48 | 0 | 700 | 250 | 1,900 | 50 | 270 | 90 | - | 90 | Ongoing |
| 1081103600 Health Sector Programme Support III | 2,765 | 2,765 | - | 07/09/2015 | 07/09/2017 | 1,183 | 0 | 399 | - | - | - | - | - | - | - | Ongoing |
| 1081104600 Up Grade of Health Centers in slums (Strategic Intervention) | 6,000 | - | 6,000 | 09/07/2013 | 09/07/2016 | 1,675 | 0 | - | 450 | - | 320 | - | 320 | - | 320 | Ongoing |
| 1081109400 Rollout of Universal Health Coverage | 4,000 | 4,000 | - | 10/04/2016 | 10/04/2018 | 4,000 | - | 279 | - | - | 390 | - | - | - | - | Ongoing |
| 1081110200 Support to Universal Health care in Devolved System | 0 | 2,840 | - | 01/01/2017 | 30/06/2020 | - | 0 | 855 | - | 1,095 | - | 1,024 | - | - | - | Ongoing |
| **0405040 SP.5.4 Standards and Regulations** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081101500 Program for Basic Health Insurance for Poor and Informally Employed | 0 | 3,330 | 370 | 07/07/2016 | 07/07/2019 | - | 0 | 700 | - | 700 | 100 | 700 | 50 | 1,200 | 50 | Ongoing |
| 1081102000 Kenya Health Sector Support Project (KHSSP) | 5,448 | 5,448 | - | 07/09/2015 | 07/09/2017 | 1,760 | 0 | 1,372 | - | - | - | - | - | - | - | Ongoing |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1081104500 Free Maternity Program (Strategic Intervention) | 0 | - | 30,500 | 10/07/2013 | 10/07/2018 | 15,591 | (0) | - | 3,848 | - | 4,298 | - | 4,298 | - | 4,315 | Ongoing |
| 1081110300 Transforming Health systems for Universal Care (THS-UC) | 0 | 19,110 | - | 03/10/2016 | 30/09/2021 | 516 | (0) | 4,202 | - | 5,320 | - | 5,220 | - | 4,220 | - | Ongoing |
| **0405050 SP.5.5 National Quality Control Labs** | - | - | - | | | - | - | - | - | - | - | - | - | - | - | |
| 1081102100 East Africa Public Laboratory Networking Project | 3,486 | 3,486 | - | 11/07/2010 | 11/07/2020 | 1,743 | 0 | 200 | - | 115 | - | 200 | - | 200 | - | Ongoing |
| **Total** | 70,023 | 97,997 | 156,669 | | | 76,027 | 1,400 | 17,956 | 13,023 | 17,956 | 17,223 | 17,956 | 14,148 | 17,956 | 14,165 | |