

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF TANA RIVER

HEALTH SECTORAL PLAN

Theme : *Accelerating the attainment of affordable, accessible and quality health care for all citizens*

2018-2028

HEALTH SECTORAL PLAN FOR TANA RIVER COUNTY

VISION:

A healthy, productive and competitive County providing high quality life to the people of Tana River.

MISSION:

To build a progressive, responsive and sustainable health care system for accelerated attainment of the highest attainable standards of health to all residents of Tana River county

Foreward

One of the most significant changes introduced to Kenya's national governance framework under the new constitutional dispensation is 47 new county governments with significant responsibilities in agriculture, health, trade, roads, county planning and other functions being devolved to the county level. The Constitution of Kenya 2010, the Kenya Vision 2030 and its Medium Term Plans, provided the foundation for the preparation of the First Sectoral Plans for Tana River County. This Sectoral Plan, will be used in the allocation of scarce resources to priority programmes.

The Kenya Vision 2030 is the country's development blueprint covering the period 2008 to 2030. It aims to transform Kenya into a newly industrializing, middle-income country providing a high quality life to all its citizens by the year 2030. The Vision is based on three pillars: Economic, Social and Political Pillar. The pillars are supported by key enablers and macro foundations of the Vision. For each of the Pillars and the key enablers and macro foundations, priority sectors have been identified to drive the aspirations of the Vision. The Vision has also identified a number of flagship projects to be implemented across the country for all sectors. The County Government has identified county-specific flagship projects and programmes that will be implemented at county level and work with the national government to ensure these projects are implemented.

The preparation of this first Sectoral Plan is based on the County Governments Act, 2012 section 109 which mandates every county to prepare Sectoral Plans. The Sectoral Plan is a ten-year blue print that highlights the socio-economic challenges faced by the County, strategies for resources mobilization and programmes to be implemented in order to address the socio-economic challenges.

The County government is composed of the County Executive and County Assembly. The County Executive is expected to supervise the administration and delivery of services to citizens as well as conceptualize and implement policies and county legislation. On the other hand, the County Assembly is a legislative organ and plays an oversight role over the Executive.

The preparation of the Sectoral plan was done through a participatory process that involved various stakeholders including; county and national government officers, community members, private sector, Public Benefit Organizations (PBOs), Civil Society Organizations (CSOs) and development partners. The views collected in the forums were consolidated by the Sector Working Group (SWGs) and subjected to the stakeholders for validation. Subsequently the document was handed over to the County Executive for onward forwarding to the County Assembly for approval and adoption.

H.E. RTD. MAJOR DHADHO GADAE GODHANA,

Governor, Tana River County.

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Preface

To achieve the desired county transformation, comprehensive development planning, commitment and utilization of scarce resources is necessary. The County Government Act, 2012 requires that counties prepare 10-year County Sectoral plans as component parts of the County Integrated Development Plan, that shall be programme based and form the basis for budgeting and performance management. These Sectoral Plans will be aligned with other county and national long-term plans and will be implemented through 5 year CIDPs. Effective Sectoral planning will contribute significantly towards realization of the objectives of the devolution as envisaged in the Constitution, Vision 2030 as well as the various enabling legislations and policies on devolution.

The Sector plan should contain detailed analysis of the sector covering: the various challenges experienced; the emerging issues affecting the performance of the sector; the environment through which the plans will be implemented; and key developmental issues within the county with the relevant interventions that inform the formulation of the programmes. The plan should mainstream various cross cutting issues and clearly outline the implementation framework as well as the monitoring, evaluation and reporting mechanism.

It is envisaged that the effective use of these guidelines will go a long way towards realization of the aspirations the Kenya Vision 2030 and county transformative agenda. This will, in turn, contribute to balanced growth and development throughout the country.

I wish to acknowledge the role played the officers from National Treasury, Mr. Joseph Malonza, Mr. John Mbuthi and Ms. Anne Murithi in providing overall leadership in the development of the Sectoral plan. The role of the core team, other members of staff and stakeholders is also highly appreciated.

MWANAJUMA HIRIBAE
CECM, Health

Acknowledgement

The 2018-2028 edition of Health Sectoral Plan was prepared in accordance with section 109 of the County Government Act, 2012 and is the First version since the inception of the County Government of Tana River.

I would like to acknowledge all the heads of the different sub-programmes for their tremendous contribution without which this document would not be a success. All the county departments in the Sector were invited to contribute in the preparation of the Sectoral plan. This information was analyzed by the team lead our CECM Health Mwanajuma Hiribae, Director health Dr.Oscar Endekewa , the Sub County Administrator Hola, Dr.Mohammed Hashako and, these officers spent significant amount of time putting together this Sectoral Plan.

Finally, I am indebted to express my sincere gratitude to the Economist and Secretary to the Sector Working groups , Joy Chimea for working tirelessly to ensure that the sector has a draft plan and all the entire staff for their dedication and commitment during the entire exercise.

ERIC WASONGA ARUA
CHAIRPERSON
HEALTH SECTOR

Executive Summary

Tana River County is one of the six Counties in the Coast Region. It borders Kitui County to the West, Garissa County to the North East, Isiolo County to the North, Lamu County to the South East and Kilifi County to the South. The county lies between latitudes 0°0'53" and 2°0'41" South and longitudes 38°25'43" and 40°15' East. The county has a total area of 38,862.2 Km² with a projected population of 349,338 (KNBS, 2018) and covers about 76 kms of the coastal strip.

The County is composed of three administrative sub-counties namely: Bura, Galole and Tana Delta, and three constituencies namely: Galole, Bura and Garsen with 15 electoral wards.

Section 109 of the County Government Act mandates the County to develop ten-year county sectoral plans. The sectors are organized in line with the structure of government and according to the classification of the function of government (COFOG) and Health being a major sector with no sub-sectors.

The Sectoral Plan articulates long term policies and objectives which are further translated into short term plans, strategies, and programmes to be implemented under the Medium Term Expenditure Framework (MTEF).

The Healths sector plan is organized into 5 Chapters as follows;

Chapter One: The chapter gives the background information on the socio-economic and infrastructural information that has a bearing on the development of the county. It provides description of the county in terms of the location, size, physiographic and natural conditions, demographic profiles as well as the administrative, political units and economic activities. In addition, it provides background information on the sector, justification for the sectoral plan preparation and the approach/methodology applied.

Chapter Two: This chapter describes the environment within which the sector operates, trends on how the sector had been previously allocated resources to finance its programmes and analysis of the sector performance trends based on the key sector statistics. It also discusses development issues and their causes, crosscutting issues, emerging issues and stakeholders' analysis relevant to the sector.

Chapter Three: This chapter present the Sector vision, mission, goal, objectives, strategies, programmes and flagship projects. It also provides mechanisms/actions on how sectors will build synergies and address adverse effects that may arise from the implementation of the programmes.

Chapter Four: This chapter highlight institutions and their specific roles and provide a structure for effective coordination in the implementation of the sectoral plan. It also indicates the total cost of funding the sectoral plan disaggregated by funding sources and provide measures to address capacity gaps that may hinder effective and efficient implementation of the initiatives in the sectoral plan and discuss possible risks and proposed mitigation.

Chapter Five: It also provides framework that will enable tracking implementation of the sectoral plan and its continual review and updating through Monitoring and Evaluation system.

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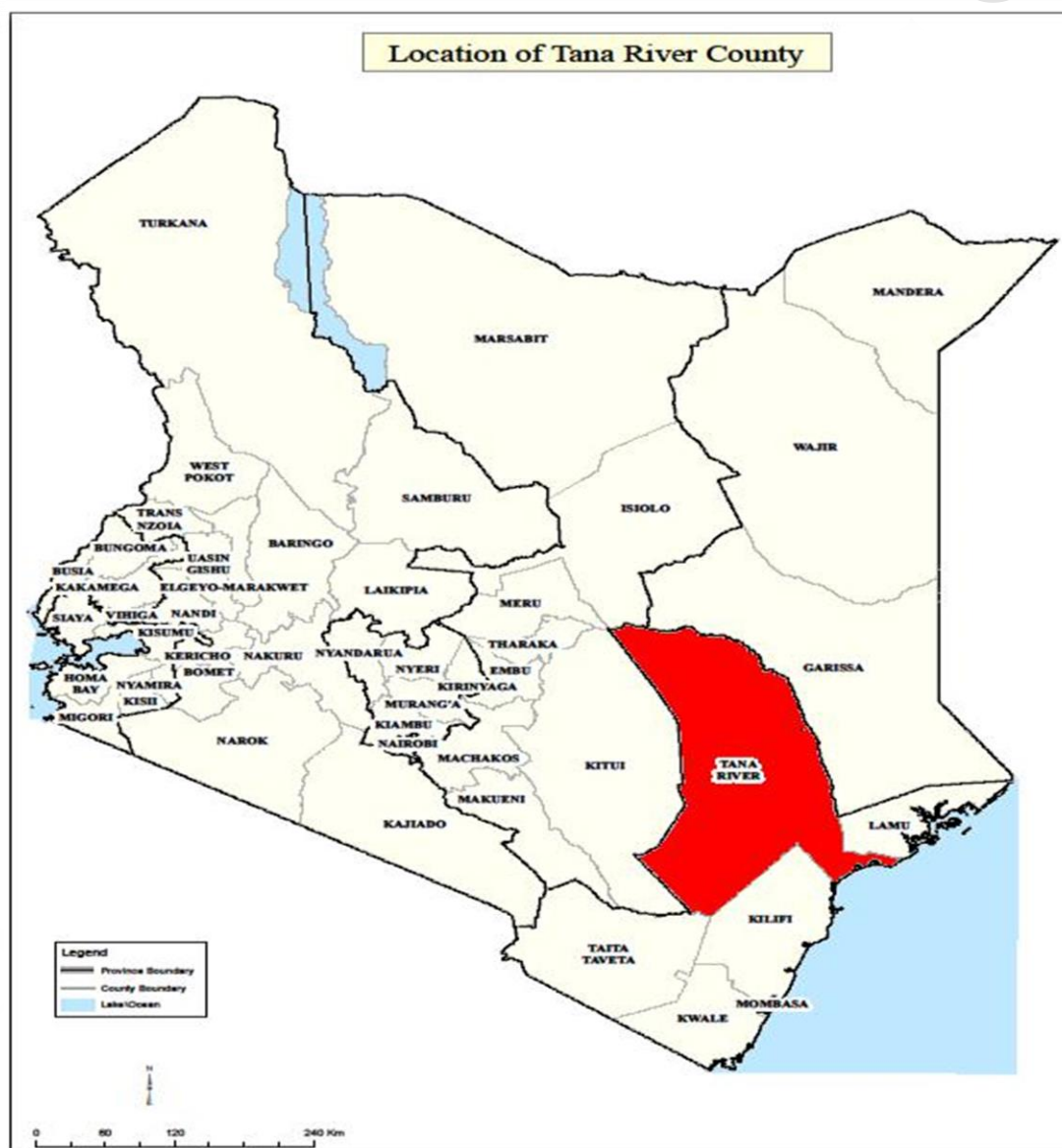
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CHAPTER ONE: INTRODUCTION

1.1 Overview of the County

Size and Location

Tana River County covers a total surface area of 38,437km² and accounts for 6.61 per cent of Kenya's total surface area. The County, named after the Tana River itself, borders Garissa to the North, Isiolo to the Northwest, Lamu to the Northeast, Kilifi to the Southeast, Taita Taveta to the South, and Kitui to the West. Administratively the county has three Sub counties: Tana-Delta (16,013.4), Tana-North (13,191.5) and Tana-River (9,657.3)



Headquarters and Major Towns

The County's capital is the town of Hola which has a population of 17,337. Other major towns include Bura, Madogo and Garsen.

Administrative Subdivision

The county is divided into three (3) administrative units namely; Bura, Galole and Tana Delta, 15 wards; 54 locations; and one hundred nine (109) sub-Locations. Table 1-1 shows the area of the county by administrative units.

Table 1-1: Area of the County by Administrative Units

Constituency	Area(km ²)	No. of wards	No. of Locations	No. of Sub-Locations
Bura	13,191.5	5	16	25
Galole	9,657.3	4	21	45
Tana Delta	16,013.4	6	17	41
Total	38,862.2	15	54	109

Source: Tana River County Development Planning Office, 2018

Tana Delta is the largest with 16,013.4 Km² followed by Bura and Galole with 13,191.5Km² and 9,657.3Km² respectively.

Geography and Climate

Tana River County is situated in a semi-arid area with annual relief rainfall varying between 400mm and 750mm with a mean annual temperature ranging between 30^{0C} and 33^{0C}. The district is generally dry and prone to drought. Rainfall is erratic, with rainy seasons in March–May and October–December. Conflicts have occurred between farmers and nomadic peoples over access to water. Flooding is also a regular problem, caused by heavy rainfall in upstream areas of the Tana River.

Tana River district comprises several areas of forest, woodland and grassland which are minor centres of endemism. Despite the apparent adequate natural resources, the region remains marginalized from the rest of the country.

Population Size and Composition

The projected population of Tana River County in 2018 is estimated at 313,374 with 157,282 being female and 156,092 males. This is expected to increase to 344,595 in 2020 and to 366,661 by 2022, reflecting about 17.7 per cent increase. The county has an inter census population growth rate of 2.83 per cent slightly lower than the national average of 2.9 per cent. The ratio of male to female is 99:100 and the pattern is projected to remain the same over the plan period Tana River County with 62.2 per cent of the population living in absolute poverty, and with the population growth rate of 2.8 per cent, the projected increase in population has a major and direct impact on the basic needs such as food, water, health and education for all ages. The first priority being food security, it implies that efforts should be made to increase food production to cater for the increased population. In the water sector, the expectation is that the available water sources of River Tana will have to be tapped to increase the volume of clean water for consumption. The health sector is expected to enhance its effort to increase the available facilities, personnel and supply of medicine accordingly.

Percentage of Land with Title Deeds

Only about 4.3 per cent of the land in the county has title deeds. Most land owners have no title deeds since the land is communally held in trust by the County Government/Government of Kenya.

Main Crops Produced

The main crops produced in the county are mangoes, cowpeas, bananas and green grams. Farmers in the county mainly rely on rain fed and flood recession farming systems with only a few practicing irrigated farming. Maize production also takes place in the irrigation scheme.

1.2 Background of the sector

1.20. The sector mandates

Under the sessional paper No.6 of the Kenya health policy (2012-2030) mandates the sector with the following functions;

Eliminate communicable diseases

Provide essential healthcare

Halt and reverse the burden of non-communicable diseases

Reduce the burden of violence and injuries

Minimize exposure of health risk factors

Strengthen collaboration with sector providers

The health sector is comprised of two units' medical services and public health and sanitation. The department is run in three main programmes namely

- Preventive and promotive health
- Curative and rehabilitative health
- General administration and support services

1.21 Health Access

Health Facilities

There are 71 health facilities in the county with two level four public hospitals located in Hola and Ngao and Bura sub-county hospital. There is one sub-county hospital in Bura, five public health centres, 44 dispensaries and 20 private clinics, two mission dispensaries and one private health centre. The bed capacity is 158 while the average distance to a health facility is six kilometres.

Hospital type	Tana Delta	Tana North	Tana River	Totals
Hospitals	1	1	1	3

Health centres	2	1	0	3
Dispensaries	16	13	15	44
Mission/FB	3	0	3	6
TOTAL	30	19	18	67

On the advent of devolution, the number of health facilities has tremendously increased. However there is need for expansion of the current facilities to enable them offer services in line with best practices. Some existing facilities need to be improved. Laboratories need to be refurbished to mirror current best practices in infection control and meet standards towards accreditation. Hospitals need to be improved to offer more patient friendly environment to clients. Supportive infrastructure like offices need to be equipped with furniture and other office equipment to enable management officers discharge their duties in a supportive environment. There is need to take inventory of exiting laboratory, pharmacy and other hospital equipment with the view of establishing obsolescence and shortage of critical equipment due for replacement. This will increase quality service delivery and will significantly reduce referrals. There is need to increase staff houses in most facilities, being a factor towards retention of the health workforce.

Health Workforce

The health sector has a total of creating a gap of against a projected population of 265,854.

Cadre	current staffing level	Gap		
Medical doctors	16		Medical lab technologists and technicians	40
Pharmacists	3		Nutrition officers	1

Dentists	2		Nutritionists	24
Pharm techs	13		Health records information officers	5
Nurses	234		Clinical officers-general	74
Dental technologists	1		Clinical officers – anaesthetists	6
Physiotherapist	3		Clinical officers – paediatrics	1
Occupational therapists	2		Clinical officers-optharmology	1
Plaster tech	2		Clinical officers- chest and lung	1
Public health officers and technicians	42+3+9		Radiographers	4
Community health assistants	53		Medical engineering	3
Health records information officers	5		Health administrators	7
Human resource management	1		Office admin assistants	8

Accountants	3		Support staff	17
Supply chain officers	2		Drivers p& p	10
Clerks	2		Drivers-casuals	11
counsellor	3			

Tana River County has low numbers of healthcare providers owing to difficulties in attracting and retaining them. There is a chronic shortage personnel in almost all areas of medical practice and management. There has never been a medical officer specialist in the county. However, the situation has been steadily improving since devolution, with core clinical staff numbers growing in almost two fold. There still remains a big room for improvement as shortage of staff exists in all critical area.

In service capacity building has been weak, both in technical and management areas. There is need to provide opportunities for training in specialty areas for all technical staff. Management staff need to be offered opportunities to build their capacity in training.

1.3 Rationale for the county Sectoral plan

Like others within the sector its expected to support implementation of the Vision 2030,CIDP II ,Governors manifesto and the SDG's goals and the broader goals of the Kenya Health sector.This plan will also form the basis for identifying deliverables under the performance contracting mechanism and for individual annual performance appraisal. The plan is also a resource mobilization tool . in addition this plan will also inform the optimization of human resource required to facilitate a successful implementation of the mandate of the ministry. It tackles the health planning process such that the policy ,outcomes and strategies of the Governors manifesto,CIDP II and the sustainable development goals which gives a better understanding of what is at stake in policy making hence address the specific issues and prioritize programmes to be implemented with focused attention.This helps get views and ideas from other government agencies,NGOs and civil society

which will help to offer quality health services to the people Better governance, public administration and prudent use of resources.

1.4 Approach/methodology in the preparation of the sector plan

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CHAPTER TWO

SECTOR CONTEXT ANALYSIS

2.1.1 Sector socio-economic environment

The main communities living in the county are Oromo ,Pokomo ,Wardei,Wailuwana and Wata. There are three main livelihood zones namely the marginal mixed farming (49%),pastrol (14%) and mixed farming at(37%) each of these zones has there peculiar challenges that affect accessibility and utilization of health services such as immunization, reproductive health services, youth and adolescent health care and treatment. A majority of the labour force composed of 42.8 per cent in the county is unemployed. Unemployment levels are still very high in the county with poverty index standing at 62.2 % making health services unaffordable. The most striking topographical feature is the river Tana that traverses the county from the Aberdares in the North to the Indian Ocean in the South covering a stretch of approximately 500km. During cases of flooding, it affects the farming leading to malnutrition and other communicable diseases not mentioning mosquitoes who cause malaria. The climatic conditions which are hot and dry are a conducive environment for mosquitoes.

2.1.2 Sector policy and legal Environment

In order to create and sustain a responsive health care system,appropriate framework must be put in place to guide,promote and regulate other underlying sub-components of the system.There are various legal policies that have been put to place to govern health which include;

[The constitution, 2010](#)

The promulgation of the constitution of Kenya on 27th August 2010,was a major milestone to the improvement of the health standards. Kenyan's high expectations are grounded on the new constitution that states that every citizen has the right to life ,right to the highest attainable standards of health including reproductive health, emergency treatment, right to be free from hunger and have acceptable

quality, right to clean, safe and adequate water and reasonable standards of sanitation and the right to clean healthy environment. It also provides a conducive legal framework for ensuring more comprehensive and people driven-driven, rights –based approach to health. The devolved Government chapters introduce new ways of addressing health problems and have direct implications on the health sector focus, priorities and functioning. Such chapters include 6 (2) which establishes the relationship between the two level of governments, 174 on the objects of the devolution and part 1 (28) on Health policy.

The global health commitments

The plan aims at supporting the county Health sector through implementing the various global health commitments. While there are various global health commitments, the critical ones include;

- The Millennium Development goals declaration of and the post 2015 agenda –a focus on global effects towards improving health impacts
- The Ouagadougou Declaration on Primary Health Care (PHC) and Health Systems – a re-iteration of the principles of the PHC approach, within the context of an overall health system strengthening approach.
- The Abuja Declaration – to support the improvements of health systems in the country by domesticating the provisions through national legislation. By signing the Abuja Declaration, Kenya committed to allocate 15% of government expenditure to health. Implementation of These international commitments is well integrated into the strategic focus of the health sector.

Regular monitoring and reporting on progress will be carried out.

Health Act, 2017

This act formalizes collaboration between the national and county governments, obliges Kenya to address the health needs of vulnerable groups and mandates the

provision of emergency and specialized care like free maternity care, vaccinations for children under age five and workplace breastfeeding facilities. The law requires that the national government to establish a national referral hospital in every county to increase access to specialized care. To further regulate and reorganize Kenya health sector, it establishes the Human Resource for Health Advisory Council and Kenya Health Professions Oversight Authority to safeguard health workers welfare, review and advise on policies, norms and standards related to the deployment of healthcare staff.

Health Laws Amendment Act 2019

The new health law amends different caps which strengthens the provision on health care, health financing and resource management.

Vision 2030

This is the country's long term development blueprint that aims at creating a globally competitive and prosperous nation with a high quality life to its entire citizen. The health sector is among the key social pillar that aims at building a just and cohesive society that enjoys equitable social development in a clean and secure environment. A healthy county is critical for economic development and poverty eradication.

Kenya Health policy framework 1994,

The health sector has established its Kenya Health Policy (KHP) to guide attainment of the long- term health goals sought by the country as outlined in the Constitution of Kenya 2010 and Vision 2030. It focuses on adopting a 'human

rights based approach’, and maximising the ‘health contribution to overall national development

The overall objective of the KHP is to attain universal health coverage with critical services that positively contribute to the realisation of the overall policy goal. The policy framework has as an overarching goal of; ‘attaining the highest possible health standards in a manner responsive to the population needs’. It aims to achieve this goal through supporting the provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans.

The target of the policy is to attain a level and distribution of health commensurate with that of a middle income country. Six policy objectives and eight policy orientations, therefore, are defined, which address the current situation. Each has specific strategies to focus on so as to enable attainment of the policy objectives. The objectives include to:

1. Eliminate communicable conditions.
2. Halt and reverse the rising burden of non-communicable conditions
3. Reduce the burden of violence and injuries.
4. Provide essential health care.
5. Minimise exposure to health risk factors.
6. Strengthen collaboration with health related sectors.

2.2 sector Financing

The FY 2014/2015 the department was allocated a total of 192,399,180 , of which development was 154,082,500 and recurrent 38,316,680 and compensation to employees which was in pool with water, irrigation, land reclamation was at 257,389,473 .During the FY 2015/2016 health was made independent with a budget allocation of 721,640,540, recurrent being 339,186,637 and development 382,453,903. For the FY 2016/2017 the total budget allocation was 572,775,253 for recurrent and 932,207,325 for development.

2.3 Sector performance Trends and Achievements

Infrastructural achievements

Construction of the modern maternal and neonatal wing/unit across the county

Construction and operationalization of the 5 capacity bed renal unit at Hola hospital

Construction and operationalization of CT scan centre at Hola hospital

Construction and Renovation of staff quarters

Upgrading of Garsen and Bura level 3 to level 4 hospitals

Renovation and equipping of radiology department

Construction of new dispensaries across the county

Human resource achievements

The county has employed new doctors, clinical officers, dental doctors and other cadre increasing the number of workforce from to . Promotions which was deprived right to Tana River county medical staffs has been granted. The establishment of the intergrated human resources information system(IHRIS) which has enhanced ease in management of staff matters .

Health finance strengthening

The sector has introduced the uploading of the health budget through the hyperion module. Increased budget allocation from the previous financial years from approximately 17% to 21% which has attraced financial conditional grants from DANIDA, GAVI, WHO and World Bank.

Health leadership

The health sector was initially under the Water, Health services and Sanitation sector. The sector had Water, Health, Irrigation and land reclamation as its department.

Health products and technologies

2.4 Sectoral Development Issues

Table 1: Sectoral Development issues, causes, opportunities and challenges

SUB-PROGR AM	DEVEL OPMEN TAL ISSUES/ PROBL EMS		CAUSES	OPPORT UNITIES	CHALLENGE S
Health Services Manage ment	Weaknes s in Coordina tion and managem ent in the departme nt of Health, affecting the quality of services offered.	Inadequat ely trained CHMT/S CHMT	High turnover of Health managem ent staff, lack of prioritizati on on the trainings	THS-UC projects GAVI support National government support Developme ntal partners Kenya Red cross Concern worldwide TRCG WHO KICE	Reallocation of capacity building budget item Poor resource management Limited implementing partners
		Irregular and unstructur ed administr ative and program matic support	Inadequat e vehicles, Fuel and funds for support supervisio n	TRCG Supervision vehicle provided by Worldbank (RBF)	Prolonged and tedious process when accessing budgeted funds

		supervision to community units and Health Facilities			
		Absent Health Management Structure thus less accountability among managers	The Country lacked a standardised Health services Management structure to be adopted.	WHO proposed Standardised Health Services Management Structure	No county based policy on health management structures
Administrative and support Services for Health	Inadequate support services to technical officers in the department of health, affecting the responsiveness to health needs of the community	Inadequate logistics for administrative support including office supplies, airtime, office space	Failure to avail finances to the Health Administrative and support unit.	TRCG	Release of county funds in bits Resource allocation challenge
		Inadequate utility transport for operation	Old unserviceable utility vehicles, failure to purchase utility vehicle replacement	THS-UHC projects TRCG	Poor road networks Poor maintenance infrastructure and engagement mechanism

			nt over long time.		
		Inadequate and unreliable emergency transport	Inadequate servicing of ambulances leading to frequent breakdowns	THS-UHC projects TRCG	Poor road networks Poor maintenances infrastructure and engagement mechanism Ambulances not fully equipped Inadequate number of emergency vehicles
		Inadequate allocation for fuel	Failure to decentralise fuel to the department, and lack of accountability for the same	TRCG THS-UHC (RMNCAH fuel)	Standoff revenue bill Centralised fuel management by the county treasury
Health Financing	Inadequate financing for Health services	Proportion of County budget allocated to Health	Below the international budget requirement to Health (below 30%)	National government TRCG	County Budget ceiling Low local revenue
		Alternative sources of Health Financing	Low Health Insurance penetration	NHIF Resolution Kenya insurance	Delay in reimbursement of the claims by NHIF and

			n in the County resulting in high out of pocket spending on Health		resolution
			Low leveraging on Donor Financing for Health for enhancing outcomes.	THS-UHC	Challenge in meeting the threshold set by the donors
			Limited leveraging on Public-Private Partnerships to enhance health outcomes	Private health facilities	Failure to report to the DHIS
Human Resources for health	Inadequate Human Resources for Health in the County	Low health staff: patient ratio of	Absence of a staff retention policy despite efforts to recruit	TRCG	High Staff turnover to greener pastures Attainment of county wage bill
		Lack of clinical specialists in the County	Absence of county Specific Training Needs Assessment	TRCG	Poor retention policy

			nt to establish skills mix need		
			Absence of facilities for leveraging on distance learning for health workers	AMREF University of Nairobi KMTCHola	Poor policy to attract potential investors
SUB-PROGR AM	ISSUES/ PROBL EMS		CAUSES	OPPORT UNITIES	CHALLENGE S
Access to essential and specialized health services	Limited access to high quality Health Services within an acceptable distance for all community members	Population lack access to basic health services within 5 km.	Low number of facilities despite the expansiveness of the County	TRCG Availability of land	
			Low number of facilities especially in the hinterland parts of the County	Completion of stalled facilities	Review Implementation status of the facilities for completion
				Scaling up of Outreach Services in underserved parts of the County	Health facilities to plan and present reports on underserved areas in their coverage regions and implement.

			Limited utilization of rural health facilities due to limitation in variety of services	Increasing the utilization of services at lower levels of the health services and reduce self-referral to the higher levels of care;	Community action and dialogue days
				Accelerating initiatives targeting nutrition services, family planning, immunization, sanitation and safe motherhood	All health facilities to offer Community nutrition, family planning, immunization and community sanitation promotion services
		Low availability of EMOC services	Lack of ability to handle critical maternal cases e.g. those needing High Dependency/ Intensive	Upgrade Hola CRH to a fully functional referral Hospital	Renovation, adequate equipping and staffing of Hola County Hospital to offer specialized services

			care.		
			Limited number of facilities offering EMOC	Increase facilities in the County offering Emergency Obstetric Care services	Complete theatres at Garsen, Bura Plan for theatre and ward spaces at Kipini, and Bangal.
Hola County Referral Hospital	Hola Services lacks ability to offer diverse Health care services, including ability to handle mass casualties	Lack of continued focused investment of resources in the Hospital over many years	Inadequate and ill equipped clinical rooms for clerking patient.	Hospital is in an old design and equipping the existing room has had the least priority	Refurbish and renovate the already existing rooms. Equip the rooms with the requisite basic lifesaving equipment
			Absence of a designated Accident & Emergency area at the hospital leading delayed response during the emergencies	Poor and old structural design No room or designated area provided for such response	Allocate a designated area for emergency response. -to train the healthcare providers on the BLS and ATLS Purchase the basic equipment needed for emergency response.

			Poorly set minor theatre	Old structural designs	Refurbish and renovate the already existing minor theatre
			Inadequate space for running services like laboratory and paediatric units	Increased demand of services and new inventions New technologies on diagnosis and equipment	Redesign the already existing structures to fit the new demands.
			Long waiting time and turn-around time for most services-there's need for automation of the services	Lack of integrated information systems	Work with other partners to establish an integrated HMIS -to recruit IT experts to fast track the establishing of the systems.
Human Laboratory	Very low access to human laborator	Very few facilities have staffed,	Limited investment in laboratory	Increase number of labs, equip and staff	Stock up staff unopened labs. Progressively

Services	y services	equipped and functional laboratoral	services	the labs	construct labs in facilities without the service.
Clinical Services		Unavailability of Specialised Health Services	Absence Clinical specialists in the County with limited retention capacity	Most specialists are unwilling to serve in the hardship Counties	Conduct urgent Training needs assessment, and implement.
					Hold a stakeholders meeting with willing partners, including AMREF, Kilifi and Mombasa Counties to establish specialist visit program
		Ineffective rapid referral system	Limited knowledge on effective referral of patients and specimens amongst health workers and health managers	Training of health managers and health workers on the National Referral strategy	Documentation of all referred cases, identification of Referral focal persons, with formal review meetings held quarterly
			Lack of feedback on the outcomes of	Improving reverse referral and feedback information	

			referrals within and without the County.	system;	
Health Products and technologies	Poor quality of health services	Shortage of essential medicines and medical supplies;	Unavailability of commodities quantification and procurement plan due to limited financial support to the Pharmacy department for supervision	Institutionalize regulatory framework for the control of health products, health product research and technologies	Renewal of Memorandum of understanding with KEMSA Establish Memorandum of Understanding with Mission for Essential Drugs Supplies (MEDS) for supply of Specialised commodities
		Inadequate safe storage of health commodities	Limited storage space at buffer stocks storage facilities	Establish strategic storage facilities in the County for buffer stocks	Construct drug stores at Hola, Garsen and Bura for buffer stocks
			Inappropriate drug storage facilities in some of the rural health facilities	Use proper drug storage mechanisms in the health facilities	Rural Health facilities to be encouraged to fabricate shelves and pallets using User Fees foregone reimbursement

		Accumulated stock of expired drugs/commodities	Unavailability of mechanism for disposal of unusable commodities	Stock taking of all expired commodities in the County	To document and implement drug disposal plan by June 2018
SUB-PROGRAM	ISSUES/PROBLEMS		CAUSES	OPPORTUNITIES	STRATEGIES
Reproductive, Maternal, Neonatal and adolescent health program	High Maternal Mortality rate of 395/100,000 live births National-362/100,000 live births	Limited access to quality Reproductive, Maternal, Neonatal and adolescent health services with adverse effects	Low 4th Antenatal visit (62.3% for Coast region)	Increase proportion of mothers attending 4 th antenatal Care visit.	All facilities to offer ANC, All outreach sites to offer ANC services
			Low skilled birth attendance (48% for Tana River)	Increase proportion of mothers accessing skilled delivery services	Equip facilities, update health workers, and conduct support supervision.
			Low iron/folate uptake during pregnancy	Increase uptake of Iron and Folate among expectant mothers	Use community Health workers to deliver Iron and folate at Household level to pregnant mothers
			Delayed management of obstetric emergencies	Increase access to EMOC services	Target to have Hola, Bura, Garsen, Ngao, Kipini and Bangal as

	High Neonatal Mortality rate of 39/ 1000 live births National 29/100,000 live births		es		EMOC Centres
				Streamline emergency referral services	Get health workers trained, avail vehicles, avail fuel.
			Low identification of High risk obstetric cases	Strengthen outreach systems for provision of health services to marginalized and vulnerable populations	All facilities to map out catchment populations that will benefit from outreaches among their catchment population.
			Low uptake of postnatal care services	Increase proportion of mothers attending postnatal care.	All facilities to track mothers post delivery
	(KDHS 2014)	High Fertility rate resulting in large family size with constrained resources	Low uptake of Modern Contraceptive methods	Increase uptake of modern contraceptive methods	Desegregate Family Planning uptake and gaps by Sub County and Facility for effective response.
		Poor quality neonatal care services	Limited availability of Neonatal care services	Increase availability of Neonatal care services in the County	All facilities connected to power to offer basic neonatal care and referral services

			sites in the County		All facilities to offer Kangaroo care training to mothers.
		Inadequate availability of adolescent Health Services	Inadequate programmatic budgeting for Adolescent Health services	Institutionalize Adolescent Health Services, and progressively roll out the services in the County	Capacity building of health providers and identifying sites for Youth Friendly Services
					Adoption of the adolescent Health Policy
Child Health	High Infant Mortality Rate of 44/1000.(National-39/1000) (KDHS 2014)	Low quality Integrated Child Health Services	Limited access to child health services	Increase number of units offering Integrated Management of Child Illnesses	Progressive improvement of access to IMCI services in the County
Extended Program on immunization	Low coverage of fully Immunized Child	Limited access to EPI services due to distances between facilities	Few facilities, vast distances between facilities	Increase number of facilities	Progressive improvement of access to EPI services
Nutrition	Global Acute Malnutrition	Low micronutrients coverage-	Stock outs, inadequate knowledge	Train staffs, CHVs on VAS, IFAS	Use of media e.g. radio spots, community strategy,

	<p>ion rate- 13.7 %</p> <p>Stunting Rate of 27.8.</p> <p>(<i>SMART survey 2017</i>)</p>	VAS, IFAS	e, inadequate ,poor document ation, lack of outreaches capacity among staffs	forecasting. Procure adequate supplement s, conduct routine outreaches, conduct data audits, sensitize the community on the importance of VAS, IFAS	schools and religious leaders to create awareness on the importance of micronutrients to the community.
		Stock outs, spoilage, theft and pilferage of nutrition commodit ies	Inadequat e storage and safe storage space for nutrition commoditi es	Construct storage facilities for nutrition commoditie s	Construct storage spaces in 6 health facilities for nutrition commodities- Hola, Bura, Madogo, Garsen, Ngao and Kipini
		Unavailab ility of specialise d nutrition services- renal nutrition, diabetes managem ent, enteral and	Inadequat e staff trained on specialise d nutrition services Low enteral and parenteral care in the wards, lack of	Identify staffs to be trained on specialised nutrition services. Train staffs on specialised services- parenteral and enteral nutrition,	Classroom training, On Job Training Continuous Medical Education

		parenteral nutrition	specialised feeds for inpatients	renal nutrition, nutrition and diabetes	
		Low IMAM Coverage at the county	Stock outs, poor documentation, poor defaulter tracing mechanism, distance to health facilities, nomadic lifestyle, inadequate capacity among staffs, inadequate knowledge on nutrition among the community	Conduct routine data audit, train health workers on IMAM, defaulter training, conduct outreaches, sensitise the community on the causes of malnutrition	Conduct support supervision, use of community strategy, use of ICCM, use media- spots to create awareness
		Missed opportunities in screening and wrong diagnosis for malnutrition cases	Inadequate anthropometric tools for screening Inadequate skills for measuring and	To ensure health facilities and staffs have adequate capacity for anthropometric assessment	Conduct routine anthropometric assessments at the facility and community level.

			interpretation of the anthropometric tools	s	
		Inadequate capacity to respond in emergencies	Inadequate knowledge on contingency and response planning among the staffs, poor community resilience among the community	Develop and review contingency and response plans, implement IMAM Surge model, conduct annual SMART Surveys, use of monthly NDMA bulletin	Develop and review integrated response plans, implement IMAM surge Model, strengthen nutrition surveillance systems-use NDMA monthly bulletin, annual SMART surveys
		Low exclusive breastfeeding rates in the county	Inadequate knowledge on MIYCN among staffs and the community,	Train health worker on MIYCN, sensitize the community on importance of MIYCN, establish breastfeeding rooms/resources centres for	Implement MICYN strategy, BFCI, MALEZI BORA,

				staffs	
		Low complementary feeding among children 6-23 months	Inadequate knowledge on complementary feeding at the community level, inadequate capacity of staffs, food insecurity	Establish an inventory of all the locally available foods, sensitize mothers on complementary feeds	Implement complementary feeding plan, use of MTMSG, link the
		Weak integration with other departments in addressing nutrition issues- Agriculture, Education, Livestock, NDMA	Weak integration among other departments, poor coordination	Integrate vitamin A, deworming, integration in ECDEs, conduct coordination meetings	Use of ECDEs
SUB-PROGRAM	ISSUES/ PROBLEMS		CAUSES	OPPORTUNITIES	STRATEGIES
HIV/ STI Control	Increased HIV prevalence	High number of	Limited access to HTS	Increase availability of HCT	All HFs to offer HCT services Conduct

Program	e rate from 1% (2013) to 2% (2017)	undiagnosed persons living with HIV/AIDS in the community, with need to put all on care and treatment	High HIV and AIDS related stigma Erratic supply of HIV test kits	services	integrated outreaches that offer HCT. Avail HCT services at Community level Introduce HIV self-testing services in the County
		High HIV/AIDS incidence	Low HIV knowledge among the community Cultural practices that increase HIV risk Limited access to HTS High HIV stigma rate Lack of programs targeting key populations Increasing commercial	Mass Media Community Strategy HIV ambassadors	Use of mass media Use of Community Strategy Identification of an HIV prevention ambassadors

			opportunities within the Counties		
		Limited access to Elimination of Mother To child Transmission of HIV services	Increase in HIV incidence in the county Low ANC attendance Low skilled birth attendance	Increase access to Ante Natal Services	All health facilities to offer e-MTCT services e-MTCT services to be offered during outreaches
		Prevention of HIV among the youth and adolescents	Few HIV programmes targeting AYP Peer influence	Prevent new HIV transmissions among the youth.	Use of Sports in disseminating messages to the youth. Use of school Health Program to disseminate HIV messages
TB and Lung Diseases control and care	TB case detection of 90%	High number of undiagnosed TB cases in the Community	Limited screening opportunities provided to high risk cases	Increase facility based screening for TB	Capacity building of Health workers on TB screening and reporting.
	Increase community based case finding for high risk TB cases			To have all Community Units routinely report on number of Community TB cases screening conducted	
	Emergence of	Existent	Long	To increase	Use community

	Drug resistant strains of TB in the County.	risks of treatment defaulters in the Community	Distances to Health facilities	treatment success rates to 100%	Strategy to ensure patients finish treatment and defaulters are traced
		Inadequate follow up of TB patients on first line treatment	Limited diagnostic equipment for drug resistant TB	To increase number of patients on TB treatment tested for drug resistance	Increase number of Gene expert machines; Streamline sample referral
Malaria Prevention and Control Program	Occurrence of surges in malaria cases in the County due to increased seasonal transmission	Intermittent Malaria case surges with potential for outbreaks due to low immunity in the community	Inadequate investment in malaria prevention and Control	Increase number of malaria prevention and Control Interventions being undertaken in the County	Strengthen Malaria disease surveillance Increase availability of case management/ all facilities Initiate Community Case Management Adopt appropriate Vector control mechanisms including mass net distribution, clinic nets. Conduct targeted residual spraying. <i>Adopt appropriate communication</i>

					channels to increase uptake of all malaria control interventions at facility and community level.
SUB- PROGR AM		ISSUES/ PROBLE MS	CAUSES	OPPORT UNITIES	STRATEGIES
Neglecte d Tropical Diseases	High prevalenc e of Neglecte d tropical diseases in the Commun ity including Schistosomiasis, Lymphatic Filariasis , Intestinal worms.	Very low action on the vector/ver min Inadequat e environm ental health activities Intermitte nt health promotio n Limited availabilit y of surgical interventi ons	No funding for vector control ,environm ental and continued health promotion activities Limited of awareness of the effects of NTDs	To accelerate the reduction of disease burden through control, elimination and eradication of NTDs	Funding of line departments MDA-Periodic mass drug administration Funding and community involvement for environmental changes Empowerment of Officers at community level Organize camps/Hire expertise
Health Commun ication and Advocac y		Low knowledg e on health communi cation and advocacy skills	No trainings on health communic ation and skills (SBCC)	To capacity build health workers knowledge on health communica tion and skills (SBCC)	Planning and organising for the training

		among health workers			
		Inadequate health communication and advocacy strategies on MNCRH issues and TB	No specific health communication and advocacy strategies on MNCRH and TB	To establish specific health communication and advocacy strategies for MNCRH and TB	Design, develop and distribute strategies
		Low health seeking behaviour among community members	Low community awareness on health seeking practices	To create universal awareness on health seeking practices among community members	Community engagement and communication. Mass communication like Radio talk shows and Radio spots.
		Weak leadership and partnership coordination for Health promotion	Lack of strong leadership and partnership coordination mechanism for Health promotion	To establish strong leadership and partnership coordination teams at county and sub county levels	Quarterly Partnership and coordination meetings.
School Health Program	Increased risk of exposure to health	Inadequate conduct of institution	Inadequate funding for school Health	To roll out Institutional Health program in	Develop a Costed work plan for roll out

	risks by students in learning institutions	al health activities in the County, including food safety and quality school meal, and health education	activities	all the Sub Counties	of school Health
Water, Sanitation and Hygiene (WASH)	Frequent outbreaks of food and water borne diarrhoeal diseases in the County	Extensive open defecation practices	Community behaviour, attitudes and practises Soil type that doesn't support toilets	To strengthen behaviour change and communication	Conduct health promotion and hygiene sessions to community members Community dialogue days Training on SBCC. Distribute IEC materials Community barazas
	Low toilet coverage (< 39%)				Train CHAs and CHVs on CLTS Use Community units to trigger and support villages to achieve and maintain Open Defecation Free status

		Lack of safe water	Limited access to safe water and use at household level	To ensure households access safe water	Education on water treatment methods. Procure and distribute water treatment chemicals. Procure and distribution water storage containers supported by partners
Community health strategy	Limited access to community Health services	Inadequate primary health care delivery in tier one	Low geographical coverage by community units	To form, operationalize and link community units in all the health facilities	Map all health facilities, Map the catchment population and households, through chiefs.
		Poor quality services offered by community unit workforce	Services offered by untrained CHEWS, CHCS and CHVS	To capacity build community units workforce.	Training of CHEWs the CHCS and CHVS.
		Inconsistent services offered by CHVS	High drop outs of community workforce due to lack of incentives (monthly stipend of	To adopt and domesticate the National policy for community health services	Advocate and lobbying for funding

			Ksh.2000) as stipulated in KQMH		
		Absence of medical cover for CHVS	CHVS not covered by NHIF scheme	To cover all CHVS in Tana River county working in the community units in the NHIF scheme	The county to develop a policy to cover CHVS in the NHIF scheme Register all CHVs into NHIF scheme
		Weak CHS reporting system	Community units not assigned MCHUL codes, not updated in the DHIS, reports from the CHEWS not uploaded in the DHIS. No desk top for the county CHS coordinator, official documents are retained in	To assign all established community units MCHUL codes, update them in the DHIS and uploads all MOH 515 in the system The department to procure a desktop for community health services	To assign a health records officer to specifically deal with reports from the community units To procure a desk top (Computer for Focal person) for community health services

			a personal lap top		
Communicable Disease control, Disease Surveillance and outbreak Control	Increased incidence of infectious diseases outbreaks in the County	Many risk factors for infectious disease spread, including low sanitation status, water shortage, low quality water use at the household level	Inadequate infectious diseases surveillance, outbreak preparedness and response.	To strengthen infectious diseases surveillance and control in the County	Retrain Disease surveillance officers Provide logistics for outbreak investigation and response
Non Communicable Diseases, Injuries and Mental Health	Increased morbidity and mortality arising from non-communicable and lifestyle diseases	Rise of cancer; hypertension, heart diseases and diabetes;	Inadequate screening for chronic diseases hence late diagnosis	Establishing fully fledged low – cost diagnostic centres and provide adequate screening and treatment facilities for persons with chronic or terminal conditions,	All facilities to incorporate screening of Non Communicable Diseases in their Annual work plans All facilities to routinely report on activities targeting non communicable diseases

				including cancer, diabetes and kidney failure	
				Establishment of Palliative care services at Hola CRH	Undertake refresher updates to the Palliative care team and link with Palliative care Centre at CPGH, Mombasa for bench marking.
		Rise in road traffic accidents due to improved road network and violence	Improve on emergency care management for better management of injuries	Increase number of facilities with capacity to offer Accident and emergency services in the County	Establish Fully functional Casualty Units at Hola, Ngao, Garsen, Bura and Madogo Facilities
		Inadequate Mental Health Services/ drug and alcohol abuse treatment Services in the County	Inadequate skills in handling mental health cases in the County Absence of a dedicated Unit for management	To establish and increase number of health facilities offering quality mental Health Services in the County.	Train mental health Nurses, and Clinicians, Procure mental health commodities

			nt of patients with mental illness		
			Lack of Dedicated Counselling Services Unit in the County	Provide Counselling Services in the County	Hire a counsellor Establish a Counselling unit
Emergency Preparedness and Response	Ineffective preparation and response to emergencies with resultant adverse effects	Uncoordinated response to emergencies in the County with untoward outcomes	Failure of departments to mainstream Emergency Preparedness and Response in their plans	Establish a departmental Emergency Preparedness and Response team that will link up with other departments of interest.	Identify a coordinator, Capacity building, Allocate funds for EDE. Develop and implement EDE plan.
SUB-PROGRAM		ISSUES/ PROBLEMS	CAUSES	OPPORTUNITIES	STRATEGIES
Health Information Management Systems	Weak Health service delivery performance monitoring mechanisms	Frequent unavailability of Reporting tools	Inadequate funding	To develop and implement a HMIS data capture commodity procurement plan	To obtain soft copy of tools to be printed Procurement of printing and distribution services

	m	Inadequate airtime for data entry	Inadequate finding	To provide a budget for airtime for the HMIS department	To issue AIEs to the technical officers
		Irregular data review forums and data quality audits	Inadequate funding	To conduct quarterly data review and quality audit forums in all Sub Counties	Provide facilitation (funds , fuel, airtime) to the County Health Records department to take lead.
		Inefficient Health document ation in Health facilities	All health facilities are using manual health data capture methods	To adopt use of paperless documentat ion systems in the Level 4 Hospitals	To roll out paperless systems at Hola, Ngao, Bura, Garsen, Madogo.
Health Research and Innovation	Limited use of Health Information data for context specific decision making in the County	Limited conduct of In- County research by both County staff and Out- County institution s	Limited collaborati on between County departmen ts and learning institution s/ partners	To develop two research questions yearly to address local health needs	Biannual stakeholder forums to identify interested partners.

2.5 Crosscutting issues

Programme Name	Sector	Cross-sector Impact	
		Synergies	
Essential Health Services	Health	Private Health Providers	Essential Health Services
Reproductive Maternal, Neonatal, Child and adolescent Health	Social services	Scaling up of RMNCAH services to the vulnerable and marginalized populations	Reproductive Maternal, Neonatal, Child and adolescent Health
HIV/AIDS/ TB Services	Youth	Use of sports in combating HIV/AIDS spread.	HIV/AIDS/ TB Services
Preventive and Promotive Health Services- WASH	Water	Provision of safe water for domestic use	Preventive and Promotive Health Services- WASH
Preventive and Promotive Health Services- Solid and liquid waste management	Environment	Provision of safe mechanisms for solid and liquid waste management	Preventive and Promotive Health Services- Solid and liquid waste management
Preventive and Promotive Health Service - Health promotion	Information	Use of available mass media for health messaging	Preventive and Promotive Health Service - Health promotion
Malaria services	Education sector	Delivery of malaria prevention and control messages at Household level thorough use of Health club	Malaria control program

		pupils.	
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2.6 Emerging issues

E-health

This is the attainment of high standard quality health through the adoption and use of information and communication technologies (ICTs) such as computers, mobile phones and radios to deliver or access healthcare services and information. New trends in healthcare technology are always exciting. From the invention of the x-ray to modern scanners every step forward increases the quality of life for millions.

a) Medical apps

such as the M-tiba ,Hello doctor /Sema doctor and Med Africa which makes it possible for Kenyans to purchase medicine and get it delivered right to their doorsteps just from their smartphones.

Cancer

UHC

2.7 Stakeholder analysis

Name of stakeholder	Roles and interests in the sector	Level of engagement in sector
World Bank-THS, Manniondaniels	RNMCAH Technical assistance Procurement	Involve Collaborate Empower
UNICEF(GAVI)	Immunization Nutrition ACSM WASH CLTS	Involve Collaborate Empower
WHO	Surveillance Capacity building	Involve Collaborate

		Empower
KENYA REDCROSS SOCIETY	Emergency response Intergared outreaches	Involve Collaborate Empower
CONCERN WORLDWIDE	Intergrated outreaches Nutritional capacity building activity	Involve Collaborate Empower
Population Services Kenya	Malaria program School health	Involve Collaborate Empower
Kijabe Hospital	Community health strategy Training of CHV's	Involve Collaborate Empower
Global fund(deworm the world initiative,TB,Malaria)	School based deworming,TB and leprosy,Malaria	Involve Consult
TAWASCO	Water distribution Water quality control	Involve Consult
Ministry of youth, gender and social services	Advocacy for PWD services,mass registration of PWD Demand creation for the health services	Inform Consult
Ministry of education	Health clubs in schools creating awareness in different diseases	Inform Consult

CHAPTER THREE:SECTOR DEVELOPMENT STRATEGIES AND PROGRAMMES

3.1Sector Vision, Mission and Goal

Sector: Health

VISION:

A healthy, productive and competitive County providing high quality life to the people of Tana River.

MISSION:

To build a progressive, responsive and sustainable health care system for accelerated attainment of the highest attainable standards of health to all residents of Tana River county

Sector Goal:

To provide equitable, affordable and quality health care to all citizens in the County

3.2 Sector Development Objectives and Strategies

SUB-PROGRAM	DEVELOPMENTAL ISSUES/ PROBLEMS		DEVELOPMENT OBJECTIVES	STRATEGIES
Health Services Management	Weaknesses in Coordination and management in the	Inadequately trained CHMT/S CHMT	Training of CHMT/SC HMT in management	Training to be conducted both in County and at Kenya School of Government

	departme nt of Health, affecting the quality of services offered.	Irregular and unstructur ed administr ative and program matic support supervisio n to communit y units and Health Facilities	Improving supportive supervision thereby ensuring up to-date manageme nt practices in use across the country;	Identify serviceable vehicles for repairs, Procure one additional vehicle, and dispose of non- serviceable vehicles.
		Absent Health Managem ent Structure thus less accountab ility among managers	To adopt WHO proposed Standardise d Health Services Manageme nt Structure for accountabil ity	CECM Health to Consult MOH and CPSB/ HR in implementation
Administrative and support Services for Health	Inadequa te support services to technical officers in the departme nt of health, affecting	Inadequat e logistics for administr ative support including office supplies, airtime, office space	Improve finding mechanism for County Health Administrat ive Services	Creation of County Health Services Account

	the responsiveness to health needs of the community	Inadequate utility transport for operation	Increase number of reliable utility vehicles in the department	Have a vehicle maintenance log in the Health Administrative Department
		Inadequate and unreliable emergency transport	Improve patient and specimen referral services in the County	Have a vehicle maintenance log in the Health Administrative Department
		Inadequate allocation for fuel	Improve service provision and mobility in the department, including referral, supervision and disaster response.	Decentralise fuel management to departmental level
Health Financing	Inadequate financing for Health services	Proportion of County budget allocated to Health	Increase Equitable share financing for health to 30%	CECM health to lead in advocacy with Governor, Deputy governor and County Assembly.
		Alternative sources of Health Financing	Increase awareness on NHIF registration	Leverage on Linda mama project to increase enrolment, Use

				health facilities and Community units as recruitment units into NHIF
			Consolidating, expanding (new and existing) and coordinating social health subsidy mechanism for the poor with a view of achieving universal coverage	Use of Community Units, chiefs, ward and Sub County administrators to identify qualifying and vulnerable community members for consideration
			Enhance leveraging on donor support	Hold stakeholder forums to identify the available and untapped funding streams for health services
			Increase leveraging on opportunities provided by private health and non-health	Appoint and facilitate Departmental PPP focal person to coordinate the activities

			sector to improve health outcomes	
Human Resources for health	Inadequate Human Resources for Health in the County	Low Doctor: patient ratio of 1:26,115.	Adopt WHO staffing norms and standards	All hospitals to offer routine and emergency services for 24 hours daily
		Low Nurse: Patient ratio of 1:1700	Adopt WHO staffing norms and standards	Recruitment, Develop a retention policy
		Low Clinical officer: Patient ratio of 1:4300	Adopt WHO staffing norms and standards	Recruitment, Develop a retention policy
		Low Nutritionist: Patient ratio of 1:11,000.	Adopt WHO staffing norms and standards	Recruitment, Develop a retention policy
		Lack of clinical specialists in the County	Department to have a five year Training Needs Assessment report that is implementable	Support staff to undertake specialization causes. Adopt a specialists sharing mechanism with neighbouring Counties

			Establishment of a Resource Centre at Hola CRH for staff development/ E-learning	To have a centre that can be used to link up staff training in the county with other organizations e.g. AMREF, University of Nairobi
				Leverage on specialists from neighbouring counties and Central Government
		Poor retention of competent health workers	Improve staff retention for stability and continuity of services	Identify incentives for staff retention including Training, Promotion, and Certification.
SUB-PROGRAM	ISSUES/ PROBLEMS		DEVELOPMENT OBJECTIVES	STRATEGIES
Access to essential and specialized health services	Limited access to high quality Health Services within an acceptable distance for all	Population lack access to basic health services within 5 km.	Operationalization of completed but unopened and facilities	Recruitment of staff, induction and deployment; Equipping and stocking of the facilities
			Completion of stalled facilities	Review Implementation status of the facilities for

	communi ty members			completion
			Scaling up of Outreach Services in underserved parts of the County	Health facilities to plan and present reports on underserved areas in their coverage regions and implement.
			Increasing the utilization of services at lower levels of the health services and reduce self-referral to the higher levels of care;	Community action and dialogue days
			Accelerating initiatives targeting nutrition services, family planning, immunization, sanitation and safe motherhood	All health facilities to offer Community nutrition, family planning, immunization and community sanitation promotion services

		Low availability of EMOC services	Upgrade Hola CRH to a fully functional referral Hospital	Renovation, adequate equipping and staffing of Hola County Hospital to offer specialized services
			Increase facilities in the County offering Emergency Obstetric Care services	Complete theatres at Garsen, Bura Plan for theatre and ward spaces at Kipini, and Bangal.
Hola County Referral Hospital	Hola Services lacks ability to offer diverse Health care services, including ability to handle mass casualties	Lack of continued focused investment of resources in the Hospital over many years	Hospital is in an old design and equipping the existing room has had the least priority	Refurbish and renovate the already existing rooms. Equip the rooms with the requisite basic lifesaving equipment
			Poor and old structural design No room or designated area provided for such response	Allocate a designated area for emergency response. -to train the healthcare providers on the BLS and ATLS Purchase the basic equipment needed for

				emergency response.
			Old structural designs	Refurbish and renovate the already existing minor theatre
			Increased demand of services and new inventions New technologies on diagnosis and equipment	Redesign the already existing structures to fit the new demands.
			Lack of integrated information systems	Work with other partners to establish an integrated HMIS -to recruit IT experts to fast track the establishing of the systems.
Human Laboratory Services	Very low access to human laboratory services	Very few facilities have staffed, equipped and functional	Increase number of labs, equip and staff the labs	Stock up staff unopened labs. Progressively construct labs in facilities without the

		laboratori al		service.
Clinical Services		Unavailab ility of Specialise d Health Services	Most specialists are unwilling to serve in the hardship Counties	Conduct urgent Training needs assessment, and implement. Hold a stakeholders meeting with willing partners, including AMREF, Kilifi and Mombasa Counties to establish specialist visit program
		Ineffectiv e rapid referral system	Training of health managers and health workers on the National Refferal strategy	Documentation of all referred cases, identification of Refferal focal persons, with formal review meetings held quarterly
			Improving reverse referral and feedback information system;	
Health Products and technologies	Poor quality of health services	Shortage of essential medicines and medical	Institutiona lize regulatory framework for the control of	Renewal of Memorandum of understanding with KEMSA

		supplies;	health products, health product research and technologies	Establish Memorandum of Understanding with Mission for Essential Drugs Supplies (MEDS) for supply of Specialised commodities
		Inadequate safe storage of health commodities	Establish strategic storage facilities in the County for buffer stocks	Construct drug stores at Hola, Garsen and Bura for buffer stocks
			Use proper drug storage mechanisms in the health facilities	Rural Health facilities to be encouraged to fabricate shelves and pallets using User Fees foregone reimbursement
		Accumulated stock of expired drugs/commodities	Stock taking of all expired commodities in the County	To document and implement drug disposal plan by June 2018
SUB-PROGRAM	ISSUES/ PROBLEMS		DEVELOPMENT OBJECTIVES	STRATEGIES
Reproductive,	High	Limited	Increase	All facilities to

Maternal, Neonatal and adolescent health program	Maternal Mortality rate of 395/100,000 live births National-362/100,000 live births	access to quality Reproductive, Maternal, Neonatal and adolescent health services with adverse effects	proportion of mothers attending 4 th antenatal Care visit.	offer ANC, All outreach sites to offer ANC services
			Increase proportion of mothers accessing skilled delivery services	Equip facilities, update health workers, and conduct support supervision.
			Increase uptake of Iron and Folate among expectant mothers	Use community Health workers to deliver Iron and folate at Household level to pregnant mothers
			Increase access to EMOC services	Target to have Hola, Bura, Garsen, Ngao, Kipini and Bangal as EMOC Centres
			Streamline emergency referral services	Get health workers trained, avail vehicles, avail fuel.
	High Neonatal Mortality rate of 39/ 1000 live births		Strengthen outreach systems for provision of health services to marginalize d and	All facilities to map out catchment populations that will benefit from outreaches among their catchment

	National 29/100,000 live births (KDHS 2014)		vulnerable populations	population.
			Increase proportion of mothers attending postnatal care.	All facilities to track mothers post delivery
		High Fertility rate resulting in large family size with constrained resources	Increase uptake of modern contraceptive methods	Desegregate Family Planning uptake and gaps by Sub County and Facility for effective response.
		Poor quality neonatal care services	Increase availability of Neonatal care services in the County	All facilities connected to power to offer basic neonatal care and referral services
				All facilities to offer Kangaroo care training to mothers.
		Inadequate availability of adolescent Health Services	Institutionalize Adolescent Health Services, and progressively roll out the services in the	Capacity building of health providers and identifying sites for Youth Friendly Services
				Adoption of the adolescent Health Policy

			County	
Child Health	High Infant Mortality Rate of 44/1000.(National-39/1000) (KDHS 2014)	Low quality Integrated Child Health Services	Increase number of units offering Integrated Management of Child Illnesses	Progressive improvement of access to IMCI services in the County
Extended Program on immunization	Low coverage of fully Immunized Child	Limited access to EPI services due to distances between facilities	Increase number of facilities	Progressive improvement of access to EPI services
Nutrition	Global Acute Malnutrition rate- 13.7 % Stunting Rate of 27.8. (SMART survey 2017)	Low micronutrients coverage- VAS, IFAS	Train staffs, CHVs on VAS, IFAS forecasting. Procure adequate supplements, conduct routine outreaches, conduct data audits, sensitize the community on the importance	Use of media e.g. radio spots, community strategy, schools and religious leaders to create awareness on the importance of micronutrients to the community.

			of VAS, IFAS	
		Stock outs, spoilage, theft and pilferage of nutrition commodities	Construct storage facilities for nutrition commodities	Construct storage spaces in 6 health facilities for nutrition commodities- Hola, Bura, Madogo, Garsen, Ngao and Kipini
		Unavailability of specialised nutrition services- renal nutrition, diabetes management, enteral and parenteral nutrition	Identify staffs to be trained on specialised nutrition services. Train staffs on specialised services- parenteral and enteral nutrition, renal nutrition, nutrition and diabetes	Classroom training, On Job Training Continuous Medical Education
		Low IMAM Coverage at the county	Conduct routine data audit, train health workers on IMAM, defaulter training, conduct	Conduct support supervision, use of community strategy, use of ICCM, use media- spots to create awareness

			<p>outreaches, sensitise the community on the causes of malnutrition</p>	
		<p>Missed opportunities in screening and wrong diagnosis for malnutrition cases</p>	<p>To ensure health facilities and staffs have adequate capacity for anthropometric assessments</p>	<p>Conduct routine anthropometric assessments at the facility and community level.</p>
		<p>Inadequate capacity to respond in emergencies</p>	<p>Develop and review contingency and response plans, implement IMAM Surge model, conduct annual SMART Surveys, use of monthly NDMA bulletin</p>	<p>Develop and review integrated response plans, implement IMAM surge Model, strengthen nutrition surveillance systems-use NMDA monthly bulletin, annual SMART surveys</p>

		Low exclusive breastfeeding rates in the county	Train health worker on MIYCN, sensitize the community on importance of MIYCN, establish breastfeeding rooms/resources centres for staffs	Implement MICYN strategy, BFCI, MALEZI BORA,
		Low complementary feeding among children 6-23 months	Establish an inventory of all the locally available foods, sensitize mothers on complementary feeds	Implement complementary feeding plan, use of MTMSG, link the
		Weak integration with other departments in addressing nutrition issues- Agriculture	Integrate vitamin A, deworming, integration in ECDEs, conduct coordination meetings	Use of ECDEs

		re, Education , Livestock , NDMA		
SUB-PROGRAM	ISSUES/ PROBL EMS		DEVELO PMENT OBJECTI VES	STRATEGIES
HIV/ STI Control Program	Increased HIV prevalenc e rate from 1% (2013) to 2% (2017)	High number of undiagnos ed persons living with HIV/AIDS in the communit y, with need to put all on care and treatment	Increase availability of HCT services	All HFs to offer HCT services Conduct integrated outreaches that offer HCT. Avail HCT services at Community level Introduce HIV self-testing services in the County
		High HIV/AIDS incidence	Increase knowledge in the Community on transmissio n of HIV and the services available.	Use of mass media Use of Community Strategy Identification of an HIV prevention ambassadors

		Limited access to Elimination of Mother To child Transmission of HIV services	Increase access to Ante Natal Services	All health facilities to offer e-MTCT services e-MTCT services to be offered during outreaches
		Prevention of HIV among the youth and adolescents	Prevent new HIV transmissions among the youth.	Use of Sports in disseminating messages to the youth. Use of school Health Program to disseminate HIV messages
TB and Lung Diseases control and care	TB case detection of 90%	High number of undiagnosed TB cases in the Community	Increase facility based screening for TB	Capacity building of Health workers on TB screening and reporting.
			Increase community based case finding for high risk TB cases	To have all Community Units routinely report on number of Community TB cases screening conducted
	Emergence of Drug resistant strains of TB in the	Existent risks of treatment defaulters in the	To increase treatment success rates to 100%	Use community Strategy to ensure patients finish treatment and defaulters

	County.	Community		are traced
		Inadequate follow up of TB patients on first line treatment	To increase number of patients on TB treatment tested for drug resistance	Increase number of Gene expert machines; Streamline sample referral
Malaria Prevention and Control Program	Occurrence of surges in malaria cases in the County due to increased seasonal transmission Low uptake of some malaria control interventions at community level	Intermittent Malaria case surges with potential for outbreaks due to low immunity in the community Weak malaria monitoring, epidemic preparedness and response at facility and management level.	Increase uptake number of malaria prevention and Control Interventions being undertaken in the County	Strengthen disease surveillance Increase availability of case management/ commodities in all facilities Initiate Community Case Management Adopt appropriate Vector control mechanisms including mass net distribution, clinic nets. Conduct targeted residual spraying. Capacity build Health workers and Health managers on EPR

				Develop and operationalise malaria social behaviour communication activities
SUB-PROGRAM		ISSUES/ PROBLEMS	DEVELOPMENT OBJECTIVES	STRATEGIES
Neglected Tropical Diseases	High prevalence of Neglected tropical diseases in the Community including Schistosomiasis, Lymphatic Filariasis, Intestinal worms.	Very low action on the vector/vermin Inadequate environmental health activities Intermittent health promotion Limited availability of surgical interventions	To accelerate the reduction of disease burden through control, elimination and eradication of NTDs	Funding of line departments MDA-Periodic mass drug administration Funding and community involvement for environmental changes Empowerment of Officers at community level Organize camps/Hire expertise
Health Communication and Advocacy		Low knowledge on health communication	To capacity build health workers knowledge on health communication	Planning and organising for the training

		and advocacy skills among health workers	tion and skills (SBCC)	
		Inadequate health communication and advocacy strategies on MNCRH issues and TB	To establish specific health communication and advocacy strategies for MNCRH and TB	Design, develop and distribute strategies
		Low health seeking behaviour among community members	To create universal awareness on health seeking practices among community members	Community engagement and communication. Mass communication like Radio talk shows and Radio spots.
		Weak leadership and partnership coordination for Health promotion	To establish strong leadership and partnership coordination teams at county and sub county levels	Quarterly Partnership and coordination meetings.

School Health Program	Increased risk of exposure to health risks by students in learning institutions	Inadequate conduct of institutional health activities in the County, including food safety and quality school meal, and health education	To roll out Institutional Health program in all the Sub Counties	Develop a Costed work plan for roll out of school Health
Water, Sanitation and Hygiene (WASH)	Frequent outbreaks of food and water borne diarrhoeal diseases in the County Low toilet coverage (< 39%)	Extensive open defecation practices	To strengthen behaviour change and communication	Conduct health promotion and hygiene sessions to community members Community dialogue days Training on SBCC. Distribute IEC materials Community barazas
				Train CHAs and CHVs on CLTS Use Community units to trigger and support villages to achieve and

				maintain Open Defecation Free status
		Lack of safe water	To ensure households access safe water	Education on water treatment methods. Procure and distribute water treatment chemicals. Procure and distribution water storage containers supported by partners
Community health strategy	Limited access to community Health services	Inadequate primary health care delivery in tier one	To form, operationalize and link community units in all the health facilities	Map all health facilities, Map the catchment population and households, through chiefs.
		Poor quality services offered by community unit workforce	To capacity build community units workforce.	Training of CHEWs the CHCS and CHVS.
		Inconsistent services offered by CHVS	To adopt and domesticate the National policy for community	Advocate and lobbying for funding

			health services	
		Absence of medical cover for CHVS	To cover all CHVS in Tana River county working in the community units in the NHIF scheme	The county to develop a policy to cover CHVS in the NHIF scheme Register all CHVs into NHIF scheme
		Weak CHS reporting system	To assign all established community units MCHUL codes, update them in the DHIS and uploads all MOH 515 in the system The department to procure a desktop for community health services	To assign a health records officer to specifically deal with reports from the community units To procure a desk top (Computer for Focal person) for community health services
Communicable Disease control,	Increased incidence of	Many risk factors for	To strengthen infectious	Retrain Disease surveillance officers

Disease Surveillance and outbreak Control	infectious diseases outbreaks in the County	infectious disease spread, including low sanitation status, water shortage, low quality water use at the household level	diseases surveillance and control in the County	Provide logistics for outbreak investigation and response
Non Communicable Diseases, Injuries and Mental Health	Increased morbidity and mortality arising from non-communicable and lifestyle diseases	Rise of cancer; hypertension, heart diseases and diabetes;	Establishing fully fledged low – cost diagnostic centres and provide adequate screening and treatment facilities for persons with chronic or terminal conditions, including cancer, diabetes and kidney failure	All facilities to incorporate screening of Non Communicable Diseases in their Annual work plans All facilities to routinely report on activities targeting non communicable diseases

			Establishment of Palliative care services at Hola CRH	Undertake refresher updates to the Palliative care team and link with Palliative care Centre at CPGH, Mombasa for bench marking.
		Rise in road traffic accidents due to improved road network and violence	Increase number of facilities with capacity to offer Accident and emergency services in the County	Establish Fully functional Casualty Units at Hola, Ngao, Garsen, Bura and Madogo Facilities
		Inadequate Mental Health Services/ drug and alcohol abuse treatment Services in the County	To establish and increase number of health facilities offering quality mental Health Services in the County.	Train mental health Nurses, and Clinicians, Procure mental health commodities
			Provide Counselling Services in the County	Hire a counsellor Establish a Counselling unit

Emergency Preparedness and Response	Ineffective preparation and response to emergencies with resultant adverse effects	Uncoordinated response to emergencies in the County with untoward outcomes	Establish a departmental Emergency Preparedness and Response team that will link up with other departments of interest.	Identify a coordinator, Capacity building, Allocate funds for EDE. Develop and implement EDE plan.
SUB-PROGRAM		ISSUES/ PROBLEMS	DEVELOPMENT OBJECTIVES	STRATEGIES
Health Information Management Systems	Weak Health service delivery performance monitoring mechanism	Frequent unavailability of Reporting tools	To develop and implement a HMIS data capture commodity procurement plan	To obtain soft copy of tools to be printed Procurement of printing and distribution services
		Inadequate airtime for data entry	To provide a budget for airtime for the HMIS department	To issue AIEs to the technical officers
		Irregular data review forums	To conduct quarterly data review and quality	Provide facilitation (funds , fuel, airtime) to the

		and data quality audits	audit forums in all Sub Counties	County Health Records department to take lead.
		Inefficient Health documentation in Health facilities	To adopt use of paperless documentation systems in the Level 4 Hospitals	To roll out paperless systems at Hola, Ngao, Bura, Garsen, Madogo.
Health Research and Innovation	Limited use of Health Information data for context specific decision making in the County	Limited conduct of In-County research by both County staff and Out-County institutions	To develop two research questions yearly to address local health needs	Biannual stakeholder forums to identify interested partners.

3.4 Sectoral Flagship Projects

Project Name: Renovated,refurbished and equipped Hola Referral Hospital	Location:Hola
Objective: To increase access to quality referral services in the County	
Outcome: Increased access and quality referral services in the County	
Description of key activities:Equipping of service delivery units Renovation and refurbishment of buildings	
Key Outputs: Equipped service delivery units Renovated and refurbished buildings	
Performance Indicators: Renovated units as per M& E framework	
Timeframe: 2018-2022	

Estimated Cost (Ksh):191.5M	Source(s) of funds:TRCG
Implementing agency(s):TRCG	
Project Name: THS-UHC (Transforming Health Services for Universal Health Care)	Location: Tana Delta; Tana River; Tana North
Objective: To Increased uptake of Reproductive Maternal Neonatal Child and Adolescent Health Interventions	
Outcome: Increased uptake of Reproductive Maternal Neonatal Child and Adolescent Health Interventions	
Description of key activities:incentivization of mothers delivering at the Hospitals, intergrated outreaches social mobilization	
Key Outputs: safe births, FIC(fully immunized Children women accessing modern family planning methods pregnant women attending four antenatal visits	
Performance Indicators:number of women accessing skilled birth attendance,	
Timeframe:2018-2029	
Estimated Cost (Ksh):75M	Source(s) of funds: TRCG WORLD BANK DANIDA MOH COG
Implementing agency(s):TRCG	

3.5 Cross –Sectoral Linkages

Programme Name	Linked Sector	Cross-sector Impact		Measures To Harness Or Mitigate The Effects
		Synergies	Adverse	
Essential Health Services	Health	Private Health Providers	Essential Health Services	

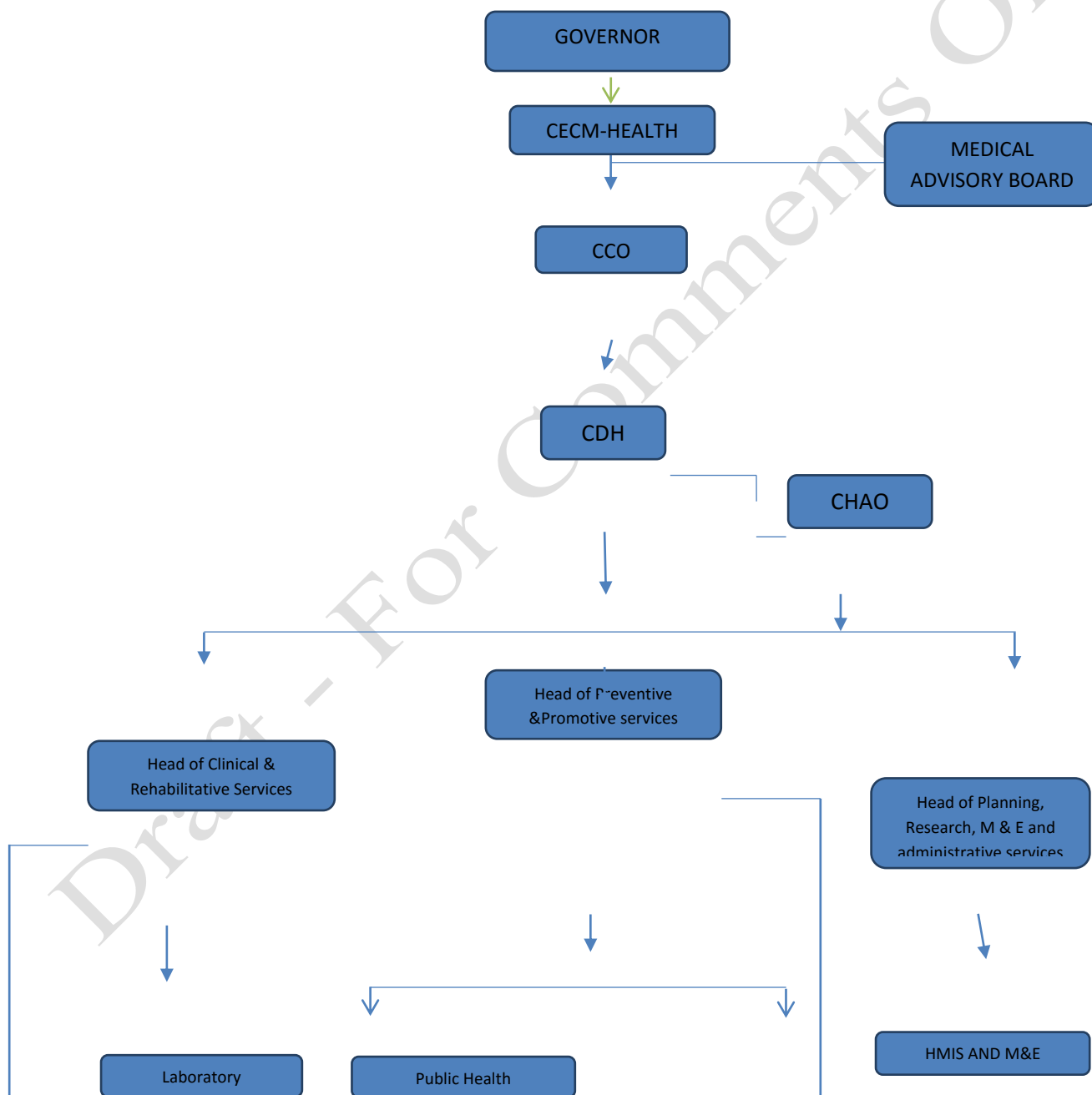
Reproductive Maternal, Neonatal, Child and adolescent Health	Social services	Scaling up of RMNCAH services to the vulnerable and marginalized populations	Reproductive Maternal, Neonatal, Child and adolescent Health	
HIV/AIDS/ TB Services	Youth	Use of sports in combating HIV/AIDS spread.	HIV/AIDS/ TB Services	
Preventive and Promotive Health Services-WASH	Water	Provision of safe water for domestic use	Preventive and Promotive Health Services-WASH	
Preventive and Promotive Health Services-Solid and liquid waste management	Environment	Provision of safe mechanisms for solid and liquid waste management	Preventive and Promotive Health Services- Solid and liquid waste management	
Preventive and Promotive Health Service - Health promotion	Information	Use of available mass media for health messaging	Preventive and Promotive Health Service - Health promotion	
Malaria services	Education sector	Delivery of malaria prevention and control messages at Household level thorough use of Health club pupils.	Malaria control program	

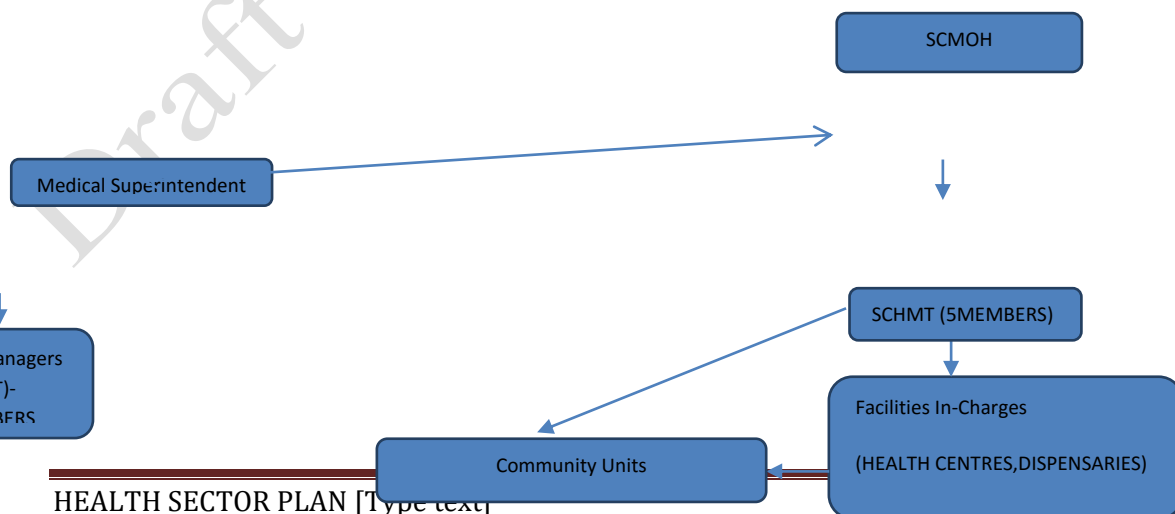
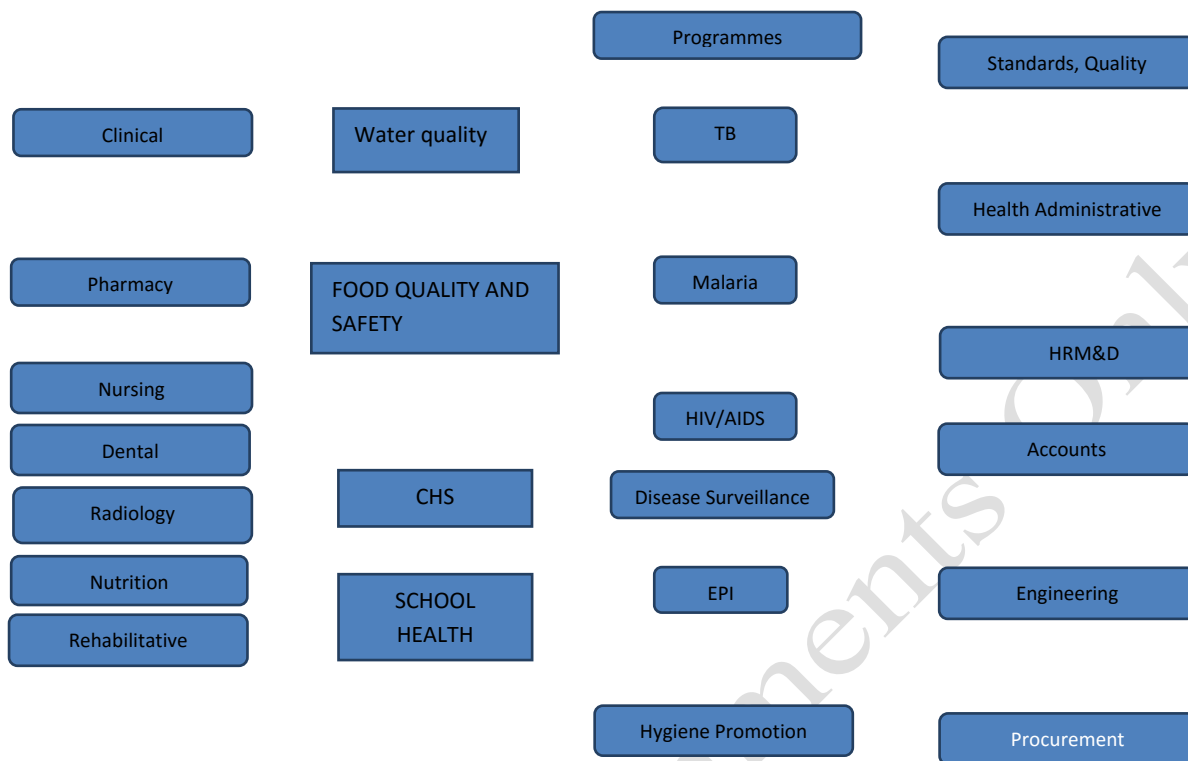
CHAPTER FOUR:

IMPLEMENTATION MECHANISMS

4.1 INSTITUTIONAL AND COORDINATION FRAMEWORK

4.1.1 Institutional Arrangement





The proposed composition of the teams shall be as follows:

CHMT (7)

- County Director of Health
- County Administrative officer
- Head of curative and rehabilitative services
- Head of preventive and promotive services
- Head of planning, monitoring and evaluation
- Medical superintendent of the referral hospital
- 1 co-opted members as the case may be.

HMT (7)

- Medical superintendent
- Health administrative office
- Nursing officer in charge
- Clinical officer in charge
- Pharmacy in charge
- Head diagnostic services (either laboratory or imaging)
- Procurement officer

SCHMT (6)

- Sub- County Medical officer of health
- Public health officer
- Nursing officer
- Health records and information officer
- 2- co-opted members

4.1.2 Coordination Framework

Institutional arrangements and processes previously responsible for implementing strategic plans have been re-oriented to conform to a devolved health system. This section, therefore, describes the organization the sector and its linkages with County Departments Agencies, partnership arrangements, planning and budgeting

processes and communication strategies under the new constitutional dispensation. This plan also provides an over-arching guide for sector coordination on priority programmes and priorities through transition period.

4.2 FINANCING MECHANISMS

The health financing objectives of the sector will be geared towards a sure resource adequacy for the implementation of the Sector Plan. The resources mobilisation strategy will consist of mobilising funding from the County Government, Development Partners, private sector (mainly from the off budget expenditures for services rendered). During the planning period, strategies will be developed that facilitate the realignment of resources to contribute to moving towards Universal Health Coverage. In this regard, efforts will be made to generate additional resources by advocating for higher budgetary allocations by the county governments for health, enhance mechanisms that ensure donor support is aligned to the sector goals and objectives and promote financial risk pooling mechanisms. Besides, adoption of payment mechanisms that provide incentives for better productivity and efficiency in service delivery, including an implementation framework that minimises wastage in service delivery and cost-containment across the sector will be encouraged. The Health sector is committed to improve the health status of its people through formulation and implementation of health financing policies in the health sector. In order to effectively sustain financing to the health sector, there is a need for improving allocative and operational efficiency, increasing Government contribution to the health sector budget and employing financial protection measures that will ensure that Tanerians have access to healthcare services that are affordable and of the highest desirable quality, when needed. To ensure value for money in the health system, the sector must ensure health system resources are used in the most efficient and effective way possible. In the coming years, the sector, along with its health system partners, will collaborate on the effective implementation and management of a shared and consistent sectoral plan for the health system with built-in accountability and attention to factors needed.

The current financial resources (FY 2019/20) consist of Kshs.1.37 billion, of which the recurrent vote constitute Kshs. 1.23 billion (or 55.3 per cent of the total vote) and the development vote that constitute Kshs.148 million (or 44.7 per cent

of the total vote). About Kshs.128 million (or 57.8 per cent) of the recurrent vote came from development partners while Kshs. million (or 42.2 per cent) came from the county Government . Arising from the above, it is projected that development partners will continue to form a significant component of the funding of the development budget of the ministry. A significant part of this funding will be both on budget and off budget resources. The estimated cost of implementing this plan over the ten year period is Kshs.15.2billion

4.3CAPACITY DEVELOPMENT

Capacity Developing is about building knowledge, acquiring skills, having resources ,building, changing and adjusting institutions ensuring sustainability and monitoring the environments in which they operate.

This framework can be used for conceptualizing, analyzing and addressing capacity and institutional development. It identifies four basic,inter-related elements of capacity development. There is need to develop and deepen evaluation capacity in each Department/Entity to ensure the availability of persons able to undertake monitoring and evaluation activity. In this exercise, consideration should be given to a number of interventions, for which each department is responsible, as well as the expenditure, number of beneficiaries and expected impact of the intervention on county development.

The County Monitoring and Evaluation unit should provide basic training on an annual basis to line departments; ministries are encouraged to pursue additional training related to monitoring and evaluation wherever available. It is anticipated that collaboration with the National Treasury and Ministry of Planning under Monitoring and Evaluation Directorate on training and other capacity building initiatives, will facilitate the rapid growth of county monitoring and evaluation.

4.4 RISK MANAGEMENT

The increase in the cost of services and inadequate provisions for social health protection mechanisms among the economically disadvantaged groups will continue to limit access to basic healthcare services unless the proposed development of the respective policies and strategies are completed and implemented. Further, the implementation of the Constitution, including the devolution of services, continues to face teething problems. The specific expected risks and mitigation measures likely to affect the implementation of this Plan are elaborated below;

Risk Area	Description of Risks	Mitigation of the Risks
Strategic Risk	Low budgetary allocations	Resource mobilisation strategy and cost cutting measures
	Slow implementation of sector reforms.	Build capacity for reforms.
	Transitional issues on devolution.	Strengthen the InterGovernmental collaboration mechanisms.
Environmental risks	Emerging and re-emerging diseases.	Strengthen disease surveillance. Strengthen international collaboration.
	Effects of climatic change.	Develop disaster

		preparedness strategy.
Political risks	Insecurity for health workers in some regions.	Strengthen inter-sectoral collaboration.
Organizational risks	Increased trade unionism among health personnel.	Strengthen engagement with unions, counties and national government
Operational risks	Likelihood of a high number of staff underutilized due the reorganization of Government.	Undertake a staff rationalization of the ministry.
Technological Risks	Rapid changes in technology.	Task shifting and capacity building.
Legal Risk	Increased medico-legal cases.	Create awareness for staff on new laws and changes in legislation.
Financial risks	Likelihood of duplication of functions among department.	Continuous restructuring of the ministry
	Likelihood of corruption, which may derail implementation of activities	Develop an anti-corruption policy/mechanism

CHAPTER FIVE:

MONITORING, EVALUATION, REPORTING AND LEARNING

5.1 Introduction

This chapter specifies programmes/projects to be implemented during the plan period. It also outlines objectively verifiable outcome indicators that will be used to monitor project/program implementation, and sets both medium term and end term milestones for impact assessment.

It will be necessary to have in place an effective monitoring and evaluation system to track the implementation of the projects and programmes which will be a continuous process to assess the extent to which development objectives and targets set in the plan have been achieved.

5.2 Institutional Framework for Monitoring and Evaluation in the County

This section highlights the institutional arrangements for coordination for coordination, implementation and reporting including the M&E and other county M&E committees .it also highlights on the proposed structures, membership and roles.

The County will put in place a functional County Monitoring and Evaluation System to serve the needs of the county government (CIMES).There will be also an established Monitoring and Evaluation unit whose main role will be coordination and managing the M&E framework and production of the reports. The departments/entities will be providing resources in their annual budgets for the establishment or strengthening of internal M&E capacity. There shall be established M&E committees at all county level to ensure proper functioning of the M&E. The eight committees formed will have members drawn from the Governmental and non-governmental actors at the county level. There shall be established the highest committee the County M&E committee (CoMEC), which will be co-chaired by the county secretary and officer appointed from an NGO's in the county. There role mainly will to champion the M&E agenda ,mobilize resources ,reviewing and endorsing the county M&E work plans and other guiding documents.

Below them is the Technical Oversight Committee (TOC) which will be composed mostly of the county departments chaired by the Chief Officer or Director Finance and Economic planning and convened by the county head of M&E unit. Their main agenda will be to prescribe methodologies on evaluation and expert advice. The Intergovernmental Development Forum will be chaired by the governor or his designate and the County Commissioner. The members will be all CECM's, Head of National Government Departments and Head of Development partners in the county and whose roles will be drafting the CMEC, reviewing and assessing all documents and validating of M&E reports.

The Service Delivery Unit which be chaired by the Governor or his designate and members shall include officers from the office of the Governor and secretariat of the TOC .The sectoral M&E Committee (SMEC) will be chaired one Chief Officer from the sector and all sectors of the county will have an individual representative and will be preparing the sector plans. The sub-county M&E committee SCMEC which be co-chaired by the sub county Administrator and deputy county commissioner as the alternate chair. Members shall comprise of the sub-county departmental heads and Non-state actors. In each ward level there shall be established a WaMEC (Ward M&E committee) which will comprise of technical officers from county or national government departments and from non-state actors present in respective wards. The ViMEC(village M&E committee will comprise of technical officers from county or national government departments and from non-state actors present in respective villages. These committees will monitor and evaluate all the programs, projects and policies at their respective levels.

There will also be established the project managers of the sectors projects who will facilitate the continuous monitoring of development interventions ,prepare PCRs(Project Completion Reports) and (PSRs)periodic Project Status Report

5.3 Data collection, Analysis, and Reporting

Data collection and collation will be the responsibility of individual officers in their respective departments. However, there will be need for established systematic fashion in gathering and measuring of the information on the targeted variables to aid in evaluating the outcomes

5.5 Types of Reports to be produced and their frequency, and consumers

a) Annual reports

County Annual progress Health sector report

This is the annual report documenting progress against the implementation of the County Annual Work Plans for all planning units in the county as well as against sector performance (Indicators and targets) set in this strategic plan and any additional county specific indicators. It will include challenges encountered during the period under review and key priorities for the coming year. The report will be developed by the county health stakeholders forum through a consultative process and will be presented at a County Annual Health Review forum and the county assembly.

Annual Budget implementation Reports

This reports that specifically reports on the planned expenditure , budget use, supplementary and absorption rate for the whole financial year for both the capital and non capital projects.

b)Quarterly reports

At all levels a performance review reports will be produced outlining the performance against the strategic objectives in this plan. The reports will be discussed by the health management teams including all the stakeholders at the quarterly performance review meetings. The discussion will focus on a review of the findings and the agreed action points as well as a review of the recommendations improvement tracking plan for the previous quarter, which will be outlining

5.6 The use of M&E findings especially in planning, budgeting, decision making and policy formulation/review

Support evidence based decision making especially budget decision making, performance budgeting, national planning, and program budgeting and planning. These processes focus on

County government priorities among competing demands from citizens and interest groups; Helps County government departments in their policy development and policy analysis work and in program development;

Helps county government departments/agencies manage activities at the sector, program, and project levels. This includes government service delivery and the management of staff;

M&E identifies the most efficient -use of available resources and thus ensures accountability in the use of county resources; Performance indicators can be used to make cost and performance comparisons among different administrative units; sub-counties, wards and villages. Comparisons can also be made over time that help identify good, bad, and promising practices, and this can prompt a search for the reasons for this performance;

M&E links the performance contracting, appraisal systems and the incentive systems;

M&E is a tool for public participation, where citizens play a significant role when carrying out monitoring and evaluation by providing feedback; it will be implemented across all devolved levels;

M &E is an essential management tool for the County Government, and hence its availability and implementation will improve project performance and contribute towards to achievement of intended results.

5.7 Dissemination and Feedback mechanisms and citizens engagement

The county shall use modern online system in tracking and reporting on the progress of the

projects/programs by adopting a CIMES. Communication is considered key in operationalization of CIMES. There will be sharing of information from the County Executive Committee to the respective sectors/departments, CSOs, development partners, community, sub-county and county level. Information to be shared will include monitoring and evaluation reports, policy reports (surveys,) and data.

5.8 Mechanism for reviewing (evaluating) and updating the sectoral plan

Program evaluations are systematic studies conducted periodically or on an ad hoc basis to assess program performance. As tools to support good management practice, this helps determine if timely adjustments are needed in project/program design to improve the rate or quality of achievement relative to the committed resources. Evaluation may be done in the middle of a project/program or after the project/program has been completed.

Programme/ Project	Objec tives	Expected Outcomes	Key Perform ance Indicato rs (s)	Timef rame	Basel		Targets		Data collection methods /source	Respons ibility
					Ye ar	Valu e	Five Yea	Ten yea		

							r Tar gets (s)	r Tar get		
Administrati on and support services		Staff trained in senior Leadership at KSG /strategic manageme nt	Number of staff trained in senior Leadersh ip at KSG /strategic managem ent	10 years	20 17	2	30	50	Human resource unit health department	COH
		Renovation of adminstrati on blocks for CHMT/SC HMT	Number of renovate d adminstr ation blocks for CHMT/S CHMT	10yrs	20 17	0	4	4	Procurement u nit,Health Department	COH
		Utility	Number	10yrs	20	1	3		Assets register	COH

		vehicles procured per year	of utility vehicles procured per year		17		4		
		Vehicles disposed off	Numbers of vehicles disposed off	10 years	2017	0	1212	Assets register	COH
		Ambulance procured	No of ambulance procured	10 years	2017	0	66	Assets register	COH
		Motorcycle procured	Number of motorcycle procured	10 years	2017	0	1520	Assets register	COH
Human resources for Health		Staff resource established	No of staff resource established	10years	2017	0	100%100%	Assets register	COH
Health Financing		Equitable share allocated to health per year	% of equitable share allocated to health	10 years	2017	20.9%	26%30%	Approved Annual Budget	COH

	Donors reached for support number of concept notes presented per year	per year Number of donors reached for support number of concept notes presented per year	10 years	2017	1	22	Biannual stakeholders Forum reports	County Director Head
Access to essential health services	Completed facilities operational ized	Number of complete d facilities operation alized	10 years	2017	3	1515	Workload Report	County Director Head
	Stalled facilities be completed and operational ized	Number of stalled facilities complete d and operation alized	10 years	2017	0	77	Assest register workload reports	County Director Head
	Renovated facilities	Number	10yea	20	0	10	Assest register	COH

		of facilities renovated	rs	17		10		
	Number of new maternity units constructed and operationalized	Number of new maternity units constructed and operationalized	10years	2017	0	59	Assest register	COH
	New facilities constructed	Number of new facilities constructed	10years	2017	0	59	Assest register	COH
	Number of Staff Houses constructed	Number of Staff Houses constructed	10years	2017	0	1220	Assest register	COH
	Facilities fenced	Number of facilities fenced	10years	2017	0	1523	Assest register	COH
	Functional theatres	Increased number of	10years	2017	2	46	Assest register Workload reports	COH

	increased to 6	functional theatres						
	Mortuaries constructed and operationalized	Number of Mortuaries constructed and operationalized	10years	2017	0	35	Assest register Workload reports	COH
	Incinerators constructed	Number of Incinerators constructed	10years	2017	0	35	Assest register Workload reports	COH
	Renovation works at Ngao Hospital	% of renovation done	10years	2017	0	100% 100%	Assest register	COH
	facilities newly connected to Main electricity	Number of facilities newly connected to Main electricity	10years	2017	0	915	Assest register	COH
	Facilities newly fitted with backup generator	Number of Facilities newly fitted	10years	2017	0	44	Assest register	COH

			with backup generator						
		Health facilities adequately equipped	Proportion of health facilities adequately equipped	10years	2017	50%	100% 100%	Assest register	COH
		Facilities with functional Accident & Emergency	Number of facilities with functional Accident & Emergency	10years	2017	0	24	Assest register	COH
Renovation and upgrading of HOLA		Outpatient block renovated	Level of Outpatient block renovated	10years	2017	0	100% 100%	Assest register	COH
		Paediatric unit renovated	Level of Paediatric unit renovated	10years	2017	0	100% 100%	Assest register	COH
		Accident	Level of	10years		0	100%	Assest register	COH

	and Emergency Unit constructed	Accident and Emergen cy Unit construct ed	rs	20 17		100%		
	Intensive Care Unit/ high dependenc y unit	Level Intensive Care Unit/ high dependen cy unit	10yea rs	20 17	0	100% 100%	Assest register	COH
	In-patient unit renovated	Level of In- patient unit renovate d	10yea rs	20 17	0	100% 100%	Assest register	COH
	Wards completed	Level of Wards complete d	10yea rs	20 17	60%	100% 100%	Assest register	COH
	Maternity unit completed	Level of Maternit y unit complete d	10yea rs	20 17	50%	100% 100%	Assest register	COH
	Cabro parking yard completed	Level of Cabro parking	10yea rs	20 17	30%	100% 100%	Assest register	COH

			yard complete d						
		General landscaping done	Level of General landscaping done	10years	2017	0	100% 100%	Assest register	COH
Increased access to diagnostic health services		new labs opened (Kau, Assa, Sera, Kalalani, Wadesa, Chifiri, Kipao, Majengo, Bangal, Waldena)	Number of new labs opened	10years	2017	0	10 20	Workload report	CDH
		laboratories equipping	% level of laboratories equipping	10years	2017	50%	100% 100%	Assest register	COH
		Hola CRH lab expanded	Level of lab expanded	10years	2017	0	100% 100%	Assest register	COH
Health products and Technologies		facilities receiving quarterly medical supplies	Proportion of facilities receiving quarterly	10years	2017	80%	100% 100%	Monthly commodity reports	CDH

			medical supplies						
Maternal Health		Increased skilled birth attendance in the County	Number of birth attendance in the County	10years	2017	42%	65% 80%	DHIS 2	CDH
		Health facilities offering basic and comprehensive Neonatal care	proportion of health facilities offering basic and comprehensive Neonatal care	10years	2017	10%	50% 100%	DHIS 2	CDH
Extended program on Immunization		immunized children	% increase in immunized children	10years	2017	58%	70% 90%	DHIS	CDH
Child Health services		under-fives accessing Comprehensive IMCI services	proportion of under-fives accessing	10years	2017	40%	60% 80%	Assessment register	COH

			Comprehensive IMCI services						
Adolescent Health		Facilities offering Youth Friendly Services	Increased number of facilities offering Youth Friendly Services	10 years	2017	0	612	Workload reports	CDH
Nutrition program		Reduced Global Acute malnutrition rate	% decrease in acute malnutrition rate	10 years	2017	14%	7% <5%	DHIS	CDH
HIV, AIDS and STI control		Increased number of facilities providing comprehensive HIV services	Increased number of facilities providing comprehensive HIV services	10 years	2017	40%	70% 100%	Workload reports	CDH
TB, Leprosy and Lung Diseases		Increased TB detection	% TB detection	10 years	2017	60%	75% 95%	Workload reports	CDH

control		rate	rate						
		Increased TB cure rate	% TB cure	10 years	2017	80%	90% <95%	Workload reports	CDH
Malaria Prevention and control		access to malaria diagnosis and treatment to community level	% increase in access to malaria diagnosis and treatment to community level	10 years	2017	65%	75% 90%	Workloads	CDH
Health Communication and Advocacy		wards reached with appropriate Health Messages	Proportion of wards reached with appropriate Health Messages	10 years	2017	40%	100% 100%	HMIS	CDH
School Health program		schools reached with school Health Program	Proportion of schools reached with	10 years	2017	20%	50% 90%	HMIS	CDH

			school Health Program q45						
Neglected Tropical Diseases		quarterly targeted activities focusing on Filariasis, Schistosomiasis and snake bites	Number of quarterly targeted activities focusing on Filariasis, Schistosomiasis and snake bites	10 years	2017	1	33	HMIS	CDH
Community strategy		new functional Community units	Increased number of new functional Community units	10 years	2017	2	1212	HMIS	CDH
Communicable disease, control, Disease Surveillance		focused quarterly disease surveillance activities	Number of focused quarterly disease	10 years	2017	2	55	HMIS	CDH

		conducted per year	surveillance activities conducted per year						
Water, Sanitation and Hygiene		surveillance and treatment activities carried out yearly at household level	Number of water quality surveillance and treatment activities carried out yearly at household level	10 years	2017	2	66	HMIS	CDH
Medical waste management		health facilities in the managing medical waste according to guidelines	Proportion of health facilities in the managing medical waste according to guideline	10 years	2017	<50 %	100% 100%	HMIS	CDH

			s						
General refuse management		refuse handling inspection done in all urban and semi urban centres	Number of refuse handling inspection done in all urban and semi urban centres	10 years	2017	0	44	HMIS	CDH
Food quality		Quarterly food handling areas inspection done in all	Number of Quarterly food handling areas inspection done in all	10 years	2017	Irregular	44	HMIS	CDH
Human waste management		Public toilets constructed (HOLA, Gofisa, Walderna, Titila, Daba, Madogo, Bangal, Kipini, Tarassa, Garsen, bur a	Number of Public toilets constructed	10 years	2017	1	1212	Assest register	COH
Emergency Preparedness and response		Disaster Preparedness and Response plan within the Unit prepared		10 years	2017	1	11	Report review	CDH

		by end of FY 2017/2018r reviewed biannually							
		Health manageme nt and Informatio n system	Number of data review meetings held every year to track quality and performa nce	10 years	20 17	2	8	8	CDH
			Proportio n of facilities supplied with reporting tools	10 years	20 17	100 %	100% 100%	Workload,reports, Assest,Register	
			Number of facilities fitted with paperless e-Health systems	10 years	20 17	0	6 11	Assest Register	COH
Health, Research and		Operationa l research	Number	10	20	0	2	Yearly Review	CDH

Innovation		questions identified yearly	of Operational research questions identified yearly	years	17		2	Report	
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Programme	Objectives	Sub-Programme	Strategies/Actions	Implementing Agency(s)	Time Frame	Funding	
						Total Budget (Ksh)	Source(s)
General Administration, Human Resources, Planning and Support Services		General Administration, Human Resources, Planning and Support Services		TRCG	2018-2028	477.05M	TRCG
		Human Resources for Health	conducting training needs assessment	TRCG	2018-2028	18.15	TRCG
			CHMT/SCHMT TRAINED in senior management/strategic management	TRCG	2018-2028		TRCG
			Establish staff resource centre	TRCG	2018-2028		TRCG

	Health financing	Increase progressively the % of equitable share allocated	TRCG	2018-2028	8.25	TRCG
		Increases donor support for health	TRCG	2018-2028		THS-UC DANIDA
		Increase number of key specialist in the departments	TRCG	2018-2028		
Essential Health services	Increased access to basic essential	Operationalize completed facilities	TRCG	2018-2028	1,445.8	TRCG
		Complete and operationalize stalled projects	TRCG	2018-2028		TRCG
		Renovate new health facilities	TRCG	2018-2028		TRCG
		Construction of maternity in-patient facility	TRCG	2018-2028		TRCG
		Establish new health facilities	TRCG	2018-2028		TRCG
		Construction of theatres	TRCG	2018-2028		TRCG
		Construction of incinerators'	TRCG	2018-2028		TRCG
		Construction of mortuaries	TRCG	2018-2028		TRCG
		Construction of staff quarters	TRCG	2018-		TRCG

				2028		
		Fencing of health facilities	TRCG	2018-2028		TRCG
		Electrification of facilities	TRCG	2018-2028		TRCG
		Backup generators	TRCG	2018-2028		TRCG
		Renovation works at Ngao hospital	TRCG	2018-2028		TRCG
		Construct Accident & Emergency Units	TRCG	2018-2028		TRCG
		Renovation and upgrading of Hola CRH	TRCG	2018-2028		TRCG
	Increased access to diagnostic health services	Open new labs	TRCG	2018-2028	275M	TRCG
		Construct new laboratories	TRCG	2018-2028		TRCG
		Equipping of laboratories	TRCG	2018-2028		TRCG
		Expand capacity of Hola Hospital Laboratory	TRCG	2018-2028		TRCG
		Stocking of laboratories	TRCG	2018-2028		TRCG
	Health products and	Improve commodity availability in the health	TRCG	2018-	1420M	TRCG

	technologies	facilities		2028		
Reproductive Maternal, Neonatal, Child, and Adolescent Health and Nutrition	Maternal Health	Improve access to quality maternal	TRCG	2018-2028	54	TRCG
	Neonatal Health Extended program on immunization	Improve neonatal health in the the county	TRCG	2018-2028	28	TRCG
	Child Health services	Improve child survival	TRCG	2018-2028	65	TRCG
	Adolescent Health	Improve increase of adolescent health	TRCG	2018-2028	13	TRCG
	Nutrition program	Improve nutrition to the people especially pregnant women and children	TRCG	2018-2028	48	TRCG
HIV/AIDS, TB & Lung Diseases, Malaria	HIV, AIDS and STI's control	Reduce HIV transmission	TRCG	2018-2028	45	TRCG
	TB Control and Lung Diseases	Reduce mortality and morbidity and increase access to Malaria	TRCG	2018-2028	60	TRCG
Preventive and Promotive Health Services	Health communication and Advocacy	Reach wards with community Health messages	TRCG	2018-2028	23M	TRCG
	School Health Program	Increase school health coverage in the county	TRCG	2018-2028	10M	TRCG
	Neglected tropical Diseases	Increase quarterly coverage on snake bites,schistosomiasis and Filariasis	TRCG	2018-2028	11M	TRCG
	Community strategy	Increase number of functional community units	TRCG	2018-2028	45	TRCG

	Communicable disease,control,Disease surveillance	Monitor pattern of communicable disease and initiate preventive actions	TRCG	2018-2028	18	TRCG
	Water,Sanitation and Hygiene ,Community led total sanitation(WASH)	Improve water quality	TRCG	2018-2028	64	TRCG
	Medical Waste management	Increase facilities disposing medical waste management as per the guidelines	TRCG	2018-2028	14.5	TRCG
	General refuse management	Improve cleanliness in urban and semi-urban centres	TRCG	2018-2028	18	TRCG
	Food quality	Improve quality of food consumed in the County	TRCG	2018-2028	18	TRCG
	Human Waste Management	Construction of public centres	TRCG	2018-2028	39	TRCG
	Emergency preparedness and response	Have a disaster preparedness and response team within the unit reviewed biannually	TRCG	2018-2028	2.5M	TRCG
Health Management and Information Systems, Operational Research, Monitoring and Evaluation	Health management and Information systems	All health facilities report to KDHS II and conduct systematic audit report quarterly	TRCG	2018-2028	34M	TRCG
		Print and distribute data tools to all health facilities	TRCG	2018-2028		TRCG
		Install paperless data system	TRCG		100M	
	Health research and Innovation	Use of locally available data for making context specific decision making	TRCG	2018-2028	14	TRCG