



MINISTRY OF HEALTH

HEALTH SECTOR REPORT

**MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) FOR THE PERIOD
2021/22-2023/24**

OCTOBER, 2020

ACKNOWLEDGEMENTS

The Health Sector Working Group (SWG) Report 2021/22-2023/24 has been prepared to guide and provide the policy makers, development partners and other stakeholders with key information on the performance targets, outputs and the funding requirement of the Sector for the Medium-Term Expenditure Framework (MTEF) period to enable them make appropriate policies and funding decisions.

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

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

Susan N. Mochache, CBS
PRINCIPAL SECRETARY

LIST OF ABBREVIATIONS

ACT	Artemether Combination Therapy
AIA	Appropriation in Aid
AIDS	Acquired Immune Deficiency Syndrome
AIE	Authority to Incur Expenditures
ALARM	Advanced Labour and Risk Management
ALOS	Average Length of Stay
AMR	Antimicrobial Resistance
AMREF	African Medical and Research Foundation
ARV	Anti-Retroviral
ASAL	Arid and Semi-Arid Lands
AU	African Union
AYP	Adolescents and Young People
CAPR	Community AIDS Programme Reporting system
CASPs	County AIDS Strategic Plans
CBA	Collective Bargaining Agreement
CBOs	Community Based Organizations
CDC	Centre for Disease Control
CHMTs	Community Health Management Teams
CLTS	Community Lead Total Sanitation
COBPAP	Community Based Programme Activity Reporting Tool
COFOG	Classification of the Functions of Government
COG	Council of Governors
COVID-19	Corona Virus Disease 2019
CRWPF	Central Radioactive Waste Processing and temporary storage Facility
CSOs	Community Service Organizations
DHIS-2	District Health Information System
E&PWSD	Elderly and Persons with Severe Disabilities
EMRs	Electronic Medical Records
eMTCT	Elimination of Mother to Child Transmission
ERS	Economic Recovery Strategy
ETAT	Emergency Triage Assessment and Triage
FBOs	Faith Based Organizations
FY	Financial Year
GAMR	Global AIDS Monitoring Report
GAVI	Global Alliance for Vaccines and Immunizations
GDP	Gross Domestic Product
GF	Global Fund

GoK	Government of Kenya
HAIs	Hospital Acquired Infections
HISP	Health Insurance Subsidy Program
IAEA	International Atomic Energy Agency
ICT	Information, Communication and Technology
iHRIS	Integrated Human Resource Information System
IPC	Infection Prevention Control
KENRA	Kenya Nuclear Regulatory Authority
KMPDC	Kenya Medical Practitioners and Dentists Council
LMIS	Logistics Management Information System
PEPFAR	President's Emergency Plan for Aids Relief
RMNCAH	Reproductive, Maternal, Neo-natal, Child and Adolescent Health
UHC	Universal Health Coverage

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EXECUTIVE SUMMARY

The preparation of the health sector report is based on the implementation of the the third Medium Term Plan for the Kenya Vision 2030, Post COVID-19 Economic Recovery Strategy (PC-ERS), Health Sector policy 2014 -2030, Health sector Strategic Plan 2018 -2023 and the Big 4 agenda with a clear focus to achieving Universal Health Coverage (UHC) aspirations. The report was prepared against the backdrop of COVID-19 pandemic that slowed social economic development in the Country and interfered with the planned interventions for the entire last quarter of the year under review.

The vision of the sector is “A healthy, productive and globally competitive nation”, underpinned in eight (8) policy orientation areas, six (6) strategic objectives under the principles of equity, efficiency, and people centered with a multi sectoral approach. The Sector has twelve (12) Semi-Autonomous government agencies namely; Kenyatta National Hospital (KNH); Moi Teaching and Referral Hospital (MTRH); Kenya Medical Training College (KEMTC); Kenya Medical Supplies Authority (KEMSA), Kenya Medical Research Institute (KEMRI), National Hospital Insurance Fund (NHIF); National AIDS Control Council (NACC); National Cancer Institute of Kenya (NCI-K), Kenya University Teaching Referral and Research Hospital (MTRH), Kenya Nuclear Regulatory Authority (KENRA) and a number of regulatory bodies.

During the FY 2019/2020, the sector was allocated a total of Kshs.119.2 Billion and increase of 40% from Kshs 85.1 Billion in FY 2018/19. The actual expenditures for the period was Kshs. 54.6 billion, Kshs. 74.5 billion and Kshs. 108.5 billion for the FY 2017/18, 2018/19 and 2019/20 respectively. A review of the sector budget show that the budget execution levels were at 70%, 88% and 91% percent for the FY 2017/18, 2018/19 and 2019/20 respectively.

Significant achievements were realized during the period 2017/18- 2019/2020; HIV and AIDS prevalence rate decreased from 5.6% to 4.8%. The number of people on ART increased from 1,054,884 in 2017/18 to, 1,093,331 in 2018/19 and 1,138,674 in 2019/20 while the proportion of HIV pregnant and breastfeeding women who received maternal Highly Active Antiretroviral Therapy (HAART) remained stable

at over 90% translating to a reduction in mother to child transmission of HIV; from 14% in 2013 to 10.8% in 2019. Youth adolescent Programmes through peer to peer engagement reached 8,300,000 young people while a total of 10,131,843 condoms were distributed outside non-health settings. These efforts realized a reduction in new HIV infection from 77,648 to 52,767 and 41,416 infections in the year 2016, 2018 and 2020 respectively.

The sector through “Linda Mama” programme improved skilled birth attendance from 62 % in 2018/19 to 75 % in 2019/2020. Proportion of married women using a modern method of contraception increased from 53% to 62 % in 2018/19 and 2019/2020 respectively, while immunization coverage increased from 76% in 2018/19 to 82% in 2019/20. As part of the International Health Regulations to contain COVID-19 pandemic, the sector increased diagnostic capacity for COVID-19 pandemic in twelve counties. At the same time 24,282 complete Personal Protective Equipment (PPEs) were distributed, 7,411 Isolation beds and 319 ICU beds were setup across 47 counties to contribute towards achievement of UHC and medical tourism beyond the COVID-19 pandemic. Malaria interventions realized a reduction of Malaria burden with an incidence dropping to 40 per 1000 population.

Several infrastructural and use of modern technologies were realized during the period under review. Kenyatta National Hospital (KNH) expanded critical care services by opening of new 5-bed Critical Care unit at the Maternity Wing in January 2020 resulting in a 22.9% increase in new admissions. During the period, four laparoscopic towers were installed, two additional theatres at the nephrology centre were commissioned, and a heart lung machine was installed. These contributed to an increased number of specialized surgeries across the specialties. In the FY 2019/20, the hospital successfully carried out 15 major liver resections, the first in a public health institution in East and Central Africa. In addition, the Center of excellence in nephrology was fully operationalized.

During the period, the hospital launched the KNH Diagnostic and Reporting Centre which includes a medical teleconferencing facility and Artificial Intelligent Tele-radiology service. The centre is a pioneer in the diagnosis of viral pneumonia related infections such as COVID-19 infection and tracking treatment of

confirmed cases. On the other hand, Moi Teaching and Referral Hospital (MTRH) increased its capacity to provide Specialized and Excellent Quality Health Care services through modernization of medical infrastructure and medical equipment; C-Arm, Laparoscopic Tower, 32, 64 128 slice CT-scan and Patient Monitors. ICU Capacity has been expanded from 6 to 30 Beds (20 for Adult ICU, 4 for Neurosurgery and 6 for Shoe4Africa Children's Hospital). The specialized healthcare services provided include: Open Heart Surgeries, Cardiothoracic Surgeries, Renal Transplants, Corneal Transplants, Children Haemodialysis and Oncology Services. Improved quality of Health care was realized through reduced patient average length of stay across the specialized disciplines. For example, orthopaedic surgery reduced from 15 days in 2017/18 FY to 11 days in 2019/2020 FY reflecting 15% improvement. Towards building capacity of County Health Facilities, MTRH collaborated and conducted 75 Outreaches in 2019/2020 Financial Year.

As part of the response to COVID-19 pandemic, Kenyatta University Teaching Referral and Research Hospital (KUTRRH) operationalized 560 beds out of which 400 beds were designated for COVID-19 response. Additionally, the existing IDU space was remodelled into a fully equipped state of the art critical care unit comprising of 25 ICU beds and 35 HDU beds. The Hospital has a world-class state-of-the Art facility offering patient-centred oncology services. During the period under review, The LINAC machine was installed at KUTRRH being one of the latest Radiotherapy treatment equipment with a 3D treatment and Intensity Modulated Radiation Therapy (IMRT) capability, a highly specialized mode of treatment. With the establishment of an Integrated Molecular Imaging Cancer diagnostic and Treatment Centre, KUTRRH is poised to become the only public facility in East and Central African region offering a comprehensive continuum of Cancer care.

The Managed Equipment Services (MES) project efforts have led to a reduction in waiting time for surgery; improved clinical outcomes; reduced referrals and increased efficiency in the healthcare system across the 47 counties. During the period under review, the National Spinal Injury Referral Hospital received an MRI Scan, Digital X-ray, Fluoroscopy C-Arm machine and theatre equipment translating to an increase in services offered. Kenya Medical Supplies Authority (KEMSA) through collaboration with the Counties, and Ministry of Health,

distributed Health Products and Technologies worth Kshs.33.45B, Kshs 28.15B and Kshs 37.65B in the Financial years 2017/18, 2018/19 and 2019/20 respectively, while the order fill rate for EMMS and UHC HPTs reduced drastically from 87%, in FY 2017/18 through 83% in to 69% in the FY 2018/19 and FY 2019/20 respectively.

The sector initiated a number of infrastructural capital and equalization fund projects that are at different stages of implementation. In Kenya Medical Training College (KMTTC), the number of campuses increased from 64 in 2017/18 to 71 in 2019/2020 leading to a student growth of 24% while the number of graduates increased from 8,967 in 2017/18 to 10, 869 in 2018/19 and 12, 621 in 2019/2020. Kenya Medical Research Institute enhanced research knowledge base and begun exploration of a potential COVID-19Vaccine.

Towards actualisation of the Big Four Agenda the Ministry implemented Phase I Pilot of Universal Health Coverage (UHC) in four (4) counties of Isiolo, Nyeri, Machakos and Kisumu that saw a total of 3 Million Kenyans registered as beneficiaries of UHC. A total of KSh 3.9 Billion (USD 40 million) was expended in the 4 pilot counties focusing on community and primary healthcare services, health systems, basic and specialized medical services. In preparation for UHC scale up, the Ministry and County Governments signed Intergovernmental Participatory Agreements (IPAs). A total of 26,280 Community Health Volunteers (CHVs) (84%) were trained as part of establishment of Community Health Units. The sector received an approval of hiring and placement of 4,000 (post-interns annually) for 1 year and 9,858 Healthcare workers for 3-year contract in the year 2019/2020.

The sector instituted key reforms in National Hospital Insurance Fund (NHIF) and KEMSA to facilitate implementation of UHC. Consequently, a draft UHC Policy 2020-2030 has been developed to guide the realization of UHC. The sector in the collaboration with the Ministry of ICT and World Health Organization (WHO) begun digitalization of service delivery through the Digital Health project that will see an end to end solution implemented in approximately 6,000 public health facilities as a unified system. The sector continued to implement the Health Act 2017 by operationalising the organisation structure of the Ministry and created the office of the Director General. Some of the institutions provided for in the Health Act,

have been established, and include the Kenya Health Professions Oversight Authority (KHPOA) and Kenya Health Human Resource Advisory Council (KHHRAC). During the period under review, a number of draft Bills were developed and include Food and Drug Administration Bill, Kenya National Blood Transfusion and Transplant Bill, Traditional and Alternative Practice Bill and e-Health Bill.

Despite the many achievements realized, the Sector was not devoid of challenges. Some of the challenges include; the high burden of Non-Communicable Diseases (NCDs) that contribute to 30% of the overall mortality in the Country of which 7% are Cancer related mortality. Notably, the risk factors for NCDs especially alcohol abuse and use of Tobacco and tobacco products is on the rise in the country. Kenya is also facing the triple burden of malnutrition with co-existence of undernutrition (stunting, wasting and underweight), over-nutrition (overweight, obesity and diet-related non-communicable diseases) and micronutrient deficiencies also known as hidden hunger. There was a significant increase in new HIV infections (3%) among children, an upsurge of Malaria in highland areas and antimicrobial resistance.

Road Traffic Accident (RTA), Domestic violence, Gender Based Violence (GBV) were on the rise especially during the COVID-19 pandemic period. Inadequate and imbalanced distribution of human resource for health remained a serious impediment to service delivery in the sector. The dilapidated health infrastructure, obsolete equipment and inadequate funding for research and development remained a big issue in the sector. Lack of sufficient of HPT and vaccines stock out during the year occasioned by delay in tax exemptions and the effects of COVID-19 on importation of Health Commodities impeded the implementation of the sector plans and priorities. While the sector experienced an increase in the government budget allocation in the past one year, donor transition poses a serious challenge on the fiscal space and more so at this time the sector is planning to roll out of UHC as well as contain Covid-19.

As provided for in schedule 4, by each level of Government both National and County governments have continued to invest in health infrastructure, Human resources for Health and Health products and Technologies to ensure a

progressive increase in access to health services. The National government will acquire and maintain adequate stocks of the Strategic and Special categories of products whereas county governments will focus on ensuring the availability of Essential/Basic products at county health facilities and in line with Kenya Essential Medicines List (KEML). The performance in this report is attributable to the collaborative efforts of both the National and County governments in the execution of their mandates.

The key sector priorities for the FY 2021/2022 - 2023/24 are organized in five (5) programmes that include i) Preventive and promotive and RMNCAH services; ii) National Referral and Specialized Services; iii) Health Research and Development; iv) General Administration and Support services; v) Health Policy, Standards and Regulations. The prioritized programs and projects aim at achieving improved accessibility, affordability of health services, reduction of health inequalities and optimal utilization of health services across the sector, additionally, the programs aim to revitalize and sustain the aspirations of UHC. The programs and projects are aligned and consistent with MTP III for the Kenya Vision 2030, SDGs, PC-ERS and the Health Sector Strategic Plan (KHSSP).

CHAPTER ONE

BACKGROUND

Sustainable Development Goal 3, target 3.8 spells out the need to achieve Universal Health coverage, including financial risk protection, access to quality essential health services, medicines and vaccines for all. Universal Health Coverage (UHC) is based on the principle that all individuals and communities should have access to quality essential health services they need without suffering financial hardship. The Constitution of Kenya underscores the “right to health” while Kenya's Vision 2030, the Medium-Term Plan III as well as the “Big Four” (4) agenda for the Government recognizes provision of equitable, accessible and affordable health care of the highest attainable standards to all Kenyans.

The declaration by His Excellency the President in 2017 on the delivery of Universal Health Coverage (UHC) as a priority under the Big 4 development agenda marked the beginning of realignment of the national healthcare agenda. This is aimed at ensuring all citizens have access to quality affordable healthcare without the risk of getting into financial hardship thus protecting all Kenyans from potential financial catastrophe arising from use of essential health services with a special focus on the poor and vulnerable.

Ensuring universal access to affordable, quality health services is critical in achieving the goal of ending extreme poverty and lays the foundation for economic growth and competitiveness grounded in the principles of equity and sustainability. The government is currently directing its resources towards both demand and supply side investments in the health sector. Some of the key demand-side initiatives instituted include the establishment and funding of schemes by the government within the National Hospital Insurance Fund (NHIF) targeting the high-burden of health conditions and vulnerable populations. The programs implemented are: Free maternity services (Linda Mama) scheme; Health Insurance Subsidies Program (HISP) scheme for the poor, orphaned and vulnerable children and the elderly; Health scheme for students in secondary school (EDU Afya). Similarly, the supply side investments instituted by the Ministry

comprise of the hiring of Health care workers under the UHC programme and the provision of Health products and technologies to the counties through KEMSA.

The emerging threat posed by the Novel Corona virus (2019) pandemic has so far caused devastating social-economic effects both globally and locally and has slowed down all the strategies and plans for the Health sector. The pandemic has exposed the country's health system weaknesses that needs to be addressed to realize the aspiration of the Constitution and UHC agenda. The first case of COVID-19 in Kenya was announced on 13th March, 2020 and of 21st October 2020, a total of **632,669** tests have been done of which **46,144** cases testing positive for COVID-19, with **858** registered deaths.

Consequently, the Government through the leadership of Ministry of Health and in the collaboration with County Governments, other Ministries and development partners have reinforced response measures by building on the early steps such as enhanced surveillance, detection and movement restrictions initiated prior to surge of Covid-19. Similarly, the government undertook deliberate steps to address the challenges in the health sector. Recently, the Ministry witnessed an increase in budget allocation from (85B) in Financial Year (FY) 2018/19 to (119Billion) in FY 2019/20. Further, the Ministry is putting in place the required institutional mechanisms to attain the required pooling and management of health resources in the following programmatic areas: Preventive and promotive and RMNCAH services; National Referral and Specialized Services; Health Research and Development; General Administration, Planning and Support services & Health Policy, Standards and Regulations.

Finally, the development of the Health Sector report and the sector priorities for FY 2021/2022 is premised on the third Medium-Term-Plan (MTP III), Kenya Health Policy 2014-2030, Kenya Health Sector Strategic Plan 2018-2023, Sustainable Development Goals (SDG 3) and the Post COVID-19 Economic Recovery Strategy. This report outlines the targets and achievements for the sector and priorities to revitalize the aspirations of the health sector specifically UHC agenda during and Post -COVID-19 pandemic period.

1.1. Sector Vision and Mission

The vision, mission, core values and strategic objectives have been developed in the framework of the mandate and strategic plans.

Vision

The vision of the sector is “A healthy, productive and globally competitive nation”

Mission

The sector mission is “To build a progressive, responsive and sustainable Health care system for accelerated attainment of the highest standard of health to all Kenyans”

Goal

The Goal of the sector “To attain equitable, affordable, accessible and quality health care for all”

1.2. Strategic Goals /Objectives of the Sector

The sector goals, objectives and priorities are based on the country emerging issues that have links with multi-sectoral dimension. The priorities are based on the six policy objectives that reflects the country agenda for improving population health. The focus areas of investments in the sector include Health financing, Leadership and governance, Health Products and Technologies, Health information, Health Workforce, Service delivery, Health Infrastructure, Research and Development. The Ministry will therefore continue implementing the following strategic objectives as presented in figure 1:

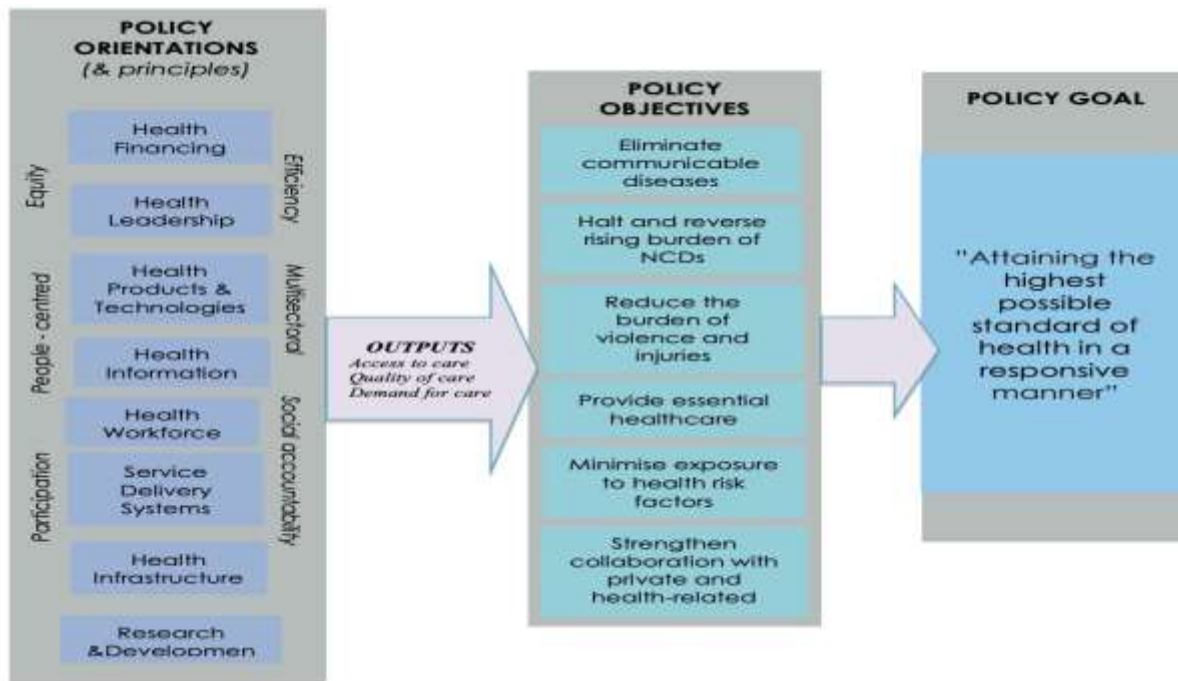


Figure: 1 Policy Orientations and Strategic Objectives for Health Sector

1.3. Health Sector Mandates

The mandate of the Ministry is derived from Schedule 4 of the Constitution of Kenya and the Executive Order No. 1 of June 2018.

Schedule 4 assigns the following functions to the Ministry of Health:

- a) Health Policy
- b) National referral health facilities
- c) Capacity building
- d) Technical assistance to counties

Further, the Ministry of Health functions are described under Executive Order No. 1 of June 2018 as listed below

- Medical Services Policy
- Health Policy and Standards Management

- Training of Health Personnel
- Pharmacy and Medicines Control
- National Health Referral Services
- National Medical Laboratories Services
- Registration of Doctors and Para-medicals
- Care Policy
- Radiation Control and Protection
- HIV/AIDs Management
- Public Health and Sanitation Policy Management
- Nutrition Policy
- Immunization Policy and Management
- Reproductive Health Policy
- Preventive, Promotive and Curative Health Services
- Health Education Management
- Health Inspection and other Public Health Services
- Quarantine Administration
- Food Safety and Inspection
- Preventive Health Programmes

The functions of the Ministry are summarized as follow:

- a) Developing national policy and legislation, setting standards and quality assurance, guidelines, national reporting, supervision, sector coordination and resource mobilization.
- b) Offering technical support with emphasis on planning, development and monitoring of health services and delivery standards throughout the country.
- c) Monitoring quality and standards of performance of county governments and community organizations in the provision of health services.
- d) National referral health facilities

1.4. County Governments

Schedule 4 has outlined the mandate of the County Governments and provided for the Counties to coordinate County health facilities and pharmacies;

Ambulance services; Promotion of primary healthcare; Licensing and control of undertakings that sell food to the public; Veterinary services (excluding regulation of the health profession); Cemeteries, funeral parlours and crematoria; Refuse removal, refuse dumps and solid waste disposal.

The National government, in consultation with the County governments, has been developing legislative and administrative frameworks to guide the classification and operations of each levels of the health service delivery system. The corresponding intergovernmental coordination and cross-levels of care linkages including the services to be provided at each level has demonstrated the progressive realization of the right to health that are in this report.

The National and County governments will continue putting in efforts for performance measurements to progressively realise the right to health as outlined in Article 21 of the Constitution. The sector will continue adopting a human rights-based approach in healthcare delivery and will integrate human rights norms and principles in the design, implementation, monitoring, and evaluation of health interventions and programmes. This includes human dignity; attention to the needs and rights of all, with special emphasis on children, persons with disabilities, youth, minorities and marginalised groups, and older members of the society (Constitution of Kenya 2010 Article 53–57); and ensuring that health services are made accessible to all.

Both National and County governments have continued to invest in health infrastructure to ensure a progressive increase in access to health services. The National government will acquire and maintain adequate stocks of the Strategic and Special categories of products whereas county governments will focus on ensuring the availability of Essential/Basic products at county health facilities and in line with Kenya Essential Medicines List (KEML). The achievements of the results presented are attributable to the collaboration, coordination and cooperation between the National and County governments and use of one Monitoring and Evaluation framework.

1.5. Autonomous and Semi-Autonomous Government Agencies

The Sector has twelve (12) Semi-Autonomous Government Agencies (SAGAs) which complements the Ministry in discharging its core functions through specialized health service delivery; medical research and training; procurement and distribution of drugs; and financing through health insurance. These SAGAs are the KNH; KMTC; KEMSA, KEMRI, NHIF; NACC; National Cancer Institute of Kenya (NCI-K), Kenyatta University Teaching Referral and Research Hospital (KUTRRH), Kenya Nuclear Regulatory Authority (KENRA) and Kenya Medical Practitioners and Dentists Council (KMPDC). The Ministry continues to manage National Spinal Injury Hospital, Mathari National and Teaching and Referral Hospital (MNTRH) and National Reference Laboratories as instruments are being developed to transform them to semi independent agencies.

1.6. Mandates of SAGAs

1.6.1. Kenyatta National Hospital (KNH)

Kenyatta National Hospital (KNH) is a State Corporation established through Legal Notice No. 109 of 6th April 1987 with the following mandate:

- a) To receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care;
- b) To provide facilities for medical education for the University of Nairobi and for research either directly or through other co-operating health institutions;
- c) To provide facilities for education and training in nursing and other health and allied institutions;
- d) To participate, as a national referred hospital, in national health planning.

The Hospital has a bed capacity of 2,116 beds and attends to 700,000 inpatients and 600,000 outpatients annually on average, with 50 wards, 26 operating theatres and 24 consultant clinics. KNH is the public Hospital of choice in Kenya and beyond. KNH offers quality specialized healthcare to patients from the Great Lakes Region, Southern and Central Africa. These services include open heart surgery, neurosurgery, orthopedics surgery, reconstructive surgery, burns management, critical care services, new born services, ophthalmology (cornea

transplant), liver resections, oncology, palliative care and renal services (including kidney transplantation), among others.

The Hospital provides training facilities for the University of Nairobi (College of Health Sciences) and the Kenya Medical Training College (KMTC). The institution also works closely with the Kenya Medical Research Institute (KEMRI), Government Chemist, KENRA, National Public Health Laboratories Services (NPHLS), National AIDS and STIs Control Programme (NASCO), National AIDS Control Council (NACC), National Blood Transfusion Services (NBTS) and African Medical and Research Foundation (AMREF), among others

1.6.2. Moi Teaching and Referral Hospital (MTRH)

Moi Teaching and Referral Hospital (MTRH) is a State Corporation established through Legal Notice No. 78 of 12th June 1998 under the State Corporations Act (CAP 446). It is a Level 6B National Referral Hospital located in Eldoret town, Uasin Gishu County, in the North Rift region of Western Kenya. MTRH is the training facility for Moi University College of Health Sciences, Kenya Medical Training College (KMTC) Eldoret Campus and University of Eastern Africa Baraton.

The mandate of MTRH as enumerated in the Legal Notice include;

- I. To receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care.
- II. To provide facilities for medical education for Moi University and for Research either directly or through other co-operating health institutions.
- III. To provide facilities for education and training in nursing and other health and allied professions.
- IV. To participate as a national referral hospital in national health planning.

1.6.3. Kenya Medical Training College (KMTC)

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

of the laws of Kenya and the name Kenya Medical Training College (KMTC) adopted as a unifying title for the institution.

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

- I. To provide facilities for college education for national health manpower requirements, in addition to facilities provided by universities, other colleges, or schools or institutions;
- II. To play an effective role in the development and expansion of opportunities for Kenyans wishing to continue with their education in the disciplines approved by the Academic Council
- 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 and manage health training institutions;
- V. To undertake research in disciplines and matters approved by the Academic Board either directly or through the medium of connected universities, or other colleges, schools or institutions;
- VI. To conduct examinations for and to grant diplomas, certificates, and other awards of the College;
- VII. To determine who may teach and what may be taught and how it may be taught in the College; and
- VIII. To examine and make proposals for the establishment of campuses and faculties

1.6.4. Kenya Medical Supplies Authority (KEMSA)

Kenya Medical Supplies Authority was established under the Kenya Medical Supplies Authority Act No. 20 of 25th January 2013 as a successor to the Kenya Medical Supplies Agency, established under Legal Notice No. 17 of 3rd February 2000. The Authority 's mandate is to be the medical logistics provider with the responsibility of supplying quality and affordable essential medical commodities to health facilities in Kenya through an efficient medical supply chain management system.

The specific Mandate of KEMSA as set out in the KEMSA Act2013 are;

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

1.6.5. Kenya Medical Research Institute (KEMRI)

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

The mandate of KEMRI as aligned with the Health Act 2017 is as follows:

- i. To carry out research in human health
- ii. To cooperate with other organizations and institutions of higher learning on matters of relevant research and training.
- iii. To liaise with other relevant bodies within and outside Kenya carrying out research and related activities
- iv. To disseminate and translate research findings for evidence-based policy formulation and implementation
- v. To cooperate with the Ministry of Health, the National Commission for Science, Technology and Innovation (NACOSTI) and the medical sciences

advisory Research Committee on matters pertaining to research policy and priorities

- vi. To do all such things as appear necessary, desirable or expedient to carry out its functions

1.6.6. 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 NHIF Mandate is:

- I. To receive all contributions and other payments required by this Act to be made to the Fund;
- II. To make payments out of the Fund to declared hospitals in accordance with the provisions of this Act;
- III. To set the criteria for the declaration of hospitals and to declare such hospitals in accordance thereto for the purposes of this Act;
- IV. To regulate the contributions payable to the Fund and the benefits and other payments to be made out of the Fund;
- V. To protect the interests of contributors to the Fund;
- VI. To advise the Minister on the national policy to be followed with regard to national health insurance and to implement all Government policies relating thereto; and
- VII. To perform such other functions as are conferred on it by this Act or by any other written law.

1.6.7. The National AIDS Control Council (NACC)

The National AIDS Control Council (NACC) was established under Section 3 of the State Corporations Act by the National AIDS Control Council Order, 1999 published vide Legal Notice No. 170 of 1999. Its mission is to provide policy and a strategic framework for mobilizing and coordinating resources for the prevention

of HIV transmission and provision of care and support to the infected and affected people in Kenya.

Under circular number OP/CAB.2/21/2A/LII/43 dated November 23, 2004; NACC was categorized as a service corporation under category PC 3B.

Under Section 6 of the L.N, the mandate of NACC is to:

- I. Develop policies and guidelines relevant to the prevention and control of Acquired Immune Deficiency Syndrome (hereinafter referred to as AIDS)
- II. Mobilize resources for AIDS control and prevention and provide grants to implementing agencies
- III. Co-ordinate and supervise implementation of AIDS programmes in the country
- IV. Collaborate with local and international agencies which work in AIDS control
- V. Facilitate the setting up of sectoral programmes on AIDS
- VI. Mobilize Government Ministries and institutions, Non-Governmental organizations, community-based organizations, research bodies, the private sector and universities to participate in AIDS control and prevention
- VII. Develop strategies to deal with all aspects of the AIDS epidemic
- VIII. Develop national management information systems for AIDS control
- IX. Identify sector specific training needs and devise appropriate manpower development strategies.
- X. Develop appropriate mechanisms for the monitoring and evaluation of AIDS and sexually transmitted diseases (STDS) programmes
- XI. Take a leadership role in advocacy and public relations for the AIDS Council programme.

1.6.8. National Cancer Institute of Kenya

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

The overall mandate of the NCI Kenya is to coordinate and centralize all activities, resources and information related to cancer prevention and control in Kenya. Specifically, the Institute is required to;

- I. Advise the Cabinet Secretary on matters relating to the treatment and care of persons with cancer and to advise on the relative priorities to be given to the implementation of specific measures
- II. Encourage and secure provision of diagnostic, treatment, rehabilitation and other medical care to persons with cancer in those institution
- III. Establish and support measures that seek to eradicate conditions that cause and aggravate the spread of cancer.
- IV. Provide access to available information and technical assistance to all institutions, associations and organizations concerned with the welfare and treatment of persons with cancer
- V. Strengthen governance and coordination of cancer response in Kenya through effective partnerships and stakeholder engagement
- VI. Ensure that accurate figures of persons with cancer are obtained in the country for purposes of planning through collection, analysis and dissemination of all data useful in the prevention, diagnosis and treatment of cancer
- VII. Provide public information on the rights of persons with cancer and recommend measures to prevent discrimination against persons with cancer
- VIII. Set standards for optimal and quality cancer care including diagnosis, treatment, palliative care and survivorship

1.6.9. Kenyatta University Teaching Referral and Research Hospital (KUTRRH)

Kenyatta University Teaching, Referral and Research Hospital was established as a state corporation under the State Corporations Act Cap 446 through a Legal Notice No.4 of 2019. The Hospital is an ultra-modern 650-bed state-of-the-art Hospital sitting on 100 acres of land along the northern bypass road. It is providing tertiary (highly specialized) health care services as a referral facility for level 4 and 5 facilities in the region, thereby helping decongest Kenyatta National Hospital (KNH) and surrounding County Government Hospitals.

The Hospital mandate is drawn from the Legal Notice No. 4 and is in line with other national level 6 hospitals in the country. Specifically, the mandate of KUTRRH is:

- i) To receive patients on referral from other hospitals or institutions within and outside Kenya and provide them with timely and high-quality specialized healthcare.
- ii) To provide facilities for and facilitate medical education
- iii) To provide facilities for and facilitate biomedical research directly or with co-operating institutions.
- iv) To develop dynamic leadership and managerial skills in health care.
- v) To participate as a referral medical hub in national, regional and global health policy

In addition, and in accordance with the Memorandum of Understanding signed on 10th September 2020 with the Ministry of Health, the County Government of Kiambu and KUTRRH, Gatundu Level IV Hospital will be managed by KUTRRH Board. The purpose of the collaboration is to allow for mutual cooperation of the parties for the purposes of enhancing quality, efficiency, and effectiveness in provision of quality health care and referral services.

1.6.10. Mathari National, teaching and Referral hospital

Mathari National, teaching and Referral hospital was established as a state corporation under the State Corporations Act Cap 446 through a Legal Notice No.165 of 2020. The mandate of the hospital is:

- I. receive patients on referral from other hospitals or institutions within or outside Kenya for specialized psychiatry services;
- II. provide training in behavioral sciences for both public and private institutions;
- III. participate, as a national referral hospital, in national health planning;
- IV. receive mentally ill offenders from courts, prisons and the police department for assessment and forensic mental healthcare;
- V. provide substance abuse related and addictive disorders treatment and rehabilitation services;

- VI. give integrated outpatient healthcare services such as maternal and child health, non-communicable diseases, communicable disease management including HIV comprehensive care clinics, dental and physiotherapy, with related imaging and radiological services, medical laboratory and other diagnostic services;
- VII. offer disability and other medical assessments;
- VIII. undertake community psychiatry, psychosocial rehabilitation services, counselling, psychotherapy and psycho-trauma management;
- IX. offer liaison psychiatry, neurological and geriatric psychiatric services, neurophysiological and neuropsychological services;
- X. collect, analyze and disseminate all data useful in the prevention, diagnosis and treatment of mental disorders;
- XI. advise the Cabinet Secretary on matters relating to the treatment and care of persons with mental disorders and the relative priorities to be given for the implementation of specific measures;
- XII. provide facilities for medical education and for research either directly or through other co-operating health institutions;
- XIII. provide access to available information and technical assistance to all institutions, associations and organizations concerned with the welfare and treatment of persons with mental disorders, including those controlled and managed by the Government; and
- XIV. doing or performing all other necessary functions or activities of a National Teaching and Referral Hospital, including undertaking ventures for the purposes of raising revenues for the purposes of funding its activities wholly or in part.

1.6.11. Kenya Nuclear Regulatory Authority (KENRA)

The Kenya Nuclear Regulatory Authority (KENRA) is a State Corporation, established on 10th January 2020, by the Nuclear Regulatory Act, 2019 with the mandate to:

- i. Ensure the safe, secure and peaceful use of nuclear science and technology;

- ii. Provide for the protection of persons, property and the environment against the harmful effects of ionizing radiation through the establishment of a system of regulatory control;
- iii. Exercise regulatory control over —
 - a. Siting, design construction, operation, manufacture of component parts and decommissioning of facilities;
 - b. Nuclear and radioactive materials and facilities; and
- iv. Such other activities as may, with the prior approval of the National Assembly, be prescribed which the Authority may seek to exercise regulatory control over;
- v. Ensure compliance with the conditions of authorization through the implementation of a system of inspections and enforcement;
- vi. Co-ordinate the fulfilment of national obligations in respect of nuclear safety, security and safeguards;
- vii. Co-operate with any relevant international agency by providing any assistance or information required;
- viii. Establish appropriate awareness methods and procedures for informing and consulting the public and other interested parties about the regulatory process and the safety, health and environmental aspect of regulated activities including incidents, accidents and abnormal occurrences.

1.6.12. Kenya Medical Practitioners and Dentists Council

The Kenya Medical Practitioners and Dentists Council is established under Section 3 of the Medical Practitioners and Dentists Act Cap 253 of the Laws of Kenya. The mandate of the Council is to regulate the practice of medicine, dentistry and health institutions in the country. This Act was enacted by Parliament in 1977 and came into operation on 1st January 1978

Mandate of KMPDC

- I. Establish and maintain uniform norms and standards on the learning of medicine and dentistry in Kenya
- II. Approve and register medical and dental schools for training of medical and dental practitioners

- III. Prescribe the minimum educational entry requirements for persons wishing to be trained as medical and dental practitioners
- IV. Maintain a record of medical and dental students
- V. Conduct internship qualifying examinations, pre-registration examinations, and peer reviews as deemed appropriate by the Council
- VI. Inspect and accredit new and existing institutions for medical and dental internship training in Kenya
- VII. Licence eligible medical and dental interns
- VIII. Determine and set a framework for professional practice of medical and dental practitioners
- IX. Register eligible medical and dental practitioners
- X. Regulate the conduct of registered medical and dental practitioners and take such disciplinary measures for any form of professional misconduct
- XI. Register and licence health institutions
- XII. Carryout inspection of health institutions
- XIII. Regulate health institutions and take disciplinary action for any form of misconduct by a health institution
- XIV. Accredit continuous professional development providers
- XV. Issue certificate of status to medical and dental practitioners and health institutions; and
- XVI. Do all such other things necessary for the attainment of all or any part of its functions

1.7. Mandates of Councils and Regulatory Bodies

The Ministry has the following fourteen (14) regulatory bodies in place with their mandates as follows:

Clinical Officers Council (COC)

The Clinical Officers Council was established under the Clinical Officers Act, Cap 260. The Act was assented on August 24, 1988, commenced on July 31, 1989, and was last revised in 2017.

The mandate of the Council is to make provision for the training, registration and licencing of clinical officers, regulate their practice, and for connected purposes.

Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB)

The Medical Laboratory Technicians and Technologists Act was assented on January 6, 2000 and commenced on December 22, 2000. The mandate of KMLTTB is; provide for training, registration and licensing of medical laboratory technicians and technologists.

Nursing Council of Kenya (NCK)

This Nursing Council of Kenya was established under the Nurses Act, Cap 257 of the Laws of Kenya. The Council is mandated to make provision for the training, registration, enrolment, and licensing of nurses and nursing institutions, regulate their conduct, to ensure their maximum participation in the health care of the community, and for connected purposes.

Kenya Nutritionists and Dieticians Institute (KNDI)

The Kenya Nutritionists & Dieticians Institute (KNDI) was established to provide for training, registration, and licensing of nutritionists and dieticians; to provide for the registration of the standards and practice of the profession; to ensure their effective participation in matters relating to nutrition, dietetics; and for related purposes under the Nutritionists & Dieticians Act No. 18 of 2007.

Public Health Officers and Technicians Council

The Public Health Officers and public health technician's council was established under Public Health Officers act of parliament (January 14, 2013).

The mandate of the council is to; make provision for the training, registration; and licensing of public health officers and public health technicians; regulate their practice, provide for the establishment, powers, and functions of the Public Health Officers and Public Health Technicians Council, and for connected purposes.

Pharmacy and Poisons Board (PPB)

The Pharmacy and Poisons Board (PPB) was established under Cap 244, of the Pharmacy and Poisons Act 1957 and last revised in 2009. The mandate of the Board is to: make provision for the control of the profession of pharmacy and the trade in drugs and poisons; regulates and register pharmacists Authorizing pharmacists to sell medicines and related products, as well as for remedial measures in cases of violation of professional conduct and discipline.

Tobacco Control Board (TCB)

Tobacco Control Board is established under Section 5 of Tobacco Control Act 2007, it consists of 16 board members from various Government Ministries and members from private sector. The following are the board's mandates as spelt out under Section 6 of the Act:

- i. Advise the Minister on the national policy to be adopted with regard to the production, manufacture, sale, advertising, promotion, sponsorship and use of tobacco and tobacco products;
- ii. Advise the Minister generally on the exercise of his powers and the performance of his functions as provided for under the Tobacco Control Act, 2007.
- iii. Advise the Minister on matters relating to the administration of the Fund;
- iv. Recommend to the Minister and to participate in the formulation of the regulations to be made under section 53;
- v. Perform such other functions as may, from time to time, be assigned by the Minister.

National Quality Control Laboratory (NQCL)

The National Quality Control Laboratory (NQCL) is a body corporate established **under Cap 244** of the Pharmacy and Poisons Act. The mandate of NQCL is to perform chemical, biological, biochemical, physiological and pharmacological analysis; Evaluate other pharmaceutical drugs and medicinal substances manufactured both locally and imported.

Physiotherapists Council of Kenya

The Physiotherapist Council of Kenya is established under the Physiotherapist Act no. 20 of 2014 to regulate the Training, Registration, and Licencing of physiotherapists in Kenya.

Health Records and Information Managers Board

Health Records and Information Managers Board is established under section 7 of the Health Records and Information Managers Act, 2016 (No. 15 of 2016) and amendments provided for in the Health Laws (Amendment) Act, 2019. The Board is mandated to regulate training, registration, licensing and practice of Health Records and Information Managers.

The Kenya Health Professions Oversight Authority (Part VI, Section 45(1) of the Health Act 2017)

The Kenya Health Professions Oversight Authority is a cooperate body created by part VI of the Health Act no. 21 of 2017 to provide oversight role of the regulatory boards and councils, with the mandate of providing oversight in training, registration and licensing of health professionals; coordinate joint health inspections; receive and facilitate resolution of complaints and arbitrate disputes and conflicts; monitor execution of respective mandates and functions of health regulatory bodies. The Kenya Health Professions Oversight Authority is mandated to carry out the following functions:

- i. Maintain a duplicate register of all health professionals working within the national and county health system
- ii. Promote and regulate inter-professional liaison between statutory regulatory bodies
- iii. Coordinate joint inspections with all regulatory bodies
- iv. Receive and facilitate the resolution of complaints from patients, aggrieved parties and regulatory bodies
- v. Monitor the execution of respective mandates and functions of regulatory bodies recognized under an Act of Parliament

- vi. Arbitrate disputes between statutory regulatory bodies, including conflict or dispute resolution amongst Boards and Councils
- vii. Ensure the necessary standards for health professionals are not compromised by the regulatory bodies

Counsellors and Psychologist Board

The Counsellors and Psychologist Board is established under part 2 of the Counsellors and Psychologist Board Act, 2014 (No. 14 of 2014). The Act provides for the training, registration, licensing, practice and standards of Counsellors and Psychologists.

The Kenya Health Human Resource Advisory Council

The Health Act No. 21 of 2017-part V established the KHRAC which is a body corporate with the mandate –

- I. To review policy and establish uniform norms and standards on; management of interns and medical specialists,
- II. Management of intergovernmental transfers (county to county and between the two levels of government),
- III. Management of the welfare and the scheme of service for health professionals
- IV. Maintenance of a master register for all health practitioners in the country.

The Council has the following specific functions.

- i. Posting of interns to National Government and County Government facilities;
- ii. Facilitating inter county transfer of healthcare professionals;
- iii. Transfer of healthcare professionals from one level of Government to another;
- iv. the welfare and the Schemes of Service/Career Progression Guidelines for health professionals;
- v. Management and rotation of specialists; and

- vi. Maintenance of a master register for all health practitioners in the country.

1.8. Roles of Health Sector Stakeholders

Health sector is governed through the steering leadership of the Government. The following are major stakeholders in the health sector:

Name of Stakeholder	Role of the Stakeholder
National Treasury	The National Treasury plays a major role as a stakeholder by providing the budgetary support for investments, operations and maintenance of the Sector besides the remuneration of all employees
State Department for Planning	Co-ordination of planning, policy formulation and tracking of results in the Health Sector.
National Assembly and Senate	Legislation and oversight on matters relating to health including law enactment and budgetary approval
County Level Health Institutions	All the 47 Counties are major stakeholders in implementation of the policies and standards formulated by National government. In accordance with Schedule 4 of the Constitution they are specifically mandated with: County health facilities; County health pharmacies; Ambulance services; Promotion of primary health care; licensing and control of sale of food in public places; veterinary services; cemeteries, funeral parlours and crematoriums; enforcement of waste management policies in particular, refuse dumps and solid waste
Non-State Actors	These are implementing partners that play a key role in health service delivery with the strength in mobilizing resources, provision of service delivery, implementing development programmes, and interacting with community groups. They include the private sector, faith-based organizations (FBOs), non-governmental organizations (NGOs) and community service organizations (CSOs).
Academic Institutions	Universities and middle level colleges play crucial roles in health research, development of Human resources for Health, provision of tertiary health care and funding.

WHO and Dfid-	Health systems strengthening approach both national and counties; and provide technical support to national and Counties;
Global Fund	Supporting HIV, TB and Malaria programs and also strengthening civil registration service to national and Counties;
USAID and US CDC	HIV program, Health Information systems, Situation room and Capacity to Counties; Technical support to national and Counties
GAVI	Support for Vaccines and Immunization
World Bank	Health systems strengthening approach both national and counties
JICA	Leadership and Governance, infrastructure community health both National and Counties
UNICEF	Child and nutrition health services, Scorecard (RMNCAH) and water and sanitation (WASH) programs in some counties and Technical support to MOH to national and Counties;
UNFPA	Support on Population Health and family planning commodities; maternal health;
DANIDA	Health System strengthening in Counties.
HENNET	Health NGO Network Kenya- the body that coordinates more than 70 % of the health NGO's.
Private sector consortium-	Coordinates all private practice members;
Faith-Based Organization	Coordinates Faith based health services among them are SUPKEM, CHAK and KEC
Kenya Health Federation	The federation works with commercial and public institution, professionals, Non state actors to promote strategic public private partnership
UNAIDS	Co-ordinate the joint UN team for multi sectoral HIV response
Other state actors (MDAS)	Collaborate and implement on programs that have impact on Health
Clients/ Consumers of Health Services	Household, and communities have a major role in demand for services, resource mobilization and management of the sector services and programmes

The Sector also collaborate with other stakeholders that include; Ministry of Environment and Forestry, Ministry of Water & Sanitation; Ministry of Agriculture, Livestock, Fisheries and Irrigation; Ministry of Labour & Social Protection, Ministry of Information, Communication and Technology, Ministry of Interior and Coordination of National Government, Ministry of Transport, Infrastructure , Housing, Urban Development and Public Works and Ministry of Education, Ministry of Public Service, Youth and Gender, through inter-sectoral collaboration in promotion of health services, disease prevention and addressing the social determinants of health. In addition, Kenya National Bureau of Statistics (KNBS) and Kenya Institute for Public Policy Research and Analysis (KIPPRA) to conduct surveys and provide information for policy and planning purposes.

CHAPTER TWO

HEALTH SECTOR PROGRAMME PERFORMANCE REVIEW FY 2017/18 – 2019/20

This chapter provides an analysis of programme performance for the last three years i.e. FY 2017/18-2019/20. It details progress of both domestically and externally funded projects. It will therefore entail analysis of the previous budgetary allocations, actual expenditures, and achievement of actual outputs.

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

The Ministry has Eight (8) directorates responsible for implementation of the programmes which are as follows:

- Directorate of Health Sector Coordination and Intergovernmental Relations
- Directorate of Health Policy, Research, Monitoring, and Evaluation
- Directorate of Preventive and Promotive Health Services
- Directorate of Public Health
- Directorate of Health Care Services
- Directorate of Health Standards, Quality Assurance and Regulation
- Directorate of Administrative Services
- Directorate of Special Programmes and SAGAs

The programmes are envisaged to be undertaken within the key functions of the Ministry as per 4th Schedule of the Constitution which includes: Health policy, national referral facilities, capacity building and technical assistance to Counties.

2.1. Programme Preventive and Promotive AND RMNCAH Services

This program has six (6) sub-programs and aims to increase access to quality promotive and preventive health care services

2.1.1. Sub-programme 1.1: Communicable Diseases Prevention & Control

HIV/AIDS Control

HIV and AIDS continues to be a major public health concern in Kenya and a leading cause of mortality at 29.3%. During the period under review, HIV/AIDS program deployed a number of strategies and targeted to identify 90% of PLWHIV and put them in care and treatment. These initiatives resulted to notable decline in HIV prevalence from 5.9% to 4.8% and 4.8% in FY 2017/18 to FY 2018/19 and FY2018/19 respectively. Roll out of new and innovative HIV testing approaches aligned to WHO recommendation such as index testing, self-testing, integration of HTS with private sector and online purchase of KITS that saw an increase in the number of PLHIV identified and linked to treatment. During the year under review, a total of, 11,245,435 HIV tests were done with a positivity rate of 1.5% (171,832).

There was a steady increase in proportion of HIV positive clients identified and started on ARVs between 2013/14 and 2017/18 from 41% in 2018/19 to 79% 2019/2020. In December 2019, 90% of people living with HIV had achieved viral suppression an improvement from 82.7% in 2016. The ART coverage for HIV positive pregnant women met the target of 93% coverage and Improved coverage of Syphilis testing among 1st ANC attendants from 54.7% in 2017 to 71.2% and 63% in 2018 and 2019 respectively. Of the estimates 1.5million Kenyans living with HIV, 79% (1,191,367) were on treatment by the end of the FY2019/20.

There was a 7.2% reduction in mother to child transmission of HIV; from 18% in 2013 to 10.8% in 2019. In Addition, the percentage of HIV + pregnant women receiving preventive ARV's has constantly been above the targeted 90 % which has greatly contributed to the reduction of mother to child transmission.



Participants taking a pledge to support Implementation of guidelines at the HTS best practices summit

Voluntary Medical Male Circumcision (VMMC)

During the period under review, there was an increased number of voluntary medical male circumcisions (VMMC) in traditionally non-circumcising communities. According to male circumcision coverage validation survey (2019), physical verification showed that, exact male circumcision prevalence in four counties were Siaya (76.5%), Homabay (66.7%), Kisumu (72. %) and Migori (63.5%) for age cohorts 10-29-year old.

To actualize access to condoms, per man per year from 14 to 17 from 2017 – 2020; A total of 545 condom dispensers were installed in the identified condom distribution points. This has increased condom outlets by 18.4 % from the baseline of 2,950 to 3,495 with a target of increasing condoms outlets in non-health settings by 25%. The Ministry continued and sustained advocacy targeting Adolescents and Young People and recorded a 58% reduction and a further 51% reduction among adults. However, there was an increase in new HIV infections of 3 % noted among children as per Kenya HIV Estimates 2020).

Promotion of Uptake of eMTCT, ANC and Pediatric HIV Services through the Beyond Zero initiative

This is an initiative by H.E the First Lady Margaret Kenyatta whose goal is to improve maternal and child health and to reduce new HIV infections among children. During the period under review, Beyond Zero Marathon 2019 was held against a backdrop of Kenya's commitment to deliver Universal Health Care by 2022. Through the office of Beyond Zero, Medical Safaris were undertaken where a total of seven (7) Counties were reached. These included Kisumu, Narok, West Pokot, Nyandarua, Nairobi, Kisii and Nakuru. The medical safaris will continue to reach the remaining counties.



Figure: Mothers visiting a Beyond Zero Mobile Clinic

Engagement with Boda-Boda riders and Fishing communities

The Ministry/Sector in conjunction with the Boda-Boda Association of Kenya, the Ministry of Transport, the Department of Fisheries, and National Transport Safety Authority, Boda-boda and Fisherfolk were engaged on HIV and AIDS. Under the period under review, the following six (6) counties were engaged: Trans Nzoia, Busia, Kakamega, Bungoma, HomaBay and Siaya counties. A total 10,770 people were reached with HIV information, 9,461 were counselled and tested, 10,280 were sensitized on correct condom use, and 83, 712 condoms distributed. An

additional 3, 254 were reached with wellness services and 2,323 IEC materials distributed.

HIV/AIDS Communication and Advocacy

HIV Sensitization campaigns targeting AYP: In partnership with the Ministry of Education, on-ground activations with students from Nyeri Technical College (Nyeri County) and Coast Institute of Technology in Voi (Taita-Taveta County) were done. From the activations, approximately 4,000 students were reached with HIV and AIDS information including condom use; 117,792 condoms distributed; approximately 1,610 students (and general population) counselled and tested for HIV; and 5,000 Information Education materials distributed (brochures, FAQs, notebooks, caps, T-shirts, and wristbands). During the period under review, Mass media campaigns through TV, Radio & Digital Media targeting the youth, men, women, and general population were undertaken and over 30,000,000 people were reached. The campaigns were aired on a total of 6 National Television Channels, as well as over 20 radio stations (national, vernacular, and religious stations).

Malaria Control

Malaria programme continued the implementation of key intervention whose performance contributed to a drop in malaria incidence to 40 per thousand populations across the country in FY2018/2019. In the period under review FY 2019/20, a total of 1.9 million LLINs were distributed through routine maternal and child clinics in 37 counties targeting children under one year and expectant women. Indoor residual spraying continued in 2 counties (Homabay and Migori) and yielded significant drop of less than 30% in incidence of malaria in the two Counties. In 2017/2018 the distribution of anti-malarial was 99% of the target (9.8m Vs 9.9m doses) while in 2018/2019 the achievement was 103% (8.8m Vs 8.5m doses) however, there was a drop in FY 2019/2020 at 85% (5.7m Vs 6.7m). The drop was attributed to delays in availability of PMI funded commodities and disruption in shipment due to Covid19 in part of FY 2018/19 and FY 2019/20.

In September 2019, the Ministry launched Malaria phased introduction vaccine covering select sub-counties in the 8 endemic counties. This intervention is being implemented in conjunction with WHO, Malaria vaccines Initiative and the at local level the National Vaccines programme and County health team. This 2-

year phase will inform the country on the scale-up of Malaria vaccines in the country and beyond. In addition, the sector is diversifying prevention by partnering with the Cuban Government in the roll out of the larval source management project targeting 8 lake endemic counties.

Tuberculosis Control

Kenya continues to step up the fight against major communicable diseases that are of public health concern including Tuberculosis and HIV. In 2019, Kenya launched the first ever patient-centred and costed National Strategic Plan (NSP) for Tuberculosis (TB), Leprosy and Lung health 2019-2023 with a vision of a nation free from TB and Leprosy and reduced burden of Lung Diseases. The aspiration of the Ministry of Health is to reduce the detection gap by ensuring that all people with TB have access to diagnostic TB services, wholistic quality care and TB prevention in the general population.

During the year under review FY2019/20, an estimated 147,000 people fell ill with Tuberculosis and only 80,223 people were diagnosed, put on treatment, and notified to the National Tuberculosis Program. Accordingly, the latest TB prevalence survey (2015/16), found that the country misses nearly half of the people with TB which translates to a treatment coverage of 59% in 2019, down from 63% in 2018. Men remain the most affected population contributing to 65% of all notified cases with children accounting for 9.7%.

Public sector contributed 81% of all TB cases, while 15%, 3% and 1% were from private sector, prisons and FBOs respectively. Robust efforts to find missing people with TB through implementation of active case finding in high volume facilities across the country, targeted community screening outreaches, contact investigation and implementation of innovative strategic initiatives such as pay for performance and private sector engagement have been put in place. This has also been made possible through financial and technical contributions by GOK, Global Fund, AMREF, USAID and WHO.



Figure shows TB incidence and notification since 2015

The program continued to strengthen access to TB diagnostic services through strengthening sample referral and availing diagnostic equipment. Gene Xpert remains the test of choice for TB diagnosis, with 189 machines spread across the country. The National TB reference laboratory in Nairobi and KEMRI/CDC KISIAN in Kisumu remain central in providing culture and drug susceptibility testing for both first and second line (DST) services. In 2019, the program embarked on the expansion of culture and DST services to three additional laboratories by deploying nine laboratory technologists to support decentralization in Machakos, Malindi and Kitale. In addition, AFB microscopy sites increased from 2320 in 2018 to 2555 in 2019.

Ongoing TB/HIV collaborative interventions yielded commendable HIV testing rates of 98% among TB patients, a co-infection rate of 26% and ART uptake of 96% in 2019. In addition, treatment success rate for the cohort that started treatment in 2018 was 84% against a target of 90%. A documented death rate of 6.5% and lost to follow up rate of 5.5% remain some of the obstacles to achieving treatment targets. Malnutrition rate of 45% among all TB patients, 24% of whom are severely malnourished, could be a contributing factor of unfavorable treatment outcomes with the country experiencing erratic supply of nutritional commodities.

Kenya remains a high burden country for drug resistance tuberculosis, where an estimated 2170 people fell ill in FY 2019/20, yet only 835 people were diagnosed translating to a detection gap of 62%. Gene expert test was accessible to 44% of patients with all forms of TB, 98% of whom were previously treated patients. Challenges in sample transport and limited internet coverage led to under reporting and sub-optimal access of Gene Xpert in some regions. An estimated 73% of DRTB patients were successfully treated. WHO recommended use of safe

injection free DRTB regimen in late 2018. The country rolled out injectable free DRTB regimen from January 2020 which was officially launched on 30th June 2020 during live COVID-19 press briefings. Below is DR TB trend since 2012:



Figure: DR TB trend since 2012 (Ministry of Health)

The programme also underscores the following achievements during the year under review, (i) The program diagnosed and put on treatment 262,238 people with TB. This is about 80% on average, achievement of the targets. Treatment success rate for the same period was 83% for all forms of TB for the same cohort (ii) About 2070 people with DR TB diagnosed and put on second line treatment and social support with average treatment success rate of 73% (iii) The program met the lab external quality assurance(EQA) coverage targets with 90% of the AFB microscopy sites being covered (iv) Successful integration of TB reporting system TIBU with KHIS including commodity reporting management and reporting which will henceforth be done using one Platform (v) Continued resource mobilization with a successful grant application in 2017 to the Global Fund which runs from 2018 to 2021. The national treasury also allocated Ksh.400M for procurement of first line TB medicine (vi) The program contributed to building resilient systems for health through contribution towards construction of KEMSA state of the art warehouse, strengthening of monitoring and evaluation at levels and supporting HRH (Human Resources for Health) both at national and county levels with epidemiologists and statisticians at national M&E unit as well as over

100 lab technicians and 50 clinical officers through the support of The Global Fund. (vii)The country completed TB prevalence survey in 2017, for the first time since independence. This has enabled the country to accurately estimate the burden of TB in Kenya. (viii)The program has also completed patient cost survey for TB and was among the few countries who were able to estimate the financial cost to families as a result of TB. (ix) The program adopted new DR TB treatment



as recommended by WHO and launched injectable free DRTB regimen in 2020. (x) The program launched latent TB treatment (LTBI) guidelines and policy.

CAS MOH Dr. Rashid Aman and Head of TB program Dr. Elizabeth Onyango together with other TB stakeholders during the launch of DR

TB injection free regimen.

Disease surveillance and Epidemic response

Disease surveillance has been tasked in early detection and response to outbreaks. In the period under review, Kenya faced different outbreaks including Coronavirus Disease 2019 (COVID-19), cholera, Measles, among others.

COVID-19Response

The Coronavirus 2019 (COVID-19) rapidly spread to affect many countries across the world. The WHO declared the COVID-19outbreak as public health emergency of international concern (PHEIC) and a pandemic and it spread to every corner of the world. The effects of the pandemic included disruptions of social, economic, and political establishments in the World including government services, global transport, financial and critical health services. The pandemic

disrupted virtually every aspect of individual, corporate, communal, and global organizations livelihood.

The first COVID-19 case was reported in Kenya on 13th March 2020 and as such the Ministry of Health continued to maintain heightened surveillance at all points of entry, health facilities and communities across the country. In the period under review the following were undertaken;

Coordinated Response: Response efforts were coordinated through a whole government and multi-agency approach. The National Emergency Response Committee that was constituted provided policy directions on response efforts towards COVID-19 outbreak. (By June, 2020 the total number of cases diagnosed with the disease stood at 6,366)



Figure: COVID-19 Response Team

Full activation of Public Health Emergency Operations Centre: The Public Health Emergency Operations Centre was fully activated and continues to coordinate response measures as well as provide daily situation reports to inform planning. Teams of rapid responders and contact tracers were on standby to investigate any alert and follow up on contacts of confirmed cases.

Diagnostic Capacity: The Diagnostic capacity in the Country was scaled up. A total of 38 public and private laboratories in 12 counties (Nairobi, Kisumu, Mombasa, Kilifi, Wajir, Kericho, Uasin Gishu, Machakos, Busia, Nakuru, Kajiado and

Trans Nzoia) are currently conducting confirmatory tests for COVID-19. The laboratories are: National Influenza Centre (NIC) and the National HIV Reference laboratory at the National Public Health Laboratories, Kenya Medical Research Institute (KEMRI) laboratories in Nairobi, Kilifi, Kisumu and Alupe, KEMRI Nairobi HIV Laboratory, KEMRI CDC Nairobi, KEMRI CMR, KEMRI Walter Reed Kericho and Kisumu, ILRI, Kenyatta National Hospital, Moi Teaching and Referral Hospital, Coast General Teaching and Referral Hospital, Wajir County Referral Hospital, Machakos County Referral Hospital, Busia County Referral Hospital, Kitale County Referral Hospital, Malindi County Referral Hospital, Wajir County Referral Hospital, Nairobi West Hospital, Aga Khan University Hospital, Nairobi Hospital, Lancet, AMREF, Mombasa Hospital, Kenyatta University Teaching Research and Referral Hospital, IOM, PathCare Kenya Ltd, Meditest Diagnostic Services, Nairobi South Hospital, IOM Mombasa, Coptic Hospital and CA Medylinks Kenya Limited. In addition, two mobile laboratories were deployed to Maai Mahiu and Namanga border points.

- i. **Screening:** MANDATORY screening of cargo vessels crew at all points of entry to minimize the risk of importation of additional cases from other affected countries
- ii. **Isolation/ Quarantine Facilities:** Establishment of 7411 isolation beds and 319 ICU beds across the 47 counties to contribute towards achieving Universal Health Coverage (UHC) and medical tourism beyond the COVID-19 pandemic.
- iii. **Personal Protective Equipment (PPE):** The Ministry distributed complete personal Protective Equipment (PPE) kits to counties.

Field Epidemiology & Laboratory Training Program

FELTP was established in 2004 by the Ministry of Health in collaboration with U.S Center for Disease Control and Prevention (CDC) in recognition of need to have a skilled Public Health workforce that supports disease surveillance system, timely response to public health emergencies and use of data for decision making. Program offers 1) a two-year master's degree level training in field epidemiology in collaboration with Moi University 2) three-month basic epidemiology training and 3) Six-month intermediate level epidemiology training. As of October 2019, the program has trained 209 field epidemiologists at master's degree level, over

600 county and sub county health workers in basic epidemiology and 135 health workers in intermediate level epidemiology.

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

National Cancer Control programme



Kenya is experiencing a double burden of disease with non-communicable diseases contributing to 30% of overall mortality. Cancer is the third leading cause of deaths contributing to 7% of overall mortality in Kenya. Recent estimates show that, 47 887 new cases and 32 987

deaths occurred in 2018 and approximately 70% patients presented late for treatment due to low awareness, challenges in accessing diagnostic and treatment services as well as low index of suspicion on cancer among health care workers with delays in referrals, among other reasons.

Currently in Kenya, only about 23% of cancer patients are accessing the comprehensive cancer services they need. In order to improve access to cancer services, ten regional county chemotherapy centres have been established. In the period under review, the sector achieved the following ; a) Developed and launched National Cancer Control Strategy 2017-2022, Kenya Cancer Policy 2019-2030, National Cancer Screening Guidelines 2018 and National Cancer Treatment Protocols 2019, b) Established of ten (10) regional chemotherapy centres') Upgraded three regional centres in Nakuru, Garissa and Mombasa to comprehensive centres with construction of radiotherapy bunkers Establishment of a National Oncology Reference Laboratory & Registry. D) Developed Curriculum for training primary health care workers. e) Breast Cancer Screening Pilot was successfully conducted in Nyeri County in collaboration with GE Healthcare and Kenya Network of Cancer Organizations from 9th October to 15th November 2019. During the campaign, the equipment utilization increased

from 11% to 83% (compared to same period in 2018) with an average of 15 mammograms conducted daily.

National Cancer Institute of Kenya

During the period under review, FY 2017/18 -FY2019/20, the institute collaborated with a number of stakeholders in various initiatives. The collaboration saw establishment of cancer infrastructure in Garissa, Coast and Nakuru referral hospitals, and review and development of various policies including the Kenya Cancer Policy 2019-2030, guidelines, curriculum training manual for the Community health workers to ensure they were in line with emerging needs.



Former Cabinet Secretary Health, Mrs. Cecily Kariuki during the official inauguration of the NCI-Kenya Board of Trustees in July 2019

To raise public awareness on Cancer disease, the institute used various platforms including social media and commemoration of world cancer day in Nyandarua County and cervical cancer month in Makueni County. A total 2,399,081 Kenyans were reached with cancer and associated risk factors messages against a target of 2,000,000. The Institute also engaged three counties namely, Meru, Kisumu and Kisii with an aim of enhancing prioritization and resource allocation to cancer prevention and control. Further, the Institute facilitated training of 130 health workers in the public and private sector on safe handling of chemotherapeutic agents in collaboration with Chemo-safe project and 120 health workers in

Mombasa, Garissa, Nakuru and Nyeri counties on early diagnosis of childhood cancers with support from Gertrude Children's hospital

Tobacco Control

The Division of Tobacco Control was able to develop and disseminate tobacco use prevention and cessation guidelines of 2017 which was further disseminated to various counties. The division trained twenty health care workers on tobacco cessation and prevention. In 2019 the National tobacco control strategic plan 2019-2020 was developed. Further the division has managed to strengthen and coordinate several Technical working groups e.g. on alternative livelihoods for tobacco farmers, for public education and awareness creation for product labelling among others, coupled with Technical working group for tobacco control which forms the bigger NCD –ICC. In addition, the division was able to print and disseminate several IEC materials targeting vulnerable groups such as youth. Through several stakeholder meeting Kenya managed to ratify the protocol to eliminate illicit trade of tobacco products.

Violence and Injury

Injuries are a public health problem in the Country accounting for 8% of the Country's mortality. The magnitude of injuries is projected to increase over the years if sufficient measures are not put in place. Road traffic injuries are ranked 9th among the leading cause of death in the country and majority (over 40%) of these deaths occurs among pedestrians with approximate yearly deaths at 3000. The violence against children survey (2018) reported that, 46% females and 46% males experienced childhood violence while burns are increasingly becoming public health concern especially the informal sectors. During the year under review, Ministry of Health played a pivotal role in addressing violence and injury prevention and control by; developing surveillance systems to capture incidence and prevalence of injuries, providing pre-hospital emergency care in coordination with other emergency services, providing rehabilitation services for those who have been injured and contributing to policy and legislative development and review on violence and injury prevention among others. Additionally, the Ministry developed violence and Injury prevention action plan 2018-2022, established violence and injury prevention technical working group and trained 70 TOTs on trauma care for preservice training done

Mental Health

The burden of mental disorders continues to grow with significant impacts on health and major social, human rights and economic consequences in all countries of the world. Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, standards of living, working conditions, and community support. Stress, genetics, nutrition, perinatal infections and exposure to environmental hazards are also contributing factors to mental disorders.

In the Kenya Mental Health Policy 2015-2030, the National Government estimates that the burden of mental illness is 25% among outpatients and 40% among inpatients in different health facilities, with an estimated prevalence of psychosis stated as 1% of the general population (Ministry of Health, 2015). Given the Kenya population of 47,564,296 as per the 2019 census, this means that 475,633 Kenyans are suffering from severe mental illnesses. The most common mental conditions in Kenya are depression, substance use disorder, bipolar mood disorder, schizophrenia and anxiety. During the year under review, the taskforce which was constituted look at the issues bedeviling Mental Health in Kenya completed their work and submitted their report to the Cabinet Secretary of Health. The report spells out the road map for mental issues in the County.

2.1.3. Sub - Programme 1.3: Radioactive Waste Management

Safe, secure, and peaceful use of radioactive materials, radiation sources and nuclear technology hold the promise of significant benefits in global socio-economic development ranging from medicine, agriculture, industry, research, and telecommunications to nuclear-generated electricity. The Kenya Nuclear Regulatory Authority (KENRA) was established (10th January 2020) as a State Corporation by the Nuclear Regulatory Act, 2019. This Act provide for a comprehensive framework for the regulation of safe, secure, and peaceful utilization of atomic energy and nuclear technology; the production and use of radiation sources and the management of radioactive waste.

The Major achievements realized during the period under review, include, review of the radiation protection legal framework informed by the need to address

emerging issues and risk areas not covered under the then legal framework. Key among the risk areas identified were public concerns about emerging technologies like 5th Generation mobile networks, microwave, Electromagnetic Radiation (EMR), lasers etc. KENRA (formerly Radiation Protection Board) finalized the drafting of the Nuclear Regulatory Bill 2018. The Bill was presented to Cabinet and subsequently granted Cabinet approval. The Bill was passed by Parliament as the Nuclear Regulatory Act 29 of 2019 thereby transforming the Radiation Protection Board to the Kenya Nuclear Regulatory Authority as a State Corporation under the Ministry of Health.

The other achievements realized during the year under review included, (i) review of license applications for radioactive materials and irradiating devices (ii) continued to assist local institutions in the management of radioactive waste arising from medical, industrial and research uses. (iii) Conducted Chemical Biological Radiological and Nuclear (CBRN) explosives training for forty officers from the National Police Service (iv) conducted Weapons of Mass Destruction training for sixty customs officers (v) Spearheaded drafting of the Strategic Trade Management Bill 2019, now awaiting submission to Cabinet (vi) considered and approved ultra violet decontamination ensemble for COVID-19 (vii) operationalized the Central Radioactive Waste Management Facility (viii) Continued to offer Secretariat services to the European Union Center of Excellence on CBRN

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

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

Family Health (Maternal, Family Planning, and Child Health)

The reproductive and maternal health programme targets to reach about 1.5 million pregnant women, over 7 Million women of reproductive age and close to 10 Million adolescents and young adults every year through a network of over 6,000 public health facilities. The services are offered free of charge through the Linda mama, youth friendly services and a national cervical cancer and tetanus immunization programmes as well as a national Family Planning Programme.

Family planning and skilled birth attendance are the most effective public health interventions for preventing maternal, newborn, infant and under five child deaths as well as improving the health of these cohorts. During the period under review 2019, Pregnancy related deaths over the last two decades reduced by half from a high of 790/100,000 live births to the current 362/100,000 live births. Over the same period, skilled birth attendance improved from 62 % in 2018 to 75 % in 2019, modern methods of family planning from 53% of married women using a modern method of contraception to 62 % (mcpr-mw). Family planning program, has managed to double the proportion of married women accessing and using a modern method of family planning from 3 in 10 women to the current 6 in 10 women, translating to over 6 Million on a modern method of contraceptive provided free of charge through the government service network.

In 2016, Her Excellency the First Lady was nominated as Africa representative in the Global Maternal Health and patient safety Quality of Care Network in recognition of her effort to improve Maternal Health as well as Kenya's investment to improve maternal health outcomes through the Beyond Zero campaign and the Linda Mama Insurance Scheme. In the same year, Kenya was awarded a shield of excellence. Last year, H.E the President led the world in re-affirming commitment to end preventable maternal and newborn deaths and increase domestic financing of Family Planning, to fully finance contraceptive purchases from local resources by 2023. Development Partners for Health Kenya (DFID, UNFPA, USAID, BMGF) have pledged to match this funding in a sliding scale till Kenya takes over domestic financing by 2023 in line with the economic transition to a MIC.

Immunization

Immunization services targets about 1.5 million for both pregnant and infants every year, and about and 800,000 10-year-old girls through a network of over 9,000 health facilities – Public, Private, Faith based and NGOs, free of charge. The program has managed to reduce the burden due to vaccine preventable diseases by more than 70% over the last two decades. During the period under review, there was an improved immunization coverage from 76% to 82 % in 2019. The introduction of 6 new vaccines since 2013 to reduce child morbidity and Mortality, Scaled up coverage of immunization services from 60% to >90% of

Health facilities through Procurement and installation of specialized vaccine storage equipment in over 3,500 health facilities and 290 Sub county Vaccine depots and Elimination of Maternal and Neonatal Tetanus disease.

National school Based Deworming Program

The National School Based Deworming (NSBD) programme is jointly implemented by the Ministry of Health and Ministry of Education. The deworming activity is carried out in 2 waves: Wave 1 in February and Wave 2 in May every year. The programme targets to deworm 6 Million school age children in 27 Counties endemic for Soil Transmitted Helminths every year. During the Financial year 2019/2020 the program dewormed 3.8 million children which represents 63% of the Annual target. Unfortunately, the NSBD program did not meet the 6 million deworming target, this was occasioned by the unprecedented closure of schools in March 2020 hence deworming activity was not carried out in May 2020.

Adolescent Health Programme

Kenya Adolescent Health Survey, 2019. The health and wellbeing of adolescents (aged 10-19 years) remains an essential pillar of the overall health of any society. As a fundamental stage of transition to adulthood, adolescents experience changes or get exposed to conditions which may positively or negatively impact on their health and wellbeing. Understanding key indicators of adolescent health and wellbeing is paramount to policy makers for various reasons. For instance: alcohol and substance use among adolescent have been shown to be associated with lower academic attainment, reduced school attendance, involvement in crime among others; child physical abuse has been shown to be associated with depression, anxiety, stress and other mental health problems; obesity among adolescent has been associated with cardiovascular diseases as well as stigma and bullying among peers; teenage pregnancy is linked to low education attainment and most of teenage conceptions end in abortion, while infant mortality is higher among children born to teenage mothers, and high rates of low birth weight.

The Ministry of Health (MOH) through the Division of Adolescents and School Health (DASH) and the National AIDS Control Council (NACC), with the support of the Global Fund undertook the Kenya Adolescent Health Survey (KAHS), 2019. The

aim of the study was to assess the health related: knowledge, attitude, behavior, clinical characteristics, and access to services, among the adolescents aged 10 to 19 years in Kenya.

The Kenya Adolescent Health Survey, 2019 will provide an evidence-based approach to explore the status and magnitude of various health-related indicators among adolescents aged 10-19 years old. The study adopted a cross-sectional approach methodology and data collection was conducted in households, schools and health facilities in November and December 2019 in all the 47 counties.

Community Health Services

One of the pillars of the primary health care model is the Community Health Strategy (CHS) which focuses on active community engagement and participation, empowerment and access to health care to achieve good health for all so as to reverse the declining trends in health indicators. Kenya's second National Health Sector Strategic Plan (NHSSP II: 2005-2010) entrenched the Community Health Strategy (CHS) as a means to deliver a new approach for health care service delivery to Kenyans, by shifting the emphasis from a curative to a preventive approach of promoting individual's and community's health to reduce morbidity and mortality. This is envisioned to be achieved through the introduction of the Kenya essential package for health (KEPH), which focuses on the health needs of individuals at the community level with the aim of empowering households and communities to take charge of their own health. The implementation of community health strategy in Kenya is anchored on the principle of good leadership and governance. Health being a devolved function, strong engagement, and collaborations among key players in the sector from the National level with representation drawn from different ministries with the same proposed collaboration replicated at the county and sub-county level.

The establishment of community health units and subsequently ensuring that they have the capacity and are well equipped to carry out its mandate is paramount in community health service delivery. With a population of 47.5 million, Kenya is expected to be served by 9,513 Community Health Units (CHUs) each of which comprises 1 Community Health Assistant and 10 Community Health Volunteers. As at end June 2020, there were 8,442 CHUs, with a gap of 1,013 CHUs translating to

a 86% nationwide coverage. The number of CHAs in the country currently is 3250, with a gap of 6,263 whereas the CHVs are 88,403 with a gap of 6,727.

In FY 2019/20, The MOH supported counties to increase coverage of CHUs from 6335 to 8442, as well as supported the training of newly recruited CHVs on a 10-day training covering the basic and technical modules. A total of 28,157 Community Health Volunteers were trained.

During the period under review, second edition of the Community health strategy 2014-2019 was developed and disseminated, increased coverage of community health units from less than 20% to 67%, developed the training curriculum for community health assistants which is offered at KMTC to increase the availability of market ready community health workforce, supported counties to train 28,105 community health volunteers on the basic and technical modules of community health as well as on UHC, PHC and COVID 19, supported counties to sensitize 59,588 community health volunteers on UHC, PHC and COVID 19 and developed and launched the Kenya Community Health Policy 2020-2030.

i. Health Promotion

Health promotion is a key pillar in preventing diseases, injuries, and other health outcomes whose causes are beyond the health sector. The aim is to empower and influence individuals and communities to make informed choices for better health and to mobilize people for action to address various health matters. Health promotion is meant to support all programs such as TB, Malaria, HIV, Non-Communicable diseases, nutrition, environmental health, and food safety among other organize the marking of all world health days. The approaches used in promoting good health include the mobilization and engagement of all sectors and communities and using the schools and workplaces, communities, and cities. Health education, awareness creation with printed materials, media, and interpersonal communication. This is done through identification of the issues through surveys, and the information gathered is used to advocate, communicate, and mobilize stakeholders for action. Health promotion is one of the pillars to achieving all health indicators. The Division is meant to create systems for awareness creation and to produce Information, education and communication materials and to build capacities for officers and communities to implement programs such as the life skills programs in schools, healthy work

environments and public places. The division has established an audio-Visual center, a printing press and a Health Promotion Centre of Excellency at national level.



Figure: Audio Visual Centre, Printing Press, Health Promotion Centre Of Excellence And Library

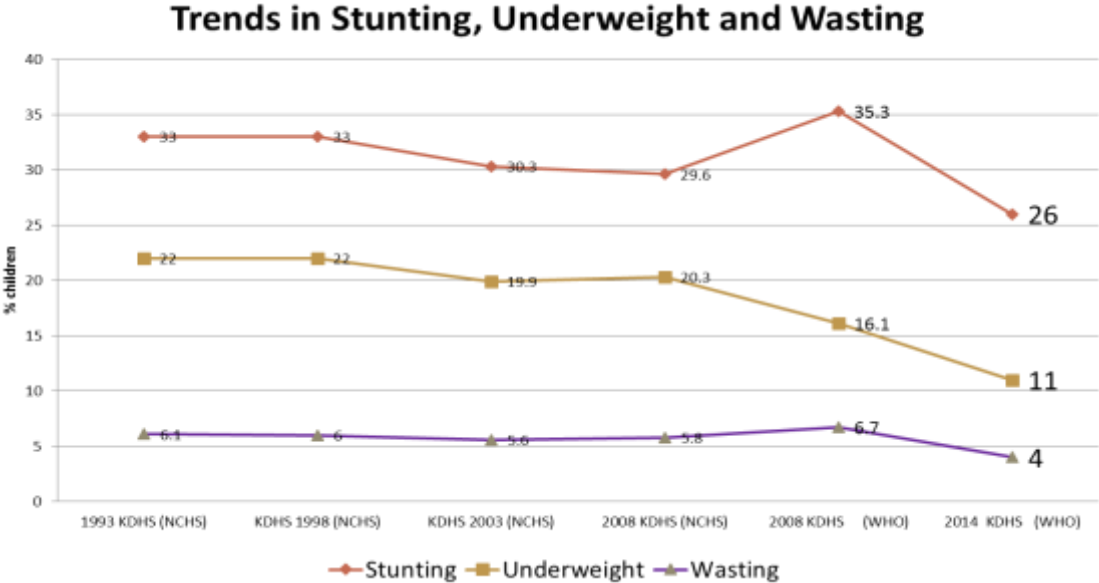
During the period under review, the division achieved the following i) Established a health Promotion Centre of excellency which has a media centre, a library and printing press ii) Provided technical assistance to all Divisions on Advocacy, Communication and Social Mobilization iii) Reviewed the Health Promotion Strategy for Kenya, Operational Guidelines & Standards for health promotion, National Health Communication Guidelines iv) Revived the Health Promotion Advisory Committees (HPACs) at National level v) Developed a coordination structure with functional Committees and technical working groups vi) Revived the printing press that will be useful in printing materials for information, education and communication vii) Led in coordination of risk communication on COVID-19. However, the division was inadequately allocated of funds to support health communication activities, run the media center, library and printing press and to implement the activities that are in the strategy

ii. Nutrition

Nutrition is an essential input for development of any nation and a foundation for progress in health, education, employment, empowerment of women and the reduction of poverty and inequality. Cognizant of the fact that malnutrition and poor diets are number one driver of the global burden of disease, there has been deliberate efforts to create favorable policy environment for nutrition.

Kenya is facing the triple burden of malnutrition with co-existence of undernutrition (stunting, wasting and underweight), overnutrition (overweight, obesity and diet-related non-communicable diseases) and micronutrient deficiencies also known as hidden hunger. The Kenya Health Policy 2014-2030 identified child and maternal underweight, suboptimal breastfeeding, and micronutrient deficiencies (vitamin A, Iron, and zinc) among the leading risk factors contributing to mortality and morbidity.

Although there has been improvement in reducing the prevalence of malnutrition in the period 2009 to 2014 as shown in the table below, we are far from achieving global, regional, and national nutrition targets. One in four children under five years are stunted, 4 percent wasted and 11 per cent are underweight. According to the Cost of Hunger in Africa (COHA) study in Kenya conducted in 2019, the economic loss due to child undernutrition is estimated at KSH 373.9 billion or an equivalent of 6.9 percent of the Gross Domestic Product. Health related costs were estimated at KSh18.6 billion annually.



Trends in Stunting, Underweight and Wasting

Slightly over a quarter (28%) of adults aged 18–69 years and 4 percent of children under five years are either overweight or obese; a risk factor to diet-related non

communicable diseases (NCD) which is a priority under the Universal Health Coverage (UHC).

The Kenya Nutrition Action Plan (KNAP) 2018-2022 is a multi-sectoral strategy aligned to the Vision 2030 and anchored to the National Food and Nutrition Security Policy 2012 and the Kenya Health Policy 2014-2030. The KNAP aims to accelerate and scale up efforts towards the elimination of malnutrition as a problem of public health significance in Kenya by 2030. It focuses on three areas of intervention, namely nutrition-specific; nutrition-sensitive; and enabling environment and has prioritized 19 key result areas.

In the review period, there was a review of the National Nutrition Action Plan 2012-2017 and development of the Kenya Nutrition Action Plan (KNAP) 2018-2022, improved Vitamin A coverage 44- 64.5%, improved IFAS Supplementation 70-76%, incorporated clinical nutrition commodities in the revised Kenya Essential Medicines List 2019, development and dissemination of several technical guidelines: Kenya Food composition tables (2018) and Recipe book; National Food Fortification Strategic plan 2018-2022; Baby Friendly Community Initiative (BFCl) training manual; National guidelines for healthy diets and physical activity; jointly with Ministry of Education and Ministry of Agriculture developed the National Schools meals & Nutrition Strategy 2017-2022 and built the capacity of counties and conducted Nutrition Integrated surveys in ASAL selected 10 counties and Nutrition Situation Analysis for Long Rains and Short Rains to inform response and contingency plans.

2.1.5. Sub - Programme 1.5: Environmental Health

A Community-Led Total Sanitation (CLTS) Programme was implemented in the Country during the period under review. In order to fast track CLTS activities, MOH launch an open defecation free Kenya 2020 road map. A total of 46 counties were trained on the road map and were to implement Community-Led Total Sanitation (CLTS) in all the three fiscal years under review (2016/17, 2017/18 and 2018/19). Lamu County consistently was not able to be trained and implement CLTS due to their security situation. Also, training on online monitoring information system (real-time monitoring) for reporting on the implementation of CLTS activities was done in forty-five (45) Counties (Lamu and Mandera missing out). The national road map targets all the 77,225 villages in the 47 Counties. However, during the period under review, the Country achieved 17%, 21% and 25% as

verified ODF villages out of the 77,225 country-wide villages. Three (3) Counties, (Kitui, Siaya and Busia) were able to fully implement the road map through partner support and were declared ODF. The low achievement in the other Counties was due to lack of funding from the national, county and donor partners to roll out the same.

A total of 7 out of 10 planned sites microwave equipment for medical waste sterilization were installed and commissioned in Kisii, Kisumu (JOOTRH), Nakuru, MTRH, Embu, Machakos and KNH with training on operations and maintenance conducted for 72 technical staff. The external works for remaining 3, Nyeri, Kakamega and Portreitz, are ongoing. This will help reduce unintentionally produced persistent organic pollutants which are carcinogenic and resulting from open burning of medical waste.

Prevention and control of aflatoxins in food value chains has been scaled up during the period under review, by conducting mandatory testing of food supplied to learning institutions in arid and semi-arid regions. A total of 62 public health officers were trained and certified, and 38 mobile mini-laboratory kits (blue boxes) that can undertake rapid test for aflatoxins and moisture content in grains were procured and in use in Turkana, Marsabit, Tana River, Garissa, Wajir, Baringo, Isiolo, Makueni and Samburu counties. Similarly, Prevention and control of aflatoxins in food value chains has been scaled up during the period under review, by conducting mandatory testing of food supplied to learning institutions in arid and semi-arid regions. A total of 51 public health officers were trained and certified.

The Water, Sanitation and Hygiene (WASH) programme was implemented during the period under review. Training on the Community Led Total Sanitation Online Monitoring Information System for reporting on the implementation of CLTS activities has been done in forty-five (45) Counties.

2.2. Programme 2: National Referral and Rehabilitative Services

The program objective is to increase access and range of quality specialized healthcare services.

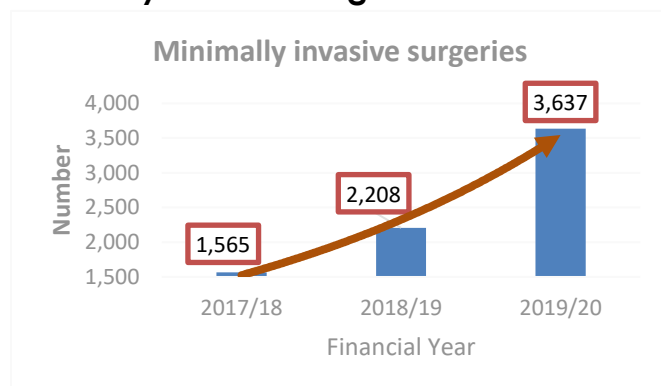
2.2.1. Sub-Programme 2.1: National Referral Services

Kenyatta National Hospital

Expansion of Critical Care Services

Kenyatta National Hospital expanded these services with the additional opening of new 5-bed Critical Care unit at the Maternity Wing in January 2020. The additional unit will aid in reduction of maternal mortality through improved service delivery during and after delivery. There was a 22.9% increase in new admissions received at the CCU from 3,974 patients in the FY 2017/18 to 4,853 patients in the FY 2019/20. Further, Deaths on admissions have declined from 9.7% in FY 2017/18 to 9.3% in FY 2019.

Minimally invasive surgeries



The number of minimally invasive surgeries performed annually has increased substantially from 1,565 in FY 2017/18 to 3,637 in FY 2019/20. Minimally invasive surgery is the use of small incisions which is associated with less pain, lower blood loss, quicker recovery, and shorter hospital stay and less scarring. The

performance improved following the acquisition of new medical equipment.

Open heart surgeries

Open heart surgeries performed have increased from 14 in the FY 2017/18 to 47 in the FY 2019/20, within the last three years. In the same period, other cardiothoracic surgeries increased from 182 in the FY 2017/18 to 408 in the FY 2019/20. The increase in performance is associated with acquisition of specialized equipment such as heart-lung machine and expansion of critical care facilities.

Establishment of tissue typing Laboratory (TTL):

In a bid to enhance specialized care delivery, the hospital introduced tissue typing laboratory in January 2020.



Tissue typing Laboratory

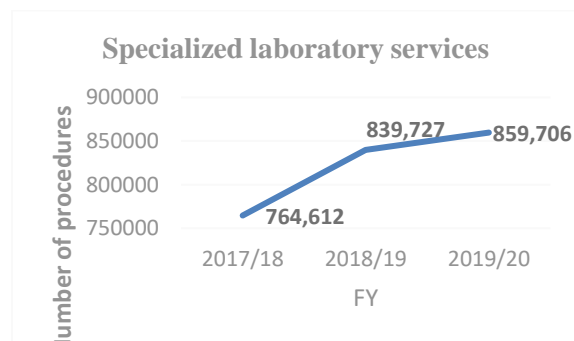
The TTL provides Leukocyte Antigen typing, HLA antibody screening and

lymphocyte cross matching services for solid organ transplant candidates and prospective donors. In addition, it offers post-transplant monitoring of the immune response against donors. The machine will further facilitate platelet transfusion from HLA matched donors. Also, it will facilitate tests for bone marrow transplantation. Introduction of the service will go a long way to reducing cost associated with transplantation and reduce time taken to conduct tissue compatibility investigations considering, the hospital sends the specimens to South Africa for investigation.

Specialized laboratory procedures

During the period under review, the hospital undertook a total of 859,706 laboratory procedures in the FY 2019/20 up from 764,612 during FY 2017/18. The growth is as a result of leasing and placement of laboratory equipment with modern technology that has enhanced efficiency and overall turnaround. Despite the COVID-19 effects in the fourth quarter of the FY 2019/20, the hospital continued to

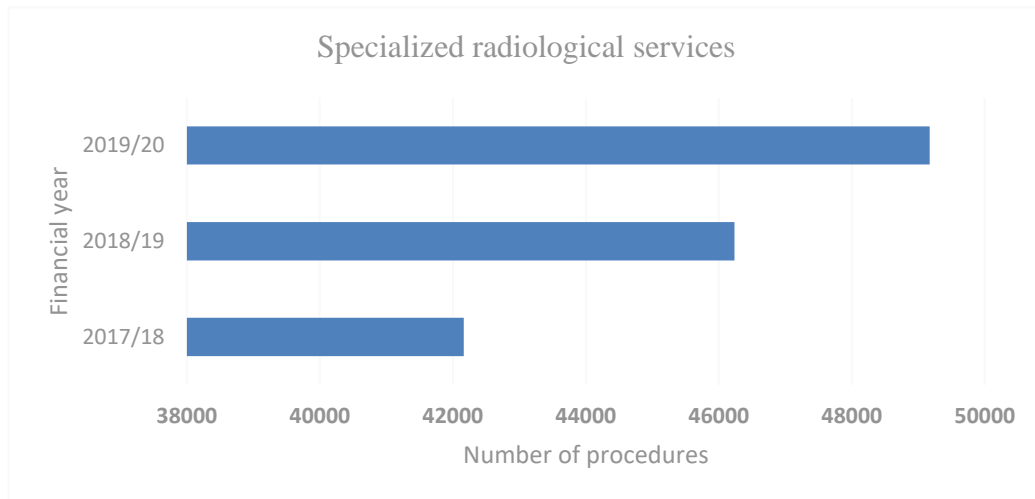
provide laboratory services to the citizens.



Specialized Laboratory Services

Specialized radiological services

The demand for radiological services has been on an upward trajectory. During the period, a total of 49,171 radiological procedures were performed in the FY 2019/20 up from 42,165 undertaken in the FY 2017/18. This increase of 16.6% is largely attributed to the acquisition of additional radiological equipment and machinery such as CT Scans, MRI, portable Ultrasounds, portable x-rays amongst others.



Specialized Radiological Services

Nephrology and organ transplantation center

An estimated 10,000 Kenyans develop chronic kidney disease annually. Most of these patients end up requiring dialysis or even transplant, especially for those with end-stage kidney failure. In response to this high disease burden, the hospital upgraded its renal unit, to enable Kenyans to access world-class treatment at affordable rates. The unit was equally upgraded to strengthen and expand the national capacity to perform organ transplant and promote regional medical tourism.



Nephrology and organ transplantation center at KNH

During the period under review, a total of 15 kidney transplants were done in the FY 2019/20 up from 9 in the FY 2017/18 despite the emergence of COVID-19pandemi

COVID-19patient management

In response to COVID-19pandemic, the hospital redirected its resources towards both infrastructural and policy adjustments as an intervention to the effects of this pandemic. KNH (Mbagathi Infectious Disease Unit) become the focal point for testing, isolation, and treatment of the COVID-19cases. KNH management and staff dug into their previous experience in management of infectious diseases

and adequately prepared for any eventuality. A total of 15,719 patients were admitted, isolated, and treated at KNH for COVID-19. To this end, KNH is proud to have received the first COVID-19case and successfully managed other subsequent cases to full recovery. In addition, the hospital conducted webinar trainings on COVI-19 and COVID-19management attracting over 13,120 participants.

Subspecialized surgeries: The hospital performed cutting-edge surgeries during the period. These includes hand-replantation, penile re-implantation, and bariatric surgery.



Before



After



Doctors performing hand-replantation

Our team of specialized surgeons successfully performed a bariatric surgery to a 66-year-old man weighing 176 kg. A multidisciplinary team of specialist also did a micro vascular penile re-implantation surgery to a 16-year-old boy who had his organ severed off. This is the first of its kind in Kenya and East Africa as a whole. Further, the clinical specialists

also reattached a hand that had been completely amputated. All these are in addition to the normal specialized procedures such as open-heart surgeries, joint replacements, kidney transplants, pediatric surgeries, liver resections, among others. This is a confirmation that the requisite skills and the capacity to perform highly specialized and complex interventions exist in KNH.

Liver Transplantation and Hepatobiliary Resection

KNH conducted the first liver resection surgery, making Kenya the third country in Africa and the first in East and Central Africa to perform the procedure. The hospital created a pool of highly specialized skills after several years of training in hepatobiliary medicine. During the FY 2019/20, the hospital performed fifteen (15) major liver resections towards liver transplantation.



Diagnostic and Reporting Centre



The hospital acquired additional CT scanners with inbuilt Picture Archiving and Communication System (PACS). These scanners provide increased coverage, better image quality, and faster exams with minimal radiation exposure. The use of PACS eliminates the need to manually file, store, retrieve, and send films and reports. Instead, the images can be securely housed in

servers and safely accessed remotely using PACS software, workstations, and mobile devices.

Kenyatta National Referral Hospital-Othaya

1. Multidisciplinary Medical Outreaches

In a bid to position KNH-Othaya and at the same time provide specialized services. The facility conducted various multidisciplinary



outreaches. A total of seven (7) medical camps and outreaches were undertaken within the counties of Nyeri & Muranga. The main focus of the outreach was to screen and treat for NCDS and create awareness about the new facility. A total of 2,798 patients were attended to during the

review period. ***Medical Camps and Outreaches at Nyeri County***

2. Growth in patient numbers

During the period, the hospital attended to 20,505 patients with 16,016 seeking medical attention at the Accident and Emergency and 4,489 for specialized services.

3. Specialized diagnostic services

A total of 16,958 patients sought laboratory and radiological services. During the period, 12,236 laboratory tests were undertaken, and 4,722 radiological tests performed.

4. Introduction of new services



Under the same period, KNH-Othaya introduced specialized services in the following subspecialties: neurosurgical, maxilla-facial surgery, ENT, Endocrinology specialized outpatient clinics, Chemotherapy services, High dependency care services, Newborn care services.

5. Acquisition of medical equipment

During the period under review, the hospital made huge strides towards enhanced service delivery. Towards this, biochemistry & hematology analyser, 5 ventilator machines, 5 CPAP machines, Patients beds & 3 patient monitors and 10 Drip stands & 3 Chemo chairs were acquired. Acquisition of the medical equipment have gone a long way to improving service delivery

Kenyatta National Hospital continues to support the big four agenda on Universal Health Coverage through strengthening of the technical capacities of counties; enhancing access to affordable and quality healthcare; as well as participating in training of Human Resources for Health. The hospital carried out 43 multi-disciplinary specialized medical and surgical outreaches across the 27 counties. A total of 9,223 patients were reviewed and the capacity for

different specializations provided to 1,914 healthcare workers. In the FY 2019/2020, KNH received Kshs. 350 Million towards meeting the cost of treatment for indigents especially the cases from UHC pilot counties. In addition, the Hospital received Kshs 500 Million during the same year as KEMSA draw- down. This support has enabled the hospital increase its responsiveness to patient needs and overall improvement of the quality of healthcare services offered.

Moi Teaching and Referral Hospital

Provision of Specialized Healthcare Services

MTRH has consistently been driven by provision of Specialized and Excellent Quality Health Care Services. This has been made possible through investment in Specialized Human Resources for Health (HRH) in Orthopedics and Trauma Care, Neurosurgery, Cardiothoracic Surgery, Kidney Management, Pediatric Care, Reproductive Health, Oncology, Urology, Cardiology among other specialized disciplines.

To strengthen and meet the demand in provision of specialized healthcare services, MTRH expanded ICU bed capacity from as low as 6 in the 2017/18 Financial Year to 30 ICU Beds in 2019/2020 Financial Year. Among the extra beds include 20 for Adult ICU, 4 for Neurosurgery and 6 for Shoe4Africa Children's Hospital.



Aerial View of Shoe4Africa Children Hospital

The completion of the Chronic Diseases Centre enabled the hospital to focus on the management of cancer and other chronic diseases. The number of oncology consultations increased from 16,024 in 2017/2018 FY to 17,106 in 2019/2020FY. Achievement due to the specialized training of staff as well as availability of drugs and other essential supplies.

MTRH has made great milestones towards operationalization of radiotherapy services. Linear Accelerator, Brachytherapy, CT Simulator, C-Arm have been procured and delivered.

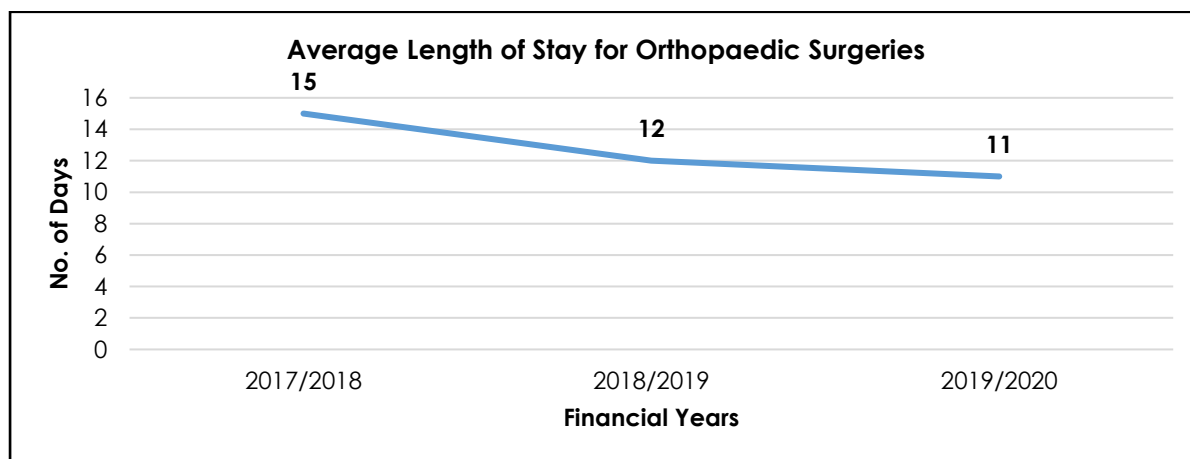


Linear Accelerator (Varian) assembled at the MTRH Radiotherapy Unit

Radiotherapy services will commence in December 2020.

Average Length of Stay for Orthopaedic Surgery and Paediatric Burns Patients

The average length of stay for orthopaedic surgery reduced from 15 days in 2017/18 Financial Year to 11 days in 2019/2020 Financial Year reflecting 15% improvement as shown below:

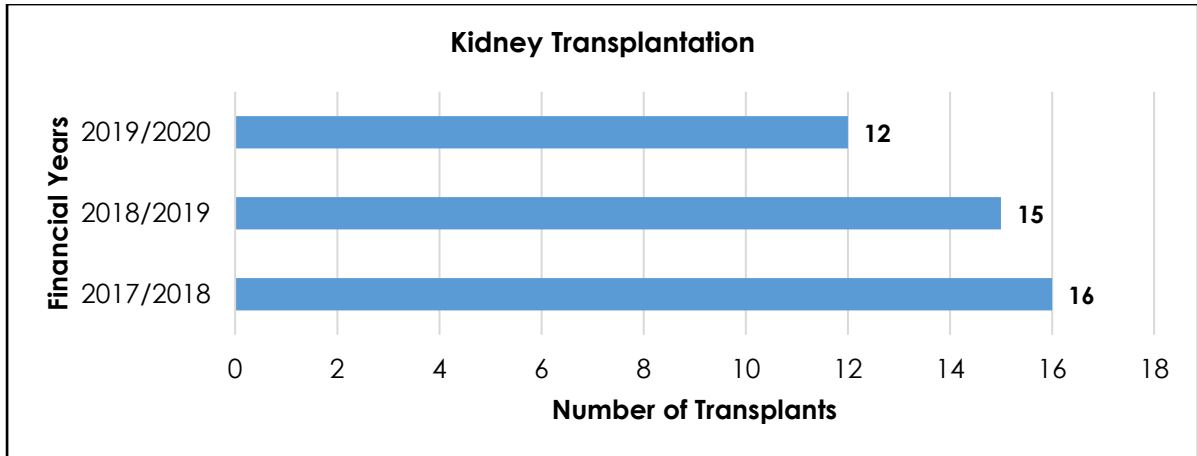


The average length of stay for paediatric burns reduced from 37 Days in 2018/19 Financial Year to 34.1 days in 2019/20 Financial Year reflecting 8.5% improvement.

The reduction in length of stay is attributed to efficiencies in service delivery including adoption of 24 hrs theatre operations, timely interventions to patients (Consultant's daily ward rounds), specialized diagnostic services, consistent supply of drugs and non-pharmaceuticals, timely leading to improved turnaround time on treatment.

Number of Kidney Transplants

MTRH has continued to be the preferred Centre of excellence in management of renal patients. Kidney Transplants performed increased from 12 in FY 2017/18 to 16 in 2019/2020 FY reflecting 33.% increase.



This is attributed to the progressive investment in specialized Human Resources for Health, Medical Equipment, availability of drugs and supplies.

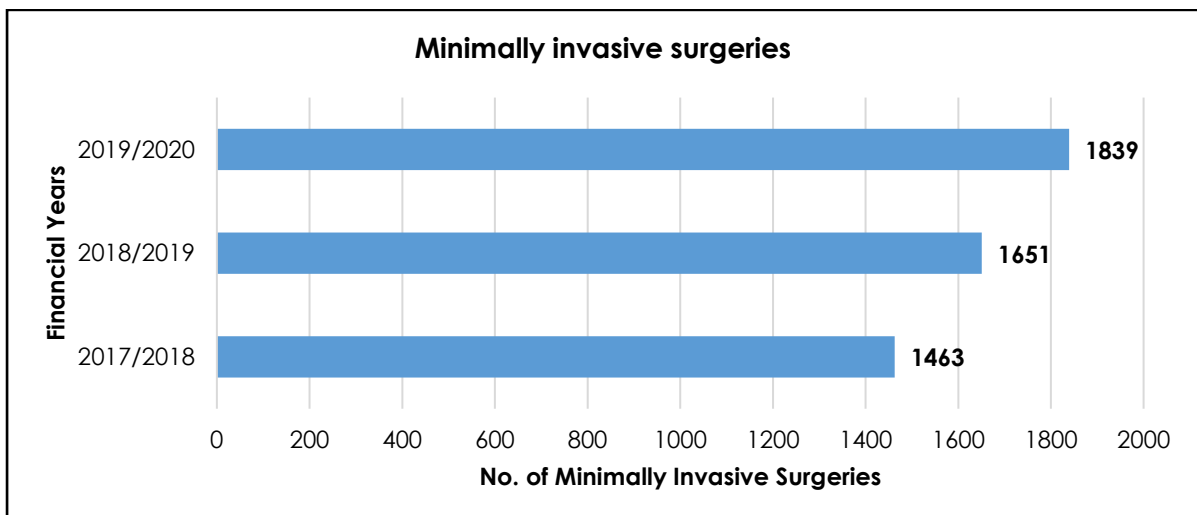
MTRH increased the number of Haemodialysis Sessions for children from 1,420 in 2018/2019FY to 1,701 in 2019/2020FY. This reflects 19.7% increase.

MTRH is the only public Hospital that provides Children Haemodialysis.



Minimally Invasive Surgeries

Minimally Invasive Surgeries performed in MTRH increased from 1,463 in 2017/2018 Financial Year to 1,839 in 2019/2020 Financial year, 25.7% increase. This is attributed to the continuous capacity building of staff and investment in modern theatre equipment, including a laparoscopic tower that has revolutionized minimally invasive surgeries.



Open Heart Surgeries

During the year under review, MTRH made another milestone by conducting the highest number open Heart surgeries. The 1st Open Heart Surgeries were conducted in FY 2018/19 and 26 Open Heart Surgeries were conducted. During the FY 2019/20, 39 Open Heart Surgeries were carried out reflecting 50% increase. This is attributed to investment in specialized HRH and strategic partnerships (e.g with Kenyatta National Hospital, Moi University and Equipment Suppliers).

Corneal Transplants

MTRH began Corneal Transplantation in 2018/2019 FY and is the only Public Hospital offering this service in Kenya. During 2019/2020FY, 20 Corneal Transplants were carried out compared to 11 in 2018/2020FY. This reflects 81% increase. Achievement realized due to availability of specialized staff, modern equipment, drugs and essential supplies. Others include Partnership with Cornea Bank in United States and continued sensitization of community on Corneal Transplantation.

Strategic Linkages and Partnership

Strategic Linkages and Partnership is one big achievement that MTRH is known for since its inception as a Teaching and Referral Facility.as consistently

Modern Facilities delivered and sustained through Strategic Partnership during the period are Academic Model Providing Access to Healthcare (AMPATH) – *championing HIV Care and Primary Health Care Programme in Western Kenya Region*; Shoe4Africa Children’s Hospital; Chandaria Cancer and Chronic Diseases Centre (CCCCDC); Alcohol and Drug Abuse Unit (ADA) and the Cardiac Care Unit (CCU)



AMPATH Centre

Quality Standards & Governance

In the review period, the Hospital continued to implement QMS ISO 9001:2015 Quality Management Certification Standard through regular Internal Quality Audits.



MTRH World Bank BSL II Regional Laboratory

Surveillance Audits and implementation of corrections and corrective actions on non-conformities. This has enabled the hospital to continually improve and offer better services to its clientele. Additional standards rolled out in the period

include ISO 15189:2012 on Medical laboratories, ISO 27001:2013 on Information Security Management and Occupational Health and Safety Management System (OHSMS) ISO45001:2018. All these standards are ingredients to a superior service delivery which the institution strives to achieve.

Modernization of Medical Equipment



MRI

The Hospital has continued to modernize its Medical Infrastructure to aid in diagnosis and management of various diseases. For the last 3 years, Radiological and Imaging Equipment have been acquired including Magnetic Resonance Imaging (MRI), Digital X-Rays, Mammography and EPG Machine.

Laboratory Equipment, C-Arm, Laparoscopic Tower, 32 48 Slice CT Scan, Patient Monitors and the 128 slice CT-scan. All these new equipment has enabled the hospital offer specialized services to the patients in the catchment area.



Digital Xray

Streamlining Referral Mechanisms/Specialized Medical Outreaches

MTRH continued to collaborate with the County Government to conduct specialized medical outreaches. As shown in the table below, the number of outreaches conducted increased from 16 in 2017/2018FY to 75 in 2019/2020FY.

Financial Year	Medical Outreaches
2017/2018	16
2018/2019	25
2019/2020	75

Information Communication & Technology

MTRH has enhanced its operational effectiveness and efficiencies through the implementation of the Integrated Health Management Information System (IHMIS), which includes Procurement, Finance, Pharmacy, Human Resource and the Clinical Module. Electronic Medical Records/Clinical Module has been implemented in the Dentistry and Ophthalmology. Plans are underway to roll out in ENT, ICU, and Private Wing Outpatient.

Queue Management System was implemented to manage patient flow in various service points thereby reducing waiting time and decongestion of Consultant Clinics.

Mobile Technology has provided opportunities to improve operations and customer-related processes. Clients conveniently undertake payment for services through Mobile Money Transfer, Direct Cash Banking and Agency Banking.

COVID-19 Pandemic



Through the support of the Ministry of Health, MTRH established a COVID-19 Testing Centre Laboratory to serve as a Regional Center for the containment and suppression of COVID-19 in the region. The

Laboratory has a testing capacity of up to 1,400 COVID-19 tests per day.

Moi Teaching and Referral Hospital (MTRH) and North Rift Economic Bloc (NOREB)¹ COVID-19 response framework is robust and synchronized in scaling up efforts towards implementation of a raft of measures towards control and suppression of COVID-19.

Virtual meetings held to discuss the needs of the region, share experiences and exchange information as a means to further improve the Novel Coronavirus Disease mitigative measures. The outcomes of these engagements are shared with and adopted by the Ministry of Health and the National Emergency Response Committee.

¹ The NOREB Counties include Uasin Gishu, Samburu, Elgeyo Marakwet, Nandi, Baringo, Trans Nzoia, West Pokot and Turkana Counties

Number of Disseminated Research Papers on Health

Through MTRH Intra-Mural research fund, 19 research projects were completed and results disseminated in 2019/2020FY an increase by 90% from 2018/2019 Financial Year. The research projects have been published in internationally reputable journals.

Youth Internships/Industrial Attachment/ Apprenticeship

During the period MTRH continued to offer internships/ industrial attachments to interns and students a cross various disciplines. During 2019/2020FY, 3,375 attachment & internship opportunities were provided and 2,265 in 2018/2019 Financial Year.

Universal Health coverage

Moi Teaching and Referral Hospital continues to implement strategic interventions and flagship projects to accelerate scale up of this Government Agenda. These include: Provision of quality and highly specialized health care services; Streamlining of Referral mechanisms through specialized medical outreaches, in-reaches and apprenticeships. There was an increase in the number of outreaches conducted from 16 in 2017/2018 FY to 75 in 2019/2020FY; Strengthening Human Resources for Health (HRH) through capacity building and support to 22 Counties. A total of 50 Healthcare Workers from the Counties took Apprenticeship in specialized areas in MTRH; Building of a robust Health Information System and promoting sustainable health financing through enrolment to National Health Insurance fund. During 2019/2020 FY, MTRH sensitized over 32,000 clients to NHIF and 5,822 were enrolled; and Continuous engagement of the Counties' Leadership and other stakeholders through the North Rift Economic Bloc (NOREB) fora.

During the FY 2019/2020, MTRH received Drawing Rights through KEMSA (Drugs, Lab reagents, Dressings & Non-Pharmaceuticals) of Kshs 300 million and utilized 40% with the balance carried over to 2020/2021FY. Further, Kshs 150 million was received as reimbursement of foregone cost sharing income/ user fees not charged for services to patients from the County Government of Kisumu - during the UHC Pilot Phase.

Kenyatta University Teaching and Referral Hospital



Aerial view of KUTRRH

Bed Capacity

Kenyatta University Teaching Referral and Research Hospital (KUTRRH) was planned to be operationalized in phases starting with operationalization of the first 160 beds in the financial year 2019/2020. In line with this, KUTRRH operationalized 560 beds out of which 400 were as a response to the COVID-19 pandemic thus surpassing the target. Out of the initially planned 160 beds, 76 beds are designated for Oncology patients. In addition, the existing IDU space was remodeled into a fully equipped state of the art critical care unit comprising of 25 ICU beds and 35 HDU beds.



Minimally Invasive Procedures and Telemedicine

During the period under review, KUTRRH performed 211 minimally invasive procedures including endoscopy, colonoscopy, and laparoscopic procedures. This ensured faster recovery of patients and minimal scarring. The hospital purchased highly specialized theatre equipment to facilitate performance of these procedures. The hospital collaborated with other

institutions in carrying out these surgeries through the state of the art Telemedicine equipment in the hospital.

Number of Patients Receiving Oncology Services



The Cancer Centre at Kenyatta University Teaching Referral and Research Hospital is a world-class state-of-the Art facility offering patient-centered oncology services. In the review period, 9,639 patients were attended to at the cancer center. Patients received consultation services, palliative, counselling as well as

Chemotherapy and Radiotherapy treatments.

Cancer care Centre at KUTRRH

The chemotherapy doses administered per day were about 16 to 20 patients, with the main limitation being the chemotherapy preparation units. The hospital was equipped with a world class biosafety cabinet that allows preparation of up to 20 chemotherapy doses. During the



period, the LINAC machine was installed at KUTRRH being one of the latest Radiotherapy treatment equipment with a 3D treatment and Intensity Modulated Radiation Therapy (IMRT) capability, a highly specialized mode of treatment.



KUTRRH's current radiotherapy machine is already being utilized to its full capacity, with 50 to 60 patients receiving treatment daily and patient queues are to piling up with growing needs of care.

The LINAC Radiotherapy Treatment Machine at KUTRRH

Renal Dialysis Unit

The hospital operationalized its renal unit with 20 dialysis machines during the period under review and carried out 4,826 dialysis sessions

COVID-19 Pandemic Response

Official Opening of the New Repurposed 25 ICU and 35 HDU Beds at KUTRRH

Kenyatta University Teaching Referral and Research Hospital was gazetted as a primary Treatment and Isolation facility for COVID 19. Consequently, the hospital treated 1,061 COVID-19 patients in its IDU wards and fully equipped ICU ward in the period under review.



Medical Outreaches

KUTRRH conducted three (3) medical camps during the period under review. These camps were conducted in the neighboring wards where 1,551 members of the public received free general consultation and drugs. The hospital also, in collaboration with Love Without Reason, a charitable organization carried out a cleft lip/palate surgical camp where 125 patients were seen and 75 operated on successfully. The medical camp was more than a cleft palate collective surgery as it touched and transformed the lives of 75 adults and children by restoring their smiles and dignity they deserved.

Policies and Strategies

Being in its first year of operation, the hospital developed 17 policies including ICT, Volunteer, Internship and Attachment, Internal audit, Housing, among others. The clinical directorate also developed 40 Standard Operating Procedures (SOPs) to streamline activities and promote efficiency in service delivery.

Capacity Building

To operationalize the hospital, key staff were recruited including clinical, nursing, allied services, administration, and finance. In total 641 staff were in post during this period.

Diagnosis and Cancer treatment

Integrated Molecular Imaging Centre

In addition to the many specialty's areas, KUTRRH is poised to become the only public facility in East and Central African region to offer the comprehensive continuum of Cancer care with the establishment of an Integrated Molecular Imaging Cancer diagnostic and Treatment Center. This center will have state of the art PET/CT and Spectre/CT technologies that will help in early diagnosis and management of Cancer that will be expected to increase the survivorship of cancer patients, reverse outbound medical tourism while at the same time increasing in-bound medical tourism into Kenya. The project designs were completed and approved during the period under review.

Medical Products and Technologies

The KUTRRH established a superior Hospital Management Information System (HMIS) which is a one-stop-shop digital solution for quality patient-centered care during the review period. The HMIS system integrates outpatient, A&E, Registration, Laboratory, Pharmacy, Inpatient services, Finance, Human Resource and Procurement and facilitate a digital transformation of healthcare, training, research, and innovation.

KUTRRH- Gatundu Hospital Collaboration

An MOU was signed between the Ministry of Health, the County Government of Kiambu and KUTRRH to manage Gatundu Level 5 as an annex of KUTRRH. The purpose of the collaboration is to allow for mutual cooperation of the parties for the purposes of enhancing quality, efficiency and effectiveness in provision of quality health care and referral services.

The areas of collaboration are:

- I. Provision of health care service delivery and referral
- II. Infrastructural development and modernization of equipment
- III. Sharing of Human Resource for health (HRH)
- IV. Sharing and development of health products and technologies
- V. Sharing of Health Information and Management System
- VI. Training, Research and Innovation
- VII. Leadership and Governance

Mathari National Teaching and Referral Hospital



The hospital offers both inpatient and outpatient psychiatric services to the mentally ill patients. During the period under review, inpatients psychiatric services were offered to 227,292 patients in the FY2017/18, 260,580 patients in FY2018/19 and 234,980 patients in the FY2019/20.

With regard to outpatients' services, 168,833 patients were seen in the FY2017/18, 257,575 patients in the FY 2018/19 and 269,373 patients in the FY2019/20. These outpatient statistics are made up of patients' attendance at the psychiatric outpatient department and the various clinics that include the weekly review clinics, community psychiatric clinics, Substance Abuse Treatment (SCAT) clinic, Psychotherapy clinics, Forensic clinics, Pediatrics psychiatric clinics, and Medically Assisted Therapy (MAT) clinic).

The hospital received Ksh.126, 635,400 in the FY 2018/19 and a further Ksh 100 M in the FY 2019/20 from UHC. The funds were directly deposited at KEMSA and the hospital had drawing rights for pharmaceuticals, non-pharmaceuticals, linen products lab reagents and equipment and for dental supplies/consumables. So far, the hospital has received items (pharmaceuticals, non-pharmaceuticals, linen products and basic equipment) worth Ksh 104,590,981. The main challenge the hospital is currently facing is unavailability of the required specialized drugs for mental disorders treatment and dental supplies.

During the same period, the following Infrastructural developments were done: Renovation of and construction of a waiting bay at the general outpatient department, renovation of open rain-storm drain and fencing off the kitchen through to ward 5 and 6 male to enhance security. In addition, the hospital procured a dental chair, a multi Gym Exerciser and a traction machine for Physiotherapy department.

National Spinal Injury Referral Hospital

The National Spinal Injury Referral Hospital targets to attend to 1500 spine outpatients and 190 spine inpatients yearly. During the review period, the Hospital benefited from the Managed Equipment Services (MES) where it acquired MRI Scan, Digital X-ray, Fluoroscopy C-Arm machine and theater equipment. This enabled the hospital to increase in-patient's attendance. In

the FY 2017/18, 170 patients were attended to, in the FY 2018/19, 190 patients were attended to while in FY 2019/20, 160 patients received spine services. The outpatient's attendances also increased in FY 2017/18 with 890 patients received, 1230 patients in the FY 2018/19 and 1254 patients in the FY 2019/2020. The hospital has reduced average length of stay in the hospital from 90 days to 75 days in FY 2019/20

2.2.2. Sub-Programme 2.2: Forensic and Diagnostic Services

Kenya National Blood Transfusion Service (KNBTS) ensures provision of adequate safe blood for the country. KNBTS work through a network of Regional and satellite blood transfusion centres strategically located in the country. KNBTS currently operates six regional and twenty-eight satellite centres.

During the review period, the following satellite centres were set up. In the FY2017/18 namely Kapenguria Siaya and Bomet, in the FY2018/19, Vihiga, Wajir and Migori and in the FY2019/20 Homabay, Makueni and Kwale were set up.

Minimum blood requirements for the country stands at 500,000 units of blood and for sufficiency 1,000,000 units of blood. In the review period, 23.2% of the minimum blood requirements were met in the financial year 2019/20, 32% of the minimum in FY2018/19. The Ministry also managed to acquire specialised blood grouping and TTI screening Equipment for Nakuru and Embu Regional centres during the period under review. The MOH also educated and recruited voluntary non remunerated blood donors under the same period.

During the Year under review KNBTS received Ksh 500 Million UHC funds that was advanced to blood transfusion services in the financial year 2019/20 to support procurement of blood bags (single, double, triple and quadruple) vacutainer (red and purple) screening reagents (HIV Hepatitis C and syphilis) blood grouping reagents (forward and reverse grouping) blood haemoglobin estimation cuvettes for blood donors.

2.2.3. Sub-Programme 2.3: Health Infrastructure and Equipment

The Ministry has been implementing various health infrastructure and medical equipment projects in national referral hospitals and county referral hospitals in collaboration with county governments. The objective of this investment is to improve access to quality health services as well as to promote medical tourism in the country by tapping on health needs of the wider East African

region. During the year under review, two major projects were completed and commissioned namely.

- a) Othaya Level 6 Hospital, a National referral centre for lifestyle diseases such as cancer, diabetes and diseases associated with heart complications.
- b) Kenyatta University Teaching, Research and Referral Hospital (KUTRRH) hospital.

Operationalization of these facilities will have an overall effect of decongesting Kenyatta National Hospital, while providing specialized care.

i. Managed Equipment Services

In 2013, the Government started implementing an innovative approach in equipping Level 4 and 5 hospitals with modern diagnostic and specialized treatment equipment under the Managed Equipment Service seven-year project. The project targeted 98 hospitals, 2 in 47 Counties (94) and 4 National hospitals. These efforts have led to a reduction in waiting time for surgery; improved clinical outcomes; reduced referrals and increased efficiency in the healthcare system.

All project equipment was delivered to the targeted hospitals prior to the period under review. They include: theatre equipment (lot 1) was supplied to 115 hospitals, CSSD equipment (Lot 2) was supplied to 118 hospitals, renal equipment (Lot 5) was supplied to 54 hospitals, ICU equipment (Lot 6) was



supplied to 14 hospitals, and radiology equipment (Lot 7) was supplied to 98 hospitals. In total, 100 new digital x-ray systems were installed; 50 digital mammography units, 96 digital ultrasound units, 95 digital sterilization equipment, 99 ICU/HDU beds, 162 digital anaesthetic machines and 20 new MRI machines spread strategically in the 98 public hospitals. Utilization of this equipment has resulted in a reduction in waiting time for surgery; improved clinical

outcomes; reduced referrals and increased efficiency in the healthcare system. In the year under review, contract management and monitoring equipment functionality continued and an equipment uptime of 95% has been realized. Training of users also continued with the objective of improving utilization of the equipment.

Health Infrastructure Projects

The Ministry has been implementing health infrastructure project at both the county and national levels. Health infrastructure projects implemented include the following:

a) Health Sector Equalization Fund Projects

In the period under review, the Ministry of Health in liaison with twelve (12) County Governments initiated and implemented 84 Projects using the Equalization Fund. The Ministry awarded and launched eighty-four (84) projects across the twelve (12) Counties between the month of December 2017 and May 2019. The projects are at various level of completion with the overall project completion rate at seventy-point five (70.5) percent as at June 2019. The projects however, stalled on 5th November 2019 after the high Court delivered its judgment on petition 272 of 2016. The court declared the guidelines on the administration of the equalization fund published in Gazette Notice No. 1711 Of 13th March 2015 unconstitutional, null and void. The implication of the ruling therefore disbanded Equalization Fund Advisory Board. Consequently, in compliance with the court ruling, the National Treasury started the process of developing new regulations and at the same time appealed the decision in the high court. The new regulations were published in the National Treasury website for public to submit their comments for input.

B) Capital Projects

The Ministry implemented a number of capital projects in the period under review as under.

i. Wajir District Hospital

The project for upgrading Wajir County Hospital was conceptualized in 2008 by the Wajir Hospital Management Team. In March 2009 the Kuwait Fund agreed to finance implementation of the project at a cost of 2 million Kuwait Dinars (Approximately Kshs. 700m) with expenses above the loan proceeds being met by the Government of Kenya. The scope entailed construction and equipping of outpatient block, Theater/ICU/HDU block, Wards (96 beds), Kitchen & Laundry block and a Mortuary.

Implementation of the project started in March 2011 with project designs completed in 2015 and subsequently the tender for construction services processed. However, it was not awarded as the contract for consultancy services had expired and could not be extended, thus resulting in a deadlock. In the period under review, the Ministry of Health engaged the project financier and the consortium providing consultancy services to unlock the deadlock but the effort was not successful. Ultimately the Ministry of Health sought advice from the Solicitor General on the way forward. The Solicitor General advised retendering for both consultancy and construction services. In November 2019, MOH wrote to the financier Kuwait Fund to seek concurrence on retendering and a response is awaited. Meanwhile, the financier suspended withdrawals from the loan proceeds meaning that the available budget for FY 2019/20 could not be utilized.

ii. East Africa Centers of Excellence for Skills & Tertiary Education (EAKI)

This is one of the family of projects conceived for the East African Community and financed by the African Development Bank. The project, also known as The East Africa Kidney Institute, is a proposed center of excellence in renal care, training and research. Its objective is to contribute to development of relevant and highly skilled workforce in biomedical sciences. Progress achieved within the period under review is that a construction contract was signed with the identified contractor China Railway No 10 Engineering in July 2019 at a contract sum of Kshs. 1.8b. In November 2019 project designs and structural plans were approved by the Nairobi City County. In April 2020, construction commenced and by end of June 2020, the progress in construction was 7.5%. By the same time, a total of 255 health workers had been trained in various renal care disciplines. The total progress in project implementation was 22%.



Progress in EAKI construction as at 30th June 2020



An Impression of the East African Kidney Institute when completed

iii. Rongai Hospital Project

The proposed construction of the Rongai Trauma Hospital was conceptualized in 2004 to provide treatment for victims of the many accidents occurring at the Salgaa area of Nakuru. It remained unimplemented for many years because of lack of funding. In 2012, Arab Development partners BADEA and DFID

agreed to fund it at a cost of USD 15M with counterpart funding of USD 3m from GOK. The scope of work entails construction and equipping of a 250 bed level 4 hospital with trauma management facilities. An attempt to procure consultancy services for the project in 2015 failed as the financiers felt that the responding firms did not have sufficient experience to implement the project. During the period under review, the Ministry restarted the process of procuring consultancy services. In this regard, a request for proposals (RFP) was opened in March 2019. Subsequently evaluation of the proposals was carried out and with approval of the financiers, a consortium was identified to provide consultancy services. Currently the Ministry of Health has submitted contract documents to the financiers for approval before signing with the identified consortium to enable commencement of work.

iv. Construction of a Cancer Centre at Kisii Level 5 Hospital

In response to the rising burden of Cancer in the country, the Ministry of Health is in the process of establishing regional cancer treatment centres. For the Nyanza and Western region, the centre will be located in Kisii. The Kisii regional cancer treatment center was conceptualized in the year 2016 and is estimated to cost Kshs. 2.2B jointly funded by Arab development partners BADEA and Saudi Fund and the Government of Kenya. The scope of work entails construction of Two (2) bunkers, installation of one (1) cobalt 60 machine, one (1) Linear Accelerator, two (2) Operation theatres, six (6) bed ICU, twenty bed wards, four consultation rooms, reception area, support facilities and trained staff (10% of the project cost is for training of the specialized staff). In the period under review, consultancy services for the project were procured and commissioned in November 2019. As at June 2020, finalization of designs and tender documents was ongoing. Currently project completion is estimated at 5%.

v. Reconstruction of Drugs Rehabilitation Centre at Mombasa Level 5 Hospital

Mombasa is one of the counties with a serious problem of drugs and substance abuse among the youth. To address the problem, a rehabilitation centre had been established at Coast General Hospital before devolution but the building holding it was old and dilapidated. Following further deterioration of the building, the clinic was closed and relocated outside the hospital. In the FY 2019/20, funds were allocated for reconstruction of the rehabilitation clinic. During the year, designs and a BQ for the project were completed by February 2020 while construction works began in April 2020 at a contract sum of Kshs. 23,856,305. As at end of June 2020, the project was 85% complete.

vi. Construction of Kiawara Hospital

Kieni Sub-County in Nyeri is regarded as a marginalized area in terms of presence of level 4 hospitals. Currently Naromoru hospital which is categorized as level 3 is the largest public health facility in the sub-county yet the sub-county is one of the most populous. To correct this situation, the Ministry of Health in the FY 2019/20 initiated the construction of a new level 4 hospital at Kiawara starting at level 3 at a cost of Kshs. 34,850,000.00. Designs and BQ of the project were completed by February 2020 and a tender for the implementation was awarded in May 2020. Construction started in June 2020 and an implementation rate of 5% was recorded by the end of the month.

vii. Establishment of Portable Clinics in slums and hard to reach areas

To increase access to health care services in the informal settlement and hard to reach areas, the Ministry procured 100 Fully equipped portable clinics by end of FY 2016/17. In the year under review, distribution of the clinics to counties and public agencies such as NACADA and NYS was undertaken. Currently, the Ministry is in the process of operationalization of the clinics (commodities and HR) and this is expected to be achieved in 2020/21 with confirmed budgetary support from the Sports Fund.

C) The Sports Arts and Social Development Fund

The Government established the Sports Arts and Social Development Fund whose objective is to provide funding to support the development and promotion of sports, arts and social development including universal health care. The fund comprises remittances paid into it under section 69A of the Betting, Lotteries and Gaming Act, proceeds under section 35 (5A) of the Income Tax Act, proceeds under section 36 (5) of the Excise Duty Act, 2015 and such other moneys as may be appropriated by the National Assembly, grants and donations.

The objective and purpose of the Fund is to provide funding to support the development and promotion of sports and arts and the promotion of social development including universal health care. According the provisions of the fund utilization, an amount not exceeding sixty percent shall be apportioned to social development including universal health care.

The Ministry of Health is currently utilizing the provisions of the Sports, Arts and Social Development Fund to draw down funding to support sentinel and strategic infrastructural and operational projects that are catalytic in nature

towards UHC in line with Health as a part of the Big 4 Agenda. In the FY 19/20 the three projects, totaling to KSH 2.4 Billion, received funding from the Fund: -

SNO	Project	Approved Budget	Project deliverables	Status of the projects
1.	Completion of the national cancer radiotherapy treatment decentralization project	1,200,500,000	Three comprehensive cancer centers with radiotherapy capabilities established in Nakuru, Mombasa and Garissa.	On-going
2.	Replacement of obsolete plant equipment and the equipping of a day care surgical center at the Kenyatta national hospital.	627,075,000	Operational surgical day care center and installation of obsolete equipment.	On-going
3.	Operationalization of the Portable Medical Clinics:	800,703,946	One-hundred portable medical clinics fully operational across the forty-seven counties	On-going

Achievements in FY 2019/20

Eighty-nine (89) Portable clinics have been transported to the eighty-nine sites across the forty-seven counties. In addition, the procurement of the equipment for KNH, cancer radiotherapy machines and the portable clinics was initiated and is on-going. Further, the Cancer project –a tripartite agreement was signed between the MOH, national referral hospitals and the counties.

2.2.4. Sub-Programme 2.4: Health Products and Technologies

In Financial years 2017/18, 2018/19 and 2019/20 (Kenya Medical Supplies Authority) KEMSA in collaboration with the Counties and the National Programmes under the Ministry of Health, distributed Medical Commodities

worth Kshs.33.45B, Kshs. 28.15 B and Kshs. 37.65 B respectively. Furthermore, KEMSA has collaborated with MoH to develop KEML, KMSL List 2019 and developed a comprehensive UHC list of products based on demand projections.



Figure: Flagging off medical supplies to the counties

The Authority intends to ensure an order fill rate of 90% for Medical Commodities supplied under the UHC project and 90% for the remainder of the supplies. The order fill rate achievement for the FY 2017/18, FY 2018/19 and FY 2019/20 was 87%, 83% and 69% respectively EMMS and UCH HPTs. In the implementation of strategic programmes (HIV, TB, Malaria, Nutrition and Family planning) the Authority achieved an order fill rate of 93%, 95% and 90.6% in the FY 2017/18, FY 2018/19 and FY 2019/20 respectively against a target of 98%. Targets in FY 2019/20 were affected by lack of sufficient stocks during the year occasioned by delay in tax exemptions and the effects of COVID-19 on importation of Health Commodities.

The order turnaround in the Fy 2017/18, 2018/19 and 2019/20 stood at 10 days, 9.7days and 12.3days respectively against a target of 7 days, while that of Rural health facilities (RHF) stood at 12.3 days, 14.6 days and 17.5 days respectively against a target of 10 days during the periods. In FY 2019/20 there was slight drop in performance of hospital and RHF orders compared to previous years which was due to backlog of orders especial during the COVID-19 pandemic period.

In the review period, KEMSA created awareness in the Counties by conducting various trainings on commodity management at the Counties which are assisting in improving the quality of data that KEMSA is using in decision making and most importantly, enhancing management of Medical Commodities at the County level.

During the period KEMSA upgraded Kisumu warehouse into a Regional Distribution center (RDC) and launched operations thus serving 19 counties. In addition KEMSA is constructing National Commodities Storage Center (KEMSA Supply Chain Center). The Site was handed over to the contractor on 28th March, 2018 and construction works commenced immediately. The project is being implemented in two (2) phases. Phase one (I) is the construction of the warehouse, flammable goods store, External Works and Civil works while phase two (II) is the construction of the office block.



KEMSA Embakasi Warehouse

2.3. Programme 3: Health Research and Development

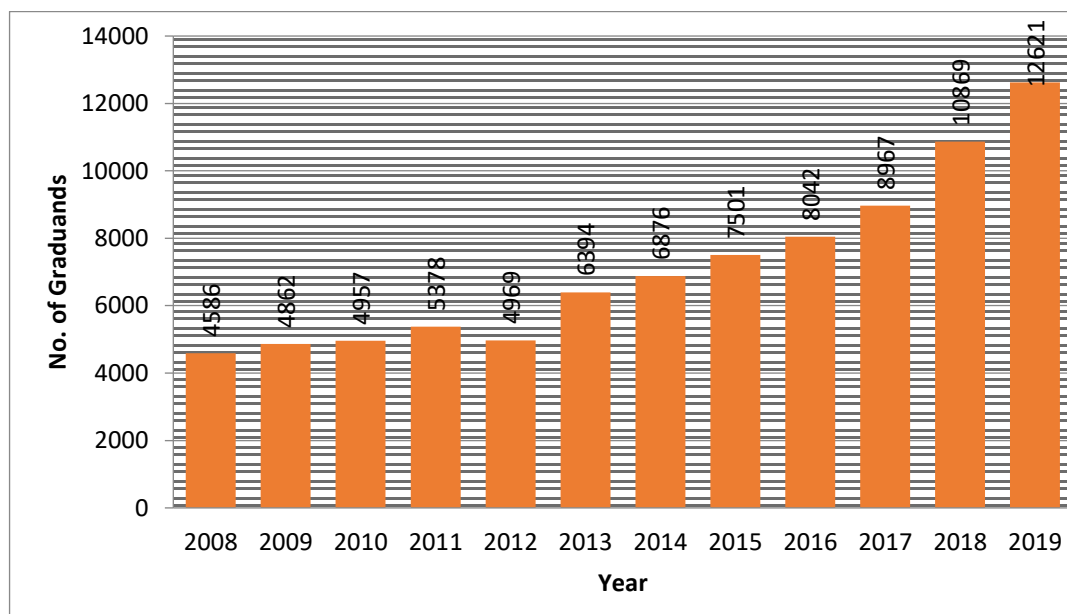
Program objective is to increase capacity and provide evidence for policy formulation and practice guidelines.

2.3.1. Sub – Program 3.1: Training

Kenya Medical Training College (KMTC)

During the period under review, KMTC expanded from 64 campuses in 2017/2018 to 71 campuses as of 30th June 2020 spread in 43 of the 47 counties of Kenya and this led to increase in student population from 33,203 to 41,459 students. The college expansion has led to increase in equity and accessibility to training opportunities at the community level.

In the FY2017/18, the College graduated 8,967 students which increased to 10,869 in FY2018/19 and 12,621 in FY2019/20, as depicted below.



Number of graduates over the years

In line with the health objectives of Universal Health Coverage, Vision 2030, and Sustainable Development Goals (SDG), the College introduced new courses which include; Enrolled Community Nursing, Family Medicine, Certificate course in Community Health Assistant and short courses in Community Health Extension Workers (CHEWS).

Under the same period of review, the college developed 6 and reviewed 23 Curricula to address emerging and re-emerging diseases.

With regard to COVID 19 mitigation response, the institution was facilitated and thus managed to quarantine 4,524 clients and 516 in isolation centers in the 46 dedicated campuses for isolation and quarantine.

2.3.2. Sub – Program 3.2: Research and Innovation

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



A view of KEMRI HQ-Nairobi and KEMRI CGMR-C Kilifi

In contribution to the research knowledge base and guidelines for improved health systems delivery, the institute developed 764 peer reviewed publications in addition to 10, 19 and 2 key policies during FY 2017/18, 2018/19 and 2019/20 respectively.

Despite reduced funding from global partners, the Institute successfully approved 137, 175 and 119 scientific protocols through the Scientific Ethics and Research Unit for implementation during the FY 2017/18, 2018/19 and 2019/20 respectively.



Donations received from the people of Japan & JICA to support COVID-19testing

To enhance research capacity, the Institute registered 30 and 46 new graduate students during the FY 2017/18 and 2018/19 respectively. No new graduate students were registered during the FY2019/20.

KEMRI conducted training on COVID-19 Infection, Prevention and Control (IPC) to the members of the National Government Administration Officers (NGAO), COVID-19 Rapid Response Team training, Training on sample management and bio banking, Sensitization workshop to members of staff to create awareness and knowledge on COVID-19 infection, prevention and disease control (IPC) measures, Training on understanding of the COVID-19 disease and Infection Prevention and Control (IPC) to the members of staff.

To enhance testing, COVID-19 management and vaccine development, the Institute begun exploration of potential COVID-19 vaccine candidates, research on Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) kit for COVID-19, evaluated and optimized a rapid test for COVID 19, primers for manual COVID19 PCR kit, produced virus transport media in addition to whole genome sequencing of 600 samples and 122 sequenced genes in Gene bank. Virus transport media were supplied to public and private facilities. Supplied over 400,000 units of sanitizers to KEMSA and various public and private institutions including airports and prisons.



Demonstration of KEM-VTM (Virus Transport Media) for COVID-19 & Other Viruses

Through the HID laboratory, KEMRI has contributed towards the growth of forensic DNA analysis in the region by offering training and consultancy services to two government laboratories, namely The Directorate criminal investigation Kenya DCI where 30 of its officers were trained, and Bureau of forensic Science Puntland where 2 officers were trained. A post-graduate curriculum is being developed for forensics and genomics. Contribution towards justice, KEMRI offers DNA testing services accessible to the public, pathologists, the courts and police.



DCI Officers Demonstration during Forensic DNA Training at KEMRI HQs

Following the successful Phase 3 clinical trial of the malaria vaccine, KEMRI has commenced a Phase 4 clinical trial. Other clinical trials conducted during the period include Ebola phase two trials, TB, Sickle cell

In the spirit of devolution under one of the Presidential Big Four agendas namely Universal Health Coverage (UHC), KEMRI carried out operational research to support UHC initiatives in the four pilot counties of Machakos, Kisumu, Isiolo and Nyeri.

2.4. Programme 4: General Administration, Planning and Support services

The Objective for the program is to strengthen Governance and leadership in the sector.

2.4.1. Sub-program 4.1 Human Resource Management and Development Achievements

Efficient delivery of health services requires adequate skilled personnel be deployed and provide services optimally. The national health workforce density for core health workers was **15.6 health workers for every 10,000 populations**. This is below the recommended WHO target of 23 health workers for every 10,000 populations. Although there are enough nurses to cover the population (10 Vs 8.7) recommended for every 10,000 populations, there is uneven distribution within the country with arid and semi-arid areas, as well as some parts of western having less than recommended nurses to cover the population.

The national government was able to pay Personnel Emolument (P.E) of 2,656 officers, 100 Cuban doctors, 1,845 interns and living allowance for 48 Kenyan Doctors in Cuba totaling to Kshs. 8.4 billion.

The Ministry still manages Pension benefits of officers at National level and those who were seconded to county Governments, 786 officers were issued with retirement notices at least one year before expected date of retirement and their benefit documents processed and submitted to the National Treasury for payment.

- A total of 1,845 interns; Medical, Dentist, Pharmacist, BSC Nurses and BSC Clinical officers successfully completed the internship program and transitioned to employment;
- The Ministry facilitated 10 officers to attend strategic leadership development programme course, 200 officers attended Senior Management Course, 140 Supervisory Skills Development and 86 pre-retirement training at Kenya School of Government;
- Out of 9,919 3-year contractual staff under the MOH-UHC Program, 1,929 Health Workers had been recruited and their recruitment documents submitted to the MOH for salary payment as at 30th June 2020. Out of 4,000 post-training interns under MOH-UHC program (3,795 and 205 posts for counties and MOH Health facilities respectively), 1,630 were engaged as at 30th June 2020 (accumulatively as of June 2020, 8,956 Health workers had been recruited). The delay in completion of recruitment of both contractual staff and the interns was due to lengthy recruitment process.

2.4.2. Sub-program 4.2: Finance and Planning

The Central Planning and Project Monitoring Unit is mandated with coordinating the planning, project monitoring and evidence generation for decision making to inform policy. The Unit has continued to steer the planning process and project monitoring in the Ministry. In the period under review, the Unit was able to achieve the following:

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

Development of the Kenya Health Sector Strategic Plan (KHSSP) 2018-2023

The Kenya Health Sector Strategic Plan provides the strategic direction for the health sector in terms of investments to be made such as human resources, infrastructure, equipment, Health financing, Health information system,

Governance, research & development and service delivery. These investments aim to strengthen the health system and ensure smooth service delivery to the population. In the period under review the KHSSP 2018-2023 was developed, finalized and endorsed by the top leadership in the Ministry.

Public Expenditure Tracking Survey (PETS)

The PETS survey is conducted periodically to assess the flow of resources from the central level to the service delivery points. It assesses the issues of efficiency of public funds and identifies any resource leakages in the system and how these affect service deliveries at the facility level. The PETS study was conducted in March 2020 and the findings documented in a draft report that will be finalized and disseminated to all stakeholders.

Development of Facts and Figures

The facts and figures for Health report provides a summary of key data on various parameters in the health sector such as Human resources, allocations and expenditures for health, infrastructure and equipment. The Unit developed and finalized the report in the period under review.

COVID-19 recovery strategy

The emergence of the COVID-19 pandemic has impacted the economy and affected the implementation of various projects and activities in the health sector. As part of the International Health Regulations to contain COVID-19 pandemic, the sector increased diagnostic capacity for COVID-19 Pandemic in 12 Counties to 38 public and private laboratories. At the same time 24,282 complete Personal protective equipment, 7,411 Isolation beds and 319 ICU beds across 47 counties were setup to contribute towards achievement of UHC and medical tourism beyond the COVID-19 pandemic.

There has been loss of jobs, affected businesses and slowed down the economy. The Unit in collaboration with other Departments in the Ministry steered the process of developing the strategy which proposes a number of investments to be made to revive the economy and stimulate economic growth to avert the effects of the COVID-19 pandemic.

2.5. Program 5: Health Policy, Standards and Regulations

The objective of this programme is to strengthen policy and regulation of the Health Sector.

2.5.1. Sub – Program 5.1: Health Policy and Healthcare Financing

Health Policy and Research Development

During the period under review, the draft Universal Health Coverage 2020-2030 policy was developed to guide in the realization of Government on providing universal health coverage to her population under the “Big 4 Development Agenda”.

Kenya Health and Research Observatory prototype was developed to provide evidence-based information for policy and legal makers, public, partners and research institutions for informed decisions and accountability.

Health research guidelines were developed, and National research committee was also established during the review period.

Health Information Systems

E-health policy 2014-2030 was developed. M-health standards, interoperability standards and a uniform platform for generating aggregate information through DHIS were developed. Integration of KHMFL and KHIS was done to enhance the Kenya Health Information System (KHIS). A standardized Electronic Health Records (EHR)/ Enterprise Resource Planning (ERP) system is under development with three modules complete. Process mapping of HER was done and printing of data collection tools for all counties was done under THS-World Bank program

Health Sector Monitoring and Evaluation

Health Sector Monitoring and Evaluation Framework 2018-2023 for KHSSP 2018-2023 developed; Two Health Sector Forums were held; comprehensive Harmonised Health Facility assessment done and report disseminated; thirteen policy brief on various health system issues developed; The Annual Health sector performance report and covid-19 readiness assessment was conducted.

Healthcare Financing

NHIF Achievements

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

health services. Further, the government emphasizes on Universal Health Coverage (UHC) coverage in the “Big Four” Agenda.

The government through NHIF has extended coverage to the poor and vulnerable members of the population through health insurance subsidies that support elimination of out-of-pocket health expenditures for primary healthcare services.

Through increased sensitization and awareness creation of the Funds products, membership has been growing steadily, with the current number of members as of 30th June 2020 being 8.99 million as compared to 8.45 million in 2018/2019 FY.

The Government expenditure on health as a share of the total government expenditure remains low at 7.2% against the Abuja target of 15%. Out of pocket expenditure is quite high at 27%. Health insurance coverage improved from 17% in 2013 to 19% in 2018(KHHUES 2013, 2018).

NHIF Preparedness for Universal Health Coverage (UHC) Scale up

Having been identified as the vehicle to implement UHC in Kenya, the Fund embarked on a reform journey to reposition itself as a strategic purchase. Towards this end the following initiatives have been put in place in preparedness for UHC.

(a) **Expanded Healthcare Providers Network;** the Fund has progressively increased the number of empaneled healthcare providers to enhance access to benefits

(b) **Amendment of the NHIF Act;** through the Ministry of Health, the Fund has initiated the process of reviewing the NHIF Act No. 9 of 1998 to address the changing NHIF business environment as we embrace Universal Health Coverage. The proposed amendments were drafted and presented to the Ministry of Health on 6th July 2020.

(c) **Registration of UHC Beneficiaries:** NHIF is in receipt of a list of 333,200 identified UHC beneficiaries' data from the MoH. Upon verification of this data NHIF will then undertake auto registration where all the listed members will be issued with NHIF numbers awaiting biometric registration.

(d) **UHC Scale up Communication Plan:** The joint MoH/NHIF UHC Taskforce is finalizing on a comprehensive UHC Communication Plan to ensure all stakeholders are adequately informed and involved before and after the UHC Scale up launch. Stakeholders' sensitization forums have already been held with the County CEC Members of Health.

(e) **Monitoring & Evaluation Framework:** Designing of a UHC Monitoring and Evaluation Framework which is also being done by a joint MoH/NHIF Technical Working Group is at an advanced stage and should be completed before the launch.

(f) **UHC Benefits Package:** Harmonization of the NHIF Supa Cover and the UHC Essential Benefits Package proposed by the Health Benefits Advisory Panel (HBAP) has been done and UHC Scale up package comprising of 12 Benefits has been recommended.

Increase in Membership

In the FY 2019/20 the Fund registered 557,559 New Members bringing the total membership to 8.9 Million Kenyans and active Membership of 3.2M. This is approximately about 12.7M Million Kenyans under the NHIF cover which translates about 26% of the Kenyan Population. During the FY2019/20 a total of 384,454 members were registered under the informal sector and 157,611 members registered in the formal sector.

Table 5.1: Number of registered members over the period 2017/18 – 2019/20

SECTORS	2019/2020	2018/2019	2017/2018
Formal Sector	4,452,298	4,294,687	4,038,379
Informal Sector	4,546,528	4,162,074	3,619,084
TOTAL	8,998,826	8,456,761	7,657,463
% Growth	6%	10%	

The Funds membership has grown over the years with the current number of members as at 30th June 2020 being 8.998 Million as illustrated in the chart below;

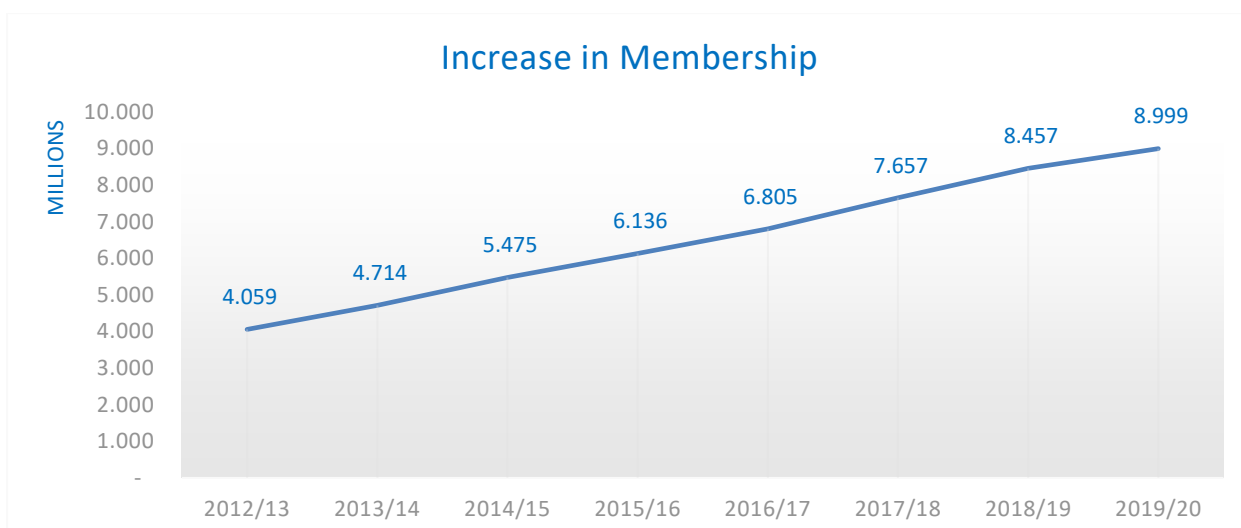


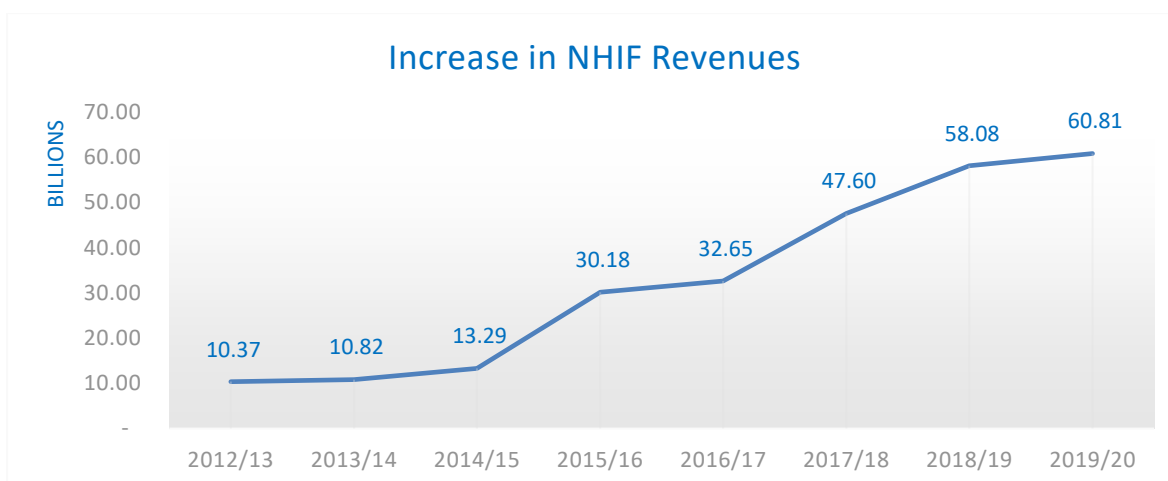
Figure: NHIF Membership over the years

The revenue collection has been increasing steadily over the period under review. In FY 2019/20 the Fund collected KES 60,814,542,451 compared to KES 58,081,072,631 earned in FY 2018/19, representing a growth in revenue of 5% as shown in the table below;

Table 5.2. NHIF Revenue collection for the period 2017/18 – 2019/20

INCOME (KES' 000)	FY 2017/18	FY 2018/19	FY 2019/20
Contributions to the Fund			
National Scheme contributions	33,041,644	30,971,837	31,254,581
Premiums - Negotiated Schemes	9,666,305	20,800,539	22,859,673
Premiums - Sponsored Programs	1,214,530	1,343,808	1,343,808
Funds received - Linda Mama	1,488,451	3,170,973	4,042,054
Total contributions	45,410,929	56,287,157	59,500,117
Other income			
Investment Income	2,188,839	1,793,916	1,314,426
Total Income	47,599,768	58,081,073	60,814,542
% Growth		22%	5%

The chart below demonstrates the growth of revenues over the years.



Revenue Growth over the years

Total Benefits paid out

Total claims paid out during the financial year FY 2019/20 was KES 54.9 Billion which is an increase of 2% compared to KES 53.42 Billion paid out in FY 2018/19. Total benefits paid out under National Health Scheme (NHS) for FY 2019/20 was KES 29.93 billion while enhanced schemes amounted to Kes 20.32 billion. The table below shows the benefits utilization for a period of three years.

Table 5.3: Total benefits paid out.

Benefits paid out (KES 000)	FY 2017/18	FY 2018/19	FY 2019/20
National Scheme	27,549,796	37,716,058	29,926,506
Managed schemes	7,553,960	12,031,743	20,321,440
Sponsored programs (HISP, OPWD)	624,054	505,773	72,593
Linda Mama	1,487,620	3,170,973	4,042,054
TOTAL	37,215,430	53,424,547	54,362,593

From the table above, overall benefits payments increased by 2% with special enhanced schemes like the civil servant, National Police and Edu-Afya increasing by 69% (Kes 8.2 billion) due to the increase in the number of covered populations among others. Linda Mama claims reimbursement to healthcare providers in the FY 2019/20 increased by 27% (871 million) compared to FY 2018/19.

Expansion of Healthcare Providers Network:

To enhance access to healthcare services to her members, NHIF has embarked on expansion of the network of the declared healthcare providers.

As at the year 2017 there were only 4,281 healthcare providers declared with NHIF but with the empanelment of over 3,908 new healthcare providers in the last 3 years, of which 3,094 are GoK facilities in Levels II and III, the total number of healthcare providers empanelled with NHIF has increased exponentially to 8,189 as at June 2020.

The list of empanelled Health Care Providers (HCP)s per category per county is tabulated hereunder:

Table 5.4: Number of Health Care Providers per Category

	Government	Faith-Based	Private	Grand Total
Total Number of HCPs	5,858	1,036	5,059	12,318
Total HCPs with NHIF	5,784	298	2,107	8,189
% HCPs Declared with NHIF	99%	29%	42%	66%

Reduction of NHIF Administrative Expenditure:

For a long time NHIF has been touted of consuming a large proportion of member contributions through administrative expenses. This issue was also prominently pointed out by the HEFREP Panel. NHIF Management undertook this challenge and have reduced administrative expenses pay-out ratio from 22.2% as at 2016/2017 financial year to 11% in the concluded FY 2019/2020. This is significantly lower than the recommended maximum administrative expenditure ratio of 15% and we are still working towards reducing it further through improved efficiencies.

Upgraded Customer Experience Centre:

Customer Experience Centre began operations in 2018 when it was recording a total of 76,972 calls per month. At the time, the centre had few personnel working for two shifts a day. In the year 2019 the centre experienced growth in the number of calls to 142,288 calls per month.

To further strengthen the Customer Care function, NHIF management has identified approximately 160 staffs to be deployed from the various service points to the modernized Customer Experience Centre at the NHIF Headquarters. The first batch of the Customer Care Officers has already been deployed enhancing the number of Officers at the Customer Experience

Centre to 110 Officers and increased the received calls from 200 per day in May 2020 to over 1,800 calls per day in July 2020.

Member & Employers Self-Care Platforms:

Previously registration with NHIF and selection of outpatient healthcare providers was a manual process where NHIF beneficiaries were required to fill forms and physically attach requisite documents at the NHIF Offices. In a bid to enhance the customer experience, NHIF has developed Self-Care platforms namely My NHIF App, USSD Code *155#.

Adoption of Electronic Claims Processing:

NHIF had implemented an e-claim platform for management of medical claims in 2017. The e-claim platform was however put on hold to address some noted gaps. The e-claims system has now been enhanced and is scheduled for reinstatement this month; September 2020.

Benefits Pre-authorization:

To manage access and control benefits utilization and with a view to curb fraud, NHIF initiated a pre-authorization platform in 2017. However, to further augment the established controls, the management adopted clinical checks and random allocation of pre-authorization requests in May 2019 to enhance efficiency and eventually centralized pre-authorizations using a Care-Center Model based at the NHIF Headquarters from January 2020. In the new Organizational Structure, the Division of Case Management has been created. Case management is a collaborative process which assess, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual's health needs, using communication and available resources to promote quality, cost effective outcomes

Provider and Benefits Matrices:

The management has also taken initiatives to leverage on technology as a way of handling the increasing workload and reducing the reliance on paperwork and human intervention for Benefits & Claims operations. The matrices for provider engagement have been finalized, while the matrices for claims management and quality assurance are being enhanced. It is expected to provide a platform for real-time data analytics and performance management and reduce human interventions for operational work to less than 20%

Outpatient Capitation Data Clean-up:

Due to identified risks in the outpatient hospital selection process, NHIF embarked on a capitation data clean-up exercise which empowers members through a Self-care platform to choose outpatient facilities afresh. This process is ongoing was expected to be concluded by 31st March 2020 but due to a slow response from the members the timeline was extended to 30th April 2020. Subsequent capitation payments will be done based on clean capitation data.

Also, the NHIF system has been enhanced to allow healthcare providers to access the capitation list through the NHIF/Hospital Web Portal

Health Insurance Subsidy Program (HISP)

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

A total of KSh 397,432,478 was utilized in FY 2018/19 and there was decrease in utilization in FY 2019/2020 of KSh 53,804,656.

Health Insurance for the Elderly and People with Severe Disabilities Program

The Older Persons and Persons with Severe Disability program commenced in 2015 with total of 231,549 households targeted. In October 2016, NHIF received a letter from Ministry of Health indicating that the beneficiaries of the program in the 2016/17 financial year were 42,000. In March 2017 NHIF covered 42,000 beneficiaries out of which 39,349 were elderly persons while the remaining 2,651 were the severely disabled persons. A total of KSh 108,340,599 was reimbursed to healthcare providers in FY 2018/19 and there was decrease in utilization in FY 2019/2020 of KSh 18,788,821.

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

Linda Mama (The Free Maternity Services) Programme

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

The number of deliveries has increased since its inception with the Fund covering for 724,463 deliveries in 2019/2020 FY up from 681,920 deliveries in 2018/2019 FY as shown below:

Table 5.5. Linda Mama deliveries for the last three financial years

FY	Number of Normal Deliveries	Number of C/Sections	Total
2017/18	292,659	28,454	321,113
2018/19	618,920	62,108	681,028
2019/20	659,940	64,523	724,463

There has been an increased intervention such as early diagnosis of health complications at birth which has helped to mitigate for proper care.

NHIF received cumulative premiums for the program amounting to KES 11,441,095,853 since the inception of the program in the financial year 2016/2017 to the financial year 2019/2020 and a cumulative total of KES 8,876,533,582 was transferred to public health facilities offering the service.

Table 5.6 Funds utilization for FY 2018/19 (Kshs. Millions)

In Kes	As at 30th June 2017	As at 30th June 2018	As at 30th June 2019	As at 30th June 2020	Total
Balance B/fwd.	0	374	1,698	527	0
Funds transferred to NHIF	400	2,962	2,000	6,080	11,441
Total funds available	400	3,335	3,698	6,607	0
Benefits	0	0	0	0	0

Inpatient	-	0	409	916	1,326
Caesarean Section	6	199	417	483	1,104
Normal Delivery	3	1,402	2,046	2,197	5,648
Ante-Natal	-	15	229	382	626
Post-Natal	-	1	23	41	66
Administrative costs	18	20	46	24	108
Sub-total	26	1,637	3,171	4,042	8,877
Balance C/fwd.	374	1,698	527	2,565	2,565

Challenges

- i. Underfunding of the health subsidy programmes for indigents. Less than 1M indigents are funded out of the 12M Indigents in the country
- ii. Lack of a specialized Government Fund for chronic diseases. This has led to a strain in the available resources mobilized by NHIF under the standard contributions. There is high utilization of cancer related benefit packages. Inadequate infrastructure and skewed distribution of available infrastructure with a strong bias towards the urban areas
- iii. COVID-19 Pandemic; affected member registration, revenue collection and access to benefits in healthcare facilities
- iv. Low retention for the informal sector leading to adverse selection
- v. Shortage or lack of drugs at the healthcare facilities and complaints of poor services at the healthcare facilities
- vi. Delays in disbursement of funds from Ministry of Health for the health subsidy programmes
- vii. Government moratorium issued on 23rd July 2019 which required all State Corporations to place in abeyance all capital expenditures delayed the commenced of capital projects key to the implementation of the Fund's strategic objectives.

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

The Health Act was enacted in 2017 as the overarching Law within the Health Sector. Implementation of the Act is ongoing. A National Steering Committee has been established to provide stewardship in the implementation while

Technical Working Groups in twelve thematic areas has been established. The Ministry has structured into Directorates and created the office of Director General for Health. Several institutions established under the Health Act have been created including the Kenya Health Professions Oversight Authority and Kenya Health Human Resource for Health Advisory Council. Several Legislations provided in the Act are being developed including e-Health Bill, Kenya Food and Drug Administration Authority Bill, Kenya National Blood Transfusion and Transplant Bill and Traditional and Alternative Medicine Practice Bill, all awaiting finalization. A draft Regulation on UHC Fund was also developed during the year under review.

Quality of care is a key component of Universal Health Coverage. The Ministry in collaboration with Kenya Health Professions Oversight Authority and regulatory agencies have been conducting assessment of health facilities' compliance to basic quality and patient safety standards. This assessment was scaled up in 2019/20 FY when 11,486 facilities were inspected countrywide. 1,269 of those facilities were found to be non-compliant to the said standards and were closed down, until such a time when they will be certified as compliant. The Ministry trained one hundred and five county inspectors during the period under review, who will assist with routine inspections in the counties. A Quality of Care Certification Framework was developed and launched by H. E the President in February 2020. This Framework will be implemented to assess compliance of facilities to set quality standards as provided for in the Kenya Quality Model for Health. Twenty County Health Management Teams (CHMTs) have been trained on the use of an electronic Kenya Quality Model for Health and are expected to cascade it to the sub county and facility levels. Five level 5 hospitals were assessed in the FY 2019/2020 using the tool.

Patient and health care worker safety is key in provision of quality health care. Training of health care workers on Infection Prevention and Control has been on going. Health Care Workers in all 47 counties were trained during the last quarter of 2019/20 as a measure to contain spread of COVID 19. The Ministry is also spearheading the implementation of Antimicrobial Resistance Policy to ensure improved effectiveness of antimicrobials. During the period under review, Infection Prevention and Control/Anti-Microbial Resistance Teams were established in thirty-seven counties.

Universal Health Coverage

The government has made a commitment to attain Universal Health Coverage whose aim is to ensure access to affordable quality health services by all

people while protecting them from the risk of financial hardship when accessing care. Achieving UHC is critical to achieving the goal of ending extreme poverty and lays the foundation for economic growth and competitiveness grounded in the principles of equity and sustainability.

Current effort towards affordable health care in Kenya

The approach by the government was initially directed towards both demand-side and supply-side investments in the health sector. Some of the key demand-side initiatives have been carried out through establishment and funding of schemes by the government within the National Hospital Insurance Fund (NHIF) aimed at the high-burden health conditions and vulnerable populations:

- Free maternity services (Linda Mama) scheme
- Health Insurance Subsidies Program (HISP) scheme for the poor (Afya Jamii).
- Health scheme for students in secondary school (EDU Afya)
- In addition, the various initiatives by counties for the Orphans, the poor and pro-poor.

Some key supply-side investments carried out by the government as a build-up to achieving UHC:

- Equipping of public hospitals through the Managed Equipment Scheme (MES)
- Health infrastructure upgrading in slum areas
- Digitization of health facilities
- Improving quality of care through harmonized inspections and accreditation of Health facilities.

A Phase I implementation ('UHC Pilot') in 4 of the 47 counties was officially Launched on 13th December 2018 for a period of 1 Year ending December 2019 by H.E the President. The Main Focus of the Pilot was Health Systems Strengthening (HSS) in Public Health facilities and community health services by availing.

- a) Human Resources for Health (HRH).
- b) Medicines and Health commodities
- c) Basic Medical Equipment
- d) Community health services
- e) Improving Governance in health facilities

The Universal health care scale up roadmap 2018-2022/ KHSSP 2018-2023 comprises of the actions that the sector intends to take in the scale-up in key result areas.

- a) Human resources for health
- b) Medicines, commodities, and equipment
- c) Health information systems and research
- d) Primary health care (Primary care Networks)
- e) Community health services
- f) National social insurance model

Summary of Key Achievements in Phase I

During the phase I implementation, a Universal Health Coverage Roadmap was developed that spelt out the UHC goal, and aspirations for the country and further provided the strategic interventions and priority areas of implementation towards achieving UHC in the country. This has now been mainstreamed in the current Kenya Health Sector Strategic Plan 2018-2023 and an integrated M&E framework to monitor the progress. Attainment of Universal Health Coverage (UHC) is faced by many challenges, including; a) Unequal access to different health care services due to poor distribution and use of resources; b) Many interventions are not reaching the people that most need them, due to geographical and social-cultural barriers; c) High costs associated with accessing and using available services, and these tend to drive households into poverty and limits their ability to use services for their health and well-being.

It was envisioned that the Kenya's UHC will ensure that **ALL** Kenyans can access and receive quality promotive, preventive, curative, rehabilitative and palliative health services without suffering financial hardship. The achievement of UHC will be in a progressive manner and its success will hinge upon active and workable inter-sectoral collaboration. It's expected that these will result in 100% Cost Subsidy of the Essential Health Benefits Package and 54% reduction in Out of Pocket Expenses as a Percentage of Expenditure.



Figure: WHO Endorses Kenya's UHC as Government gears up for pilot launch

The 4 Counties were selected to represent the country in terms of geographical and disease burden for instance; - a) Kisumu was chosen due to high burden of Communicable disease and maternal deaths; b) Nyeri was chosen due high burden of Non-communicable disease burden; c) Isiolo was chosen due to sparse and mobile population, and high maternal mortality ratio; and d) Machakos was chosen due the proximity to the High way with High numbers of road traffic injuries. Towards the achievement of Universal Health Coverage, the Ministry of Health successfully signed up 4 Intergovernmental Participatory Agreements (IPA) spelling out the roles of the National and county governments. A total of KSh 3.9 Billion (USD 40 million) was invested in the 4 pilot counties focusing on community and primary healthcare services, health systems strengthening, basic and specialized medical services.

The Main Focus of the Pilot was Health Systems Strengthening (HSS) and financial risk protection through input financing in respect to availability of; Human Resources for Health (HRH); Health products and technologies/Medicines and medical supplies; Basic Medical Equipment including Community health volunteer kits and Health systems strengthening component by improving Governance in health facilities and Monitoring and Evaluation. A total of 3 Million Kenyans were registered as beneficiaries of UHC translating to a coverage of 88% of the population in Phase I pilot counties with a 723 (110%) Community units so far established and 8,538 Community health volunteers oriented on UHC to provide Level 1 services.

In addition to protect the residents of the four pilot counties from the risk of financial hardship, KSh. 500 Million was set aside for purposes of enabling the residents access level 6 services should they need them under the laid down guidelines and procedures that provided direction on how to manage and

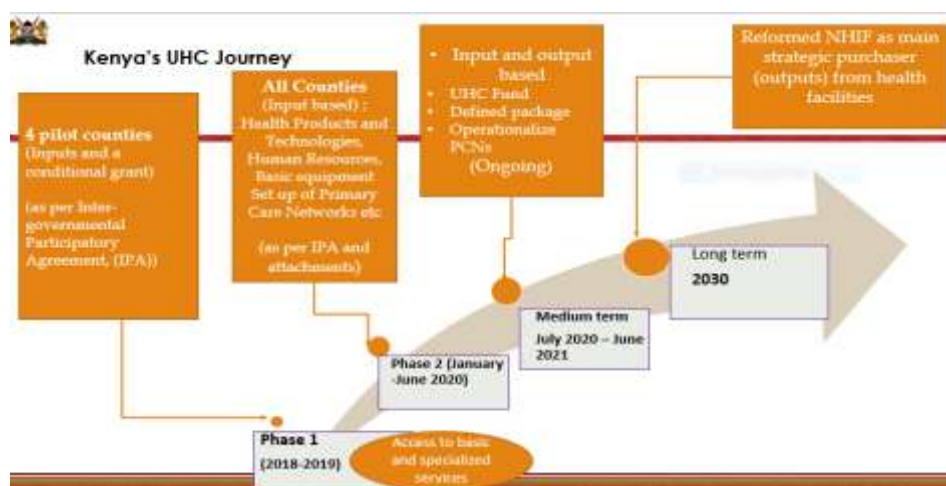
use the fund for the specialized level 6 services. A total of 1,108 cases were referred for specialized services at level 6 i.e. Obstetric emergencies, dialysis, specialized surgical care, Road Traffic Accidents, complicated Intensive Care Unit cases, oncology (radiotherapy, chemotherapy) among other cases.

On Human resources for Health a total of 752 (26%) of 12.5% of total gap of 2,898 were recruited on contract and deployed across the four counties. The main challenges were that most County Public Service Boards terms of service had expired and there was also slow recruitment process across all counties. The Medicines and non-pharmaceutical supplies order fill rate were 70% with KEMSA making value orders of 76%. On service utilization an increase in Outpatient utilization was realized by 25% in the first quarter January – March 2019 of implementation of UHC and overall increase of 19% by end of 2019 compared with same period in 2018 in the four pilot counties due to removal of the barriers of access to services due to payments from out of pocket; A total of 1.6 Million more Kenyans from the 4 Pilot counties so far have accessed Outpatient services compared to the same period January – December 2018.

One-year Pilot of UHC conducted in 4 counties between 2018-2019 (Launched 13th Dec. 2018) in Machakos, Nyeri, Isiolo and Kisumu. Based on lessons learnt from pilot, scale up will take a phased approach

UHC Scale-up component 1: Investments in prioritized inputs that will strengthen the health system, focus on primary health care

UHC Scale-up component 2: Investments in a social health insurance program that will facilitate pooling of risks and efficiencies in the purchase of quality health services



UHC Milestone

Phase II Implementation UHC Rollout to 47 Counties

The Rollout of UHC is embedded in the Kenya Health Sector Strategic Plan 2018- 2023 that also outlined the following Core areas.

- a) Human resources for health
- b) Medicines, commodities, and equipment
- c) Health information systems and research
- d) Primary health care (Primary care Networks)
- e) Community health services
- f) National social insurance model

In addition, an action plan, and Intergovernmental Participatory Agreement (IPA) for each county was developed and signed to guide the preparation and implementation of UHC in the 47 counties on a conditional framework.

The Human resource for Health is very critical in the delivery of UHC. During the period under review the sector developed an internship policy that allowed healthcare practitioners to practice during their period of internships for at least 3 months at the primary levels 2 and 3 health facilities. As part of implementing the policy KMTC placed a total of 13,368 KMTC students had clinical placement in Primary Health Care (PHC) facilities between September 2019 and February 2020 translating to 602,720 clinical hours at primary health care facilities and 200-degree holders for internship deployed to level 2 and 3 in 36 counties to work for 8 weeks. A framework for engagement was developed with Kenya Red cross to Incorporation of eligible St John Volunteers into the community and training at Kenya Medical Training Colleges (KMTCs) for two (2) weeks. A total of 200 instructors and 25 Emergency Medical Technicians (EMT) were identified by St. John's Ambulance and had been enrolled in February 2020 for 1 year but interrupted by COVID-19. Counties were requested to submit names for 1,200 Community Health Assistants (CHAs) to be trained at KMTC for 2 years with 326 enrolled in session but interrupted by COVID-19. A total of KSh. 42 Million was transferred to KMTC to train CHAs, training will commence once KMTCs re-open after the COVID-19 pandemic.

To strengthen primary Health care (PHC) a total of 26,280 Community Health Volunteers (CHVs) (84%) were trained as part of 100% establishment of Community Health Units in 38 Counties. The Ministry of Health received an approval of hiring and placement of 4, 000 (post-interns) for 1 year and 9,858 Healthcare workers for 3-year contract in the year 2019/2020.

Health products and technologies (Medicines, commodities, and equipment) forms part of the critical strategic investment area under UHC, if we have to reduce the associated costs to reduce financial hardships to the citizens. Several actions have been undertaken to enhance the availability of affordable and quality essential medicines and medical supplies to Kenyans across the Country. A National Medicines and Therapeutic Committee was established that played a key role in the development of key policy documents to guide this investment including the revised Kenya Essential Medicines List (KEML) 2019 and the Kenya Essential Medical Supplies List (KEMSL) 2020.

KEMSA stock availability was 80%, with tracer commodities at 88%, (i.e. Pharmaceuticals (medicines) @ 95% and Non-Pharmaceuticals (medical supplies) @ 84%). To enhance availability, the National government through the signing of the IPAs by each county provided a conditional grant to Counties through KEMSA. As at 30th June 2020, 40 Counties had placed their first orders at KEMSA valued at KSh 1.81 billion out of the total KSh 2.5 billion. Of these orders, KEMSA has processed and issued deliveries to all the 40 Counties. The National referral hospitals, first orders worth KSh 184 million were delivered to Kenyatta National Hospital, Moi Teaching and Referral Hospital, and Spinal Injury Hospital. In addition, 33 Counties and the National referral hospitals have placed their second cycle of orders valued at KSh 1.61 billion.

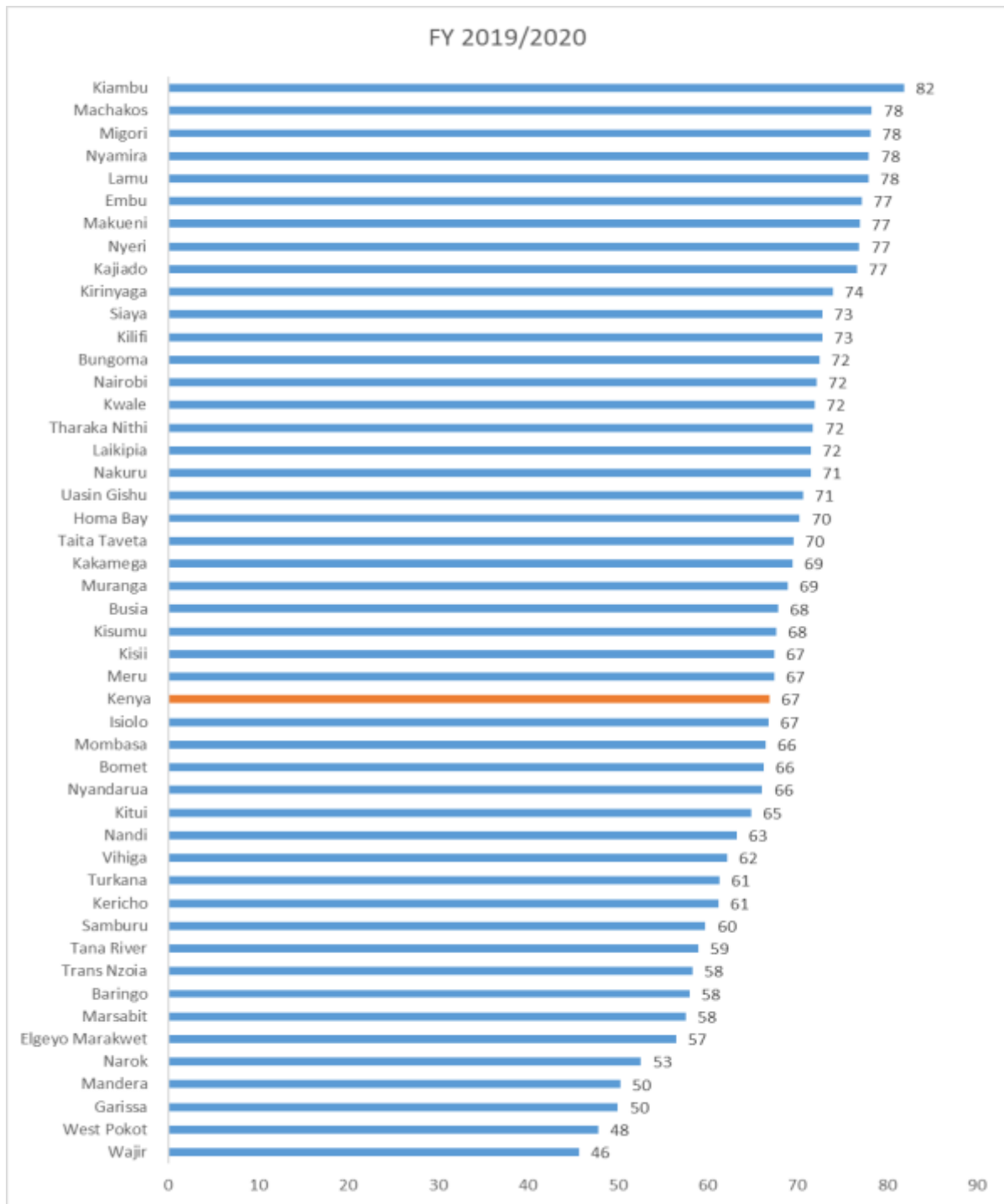
On strengthening Health Information systems an M&E framework for UHC and KHSSP 2018-2023 was developed and finalised with an indicator set and various UHC index scores identified. The first Phase of UHC pilot in four (4) counties report was developed and shared for inputs. A digital Health solution business process was developed. The Ministry of Health engaged with Ministry of ICT to assess the existing Health infrastructure that will allow a digital solution; a total of 96 high volume hospitals were assessed. The Ministry of Health with the collaboration of the World Health Organisation engaged system developers in the development of a Kenya Digital Health Project (DHP) with 3 out of 9 Modules for Phase I developed as per 30th June 2020.

During the financial year under review, the Ministry of Health carried out several activities towards the finalization of the Health Financing Strategy (HFS) and subsequent sessional paper and operationalization bills. On transformation of National Hospital Insurance Fund (NHIF), to support implementation of UHC, a number of strategic reforms were undertaken. A report by Expert panel on NHIF reforms was submitted to the Cabinet Secretary for action; the NHIF Board endorsed the recommendations and Implementation plan. These include the

establishment of an electronic claims system and the consolidation of the multiple schemes from 74 to 3 schemes to facilitate universal Health Coverage (UHC).

During the year under review, a number of counties had increased service workload utilization but many of the counties had decline in per capita Outpatient utilization with a national coverage reported from 2.24 to 2.17 Visits per person per year with slightly over 1,000,000 OPD attendances less than what was reported in 2018/2019. The counties with increase OPD service workload utilization were Embu, **Isiolo**, Kirinyaga, **Nyeri**, Tharaka Nithi, **Kisumu**, **Machakos**, Kitui, Laikipia, Lamu, Makueni, Marsabit and Siaya. While inpatient service workload utilization moved up from 44 to 46 Inpatients per 1,000 populations with slightly over 176,000 inpatients more than what was experienced in 2018/2019. The counties with increased number of inpatients were Kirinyaga, **Kisumu**, Migori, Siaya, Nandi, Laikipia and Embu. It's important to note that UHC Phase I pilot counties had an increase in service utilization as bolded herein

Six tracer indicators were used to determine the service coverage index. The indicators were Penta Valent 3, Women in Reproductive Age receiving Family planning services, Pregnant Women attending at least 4 Antenatal care, Skilled delivery, Tuberculosis Treatment success rate (TSR) and pregnant women on ART. A Comparative analysis for the UHC service coverage index for 2018/19 and 2019/20 denotes that the index was 67 with 22 counties showing an upward trend of the UHC service coverage index ranging from 4 to 15. Sixteen (16) counties showered a decline in index from what was achieved in 2018/19 and one third of the counties were below the minimum score for the national level. The counties with high coverages were Kiambu (82), Machakos, Migori, Nyamira, and Lamu (78) and Embu, Makueni, Nyeri and Kajiado with an index of 77. While counties that reported achieving least service coverage index were Wajir (46), West Pokot (48), Garissa and Mandera (50), Narok (53), Elgeyo Marakwet (57), Marsabit and Baringo and Trans Nzoia (58), and Tana River (59).



County Service coverage

The Kenya Health Professions Oversight Authority

The Kenya Health Professions Oversight Authority is a corporate body created by part VI of the Health Act no. 21 of 2017 to provide oversight role of the regulatory boards and councils.

During the period under review, the Authority carried out the following activities;

- I. Coordination of Inspection /Verification of the Health facilities in the Country was done resulting in 11486 health facilities inspected/verified thus representing 98.5% of the registered facilities in the country, 9067 health facilities were gazetted to various levels of healthcare provision, 7786 health facilities were maintained at the same level, 288 health facilities upgraded, 993 health facilities downgraded and 1269 health facilities closed.
- II. Digitization of the joint health inspection checklist; Developed inventory of the training institutions and clinical sites; draft checklist for the training institutions and clinical sites; Developed cross cadre CPD guidelines.
- III. Developed Regulations prescribing the manner of coordination of joint inspections; Regulations on the mechanisms to ensure health professional standards are not compromised by the boards and councils; Regulations on receipt and resolution of complaints and disputes; Regulations to prescribe mechanisms for monitoring the execution of respective mandates and functions of the boards and councils; and the draft rules on nomination of board members representing institutions.
- IV. Coordination of the review of the clinical Practice Logbooks to capture Universal Health coverage aspirations, and rotation at the Primary Health Care Levels. Four regulatory bodies (COC, NCK, MPDC and PPB) have reviewed their clinical practice logbooks to capture UHC aspirations. Work is ongoing for the rest of the Boards and Councils.
- V. Draft Cross cadre CPD guidelines have been developed embracing UHC, customer care, public communication, ethics, and professional practice awaiting stakeholder validation and approval
- VI. 177 Primary health care facilities for internship placement were also identified.

Kenya Health Human Resource Advisory Council (KHRAC)

The Kenya Health Human Resource Advisory Council is established under the Health Act 2017 to review policy and establish uniform norms and standards on management of interns and medical specialists, intergovernmental

transfers (county to county and between the two levels of government), welfare and the scheme of service for health professionals and maintenance of a master register for all health practitioners in the country.

During the period under review, KHRAC team with support from State Department of Public Service, Ministry of Public Service and Gender interrogated the Health Act, 2017 and unbundled the functions of the KHRAC in the development of the Council's policy documents.

National Health Workforce Accounts (NHWA) which is a system by which countries progressively improve the availability, quality, and use of data on health workforce (HWF) through monitoring a set of indicators to support achievement of UHC and Sustainable Development Goals (SDGs) was initiated during the same period. Thus led to Capacity building of selected staff and allied agencies on the implementation of National Health Workforce Accounts (NHWA) in September 2019; Roadmap for Kenya NHWA developed; Appointment of NHWA focal person done; Multi-stakeholder's sensitization meeting held; The National Health Workforce Accounts (TWG) and Secretariat membership identified and terms of reference for consultancy of NHWA implementation drafted.

National Wage Bill Conference held in the FY2019/20 hence initiated the process of developing multi-dimensional health worker productivity index in Kenya.

Kenya Medical Practitioners and Dentists Council

The Following activities were carried out during the previous financial years with the help of the Ministry of Health, the Office of the Attorney General, and consultancy from State Corporation Advisory Committee, the state Department for Public service among other key stakeholders:

- I. Reviewed Cap 253 Act to align operation towards the execution of the Council's mandate including introducing penalty on unregistered persons and facilities illegally in business of providing health services.
- II. Review, development and implementation of rules in line with the reviewed Act including training rules, registration rules, inspection rules among others.
- III. Development and implementation of guidelines including internship guidelines to incorporate community and rural health experience for doctors to enhance UHC delivery
- IV. Pre-registration, categorization and regular inspections of health facilities throughout the country to ensure compliance to standards

- V. Determination of all the professional malpractice cases (backlog)
- VI. Categorization of the Council by State Corporation Advisory Committee (SCAC) as a State Corporation PC 6A.
- VII. Supporting National and County Governments by coordinating quarantine and isolation facilities in the country.
- VIII. Carried out categorization of health facilities for purposes of gazettelement by the Cabinet Secretary for Health
- IX. Construction and equipping of KMPDC headquarters which has tribunal centre which can hold public inquiry proceedings and has enabled human resource capacity building by providing office space
- X. Collaboration with Regional and International partners in inspection of medical and dental schools and exchange of international best practice

2.6. Review of Sector Programmes performance – delivery of outputs/KPI/targets

PROGRAMME 1: Preventive, Promotive and RMNCAH Services

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned target			Achieved Targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Programme 1: Preventive, Promotive and RMNCAH Services										
Programme Outcome: Reduced morbidity and mortality due to preventable causes										
	National AIDS Control Council (NACC)	Counties reached through Beyond Zero medical safaris clinics	No of counties reached through Beyond Zero medical safaris clinics	N/A	5	5	N/A	5	2	The three Planned safaris were scheduled to take place between the months of January to June 2020. As a result of the COVID-19restriction/ cessation of movement during the planned period, medical safaris had to be altogether cancelled.
		Situation room for HIV information in place	Number of counties with established situation rooms	29	40	47	33	47	47	Target was successfully achieved
		County HIV tribunal satellite/outr eaches	Number of counties with satellite tribunal courts	N/A	N/A	3	N/A	N/A	3	Target achieved for Satellite courts in Nakuru, Kisumu and Mombasa

				Planned target			Achieved Targets			
	Delivery Unit	Key Outputs	Key Performance Indicators	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	Remarks
		courts established								
		Libraries with Maisha youth corners	Number of libraries with Maisha youth corners	N/A	N/A	11	N/A	N/A	12	Saving realized due to technical support from National Library services was ploughed to the additional site.
		HIV messages developed and disseminated through various media Platforms -	Number of media sessions held	N/A	N/A	15	N/A	N/A	27	The over achievement was due to enhanced funding from the Global Fund and Bill Gates foundation.
		Monitoring and evaluation of HIV response at the community level	Number of organizations reporting through the Community AIDS Program Reporting system (CAPR) system	N/A	N/A	1,500	N/A	N/A	1,642	The over achievement was due to advocacy by the regional HIV coordinators, availability of more reporting tools and enhanced routine oversight supervision.

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned target			Achieved Targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
		Interns trained to reach other youths	Number of interns trained to reach other youths	150	150	200	110	205	34	The training is mostly integrated within the colleges and tertiary institutions which were closed down due to COVID-19.
		Adolescents and young people (15-24 years) reached by the interns with HIV prevention and anti-stigma messages	Number of Adolescents and young people (15-24 years) physically reached by the interns with HIV prevention and anti-stigma messages	500,000	550,000	420,000	600,000	600,000	298,226	There was a dip in performance of this indicator due to COVID-19
		Adolescents and young people (15-24 years) people (AYP) reached	Number of Adolescents and young people (15-24 years) reached with	10,000,000	11,000,000	9,000,000	11,000,000	12,000,000	10,500,000	The closure of schools enabled more adolescents and young people to be reached through various platforms e.g. mass media and social media

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned target			Achieved Targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
		with HIV information	HIV information							
		People Living with HIV (PLHIV) networks trained on Meaningful Involvement of PLHIV (MIPA) ,NCDs and UHC	Number of PLHIV networks trained on Meaningful Involvement of PLHIV (MIPA) ,NCDs and UHC	N/A	N/A	30	N/A	N/A	25	Target not achieved due to COVID-19restrictions as some of the engagements were planned for quarter 3 and 4.
		Condoms distributed in non-health settings	Number of condoms distributed in non-health settings	10,000,000	15,000,000	15,000,000	13,000,000	10,000,000	10,131,843	The target was not met due to inadequate condom dispensers in many community youth organizations, institutions of higher learning and TVETs. Replenishment of the condoms was a challenge due to COVID restrictions.
	NASCOP	Increased access to	No of PLHIV on ARVs	1,150,000	1,250,000	1,267,267	1,200,000	1,094,323	1,150,926	Based on t the WHO recommendation of global 90-90-90 targets, the programme achieved this though there was

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned target			Achieved Targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
		ARVs by HIV + clients								notable deceleration due to COVID- 19 pandemic
	T.B Program Leprosy and Lung Diseases Unit	TB treatment services	Number of all forms of TB cases detected and treated	88,000	94,000	101,414	85,188	96,478	80,241	Low TB cases detected due to slow down in active case finding caused by the health system effects of the covid 19 restrictions.
			Proportion of successfully treated TB cases (all forms)	90%	90%	90%	90%	81%	84%	Target not achieved due to drop out cases and high death rates that are caused by poor nutrition of TB patients as a result of stock outs of nutritional supplements
	National Malaria Program	prompt malaria treatment	Number of Artemisinin-based combination Therapy(ACT) distributed in the public health facilities	12,000,000	12,000,000	6,700,000	8,287,328	8,500,000	6,747,745	Outbreaks and increased disease burdens necessitated additional medicines distribution.

				Planned target			Achieved Targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Delivery Unit	Key Outputs	Key Performance Indicators							
		Increased detection rate for Acute flaccid paralysis (AFP) detection rate increased	Rate of AFP per 100,000 population under 15years of age	3.5	3.5	3.5	4.3	3.1	2	The low achievement was due to inadequate surveillance at the community. This activity is fully funded by WHO but there was inadequate funding for active community surveillance for AFP
SP.1.2: Non-Communicable disease prevention & control	Division of NCD Control Unit	Cancer Prevention among women	Introduction of Cervical cancer vaccine	N/A	N/A	1	N/A	N/A	1	The Human Papilloma Vaccine was launched on 18th October, 2019 and by 31st December, 2019 all the counties had launched the Human Papilloma Vaccine (HPV) vaccine
			Number of Women of Reproductive Age (WRA) screened for cervical cancer	350,000	400,000	425,000	234,029	313,065	319,816	Target not achieved due to disruptions caused by the COVID-19 pandemic
		Regional cancer	Percentage completion of	10%	100%	100%	10%	40%	80%	5% for fitting works, foul water drainages, septic tanks and

				Planned target			Achieved Targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Delivery Unit	Key Outputs	Key Performance Indicators							
		treatment centers in (Garissa, Mombasa and Nakuru) established	cancer centers							finishes. Establishment of the three sides for chemotherapy and radiotherapy units is at the same level.
	National Cancer Institute of Kenya	Stakeholder sensitized on cancer prevention and control	Number of people reached with cancer prevention and control messages	N/A	N/A	2,000,000	N/A	N/A	2,399,081	The target was surpassed because the institution leveraged on social media platforms for dissemination of messages
			Number of counties sensitized in resource allocation and prioritization of cancer prevention and control	N/A	N/A	2	N/A	N/A	3	Target was surpassed because the Institute was able to leverage on good intergovernmental relations

				Planned target			Achieved Targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
SP1.3: Radioactive waste management	Radiation Protection Board	Radiation safety	Percentage of Radiation devices and sources monitored for safety	100%	100%	100%	100%	100%	75%	The repeal of the radiation protection Act (enactment of Nuclear Regulatory Act 29 of 2019) increased the scope and mandate of authority leading HR constraints
SP.1.4: RMNCAH	Division of Family Health	Access and uptake of Family Planning Services	Proportion of Women of Reproductive Age receiving FP commodities	47%	49%	50%	42%	43%	48%	Target not achieved due to disruptions caused by the COVID-19 pandemic
	Division of Family Health	Deliveries by skilled birth attendants	Proportion of deliveries conducted by skilled birth attendants in health facilities	79%	79%	70%	62%	65%	67.2%	The performance was affected by fear of movements to the health facilities at late hours due to movement restrictions enforced by government to curb the spread COVID-19 pandemic especially in the month of March and April 2020
	National Vaccines and Immunization	Pentavalent 3 vaccination coverage	Proportion of children immunized with DPT/ Hep + HiB3	90%	90%	90%	81%	79%	81%	Target not achieved due to vaccine stockouts over time, inadequate community

				Planned target			Achieved Targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Delivery Unit	Key Outputs	Key Performance Indicators	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Program me		(Pentavalent 3)							sensitization and Health Care Workers unrest in some Counties
	Dietetics & Nutrition Unit	Vitamin A supplement s coverage	Proportion of Children aged 6-59 months given 2 doses of Vitamin A supplement annually	80%	80%	80%	70%	71%	67.40%	The target was not met due to reduced donor funding for malezi bora mop up campaigns. Only few counties managed to conduct the campaigns.
SP.1.5: Environmental Health	Environmental Health Unit	Open defecation free (ODF) strategy implemented	Number of counties implementing the Kenyan Open defecation free (ODF) strategy	47	47	47	47	47	47	Target was successfully achieved

PROGRAMME 2: National Referral and Rehabilitative Services

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Programme 2: National Referral and specialized health Services										
Programme Outcome: provision of specialized services improved										
SP2.1: National Referral Health Services	KNH	specialized Health services	Average Length Of Stay (ALOS) for trauma patients (days)	35.0	32.0	32	42.6	39.2	39.6	Target not achieved due to increase in patients with complicated cases such as neuro, shoulder, hip, and spine injuries.
			Number of Minimally Invasive surgeries done	479	503	2,600	1565	2208	3637	Surpassed due to acquisition laparoscopic tower machine.
			Number of new research projects completed and disseminated	15	16	15	15	16	16	The hospital expanded the knowledge repository and has provided a platform for knowledge sharing through scientific seminars and conferences.
			Number of Youth admitted for internships/industrial attachment/apprenticeship	1,350	1,400	1,850	1,078	1,691	1,611	Target not achieved due to suspension of all internships in fourth quarter as a result of COVID-19.

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Delivery Unit	Key Outputs	Key Performance Indicators								
		Number of open-heart surgeries conducted	60	74	80	14	20	47	Target not achieved due to suspension of elective procedures as a result of the emergence of Covid-19 pandemic.	
		Number of renal transplants conducted	15	25	22	9	15	15	Transplants were not conducted in the fourth quarter due to COVID-19.	
		Number of cancer patients on (Chemotherapy and radiotherapy)	25,000	35,000	46,000	37,684	45,055	47,994	Surpassed due to introduction of patient navigation programme; secondment of three (3) specialists from MoH; recruitment of additional oncology staff; and introduction of oncology course at UoN (registrars)	
		Number of renal transplants conducted	15	25	22	9	15	15	Transplants were not conducted in the fourth quarter due to COVID-19.	
		No. of Other Cardiothoracic surgeries conducted	0	0	210	0	0	408	Attributed to the acquisition of Heart Lung machine and dedicated ward.	

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
			Number of patients undergoing specialized Burns treatment	0	674	1,493	0	1,422	523	The Number of patients was affected by the COVID-19 Pandemic.
			No of outreaches conducted	15	15	65	15	17	34	Not achieved due to COVID-19 pandemic
	KNH-OTHAYA	specialized Health services	Number of patients attending specialized outpatient clinics	N/A	N/A	4,000	N/A	N/A	4,489	Target surpassed due to introduction of eleven planned specialized outpatient clinics as well as conducting multidisciplinary outreaches.
Number of Minimally Invasive surgeries done			N/A	N/A	625	N/A	N/A	678	Target surpassed due to operationalization of an additional theatre and recruitment of specialized healthcare workers	
Average length of stay for trauma patients (days)			N/A	N/A	7	N/A	N/A	9	Not achieved due to limited diagnostic equipment	

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
			Number of Cancer patients on (Chemotherapy)	N/A	N/A	20	N/A	N/A	13	Chemotherapy services introduced
	MTRH	specialized services.	Average Length of Stay for Orthopedic Surgery (Trauma Patients) Days	16	15	12	14	12	11	Achievement due to timely specialized diagnostic services, adoption of 24 hrs - Theatres operations, consistent supply of drugs and non-pharmaceuticals leading to improved turnaround time on treatment.
Average Length of Stay for Pediatric Burns Patients			N/A	39	35	N/A	37	34.2	Achievement due to timely interventions to patients (Consultant's daily ward rounds), availability of drugs and timely discharges.	
Number of Kidney Transplants undertaken			11	14	15	12	15	16	Achievement due to investments in specialized Human Resources for Health (HRH), modern equipment, adequate drugs and supplies. There's also continuous screening, sensitization and recruitment of patients	
Number of Minimally Invasive			1,148	1,500	1,651	1,463	1,651	1,839	Achievement due to the continuous training of staff and investment in modern theatre equipment including the Laparoscopic Tower	

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
			Surgeries conducted							
			Number of Patients receiving oncology services	14,567	15,060	15,242	16,024	18,945	17,106	Achievement due to the specialized training of staff as well as availability of drugs and other essential supplies.
			Number of Open Heart Surgeries conducted	N/A	7	27	N/A	26	39	This milestone was realized through investment in specialized HRH and strategic partnerships (e.g with Kenyatta National Hospital, Moi University and Equipment Suppliers).
			Number of Corneal Transplants conducted	N/A	8	12	N/A	11	20	Achievement realized due to availability of specialized staff, modern equipment, drugs and essential supplies. Others include Partnership with Cornea Bank in United States and continued sensitization of community on Corneal Transplantation.
			Number of Hemodialysis	N/A	1,400	1,470	N/A	1,420	1,701	Availability of highly trained staff, modern equipment, adequate drugs

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
			Sessions for Children conducted							and essential supplies. MTRH is the only Public Hospital in Kenya doing Children Hemodialysis.
			Number of Cardiothoracic Surgeries conducted	295	335	369	324	357	388	Achievement realized due to availability of Specialized staff, well equipped theatres and Intensive Care Unit/ Cardiac Care Unit.
			Number of Disseminated Research Papers on Health	N/A	6	12	N/A	10	19	Through MTRH Intra-Mural research fund, 19 research projects were completed and results disseminated. 4 published in internationally reputable journals.
			Number of Specialized Medical Outreaches done	N/A	13	50	N/A	20	75	MTRH carried out specialized medical outreaches in 22 Counties in Western Region. This was done in partnership with the County Health Services.
			Number of Youths admitted for Internships, Industrial Attachment and Apprenticeship	N/A	2,262	2,590	N/A	2,265	3,375	Through Memoranda of Understanding (MoUs) with learning institutions, MTRH progressively provided internships/ industrial attachments to interns and students across various disciplines.

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Kenyatta University Teaching, Referral and Research hospital	specialized services	Number of Kidney transplant undertaken	N/A	N/A	3	N/A	N/A	0	Hospital operationalized in October, 2019 however declared a COVID-19centre in March, 2020
			Number of minimally invasive surgeries done	N/A	N/A	250	N/A	N/A	211	Not achieved due to inadequate specialists.
			Number of patients receiving Oncology services	N/A	N/A	1,000	N/A	N/A	9,639	Wide publicity as a cancer treatment centre, additional staffing, efficiency in diagnosing and starting treatment increased the patients
			Number of Renal Procedures conducted (Dialysis)	N/A	N/A	3,000	N/A	N/A	4,826	Increased dialysis machines from 10 to 15 and COVID-19patients in need of dialysis
			Number of Caesarian Sections done	N/A	N/A	400	N/A	N/A	1	Hospital operationalized in October, 2019 however declared a COVID-19centre in March, 2020

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
			Number of COVID-19 admissions	N/A	N/A		N/A	N/A	1,061	The hospital admitted and treated 1,061 COVID-19 patients between March and June 2020.
			Number of Medical Outreaches conducted	N/A	N/A	6	N/A	N/A	4	Outreaches affected by Covid 19 pandemic
			Number of Critical Care Beds procured and installed	N/A	N/A	60	N/A	N/A	60	Target successfully achieved
			Number of Beds available for COVID 19 patients	N/A	N/A	160	N/A	N/A	560	The hospital operationalized an additional 400 beds in Quarter 4 in preparation for COVID-19 pandemic response.
		Policies and Strategies developed	Number of Policy documents Developed	N/A	N/A	10	N/A	N/A	17	The policy development process was Fast-tracked by the Board to allow efficient operations of the hospital
			Number of Standard operating procedures	N/A	N/A	20	N/A	N/A	40	The policy development process was Fast-tracked by the Board to allow efficient operations of the hospital

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
			(SOPs)Developed							
		Staff recruited and trained	Number of Staff Recruited	N/A	N/A	555	N/A	N/A	641	Additional staff hired to operationalize the additional 400 beds for COVID-19. This is in addition to the planned 160 beds.
			Number of staff trained	N/A	N/A	416	N/A	N/A	641	Target surpassed due to the newly recruited staff.
			Number of staff trained for Covid-19	N/A	N/A		N/A	N/A	731	Staff trained on COVID-19management.
		Studies & Research conducted	Number. of research conducted	N/A	N/A	5	N/A	N/A	1	Delay of the setting up of Clinical Research Committee.
		Diagnosis and cancer treatment	Project completion rate of the Integrated Molecular Imaging Center (IMIC)	N/A	N/A	40%	N/A	N/A	5%	Lengthy procurement process. The construction is ongoing.

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Delivery Unit	Key Outputs	Key Performance Indicators								
		No. of Staff trained to run the MIC	N/A	N/A	20	N/A	N/A	0	The international training programme was affected by the travel restrictions.	
	Reporting system in place	Implementation of the HMIS system	N/A	N/A	100%	N/A	N/A	60%	3 milestones completed with the system going live in both outpatient and inpatient area. Implementation was affected by delays in procurement of server equipment and lock downs occasioned by the onset of the COVID-19 pandemic.	
	Mathari Hospital	Specialized health services	Number of patients receiving in-patient mental health services	315,126	330,882	347,427	227,292	260,580	234,980	One ward closed down due to dilapidated status and another ward converted to COVID-19 isolation.
	Spinal Injury Hospital	specialized Health services	Number of patients receiving orthopedic surgeries	N/A	N/A	280	N/A	N/A	242	Target not achieved due to COVID-19
SP 2.3 Specialized Medical	Managed Equipment	Specialized Medical	Number of hospitals fully equipped through MES	98	119	119	98	119	119	Target successfully achieved

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Delivery Unit	Key Outputs	Key Performance Indicators							
Equipment	Services (MES) secretariat	equipment								
SP2.4 Forensic and Diagnostic services	National Blood Transfusion Services	Blood and blood products services	Number of units of Blood demand met	180,000	200,000	200,000	150,859	164,275	136,305	Targets not met due to inadequate funds as a result of donor pullout Inadequate supply of required blood bags and inability to conduct drives due to lack of blood mobile sessions
			Percentage of whole blood units collected and converted into components	85%	75%	95%	57%	60%	73%	
SP2.5: Health Products & Technologies	SP.7: Kenya Medical Supplies Authority	Provision of Health Products & technologies	% order refill rate for HPTs	90%	90%	90%	87%	83%	69%	Target not met due to global supply chain interruptions by Corona Pandemic
			Order turnaround time (days) –Primary Health Facilities	10	10	10	12.32	14.6	17.5	The average performance was due to backorders that were occasioned by the Corona Pandemic orders, insecurities & poor transportation network during wet conditions. in hard to reach areas.

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
			Order turnaround time (days)- Hospital	7	7	7	10	9.7	12.3	The average performance was due to backorders that were occasioned by the Corona Pandemic orders, insecurities & poor transportation network during wet conditions. in hard to reach areas.

PROGRAMME 3: Research and Development

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Programme 3: Health Research and Development										
Programme Outcome: Increased knowledge and innovation for effective health delivery										
SP3.1: Pre-Service and In-Service Training	Kenya Medical Training College	Access to Training opportunities	Number of Students enrolled	12,600	16,084	12,046	14,804	12,964	14,403	With increased infrastructural development it has resulted in increase in training opportunities
		Published Research reports	Number of Research Published	11	19	24	10	10	14	The target could not be achieved since the onset of covid19 resulted in restricted travelling and the imposition of curfews.

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
		Enhance quality of training through curriculums reviews	Number of curriculums reviewed	10	11	30	8	9	23	Some Curriculums were reviewed although due to COVID-19 travel restrictions the target could not be achieved.
		Health professionals certified	Proportion of health professionals (cohort) certified	97%	98%	100%	93%	94%	95%	Improved cordial relationship between the students and staff during reporting till they graduate that has resulted in improvement.
		Community Health Workers Trained	Number of CHEWS trained	N/A	N/A	2400	N/A	N/A	80	the target not achieved as this program was fully donor sponsored who later withdrew the sponsorship.
			Number of CHAS trained	N/A	N/A	800	N/A	N/A	599	One intake for March was put on hold due to Covid
		Human Resource for health to support	Number of students attached to the Primary	N/A	N/A	5,493	N/A	N/A	2,650	Classes were suspended due to Covid

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Delivery Unit	Key Outputs	Key Performance Indicators							
		Primary Healthcare	Healthcare Facilities							
SP3.2: Health Research	Kenya Medical Research Institute	Research on National priorities	Number of New research protocols developed & approved	250	218	200	137	175	119	The targets for quarter 4 was not realized due to declining donor support.
			Number of Completed Research Projects	N/A	N/A	15	N/A	N/A	38	Target surpassed due to introduction of an integrated Grants Management reporting system.
			Number of ongoing Research Projects	300	330	400	300	427	1,042	Target surpassed due to redefining 'Ongoing' to include all research that are not closed. Including those that data collection is complete but awaiting analysis and publication.
			Number of Diagnostic kits produced and distributed	60014	66105	251,790	42,814	126,086	651,220	The target was surpassed due to increased supplies used for COVID 19 testing

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
			Number of Clinical and Specialized laboratory tests conducted	2000	2200	1,272,896	770,885	1,006,807	1,234,733	Not achieved in quarter 4 due to financial constraints.
		Research Findings disseminated	Number of research papers Published	300	175	302	205	274	285	Not achieved in quarter 4 due to financial constraints.
			Number of Scientific & Health Conferences held	5	4	4	5	5	4	Target successfully achieved
			Number of Abstracts published	150	165	190	133	141	152	Not achieved in quarter 4 due to financial constraints.
		County health research support	Number of Counties supported to conduct	N/A	N/A	47	N/A	N/A	4	Enrollment of New Students is done in Q4 and this was affected by COVID-19

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
			Health Research							
		Capacity building on Health Research	Number of graduate researchers enrolled	50	55	60	30	46	0	Enrollment of New Students is done in Q4 and this was affected by COVID-19
		Outreaches conducted on disease screening	Number of open days and outreach programmes conducted	N/A	N/A	18	N/A	N/A	20	Over achieved due to restructured programmes and leverage on other activities

PROGRAMME 4: General Administration, Planning & Support Services

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Programme 4: General Administration & Support Services										
Programme Outcome: Responsive health leadership and administration										

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
SP4.1: General Administration and support services	General Administration	Customer satisfaction survey conducted	Customer satisfaction survey Report	N/A	1	1	N/A	0	0	Exercise was planned to begin in quarter 4 but was suspended due to covid-19
		Improved infrastructure in Afya house	Number of vehicles repaired/serviced	N/A	70	90	N/A	70	150	A total of 150 vehicles were repaired to accommodate UHC activities.
			% of Afya house refurbished and rehabilitated	N/A	N/A	20%	N/A	N/A	20%	Renovation undertaken on 3 rd , 6 th and 7 th floor
			Number of lifts maintained	N/A	N/A	2	N/A	N/A	2	Target successfully achieved
			Number of sanitary facilities refurbished	N/A	N/A	4	N/A	N/A	0	The target was not achieved because of redesigning the layout of sanitary facilities
			Number of registry racks procured	N/A	N/A	2	N/A	N/A	0	Procurement process was started but not completed.
			% Automation of records/registry	N/A	N/A	50%	N/A	N/A	0	Automation was halted due to reorganization of the Ministry structure

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Human Resource Management		HRH strategic plan developed	HRH strategic plan developed	N/A	1	N/A	N/A	1	1	A draft HRH Strategy has been developed
		Schemes of service reviewed	Number of Schemes of service reviewed	3	3	4	2	0	2	Approved schemes of services are Biochemistry and Clinical Psychologists.
		Health care workers recruited for UHC	Number of health care workers recruited for UHC	N/A	6,096	13,919	N/A	5,397	8,956	This is due to lengthy recruitment process
			Number of MoH staff trained in post basic courses	610	610	610	530	477	123	This is due to backlog of requests not approved by Ministerial Human Resource Management Advisory Committee (MHRMAC)
		Capacity building & competency development	Number of staff trained in Leadership and Management	N/A	380	500	N/A	313	271	This is due to backlog of requests not approved by MHRMAC
			Number of Health Care Workers trained in different health care specialties	N/A	N/A	120	N/A	N/A	882	Due to the planned Roll Out of UHC more HCWs were required.

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Delivery Unit	Key Outputs	Key Performance Indicators							
	Department of Inter-Governmental Affairs & Coordination	Partnership and collaboration	Number of forums held	4	4	4	1	1	1	The forums were not conducted in quarter 2-4 due to financial constraint and COVID-19 pandemic
	ICT	Health services digitalized	Proportion of health facilities digitalized	10	10	30	0	0	0	Procurement of the digital health solutions systems for end to end processes commenced in the 4 th quarter
SP4.2: Finance and Planning	Finance division, planning	Absorption of Financial resources	% of resources utilized	100%	100%	100%	80%	80%	91%	Lengthy donor procurement processes and regulations as well as delayed recruitment of health care workers under UHC
		Revenue collection	Total amount of A-in-A collected (KSh)	14B	14.6B	14B	17B	11B	13B	Target not achieved due to COVID 19 pandemic
		Improved catastrophic Health Spending	Proportion of Households suffering financial catastrophe each year through Out of Pocket health payments	26%	26%	25%	28%	28%	28%	Government spending on Health still low

PROGRAMME 5: Health Policy, Standards and Regulations

	Delivery Unit	Key Outputs	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Programme 5: Health Policy, Standards and Regulations										
Programme Outcome: Strengthened policy and Regulation										
SP5.1: Health Policy	Division of Health Policy; Division of Health Financing	Kenya Health Sector Strategic Plan 2018-2023	Kenya Health Sector Strategic Plan developed	N/A	N/A	1	N/A	N/A	1	Target successfully achieved
		Performance review reports	Quarterly Performance review forums held	4	4	4	4	4	4	Target successfully achieved
	Division of M&E Health information and Informatics	Capacity building, planning and Monitoring in counties	Number of counties trained	47	47	47	47	47	47	Target successfully achieved
	Division of Health policy	UHC policy developed and	UHC policy	1	1	1	1	1	1	Target successfully achieved

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Delivery Unit	Key Outputs	Key Performance Indicators								
	disseminated									
	Health information system data warehouse	Health information systems strengthened	1	1	1	1	1	1	The Ministry of Health developed interoperability framework to guide integration of databases and trained Health Records Information Officers	
	Joint support supervision strengthened	Number of joint monitoring / supervision visits held	1	1	1	0	1	1	Target successfully achieved	
	UHC readiness assessment report	Number of assessments conducted to inform UHC implementation	N/A	N/A	2	N/A	N/A	0	UHC implementation readiness assessment not done due to COVID-19 pandemic	
	Kenya Health Forum (KHF)	Kenya Health Forum (KHF) held	1	1	1	1	1	1	Target successfully achieved	

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Delivery Unit	Key Outputs	Key Performance Indicators							
SP5.2: Social Protection in Health	NHIF	Improved financial access to healthcare	Number of mothers accessing healthcare services through the Linda mama program	1,200,000	1,200,000	1,231,200	321,113	681,028	1,272,990	The target was surpassed due to improved financial access to maternal health services in public health facilities
			Number of indigents accessing healthcare through HISP	181,700	181,315	181,315	181,700	181,315	181,315	Target successfully achieved
			Number of elderly & persons with severe disabilities accessing healthcare	42,000	42000	42,000	42,000	42,000	42,000	Target successfully achieved
	UHC Secretariat	UHC Policy framework developed and implemented	UHC implementation road map report	N/A	N/A	1	N/A	N/A	1	Target successfully achieved
			Number of counties implementing UHC policy	N/A	4	47	N/A	4	47	T UHC Policy framework developed and implemented
			Defined essential health benefit package for UHC	N/A	N/A	1	N/A	N/A	1	Target successfully achieved

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
Delivery Unit	Key Outputs	Key Performance Indicators								
	Improved access and quality of health services	OPD per capita utilization rate (number of outpatient visits per person per year)	2	2.4	2.5	1.4	2.24	2.17	Service utilization slightly dropped due to health workers unrest and Covid-19	
		Proportion of health facilities with minimum quality and safety standards (need a base)	N/A	40%	60%	N/A	44%	69%	Achievement based on % of facilities with an Infection Prevention Control monitoring system (guidelines, committees, regular meetings, staff assigned to do IPC, trainings) (KHFA 2018)	
		Fresh still birth rate per 1000 births	10/1000	10/1000	9/1000	12.5/1000	9.9/1000	10/1000	With the increased access to safe delivery, access to quality health care services is hindered by inadequate numbers of health workforce and basic equipment in the care and management of labor and newborns	
		Access to specialized health care in management of lifestyle diseases (Renal, Cancer, Diabetes and Cardiovascular Diseases)	12%	20%	30%	16%	16%	16%	This is based on the health facility assessment that was conducted in 2018	

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Delivery Unit	Key Outputs	Key Performance Indicators							
SP5.3: Health Standards & regulations	Dept. of Health Standards, Quality Assurance and Regulation	Provision of Technical assistance on quality improvement	Proportion of health facilities meeting defined minimum standards	50%	100%	50%	14%	50%	89%	Target successfully achieved
			Number of counties adopting quality of care certification framework	N/A	N/A	5	N/A	N/A	5	Target successfully achieved
			Number of facilities inspected and certified	N/A	N/A	11	N/A	N/A	10	The target was not met due to disruptions from COVID 19 pandemic
			Number of counties supporting institutionalization of QI in health facilities	N/A	N/A	18	N/A	N/A	20	Additional funding was provided through JICA to facilitate trainings on Kenya Quality Model for Health
			Number of health facilities implementing quality improvement (QI) activities	N/A	N/A	50	N/A	N/A	20	The target was not met due to Covid 19 disruptions

				Planned targets			Achieved targets			Remarks
				2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	
	Delivery Unit	Key Outputs Sensitized counties on Infection Prevention and Control/Anti-Microbial Resistance (IPC/AMR)	Key Performance Indicators Number of counties sensitized in IPC/AMR	N/A	N/A	19	N/A	N/A	37	The target was surpassed due to enhanced funding for training on IPC during COVID 19 pandemic
			Number of counties with functional IPC/AMR teams and QI work plans	N/A	N/A	19	N/A	N/A	37	The target was surpassed due to enhanced funding for training on IPC during COVID 19 pandemic
		Health Act 2017 implemented	Number of bills/ regulations developed/reviewed to operationalize the Health Act	1	1	2	1	1	3	2 Private Bills reviewed(Reproductive Health Care Bill and Kenya Blood Transfusion Bill);Draft E-Health and KFDA Bills at Advanced stage
		Regulatory framework of traditional and alternative medicine(TAM) developed	No. Of guidelines on TAM developed	N/A	N/A	1	N/A	N/A	1	Target successfully achieved but awaiting stakeholder consultations
			No. Laws and regulations developed	N/A	N/A	2	N/A	N/A	1	Draft Traditional and Alternative Medicine Bill developed. Awaiting external stakeholder validation

				Planned targets			Achieved targets			
	Delivery Unit	Key Outputs	Key Performance Indicators	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	Remarks

2.7. Analysis of Sector Expenditure Trends for the FY 2017/18 – 2019/20

This Section analyses trends of approved budget and the actual expenditures. Budget expenditures can be broadly categorized into recurrent and development. Recurrent expenditure mostly comprises of expenditures on personnel emoluments, supply of Medical drugs and non-pharmaceuticals, goods, and services (O&M). Development expenditure involves non-recurrent expenditure on physical assets and infrastructure.

The approved estimates for the Ministry of Health was at KSh 119.3 Billion in 2019/20 which represented a 54 percent increase from KSh 78.4 Billion in 2017/18. The actual expenditures was at KSh 54.6billion, KSh 74.5 billion and KSh 108.5 billion respectively for the years 2017/18, 2018/19 and 2019/20.

Table 2.2: Analysis of Recurrent Approved Budget Vs Actual Expenditure (Ksh Million)

Budget Category	Approved budget allocations			Actual expenditure		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Gross	48,982	53,199	76,097	33,779	48,752	71,221
AIA	14,429	11,465	14,971	1	9,708	13,417
NET	34,553	41,734	61,125	33,778	39,044	57,804
Compensation to Employees	6,761	7,096	8,904	6,662	7,137	8,092
Transfers	20,536	21,324	50,085	19,932	21,322	47,955
Other Recurrent	21,685	24,779	17,108	7,185	20,293	15,174

From the table above the recurrent absorption rate has been improving from 68.9%, 91.6% and 93.5 in 2017/18, 2018/19 and 2019/20 respectively.

Table 2.3: Analysis of Development Approved Budget Vs Actual Expenditure (Ksh Million)

Category	Approved budget allocations			Actual expenditure		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Gross	29,381	31,943	43,197	20,837	25,782	36,092
GOK	15,186	16,973	26,892	13,120	15,527	25,545
Loans	7,050	5,876	10,773	3,560	3,142	6,844
Grants	7,145	9,094	5,532	4,157	7,113	3,703
Local AIA	-	-	-	-	-	-
Other Development						

The absorption rate for over the period has been increasing from 70%, 80.7, and 83.5% in 2017/18, 2018/19 and 2019/20 respectively

The table below shows spending for the FY 2017/18 to 2019/20 by programmes and sub programmes

Table 2.4: Analysis by Programme Approved Budget Vs Actual Expenditure (Ksh. Millions)

Programme	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Programme 1 - Preventive and Promotive Health Services						
SP1.1 -Communicable disease prevention	5,204	5,459	4,365	3,999	4,736	3,219
SP1.2 - Non-communicable disease prevention & control	236	435	423	204	286	420
SP1.3 - Radioactive Waste Management	158	185	142	149	201	88
SP1.4- RMNCAH	1,147	4,320	1,357	1,004	2,497	2,654
SP1.5 Environmental Health	655	544	61	276	529	57
SP1.6 Disease Surveillance and Response			3,432			2,640
Total Expenditure Programme 1	7,400	10,943	9,780	5,632	8,249	9,078
Programme 2 - National Referral and specialized Services						

SP2.1 - National Referral Services	23,486	23,577	29,326	13,818	23,176	28,681
SP2.2 -Specialized Medical Equipment	7,892	9,150	6,205	7,626	8,872	6,189
SP2.3 - Free Primary Healthcare			8	-	-	4
SP2.4 - Forensic and Diagnostics	1,857	559	658	1,256	531	346
SP2.5 - Health Products and Technologies	2,304	3,178	4,864	384	1,299	2,871
Total Expenditure Programme 2	35,539	36,464	41,060	23,084	33,878	38,091
Programme 3 - Health Research and Development						
SP3.1 - Pre-Service and In-Service Training	6,744	5,584	7,955	3,642	5,584	6,288
SP3.2 - Research & Innovations	2,430	2,659	2,615	2,136	2,557	2,526
Total Expenditure Programme 3	9,174	8,243	10,570	5,778	8,141	8,814
Programme 4 - General Administration & Support Services						
SP 4.1 - General admin	8,125	5,908	7,234	7,273	5,990	6,842
SP4.2 - Finance and planning	182	788	980	170	772	780
Total Expenditure Programme 4	8,307	6,696	8,213	7,443	6,762	7,622
Programme 5 - Health Policy, Standards and Regulations						
SP5.1 -Health Policy	12,143	11,294	37,356	6,961	8,721	33,189
SP5.2 -Social Protection in Health	5,392	10,926	11,162	5,331	8,212	10,765
SP5.3 -Health Standards and Regulations	409	577	1,154	384	571	945
Total Expenditure Programme 5	17,944	22,797	49,671	12,676	17,504	44,900
Total Expenditure Health Vote	78,364	85,143	119,295	54,613	74,534	108,505

Table 2.5 Analysis of Programme Approved Budget Vs Actual Expenditure (Ksh Million)

Programme 1: Preventive and Promotive Health

Expenditure Classification	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Recurrent Expenditure						
Compensation to Employees	509	626	672	502	623	703
Use of Goods and Services	753	795	454	756	808	297
Subsidies						
Current transfers to Govt Agencies	720	711	4,366	719	707	3,568
Social Benefits						
Other Expense		5			4	
Non-financial Assets	0			0		
Total Recurrent Expenditure	1,982	2,137	5,493	1,977	2,142	4,569
Development Expenditure						
Compensation to Employees						
Use of Goods and Services	1,115	3,454	628	690	2,542	1,748
Subsidies						
Capital transfers to Govt Agencies	4,288	4,924	3,299	2,951	3,263	2,401
Non-financial Assets	15	428	360	14	302	360
Total Development Expenditure	5,418	8,806	4,287	3,655	6,107	4,509
Total Expenditure for the programme	7,400	10,943	9,780	5,632	8,249	9,078

Programme 2: National Referral and specialized Services

Expenditure Classification	Approved Budget			Actual Expenditure		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Recurrent Expenditure						
Compensation to Employees	749	675	843	737	674	631

Use of Goods and Services	342	271	333	340	233	263
Subsidies						
Current transfers to Govt Agencies	24,565	24,617	30,539	13,242	22,965	28,546
Social Benefits	70	100	100	75	100	100
Other Expense		19			17	
Non-financial Assets	57	24	6	58	14	6
Total Recurrent Expenditure	25,783	25,706	31,821	14,452	24,003	29,546
Development Expenditure						
Compensation to Employees						
Use of Goods and Services	6,749	9,304	6,548	6,061	9,026	6,522
Subsidies						
Capital transfers to Govt Agencies	462	714	1,780	231	214	1,759
Non-financial Assets	2,545	740	910	2,340	635	265
Total Development Expenditure	9,756	10,758	9,239	8,632	9,875	8,545
Total Expenditure for the programme	35,539	36,464	41,060	23,084	33,878	38,091

Programme 3: Health Research and Development

Expenditure Classification	Approved Budget			Actual Expenditure		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Recurrent Expenditure						
Compensation to Employees	65	130	132	64	130	99
Use of Goods and Services						
Subsidies						
Current transfers to Govt Agencies	8,636	7,366	9,665	5,359	7,264	7,943
Social Benefits						
Other Expense						
Non-financial Assets						
Total Current Expenditure	8,701	7,496	9,797	5,423	7,394	8,042

Capital Expenditure						
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital transfers to Govt Agencies	408	518	601	306	518	601
Non-financial Assets	65	229	172	49	229	172
Total Development Expenditure	473	747	773	355	747	773
Total Expenditure for the programme	9,174	8,243	10,570	5,778	8,141	8,814

Programme 4: General Administration & Support Services

Expenditure Classification	Approved Budget			Actual Expenditure		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Recurrent Expenditure						
Compensation to Employees	5,204	5,433	6,496	5,144	5,478	6,162
Use of Goods and Services	457	949	833	447	978	711
Subsidies						
Current transfers to Govt Agencies	910	95	394	534	95	366
Social Benefits						
Other Expense	17	19		15	18	
Non-financial Assets		22	9		22	8
Total Recurrent Expenditure	6,588	6,518	7,731	6,140	6,591	7,247
Development Expenditure						
Compensation to Employees						
Use of Goods and Services	11			-1		
Subsidies						
Capital transfers to Govt Agencies	1,708	178	482	1,304	171	375
Non-financial Assets	-					
Total Development Expenditure	1,719	178	482	1,303	171	375

Total Expenditure for the programme	8,307	6,696	8,213	7,443	6,762	7,622
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Programme 5: Health Policy, Standards and Regulations

Expenditure Classification	Approved Budget			Actual Expenditure		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Current Expenditure						
Compensation to Employees	234	232	761	213	232	496
Use of Goods and Services	145	115	431	141	111	399
Subsidies	5,392	10,968	20,038	5,331	8,254	20,901
Current transfers to Govt Agencies	134			79		
Social Benefits						
Other Expense		5			5	
Non-financial Assets	22	22	25	22	21	20
Total Current Expenditure	5,927	11,342	21,254	5,786	8,623	21,817
Capital Expenditure						
Compensation to Employees						
Use of Goods and Services	236		232.4	168		191.2
Subsidies						
Capital transfers to Govt Agencies	11,617	11,455	27,709	6,600	8,881	22,416
Non-financial Assets	164		475.6	122		475.4
Total Capital Expenditure	12,017	11,455	28,417	6,890	8,881	23,083
Total Expenditure for the programme	17,944	22,797	49,671	12,676	17,504	44,900

Table 2.6 Analysis of Recurrent Approved Budget Vs Actual Expenditure for SAGAs (Kshs Million)

Economic Classification	Approved Budget			Actual Expenditure		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Kenyatta National Hospital						
Gross	14,317	14,307	15,057	12,762	13,578	15,995
AIA - Internally Generated Revenue	6,982	6,846	5,382	5,427	6,117	6,320
Net - Exchequer	7,335	7,461	9,675	7,335	7,461	9,675
Compensation to Employees	7,295	9,571	11,157	9,076	9,527	11,585
Use of Goods and Services Of Which (O/W)	7,022	4,736	3,900	4,777	4,840	7,115
Insurance		8	13	10	7	7
Utilities	590	740	603	587	595	599
Rent	-	-	-	-	-	-
Contracted Professionals		56	66	41	78	72
Others	6,432	3,932	3,218	4,139	4,160	6,437
Deficit	-	-	-	-1,091	-789	-2,705
OTHAYA Hospital						
Gross	-	-	650	-	-	690
AIA - Internally Generated Revenue	-	-	-	-	-	40
Net - Exchequer	-	-	650	-	-	650
Compensation to Employees	-	-	203	-	-	244
Use of Goods and Services O/W	-	-	447	-	-	442
Insurance	-	-	-	-	-	-
Utilities	-	-	17	-	-	10
Rent	-	-	-	-	-	-
Contracted Professionals	-	-	10	-	-	3
Others	-	-	421	-	-	429
Moi Teaching and Referral Hospital						
GROSS	8,042	9,823	10,027	8,073	9,555	10,230
AIA-Internally Generated Revenue	2,341	3,049	3,049	2,466	2,804	3,252
Net-Exchequer	5,701	6,774	6,978	5,607	6,751	6,978
Compensation of Employees	5,671	6,743	7,240	5,895	6,762	7,221
Use of Goods and Services O/W	2,371	3,080	2,787	2,178	2,793	3,009

Insurance	203	225	289	203	225	289
Utilities	109	127	133	109	127	133
Rent	1	1	2	-	1	2
Contracted Professional	-	-	-	-	-	-
Others	2,058	2,727	2,363	1,865	2,440	2,585
Kenya Medical Research Institute						
Gross	2,702	2,502	3,323	2,688	2,428	2,876
AIA - Internally Generated Revenue	473	647	562	612	573	157
NET - Exchequer	2,229	1,855	2,761	2,076	1,855	2,719
Compensation to Employees	2,014	1,717	2,574	2,004	1,638	2,152
Use of Goods and Services O/W	688	785	749	684	790	724
Insurance	18	16	11	13	11	11
Utilities	73	71	79	60	84	88
Rent	2	2	2	2	2	2
Contracted Professional	59	58	61	49	54	61
Others	536	639	597	560	639	562
Kenya Medical Training College						
Gross	4,351	4,935	7,356	6,668	6,837	6,923
AIA	1,069	1,868	3,832	3,386	3,414	3,399
Net-Exchequer	3,282	3,067	3,524	3,282	3,067	3,524
Compensation to Employees	3,282	3,067	3,524	3,590	3,423	3,495
Use of Goods and Services O/W	1,069	1,868	3,832	3,078	3,414	3,428
Insurance	435	490	530	395	390	491
Utilities	142	160	191	130	140	143
Rent	25	27	31	25	3	4
Contracted professional	276	275	297	225	220	234
Others	191	916	2,783	2,303	2,661	2,556
Kenya Medical Supplies Authority						
Gross	2,687	3,059	3,102	2,338	2,640	3,038
AIA	2,304	2,670	2,712	1,954	2,251	2,648
Net exchequer	384	389	391	384	389	391
Compensation of Employees	850	892	1,136	766	981	1,083
Use of Goods and Services O/W	1,755	1,591	1,966	1,457	1,577	1,955
Insurance	123	112	93	98	112	92
Utilities	61	22	22	19	22	22
Rent	143	187	185	141	186	181
Contracted professional	27	29	20	19	17	15

Others	1,401	1,240	1,647	1,180	1,239	1,644
*KEMSA Actual AIA and expenditure for FY 2019/20 was fairly within budget.						
National Hospital Insurance Fund						
Gross	51,594	66,658	73,199	47,599	58,269	61,738
AIA	51,594	66,658	73,199	47,599	58,269	61,738
Net exchequer	-	-	-	-	-	-
Compensation to Employees	4,270	4,497	4,680	4,179	4,258	4,567
Benefits paid out	40,318	50,047	59,815	39,101	53,416	54,363
Other Recurrent	3,397	3,950	3,015	3,475	3,632	2,216
National Aids Control Council						
Gross	893	755	723	892	631	658
AIA Internally generated revenue	-	-	-	-	-	-
Net exchequer	893	755	723	892	631	658
Compensation of Employees	443	472	452	385	413	431
Use of Goods and Services O/W	450	283	271	507	218	227
Insurance	10	13	9	9	0	14
Utilities	4	8	3	4	3	4
Rent	55	68	68	56	55	65
Contracted Professionals	70	74	69	110	75	73
Others	310	120	122	328	86	71
Kenyatta University Teaching Referral & Research Hospital						
Gross			2,459			2,137
AIA - Internally Generated Revenue			288			201
Net exchequer			2,171			1,936
Compensation to Employees			907			516
Use of Goods and Services O/W			1,552			922
Insurance			104			78
Utilities			85			61
Rent			-			-
Contracted Professional			82			47
Others			1,281			736
National Cancer Institute						
Gross	14	14	14	14	14	14
AIA						
Net-Exchequer	14	14	14	14	14	14
Compensation to Employees						

Use of Goods and Services O/W	14	14	14	14	14	14
Others	14	14	14	14	14	14

Notes on the expenditure performance by SAGA's

Kenyatta National Hospital

There has been a steady increase in expenditure from KSh 14,345 million in FY 2017/18 to KSh 14,750 million in FY 2018/19 and eventually to KSh 19,050 million in FY 2019/20. The key drivers in this expenditure movement is compensation to employees, largely attributed to payment of the reviewed basic salaries, house allowance, COVID-19 allowances for frontline health workers and annual increments.

The growth in use of goods is attributed to increase in Pension actuarial deficit (KSh 1,567 million in FY 2019/20) increased expenditure related to COVID-19 consumables and cost of treating indigent patients (KSh 873 million in FY 2019/20).

The hospital's capital allocation has decreased gradually from KSh 492 million in FY 2017/18 to KSh 383 million FY 2018/19 and finally to KSh 350 million in FY 2019/20. This was towards the construction of Centers of Excellence for Cancer, Renal, Surgical Day Care Centre and Burns & Pediatric Emergency.

Throughout the period, the hospital has reported a deficit position. This is because the Net exchequer is lower than the PE cost thus depleting the use of goods budget; the cost of treating indigents that are not reimbursed and the unfunded pension actuarial deficit.

Moi Teaching and Referral Hospital (MTRH)

The overall expenditure grew from KSh. 8,042 million in FY 2017/18, to KSh. 9,823 in FY 2018/19 and finally KSh. 10,681 million in FY 2019/2020. The growth is attributable to growth in Personnel Emoluments to take into consideration new approved allowances for health workers and implementation of Job Evaluation Results as approved by Salaries and Remuneration Commission.

Although additional allocations were made for Personnel emoluments requirements through supplementary estimates, the same has not been included

in the printed estimates hence persistent under-allocation. We kindly request that all allocation provided in the supplementary estimates be included in the ceiling for MTRH. MTRH also realized growth in AIA collections which has been utilized to fund increased clinical operations. The growth in waivers however affected cash flow, hence growth in pending bills.

Kenya Medical Research Institute (KEMRI)

The Institute in FY 2016/17 and FY 2017/18 did not receive monthly capitation from the Ministry of Health amounting to Kes. 139.37Million and Kes. 152.9Million respectively. The funds which primarily pays personnel emoluments created a funding gap and the institute borrowed funds to pay staff salaries. The funding gap totaling Kes. 292.27 Million needs to be settled to avoid potential staff unrest in the near future.

Kenya Medical Training College (KMTC)

In 2018/2019 AIA has reduced as compared to 2017/2018 because ECN world project came to an end in that year. For compensation to employees, in 2017/2018 there was a huge increase due to payment of Health Workers Extraneous allowance and there was an aspect of arrears that were subsequently paid in 2017/2018. The same for 2019/20 the AIA drastically reduced due to the impact of Covid 19.

Kenya Medical Supplies Authority (KEMSA)

There was a 15% increase in Appropriation in Aid (AIA) from Kshs. 1.954 Billion in FY 2017/18 to Kshs 2.251 Billion FY 2018/19. The increase was mainly driven by provision of HTPs to the four counties on Universal Health Coverage Pilot project. In FY 2019/20, KEMSA earned AIA of KSh 2,648 a growth of 18% which was attributed to growth in sales of services provided for procurement, warehousing, and distribution. Compensation to employees increased from KSh 766 Million (FY 2017/18) to KSh 981 Million (FY 2018/19) to Kshs. 1,083 Million (FY 2019/20). The Increase is attributed to annual salary adjustment, approved Doctors non-practicing allowance approved by the SRC and new minimum wage guidelines.

There has been no significant increase in transfers from Ministry of Health which relates to grants in support of personal emoluments. The increase from KSh 384 Million (FY 2017/2018) to KSh 389 Million (FY 2018/19) to KSh 391 Million (FY 2019/20) has remained relatively the same and does not adequately cover the Authority's Personal Emoluments.

National Hospital Insurance Fund (NHIF)

NHIF generates its income from statutory deductions from members of both public and private sector of the economy. There is also receipt of contributions from the informal sector members which is voluntary. There are also Managed Schemes such as the Civil Servants Scheme, The Kenya Police & Prison Services, Secondary School Students cover Under the Slogan Edu Afya, Several County schemes, Parastatal Schemes and Private Schemes and Associations. Other income includes amounts received from interest on its investments and rental income from its properties namely NHIF building, Construct House, and a building in Meru. The Ministry of Health also transfers money for Free Maternity Linda Mama and pays premiums for HISP (Health Insurance Subsidy Program), and OPSD (Older Persons & Persons with Severe Disabilities). Benefits payment for Funds members has continued to increase over the period from Ksh.29.4 billion in 2016/17, Ksh.39.1 billion in FY 2017/18 and Ksh.54.3 billion in FY 2019/20.

National Aids Control Council (NACC)

NACC utilized 95% of the budget for employee compensation. The 5% variance was occasioned by delay in filling up vacant positions. NACC also had a 3% underspending on other recurrent expenditure. This is attributable to reduced activity in Q3 and Q4 arising from COVID 19 health guidelines.

NACC is a non-commercial State Corporation. It does not generate any revenue. Therefore, all its Personnel Emoluments (PE) and Operations & Maintenance are funded through the Exchequer/ National Treasury. The Personnel Emoluments (PE) increased from KES 385.3.3 Million in FY 2017/18, to KES 413.4 Million in FY 2018/19 and to KES 431 Million following the implementation of the SRC Job Evaluation recommendations and filling of the senior vacant positions. The NACC programmes are recurrent in nature hence the need to allocate more funds through recurrent Vote. In addition, in last 2 quarter of the FY2019/20, the NACC could not implement some programs due advent of COVID pandemic.

2.8. Analysis of Performance of Capital Projects for the FY 2017/18 – 2019/20

The Ministry has been implementing 50 projects in the period under review. The projects are being implemented in different parts of the country under the various programmes with the aim of achieving the Ministry's objectives. Some of the projects are ending during this reporting period although they have been delaying in paying the last disbursements. On the other hand, other projects have

taken longer duration to complete than expected due to inconsistency in funding.

Under the period under review, the subsector implemented various projects geared towards achieving the goals/objectives as shown in the table below.

Table 2.7: Analysis of Performance of Capital Projects

No.	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2017	Approved budget 2016/17	Expected balance as at 30th June 2017	FY 2017/2018				FY 2018/2019				FY 2019/2020				Remarks	
			GOK	Foreign	Start Date	Exp Completion Date				(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2018 (%)	Approved GoK Budget		Approved Foreign Budget
		Kshs Million				Kshs Million				Kshs Million				Kshs Million				Kshs Million					
1	1081101 100 Kigumo Hospital (debt swap)	58.5		58.5	07/07/2015	07/07/2017	20.00	20.00	38.50		18.00	50.00	85%		9.00	58.00	99%				100%	The project is complete	
2	1081101 600 Wajir District Hospital	1,000.0	250.0	750.0	07/01/2012	13/08/2021	-	-	1,000.00			-	0%			-	0%				-	0%	The project has been cancelled by the financier
3	1081101 700 KNH Burns and Pediatrics Centre	2,959.5	1,723.8	1,235.7	08/03/2018	20/08/2023	-	-	2,959.51			-	0%	250.00	-	60.64	2%	175.00	470.00	705.64	24%	Construction works scheduled to be completed by June 2021. Equipping will be done in the FY 2021/22	
4	1081101 800 National Commodities	3,977.9	3,004.8	973.1	26/01/2018	30/9/2023	-	-	3,977.93		327.87	973.10	327.87	8%	1,883.64	-	1,481.87	37%	262.50	-	2,984.23	75%	Project on course

	Warehousing Center (KEMSA)																					
5	1081102 100 East Africa Public Laboratory Networking Project	3,486.0		3,486.0	11/07/2010	03/07/2020	1,769.54	581.00	1,716.46		479.00	2,509.00	72%		203.00	2,712.00	78%	-	453.46	3,486.00	100%	The project has constructed and equipped laboratories in Machakos, Malindi, Wajir, Busia and Kitale.
6	1081102 500 East Africa's Centre of Excellence for Skills & Tertiary Education	3,734.0	334.0	3,400.0	2/18/16	18/02/2022	375.00	360.00	3,359.00	50.00	450.00	425.00	11%	50.00	178.00	475.00	13%	80.00	402.00	801.30	21%	Project ongoing
7	1081102 700 Rongai (Trauma) Hospital Project	1,800.0	300.0	1,500.0	09/03/2015	09/03/2021	-	-	1,800.00			-	0%		5.00		0%		50.00	-	0%	The project is jointly financed by Badea, OFID and GOK. OFID has cancelled its loan and the project implementation may not proceed.
8	1081103 200 Nutrition	4,173.6		4,173.6	11/07/2011	11/07/2021	-	-	4,173.60		-	-	0%		-	-	0%	-	-	-	0%	The project stalled due to lack of funds
9	1081103 300 Environmental Health Services	700.5	56.1	644.4	11/07/2011	11/07/2021	217.00	129.00	483.48		10.00	275.00	39%		50.75	325.00	46%	56.10		381.10	54%	Improvement of water and sanitation activities in the counties for safe disposal of human waste administered by GOK & UNICEF

10	1081103500 Health System Management	17,600.0	-	17,600.0	02/07/2015	02/07/2021	5,613.00	3,010.00	11,987.00			6,613.00	38%		2,600.00	8,423.00	48%	-	-	8,423.00	48%	Improve the immunization coverage of children it is for Procurement and distribution of vaccines commodities (e.g. Polio, B.C.G, Measles, penta& Pneumococcal) across the country
11	1081103700 Clinical Waste Disposal System Project	1,200.0	200.0	1,000.0	03/01/2016	30/06/2021			1,200.00		604.00	837.00	70%	15.00	250.00	1,077.00	90%	-	-	1,077.00	90%	Funds will be utilized to pay 105 retention fees in completed sites, KNH,MTRH,Kisumu,Kisumu,Kakamega,Machakos,Embu,Nyeri,Mombasa and Nakuru
12	1081104000 Clinical Laboratory and Radiology Services Improvement	900.0		900.0	07/01/2016	30/06/2021			900.00		419.00		0%		218.00	237.00	26%		90.00	291.00	32%	Phase II equipping of satellite labs
15	1081104400 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	42,229.0	42,229.0		10/07/2013	10/07/2025	4,800.00	4,500.00	37,429.00	6,152.00		20,489.00	49%	9,150.00		29,359.00	70%	-	6,205.50	33,067.42	78%	Being provision for payment of the installments of the equipment distributed to hospitals across the country.

16	1081104 500 Free Maternity Program (Strategic Interventi on)	45,5 00.0	45,5 00.0		10/ 07/ 201 3	10/ 07/ 202 3	8,338 .00	4,298 .00	37,16 2.00	3,961 .00		16,11 4.00	35%	4,298. 00		20,096. 00	44%	4,098.0 0	26,243. 25	58%	Funds for Linda mama programme	
18	1081104 800 Moderniz e Wards & Staff house- Mathari Teaching & Referral Hospital	549. 0	549. 0		30/ 07/ 201 3	30/ 06/ 202 1	52.00	32.00	497.0 0	19.00		84.00	15%	62.00		146.00	27%	115.20	145.00	26%	Due to covid 19 pandemic the project was not implemented. Works to resume in FY 2020/21	
19	1081104 900 Construct a Wall, renovatio n & Procure Equipme nt at National Spinal Injury Hospital	230. 0	230. 0		30/ 07/ 201 4	30/ 06/ 201 9	12.00		218.0 0	2.00		14.00	6%			14.00	6%	15.00	-	29.00	13%	The equipping of the hospital is on going
20	1081105 100 Procure ment of Equipme nt at the National Blood Transfusi on Services	2,02 5.0	2,02 5.0		07/ 02/ 201 5	07/ 02/ 202 3			2,025. 00	175.0 0		392.0 0	19%	154.00		546.00	27%	175.28	-	721.28	36%	Funds to cater for blood shortage in the country
21	1081105 200 Procure ment of Anti TB Drugs Not covered under	1,52 5.0	1,52 5.0		13/ 08/ 201 4	13/ 08/ 202 1	330.0 0	110.0 0	1,195. 00	110.0 0		550.0 0	36%	155.00		628.00	41%	100.75		677.87	44%	The project needs to be sustained to manage the transmission of TB and other communicable diseases

	Global fund Tb programme																					
22	1081105300 Procurement of Family Planning & Reproductive Health Commodities	1,525.0	1,525.0		13/08/2014	13/08/2023	50.00		1,475.00	52.00		102.00	7%	64.00		166.00	11%	245.00		411.00	27%	The implementation of the project is well on course to ensure the availability of family planning commodities. This is one of the donor funded programme that is threatened by the donors phased withdrawal plan.
23	1081105500 (Vaccines and Immunizations)	5,000.0	5,000.0		02/07/2016	02/07/2023	820.00	410.00	4,180.00	703.00		2,020.00	40%	703.00		2,723.00	54%	748.00		3,440.81	69%	Improve the immunization coverage of children by Procuring and distributing vaccines commodities across the country.
24	1081105700 Construction of buildings-Tuition blocks at KMTC	1,882.0	1,882.0		21/9/2017	30/06/2022	-	-	1,882.00	50.00		50.00	3%	180.00		230.00	12%	211.00		441.00	23%	More office space to accommodate increased number of intake
25	1081105800 Construction and equipping of laboratory and class	2,160.0	2,160.0		03/04/2018	18/9/2023	-	-	2,160.00	283.00		283.00	13%	333.20		616.20	29%	330.00		946.20	44%	Availability of high quality teaching equipments

	rooms KMTC																					
2 6	1081106 100 Establishing of Regional Cancer Centres	8,000.0	8,000.0		07/01/2016	30/06/2021	-	-	8,000.00	400.00		136.00	2%	400.00		276.00	3%	400.00	-	676.00	8%	Funds for construction of 10 comprehensive cancer centres across the country. Currently 3 sites of Nakuru, Garissa and Mombasa construction is on going
2 7	1081106 400 Completion and Equipping Day- care Centre – KNH	378.0	278.0	100.0	15/2/16	08/12/2020			378.00	102.00	100.00	202.00	53%			202.00	53%	50.00		252.00	67%	The construction of the project was completed and handed over to the hospital on 23rd August, 2019. Procurement process of some equipment has begun through KEMSA
2 8	1081107 000 Cancer & Chronic Disease Management Centre – MTRH	1,193.0	743.0	450.0	07/01/2013	07/06/2022	450.00	-	743.00	-	-	450.00	38%	-	-	450.00	38%	350.00		800.00	67%	To procure one Radiotherapy Machine (Linear Accelerator with 3D Conformational Treatment Unit, CT Simulator, Treatment Plan and all other accessories)
2 9	1081107 100 Construction and Equipping Children	680.0	430.0	250.0	01/01/2014	30/06/2020	250.00	-	430.00	-	-	250.00	37%	-	-	250.00	37%	37.00	-	287.50	42%	To equip the facility with medical equipment for the Pediatric Burns Unit, ICU & HDU

	Hospital-MTRH																					
30	1081107300 Expansion and Equipping of ICU-MTRH	220.0	220.0		01/07/2015	06/06/2022	85.00	170.00	135.00	-	-	175.00	80%	-	-	85.00	39%	63.75	-	148.75	68%	To equip the facility with ICU & HDU beds complete with cardiac monitors, defibrillators, suction machine and syringes
31	1081107500 Situation Room for Real Time Data & Information on HIV & AIDS - NACC	391.0	391.0		17/09/2016	30/06/2023	40.00	40.00	351.00	45.50		45.50	12%	31.20		116.00	30%	37.90	-	154.68	40%	To provide data infrastructure for one country level M&E framework system
32	1081107900 Construction and upgrading of KEMRI Laboratories (Nairobi, Kwale, Busia)	635.0	635.0		42552	45474	50.5	10	584.50	0		0	0%	23.3	-	73.8	12%	32.75		123.93	20%	Seventy seven (77) research laboratories out of which thirty (30) labs are accredited. Forty seven (47) labs require upgrading to international standards in order to provide reliable quality data and enhance biosecurity levels
33	1081108100 Sample Storage Facility-KEMRI	607.0	552.0	55.0	01/07/2016	01/07/2022	20.00	20.00	587.00	-	-	345.00	57%	-	44.00	389.00	64%	21.25		410.25	68%	Construction is now in Phase IV of the project and is due for completion in FY 2020/21

35	1081109 400 Rollout of Universal Health Coverag e	91,000.0	91,000.0		10/07/2018	10/07/2022	-	-	91,000.00	-	-	-	0%	390.00	-	389.00	0%	12,007.88	11,458.52	13%	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	
36	1081109 500 Construct ion of a Cancer Centre at Kisii Level 5 Hospital	2,280.0	280.0	2,000.0	10/08/2016	10/08/2022			2,280.00				0%	-	10.00	-	0%	30.00	180.00	19.87	1%	Counterpart funds for consultancy services was signed in Nov 2019. Consultant has submitted request for 15% advance payment.
37	1081110 200 Support to Universal Health Care in the Devolved system in Kenya	3,165.0		3,165.0	02/01/2017	30/06/2020			3,165.00	1,215.00	1,215.00	38%		1,013.00	1,215.00	38%	1,422.83	2,335.78	74%	Funds to offer support to primary health care facilities		
38	1081110 300 Transfor ming Health Systems for Universal care Project	19,683.3	-	19,683.3	15/09/2016	30/06/2021			19,683.30	4,202.00	1,860.00	9%		5,322.00	4,293.00	22%	5,084.00	9,377.00	48%	Funds to support all counties in health systems strengthening, procurement of family planning commodities and capacity building		
39	1081110 700 Strenght ening of Cancer Manage	2,000.0	2,000.0		23/8/2018	09/06/2022			2,000.00	250.00	60.00	3%	-	-		0%	125.00	185.64	9%	This is the first phase of the project to expand the space and accommodate the cancer		

	ment at KNH																				treatment center.	
40	1081110800 Research and Development - KEMRI	3,600.0	3,600.0		01/07/2014	01/07/2025	506.75	-	3,093.25	48.75		506.75	14%	228.80		735.55	20%	171.60	-	992.95	28%	To support research on communicable and non-communicable disease
41	1081111300 Special Global Fund HIV Grant KEN-H-TNT-(GLOBAL FUND)	22,520.0	9,400.0	13,120.0	01/01/2018	30/06/2022	851.73	463.51	21,668.27	-	463.51	1,315.24	6%	-	1,008.90	2,324.14	10%	-	1,050.00	3,374.12	15%	To increase access of ARVs and awareness creation to prevent spread of HIV/AIDs.
42	1081111400 Special Global Fund Malaria Grant KEN-M-TNT-(GLOBAL FUND)	10,000.0	6,400.0	3,600.0	01/01/2018	06/06/2022			10,000.00	-	280.00	255.00	3%		802.00	705.00	7%		754.58	1,390.08	14%	Increased interventions towards control of Malaria scourge.
43	1081111500 Special Global Fund TB Grant KEN-T-TNT-(GLOBAL FUND)	2,300.0		2,300.0	01/01/2018	30/06/2022			2,300.00		378.41	201.00	9%		1,309.19	503.00	22%		859.85	1,202.27	52%	Purchase of TB medicine and Cartridges.
44	1081111900 PHG-Case Study on Integrated Delivery	250.0		250.0	01/10/2019	30/09/2021	-	-	250.00	-	-	-	0%	-	-		0%		150.00	150.00	60%	Research on 4 NCDs (diabetes, cervical cancer, breast cancer and hypertension) in two counties

	of Selected NCD-MTRH																				(Busia & Trans Nzoia	
45	1081117600 Beyond Zero Campaign-NACC	203.0		203.0	06/01/2016	30/06/2022	35.50	35.50	167.50			35.50	17%	35.20		70.70	35%	35.20		105.90	52%	Improving maternal and child healthcare
46	1081118200 Kenya COVID-19 Emergency Response Project	5,350.0	5,350.0		01/02/2020	30/06/2022			5,350.00				0%				0%	-	5,350.00	1,727.12	32%	Prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness
47	1081117900 Reconstruction of drugs Rehabilitation centre at Coast General Hospital	20.0		20.0	01/07/2019	30/06/2020			20.00				0%				0%	20.00		17.70	89%	Modern rehabilitation centre
48	10811180000 Construction of a hospital in Kiyawara - Kieni East	30.0		30.0	01/07/2019	30/06/2020			30.00				0%				0%	30.00		17.00	57%	Access to improved health care service
49	1081118400 Conversion of a daycare centre to Ward for COVID - 19	140.0		140.0	01/07/2019	30/06/2020			140.00				0%				0%	140.00		140.00	100%	Accommodate COVID 19 Patients

	Patients KNH																					
5 0	10811185 00 Operation alizatin of 300 bed capacity for COVID 19 Cases KUTRRH	526.5		526.5	01/ 07/ 201 9	30'0 6/20 20			526.5 0				0%				0%	526.50		526.50	100%	Provision of health services to COVID 19 patients
		319,38 6.82	237,7 72.72	79,614. 10			24,686. 02	14,189. 01	294,700 .80	12,731. 12	9,592.0 2	58,186. 86	9.24	18,406.3 4	13,022.8 4	81,450.9 0	11.90	23,099.4 9	20,113.3 9	120,145. 66		

2.9. Analysis of Pending Bills for the FY 2017/18 – 2019/20

The Table below present a summary of pending bills by nature and type during the period under review. The Health sector has total pending bills of KSh **50,202** million comprising KSh **1,256** million due to lack of liquidity and KSh **48,946** million due to lack of budgetary provision.

Summary of Pending Bills by nature (Amount in KSh Million)

ENTITY	Due to Lack of Liquidity			Due to Lack of Budgetary Provision		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
MOH	3,024	41,755	416	-	40,715	26,232
KMTC	98	98	98	2,075	4,440	5,263
KEMRI	1,177	255	204	1,649	1,942	1,941
KNH	424	538	538	2,518	4,373	11,721
MTRH	85	-	-	1,180	1,036	869
KEMSA		-		-	-	2,920
NACC						
TOTAL	4,808	42,646	1,256	7,422	52,506	48,946

Table 2.8 Summary of Pending Bills by Nature and Type

	Due to Lack of Exchequer			Due to Lack of Provision		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Recurrent	14	41,704	37	8,067	52,506	48,481
Use of Goods and Services	-	40,716	37	431	1,304	6,459
Social Benefits	14	988	-	4,271	5,583	14,678
Other Expenses	-	-	-	3,365	45,619	27,809
DEVELOPMENT	4,794	942	1,219	589	-	-
Acquisition of Non-Financial Assets	4,442	687	1,035	-	-	-
Use of Goods and Services	-	-	-	589	-	-
Other - CDC Debts	352	255	184	-	-	-

Total pending bills	4,808	42,646	1,256	8,656	52,506	48,481
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MOH PENDING BILLS

The total pending bills at the Ministry's headquarters as per the end of the FY 2019/20 amounted to **Kshs. 26,648 Million** comprising of **Kshs. 26,269 Million** in recurrent vote and **Kshs. 379 Million** in development vote.

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

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Recurrent	14	41,704	37	0		26,232
compensation for employees						
Use of Goods and Services	14	988.6	37			1,232
Social Benefits						
Other Expenses-Court Awards& legal fees		40,715				25,000
DEVELOPMENT	3,701	51	379			
Acquisition of Non-Financial Assets	3,701	51	379			
Use of Goods and Services						
Other – Specify						
Total pending bills	3,715	41,755	416	0		26,232

NB: The Kshs 2,500 Million pending bill under the ministry of Health relates to the outstanding court awards under review in consultation with the Office of the Attorney General. Ksh 1,232 Million is a historical pending bill owed to KEMSA by MOH.

KEMSA PENDING BILLS

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

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
RECURRENT						
compensation for employees	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	2,919.83
Social Benefits	-	-	-	-	-	-
Other Expenses	-	-	-	-	-	-
DEVELOPMENT	-	-	-	-	-	-

Acquisition of Non-Financial Assets	-	-	-	-	-	-
Use of Goods and Services			-	-	-	-
Others – Specify	-	-	-	-	-	-
Total pending bills			-	-	-	-

During the COVID-19 pandemic KEMSA procured emergency health products and technologies within the approved budget. However, the country need was more than the approved budget and hence the pending bill of KSh. 2,919.83B.

Challenges in settlement of these debts include:

- (i) Delayed settlement of outstanding amounts by KEMSA Debtors. The current debt is **KSh 6.908 Billion**. As shown in the table below.

RECEIVABLES FROM EXCHANGE	30TH JUNE 2020
Counties	2,848,869,446.67
Ministry of Health	2,125,491,871.29
GOK Facilities	594,747,978.40
SSD Customers	328,560,839.94
Development Partners	1,008,671,227.65
Customer operations	1,780,026.76
TOTAL RECEIVABLES FROM EXCHANGE	6,908,121,390.71

- (ii) Lack of budgetary space in the year 2020/2021 for processing the COVID-19 related Supplies, which have not yet been committed through LPO Process.

KEMRI PENDING BILLS

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

		Due to lack of Exchequer			Due to lack of provision		
Type/Nature		2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Recurrent							
Compensation of employees	Recurrent Capitation- June 2018 salary	292	292	291			
	Pension	1,357	1,650	1,650			
Development							

Acquisition of non-financial assets	Development grant	20		20			
Others specify	CDC debts	352	255	184			
Total		2,021	2,197	2,145			

KEMRI DB Pension Scheme

KEMRI staff Retirement Benefits Scheme was established on 1st July 1983 as Defined Benefit (DB) scheme and closed to new members in July 2008 following government directive to convert all DB schemes to DC schemes. The scheme remains unfunded with outstanding benefits amounting to Kes. 620 Million with actuarial valuation as at 30th June 2018 being Kes. 1.65 billion. KEMRI has continued to receive demand letter, court summons and orders compelling KEMRI to pay benefits to members who have since exited service. Non-settlement of outstanding benefits poses a risk to the institute as operations may be interrupted due to attachment of its property.

US Centre for Disease Control (CDC)

KEMRI and US Centre for Disease Control (CDC) have had a long-term productive research and public health collaborations lasting 15 years or so. The collaboration operates through 5-year cooperative agreement (COAG). Unfortunately, during the 5th year of the last collaborative agreement (2010-2015) COAG 3, the programme experienced financial challenges and reported a Short-Fall Amongst the most urgent pending bills was settlement of the Principal sum of US dollars 2,891,874 that is accruing interest and the matter had been referred to the USA Department of Health & Human Services. KEMRI has so far paid USD 1,500,000 leaving a balance of USD1, 391,874.

CDC Vendors Debt

Vendor debts amounting to Kes.155 Million owed to various suppliers who had provided goods and services to the programmes were not cleared. It is worth noting that we have received a number of demand notes and court cases from the vendors.

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		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
1. Recurrent						
Compensation of employees	124	124	124	-	869.6	-
Use of goods and services			0		1,602	1,346

Social Benefits -NSSF	-	-	-	311	311	215
Social Benefits -Pension Deficit	-	-	-	2,700	3,938	10,036
2. Development			0			
Acquisition of non-financial assets	538	538	538	-	-	-
Total Pending Bills	662	662	662	3,011	5,851	11,597

a) Compensation of Employees KSh 124 million

i. 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.

ii. Shortfall on personnel emoluments support 2017/2018 Kshs.10 million

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

b) Compensation of Employees KSh 869.6 million

The shortfall in compensation to employees in the FY 2018/19 of KSh 869.6 million was made up of Harmonized House allowances arrears of KSh 359.7 million and Health workers allowance shortfall of KSh 509.9 million. Both allowances were funded in Supplementary I allocation and were implemented in the FY 2019/20.

c) Use of goods and services KSh 1,346 Million

This is occasioned by the deficit in the Operations and Maintenance funds due to uncollectable revenue arising from indigents. Indigents are citizens who are not able to pay their bills for services offered by the hospital on clinical discharge.

d) NSSF outstanding arrears KSh 215 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 Labor 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 totaling to KSh 310, 830,280 excluding penalties.

Cumulatively the hospital has paid KSh 96,000,000 to reduce the pending bill to KSh 214,839,020.

e) Defined Benefit (DB) Pension Deficit of Kshs.10 billion

The current actuarial valuation was done on the DB pension scheme as at 30th June 2020. The valuation showed total liabilities of KSh 16 billion against the schemes asset of KSh 6 billion with a deficit thereon of KSh 10 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.

f) Development Pending Bills KSh 538 Million

In the Financial year 2017/18, the hospital was allocated KSh 492 for Capital projects however only KSh 246 was received leaving a balance of KSh 246. The hospital has already signed contracts and commenced construction works for all the four projects. If the remaining funds are not disbursed as promised, the hospital risks incurring penalties for breach of contract and the project will stall for lack of funds.

In the Financial Year 2012/2013, the hospital had a development budget of 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 following up due to lack of exchequer liquidity. The hospital had already committed the procurement of the capital items and lack of disbursement has caused a great stain on cash flow of the Hospital and affected the relationship with suppliers due to delayed payments. The funds are still required in keeping with the spirit of using the printed estimates as the guide to allocation.

As a result of partial disbursement of funds expected from Exchequer, the hospital has accumulated pending bills of KSh 662 million. The total pending bills as a result of lack of provision is KSh 11,597.

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		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20

Recurrent						
Compensation of employees(Note 1)	384	384	384			
Use of good and services e.g. utilities, domestic or foreign travel etc.				431	784	452
Social Benefits NSSF (Note 2)				60	60	715
Social benefits Pension deficit(Note 3)				1,200	1,200	1,700
Arrears for Re-Categorization for KMTC to PC4A w. e. f 1/7/17					1,052	1,052
Provision for CBA from 1 st July 2014 (@240M P.A.)					960	960
Development						
Acquisition of non-financial assets		98	98			
Use of goods and services e.g. utilities, domestic or foreign travel etc.						
Others – Specify						
Total Pending Bills	384	482	482	1,691	4,056	4,879

During FY 2017/18 a quarter of the total Development Grant was not received from the exchequer and as at the end of FY 2017/18 the total pending grant was totaling to Kshs.482M.

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

The College was allowed to operate a pension scheme with effect from 1st January 2002 following the Retirement Benefits Authority's (RBA) registering a contributory Staff Retirement Scheme. All the staff became members of the Scheme and their NSSF contributions were stopped. However, the Minister for Labor, through a Notice to all Employers stressed that following the Kenya Gazette Notice No. 159 of 30th October 2009, it is now mandatory for all employers to remit contributions to NSSF. No employer is exempted from the provisions of the NSSF Act on the strength of having an in-house occupational pension scheme. Exemption may only be granted by the Minister for Labor on the recommendations of the NSSF Board of Trustees where an employer operates a universal national scheme that offers benefits comparable to NSSF and that the NSSF is such a scheme. Consequently, the College remitted NSSF contributions for all its staff with effect from 1st April 2011. The outstanding contributions for the period commencing 1/1/2002 to 31st March 2011 amounting to KSh 60million has been cleared. However, NSSF has since levied Kshs.**715 million**, being penalties on late payment

The college converted its DB scheme to DC as required vide the treasury circular. An actuarial valuation was undertaken that revealed a deficit amounting KSh. 1.7B continues due to lack of budgetary allocation. The RBA requires a Remedial Action Plan (RAP) for its settlement. In view of recent retirements of staff, the scheme is soon finding it difficult to meet its obligations of paying Pensions to retirees.

MTRH PENDING BILLS

Summary of Pending Bills by nature and Type KSh Million

Type/Nature	Due to lack of Exchequer			Due to lack of Provision		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
RECURRENT						
Compensation of employees	517	442	360			
Use of Goods and Services				589	520	509
Social Benefits e.g. NHIF, NSSF				74	74	0
Other expense	-	-	-	-	-	-
DEVELOPMENT						
Acquisition of non-financial assets	85					
Use of goods and services e.g. utilities, domestic or foreign travel etc.						
Others -specify						
Total Pending Bills	602	442	360	663	594	509

Inadequate Compensation of Employees Kshs.360 Million

During the MTEF period under review, MTRH continuously faced with challenges in fully meeting its Personnel Emoluments budgetary requirements. This is mainly due to historical underfunding of personnel emoluments over the years for MTRH. The shortfall in compensation to employees in the FY 2019/20 of KSh 360 Million was made up of implementation of new basic salaries as per JE and Health workers allowances implemented as per negotiated CBAs. However, both requirements were partially funded in Supplementary II allocation, but the same amounts were not provided in the re-current printed estimates for FY 2020/21. For the current year under review, MTRH had presented budgetary requirement of Ksh 8.5 Billion. However, Ksh.6.9 Billion was allocated hence budgetary shortfall of Ksh.1.6 Billion. This has resulted in late payment of salaries and other statutory requirements. It is important to note that staff salaries are fully funded by the exchequer.

Pending Disbursements Kshs.443 Million

The hospital did not receive its total recurrent disbursement from the Ministry of Health in June 2016 and June 2018. This failure to disburse allocated funds to the tune of KSh. 350 million in

2015/16 financial year and an additional KSh. 93 million in the 2017/18 financial year, has resulted to delays in payment of staff salaries and other statutory payments. This was in addition to the fact that the salaries were not fully covered by the allocated grant. All these factors have contributed to carried forward pending bill of KSh 360 Million at the end of 2019/20 financial year.

Use of Goods & Services Kshs.509 Million

The Hospital utilizes Cost sharing income (AIA collections) to meet payments for operations & maintenance expenses, payment of pharmaceutical supplies and non-pharmaceutical supplies (use of goods and services), utilities. The ability of the hospital to clear pending bills towards suppliers has over time been affected by the strained cash flows, as a result of huge waivers of an average of Kshs.350 Million annually. This is due to indigent patients that are unable to pay for medical services.

Development Pending Bills KSh 85 Million

In the Financial year 2017/18, the hospital was allocated Kshs. 170 Million for Capital projects. However, only KSh 85 Million was received leaving a balance of KSh.85 Million. The hospital has already signed contracts and commenced construction works for the projects. If the remaining funds are not disbursed as committed, the hospital risks incurring penalties for breach of contract.

CHAPTER THREE

3.0. MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2021/22-2023/24

3.1. Prioritization of programmes and sub- programmes

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

The priorities of the sector for FY 2021/22-2023/24 will be geared towards achievement of the Sector development agenda, which will be achieved through full implementation of UHC as part of the Big Four Agenda. First on the list is scaling up Universal Health Coverage (UHC). Following the effects and impact brought by the COVID-19 pandemic, the sector will also prioritize implementation of the post COVID-19 Economic Recovery Strategy (ERS) in the period. The initiatives under this include; the Linda Mama (free maternity health services), Health insurance subsidies for the poor, elderly and vulnerable groups, persons with mental health disorders, increasing health insurance membership for informal sector and reducing out of pocket/catastrophic health expenditures through reforming the provider payment mechanisms and ensuring efficiency and equity in use and distribution of resources. Digitization of the Health platform (DHP) is aimed at achieving real-time data, Health Information exchange and enhance quality of health services and promote service delivery through Telehealth.

To support delivery of UHC and post-COVID ERS, the Sector also prioritizes improving quality of healthcare through continued revamping and expansion of health infrastructure. In addition, focus will also be on establishment of centres of excellence in health, health commodity storage centres, new specialized health facilities and laboratories. Critical to these is building capacity in human resources for health at all levels of the healthcare system.

Priority in resource allocation for FY 2021/22-2023/24 will be based on

- Increasing access to primary healthcare services,
- Prevention and promotive rehabilitative services,
- Strengthening the national referral and specialized services,
- Scaling up International health security (disease surveillance and response),

- Strengthening research and development
- Availability of health products and technologies.
- Digitization of the Health platform (DHP)

3.1.1. Programmes and their Objectives

The Sector will implement the following 5 programmes and sub programmes in the Financial Years FY 2021/22-2023/24 which are in line with the priorities mentioned above:

Programmes and their Strategic Objectives

Programme	Outcomes	Programme objectives
Programme 1: Preventive, Promotive and RMNCAH Services	Reduced morbidity and mortality due to preventable causes	To increase access to quality Promotive and Preventive health care services
Programme 2: National Referral and Specialized Health Service	Increased access, Quality and range of specialized health services	To increase access and range of quality specialized healthcare services
Programme 3: Health Research and Development	Increased knowledge and innovation through capacity building and research	To increase capacity and provide evidence for policy formulation and practice guidelines
Programme 4: General Administration and Support Services.	Effective governance and leadership mechanisms strengthened.	To strengthen Governance and leadership in the sector
Programme 5: Health Policy, Standards and Regulations	Strengthened Health Policy, Standards and Regulations	To strengthen policy and regulation of the Health Sector

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

Overall, these programmes aim at achieving improved accessibility, affordability of health services, reduction of health inequalities and optimal utilization of health services across the sector. The following are the programmes and respective sub-programmes to be implemented during the period, FY 2021/22-2023/24.

Programmes and Sub-programmes

Programme	Sub Programmes
Preventive, Promotive and RMNCAH	<ul style="list-style-type: none"> • SP 1.1 Communicable Disease Control • SP1.2 Non-Communicable diseases prevention and control • SP1.3 Radioactive Waste Management • SP1.4 RMNCAH • SP1.5 Environmental Health
National Referral & Specialized services	<ul style="list-style-type: none"> • SP2.1 National Referral Health Services • SP2.2 Specialized Health Services • SP2.3 Specialized Medical Equipment • SP2.4 Forensic and Diagnostic services • SP2.5 Health Products and Technologies
Health Research and Development	<ul style="list-style-type: none"> • SP3.1 Pre-Service and In-Service Training • SP3.2 Health Research
General Administration & Support Services	<ul style="list-style-type: none"> • SP4.1 General Administration • SP4.2 Finance and planning
Health Policy, Standards and Regulations.	<ul style="list-style-type: none"> • SP5.1 Health Policy • SP5.2 Social Protection in Health • SP5.3 Health Standards and Regulations

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

Programmes/Sub-Programme, Outcome, Key Outputs and KPIs

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
Programme 1: Preventive, promotive and RMNCAH									
Programme Outcome: Increased access to quality promotive and preventive health care									
SP 1.1 Communicable disease control	Disease Surveillance and Epidemic Response	Healthcare Workers Trained on the Revised IDSR technical guidelines	Number of Healthcare Workers Trained on the Revised IDSR technical guidelines	NA	NA	200	700	700	900
		Community Event Based Surveillance (CEBS) in counties established	Number of Counties with Functional CEBS	N/A	N/A	5	10	10	15
	Field Epidemiology & Laboratory Training Program(FELTP)	FELTP residents (MSc Applied Epidemiology) trained by GoK	Number of FELTP residents (MSc Applied Epidemiology) sponsored by the GoK	15	3	20	25	30	30
	Division of Zoonotic Diseases	Staff trained on Rabies and Brucellosis	Number of health care workers trained on Rabies	N/A	N/A	N/A	50	100	150

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
			Number of Health care workers trained on Brucellosis	N/A	N/A	N/A	50	100	150
	Neglected tropical Diseases	People treated for Lymphatic filariasis (LF)	No. of people treated for LF	3.4M	3.8M	3.9M	2.5M	1.6M	400,000
		People treated for Trachoma	No. of people treated for trachoma	700,000	1.2M	1.7M	1.5M	1.4M	1M
	Department of Laboratory Services	Testing capacity of laboratory network for referral services	No. of national reference laboratories and county reference laboratories able to conduct testing of at least 5 priority diseases	3	5	13	23	33	43
	Public Health Emergency Management Operations Centre	Ambulance drivers trained and certified	Number of ambulance drivers trained and certified	NA	NA	NA	250	250	500

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
	Public Health Emergency Management Operations Centre	Public Health Emergency Operations Centres established	Number of Public Health Emergency Operations Centres established in counties	NA	NA	16	11	10	10
	Health Emergencies and Disaster Risk Management	Emergency rapid response medical Teams established in the 47 counties	Number of emergency rapid response teams	N/A	N/A	16	11	10	10
	NACC	Adolescents and young people reached with HIV and SRH information	Number of adolescents and young people reached with HIV prevention and SRH information	1,500,000	304,676	1,00,000	1,200,000	1,200,000	1,200,000
		Male engagement in HIV services	Number of men reached with integrated information package on HIV prevention, UHC and SRH	420,000	598,339	600,000	605,000	610,000	615,000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		People Living with HIV (PLHIV) networks trained on Meaningful Involvement of PLHIV(MIPA) package, NCDs and UHC	Number of PLHIV networks trained on MIPA, UHC literacy and NCDs	30	25	30	35	38	43
		Condom dispensers installed in non-health settings	Number of condom dispensers installed in non-health settings	300	545	600	610	630	690
		Condoms distributed in non-health settings	Number of condoms distributed in non-health settings	15,000,000	10,131,843	12,000,000	13,000,000	15,000,000	18,000,000
		People reached with HIV prevention and UHC messages via different platforms	Number of people reached with HIV prevention and UHC messages	20,000,000	8,300,000	9,000,000	10,000,000	11,000,000	12,000,000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Counties reached through Beyond Zero medical safaris clinics	No of counties reached through Beyond Zero medical safaris clinics	10	2	5	7	9	11
		Health and HIV prevention Programmes incorporated and implemented in infrastructure projects (Road, Energy, Water and Irrigation, Housing)	Number of Health and HIV prevention Programmes incorporated and implemented in Infrastructure projects	50	30	40	50	60	70
		Counties supported in Capacity development of the County AIDS Strategic framework (CASPS)	Number of Counties supported in Capacity development of the County AIDS Strategic framework (CASPS)	N/A	N/A	20	27	N/A	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Thematic modules introduced into the Situation Room	Number of thematic modules introduced into the Situation Room	3	3	4	4	5	5
		Organizations reporting through the CAPR system	Number of organizations reporting through the CAPR system	1,625	1,619	1,650	1,700	1,750	1,800
		MDAs reporting on Maisha Certification system	Number of MDAs reporting on Maisha Certification system	287	236	300	320	323	330
		Counties supported to develop HIV related policies	Number of Counties supported to develop HIV related policies	N/A	N/A	14	13	13	7
	NASCOP	HIV positive clients on ARVs	Number of people Currently on ART	1,150,926	1,191,367	1,254,841	1,287,891	1,319,871	1,354,634
Number of people tested for HIV			11,245,432	6,447,971	8,686,478	8,234,362	7,632,177	6,791,069	
Number of HIV Positive Identified			171,832	157,897	182,416	189,390	190,804	191,413	

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
			Percentage of HIV pregnant women who received HAART in ANC, PNC and Labour and Delivery	93	94	94	95	98	98
	TB Programme	TB clients identified	Number of TB cases notified (All forms)	101,414	80,223	112,800	122,000	102,300	95,864
Proportion of Childhood TB cases detected			50%	41%	60%	70%	80%	80%	
TB clients treated		Proportion of successfully treated TB cases (all forms of TB)	90%	84%	90%	90%	90%	90%	
		Proportion of drug-resistant TB cases detected	43%	45%	70%	80%	90%	90%	
National Malaria Programme	Prompt Malaria treatment	Number of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities	6,700,000	6,747,745	6,800,000	7,000,000	6,300,000	6,895,000	

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Malaria cases in public health facilities tested	Proportion of suspected cases presenting to public health facilities tested (microscopy or RDT)	90%	56%	95%	100%	100%	100%
		Malaria cases treated	Proportion of Confirmed Malaria Cases treated in accordance to the Kenya Malaria Treatment Guidelines	70%	60%	80%	90%	100%	100%
		Long Lasting insecticidal nets distributed through Maternal and Child Health (MCH) clinics	Number of Routine Long Lasting Insecticidal Nets distributed	1,700,000	1,468,565	1,700,000	1,700,000	1,700,000	1,800,000
SP 1.2 Non-Communicable diseases	Cancer Programme	Women of reproductive age screened for cervical cancer	Number of women of reproductive age screened for cervical cancer	400,000	313,065	369,380	400,000	500,000	700,000
		Comprehensive regional cancer	Number of comprehensive	0	1	3	3	4	5

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		centres established	regional cancer centres established						
		Health care workers trained on the Cancer specimen handling and diagnosis guidelines	Number of health care workers trained on the Cancer specimen handling and diagnosis guidelines	0	128	500	800	1,000	1,200
	National Cancer Institute Kenya- NCI-K	Cancer information platforms established in National and County levels	Number of National & County cancer registries established	N/A	N/A	12	17	27	47
		Stakeholders sensitized on	Number of counties sensitized in resource allocation and prioritization of cancer prevention and control	2	3	15	20	30	47

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		prevention and control of cancer	Number of people reached with cancer Prevention & Control messages	2,000,000	2,399,081	5,000,000	8,000,000	15,000,000	25,000,000
			Number of MDAs sensitized on workplace cancer prevention and control activities	N/A	N/A	8	12	22	35
		NCI-Kenya staff recruited	Number of staff recruited for NCI-Kenya	N/A	N/A	N/A	32	60	101
		Cancer treatment centers certified	Number of certified cancer treatment centers	N/A	N/A	N/A	5	10	15
		Counties supported to set up cancer screening stations	Number of counties supported to set up cancer screening stations	N/A	N/A	N/A	2	5	10
	Mental Health Unit	Health Care Workers Trained on Mental Health interventions guide	No. of Health Care Workers Trained on Mental Health interventions guide	600	2000	10,000	10,000	15,000	20,000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Key messages for Mental Health developed	Number of key mental health messages	10	10	15	25	35	45
	Non-Communicable Diseases Prevention and Control Unit	Health Care Workers trained on Diabetes and CVDs prevention and management	Number of Health Care Workers trained on Diabetes and CVDs prevention and management	2,500	90	500	1,500	2,000	2,500
		STEPs Survey conducted	STEPs survey report	1	0	0	1	0	0
		Access to specialized health care in management of lifestyle diseases Diabetes and Hypertension	Number of diabetes patients receiving treatment	100,000	80,988	80,988	150,000	350,000	700,000
			Number of hypertensive patients receiving treatment	150,000	101,246	101,246	200,000	500,000	1,000,000
		Community Health Volunteers trained on Diabetes and CVDs prevention and control	Number of Community Health Volunteers trained on Diabetes and CVDs prevention and control	400	285	285	400	1,500	1,850

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
	Violence and Injuries Prevention and Control	Health Care workers trained on trauma prevention and care	Number of Health Care workers trained on trauma prevention and care	50	25	75	100	200	300
		Trauma registry established	Trauma registry	0	0	0	1	0	0
		National trauma framework established	Trauma framework	0	0	0	1	0	0
	Tobacco Control Division	Health Care Workers trained on implementation of Tobacco Control Act, NTCSP and Cessation Guidelines	Number of Health Care Workers trained on implementation of Tobacco Control Act, NTCSP and Cessation Guidelines	20	20	100	250	500	1000
		Tobacco control and enforcement officers trained	Number of Public Health Enforcement officers trained on Tobacco Control Act	100	200	300	400	500	800
		Tobacco cessation clinics established	Number of Tobacco cessation clinics	5	0	3	4	5	6

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
	Geriatrics Medicine	Functional workplace wellness programme established at Ministry of Health	Number of functional workplace wellness programs	1	0	1	1	1	1
		Policies, strategies and guidelines on Physical Activity, Healthy Ageing and Older Persons developed and disseminated	Number of Policies, strategies and guidelines on Physical Activity, Healthy Ageing and Older Persons developed and disseminated	0	0	1	1	1	1
		Rapid geriatric assessment (RGA) conducted	Number of RGAs conducted	200	200	200	1000	1000	1000
		Geriatric care centers established	Number of geriatric care facilities established	12	0	6	2	2	2
	NCD Department	National NCD Strategy 2021-2025 developed	National NCD Strategy	1	0	0	1	0	0

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
SP 1.3- Radioactive Waste Management	Kenya Nuclear Regulatory Authority	Nuclear safety and security regulations standards and guidelines developed	No. of nuclear safety and security regulations standards and guidelines	N/A	N/A	2	2	N/A	N/A
		Law enforcement officers trained in nuclear safety and security	Number of law enforcement officers trained in nuclear safety and security	N/A	150	200	300	400	500
		Facilities inspected and licensed annually	Proportion of facilities inspected and licensed annually	75%	75%	75%	80%	90%	90%
SP 1.4 RMNCAH	Family Planning, Maternal and Child Health	Uptake of FP commodities/services	Proportion of women of reproductive age receiving family planning commodities	45%	45%	50%	55%	58%	60%
		Deliveries conducted by skilled health workers	Proportion of deliveries conducted by skilled health workers	70%	66%	70%	72%	74%	76%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Women receiving 1 st ANC services	Proportion of women receiving 1 st ANC services	90%	83%	90%	95%	95%	95%
		School age children dewormed	No. of Pre-school and school going children de-wormed	6.0M	3.8 M	6.0M	6.0 M	6.0M	6.0M
		Pentavalent Vaccination Coverage	Proportion of fully immunized children (Proxy Penta 3)	80%	77%	82%	84%	86%	88%
		Facilities with Functional Cold Chain Equipment	Proportion of Health Facilities with Functional Cold Chain Equipment	80%	90%	90%	92%	94%	95%
		Vitamin A Supplementation (VAS) coverage	Vitamin A Supplementation (VAS) coverage	80%	62.50%	62%	78%	80%	80%
SP 1.5 Environmental Health	Water, Sanitation and Hygiene (WASH)	Open defecation free villages	Proportion of Villages certified as open defecation free	20%	21%	25%	27%	37%	50%
	Food Safety and Quality	National Integrated food	Proportion of the integrated national food safety	20%	15%	50%	80%	90%	100%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		safety surveillance system developed	surveillance system developed						
	Occupational Health and Safety	Health committees in National and County health referral hospitals trained	No. of county referral health facilities with trained safety and health committees	10	0	15	15	15	13
	Waste Management and Climate Change	Medical waste microwave equipment in health facilities commissioned	No. of health facilities with functional microwave equipment for medical waste treatment	3	6	1	5	5	5
			No of healthcare workers trained at national and county health referral hospitals on healthcare waste management	600	600	600	1,000	1,000	1,000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
	Port Health Services	Border Health Capacity Discussion Guide (BHCDG) in POEs implemented	No. of Points of Entry (POEs) implementing BHCDG	3	3	3	5	5	5
	Tobacco Control Board	County tobacco control enforcement committees established and trained	No. of county tobacco control committees established and trained	10	6	11	10	10	10
		Tobacco Control Policy finalized	Tobacco control policy	N/A	N/A	N/A	N/A	1	N/A
		Tobacco Control Regulations on emerging issues developed	Tobacco control Regulations	N/A	N/A	N/A	1	N/A	N/A
SP 1.6 Primary Health Care	Health Promotion Unit	Health promotion guidelines developed	No. of guidelines developed	6	1	4	1	N/A	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		National health education programs established	No. of health education programs established	N/A	N/A	3	1	1	N/A
		Health promotion officers and Community Own Resource Persons(CORPS) trained on behaviour change communication and UHC	No. of health promotion officers and CORPS trained	47	47	1,500	2,000	2,500	25,000
		Knowledge, attitude and practice surveys conducted	Number of surveys conducted	1	1	3	3	4	4
	Community Health Unit	Community Health Units operationalized	Proportion of CHEWs trained	80%	34%	80%	100%	N/A	N/A
			Proportion of Community Units established	80%	86%	80%	100%	N/A	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24	
			No. of CHVs trained on basic modules	80,000	88,403	80,000	95,130	N/A	N/A	
			No. of CHVs trained on technical modules	50,000	59,000	50,000	30,000	20,000	N/A	
			No. of CHVS kits procured	103,000	7,500	95,130	20,000	50,000	20,000	
	Primary Health Services		Policies/ Strategies/guidelines to support PHC and UHC Implementation developed	Policies/Strategies/guidelines developed to support PHC and UHC implementation (PHC strategic framework and PCN operational manual)	N/A	1	1	2	0	0
			Primary care networks operationalized	No. of hospitals accredited as hubs for the PHC Networks	N/A	N/A	47	94	141	141
			Proportion of counties with functional primary care networks (PCNs)	30%	0	40%	50%	70%	100%	

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Level 4- Sub-county PHC referral hospital fully equipped as hubs for the PHC Networks (47) as per IGA	No. of equipped centres of excellence/Learning sites	N/A	N/A	N/A	8	24	47
		PHC operational manual and PCN communication and advocacy strategy developed	PHC/PCN guidelines developed	0	0	1	1	N/A	N/A
Programme 2: National referral and specialized services									
Programme Outcome: Increased access and range of quality specialized health care services									
S.P 2.1 National Referral Health Services	KNH	Specialized health care services	Number of open-heart surgeries done	76	47	150	180	200	220
			No. of Other Cardiothoracic surgeries conducted	210	408	613	675	743	817

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
			Number of Kidney Transplants conducted	25	15	25	35	50	55
			Number of minimally invasive surgeries done	2,400	3,637	4,849	5,000	5,150	5,665
			Number of patients undergoing specialized Burns treatment	1,493	523	575	633	696	766
			Number of cancer patients on (Chemotherapy and radiotherapy)	46,000	47,994	48,113	50,482	53,539	55,595
			Number of Research Projects on health disseminated	15	16	16	18	20	22
			Number of major liver resections conducted	N/A	N/A	N/A	18	21	24
			Number of retina surgeries performed	N/A	N/A	N/A	30	40	50

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
			Interventional radiological procedures conducted	N/A	N/A	N/A	500	750	1,000
		Average waiting time for specialized diagnostic and treatment services	Average Length of Stay (ALOS) for orthopaedic patients days	38	38.4	34.6	32.8	31.2	29.6
			Average waiting time (days) for radiotherapy	28	30	20	18	16.2	15
		Outreaches conducted	No of outreaches conducted	65	34	70	70	70	77
		Mentorship and preceptorship for specialized health personnel	Number of Youth Internships/Industrial Attachment/ Apprenticeship	1,800	1,611	1,650	1,700	1,750	1,925
	KNH - Othaya	Specialized health care services	Number of minimally invasive surgeries done	625	678	746	820	902	993

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
			Average waiting time for chemotherapy services (days)	N/A	N/A	14	12	10	8
			Number of dialysis sessions conducted	N/A	778	856	940	1036	1139
			Average length of stay for orthopaedic surgery (days)	N/A	N/A	21	19.5	18	17.5
			Number of research projects on health disseminated	N/A	N/A	2	3	4	5
		Mentorship and preceptorship for specialized health personnel	Number of youth internships/industrial attachments/apprenticeship	N/A	N/A	200	250	300	350
		Multi-disciplinary outreaches conducted	No. of specialized multi-disciplinary outreaches to sensitize facilities and the public	6	7	10	12	14	16

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
	Moi Teaching and Referral Hospital	Specialized Healthcare Services	No. of Kidney Transplants undertaken	15	16	16	17	18	20
			Number of Minimally Invasive Surgeries performed	1,651	2,439	2,450	2,500	2,550	3,600
			No. of patients receiving chemotherapy Treatment	15,242	17,106	17,110	17,120	17,130	17,140
			Number of Open-Heart Surgeries conducted	27	39	39	40	41	42
			Number of Corneal Transplants performed	12	20	13	14	15	16
			Number of Haemodialysis Sessions for Children done	1,470	1,701	1,750	1,800	1,850	1,900
			Number of Cardiothoracic Surgeries conducted	369	388	400	410	420	430

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
			Number of Disseminated Research Papers on Health	12	19	20	22	24	26
		Average waiting time for specialized diagnostic and treatment services	Average Length of Stay for Orthopaedic Surgery (Trauma Patients) Days	12	11	12	12	12	12
			Average Length of Stay for Paediatric Burns Patients	35	34.2	34.1	34.1	34.1	34.1
		Multi-disciplinary outreaches conducted	Number of Specialized Medical Outreaches	50	75	76	77	78	79
		Mentorship and preceptorship for specialized health personnel	Youth Internships/Industrial Attachment/ Apprenticeship	2,590	3,375	3,380	3,390	3,400	3,410
	KUTRRH	Specialized Health care Services	Number of Open-Heart Surgeries undertaken	N/A	N/A	2	4	12	25

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
			No. of Kidney transplant undertaken	N/A	N/A	3	5	7	10
			No. of minimally invasive surgeries done	250	211	500	800	1000	1200
			No. of patients receiving chemotherapy Treatment	1,000	683	1,500	2,000	2,500	3,000
			No. of patients attending radiotherapy sessions	1,000	3,272	13,200	15,000	17,000	20,000
			Number of Haemodialysis Sessions conducted	3,000	4,826	9,411	10,585	11,758	15,650
			No of specialized Gynaecology procedures conducted	400	1	200	340	528	634
		Average waiting time for specialized	Average waiting time (days) for radiotherapy	N/A	N/A	21	17	14	9

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		diagnostic and treatment services	Average waiting time (days) for chemotherapy	N/A	N/A	21	17	14	9
			Average turn around time for oncology patients (hours)	N/A	N/A	2	2	1	1
			ALOS (days) for elective general surgery patients	N/A	N/A	7	7	7	7
		Bed Capacity Operationalized	No. of Beds Operationalized & Open to the public	160	560	560	600	650	650
		Studies & Research conducted	No. of researches conducted	N/A	N/A	2	2	3	3
			No of Medical Outreaches and Mentorships conducted	6	4	8	13	16	20
			Number of Youth Internships/Industrial Attachment/ Apprenticeship	5	3	500	1000	1500	2000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Integrated Molecular Imaging Centre Operationalized	Integrated Molecular Imaging Centre	NA	NA	NA	1	NA	NA
		KUTRRH Gatundu Level 5 hospital) Upgraded	% completion and equipping of 2 nd Tower Level 4 hospital	NA	NA	NA	60%	100%	NA
SP 2.2 Specialized Health services	Mathari Hospital	Specialized mental health services	No of patients receiving in-patient mental health services (occupied bed days)	347,427	234,980	246,729	259,066	272,020	285,621
			No. of patients receiving out-patient mental health services	174165	269,373	282,842	296,985	311,835	327,427
			ALOS for civil psychiatric in-patients (days)	45	44	42	42	40	40

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Patients repatriated	Number of repatriated patients	96	20	96	96	96	96
		Wards and staff houses refurbished	% completion	5%	0	6%	24%	53%	100%
	Spinal Injury	Specialized spinal services	No of in-patients receiving spinal services	190	179	190	190	190	190
			Number of out-patients receiving spinal services	1230	1254	1353	1488	1636	1799
			Average Length of Stay (days)	84.2	84.2	84.2	84.2	84.2	84.2
	SP 2.3 Specialized medical equipment & Infrastructure	Health Infrastructure Management	Kisii level 5 cancer centre constructed	% completion of Kisii Level 5 cancer centre	30%	5%	20%	50%	75%
Portable clinics in slums and hard to reach areas operationalized			% of clinics operationalized	30%	30%	80%	100%	N/A	N/A
Level 4 hospital at Rongai completed			% completion of Rongai hospital construction	5%	5%	20%	60%	100%	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		East African Centre of excellence completed	% completion of EACE construction	20%	40%	75%	100%	N/A	N/A
			Number of Health Workers in trained renal speciality	325	255	32	5	3	N/A
		Specialized Managed Equipment Services (MES)	No of Public hospitals with MES equipment	118	118	118	118	118	N/A
		Kigumo Hospital upgraded to level 4 status	% Completion rate	N/A	N/A	20%	40%	80%	100%
		Kiawara Hospital Constructed	% Completion Rate	50%	10%	50%	100%	N/A	N/A
		SP 2.4 Forensic and Diagnostic services	National Blood Transfusion Service Tissue and Human Organ Transplant	Safe blood and blood products availed	No. of blood units secured	200,000	136,305	500,000	750,000
Percentage of whole blood units converted into components	75%				60%	60%	70%	80%	90%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
			Percentage of blood units collected and tested for HIV, HBV, HBC Syphilis and Blood grouping	100%	100%	100%	100%	100%	100%
			Number of transfusing facilities under Hemovigilance surveillance	300	200	350	450	500	535
			No. of KNBTS sites receiving specialized commodities and equipment	15	10	25	30	30	30
SP 2.5 Health Products & Technologies	Kenya Medical Supplies Authority	Health Products & technologies(HPTs) availed	% order fill rate for HPTs(Overall)	90%	69%	90%	90%	95%	95%
			% UHC order fill rate for HPTs	100%	69%	100%	100%	100%	100%
			Order turnaround time – Primary health facilities(PHF) (Days)	10	17.5	10	10	10	8
			Order turnaround time – HOSP(Days)	7	12.3	7	7	7	7

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		National Commodities Storage (supply chain) centre constructed.	% completion rate	80%	75%	90%	100%	N/A	N/A
Programme 3: Research and Development									
Programme Outcome: Increased capacity and provide evidence for policy formulation and practice									
SP:3.1 Pre-service and In-service Training	KMTC	Health professionals certified	Proportion of health professionals (cohort) certified	100%	95%	96%	97%	98%	99%
		Students enrolled for training	Number of students enrolled	12,046	14,403	12,692	13,692	14,407	15,550
		Community Health Workers Trained (Chews and Chas)	Number of CHEWs trained	2,400	80	90	2,400	2,400	2,400
			Number of CHAS trained	800	599	400	400	400	400
		Health Professionals training curriculums reviewed	Number of curriculums reviewed	25	23	11	14	16	7

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Students attached to the primary health care facilities	Number of students attached to the primary health care facilities	5,493	2,650	6042	6200	6310	6490
		Policies developed by use of evidence	No. of evidence based policies developed	24	14	12	14	16	18
SP 3.2 Research and Development	KEMRI	Policy briefs developed	Number of policy briefs developed	5	2	10	10	10	10
		Research protocols approved	No. of New research protocols approved	200	119	225	230	235	259
			No. of ongoing Research Projects	400	520	405	410	420	462
		Research Findings Disseminated	No. of research Papers published	302	285	310	325	350	385
			No. of research Abstracts presented	190	152	195	200	205	226
			No. of Scientific & Health Conferences held	4	4	4	4	4	4

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Health Researchers enrolled for graduate studies	Number of researchers enrolled for graduate studies	60	0	65	72	84	92
		Quality diagnostic and specialized laboratory services	No. of Diagnostic kits produced	251,790	651,220	276,969	304,666	335,132	368,645
			No. of Specialized laboratory tests conducted	1,272,896	1,234,733	1,400,186	1,540,204	1,694,225	1,863,648
		Open days and outreaches on disease screening conducted	No. of open days and outreaches conducted	18	20	18	19	20	22
		Health Research Development	% completion rate	14%	14%	25%	25%	45%	60%
		Construction of Sample Management and Receiving facility (SMRF)	% Completion rate	70%	70%	85%	100%	N/A	N/A
		Construction & Upgrading of Laboratories	% Completion Rate	19%	19%	40%	46%	65%	100%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Establishment of Centre of excellence for stem cell research, synthetic biology & regenerative medicine	% Completion rate	N/A	N/A	57%	57%	82%	100%
		Construction of research Laboratories in KEMRI Kirinyaga Centre	% Completion rate	N/A	N/A	20%	20%	43%	63%
		Modernization of clinical trial research facility	% Completion rate	N/A	N/A	25%	25%	40%	40%
Programme 4: General Administration, planning and support services									
Programme Outcome: Strengthen Governance and Leadership in the sector									
SP4.1: General Administration	General administration	Work environment improved	Number of vehicles repaired/serviced	90	90	90	90	100	100
			Number of Afya house offices refurbished	N/A	N/A	20	50	50	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
			Number of lifts replaced	N/A	N/A	N/A	3	N/A	N/A
			Number of sanitary facilities refurbished	N/A	N/A	4	10	13	N/A
			Number of registry racks installed	N/A	N/A	2	5	3	N/A
			% Automation of records in central registry	N/A	N/A	50%	100%	N/A	N/A
	General administration	Information Security Management System (ISMS) policy and procedures implemented	ISMS policy and procedures developed	N/A	N/A	N/A	1	N/A	N/A
Number of audits conducted to monitor ISMS implementation			N/A	N/A	N/A	1	1	1	
Fire/Emergency escape route constructed		% Completion of the Fire/Emergency escape route	N/A	N/A	N/A	50%	100%	N/A	
Work environment surveys conducted		Work environment surveys report	N/A	N/A	N/A	1	1	1	

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
	General administration	Policies on gender mainstreaming, HIV/AIDS workplace, road safety mainstreaming, disability mainstreaming and alcohol and drug abuse developed	Number of policies developed	N/A	N/A	N/A	5	N/A	N/A
	Public Relations Division	Communication strategy on Health developed	Communication strategy developed	N/A	N/A	N/A	1	NA	N/A
	Human Resource Management & Development	Health care workers recruited for UHC	No of health care workers recruited	13,919	8,956	4,963	6,000	6,500	7,000
		Staff with disabilities mapped	No. of staff with disabilities appropriately mapped	100%	100%	100%	100%	100%	100%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Staff facilitated for training in management and leadership courses	No. of staff facilitated for training in management and leadership courses	500	271	380	410	500	550
			No. of Health workers approved for training in different health specialties	120	882	130	140	150	200
		Staff trained on retirement preparedness	Number of staff trained on retirement preparedness	115	115	120	130	140	120
		Training Needs Assessment conducted	No. of TNA Conducted	1	1	1	1	1	1
		Staff Performance Appraisal System sensitization conducted	Proportion of staff sensitized on PAS	100%	100%	100%	100%	100%	100%
		HR Management meetings	No. of MHRMAC meetings	12	8	12	12	12	12

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
SP4.2: Financing and planning	Finance division	Financial resources efficiently utilized	Percentage of allocated funds utilized as per plan	100%	91.6%	100%	100%	100%	100%
		Increased collection of Public health sector financial resources	Total A-in-A collected by the Ministry (Kshs)	10 Billion	12.8 Billion	10.8 Billion	16.0 Billion	16.5 Billion	17 Billion
		Quarterly budget performance reports submitted	Number of quarterly budget reports submitted	4	4	4	4	4	4
	Central Planning & Projects Monitoring Unit	Policy briefs developed	No. of policy briefs	2	2	1	4	4	4
		Capital projects monitored	Proportion of capital projects monitored for progress	N/A	N/A	N/A	70%	100%	100%
		Counties trained on planning, budgeting and M & E	Number of Counties trained on planning, budgeting and M & E	N/A	N/A	N/A	47	47	47
		MOH Directorates, SAGAs and regulatory bodies sensitized on	Number of SAGAs and regulatory bodies on planning,	N/A	N/A	N/A	32	32	32

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		planning, budgeting and M & E	budgeting and M & E sensitized						
Programme 5: Health Policy standards and regulation									
Programme Outcome: Strengthened Health Policy, Standards and Regulations									
SP 5.1: Health Policy	Department of Health Policy and Research Development	UHC policy 2020-2030 disseminated	Number of dissemination fora on final UHC policy 2020-2030	N/A	N/A	2	2	N/A	N/A
		Policy on transfer of facilities from County to National Government developed	Intergovernmental facility transfer policy	N/A	N/A	N/A	1	N/A	N/A
		Policy making guidelines finalized	Policy making guideline	1	0	N/A	1	N/A	N/A
		Health policies approach mainstreamed into all health-related sectors	Proportion of multi-sectoral collaboration platforms on mainstreaming health policies	N/A	N/A	50%	70%	100%	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Research Knowledge disseminated	Number of forums held to disseminate research knowledge policies	N/A	N/A	2	3	4	4
		National Health Research Committee (NHRC) Operationalized	Number of NHRC forums held	N/A	N/A	2	2	2	2
		Health Technology Assessment (HTA) mechanisms established	% HTAs mechanisms established	N/A	N/A	50%	75%	100%	100%
		Sensitization on the Kenya Health and Research Observatory conducted	Number of sensitization forums conducted	N/A	N/A	N/A	5	5	5
	Department of Monitoring & evaluation and health Informatics	UHC implementation assessment	Number of UHC implementation assessment reports	1	1	1	1	1	1
		Harmonized health facility	Number of HHFAs reports	1	1	1	1	1	1

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		assessment (HHFAs) conducted							
		Country burden of disease assessment conducted	County burden of disease assessment report	N/A	N/A	N/A	N/A	1	N/A
		Kenya Demographic and Health Survey (KDHS) conducted	KDHS report	N/A	N/A	N/A	1	N/A	N/A
		COVID-19 impact assessment carried out	COVID-19 Impact assessment report	N/A	N/A	1	1	N/A	N/A
		Kenya Health Information System (KHIS) upgraded	% of KHIS upgraded	100	50	75	100	N/A	NA
		Health sector Data centre completed	% completion of the data centre	60%	70%	80%	100%	N/A	N/A
			Health sector data center maintained	N/A	N/A	N/A	100%	100%	100%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Standardized Electronic Health Records (EHR) /ERP system developed	% of completion of Standardized EHR-(ERP)	N/A	N/A	60%	100%	N/A	N/A
		End to end digital health platform modules completed	Proportion of modules developed	N/A	N/A	20%	80%	100%	N/A
	Directorate of Health Sector Coordination & Intergovernmental Affairs	Health Sector Intergovernmental Consultative Forums held	Number of Health Sector Intergovernmental Consultative Forums	4	1	4	4	4	4
SP5.2. Social Protection in Health	UHC Secretariat	Population Coverage	Service Coverage Index	83	67	86	92	100	100
		Households Covered under UHC Scheme	No of Households Covered under UHC Scheme	N/A	N/A	1 M	2.5M	3.5M	5.3M
		Service Access	Service Access Index	76	70	82	92	100	100
	NHIF		No of mothers accessing healthcare	1,200,000	1,272,990	1,231,200	1,285,720	1,298,577	1,311,563

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Reduced financial barriers to access to healthcare	services through the Linda mama program						
			Number of indigents accessing healthcare through HISP	181,700	181,315	253,400	253,400	354,760	496,664
			Number of elderly & persons with severe disabilities accessing healthcare	42,000	42,000	58,800	58,800	82,320	115,248
			Number of elderly persons accessing Inua Jamii	N/A	N/A	484,086	677,720	948,809	1,328,332
SP5.3 Health Standards and Regulations	Division of Patient and Healthcare Worker Safety	Health Facilities with laboratory capacity to detect and report on Antimicrobial Resistance	Number of facilities reporting on Antimicrobial Resistance	5	5	12	17	22	27
		Infection Prevention and Control (IPC)	Proportion of Training Institutions with IPC Mainstreamed	N/A	N/A	10%	15%	20%	25%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Mainstreamed in Training Institutions							
	Division of Norms and Standards	Norms and Standards on Human Resource Reviewed	No. of reviewed Norms and Standards on Human Resource	N/A	N/A	1	N/A	N/A	N/A
		Norms and Standards on Leadership/Governance and Health Service delivery finalized	No. of finalized Norms and Standards	N/A	N/A	1	1	N/A	N/A
	Division of Legislation/Regulation	Health Act 2017 implemented	Number of Bills and /Regulations developed to operationalize the Health Act	2	2	4	3	3	4
	ISO-Secretariat	MOH-ISO9001:2015 Quality Management System document approved	Approved ISO QMS Document	N/A	N/A	1	1	N/A	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Implementation of ISO9001:2015 QMS assessed	Number of ISO – internal audits conducted	N/A	N/A	2	3	4	4
	Division of Quality Assurance	Technical assistance on quality improvement provided	Number of Counties implementing eKQMH	5	5	15	30	41	47
			Number facilities inspected and certified using eKQMH	11	10	20	50	50	50
	KHPOA	Health facilities inspected for quality improvement and compliance to standards	Proportion of health facilities inspected for quality improvement and compliance to standards	N/A	N/A	25%	60%	70%	100%
		Health facilities graded for gazettelement	Proportion of health facilities graded for gazettelement	65%	65%	70%	75%	80%	100%
		Hospitals certified for internship	Proportion of Hospitals certified for internship.	N/A	N/A	50%	80%	100%	100%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Indexing of students by boards and councils in training institutions monitored	Proportion of students issued with index numbers	N/A	N/A	35%	70%	90%	100%
		Training institutions assessed for enforcement and compliance to norms and standards	Proportion of training institutions assessed for compliance to norms and standards	N/A	N/A	40%	60%	80%	100%
		Referred complaints from patients, aggrieved parties and regulatory bodies resolved	Proportion of complaints received and resolved	N/A	N/A	20%	40%	60%	80%
		Disputes between statutory regulatory bodies resolved	Proportion of disputes from boards and councils resolved	N/A	N/A	40%	50%	60%	80%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Health facilities graded based on implementation of quality of care measures	Proportion of health facilities graded on quality of care measures	N/A	N/A	20%	40%	60%	80%
		Regulatory bodies and councils monitored for execution of their functions and mandates	Proportion of boards and councils submitting prescribed reports regularly	N/A	N/A	50%	100%	100%	100%
	KHHRAC	Organization Structure and Staffing document developed	KHHRAC Organization Structure and Staffing document	N/A	N/A	N/A	1	N/A	N/A
		Career Progression Guidelines finalized	Career Progression Guidelines for KHHRAC staff	N/A	N/A	N/A	1	N/A	N/A
		Human Resource Policies and Procedures Manual finalized	Human Resource Policies and Procedures Manual	N/A	N/A	N/A	1	N/A	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Salary Structure completed	KHHRAC Salary Structure	N/A	N/A	N/A	1	N/A	N/A
		Uniform norms and standards for of a master register for all health professionals developed	Uniform norms and standards of a master register for all health professionals	N/A	N/A	N/A	N/A	1	N/A
		Master register for all health professionals established	% completion of the master register	N/A	N/A	20%	60%	80%	100%
		Mapping of medical specialists in the Country conducted	Proportion of medical specialists in the Country mapped	N/A	N/A	50%	80%	100%	N/A
		Counties trained on National Health Workforce Accounts (NHWA)	Proportion of counties trained to implement the NHWAs	N/A	N/A	40%	60%	80%	100%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
SP5.3 Health Standards and Regulations	KMPDC	Medical and dental students indexed	No. of students indexed	1190	1340	805	1450	1600	1800
		Medical, dental and COHOs practitioners registered and licensed	No. of practitioners registered.	10505	11501	12645	12825	13465	14165
			No. of practitioners licensed.	9800	10480	11655	11745	12065	12415
		Medical & Dental schools, Medical& Dental internship centres and specialist training centres inspected	No. of Medical, dental internship and specialist training Centres inspected.	46	21	47	49	54	59
		Existing and new college of Surgeons of East, Central and Southern	No. of existing colleges, health facilities and family medicine training sites inspected.	6100	9064	9200	9500	10500	11500

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2019/20	Actual Achievement 2019/20	Target (Baseline) 2020/21	Target 2021/22	Target 2022/23	Target 2023/24
		Africa(COSECESA),H ealth facilities and Family medicine training sites inspected	No. of new colleges, health facilities and family medicine training sites inspected.	705	1021	990	1080	1400	1750
		New Health Institutions and health facilities registered and licenced	No. of new health institution and health facilities registered and licenced	9613	6225	6227	6950	7050	7260

3.1.3 Programmes by Order of Ranking

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

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

3.1.4. Resource Allocation Criteria

The following criteria is proposed to guide in prioritizing and allocating resources;

- I. Linkage of the programmes to Post Covid 19 Economic Stimulus Programme
- II. Linkage of Programmes to the 'Big Four' plan.
- III. Linkage of programme to MTP III of vision 2030.
- IV. Degree to which the programme addresses job creation and poverty reduction.
- V. Degree to which the programme addresses the core mandate of the Ministry.
- VI. Expected outputs and outcomes of the programme.
- VII. Cost effectiveness and sustainability.
- VIII. Requirements and furtherance of the implementation of the Constitution.

In addition, the Sector will consider the following criteria for prioritization and resource allocation;

I. Recurrent

S/NO	CRITERIA	CRITERIA INDICATORS	EVIDENCE
1	Personnel emoluments Annual increment	<ul style="list-style-type: none"> •Salaries for MOH •Salaries SAGAs •Signed CBAs •SRC approvals •Pension for SAGAs 	Supported by IPPD, Treasury authority to recruit CBA Any other evidence of payment outside IPPD
2	O & M	<ul style="list-style-type: none"> •Rentals and parking •Consumable costs •Utilities 	<ul style="list-style-type: none"> • Lease/service agreement • Audited accounts

S/NO	CRITERIA	CRITERIA INDICATORS	EVIDENCE
		<ul style="list-style-type: none"> • Medical covers • Insurances 	<ul style="list-style-type: none"> • Demand notes
3	Pending Bills	<ul style="list-style-type: none"> • Salaries • Court awards • Use of goods • Unremitted capitation 	<ul style="list-style-type: none"> • Signed contracts • Court rulings • CBA agreements
4	Statutory obligations and membership subscriptions	<ul style="list-style-type: none"> • Subscriptions and dues to International organisations 	<ul style="list-style-type: none"> • Demand notes and payment trends

II. Development

S/NO	CRITERIA	CRITERIA INDICATORS	EVIDENCE
1	GOK Counterpart Financing	<ul style="list-style-type: none"> • GOK Counterpart Financing 	<ul style="list-style-type: none"> • Signed contracts • financing agreements
2	On-going projects	<ul style="list-style-type: none"> • Status of implementation and absorption capacity of the project 	<ul style="list-style-type: none"> • Implementation Status
3	Alignment and harmonisation to government development agenda	<ul style="list-style-type: none"> • Consistency with government transformation agenda, vision 2030, Consistency with MTP III • Big Four Agenda • Addressing core mandate of the Subsector/Ministry and poverty intervention 	<ul style="list-style-type: none"> • Captured in MTP and Sectoral reports
4	Achievability/Sustainability for new projects	<ul style="list-style-type: none"> • Project design including feasibility studies, Land availability, Environmental Impact Assessment • Source of funding identified - GoK, /DONOR, PPP, AIA and GoK counterpart funding 	<ul style="list-style-type: none"> • Treasury approval • Donor agreement, PPP and MOU's • Executive Office of the President approval
5	Pending bills	<ul style="list-style-type: none"> • Completed works/percentage of completion 	<ul style="list-style-type: none"> • Completion certificates

S/NO	CRITERIA	CRITERIA INDICATORS	EVIDENCE
			<ul style="list-style-type: none"> Signed contracts
6	Provision of the PFR		<ul style="list-style-type: none"> Signed agreement
7	Presidential Directives projects		<ul style="list-style-type: none"> Cabmemo Letters from the Head of Public Service

3.2. Analysis of Sector and Sub-Sector Resource Requirements versus Allocations.

Table 3.1: Sector & Sub-Sector Recurrent Requirements/Allocations (Amount Kshs Million)

Economic Classification	Approved Estimates 2020/21	REQUIREMENT			ALLOCATION		
		2021/22	2022/23	2023/24	2021/2 2	2022/2 3	2023/2 4
GROSS	64,450	113,257	110,212	119,670	68,097	72,632	75,096
AIA	15,482	17,420	18,303	19,485	17,420	18,303	19,485
NET	48,969	95,838	91,909	100,185	50,677	54,329	55,611
Compensation to Employees	11,365	15,664	16,517	17,522	11,672	11,988	12,314
Transfers, Grants and Subscriptions	51,564	93,734	89,754	98,047	54,853	59,077	61,168
Other Recurrent	1,521	3,860	3,941	4,101	1,572	1,567	1,614

Table 3.2: Sector & Sub-Sector Development Requirement/Allocation (Amount Kshs Millions)

Description	Approved Estimates 2020/21	REQUIREMENT			ALLOCATION		
		2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Gross	47,252	82,461	93,525	85,740	50,168	42,940	46,026
GOK	35,014	66,774	85,361	79,390	34,482	34,776	39,676
Loans	7,923	8,600	1,543	65	8,600	1,543	65
Grants	4,316	7,086	6,620	6,284	7,086	6,621	6,284
Local AIA							

Table 3.3: Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Requirements (Amount Kshs Million)

Programme Details	Approved Estimates 2020/21			2021/22			2022/23			2023/24		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 1 - Preventive, Promotive and RMNCAH												
SP1.1 - Communicable Disease Control	1,602	4,552	6,153	1,940	14,377	16,317	2,000	14,377	16,377	2,061	15,477	17,538
SP1.2 - Non Communicable diseases prevention and control	97	400	497	307	400	707	497	400	897	657	400	1,057
SP1.3 - Radioactive Waste Management	142	-	142	365	-	365	428	-	428	454	-	454
SP1.4 - RMNCAH	2,059	2,263	4,322	2,560	3,406	5,966	2,757	3,462	6,219	2,932	3,562	6,494
SP1.5 - Environmental Health	72	80	152	911	1,190	2,101	934	1,250	2,184	987	1,300	2,287
SP1.6 - Disease Surveillance	-	320	320	2,000	2,590	4,590	2,000	414	2,414	2,000	385	2,385
Total Programme 1	3,971	7,615	11,586	8,084	21,962	30,046	8,616	19,903	28,519	9,091	21,124	30,215
Programme 2 - National Referral & Specialised services												
SP2.1 - National Referral Health Services	27,578	2,170	29,747	57,205	7,357	64,562	51,729	8,506	60,235	57,524	6,866	64,390
SP2.3 - Specialized Medical Equipment	-	6,205	6,205	-	7,295	7,295	-	7,295	7,295	-	-	-
SP2.4 - Forensic and Diagnostic services	104	2,215	2,319	742	4,519	5,261	744	6,418	7,162	744	6,518	7,262
SP2.5 - Health Products and Technologies	3,879	250	4,129	3,957	394	4,350	4,036	80	4,116	4,117	-	4,117
SP 2.5 : Free Primary Care	8	-	8	8	-	8	50	-	50	51	-	51
Total Programme 2	31,569	10,840	42,409	61,911	19,565	81,476	56,559	22,299	78,858	62,435	13,384	75,819
Programme 3 - Health Research and Development												

Programme Details	Approved Estimates 2020/21			2021/22			2022/23			2023/24		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
SP3.1 - Pre-Service and In-Service Training	6,847	381	7,228	13,663	390	14,053	10,197	780	10,977	10,618	780	11,398
SP3.2 - Health Research	2,493	206	2,699	4,228	6,342	10,570	4,823	6,709	11,532	5,635	7,129	12,764
Total Programme 3	9,340	588	9,928	17,891	6,732	24,623	15,020	7,489	22,509	16,253	7,909	24,162
Programme 4 - General Administration & Support Services												
SP4.1 - Human Resource Management and Development	6,130	-	6,130	7,490	-	7,490	8,109	-	8,109	8,863	-	8,863
SP4.2 - Health Policy Planning and Financing	727	1,245	1,972	790	1,060	1,850	802	568	1,370	852	-	852
Total Programme 4	6,857	1,245	8,102	8,280	1,060	9,340	8,910	568	9,478	9,715	-	9,715
Programme 5- Health Policy, Standards and Regulations.												
SP5.1 - Health Policy	42	22,965	23,007	42	4,208	4,250	42	13,611	13,653	42	12,385	12,427
SP5.2 - Social Protection in Health	11,966	4,000	15,966	15,928	28,934	44,862	19,986	29,655	49,641	21,026	30,938	51,964
SP5.3 - Health Standards and Regulations	703	-	703	1,079	-	1,079	1,077	-	1,077	1,107	-	1,107
Total Programme 5	12,712	26,965	39,677	17,049	33,142	50,191	21,106	43,266	64,372	22,176	43,323	65,499
Total vote	64,450	47,252	111,702	113,215	82,461	195,676	110,212	93,525	203,737	119,670	85,740	205,410

Table 3.4: Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Allocation (Amount Kshs Million)

Programme Details	Approved Estimates 2020/21			2021/22			2022/23			2023/24		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 1 - Preventive, Promotive and RMNCAH												
SP1.1 - Communicable Disease Control	1,602	4,552	6,153	1,618	6,279	7,897	1,684	6,096	7,779	1,777	6,684	8,461
SP1.2 - Non Communicable diseases prevention and control	97	400	497	222	350	572	270	400	670	345	400	745
SP1.3 - Radioactive Waste Management	142	-	142	142	-	142	165	-	165	189	-	189
SP1.4 - RMNCAH	2,059	2,263	4,322	2,069	4,943	7,012	2,123	5,422	7,545	2,178	5,093	7,271
SP1.5 - Environmental Health	72	80	152	72	-	72	72	-	72	72	-	72
SP1.6 - Disease Surveillance	-	320	320	25	3,312	3,337	25	94	119	25	65	90
Total Programme 1	3,971	7,615	11,586	4,149	14,884	19,032	4,338	12,011	16,349	4,587	12,243	16,830
Programme 2 - National Referral & Specialised services												
SP2.1 - National Referral Health Services	27,578	2,170	29,747	30,310	2,397	32,707	30,968	2,892	33,861	32,541	1,008	33,549
SP2.3 - Specialized Medical Equipment	-	6,205	6,205	-	7,205	7,205	-	7,214	7,214	-	-	-
SP2.4 - Forensic and Diagnostic services	104	2,215	2,319	107	1,480	1,587	110	2,655	2,764	113	1,500	1,613
SP2.5 - Health Products and Technologies	3,879	250	4,129	3,707	393	4,100	3,780	-	3,780	3,855	-	3,855
SP 2.5 : Free Primary Care	8	-	8	50	-	50	50	-	50	50	-	50
Total Programme 2	31,569	10,840	42,409	34,174	11,475	45,649	34,908	12,761	47,669	36,560	2,508	39,067

Programme Details	Approved Estimates 2020/21			2021/22			2022/23			2023/24		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 3 - Health Research and Development												
SP3.1 - Pre-Service and In-Service Training	6,847	381	7,228	6,848	381	7,230	6,923	540	7,463	7,000	317	7,317
SP3.2 - Health Research	2,493	206	2,699	2,547	206	2,753	2,620	662	3,282	2,695	750	3,445
Total Programme 3	9,340	588	9,928	9,395	588	9,983	9,542	1,202	10,744	9,695	1,067	10,762
Programme 4 - General Administration & Support Services												
SP4.1 - Human Resource Management and Development	6,130	-	6,130	6,278	-	6,278	6,477	-	6,477	6,682	-	6,682
SP4.2 - Health Policy Planning and Financing	727	1,245	1,972	639	1,060	1,699	650	568	1,218	662	-	662
Total re Programme 4	6,857	1,245	8,102	6,917	1,060	7,977	7,127	568	7,695	7,344	-	7,344
Programme 5- Health Policy, Standards and Regulations.												
SP5.1 - Health Policy	42	22,965	23,007	42	3,464	3,506	42	300	342	42	-	42
SP5.2 - Social Protection in Health	11,966	4,000	15,966	12,420	18,698	31,118	15,773	16,098	31,871	15,879	30,208	46,087
SP5.3 - Health Standards and Regulations	703	-	703	1,001	-	1,001	901	-	901	989	-	989
Total Programme 5	12,712	26,965	39,677	13,462	22,162	35,624	16,717	16,398	33,115	16,910	30,208	47,118
Total vote	64,450	47,252	111,702	68,097	50,168	118,265	72,632	42,940	115,572	75,096	46,026	121,122

Table 3.5: Programmes and Sub Programmes by Economic Classification (Amount Ksh. Million)

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Programme 1: Preventive, Promotive and RMNCAH						
Current Expenditure	8,084	8,616	9,091	4,204	4,338	4,587
Compensation to Employees	3,013	3,132	3,330	2,631	2,702	2,775
Use of Goods and Services	970	997	1,052	229	229	229
Grants and other Transfers	4,101	4,487	4,710	1,344	1,407	1,583
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	21,962	19,903	21,124	14,484	12,011	12,243
Acquisition of Non-Financial Assets	2,630	454	425	2,570	454	425
Capital transfers to Govt Agencies	17,531	17,647	18,897	9,601	9,255	9,514
Other Development	1,802	1,802	1,802	2,313	2,303	2,303
Total Programme 1	30,046	28,519	30,215	18,687	16,349	16,830
Sub-Programme 1.1 : Communicable Disease Control						
Current Expenditure	1,940	2,000	2,061	1,618	1,684	1,777
Compensation to Employees	633	642	650	641	658	676
Use of Goods and Services	72	74	76	71	71	71
Grants and other Transfers	1,236	1,284	1,336	907	955	1,031
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	14,377	14,377	15,477	6,279	6,096	6,684
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	14,377	14,377	15,477	6,279	6,096	6,684

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Other Development	-	-	-	-	-	-
Total sub-programme	16,317	16,377	17,538	7,897	7,779	8,461
Sub - Programme 1.2 : Non Communicable diseases prevention and control						
Current Expenditure	307	497	657	227	270	345
Compensation to Employees	-	-	-	-	-	-
Use of Goods and Services	7	7	7	7	7	7
Grants and other Transfers	300	490	650	220	263	338
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	400	400	400	350	400	400
Acquisition of Non-Financial Assets	360	360	360	300	360	360
Capital transfers to Govt Agencies	-	-	-	-	-	-
Other Development	40	40	40	50	40	40
Total sub-programme	707	897	1,057	577	670	745
Sub-Programme 1.3 : Radioactive Waste Management						
Current Expenditure	365	428	454	142	165	189
Compensation to Employees	0	-	-	0	0	0
Use of Goods and Services	-	-	-	-	-	-
Grants and other Transfers	365	428	454	141	164	189
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Other Development	-	-	-	-	-	-
Total sub-programme	365	428	454	142	165	189
Sub-Programme 1.4 : RMNCAH						
Current Expenditure	2,560	2,757	2,932	2,069	2,123	2,178
Compensation to Employees	2,380	2,490	2,680	1,990	2,044	2,099
Use of Goods and Services	80	82	82	79	79	79
Grants and other Transfers	100	185	170	-	-	-
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	3,406	3,462	3,562	4,943	5,422	5,093
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	1,644	1,700	1,800	2,680	3,159	2,830
Other Development	1,762	1,762	1,762	2,263	2,263	2,263
Total sub-programme	5,966	6,219	6,494	7,012	7,545	7,271
Sub-Programme 1.5 : Environmental Health						
Current Expenditure	911	934	987	122	72	72
Compensation to Employees	-	-	-	-	-	-
Use of Goods and Services	811	834	887	72	72	72
Grants and other Transfers	100	100	100	50	-	-
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	1,190	1,250	1,300	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	1,190	1,250	1,300	-	-	-
Other Development	-	-	-	-	-	-

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Total sub-programme	2,101	2,184	2,287	122	72	72
Sub-Programme 1.6 : Disease Surveillance and Response						
Current Expenditure	2,000	2,000	2,000	25	25	25
Compensation to Employees	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-
Grants and other Transfers	2,000	2,000	2,000	25	25	25
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	2,590	414	385	2,912	94	65
Acquisition of Non-Financial Assets	2,270	94	65	2,270	94	65
Capital transfers to Govt Agencies	320	320	320	642	-	-
Other Development	-	-	-	-	-	-
Total sub-programme	4,590	2,414	2,385	2,937	119	90
Programme 2: National Referral & Specialised services						
Current Expenditure	61,953	56,559	62,435	34,174	34,908	36,560
Compensation to Employees	542	551	551	547	562	577
Use of Goods and Services	879	879	879	81	81	81
Grants and other Transfers	60,430	55,027	60,903	33,443	34,162	35,799
Other Recurrent	103	103	103	103	103	103
Capital Expenditure	19,565	22,299	13,384	10,475	12,761	2,508
Acquisition of Non-Financial Assets	1,450	3,269	3,269	930	1,355	250
Capital transfers to Govt Agencies	7,371	8,046	6,496	2,690	2,642	758
Other Development	10,744	10,984	3,619	6,855	8,764	1,500

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Total Programme	81,518	78,858	75,819	44,649	47,669	39,067
Sub-Programme 2.1 : National Referral Health Services						
Current Expenditure	57,205	51,729	57,524	30,310	30,968	32,541
Compensation to Employees	431	437	437	436	448	460
Use of Goods and Services	240	240	240	77	77	77
Grants and other Transfers	56,431	50,949	56,744	29,694	30,341	31,902
Other Recurrent	103	103	103	103	103	103
Capital Expenditure	7,357	8,506	6,866	2,397	2,892	1,008
Acquisition of Non-Financial Assets	50	100	100	100	250	250
Capital transfers to Govt Agencies	6,977	7,966	6,496	2,297	2,642	758
Other Development	330	440	270	-	-	-
Total sub-programme	64,562	60,235	64,390	32,707	33,861	33,549
Sub-Programme 2.2 : Specialized Medical Equipment						
Current Expenditure	-	-	-	-	-	-
Compensation to Employees	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-
Grants and other Transfers	-	-	-	-	-	-
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	7,295	7,295	-	6,205	7,214	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-
Other Development	7,295	7,295	-	6,205	7,214	-

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Total sub-programme	7,295	7,295	-	6,205	7,214	-
Sub-Programme 2.3 : Forensic and Diagnostic services						
Current Expenditure	742	744	744	107	110	113
Compensation to Employees	103	105	105	103	106	109
Use of Goods and Services	639	639	639	4	4	4
Grants and other Transfers	-	-	-	-	-	-
Other Recurrent	0	0	0	0	0	0
Capital Expenditure	4,519	6,418	6,518	1,480	2,655	1,500
Acquisition of Non-Financial Assets	1,400	3,169	3,169	830	1,105	-
Capital transfers to Govt Agencies	-	-	-	-	-	-
Other Development	3,119	3,249	3,349	650	1,550	1,500
Total sub-programme	5,261	7,162	7,262	1,587	2,764	1,613
Sub-Programme 2.4 : Health Products and Technologies						
Current Expenditure	3,957	4,036	4,117	3,707	3,780	3,855
Compensation to Employees	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-
Grants and other Transfers	3,957	4,036	4,117	3,707	3,780	3,855
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	394	80	-	393	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	394	80	-	393	-	-
Other Development	-	-	-	-	-	-

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Total sub-programme	4,350	4,116	4,117	4,100	3,780	3,855
Sub-Programme 2.5 : Free Primary Care						
Current Expenditure	50	50	51	50	50	50
Compensation to Employees	8	8	9	8	8	8
Use of Goods and Services	-	-	-	-	-	-
Grants and other Transfers	42	42	42	42	42	42
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-
Other Development	-	-	-	-	-	-
Total sub-programme	50	50	51	50	50	50
Programme 3: Health Research and Development						
Current Expenditure	17,891	15,020	16,253	9,395	9,542	9,695
Compensation to Employees	-	-	-	59	61	63
Use of Goods and Services	-	-	-	-	-	-
Grants and other Transfers	17,891	15,020	16,253	9,336	9,482	9,633
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	6,732	7,489	7,909	588	1,202	1,067
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	6,732	7,489	7,909	588	1,202	1,067
Other Development	-	-	-	-	-	-

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Total Programme	24,623	22,509	24,162	9,983	10,744	10,762
Sub-Programme 3.1 : Capacity Building & Training (Pre-Service and In-Service)						
Current Expenditure	13,663	10,197	10,618	6,848	6,923	7,000
Compensation to Employees	-	-	-	59	61	63
Use of Goods and Services	-	-	-	-	-	-
Grants and other Transfers	13,663	10,197	10,618	6,789	6,862	6,937
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	390	780	780	381	540	317
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	390	780	780	381	540	317
Other Development	-	-	-	-	-	-
Total sub-programme	14,053	10,977	11,398	7,230	7,463	7,317
Sub-Programme 3.2 : Health Research & Innovations						
Current Expenditure	4,228	4,823	5,635	2,547	2,620	2,695
Compensation to Employees	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-
Grants and other Transfers	4,228	4,823	5,635	2,547	2,620	2,695
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	6,342	6,709	7,129	206	662	750
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	6,342	6,709	7,129	206	662	750
Other Development	-	-	-	-	-	-

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Total sub-programme	10,570	11,532	12,764	2,753	3,282	3,445
Programme 4: General Administration Planning & Support Services						
Current Expenditure	8,280	8,910	9,715	6,917	7,126	7,341
Compensation to Employees	6,455	7,065	7,728	6,060	6,223	6,391
Use of Goods and Services	1,475	1,495	1,587	763	808	855
Grants and other Transfers	350	350	400	94	94	94
Other Recurrent	0	0	0	0	0	0
Capital Expenditure	1,060	568	-	1,060	568	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	1,060	568	-	1,060	568	-
Other Development	-	-	-	-	-	-
Total Programme	9,340	9,478	9,715	7,977	7,694	7,341
Sub-Programme 4.1 : Human Resource Management and Development						
Current Expenditure	7,490	8,109	8,863	6,278	6,476	6,679
Compensation to Employees	6,027	6,630	7,293	5,627	5,779	5,935
Use of Goods and Services	1,213	1,228	1,320	557	602	649
Grants and other Transfers	250	250	250	94	94	94
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-
Other Development	-	-	-	-	-	-

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Total sub-programme	7,490	8,109	8,863	6,278	6,476	6,679
Sub-Programme 4.2 : Health Policy Planning and Financing						
Current Expenditure	790	802	852	639	650	662
Compensation to Employees	428	435	435	432	444	456
Use of Goods and Services	262	267	267	206	206	206
Grants and other Transfers	100	100	150	-	-	-
Other Recurrent	0	0	0	0	0	0
Capital Expenditure	1,060	568	-	1,060	568	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	1,060	568	-	1,060	568	-
Other Development	-	-	-	-	-	-
Total sub-programme	1,850	1,370	852	1,699	1,218	662
Programme 5: Health Policy, Standards and Regulations.						
Current Expenditure	17,049	21,106	22,176	13,407	16,717	16,910
Compensation to Employees	5,654	5,769	5,913	2,374	2,438	2,504
Use of Goods and Services	390	422	433	334	307	307
Grants and other Transfers	10,962	14,869	15,782	10,660	13,932	14,060
Other Recurrent	43	45	47	40	40	40
Capital Expenditure	33,142	43,266	43,323	23,562	16,398	30,208
Acquisition of Non-Financial Assets	500	-	-	500	-	-
Capital transfers to Govt Agencies	31,261	41,831	41,831	22,062	16,398	30,208
Other Development	1,381	1,435	1,492	1,000	-	-

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Total Programme	50,191	64,372	65,499	36,969	33,115	47,118
Sub-Programme 5.1 : Health Policy Planning						
Current Expenditure	42	42	42	42	42	42
Compensation to Employees	-	-	-	-	-	-
Use of Goods and Services	0	0	0	0	0	0
Grants and other Transfers	42	42	42	42	42	42
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	4,208	13,611	12,385	3,464	300	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	3,908	13,311	12,085	3,464	300	-
Other Development	300	300	300	-	-	-
Total sub-programme	4,250	13,653	12,427	3,506	342	42
Sub-Programme 5.2 : Social Protection in Health						
Current Expenditure	15,928	19,986	21,026	12,388	15,773	15,879
Compensation to Employees	5,214	5,318	5,450	1,937	1,990	2,043
Use of Goods and Services	120	181	191	68	68	68
Grants and other Transfers	10,594	14,487	15,385	10,382	13,715	13,767
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	28,934	29,655	30,938	20,098	16,098	30,208
Acquisition of Non-Financial Assets	500	-	-	500	-	-
Capital transfers to Govt Agencies	27,353	28,520	29,746	18,598	16,098	30,208
Other Development	1,081	1,135	1,192	1,000	-	-

Economic Classification	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Total sub-programme	44,862	49,641	51,964	32,486	31,871	46,087
Sub-Programme 5.3 : Health Standards and Regulations						
Current Expenditure	1,079	1,077	1,107	978	901	989
Compensation to Employees	440	451	463	437	449	461
Use of Goods and Services	270	241	242	265	238	238
Grants and other Transfers	326	340	355	236	175	250
Other Recurrent	43	45	47	40	40	40
Capital Expenditure	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-
Other Development	-	-	-	-	-	-
Total sub-programme	1,079	1,077	1,107	978	901	989
TOTAL VOTE	195,718	203,737	205,410	118,265	115,571	121,119

Table 3.6: Analysis of Recurrent Resource Requirement vs Allocation for SAGAS (Amount Ksh Million)

A. Kenya Medical Training College (KMTC):

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	6,789	13,663	10,197	10,618	6,789	6,862	6,937	
AIA	3,640	3,640	3,898	4,143	3,640	3,640	3,640	
Net	3,149	10,023	6,299	6,475	3,149	3,222	3,297	
Compensation to employees	3,670	10,023	6,299	6,475	4,043	4,164	4,289	
Other Recurrent	3,119	3,640	3,898	4,143	2,746	2,698	2,648	
Insurance	490	550	600	550	490	481	472	
Utilities	191	204	225	248	191	188	184	
Rent	5	6	6	7	5	6	5	
Subscriptions to international organisations								
Contracted Professional	297	257	283	311	250	246	241	
Others	2,136	2,623	2,784	3,027	1,810	1,777	1,745	

B. Kenyatta University Teaching, Referral and Research Hospital (KUTRRH):

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	757	5,009	5,510	6,061	2,257	2,311	2,744	
AIA		1,500	1,875	2,343	750	1,481	1,839	
NET	757	3,509	3,635	3,718	1,507	830	905	
Compensation to Employees	585	2,352	2,588	2,847	1,352	1,487	1,636	
Other Recurrent	172	2,657	2,922	3,214	905	824	1,108	
Insurance	5	34	37	41	34	37	41	
Utilities	26	84	92	101	84	92	101	
Rent	-	-	-	-				
Subscriptions to	-	7	8	9	2	2	2	

international organisations								
Contracted Professional (Guards & Cleaners)	25	110	121	133	110	121	133	
Others	116	2,422	2,664	2,930	675	572	831	

C. Kenyatta University Teaching, Referral and Research Hospital (KUTRRH): GATUNDU HOSPITAL

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	740	1,589	1,743	1,917	750	823	898	
AIA	240	250	288	330	250	250	250	
NET	500	1,339	1,555	1,587	500	573	648	
Compensation to Employees	490	894	992	1,091	495	543	595	
Other Recurrent	250	695	751	826	255	280	303	
Insurance	7	12	15	16	12	15	16	
Utilities	12	23	27	31	23	27	31	
Rent								
Subscriptions to international organisations								
Contracted Professional (Guards & Cleaners)	11	22	27	29	22	27	29	
Others	220	638	682	750	198	211	227	

D. Kenya Medical Supplies Authority (KEMSA):

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
Gross	3,879	3,707	4,036	4,117	3,707	3,780	3,855	
AIA	3,629	3,457	3,536	3,517	3,457	3,457	3,457	

Net	250	250	500	600	250	323	398	
Compensation of Employees	1,199	1,259	1,322	1,388	1,259	1,322	1,388	
Other Recurrent	2,680	2,448	2,714	2,728	2,448	2,458	2,466	
Insurance	143	187	196	200	187	196	200	
Utilities	35	36	36	37	36	36	37	
Rent	188	137	119	104	137	119	104	
Contracted Professional	32	34	35	37	34	35	37	
Subscriptions to international organisations								
Other Recurrent	2,282	2,054	2,327	2,350	2,054	2,071	2,088	

Remark

There is anticipated drop in AIA due to decrease in supply chain fees income expected since the USAID -KEMSA MCP project is coming to an end in december 2020

E. National Cancer Institute of Kenya (NCI-K):

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	90	300	490	650	120	163	238	
AIA	-	-	-		-	-	-	
NET	90	300	490	650	120	163	238	
Compensation to Employees	0	100	130	180	0	60	100	Remark 1
Other Recurrent	90	200	360	470	120	103	138	Remark 2
Insurance		-	5	10	0	5	10	
Utilities		-	10	15	0	10	15	
Rent		-	30	32	0	30	32	
Subscriptions to international organisations								

Contracted Professional (Guards & Cleaners)		-	10	15	0	10	15	
Others	90	200	305	398	120	48	66	Remark 3

Remarks

1. The NCI-K staff were deployed from the Ministry of Health hence no PE requirements in FY 2020/21. Institute is expected to take the PE from FY2021/22.
2. The Institute is currently hosted by NACC for FY 2019-2021 therefore no obligations in rent and utilities but will require once the MOU expires in FY 2022/23.
3. The Institute functions are activity based that include public education on cancer and risk factors, regulation of cancer care and stakeholder engagement in prevention and control of cancer. The deficit in allocation will hamper delivery of the above functions.

F. National AIDS Control Council (NACC):

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	872	1,236	1,284	1,336	897	945	1,021	
AIA	-	-	-		-	-	-	
NET	872	1,236	1,284	1,336	897	945	1,021	
Compensation to Employees	517	530	548	556	530	548	556	Remark 1
Other Recurrent	356	706	736	779	368	397	465	
Insurance	60	75	80	83	66	80	83	
Utilities	50	62	64	67	53	64	67	
Rent	70	72	74	77	72	74	77	
Subscriptions to international organisations	5	5	5	5	5	5	5	
Contracted Professional (Guards & Cleaners)	25	26	27	28	26	27	28	
Others	146	466	486	519	146	146	204	

Remark

- The funding from Donors that supported the NACC since inception, have continued to reduce significantly affecting implementation of HIV prevention programmes that are recurrent in nature. In view of emerging challenges on Adolescents & Young People (AYP) in Kenya with increased cases of new infections, funds are required to upscale pragmatic prevention interventions.

G. Kenyatta National Hospital (KNH):

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	13,973	30,816	23,652	26,136	14,262	14,604	14,962	
AIA	5,093	5,382	5,382	5,382	5,382	5,651	5,934	
NET	8,880	25,434	18,270	20,754	8,880	8,953	9,028	
Compensation to Employees	10,733	24,932	17,180	19,016	11,596	11,886	12,243	
Other Recurrent	3,240	5,884	6,472	7,120	2,666	2,718	2,719	
Insurance	12	12	13	13	12	13	13	
Utilities	362	364	368	461	364	364	364	
Rent	-	-	-	-	-	-	-	
Subscriptions to international organisations	-	-	-	-	-	-	-	
Contracted Professional (Guards & Cleaners)	79	80	80	80	80	80	80	
Others	2,787	5,428	6,011	6,566	2,210	2,261	2,262	

Remarks

- The total PE requirement for KNH for the FY 2021/22 is Kshs 24,932 million. Due to limited resources, only Kshs 11,596 million being the cost of the staff currently in the payroll has been presented for funding. The balance of Kshs 13,336 billion has not been funded including Pension deficit of Kshs 10,036 million; SRC job re-evaluation/re-categorization cost of Kshs 2,041 million; Implementation of HR instruments FY cost Kshs 973 million (total implementation cost is Kshs 4,151 million) and NSSF arrears of Kshs 191 million & additional Pension of Kshs 95 million.

Funding gap

The total GoK grant is Kshs 8,880 million against the compensation to current employees of Kshs 11,596 million. This results in a funding gap of Kshs 2,716 million. AIA is utilized to cater for the PE gap, depleting the resources for Use of goods and services. As a result, only Kshs 2,666 million of the Kshs 5,382 million is available to run the hospital.

H. OTHAYA -KENYATTA NATIONAL HOSPITAL ANNEX

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	760	2,784	2,978	4,241	800	878	958	
AIA	0	0	0	0	40	45	50	
NET	760	2,784	2,978	4,241	760	833	908	
Compensation to Employees	510	2,366	2,253	3,415	550	628	708	
Other Recurrent	250	418	725	826	250	250	250	
Insurance	5	5	6	7	5	5	5	
Utilities	17	18	19	20	17	17	17	
Rent								
Subscriptions to international organisations								
Contracted Professional (Guards & Cleaners)	10	11	12	13	10	10	10	
Others	218	384	688	786	218	218	218	

I. Kenya Medical Research Institute (KEMRI):

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	2,493	4,228	4,823	5,635	2,547	2,620	2,695	
A.I.A	130	184	193	197	184	184	184	
Net	2,363	4,044	4,630	5,438	2,363	2,436	2,511	
Compensation of Employees	1,920	3,598	4,130	4,872	1,953	1,977	2,036	
Other Recurrent	573	630	693	763	594	643	659	
Insurance	12	14	15	17	14	15	17	

Utilities	105	116	127	140	108	110	112	
Rent	2	2	3	3	2	2	2	
Subscriptions to international organisations	2	2	2	2	2	2	2	
Contracted Professional (Guards & Cleaners)	64	67	70	74	64	65	67	
Others	388	430	477	527	404	449	459	

J. Moi Teaching and Referral Hospital (MTRH):

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	10,174	13,002	14,303	15,733	10,526	10,957	11,427	
AIA	3,233	3,585	3,944	4,338	3,585	3,944	4,338	
NET	6,941	9,417	10,359	11,395	6,941	7,013	7,089	
Compensation to Employees	8,600	9,417	10,359	11,395	9,417	10,359	11,395	Remark 1
Other Recurrent	1,574	3,585	3,944	4,338	1,109	598	32	Remark 2
Insurance	12	14	16	20	14	16	20	
Utilities	132	145	150	180	145	150	12	
Rent	3	3	3	3	3	3	-	
Subscriptions to international organisations	-	-	-	-	-	-	-	
Contracted Professional (Guards & Cleaners)	-	-	-	-	-	-	-	
Others	1,427	3,423	3,775	4,135	947	429	-	

Remarks

1. MTRH requires Kshs. 9.4 billion for salaries and other personnel benefits hence a deficit of Kshs. 2.5 billion from the allocation
2. Due to inadequate GOK allocation for salaries, use of AIA to pay salaries will leave no funds to run operations of the hospital, hence could affect service delivery.

K. Kenya Nuclear Regulatory Authority (KENRA)

Economic Classification	2020/21 Approved Estimates	Requirements			Allocation			Remarks
		2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
Gross	141	365	428	454	141	164	189	
AIA	22	22	70	80	22	22	22	
NET	119	343	358	374	120	142	167	
Compensation to employees	74	74	148	160	74	74	74	
Other recurrent	67	291	280	294	67	90	93	
Insurance	2	2	2	3	2	2	3	
Utilities	2	2	3	4	2	2	3	
Rent	14	18	23	25	14	23	25	
Subscriptions to international organisations	3	3	3	3	3	3	3	
Contracted Professional (Guards & Cleaners)	35	52	36	36	35	36	36	
Others	11	214	213	223	11	24	44	

L. Kenya Medical Practitioners and Dentist Council

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
GROSS	323	286	300	315	236	176	252	
AIA	323	86	87	88	86	87	88	

NET	-	200	213	227	150	89	164	
Compensation to employees	166	110	111	115	110	111	115	
Other recurrent	157	176	189	200	126	65	137	
Insurance	14	20	21	22	20	21	22	
Utilities	2	2	2	2	2	2	2	
Rent	0	0	0	0	0	0	0	
Subscription to international organizations	0	0	0	0	0	0	0	
Contracted Professional (Guards & Cleaners)	1	1	1	1	1	1	1	
Others	140	153	165	175	103	41	111.7	

M. Mathari National Teaching and Referral Hospital

Economic Classification	2020/21 Approved Estimates	Requirement			Allocation			Remarks
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2021/22	FY 2022/23	FY 2023/24	
Gross	1,199	1,800	1,854	1,910	1,199	1,249	1,250	
AIA		150	200	250	150	200	250	
Net Exchequer	1,199	1,650	1,654	1,660	1,049	1,049	1,000	
Compensation to employees	1,063	1,400	1,442	1,485	1,063	1,095	1,128	
Other Recurrent	136	400	412	424	136	154	122	
Insurance								
Utilities	23	30	40	50	30	40	50	
Rent								
Subscription to international organizations								
Contracted Professional (Guards & Cleaners)								
Others	113	370	372	374	106	114	72	

Table 3.7. Analysis of resource requirements for Big Four and Legacy Projects (Ksh Millions)

	BUDGET ESTIMATES				Requirement												Remark
	2020/21				2021/22				2022/23				2023/24				
	GOK	Foreign	REC	TOTAL	GOK	Foreign	REC	TOTAL	GOK	Foreign	REC	TOTAL	GOK	Foreign	REC	TOTAL	
Vote and Vote Details																	
Drivers																	
HISP-PWD			353	353			353	353			653	653			653	653	Provision of insurance Subsidy for the Targeted groups
HISP-OVC			1,520,4	1,520,4			1,520	1,520			4,620	4,620			4,620	4,620	
Removal of user fees			900	900			900	900			900	900			900	900	User fees foregone for Level 2 & 3 Hospitals
Conditional grant to level 5 Hospitals			4,326	4,326			4,727	4,727			4,727	4,727			4,727	4,727	Conditional Grants to regional level 5 Hospitals
1081104400 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	6,205			6,205	7,214			7,214	7,214			7,214					Being provision -for payment of the instalments of the equipment distributed to hospitals across the country.

1081104500 Free Maternity Program (Strategic Intervention)	4,098			4,098	4,098			4,098	4,098			4,098	4,098			4,098	To facilitate Linda mama Programme
1081106100 Establishment of a Cancer Institute	400			400	400			400	400			400	400			400	Construction of bankers for comprehensive radiotherapy units in Nakuru, Garissa and Mombasa. Justification for selection of the 3 counties was based on the geographical location
1081109400 Roll-out of Universal Health Coverage	12,000			12,000	29,717			29,717	35,000			35,000	25,887			25,887	Funds to cater for the UHC scheme for the indigents populations ,health products and technologies for primary health care facilities

1081110300 Transforming Health Systems for Universal Care Project-World Bank		5,291		5,291		3,056		3,056		300		300							To support Counties in health systems strengthening, procurement of family planning commodities and capacity building
1081117800 Health Sector Support for Universal Health Coverage-JICA	4,000			4,000	4,000			4,000											General Budget support for roll-out and scale up of Universal Health Coverage

Table 3.8. Analysis of Resource Allocation for Big Four And Legacy Projects (Ksh Millions)

Health	BUDGET ESTIMATES				ALLOCATION												Remark
	2020/21				2021/22				2022/23				2023/24				
	GOK	Foreign	REC	Total	GOK	Foreign	REC	Total	GOK	Foreign	REC	Total	GOK	Foreign	REC	Total	
Vote and Vote Details																	
Drivers																	
HISP-PWD			353	353			353	353			653	653			653	653	Provision of insurance Subsidy for the Targeted groups
HISP-OVC			1,520,4	1,520,4			1,520	1,520			4,620	4,620			4,620	4,620	

Removal of user fees			900	900			900	900			900	900			900	900	User fees foregone for Level 2 & 3 Hospitals
Conditional grant to level 5 Hospitals			4,326	4,326			4,727	4,727			4,727	4,727			4,727	4,727	Conditional Grants to regional level 5 Hospitals
1081104400 Managed Equipment Service- Hire of Medical Equipment for 98 Hospital	6,205			6,205	6,205			6,205	7,214			7,214	-			-	Being provision for payment of the instalments of the equipment distributed to hospitals across the country.
1081104500 Free Maternity Program (Strategic Intervention)	4,098			4,098	4,098			4,098	4,098			4,098	4,098			4,098	To facilitate Linda mama Programme
1081106100 Establishing of Regional Cancer Centres	400			400	350			350	400			400	400			400	Construction of bankers for comprehensive radiotherapy units in Nakuru, Garissa and Mombasa. Justification for selection of the 3 counties was based on the geographical location

1081109400 Roll-out of Universal Health Coverage	12,00 0			12,000	12,00 0			12,00 0	12,00 0			12,00 0	25,88 7			25,88 7	Funds to cater for the UHC scheme for the indigents populations ,health products and technologies for primary health care facilities
1081110300 Transformin g Health Systems for Universal Care Project- World Bank		5,291		5,291		3,464		3,464		300		300					To support Counties in health systems strengthening , procurement of family planning commodities and capacity building
1081117800 Health Sector Support for Universal Health Coverage- JICA	4,000			4,000	4,000			4,000									General Budget support for roll-out and scale up of Universal Health Coverage

Table 3.9. Requirements Vs Allocation for The Post COVID-19- Economic Stimulus Programme (Ksh Millions)

HEALTH	2020/21			2021/22					
	Approved budget			Requirements			Allocation		
	Rec	Dev	Total	Rec	Dev	Total	Rec	Dev	Total
Vote and Vote Details									
THEMATIC AREA No.3 Improving Health Outcomes									
Recruitment of 5,000 Diploma and Certificate Level Health Interns	1,133		1,133	1,133		1,133	1,133		1,133
Supply of Locally Sourced 20,000 units of Beds & Beddings to Public Hospitals		500	500	0		0	0		0
Establish 50** Walkthrough Sanitizers at Border Points & Hospitals		25	25	0		0	0		0
TOTAL			1,658			1,133			1,133

Recurrent Underfunded Priorities

KEMSA Pending Bill

The Ministry owes KEMSA a pending bill of Kshs.1.2 Billion. The funds were earmarked for funding of the National Commodities Storage Centre at Embakasi that is coming to an end in the financial year 2021/22.

KNH Human Resource Instrument

The hospital undertook a job evaluation exercise as well as review of the human resource instrument. Arising from this, the human resource instruments for KNH that have been approved by state corporation advisory committee(SCAC) that provided for optimal staffing capacity of 6,857 No against the current in post of 4,979 staffs. The hospital requires a total of Kshs.4.15 billion to be phased in 3years (1.38 B p.a) for additional staff requirements to offer seamless health care services.

Monitoring of Capital Projects

The Ministry requires funding for monitoring of all capital projects being undertaken in the Sector.

Development Underfunded Priorities

Ongoig Projects

Project Title & Detail	Requirements for 2021/22 Budget		Allocation for 2021/22 Budget		Shortfall	
	GoK	Foreign	GoK	Foreign	GoK	Foreign
1081105100 Procurement of Equipment at the National Blood Transfusion Services	4,746		600		4,146	Remark 1
1081105500 Vaccines and Immunizations	3,470		1,400		2,070	Remark 2
1081105300 Procurement of Family Planning & Reproductive Health Commodities	1,900		863		1,037	Remark 3
1081111300 Special Global Fund HIV Grant KEN-H-TNT-(GLOBAL FUND)	10,200	1,757	1,200	1,586	9,000	Remark 4
1081105200 Procurement of Anti TB Drugs Not covered under Global fund TB Programme	1,200		200		1,000	Remark 5
1081111400 Special Global Fund Malaria Grant KEN-M-TNT-(GLOBAL FUND)	1,800	1,140	800	1,140	1,000	Remark 6
1081103200 Nutrition	1,410		80		1,330	

TOTAL	24,726	2,896	5,143	2,726	19,583	
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Remarks

1. Genesis of the current blood shortage was occasioned by donor funding agreement ending. GoK stepped in to bridge the gap however GAP still exist hence threat of continued blood shortage if gap is not reduced
2. Funds to be used for procurement and distribution of essential KEPI vaccines for improved vaccination coverage and elimination of vaccine preventable diseases among children under 1 year. The country currently needs at least Ksh.3.4 billion to supply the minimum five KEPI antigens to achieve the recommended 80 percent fully immunized coverage and prevent devastating disease outbreaks in the population. The costing has been revised to reflect the declining donor support.
3. Costing revised to capture pronounced weaning of donor contribution on this critical strategic programme. Donors fully withdrawal funding of FP by 2023. Not fully funding the gap will lead to a reversal of the gains the country has made in: improving maternal newborn health, preventing thousands of pregnancy related deaths, improving the survival of newborns and under five year olds. Funds will be required to procure and distribute family planning commodities, a key enabling pillar for UHC, to the entire nation to support over 7 million women dependent on spacing families to avert a plethora of deaths and severe illnesses that accompany unspaced births. The country, through HE The president committed to eliminate unmet need for family planning (now at 16%) by 2030, a target if met will save the economy 4 times the amount invested in the programme and eliminate a third of non-communicable diseases in the adult population.
4. Funds for procurement and distribution of critical commodities for prevention, treatment and care not covered under the current donor financing agreements. Commodities such as Cotrimoxazole 960mg are critical in prevention of opportunistic infection among PLHIVs there's no GOK financing since PEPFAR stopped funding it. Unavailability of the full budget will lead to reversal of gains made in the HIV fight. Infections are currently on the rise, and continued underfunding of the program causes acute annual stock-out of essential ARVs leading to preventable deaths and excess hospitalization costs
5. This is the counterpart fund to enhance procurement of first line TB medicines, warehousing and distribution to all TB treatment sites in Kenya as a requirement by Global Fund. This would also cover funding for leprosy drugs which if not factored in the budget would have devastating effects on the population in case of an outbreak.
6. Funds for procurement and distribution of first line anti-malarial drugs and distribution of long lasting insecticides treated nets to enhance quality of treatment and prevention of malaria.

New Projects

Project Code & Title	Financing		Actual Cumulative Expenditure up to 30th June, 2020	Outstanding Project Cost as at 30th June, 2020		Requirements for 2021/22 Budget		Project 2022/23		Project 2023/24		Remarks
	Cost of the project Kshs Millions	GoK			Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
Presidential Directive Project with Approvals (KEMRI)												
Construction of research Laboratories in KEMRI Kirinyaga Centre	2,000	2,000	-	1,500	-	600		600		800		Remark 1
KUTRRH New Project Approvals in pipeline												
Construction of Kenyatta University Children Hospital	3,900	3,900	-	3,900		1,700		1,300		900		Remark 2
NACC Existing Project												
Acquisition of office space by for the National AIDS Control Council (Maisha Plaza)	1,600	1,600	100	1,500		750		750		750		Remark 3
MTRH New Projects												
Installation of 1.5 Tesla MRI (Magnetic Resource Imaging)	300	300	-	300		300						Remark 4
KMTC New Projects (Necessary Approvals in Pipeline)												
Construction of building-Tuition Blocks KMTC (Phase 2)	1,235	1,235	-	1,235		350		400		485		Remark 5

Construction and Equipping of Laboratory and Classrooms-KMTC (Phase 2)	2,195	2,195	-	2,195		450		745		1,000		Remark 6
KNH New Projects (Necessary Approvals in Pipeline)												
Construction and Equipping of KNH Training Centre	1,546	1,546	-	1,546		69		532		945		Remark 7
KNH Othaya New Projects												
Equipping of KNH Othaya NCDs Centre of Excellence	626	626	-	626		225		160		241		Remark 8

Remarks

1. The project will establish research facilities that will serve health research priorities in kirinyaga county and the region
2. The establishment of a Level six public Children's Hospital will be a major milestone in Kenya as there is a dire need for specialized paediatric care.
3. The Total project cost was Kshs.1.6B Kshs. 200M allocated in FY 2017/18 but only Kshs.100M was realized leaving a total cost of Kshs 1.5B
4. MTRH requires 1.5 Tesla MRI which has a stronger magnetic strength and there high resolution in imaging quality from the current 0.3 Tesla MRI. This machine will ensure accurate diagnostic investigation for proper management of conditions. The amount required will cater for a new machine as well a diagnostic centre for the machine and other high end diagnostic equipment.
5. In established campuses that require infrastructure development and renovations. The newly established campuses need funding after Phase one.
6. With the change in technology there is need for more funding for the purchase of new equipments and also add more equipments in our campuses.
7. The centre will help increase capacity for specialized services in Kenya and expand existing training facilities.

8. The hospital is envisioned to be an NCD Centre of Excellence and requires equipment to provide specialized services for renal, cancer, cardiovascular and endocrine conditions

CHAPTER FOUR

4.0. CROSS-SECTOR LINKAGES, EMERGING ISSUES/ CHALLENGES

The Constitution of Kenya 2010 established two distinct and interdependent levels of governments consisting of the national and 47 county governments with specific functions. The functions are stipulated in the 4th schedule of the Constitution and the relations between the two levels of Government should be through consultation and cooperation in order to effectively deliver the highest possible standards of health to all Kenyans.

The health sector strategic focus in Kenya is guided by the overall vision 2030 that aims to transform Kenya into a globally competitive and prosperous country. Kenya Health Policy 2014-2030 emphasizes on strengthening **multi-sectoral collaboration** with private and other sectors that have an impact on health to include health in their programmes. The collaboration will be achieved by adopting a '**Health in all Policies**' approach, which ensures that the health sector interacts with and influences the design, implementation, and monitoring of interventions in all of these sectors. Social determinants of health such as women's literacy, access to safe water and adequate sanitation, safe housing, occupational hazards, road safety, security, income, and community participation, among others have great impact on health.

The government has made a commitment to attain Universal Health Coverage under the 'Big 4 Agenda', whose aim is to ensure access to affordable quality health services by all people while protecting them from the risk of financial hardship when accessing care, to achieve this the health sector collaborates with other sectors to attain the health goals. They include the following: Education and early life, Social Protection, General Economic and commercial Affairs, Culture and Recreation, Justice Law and Order, Agriculture and food, Energy, Infrastructure & ICT, Water & Natural resources, and Environment Protection.

4.1 Intra Sectoral Linkages within the Health Sector

The Ministry of Health together with Autonomous and Semi-Autonomous Government Agencies collaborate in all the programme areas of National Referrals and rehabilitative services; preventive, promotive and RMNCH services; Health Policy, Standards and regulations; Research and development and Health Administration and Support. This is mainly done through policy and strategy formulation, planning, information sharing, legislation, resource mobilization, programme implementation, setting of standards, capacity building and monitoring and evaluation. Therefore, intra sectoral linkages with structured dialogue processes is paramount for the two levels of governments to contribute to accelerated realization of rights to health for all Kenyans

4.2 Inter Sectoral Linkages

The linkages/partnership with other sectors focuses mainly on issues that impact and contribute to improved health care, quality of life and productivity leading to country's economic growth. The various stakeholders play different roles which are complementary and synergistic at all levels of health care. These responsibilities and roles are geared towards the constitutional right to health. The various stakeholders in the health sector are shown in the table below:

Sector	Area of Collaboration	Description	Gaps/Remarks
Energy, Infrastructure and ICT Sector	Connecting health facilities to power	The energy sector plays a key role in provision of stable source of power which is crucial in health care provision in the Country. Ministry of energy connected 48/96 level 3&4 facilities last FY and aims to connect 326 level 2 facilities in the current financial year.	Out of 5,662 facilities 989 do not have electricity, Total cost Kshs14.5billion required
	Nuclear Power Programme	The Nuclear Regulatory Act 29 of 2019 promulgated	Development of regulations for nuclear power programme. The Nuclear Regulatory Authority regulates nuclear power development programme
	Infrastructure: Access roads to health facilities	Reliable infrastructure facilitates access to health care facilities and emergency services across the country hence improving health outcomes. The infrastructure sector ensures the health facilities are constructed to meet the requirement of the norms and standards on infrastructure. In the financial year 2020/21, 134 access roads are been constructed to level 4 facilities.	26,760kms of gravel is needed for access to health facilities. Total cost Ksh 37b required
	ICT	The Health Sector continues to embrace ICT as an important aspect to improve health care delivery	118 facilities are targeted

Sector	Area of Collaboration	Description	Gaps/Remarks
		<p>through internet connectivity investment for implementing various interventions in health care provision including e-health, tele-medicine and training.</p> <p>The ICT sub sector connected 20 facilities with LAN while 72 are ongoing. The development of Software, Field testing and training is ongoing for Digitalization of Health records</p> <p>Installation of NOFBI, LAN, Internet telephony in 121 health facilities across facilities.</p>	
Environment, Water and Natural Resources Sector	Water and environment: Water supply to health facilities	Clean water, and suitable environment ensures reduction in the incidence of waterborne diseases and other associated communicable conditions. The ministry of water connected 93 Level 2, 3 & 4 facilities in the current financial year.	Assessment determined that 3,067 facilities do not have adequate water supply. Ksh 26 billion required
	Radioactive materials have a wide application in natural resource management	Projects formulated in the use of isotope hydrology	Scaling of the developed technologies for wider adoption. The Kenya Nuclear Regulatory Authority approvals are a prerequisite for the country to benefit from international projects using nuclear techniques
Social Protection, Culture and Recreation Sector	Labour	The Health Sector cooperates with the labour sub sector to provide mechanisms for resolving industrial disputes, occupational safety and health into management systems across the sector. In addition, the sector will contribute towards review	Strengthening of platforms for policy dialogue

Sector	Area of Collaboration	Description	Gaps/Remarks
		of policies and legislation on labour laws.	
	Sports	The sports fund has provided mechanism for complementing funding in the health sector which provides an alternative platform of funding some key priority areas	
Public Administration, Private and International relations Sector	The National Treasury	The Government of Kenya has prioritized healthcare over the medium-term plan under the Big Four agenda and this therefore calls for sustained effort towards provision of adequate financial resources for the full realization of the planned programme.	The success of programmes in health sector is dependent on the funding levels and timely disbursements
	Parliament	The National Assembly will also play a key role in ensuring that the necessary legislations are enacted to enable the health sector to effectively implement its mandate	Strengthening of platforms for policy dialogue
	Ministry of Foreign Affairs	The ministry of Foreign Affairs facilitates in the international exchange programmes for health care providers and also help in bilateral negotiations on health-related issues.	Strengthening of platforms for policy dialogue
Education Sector	Training institutions	The education sector programmes are geared towards improving efficiency in core service delivery of accessible, equitable and quality education and training. The education sector plays a key role in health research which helps in the generation of new health interventions which are critical in the provision of solutions to health challenges that pose health risks to the population. Towards this end, the	The Health sector will collaborate with Education Sector in the provision of high health impact intervention including deworming

Sector	Area of Collaboration	Description	Gaps/Remarks
		national teaching and referral hospitals will continue facilitating training of medical and paramedical students from public and private institutions.	
	Laboratory services	Ten postgraduate students undertaking engineering and sciences courses were offered cost free access to the Kenya Nuclear Regulatory Authority laboratory facilities	Increased cost of operating nuclear spectroscopy equipment
Governance, Justice, Law and Order Sector	State Department for Interior, State Law office, Judiciary	The constitution of Kenya guarantees 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 Public Health Act, Research Ethics and Standards, Food and Drug Administration among others. The Health Sector endeavours to review Health related Bills to address the existing gaps in the sector and work closely with other government agencies in implementing the laws	The sector plays a key role in implementation of health laws and administration of justice
	Training of law enforcement officers on detection and interdiction of weapons of mass destruction	One hundred officers from the National Police Service trained on detection and interdiction of weapons of mass destruction	Introducing the trainings as academy courses in law enforcement academies. The Kenya Nuclear Regulatory Authority will partner with the security sector to address nuclear security challenges

Sector	Area of Collaboration	Description	Gaps/Remarks
General Economic and commercial affairs	Industry	<p>The health sector strives to promote the local industries in the generation of locally manufactured goods for use in the health sector.</p> <p>The sector is also committed to improving its specialized health care services thorough investments in new technology to effectively compete globally. These services will enable Kenya become a regional and global medical tourism destination hub for specialized health and medical services.</p>	Promote the generation of locally generated initiatives to solve health issues.
Agriculture, Rural and Urban Development	Agriculture	<p>The sector plays a big role in ensuring adequate and sustainable food supply to the nation which is key in ensuring health and productive population. The Health Sector will collaborate in order to address malnutrition cases to the vulnerable groups is addressed. Collaboration 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 2018-2025.</p>	Strengthening of platforms for policy dialogue
	Crop Improvement and Management through Application of Nuclear and Biotechnology Techniques	Development of a variety of drought resistant wheat using isotope techniques	Increasing the adoption of the technology for wider application
Development Partners	Knowledge Transfer, Resource mobilization	They facilitate knowledge transfer and build business and institutional capacity. They strengthen our impact by channelling resources to initiatives that improve the lives of the poor.	Reducing donor funding in key programme calls for improved on donor support relations

Sector	Area of Collaboration	Description	Gaps/Remarks
		Some of the programmes under donor support include: HIV, TB, Malaria among others	

4.3 Emerging Issues

- I. **Globalisation** and the global climate change (emerging and re-emerging diseases), **unexpected floods** in some parts of the country pose significant implications for public health
- II. Donor transition- Kenya is experiencing **donor funding reduction or cessation** of funding of public health programmes
- III. **Inadequate health infrastructure**, and **equipment for effective emergency** and referral services at County and national levels
- IV. **Inadequate capacity** for critical **human resources** for health and staff unrests due to delay in payment.
- V. Potential utilization of **ICT** in provision of health services in remote areas (**Telemedicine**)
- VI. Country **preparedness** and **response** to new and emerging pandemics such as COVID -19
- VII. Operationalization of the new institutions established by the health Act No. of 2017 among others.
- VIII. A number of Projects without M&E budget for monitoring progress.

4.4 Challenges

- I. Inadequate capacity for emergencies, disasters and pandemics response
- II. Disruption of key strategic health programmes due to donor funding reduction or cessation of funding
- III. Weak multi-sectoral collaboration in addressing social determinants of health with other sectors such as water, energy, roads, education among others
- IV. Inadequate human resource for health for effective service provision
- V. Delayed flow of conditional grants to the health facilities
- VI. Inadequate budgetary allocation for the health sector including for, PE, Essential Health Products and Technologies,

- VII. Weak surveillance system for effective programme monitoring, prevention and control of infectious disease outbreaks and epidemics
- VIII. Deployment and management of specialist in a manner that ensures enhanced access to specialized care by all Kenyans.

CHAPTER FIVE

CONCLUSION

This chapter outlines the conclusions for the health sector on accelerating attainment of the country's health agenda in the medium and long term especially on a healthy and productive nation being key in contributing to economic development.

The Government of Kenya strives to provide an efficient and quality health care system by year 2030. The Sector recognizes the opportunities and challenges in establishing strong health systems that are responsive to the population under the current Constitution that creates two levels of government and demarcates functions for each level.

The Kenyan population is growing at a rate of nearly 3 percent annually and this has resulted in increased demand for health services and over existing resource capacity. Over the medium-term, the country should expand Maternal and Child Health services while developing the capacity of the health systems to respond to an increase in the burden of Communicable, Non-Communicable Diseases and injuries as well as putting in place measures to address the issues of preventive and promotive health. This must be accompanied with additional investments in RMNCAH to minimize disease burden. The emergence of COVID-19 pandemic has had huge impacts in health service delivery and health care system hence the need to ensure public health security.

The sector plans to implement priority programmes over the 2021/22-2023/24 MTEF period that are aligned to the MTP III and other national health priorities including Universal Health Coverage under the "Big Four" Agenda. The health sector aspires to utilize the recourses prudently adhering to the laid down rules and regulations to achieve the desired objectives.

The sector will continue to partner and collaborate with the County Governments in provision of the necessary technical assistance to enable the counties effectively execute the mandate assigned to them under the Fourth Schedule of the Constitution. In addition, the National Government will continue to strengthen the national referral health facilities to be able to provide critical specialized health services. The Health sector will continue to prioritize the available financial resources for sustenance of effective service delivery. The two levels of government will continue to collaborate with each other under the established intergovernmental mechanisms to ensure that there is a good working environment for staff, and effective and efficient service delivery to the citizens.

Kenya has witnessed a decline in development partner support on key strategic health programmes as a result of the changed Country status from a third world economy to a middle level income country. This therefore calls for increased budgetary allocation to

bridge the eminent funding gap. Public Health programmes and National Blood Transfusion Services are largely dependent on development partners for financing. The Government needs to explore innovative financing mechanisms such as Joint Ventures (JV) and Public Private Partnerships (PPPs) and ensure efficiency in the utilization of allocated funds by all sector players.

The need for research and policy dialogues has become even more critical in light of escalated costs related to the provision of health services. In addition, there are further challenges in human resources and staffing, performance management, governance issues and social accountability aspects. These challenges directly affect quality of services in health facilities and their functional capability. To realise the aspirations of the sector as envisioned in the constitution, the challenges will continuously be addressed using a sector wide approach.

The COVID-19 pandemic has caused unprecedented health concerns in the country and disrupted the achievement of the planned activities in the health sector. This calls for concerted effort to enhance health security and preparedness against future public health threats.

CHAPTER SIX

RECOMMENDATIONS

In order to realize the aspirations of the country within the Medium-Term Period, the health sector will prioritise several interventions to address the challenges that hinder effective service delivery through the following recommendations;

- I. Strengthen disease surveillance mechanisms for early detection, mitigation measures and prompt respond to public health risks and emergencies;
- II. National scale-up of UHC to all public health facilities and low-cost private facilities based on the lessons learnt from Pilot Counties
- III. Implement the East African Community (EAC) treaty which commits to “Global Health Security Agenda (GHSA)” on infectious diseases;
- IV. Strengthen multilateral and multi-sectoral approaches on health service delivery to respond to pandemics such as COVID-19;
- V. Invest in post COVID- 19 recovery strategies such as the Economic Stimulus Programme (ESP);
- VI. Develop standards for non-pharmaceutical products to facilitate engagement with the private sector and allow sourcing of locally manufactured products and technologies;
- VII. Identify alternative funding to bridge the funding gaps left by development partners (Donor Transition) in strategic health programs;
- VIII. The Government to invest in measures geared towards reduction of non-communicable diseases such as Cancer, Diabetes and Hypertension among others across the country;
- IX. Strengthen capacity of Human Resources for Health to support provision of Primary Health Care in the counties;
- X. Enhance medical research in national priority areas such as NCD’s, emerging and re-emerging conditions, bio-technology, and infectious diseases;
- XI. Hasten the completion of the National Commodities Storage Center (KEMSA Supply Chain Center) to ensure efficient provision of essential Health commodities;
- XII. Accelerate the Implementation of the Health Act, 2017 for efficient service delivery;

- XIII. Increase investment in integrated e-health solutions to ensure linkage with the DHIS 2 and coordination of all reporting systems to avoid parallel reporting and actualize a unified Electronic Health Record System;
- XIV. Improved relations between Government, employees, and the labour unions to mitigate frequent industrial unrest;
- XV. Provide mechanism to regulate the various online platforms providing health related issues like M-Tiba, My-Dawa among others;
- XVI. Prioritize ICT Health facilities connectivity as a platform to accelerate rollout of Telemedicine;
- XVII. Strengthen monitoring and evaluation of capital projects by increasing funding to Ministry project portfolio;
- XVIII. Strengthen health regulatory framework and fast track legal reforms- gazettment of legal rules.

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