REPUBLIC OF KENYA

COUNTY GOVERNMENT OF KAJIADO

KAJIADO COUNTY

DEPARTMENT OF HEALTH SERVICES

KAJIADO COUNTY HEALTH SECTOR STRATEGIC & INVESTMENT PLAN(KHSSIP)

Accelerating the Attainment of universal Health Coverage

2014 - 2018

GOAL

To attain the highest possible standard of health in an approach responsive to the Kajiado population health needs.

VISION

A prosperous and globally competitive County free from preventable diseases and ill health

MISSION

To promote the provision of sustainable, accessible, quality and equitable health care that is evidenced based, technology driven and client centred to all the people of Kajiado County.

CORE VALUES

- Excellence
- Diligence
- Integrity
- Honesty
- Objectivity
- Neutrality
- Alertness
- Efficiency
- Leadership
- Transparency
- Fairness
- Equality,

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Accelerating the Attainment of universal Health Coverage: **KAJIADO COUNTY HEALTH SECTOR STRATEGIC AND INVESTMENT PLAN – KCHSSIP 2014 –2018**

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Kenya

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FOREWORD

Kajiado County Health Sector Strategic Plan I (2014-2018) defines the approach to delivery of health services to its residents. This sector plan is linked to the health component of County Integrated Development Plan (CIDP) whose vision is "A prosperous and globally competitive County free from preventable diseases and ill health" and has the mission of promoting the provision of sustainable, accessible, quality and equitable health care that is evidenced based, technology driven and client-centered to all the people of Kajiado County as enshrined in the constitution of Kenya 2010.

The plan will guide the County Department of health services in delivering accessible quality health services to all residents of Kajiado County. This will take into consideration the needs of the various localities, status, gender and age cohorts. The health service delivery will be based on scientifically proven methods using modern technologies adapted to the county situation to ensure efficiency and effectiveness of services. The plan will enhance curative services while emphasizing on the preventive and promotive health care services. The involvement of stakeholders in the delivery of services will be paramount and in accordance with the international standards, national policies and guidelines.

The purpose of the plan is to accelerate attainment of health goal and thus improve health status of the people.

This document is a product of various inputs from health stakeholders through consultative forums. The document will guide the County Department of Health and its partners in implementation of health related activities and contribute towards achievements of Global commitments, MDGS and vision 2030.

On behalf of County Department of Health I am confident implementation of this plan will contribute towards reversing the trends of health care indices.

GLADYS MARIMA

COUNTY EXECUTIVE MEMBER FOR HEALTH SERVICES

KAJIADO COUNTY

Acknowledgements

The development of this document has taken the efforts and time of various individuals and organizations in the health sector including the health stakeholders through several consultative meetings and It is in light of this that the County Department of Health wishes to acknowledge among others, for the invaluable contribution towards the development of the Kajiado County Health Sector Strategic Plan.

- The Governor Kajiado county
- The County Health Management Team
- Sub county Health Management Teams
- Hospital Management Teams
- Partners in health

FRIDAH NTINYARI TAIT

CHIEF OFFICER FOR HEALTH

KAJIADO COUNTY

Executive summary

Kajiado County Health Sector Strategic Plan is guided by Vision 2030 which aims to transform Kajiado into a globally competitive and prosperous county with a high quality of life. Its development is based on the principles of 2010 constitution that aims to attain the right to the highest standards of health.

This strategic plan provides the health sector medium term focus, objectives and priorities in line with the County Integrated Strategic Development Plan (CIDP).It will provide guidance on the strategic, operational and investment priorities needed to improve heath. The plan borrows from National health sector strategic plan (NHSSPII) whose goal was to reduce inequalities in health care services and reverse the downward trend in outcome indicators. The Kajiado heath sector strategic plan implementation framework is guided by the Kenya Health sector strategic and investment Plan (KHSSP I 2013/2017) which focuses on key priority investment areas which are;

- Service delivery
- Infrastructure and equipment
- Human resources
- Commodities and products
- Health Information System
- Health financing
- Leadership and Governance

The key health policy objectives are:

1. Elimination of Communicable Conditions: Reduce burden till they are not a major public health concern
2. Halting and reversing rising burden on non-communicable conditions(NCDs): All NCD conditions addressed
3. Reducing burden of violence and injuries

4. Providing essential health services: Affordable, equitable, accessible, and responsive to client needs
5. Minimizing exposure to health risk factors: Health promotion services
6. Strengthening collaboration with health related sectors: Adoption of a 'Health-in-all-Policies' approach

The desired outputs include better access to services and improved quality of service delivery. The overall health impact is better health for Kajiado population in a responsive manner.

The approach for implementation should take into account efficiency, effectiveness, multi-sectoral approach, equity, social accountability and people centered.

The plan will be operationalized through Annual work plans and annual performance targeting.

The plan is organized in Sections 1to 5 as follows;

Section 1 focuses on Introduction and background information;

Section 2 deals with Situation analysis;

Section 3 looks at Problem analysis, objectives and priorities;

Section 4: is on Implementation arrangements,

Section 5: covers resource requirements and financing.

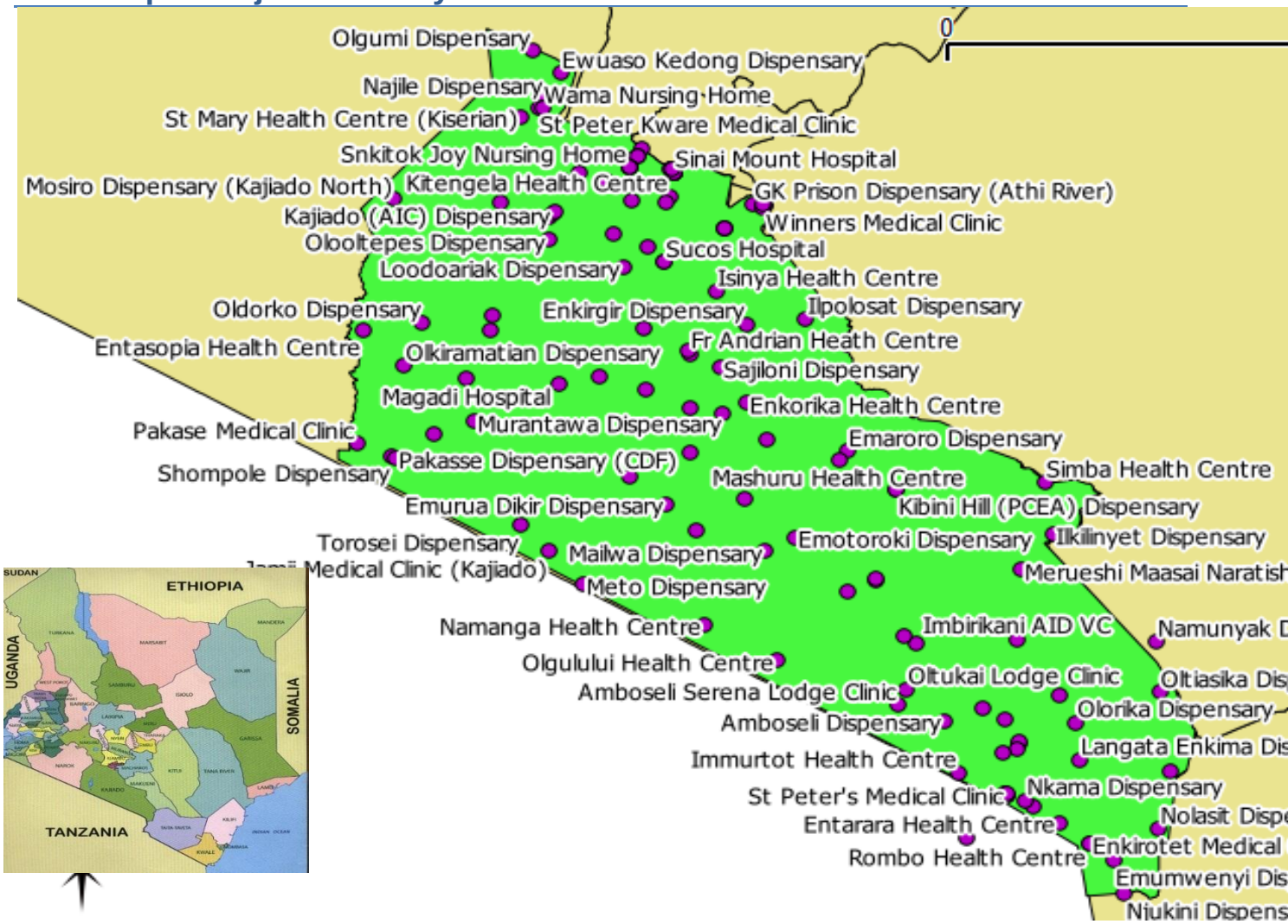
List of acronyms and abbreviations

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ARV	Antiretroviral
AWP	Annual Work Plan
CHU	Community Health Unit
DHSF	District Health Stakeholder Forum
DTC	Diagnostic Testing and Counselling
FIC	Fully immunized child
FP	Family Planning
HAART	Highly active antiretroviral therapy
HBCT	Home based counseling and testing
HIV	Human immunodeficiency virus
KEPH	Kenya Essential Package for Health
KHPF	Kenya Health Policy Framework
LBW	low birth weight
LLITN	Long lasting insecticide treated net
MoH	Ministry of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MTCT	Mother to child transmission of HIV
NHSSP	National Health Sector Strategic Plan
No.	Number
PITC	Provider Initiated Testing and Counseling
PMTCT	Prevention of mother to child transmission of HIV
TB	Tuberculosis
VAS	Vitamin A supplementation
VCT	Voluntary Counseling and Testing

WRA	Women of reproductive age

SECTION 1: INTRODUCTION AND BACKGROUND

1.1 Map of Kajiado County



1.2 Background information

Kajiado County in one of the 47 counties of the Republic of Kenya, located in the southern part of the country. It borders the Republic of Tanzania on the south; Narok County to the West ; Nakuru , Kiambu and Nairobi Counties to the North; Machakos County to the North East; Makueni to the East and Taita Taveta to the South East.

The County has five constituencies namely: Kajiado South, Kajiado Central, Kajiado West, Kajiado East and Kajiado North and this also forms the Sub-Counties. The county has 25 county wards as indicated below:

Sub County	Ward
Kajiado North	1. Olkeri, 2. Ongata Rongai, 3. Nkaimurunya 4. Oloolua, 5. Ngong
Kajiado Central	1. Purko 2. Ildamat 3. Dalalekutuk, 4. Matapato North, 5. Matapato South
Kajiado East	1. Kaputiei North, 2. Kitengela, 3. Oloosirkon/Sholinke, 4. Kenyewa/Poka, 5. Imaroro
Kajiado West	1. Keekonyokie, 2. Iloodokilani, 3. Magadi, 4. EwasoKedong, 5. Mosiro
Kajiado South	1. Entonet/Lenkism, 2. Imbirikani/Eselenkei, 3. Kuku, 4. Rombo, 5. Kimana

The climate in Kajiado is of a semi-arid nature though in the recent years there has been a longer periods of drought with little or no rain. The county climate is influenced by altitude. The slopes of Mt. Kilimanjaro in Loitokitok and Ngong Hills in Kajiado North are cooler and receive high and reliable rainfalls (700 mm – 1,500 mm) per year. The areas are suitable for farming and have high population density. The county has a bimodal rainfall pattern. The

short rainfalls between October and December, while the long rains falls between March and June.

The main ethnic community of Kajiado County is the Maasai community who are renowned for nomadic pastoralism, strong cultural heritage and exquisite jewellery. However, with changes in land use/ownership, infrastructural improvements, climatic conditions, proximity to Nairobi City and Civil Society Organizations (CSO) / government (GoK) behavior change advocacy and communication; there is increasing influx of other communities and shifts in the mode of life and economic activities of the inhabitants. The County thus has three special population groups i.e. the migrant group who reside in the peri-urban areas and work in Nairobi County during the day; the nomadic pastoralists who move in search of pasture and water; and the settled business people and farmers.

The vision for the health sector of the County is: "**A prosperous and globally competitive county free from preventable diseases and ill health**". The sector mission is "**To promote the provision of sustainable quality, accessible and equitable health care services to the people of Kajiado County in a responsive, participatory and accountable manner**".

The health sector agenda in the County is driven by the County Health Stakeholder Forum (CHSF) composed of: Community, CGK, MoH, County line departments, development partners, NGOs, CBOs, FBOs, CSOs, and other partners acting at the local, regional or national levels.

1.3 Purpose of this Investment Plan

The County Government of Kajiado (CGK) is dedicated to reforming the health sector so as to realise its development vision of ***a prosperous, globally competitive county, offering quality life through sustainable development*** and contribute to the national, regional and international health commitments and goals. These reforms are part of the wider social and economic reforms being implemented by all sectors as defined by the County Government of Kajiado spelt out in the County Integrated Development Plan 2013 - 2017 (CIDP).

To offer health sector services, the County Government Act of 2012 (part XI) provides for the development of the County sectorial plans which must address in spirit and letter the aspirations of the Kenya Constitution 2010, Vision 2030 and Kenya Health Policy in the long run; the Medium Term Plan II , County Integrated Development Plan, Kenya Health Sector Strategic and Investment Plan and the International Health treaties in the short run; while supporting the implementation of the annual work plan (AWP).

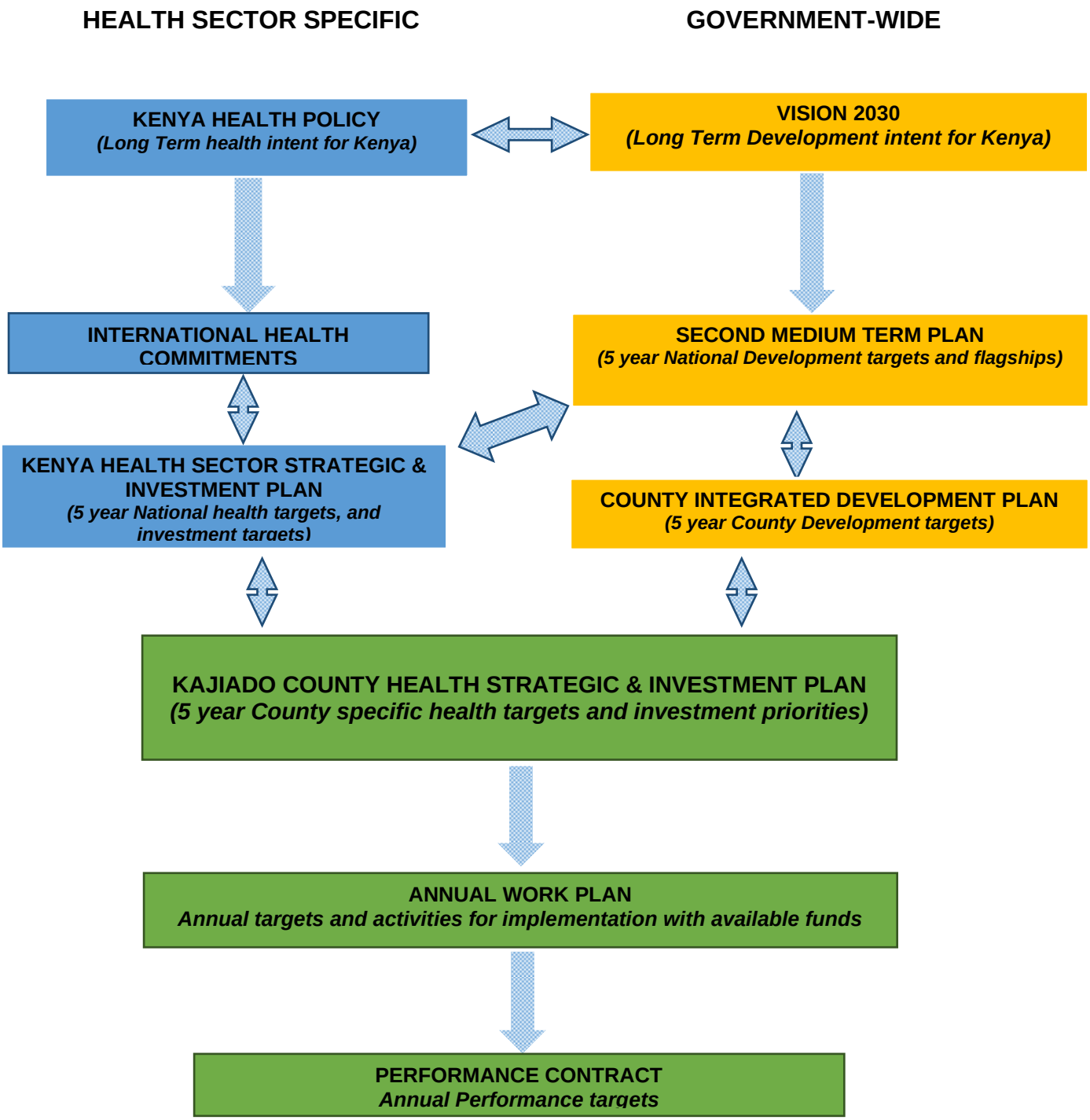
This strategic plan therefore provides the health sector medium term focus; objectives and priorities to enable it contribute towards attainment of the Kenya Health Policy Directions, and therefore the sector obligations in the Constitution, and Vision 2030. It refers to all the health and related sector actions needed to attain the health goals in the County. It is not restricted to the actions of the County Department of Health, but includes all actions in other sectors that have an impact on health. It will guide the County and Sub Counties on the operational priorities they need to focus on in health.

This KCHSSP therefore compliments the KHSSP by linking the AWPs to the KHSSP and the KHPF. Specifically, it:

1. Defines the medium term priority investments that will be made in order to achieve the health sector goals and objectives,
2. Provides a comprehensive look at the investments required to achieve the sector objectives,
3. Provides guidance on sector financing as the priority investment will form the focus of the medium term expenditure framework (MTEF) and donor financing priorities and
4. Provides the monitoring and evaluation framework as the basis for tracking the activities of the KCHSSP and assessing progress.

1.4 Results framework

The County health sector is designed to respond to expectations of the state (through the Constitution), the County Government (through the CIDP), and the international community (through international obligations). How these different obligations are informing the sector approach and strategy are shown in the figure below.



1.5 Focus and mandate

The promulgation of Kenya's constitution marked a critical turning point in the nation governance arrangement in August 2010. The most transformative aspects of this constitution is the devolved system whose objective, include among others, to **enhance equitable development and reduce disunity.**

The Kenya Constitution 2010 provides for the "***right to the highest attainable standard of health to every Kenyan***". Citizen's high expectations are grounded on the fact that the new Constitution states that every citizen has right to life, right to the highest attainable standard of health including reproductive health and emergency treatment, right to be free from hunger and to have food of acceptable quality, right to clean, safe and adequate water and reasonable standards of sanitation and the right to a clean healthy environment. The KCHSSP therefore focusses on attaining two obligations of the health sector, i.e. rights based approach and ensuring health contributes to the County's development. This will be achieved by aligning the KCHSSP to the following policy objectives of the KHP:

- Eliminate communicable conditions
- Halt and reverse the rising burden of non-communicable conditions.
- Reduce the burden of violence and injuries.
- Provide essential health care.
- Minimize exposure to health risk factors.
- Strengthen collaboration with health related sectors.

This 5 year strategic and investment focus is aligned to the CIDP to ensure it is well integrated into the overall Government agenda (Kenya Constitution and Vision 2030) and international health commitments. All the provisions of the constitution will affect the health of the people in Kenya in one way or another. However, two chapters introduce new ways of addressing health problems and have direct implications to the health sector focus, priorities and functioning: The Bill of Rights and the devolved Government.

Main constitutional articles that have implications on health

ARTICLE	CONTENT
20	20a) Responsibility of State to show resources are not available 20 b) In allocating resources State will give priority to ensuring widest possible enjoyment of the right
43	(1) Every person has the right— (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; (b) to accessible to reasonable standards of sanitation; (c) to be free from hunger and have adequate food of acceptable quality; (d) to clean and safe water in adequate quantities; (2) A person shall not be denied emergency medical treatment
26	Right to life - Life begins at conception - No person deprived of life intentionally - Abortion is not permitted unless for emergency treatment by trained professional
32	Freedom of conscience, religion, belief and opinion
53-57	Rights of special groups: -Children have right to basic nutrition and health care. -People with disability have right to reasonable access to health facilities, access to materials and devises -Youth have right to relevant education and protection to harmful cultural practices and exploitation -Minority and marginalized groups have right to reasonable health services
174	Objectives of devolution Vs fourth schedule on roles; **National**: Health policy; National referral facilities; Capacity building and technical assistance to counties **County health services**: County health facilities and pharmacies; Ambulance services; Promotion of primary health care; Licensing and control selling of food in public places; Veterinary services; Cemeteries, funeral parlours and crematorium; Refusal removal, refuse dumps and solid waste **Staffing of county governments**: Within frame work of uniform norms and standards prescribed by Act of Parliament establish and abolish offices, appointment, confirmation and disciplining staff except for teachers
176	County Governments will decentralize its functions and its provision of services to the extent that it is efficient and practicable
183	Functions of County Executive Committee's
235	Transfer of functions and powers between levels of Government

The aim of the Kenya Vision 2030 is to create "a globally competitive and prosperous country with a high quality of life by 2030" through transforming the country from a third world country into an industrialized, middle income country. To improve the overall livelihoods of people of Kajiado, health care priority will be given to preventive care at community and household level, through establishment and strengthening community health units. It also intends to provide highly-specialized health care at the county and sub county levels. The sector will improve access to quality health care through:

(i) Establishment of a robust health infrastructure

(ii) Increasing health care financing through enhanced resource mobilization

(iii) Provision of adequate and quality health care commodities

(iv) Promotion of partnerships with other health related actors

(v) Addressing the needs of the hard to reach sections of the population

(vi) Increase the number and maintain human resource for health as per norms and standard guidelines

(vii) Improving health information systems in the county

The KCHSSP will also focus in implementing the various global commitments the nation has entered into. These include (but are not limited to):

- Implementation of the International Health Regulations – to guide the Country on key actions needed to assure adherence to international health regulations
- Implementation of the Global Framework Convention for Tobacco Control – to guide the country on tobacco control activities
- Ouagadougou declaration on Primary Health Care and Health Systems – to guide the overall strategic focus for the health sector
- Achieving the Millennium Development Declaration (MDGs) by 2015-to guide the country national targets towards international development initiatives.
- International Health Partnerships (IHP+) on Aid Effectiveness
- UN Secretary Generals' Global Strategy 'Every women, every child'.
- Abuja Declaration – to support the improvements of health systems in the country by domesticating the provisions through national legislation, the country committed in the Abuja Declaration to allocate 15% of government expenditure budget to health
- Kenya ratified International Human Right agreements as among others; International Declaration for Human Rights, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Child Rights Convention (CRC), the International Conference on Population and Development program of action (ICPD-CAIRO) and the Beijing Declaration and Platform of Action (BPFA).

Implementation of these international commitments is well integrated into the strategic focus of the health sector – and not being carried out as vertical programs. Regular monitoring and reporting on progress will be carried out

These functions which form the basis of the mandate of this KCHSSP as outlined in schedule four of the constitution is:

1. County health facilities and pharmacies;
2. Ambulance services;
3. Promotion of primary health care;
4. Licensing and control of undertakings that sell food to the public;
5. Veterinary services (excluding regulation of the profession); *
6. Cemeteries, funeral parlours and crematoria; and
7. Refuse removal, refuse dumps and solid waste disposal *

NB/ The asterisk (*) are not functions of the department of health in Kajiado

1.6 Process of development and adoption of the KCHSSP

The development of this KCHSSP is informed by the Kenya Constitution 2010, Vision 2030, KHP 2012 – 2030, MTEF and CIDP. The development is further guided by the Urban areas and cities act (no. 13 of 2011); Transition to devolved government act (no. 1 of 2012); Intergovernmental relations act (no. 2 of 2012); the County Government act 2012; The public financial management act (no. 18 of 2012); The county governments public finance management transition act, (no. 8 of 2013); The National Government Co-ordination Act, (no. 1 of 2013); and the transition county allocation of revenue act, (no. 5 of 2013).

The development of KCHSSP began with the development of the SARAM report that provided the status of health services delivery in the County. It focused on areas of leadership and governance, health infrastructure, health care financing, health service delivery as well as health commodities. It identified gaps in service delivery and other health system building blocks and provided recommendations which if implemented would help the County to provide better health services to its population and contribute towards the attainment of the Vision 2030.

This report was then shared with various stakeholders in the health sector and provided a platform for brainstorming on the health priority areas. This was a comprehensive and consultative process held at Leleshwa Inn, Kitengela and graced by the County Executive Committee member for health. It involved all stakeholders including the political leadership, the County and Sub-County health teams and partners.

This was then followed by a one week workshop by the County Health Management Team, Sub County Health Management Teams, Hospital Management Teams work on thematic priorities and investment areas at Amboseli spearheaded by the Chief Officer of health and graced by H.E The Governor of Kajiado County. Their reports were then consolidated highlighting priorities, strategies, outputs for consensus building on key priority interventions and feasible strategies to be employed to achieve the strategic objectives of this plan.

The draft plan was circulated to other health sector stakeholders for inputs followed by a stakeholder meeting to collate inputs which were incorporated to validate the draft plan.

The revised draft of the strategic plan was presented and discussed with the County Executive Committee and the Members of the County Assembly before being handed to H.E. the Governor for adoption and official launch.

SECTION 2: SITUATION ANALYSIS

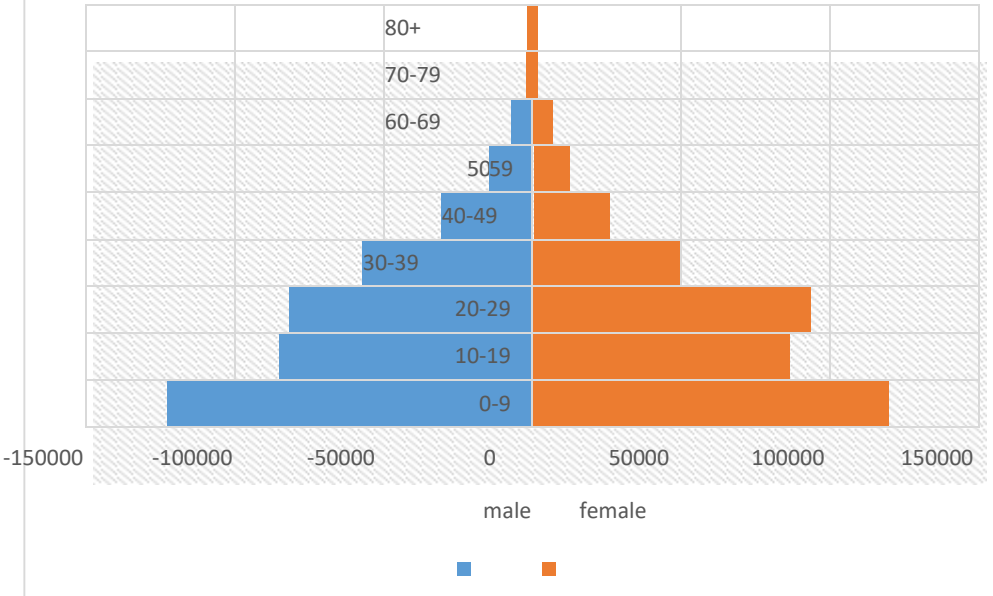
2.1 Population Demographics

According to the Kenya Population and Housing Census (2009), the population of Kajiado County was 687,312 people. This has been projected to 792,191 people in the year 2014 and estimated to be 884,323 people by 2018. The annual population growth rate is estimated at 3.4% which is higher than the national average of 2.63. This high population growth rate is unsustainable given that social amenities are not growing at the same rate. The County therefore has a young population because over 30% of the population is within the 0 - 9 years age bracket. Over 21% of the population fall within 10 - 19 years, while over 22% fall within 20 - 29 years bracket.

The County population pyramid reflects a structure of a very young and dependent population as compared to the expected wider base and gently tapering pyramid, County pyramid has several striking characteristics:

i. A wider base in the age group of children and adolescents,
ii. Narrowing in the productive age groups,
iii. A sharp tapering in the older age groups, and
iv. A male : female ratio of approximately 1:1

Population pyramid for Kajiado County based on 2013 population projections



2.1.1 Catchment population trends

Sub-county units		Population trends						
		2009	2013	2014	2015	2016	2017	2018
1	Kajiado North	237805	265992	273547	281315	289305	297521	305971
2	Kajiado Central	102850	115041	118308	121668	125125	128677	132331
3	Kajiado East	137254	153523	157883	162367	166978	171720	176597
4	Kajiado West	71905	80428	82712	85061	87477	89961	92516
5	Kajiado South	137496	153794	158161	162653	167273	172023	176909
Total		**687310**	**768778**	**792,191**	**813065**	**836156**	**859903**	**884324**

2.1.2 Population description

The county has an estimated total population of 792,191 this year 2014 occupying an area of 21,903 km^2 hence a population density of 36 persons per km^2. However, this population density varies from sub-county to sub-county e.g. 25 persons per km^2 for Kajiado South and 40 persons per km^2 for Kajiado East. The county is generally sparsely populated except for the peri-urban parts of Kajiado North and Kajiado East sub- counties that form part of the Nairobi metropolis.

The population breakdown by the various population categories considered in health is as shown on the table below:

Population proportions	Proportions (%)	Estimate trends						
		2009	2013	2014	2015	2016	2017	2018
Total population		687310	768778	792,191	813065	836156	859903	884324
Population density		31	35	36	37	38	39	40
Total Number of Households		173464	194025	199535	205202	211030	217023	223187
Children under 1 year (12 months)	3.4	25499	29601	30726	31894	33106	34364	35670
Children under 5 years (60 months)	17	116156	151992	157767	163762	169985	176445	183150
Under 15 year population	42.	290733	461716	479261	497473	516377	535999	556367
Women of child bearing age (15 – 49 Years)	24.	164955	228760	237452	246476	255842	265564	275655
Estimated Number of Pregnant Women	3.8	26393	30639	31804	33012	34267	35569	36920
Estimated Number of Deliveries	3.8	26393	30639	31804	33012	34267	35569	36920

draft

Estimated Live Births	3.8	26049	30240	31389	32582	33820	35105	36439
Total number of Adolescent (15-24)	26.0	178701	251820	261389	271322	281632	292334	303442
Adults (25-59)	30.0	206194	299786	311178	323003	335277	348017	361242
Elderly (60+)	3.5	24056	27846	28904	30002	31142	32325	33554

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2.2 Health Status

This strategic plan aims to reduce the mortality rates of various cohorts and increase their life expectancy. To achieve this, the county will implement various strategies and intervention to address major risk factors and common causes of morbidity and mortality identified. Communicable diseases make up a large portion of top ten cause of out-patient morbidity in the county.

Access to quality health care is still a challenge in Kajiado County, with majority of available health centres having inadequate essential drugs, working tools and equipment's. In the rural areas people have to travel long distances (average 20 kilometres) to the nearest health care facility with others travelling to as 60km while the sub-county hospitals have inadequate personnel, key equipment's and vehicles to handle referrals. The community unit coverage is low at 45% hence low universal health coverage. The county has fewer diagnostic sites within the county and this leads missed and delayed diagnosis. Up take of reproductive health, maternal, newborn and child health (RMNCH) care services are relatively low e.g. four antenatal care visits (35.8%), skilled delivery (36.6%) and fully immunized children (69%). Public health indicators are equally low e.g stunting rate at 34.5%, Latrine coverage is at 47% with rural coverage being 25.7%. The access to safe and adequate water is a challenge for the community in the county leading to diseases associated with water.

2.2.1 Health Impact

Impact level Indicators	National estimates	County estimates
Life Expectancy at birth (years)	58.9	63.7
Annual deaths (per 1,000 persons) – Crude mortality	10.6	8
Neonatal Mortality Rate (per 1,000 births)	31	50
Infant Mortality Rate (per 1,000 births)	52	48
Under 5 Mortality Rate (per 1,000 births)	74	59
Maternal Mortality Rate (per 100,000 births)	488	488
Adult Mortality Rate (per 100,000 births)	30	

2.2.2 Major causes of morbidity and mortality in County---

Causes of death				Causes of ill health (disease or injury)			
National		County-specific		National		County-specific	
No	Condition	No	Condition	No	Condition	No	Condition
1	HIV/AIDS	1		1	HIV/AIDS	1	Upper respiratory tract diseases
2	Perinatal conditions	2	HIV/AIDs	2	Perinatal conditions	2	Diarhoea
3	Lower respiratory infections	3	Anaemia	3	Malaria	3	Skin diseases
4	Tuberculosis	4	Malaria	4	Lower respiratory infections	4	Malaria
5	Diarrhoeal diseases	5	Tuberculosis	5	Diarrhoeal diseases	5	Pneumonia
6	Malaria	6	Gastroenteritis	6	Tuberculosis	6	Eye infections
7	Cerebrovascular disease	7	Neo natal sepsis	7	Road traffic accidents	7	Accidents/ Fractures/Injuries
8	Ischaemic heart disease	8	Hypertension	8	Congenital anomalies	8	Typhoid fever
9	Road traffic accidents	9	Diabetes	9	Violence	9	Ear infections
10	Violence	10		10	Unipolar depressive disorders	10	Dental disorders

2.2.3 Major risk factors causing morbidity and mortality in County

Risk factors causing mortality				Risk factors causing morbidity			
National		County-specific		National		County-specific	
No	Condition	No	Condition	No	Condition	No	Condition
1	Unsafe sex	1	Unsafe water supply, sanitation and hygiene	1	Unsafe sex	1	Unsafe water supply, sanitation and hygiene
2	Unsafe water, sanitation & Hygiene	2	Unsafe sex	2	Unsafe water, sanitation & hygiene	2	Unsafe sex
3	Suboptimal breastfeeding	3	Sub optimal breastfeeding and malnutrition	3	Childhood & maternal underweight	3	Suboptimal breast feeding and poor feeding practices
4	Childhood & maternal underweight	4	Inadequate water supply	4	Suboptimal breastfeeding	4	Inadequate water supply
5	Indoor air population	5	Indoor air pollution	5	High Blood Pressure	5	Alcohol/drug abuse
6	Alcohol use	6	Alcohol and drug abuse	6	Alcohol use	6	Indoor air pollution
7	Vitamin A Deficiency	7	Inaccessible health facilities	7	Vitamin A deficiency	7	Poor health seeking behavior
8	High blood Glucose	8	Vitamin A deficiency	8	Zinc deficiency	8	Animal bites
9	High Blood Pressure	9	Sedentary lifestyle	9	Iron deficiency	9	RTAs
10	Zinc deficiency	10	Malnutrition	10	Lack of contraception	10	Harmful cultural/ and religious be9liefs

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2.3 Health Services Outcomes and Outputs

There are four tiers of service provision in the County based on the six policy objectives. county has 69 community units, 81 primary care health facilities and 1 county referral hospitals and 3 sub-county hospitals being GOK and over 140 private/FBO health facilities offering health services in County. The county plan will ensure strengthening of health systems through expansion, upgrading, equipping and ensure availability of skilled human resources, adequate commodity supplies to improve access to quality and equality of health services to the residents of Kajiado County.

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2.3.1 Health Outcomes

Policy Objective	Services	# units			
		Community	Primary care	Hospitals	
		Total = 69	Total =81	Total = 4	
Eliminate Communicable Conditions	Immunization	0	81	4	
	Child Health	69	81	4	
	Screening for communicable conditions	0	81	4	
	Antenatal Care	0	81	4	
	Prevention of Mother to Child HIV Transmission	0	81	4	
	Integrated Vector Management	69	81	4	
	Good hygiene practices	69	81	4	
	HIV and STI prevention	69	81	4	
	Port health	0	2	2	
	Control and prevention neglected tropical diseases(Leishmaniasis)	69	81	4	
Halt, and reverse the rising burden of non communicable conditions	Health Promotion & Education for	69	81	4	
	Institutional Screening for NCD's	0	81	4	
	Rehabilitation	0	0	4	
	Workplace Health & Safety	0	81	4	
	Food quality & Safety	69	81	4	
Reduce the burden of violence and injuries	Health Promotion and education	69	81	4	
	Pre hospital Care	69	81	4	
	OPD/Accident and Emergency	0	81	4	
	Management for injuries	0	81	4	
	Rehabilitation	0	0	4	

Minimize exposure to health risk factors	Health Promotion including health Education	69	81	4	
	Sexual education	69	81	4	
	Substance abuse	69	81	4	
	Micronutrient deficiency control	0	81	4	
	Physical activity	0	0	4	
Provide essential health services	General Outpatient	0	81	4	
	Integrated MCH / Family Planning services	0	81	4	
	Accident and Emergency	0	81	4	
	Emergency life support	0	0	4	
	Maternity	0	81	4	
	Newborn services	0	0	4	
	Reproductive health	0	81	4	
	In Patient	0	15	4	
	Clinical Laboratory	0	14	4	
	Specialized laboratory	0	0	0	
	Pharmaceutical	0	81	4	
	Blood safety	0	0	2	

Policy Objective	Services	# units currently providing service (where applicable)		
		Community	*Primary care*	*Hospitals*
		Total = 69	*Total =81*	*Total = 4*
	Rehabilitation	0	0	4
	Palliative care	14	14	4
	Specialized clinics	0	0	2
	Comprehensive youth friendly services	0	0	1
	Operative surgical services	0	0	2
	Specialized Therapies	0	0	4
Strengthen collaboration with health related sectors	Safe water	69	81	4
	Sanitation and hygiene	69	81	4
	Nutrition services	69	81	4
	Pollution control	69	81	4
	Housing	69	81	4
	School health	69	81	4
	Water and Sanitation Hygiene	69	81	4
	Food fortification	0	0	0
	Population managementt	69	81	4
	Road infrastructure and Transportt		81	4

2.3.2 Health outputs

Output area	Intervention area	Situation
Access	Availability of critical inputs (Human Resources, Infrastructure, Commodities)	• Shortage of health workers • Sub optimal rationalization of human resource. • Availability of a dedicated but few personnel • Inadequate community unit, primary care and referral health facilities (public inpatient facility, referral facilities public maternities, morgue, incinerator, medical store, medical laboratories) • Poor infrastructure (roads, housing & equipment.) • Inadequate commodities(pharmaceuticals) non-pharmaceuticals, nutritional and diagnostic products)
	Functionality of critical inputs (maintenance, replacement plans, etc)	• Sub-optimal maintenance of infrastructure due to lack of maintenance units in majority of the health facilities • Inadequate renovation of the health facilities leading to under-utilization • Inadequate facilities offering services • Presence of idle and obsolete items and equipment in health facilities limiting available space • Sub-standard and non-functional medical equipment • Inadequate and poorly maintained utility vehicles
	Readiness of facilities to offer services (appropriate HR skills, existing water / sanitation services, electricity, etc)	• Inadequate skill mix of health workers • Shortage of water supply • Inadequate preparedness for emergencies • Inadequate electricity connections • Lack sewerage systems, and waste management disposal

		• Shortage of sanitation personnel • Inadequate and erratic medical supplies • Inadequate leadership and management skills in running of facilities
Quality of care	Improving patient /client experience	• Lack of customer care desk services in most health facilities • Available charters and not exhaustive information in most public health facilities • Inadequate client satisfaction surveys and reports • Poor public relation skills amongst health care workers • Availability of suggestion boxes in most health facilities • Triage of patients done in most health facilities. • Quarterly health facility in-charges meetings for data analysis on utilization of services • Lack of community participation and involvement • Irregular feedback at all levels. • Irregular support supervision of health facilities
	Assuring patient /client safety (do no harm)	• Lack of adequate sensitization on pharmaco-vigilance to health workers and patients • Irregular use of Standard Operating Procedures (SOPs) and guidelines especially by private clinics • Weak implementation of legislative systems by regulatory bodies • Employment of unqualified staff by private facilities • Lack of proper ambulatory and referral services. • Sensitization on Adverse Events Following Immunization • Irregular continued professional development for health care workers • Sub-optimal infection control
	Assuring effectiveness of care	• Inadequate health care workers • Inadequate skilled staff for specialist care • Inconsistent supply of commodities • Inadequate equipment to support services • Poor practice of infection prevention. • Poor interpersonal communication. • Limited capacity building and on job training for health providers. • Inadequate mentorship activities. • Health education happening at all levels • Treatment guidelines and SOPs available. • Regular review meetings • Weak community –facility referral and linkage systems

2.1 Health Investments

The health provision is a fully devolved function and therefore it's a sole responsibility of the County Government of Kajiado through stewardship of the County Department of Health. Health care financing is through the County Government in partnership with other health care stakeholders to filling in gaps. In Kajiado County the proportion given to health is at 11% which is way below the ideal 35% of the total county budget and there is need to scale up the allocation. Kajiado County has a skill mix workforce that mans the health system spread across the vast County at various levels of care though not adequate in meeting the required threshold. The health infrastructure consists of community units, Primary care facilities and hospitals that are equipped but whose coverage and adequacy is limited and may not be adequate to cater for the population needs in the vast Kajiado County. The County has a functional referral system at all levels of care although with gaps which needs to be strengthened.

The health products and commodities are procured centrally and distributed to the facilities according to requisition through various suppliers. The ordering of health products is by pull system in the County.

2.1.1 Health Workforce

The Human Resource for Health investment area relates to availability of appropriate and equitable of health workers distribution, attraction and retention of required health workers, improving of institutional health workers performance, training capacity building and development of health workforce.

A staffing norm has been defined for each level to outline the minimum health workers per cadre needed to assure provision of the KEPH. The optimum staffing shall be defined for each facility based on its actual work load.

No	**Staff cadres**	No, available	**No. / 10,000 persons**		**Available by tier**				**Required numbers**			**Total gaps**		
			County	*National*	*Primary care*	*Hospitals*	*Primary care*	*Community*	*Hospitals*	*Primary care*	*Community*	*Hospitals*	*Primary care*	*Community*
	Medical officers	17			1	16			32			15		
	Ophthalmologists	1			0	1			4			3		
	Gynecologists	2			0	2			4			2		
	Physician	1			0	1			4			3		
	Pediatricians	2			0	2			4			2		
	Orthopedic surgeon	0			0	0			2			2		
	Surgeon	2			0	2			4			2		
	Pathologist	0			0	0			2			2		

No	Staff cadres	No, available	No. / 10,000 persons		Available by tier				Required numbers			Total gaps		
			County	*National*	*Primary care*	*Hospitals*	*Primary care*	*Community*	*Hospitals*	*Primary care*	*Community*	*Hospitals*	*Primary care*	*Community*
	Radiologist	0			0	0			4			4		
	Dentists	7			0	7			12			5		
	Dental Technologists	2			0	2			12			10		
	COHO	2			0	2			4	15		17		
	Public Health Officers	76			72	4			16	0	0	45		
	Public health Technicians	25			25	0			0	324	268	0	299	
	Pharmacists	15			0	14			20			5		
	Pharmaceutical Technologist	2			0	2			66			64		
	Bsc. MLTs	6			1	4			6			0		
	Lab. Technologist	20			7	13			68			43		
	Lab technicians	5			1	3			4			0		
	Orthopedic technologists	0			0	0			5			5		
	Nutrition officers	7			1	6			117			110		
	Radiographers	1			0	1			23			22		
	Radiographer /Sonographer	3				3			9			6		
	Physiotherapists	9			0	9			16			7		
	Occupational Therapists	4			0	4			8			4		
	Plaster Technicians	6			0	6			20			14		
	Health Records & Information Officers	4			0	3			17			14		
	Health Records & Information Technicians	3			0	3			20			17		
	Medical engineering technologist	4			0	4			12			8		
	Medical engineering technicians	0			0	0			0			0		
	Mortuary Attendants	1			0	1			16			15		
	Drivers	11			1	10			27			16		
	Accountants	6			2	3			8			2		
	Administrators	6			0	6			9			3		
	Clinical Officers (Anaethesist)	4			0	4			16	0		12	0	
	Clinical Officers (pediatrician)	1			0	1			4	0		3	0	
	Clinical Officers (orthopedic)	0			0	0			4	0		4	0	

No	Staff cadres	No, available	No. / 10,000 persons		Available by tier				Required numbers			Total gaps		
			County	*National*	*Primary care*	*Hospitals*	*Primary care*	*Community*	*Hospitals*	*Primary care*	*Community*	*Hospitals*	*Primary care*	*Community*
	Clinical Officers (Ophthalmologist)	3			0	3			8	0		5	0	
	Clinical Officers (lung and skin)	2			0	2			4	0		2	0	
	Clinical Officers (ENT)	1			0	1			4	0		3	0	
	Clinical Officers (Reproductive Health)	0			0	0			4	0		4	0	
	Clinical Officers (unspecified)	46			17	37			37	17		0	0	
	Nursing staff (BScN)	6			0	6			24	0		20	0	
	Nursing staff (KRCHNs)	171			85	86			273	180		64	52	
	Nursing staff (KECHN)	172			88	74			60	90		72	49	
	Secretarial staff	4			1	0			10	0		6	0	
	Clerical officers	7			1	6			20	15		14	14	
	Attendants / Nurse Aids	0			0	0			0	0		0	0	
	Cooks	0			0	0			16	30		16	30	
46	Subordinate staff	16			2	14			80	210		66	208	
47	Security	0			0	0			32	165		32	165	
48	Community Health Extension Workers (PHT's, social workers, etc)	30			765	0		30	0	0	765			735
49	Community Health Volunteers	1550			1550	0				3825	0	2275		
50	Other (specify)													
	Cateress	0				0			4			4		
	Laundry attendant	0				0			4			4		
51	Supply Chain Management assistant	2			0	2			4	0		2	0	
52	Social Workers	0			0	0			8	0		8	0	

2.1.2 Health Infrastructure

Health Inputs & processes	No. available	No. / 10,000 persons		Required numbers	Gaps
		County	*National*		
Physical Infrastructure					
Hospitals	***4***	***0.05***	-	**12**	***8***
Primary Care Facilities	***81***	***0.0081***	-	***160***	***79***
Community Units	***69***	***0.0069***	-	***153***	***84***
Full equipment availability for			-		
Maternity	***42***		-	**85**	***43***
MCH / FP unit	***85***		-	***85***	***0***
Theatre	***3***		-	***12***	***9***
Main maternity theatre	***0***		-	***12***	***12***
CSSD	***3***		-	***12***	***9***
Newborn unit	***0***		-	***12***	***12***
Laboratory	***19***		-	***85***	***66***
Imaging	***3***		-	***12***	***9***
Outpatients	***19***			***84***	***65***
Pharmacy	***4***		-	***84***	***80***
Eye unit	***1***		-	***12***	***11***
Modern OPD block with ICU and trauma theatre	***0***		-	***12***	***12***
ENT Unit	***0***		-	***12***	***12***
Dental Unit	***4***		-	***12***	***8***
Minor theatre	***2***		-	***12***	***10***
Wards	***76***		-	***95***	***17***
Physiotherapy unit	***4***		-	***12***	***8***
Mortuary	***3***		-	***12***	***9***
Transport			-		
Ambulances	***13***		-	***24***	***11***
Support / utility vehicles	***8***		-	***19***	***11***
Bicycles	***846***		-	***3000***	***2154***
Motor cycles	***80***		-	***254***	***174***

2.1.3 Health Products

Units of assessments		Pharmaceuticals	Non Pharmaceuticals
Requirements from annual quantification (kshs)		136,077,380.80	173,944,554
Amounts received in past 12 months (kshs)	30,999,502.89	4,104,590.85	
	0	0	
	0	20,000,000	
Amounts procured using user fees in past 12 months		5,480,000	2,000,000
Gap / surplus (kshs)		110,557,877.91	147,839,963.15
TOTAL		**25,519,502.89**	**26,104,590.85**

2.1.4 Recurrent Health Expenditures (previous year)

Item	Calculation	Source of funds					
		HSF	Other GoK/HSSF	User fees	CDF	LATF	Partners (specifyCatarina Foundation)
Amount Budgeted	(A)	433,663,444	37,533,000	30,380,061	1,300,000	-	2,882,849.65
Amount Received	(B)	433,663,444	37,533,000	30,380,061	1,300,000	-	2,882,849.65
Expenditure	(C)	433,663,444	37,533,000	30,380,061	1,300,000	-	2,882,849.65
Expenditure accounted for (SOE's submitted)	(D)	433,663,444	37,533,000	30,380,061	1,300,000	-	2,882,849.65
Funds utilization rate	(C/B X 100)	100%	100%	100%	100%		100%
Accounting rate	(D/C X 100)	100%	100%	100%	100%		100%

2.1.5 Health Information (previous year)

	Intervention	Previous year total	Previous year targets	Performance (targets / actual)
1	Number of births reported in County	9778	32442	30%
2	Number of deaths in County	1320	6400	21%
3	Facilities submitting Monthly HMIS information in DHIS	2040	2136	96%
4	Facility deaths certified using ICD-10 coding	205	1200	17%
5	Community deaths certified using Verbal Autopsies	-	-	-

2.1.6 Health Leadership

	Intervention	Previous year total	Previous year targets	Performance (targets / actual)
1	Facility Management Committee meetings held in past 12 months	328	328	100%
2	Quarterly stakeholder meetings held in past 12 months	12	12	100%
3	Annual Operational Plan available for past year	yes	yes	100%
4	Annual stakeholders meeting held for past year	3	3	100%
5	Board meetings held in past 12 months	12	12	100%

2.1.7 Service Delivery

	Intervention	Previous year total	Previous year targets	Performance (targets / actual)
1	Outreaches carried out	1015	1200	84.5%
2	Therapeutic Committee meetings held in past 12 months			
3	Patient safety protocols / guidelines displayed in facility, and are being followed	72	84	85%
4	Health service charter is available, and is displayed	54	84	64%
5	Emergency contingency plans (including referral plans) available	60	84	72%

2.2 Issues and challenges with providing health services

Kajiado County is among the Arid and Semi-arid regions in Kenya, covering a vast area of 21,292.7 square kilometers. The County has a biannual rainfall pattern with short rains between October and December and long rains between March and May. Perennial water scarcity is a major challenge in the county, with underground water being the most common source for both domestic and livestock use. The harsh climatic conditions in most parts of the county also predispose the population to various health challenges.

Currently, the county has 1 County referral hospital, 3 sub-county hospitals, 15 Health centers and 66 Dispensaries giving a total of 85 Government owned health facilities. The total number of hospital beds in public health facilities is 395. Most GOK facilities have inadequate infrastructure, equipment and staffing posing challenges to provision of quality services. There are 20 FBOs, 201 Private and NGO-owned health facilities (SARAM, 2012). Most of these are concentrated in the urban areas which have a high population density. Over 60% of the population lives more than 5km from the nearest health facility (Kajiado CDP, 2011).

Environment	Variable	Strengths	Weaknesses
Internal Environment	Strategy / focus	• Annual Work Plan • Performance Contracting • Rapid Results Initiative • Quarterly reviews and meetings • Team work • Support supervision • Mentorship and coaching	• Resistance to change • Poor investment support • Irregular monitoring and evaluation • Multitasking •
	Structure for implementation	• Norms and standards clearly spelt out • Management structure clearly defined • Governance structure documented • Partnership policies done	• Insufficient funds to realize the norms and standards • Poor execution of the mandates of the governance • Inadequate exploitation of the partnership opportunities
	Systems to support implementation	• Service delivery strategies present • Policies and guidelines developed • Supportive supervision manual in place • Free health services at tier 1,2&3 • Service regulatory instruments developed	• Inadequate funds to implement strategies • Lack of sufficient mandate to regulate service at the county level • Lack of harmony between policy directives and service delivery

	Shared values within County Management team	• Team work & commitment • Common Vision and Mission • Accountability	• Lack of timeliness in receiving information • Competing tasks for specific programmes • Undefined duties and responsibilities • Poor feedback mechanism • Insufficient funding
	Style of management / leadership	• Democratic / consultative / inclusive • Skilled Management • Teamwork • Supportive and facilitative • Client centered	• Conflicts of interests • Improper channels of communication • Limited delegation • Low motivation
	Staff presence	• Available staff • Partner support	• Unfavorable work environment • Inadequate staff • High staff turnover • Low motivation • Job insecurity especially amongst support staff
	Skills amongst staff	• Skilled staff	• Poor skill mix • Few specialized staff • Lack of support for the CPD programmes
		Opportunities	**Threats**
External Environment	Political issues	• Health top in the agenda of political leaders • Devolution of health services allows more client participation • Stable political environment to attract partners	• Bias in supporting health projects • Transitional interferences
	Economic issues – funding environment	• County Government support • National Government support • Partner support • Public private partnerships • Good ranking of economic potential	• Partner bias to specific programme areas • Insufficient funding • Donor dependency • Inequitable distribution of wealth
	Sociological issues – societal values / elements affecting management of health	• Rich cultural heritage • Community responsive to health messages	• Low literacy • Low level of awareness on health matters • Health risk sociocultural practices • Poor health seeking behaviour
	Technological issues	• Available e-health programmes • Available EMR systems • Availability of ICT equipment	• Poor communication network and power coverage • Inadequate trained staff on ICT • Inadequate ICT equipment
	Ecological issues – related capacities in other similar management teams, e.g. from other Counties, or other departments in the County	• Presence of a stakeholders forum	• Sub optimal coordination of partners • Failure of other sector to mainstream health into their plans • Lack of guidelines on the cross county health and referral
	Legislative issues – legal framework	• Availability and use of Acts of Parliament, Policies and guidelines • Code of regulation in place • Regulatory bodies ensure compliance to professional ethics	• Ineffective regulation of health practice

		• County assembly present	
	Industry issues – interest in health in County	• Corporate social responsibility • Employment opportunities • Investment in health	• Lack of a clear mechanism for partnership • Occupational health issues • Environmental conservation and waste management

SECTION 3: PROBLEM ANALYSIS, OBJECTIVES AND PRIORITIES

3.1 Problem analysis

The Health Services objective for the County Health Policy is to **attain universal coverage with critical services that positively contribute to the realization of the overall policy goal.** Six policy objectives, therefore, are defined, which address the current situation – each with specific strategies for focus to enable attaining of the policy objective.

1. Eliminate communicable conditions: This it aims to achieve by forcing down the burden of communicable diseases, till they are not of major public health concern.

2. Halt, and reverse the rising burden of non communicable conditions. This it aims to achieve by ensuring clear strategies for implementation to address all the identified non communicable conditions in the county.

3. Reduce the burden of violence and injuries. This it aims to achieve by directly putting in place strategies that address each of the causes of injuries and violence at the time.

4. Provide essential health care. These shall be medical services that are affordable, equitable, accessible and responsive to client needs.

5. Minimize exposure to health risk factors. This it aims to achieve by strengthening the health promoting interventions, which address risk factors to health, plus facilitating use of products and services that lead to healthy behaviors in the population.

6. Strengthen collaboration with health related sectors. This it aims to achieve by adopting a 'Health in all Policies' approach, which ensures the Health Sector interacts with and influences design implementation and monitoring processes in all health related sector actions.

In this section, situational analysis based on the above objectives that explores challenges in service delivery and priority investment areas is discussed. In addition, health services and activities to achieve the targets for the county are outlined.

3.1.1 Health Services

3.1.1.1 Policy Objective 1:Eliminate communicable conditions

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***		
Immunization	- Inadequate cold chain - Long distance to health facilities - Staff shortage - *Poor infrastructure* - *Lack of awareness* - *Poor staff attitude* - Nomadism - Negative cultural/religious beliefs and practices	- Poor staff attitude - Lack of preventive maintenance - Inadequate skill - Staff shortage - Erratic supply of commodities	- Integrated health outreaches - Train Health care workers on cold chain preventive maintenance - Operational level training on immunization - Procurement of fridges and accessories - Establishment CHUs - Recruitment of new staff and motivation of existing staff - Construction of new health facilities and equipping - Acquisition of mobile clinics - Acquisition of motorbikes for outreaches services - continuous supportive supervision	1.2 3.4 1.4 2.4 1.1 3.1 2,1 2.4 2.4
Child Health	- Long distances to health facilities - Negative social and cultural practices - Inadequate essential medicines and medical supplies - Poor maternal and child care practices - Perennial drought - lack of awareness by the community	- Inadequate skilled staff - Lack of adequate equipment - Poor **PPP** - Shortage of staffs - Inadequate M&E -Water shortage -Inadequate sanitary facilities	- integrated health outreaches - Conduct Strengthen PPPs - Train health workers on M&E - Streamline reporting - Strengthen IMCI through mentorship and training - Provision of clean and reliable water supply - Recruitment of new staff and motivation of existing staff - Health education and dissemination of information to the community and other stakeholders - continuous supportive supervision	1.2 7.1 3.4 4.3 1.10 2.10 3.1 4.7 1.3
Screening for	- Staff shortage	- Lack of skills	- Train staff on screening of communicable	1.4

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
communicable conditions	- Stigma - Few screening sites - Poor beliefs and practices - Long distances to facilities	- Lack of adequate screening equipment and supplies - Poor Staff attitude - Staff shortage	diseases - Procure screening equipment and supplies - Laboratory networking - Equipping labs for surveillance activities. - Train staff on communication skills - Recruitment of new staff and motivation of existing staff - continuous supportive supervision - Intensify disease surveillance	2.4 1.9 2.4 1.4 3.1 1.3
Antenatal Care	- Long distance to health facilities - Retrogressive Cultural beliefs and practices - Little male involvement - Staff shortage - *Poor infrastructure* - *Lack of awareness* - *Poor staff attitude* - Nomadism	- Delayed seeking of ANC services - Staff attitude - Staff shortage - Inadequate supplies - Inadequate diagnostic supplies for ANC profile	- Community ACSM - Integrated health outreaches - Male involvement - Strengthen CHUs - Procure and purchase medical supplies - continuous supportive supervision	1.2 1.2 1.1 1.1 2.4 1.3
Prevention of Mother to Child HIV Transmission	- Stigma - Lack of awareness - Irregular supply of test kits - Staff shortage - Poor staff attitude	- Inadequate skilled staff - Lack knowledge on new guidelines - Lack filter papers for early infant diagnosis	- Training of health workers on PMTCT/emtct - Employ more staff - Intensify supportive supervision - Recruit more staff - continuous supportive supervision	1.4 3.1 1.3 3.1 1.3
Integrated Vector Management	- Lack of chemicals supplies - Lack of equipment - Inadequate ITNs	- Insufficient personnel - Inadequate supplies/equipments - Inadequate skills	- Procurement of equipment and supplies - Recruitment of more PHOs - Capacity building for staff - continuous supportive supervision	2.4 3.1 1.4 1.3
Good hygiene practices	- Retrogressive cultural belief and practices - Lack of awareness on good hygiene	- Lack of adequate safe water - Inadequate staff	- Strengthen CLTS - Carry out ACSM activities	4.7 1.2

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***		
	- Lack of hygiene facilities	- Inadequate sanitary facilities	- Conduct BCC targeting the community - Provide public sanitary facilities - continuous supportive supervision	1.1 2.1 1.3
HIV and STI prevention	- Cultural beliefs and practices - Stigma - Inadequate service delivery points - Stock out of supplies	- Inadequate staff - Lack of-Lack of client centered services - Lack of knowledge on condom use	- Conduct integrated community health services - Carry out ACSM - Procure adequate HIV/STI supplies - Procure and distribute condom dispensers - Health education - continuous supportive supervision	1.2 1.2 5.1 5.1/5.3 4.7 1.3
Port health	- Inadequate staff - Few health facilities	- Inadequate skills - Porous borders - Lack of facilities	- Train HCWs on port health	
Control and prevention neglected tropical diseases (NTDs)	- Poverty - Stigma - Lack of diagnostic sites - Distances to health facilities - Stock out of supplies - Low awareness of the NTDs	- Lack of skills - Lack of diagnostic equipment - Weak surveillance of NTDs	- Train staff on NTDs - Procure diagnostic equipment and supplies - Conduct ACSM targeting NTDs - Strengthen surveillance of NTDs - continuous supportive supervision	1.4 2.4 1.2 4.4 1.3

3.1.1.2 Policy objective 2:Halt and reverse the rising burden of non-communicable conditions (NCDs)

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
Health Promotion & Education for NCD's	- Inadequate HFs and CUs - Staff shortage - Poor infrastructure - Cultural beliefs and practices - Stigma - Lack of community demonstration events	- Inadequate technical capacity - Lack of baseline data - Inadequate IEC materials - Inadequate diagnostic facilities -	- Scale up CHUs - Mark national and international health days - Conduct facility based and community health education - Strengthen ACSM - Capacity building - Develop IEC materials - continuous supportive supervision	1.1 1.10 4.7 1.1 3.4 1.1 1.3
Institutional Screening for NCD's	- Long distances to HFs - Staff shortage - Inadequate awareness of NCDs - Lack of equipment - Poor infrastructure - Stigma attributed to NCDs	- Inadequate technical capacity - Lack of baseline data - Inadequate IEC materials - Inadequate diagnostic facilities -	- Procure diagnostic equipment and supplies - Recruit more staff and train staff - Conduct integrated health outreaches - continuous supportive supervision	2.4 3.1 1.2 1.3
Rehabilitation	- Inadequate service delivery centers - Stigma and discrimination - Staff shortage - Stock out of supplies - Myths and misconceptions	- Inadequate technical capacity - Inadequate equipment - Inadequate information	- Expansion of existing facilities - Procurement of equipment and supplies - Recruit new staff - Capacity building - continuous supportive supervision	2.2 2.4 3.1 3.4
Workplace Health & Safety	- Lack of awareness on workplace health and safety - Shortage of staff - Lack of personal protective equipment - Poor infrastructure	- Inadequate awareness occupational safety and health regulations - Inadequate technical capacity - Lack of disaster preparedness plan - Lack of procedures and guidelines - Lack of debriefing sessions for health personel	- Strengthen awareness - Recruitment of relevant staff & train the existing on occupational safety. - Carry out fire drills & map fire assembly points. - Disaster preparedness plan - ACSM on Health and safety policy - Infection prevention measures - continuous supportive supervision	1.1 3.1 1.5 1.4 1.5 4.7 1.4 1.3

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***		
Food quality & Safety	- Low awareness on the quality of food - Staff shortage - Inadequate sanitation and hygiene facilities	- Poor law enforcement - Lack of laboratories to test quality of food - Poor food processing - Uncontrolled social marketing of risky foods - Unsuitable storage facilities - Poor food handling - poor infrastructure for food storage - Gaps in hazard analysis critical control point	- Establish food laboratories - Strengthen law enforcement - ACSM on food quality and safety - Recruit and train staff - draft new laws on quality food - continuous supportive supervision - strengthening hazard analysis critical control point	2.1 1.10 4.7 3.1 4.8 1.3

3.1.1.3 Objective 3: Reduce the burden of violence and injuries

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
Health Promotion and education on violence / injuries	- Inadequate HFs and CHUs - Staff shortage - Retrogressive Cultural beliefs and practices - Lack of awareness on violence and injuries (including Sexual and Gender Based Violence) - Inadequate Public involvement on violence and injuries - Poverty - Lack of legal aid - Ignorance on road safety	- Inadequate technical capacity - Lack of awareness on the laws regulating the management of violence and injuries - Lack of IEC materials - Shortage of CHWs/legal experts/social workers - Lack of linkage between agencies dealing with violence and injuries - Lack of political goodwill	- Scale up and strengthen health facilities and CHUs - Recruitment more staff - Capacity building staff on management of violence and injuries - Network all agencies dealing with violence and injuries - Provide free legal aid - Train rider on road safety	4.7 3.1 1.4 7.1 4.7 4.7
Pre-hospital Care	- Shortage of ambulances - Inadequate CHUs - Retrogressive Cultural beliefs and practices -long distances to health facilities	- Thriving alternative medical practice - Existence of quacks - Inadequate technical capacity on first aid - Lack of equipment – first aid kits - Poor infrasture	- Procure first aid kits/CHV kits - Capacity building on first aid - Strengthen linkage with health facilities - Establish more CHUs - Procure ambulances	2.4 1.4 1.9 1.1 2.6
OPD/Accident and Emergency	- Lack of A&E departments /units - Lack of equipment and supplies - Staff shortage - Lack of ambulances - Lack of awareness on EPR - Perenial Equipment breakdown - Lack of modern x-ray equipment's - Lack of automatated lab equipment's in	- Inadequate technical capacity on emergency - Lack of EPR plan - Staff attitude	- Establish A&E units - Train staff on A&E response e.g. BLS and ATLS - Recruit more staff - Develop EPR plan - Procurement of A&E, x-ray equipment's and supplies - Equipment repair and service contracts	2.1 3.4 3.1 1.5 2.4 2.5

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***		
	outpatient departments			
Management for injuries	- Shortage of specialized staff - Inadequate equipment - Lack of adequate space	- Poor staff attitude - Shortage of supplies	- Recruit specialized staff - Staff motivation - Procurement of equipment and supplies - Expand health facilities	3.1 3.5 2.4 2.2
Rehabilitation	- Shortage of specialized - Inadequate equipment - Lack of specialized facilities - Lack of adequate space - Inadequate social workers	- Poor staff attitude - Lack of skills	- Recruit specialized staff - Staff motivation - Procurement of equipment and supplies - Expand health facilities	3.1 3.5 2.4 2.2

3.1.1.4 Objective 4: Provide essential health services

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
General Outpatient	• Long distances to facilities • Poor road network • Retrogressive Beliefs and cultural practices • Staff shortage • Staff attitude • Poor infrastructure • Cost of care	• Poor cold chain maintenance • Inadequate skills of staff • Inadequate OPD equipment and supplies • Poor infrastructure	• Conduct integrated community health outreaches • Construct new and rehabilitate facilities • Capacity build the staff • Proper monitoring and support supervision • Employment of more staffs • Procure medical supplies and preventive maintenance •	1.1 1.2 2.1 1.4 1.3 3.1 2.4 3.6
Integrated MCH / Family Planning services	• Commodity stock outs • Myths and misconception • Long distances to health facilities • Staff shortage	• Inadequate skills • Staff attitude • Poor cold chain maintenance	• Capacity building staff • Procure of required medical supplies and preventive maintenance • Recruit more staff • Strengthen nutrition programs • Conduct integrated community health outreaches	1.4 2.4 3.1 1.2
Accident and Emergency	• Lack of A&E departments and infrastructure • Lack of equipment • Inadequate staff	• Lack of trauma centre • Lack of skills • Lack of emergency preparedness and response plan	• Emergency preparedness and response planning • Capacity building • Procure equipment • Establish at least one ICU in the county • Procure ambulances	1.5 1.4 2.4 2.1 2.6
Emergency life support	• Inadequate infrastructure • Lack of ICUs, renal units • Lack of specialized equipment • Inadequate staff	• Inadequate skills	• Capacity building • Procure equipment • Set up ICUs • Recruit more staff	1.4 2.4 2.1 3.1
Maternity	• Long distances to health facility • Cultural beliefs and practices • Inadequate staff • Lack of equipment	• Inadequate skills • Lack of equipment • Poor staff attitude	• Conduct integrated community health outreaches • Capacity building • Procure equipment • Employ more staff	1.2 1.4 2.4 3.1
Newborn services	• Long distances to health facilities • Cultural beliefs and practices	• Inadequate skills • Lack of equipment	• Build additional health facilities • Procure equipment	2.1 2.4

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
	• Stigma issues • Gender inequality • Lack of awareness	• Poor staff attitude • Erratic supply of commodities	• Staff capacity building • Hire more staff	1.4 1.4 3.1
Reproductive health	• Long distances to health facilities • Inadequate staff • Cultural beliefs and practices	• Lack of skills • Inadequate supplies • Inadequate equipment	• Capacity building • Conduct integrated community outreaches • Recruit more staff • Expand health facilities	1.4 1.2 3.1 2.1
In Patient	• Long distances to health facilities • Inadequate personnel • Lack of equipment • Poor structural conditions of facilities	• Inadequate skills • Lack of modern equipment • Inadequate supplies	• Capacity building • Construct and rehabilitate the structures • Recruit specialized personnel • Procure modern equipment	1.4 2.1 3.1 2.4
Clinical Laboratory	• Few laboratories • Inadequate staff • Lack of modern lab equipment	• Inadequate skills • Lack of preventive maintenance • Inadequate supplies	• Capacity building • Construct new labs • Procure more lab equipment • Recruit more staff	1.4 2.1 2.4 3.1
Specialized laboratory	• Lack of specialized lab • Inadequate staffing • Lack of automated equipment	• Inadequate skills • Inadequate supplies for imaging	• Capacity building • Upgrade lab • Procure lab supplies	1.4 2.2 5.1
Imaging	• Inadequate personnel • Lack of modern imaging equipment	• Inadequate skills • Erratic supply of commodities	• Procure modern imaging equipment • Procure adequate supplies • Hire more staff • Capacity building	2.4 5.1 3.1 1.4
Pharmaceutical	• Inadequate staff	• Poor cold chain equipment • Inadequate skills • Stock out of EMMS • Lack of adequate stores • Poor commodity management	• Procure supplies and equipment • Construct stores • Hire more staff • Capacity building • Strengthen commodity management	2.4 2.1 3.1 1.4 5.4
Blood safety	• Long distances to regional blood bank • Lack of screening machines	• Inadequate staff skills • Limited cold chain facilities	• Capacity building of staff • Establish county BTU • Procure equipment and supplies	1.4 2.1 2.4

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***		
Rehabilitation	• Lack of rehabilitation center's • Lack of equipment • Inadequate personnel • Stigma	• Inadequate staff • Lack of skills	• Establish rehabilitation center's • Procure equipment • Capacity building • Community ACSM	2.1 2.4 1.4 4.7
Palliative care	• Lack of palliative centres • Lack of equipment • Inadequate staff	• Lack of trained staff on palliative care	• Construction of palliative care centers • Capacity building • Procurement of equipment	2.1 1.4 2.4
Specialized clinics	• Inadequate staff • Inadequate equipment	• Specialized staff inadequacy • Inadequate clinic space	• Expansion of existing clinics • Procure equipment • Recruit more staff	2.2 2.4 3.1
Comprehensive youth friendly services (YFS)	• Lack of youth friendly clinics • Social cultural factors • Inadequately equipped youth friendly units	• Inadequately trained personnel on YFS	• Set up youth friendly centres • Train staff on YFS • Procure equipment for YFS	2.1 1.4 2.4
Operative surgical services	• Inadequate facilities • Inadequate equipment to offer the services • Lack of adequate supplies	• Inadequate specialized personnel • Poor implementation of Infection Prevention Control measures • Poor occupational health and safety (egornomics)	• Procure equipment and supplies • Recruit specialized staff • Construction of facilities • Capacity building	2.4 3.1 2.1 1.4
Specialized Therapies	• Lack of specialized personnel • Lack of equipment • Lack of supplies	• Lack of infrastructure	• Procure equipment • Recruit specialized staff • Procure supplies • Capacity building • Construct facilities	2.4 3.1 5.1 1.4 2.1

3.1.1.5 Policy objective 5: Minimize exposure to health risk factors

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
Health Promotion including health Education	- Inadequate HFs and CUs - Staff shortage - Retrogressive Cultural beliefs and practices - Insufficient utilization of existing communication channels and local structures	- Inadequate skills - Inadequate equipment, drugs, IEC/ SBCC strategies/ materials - Inadequate communication equipment	- Scale up/ strengthen CHUs - Recruit more staff - Capacity building - Support for outreaches - Procurement of IEC/ SBCC materials - ACSM - Motivation of CHVs (monthly stipend)	1.1 3.1 1.4 1.2 4.8 4.7 3.6
Sex education	- Retrogressive religious/ Cultural beliefs and practices - Staff shortage - Lack of Youth friendly services - Stigma	- Peer influence - Inadequate school health programmes - Poor integration into other programmes - Poor staff attitudes - Inadequate skills - Liberalized media	- School health programme - ACSM targeting parents and churches - Train staff on sexual health - Recruit more staff - Set up more YFS	4.7 4.7 1.4 3.1 2.1
Substance abuse	- Lack of rehabilitation centers - Change of Lifestyle - Retrogressive Cultural beliefs and practices - Inadequate staff - Lack of awareness of services	- Peer influence - Lack of skills - Poor Law enforcement	- Establish rehabilitation centres - Training of staff - ACSM - Procure supplies	2.1 1.4 4.7 5.1
Micronutrient deficiency control	- Long distance to health facilities - Inadequate community health services - Lack of diet diversification - Myths and misconceptions - Low awareness on MDC - Shortage of staff - Inadequate baseline data	- Inadequate staff skills - Staff attitude - Inadequate policy implementation on food fortification - Inadequate supplies	- Procure health products - Recruitment more staff - ACSM on MDC - Strengthen food fortification policy - Strengthen CHUs - Training of staff - Conduct a micronutrient survey	5.1 3.1 4.7 4.7 1.1 1.4
Physical activity	- Lack of public facilities for physical activity - Lack of awareness on the benefits of	- Lifestyle changes - Inadequate staff skills	- Physical education - Procure equipment and facilities	4.7 2.4

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***		
	physical activity - Inadequate staff		- Community sensitization - Recruitment of staff	1.1 3.1

3.1.1.6 Policy objective 6: Strengthen collaboration with health related sectors

Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge – see Annex 1)	Investment area code
	Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
Safe water	• Inadequate water supply • Perennial Drought • Long distance to the water source	• Lack of treatment plants • Lack of water quality laboratory • Inadequate skilled staff • Water contamination/ environmental pollution	• Support household water treatment • ACSM on water safety • Procurement of equipment and water treatment products • Capacity building	5.1 4.7 2.4 1.4
Sanitation and hygiene	• Lack of information on importance of sanitation • Retrogressive cultural beliefs and practices • Inadequate sanitation facilities • Inadequate staff • Lack of sanitation options/ products	• Lack of waste management facilities • Lack of equipment • Inadequate skills • Gaps in law enforcement	• Scale up CLTS • Enhance School health programmes • Train public health prosecutor • Review and amend public health acts • Recruitment of more staff • Promote health education	4.7 4.7 3.4 3.4 3.1 4.7
Nutrition services	• Food insecurity • Poor road network • Retrogressive Cultural beliefs and practices • Poor feeding practices • Insufficient information • Inadequate staff	• Poor linkage with line Ministries • Shortage of staff • Inadequate IEC materials • Inadequate supply of nutrition commodities	• Promote partnerships / linkages with other departments • Train staff • Recruitment of staff • Procurement of nutrition diagnostic equipment • Procure nutrition commodities • Up scaling of HINI activities • Conduct nutrition SMART survey	7.1 1.4 3.1 5.1 2.4
Pollution control	• Lack of sewerage infrastructural networks • Lack of proper solid waste management systems/policies • Inadequate Infrastructure • Weak legislation	• Poor enforcement implementation of pollution control laws • Inadequate Personnel to handle pollution control • Lack of environmental standards regulation mechanisms	• Adequate resource allocation to the sector to control pollution • Provision of sewerage systems in the urban centres and other emerging centres • Establish innovative waste disposal mechanisms • Appropriate location of dumping sites • To establish adequate and efficient garbage collections facilities	6.1 2.1 2.1 2.1 2.1

			• Amend existing legislation	
Housing	• Cultural practices; nomadic lifestyle • Lack of awareness on the standards • Poor planning	• Cultural practices- nomadic lifestyle • Lack of education • Poor law enforcement on the quality of housing in the emerging and existing centres	• Education to the public on quality housing • Strengthen law enforcement-train public health prosecutors • Encourage alternative settlement system for nomads	4.7 3.4 4.7
School health	• Lack of clear curriculum on school health • Inadequate resources; few schools(over-enrolment) • Inadequate implementation of school health policy • Shortage of specialized staff • Environmental factors- sinking toilets during rainy season	• Poor implementation of school health policy • Inadequate IEC materials • Inadequate gender sensitive sanitation facilities • Inadequate technological options in design of facilities • Inadequate law enforcement of quality school standards • Shortage of specialized staff • Inadequate health products • Low retention of students in schools; climatic conditions	• Dissemination & enforcement of school health policy • Collaboration between the stakeholders • Resource mobilization • Harmonizing of school health curriculum • Define roles of various stakeholders • Promote innovative technology in design of school facility; • Sustainable supervision of the school facilities; clubs, teachers • Procurement of health products • Capacity building of staff on school health	4.7 7.1 6.2 4.7 7.1 4.7 1.3 1.4
Water and Sanitation Hygiene	• Vastness of the county • Poor infrastructure on WASH • Inadequate staff • Insufficient information on WASH	• High ignorance levels • Lack water quality test kits • Lack water treatment chemicals • Inadequate sanitary facilities • Inadequate staff skills & follow up • Inadequate supply of water	• Health promotion and sanitation marketing • Capacity building staff on PRA methodologies • Roll out community led sanitation (methodology) to scale up sanitation • Intensification of household water treatment • Integration of CLTS and community health strategy for follow ups intensification • Procurement of chemicals	4.7 1.4 4.7 1.1 1.1 5.1

Food fortification	• Inadequate fortified foods • High cost of fortified foods • Lack of awareness	• Falsely labeled fortified foods • Inadequate implementation of fortification regulations • Shortage of staff • Lack of baseline data	• Strengthen law enforcement on food fortification • Implementation of food fortification policies • Recruitment of staff • Conduct baseline survey	4.7 4.7
Population management	• Lack of awareness on FP • Retrogressive cultural and religious beliefs • Inadequate family planning services	• Substandard family planning products • Inadequate skilled personnel • Cost of family planning products • Unfriendly legislation	• Provision of affordable family planning services • Public education and campaigns • Stakeholders involvement/collaboration	4.7 4.7 7.1
Road infrastructure and Transport	• Inadequate funding • Poor planning • Topography • Unreliable road network • Unreliable transport system	• Poor maintenance • Weather condition • Topography • corruption	• Adequate allocation of resources • Collaborate with Ministry of transport	6.1 7.1

** Challenges are those problems within control of the unit to manage. They form the basis for the planned activities, and should therefore have achievable solutions*

3.1.2 Management support

Area of System	Key challenges – where applicable*	Priority Investment areas to address challenges (Maximum of 3/challenge – see Annex 1)	Investment area code
Strategic planning	Delay in planning cycle	Develop a county health calendar that is aligned to the county financing cycle	7.4
	Inadequate skills in development of the strategic plans	Develop and operationalize a strategic planning manual or orientation package for health managers at all levels Training of all level health managers on management plans.	7.4 1.4
	Inadequate partner support in planning	Source and allocate funds for planning activities at all levels	6.2
	Poor partner involvement	Greater involvement of the private and public health service providers in planning	7.1
	Lack of quality data / information for planning	Validation of administrative data Conduct regular data quality audits	4.6
Ensuring security for commodities and supplies	Inadequate skill in supply chain management	Train staffs on supply chain management Train staff in ICT	1.4 1.4
	Manual supply chain management which creates loop-holes and inaccuracy	Automate the store inventory management Adapt an electronic supply chain management system	2.8 2.8
	Inadequate storage facilities	Construct County and sub-county stores Procure cold chain equipment	2.1 2.4
	Frequent break-down of machine and equipment	Train staff on preventive maintenance Procure preventive maintenance equipment	1.4 2.4
Performance monitoring, and evaluation	Inadequate data collection and reporting tools	• Produce adequate data collection and reporting tools • Train staffs on data tools	4.1 1.4
	Inadequate data managers	• Recruit more Health information personnel • Recruit data clerks	3.1 3.1
	Inadequate supportive supervision	• Procure vehicles • Plan and conduct routine support supervision	2.6 1.3
	Lack of an M&E plan	• Develop and operationalize an M&E plan	4.8
	Review and feed-back on performance not routinely done Lack of internet connectivity	• Plan and conduct routine data review • Carry out routine data quality audits • Provide internet connectivity	4.6 4.6

	Lack of ownership of the review process	• Involve staffs in the development of the strategic plans • Peg the performance appraisal to the strategic plan	7.4
Capacity strengthening and retooling of Health Staff	Deployment of staff not pegged on competency	• Skills assessment and deployment • Recruitment of new staffs	3.6 3.1
	Low level of staff motivation	• Motivate staff working in hard-to-reach areas • Improve the working conditions	3.2 3.5
	Training projections not routinely done	• Ensure the presence of a County Health Department training committee • Support routine professional development	7.5 3.4
	Lack of staff succession plan	• Establish mentorship plans • Project attrition and retirement and plan for replacement	7.5 7.5
Resource mobilization and coordination of partners	Uncoordinated resource mobilization/ non disclosure of resource envelope by partners to be included in the sector budget Lack of stakeholder engagement policy	• Establish a resource mobilization committee • Develop partner's engagement structure • Partnering with training and research institutions	6.2
	Lack of representation of partners, senior managers in key stakeholders meetings	Coordinated engagement of Key stakeholders Spell out who should attend the stakeholders meetings	7.1 7.1
	Insufficient involvement of the County health managers in proposal development, implementation and reporting by partners	Vet health partners ad align them to the strategic plan	7.5
Operations, and other research	Lack of prioritization of Operational Research (OR) Lack of resources Lack of coordination of health research	• Establish a sub-department to conduct OR • Prioritization of research and utilization of the findings • Allocate funds • Recruit the skilled staff	7.5 4.7 6.1 3.1
	Inadequate capacity to conduct researches	• Train staffs on research methodology and skills • Conduct joint research and share findings with other stakeholders e.g. KEMRI, Universities	4.5 4.7

** Challenges are those problems within control of the unit to manage. They form the basis for the planned activities, and should therefore have achievable solutions*

3.2 Strategic Focus and Objectives

3.2.1 County Mission and Vision Statements

GOAL

To attain the highest possible standard of health in an approach responsive to the Kajiado population health needs.

VISION

A prosperous and globally competitive County free from preventable diseases and ill health

MISSION

To promote the provision of sustainable, accessible, quality and equitable health care that is evidenced based, technology driven and client centred to all the people of Kajiado County.

CORE VALUES

- Excellence
- Diligence
- Integrity
- Honesty
- Objectivity
- Neutrality
- Alertness
- Efficiency
- Leadership
- Transparency
- Fairness
- Equality,

3.2.2 Specific Objectives

Policy Objective	Specific strategic Objectives
Eliminate Communicable conditions	• Increase access of the population to key interventions addressing communicable conditions. • Ensure communicable disease prevention interventions directly addressing hard to reach populations. • Enhance comprehensive control of communicable diseases by designing and applying integrated health service provision tools, mechanisms and processes. • Eradicate polio and new / re-emerging diseases. • Eliminate Malaria, Mother to Child HIV transmission (MTCT) of HIV and Neglected Tropical Conditions (including infestations)

Policy Objective	Specific strategic Objectives
	• Contain the burden of HIV, Tuberculosis, diarrheal diseases, measles and other immunizable conditions, respiratory diseases and other diseases of public health concern.
Halt and reverse increasing burden of Non communicable conditions	• Provide prevention activities addressing the major non communicable conditions. • Put in place interventions directly addressing marginalized and indigent populations affected by non-communicable conditions • Integrating health service provision tools, mechanisms and processes for NCD's • Establish screening programs in health facilities for major non communicable conditions i.e. Mental health, Diabetes Mellitus, Cardiovascular Diseases, Chronic Obstructive Airway Conditions, Blood disorders focusing on Sickle cell conditions, and Cancers
Reduce the burden of Violence & Injuries	• Make available corrective and inter-sectoral preventive interventions to address causes of injuries and violence e.g. Sexual and Gender Based violence, Female Genital mutilation, Road Traffic Injuries, Burns/Fires, Occupational injuries, Poisoning including snake bites, Drowning, Conflict/war, and Child maltreatment. • Scaling up access to quality emergency care (curative and rehabilitative) that mitigates effects of injuries and violence • Put in place interventions directly addressing marginalized and indigent populations affected by injuries and violence • Scale up physical, and psychosocial rehabilitation services to address long term effects of violence and injuries
Provide essential Medical services	• Scale up physical access to client centered health care, with local solutions designed for hard to reach or vulnerable populations • Ensure provision of quality health care, as defined technically, and by users • Avail free access to trauma care, critical care, and emergency care and disaster care services. • Promote medical tourism as a means to ensure high quality care availability in the County
Minimize exposure to health Risk factors	• Reduce unsafe sexual practices. • Mitigate the negative health, social and economic impact resulting from the excessive consumption and adulteration of alcoholic products • Reduce the prevalence of tobacco use and exposure to tobacco smoke and other harmful addictive substances • Institute population-based, multi sectoral, multidisciplinary, and culturally relevant approaches to promoting physical activity and healthy diets • Strengthen mechanisms for screening and management of conditions arising from health risk factors at all levels. • Increase collaboration with research based organizations and institutions on Health Education, Growth monitoring, Sexual health education, Substance abuse, and Physical activity and healthy diets
Strengthen collaboration with Health Related Sectors with focus on Information generation on activities, and their impact on Health; and advocacy for required	• Economy and employment: Ensure work and stable employment and entrepreneur opportunities for all people across different socio economic groups • Security and justice: Have fair justice systems, particularly in managing access to food, water & sanitation, housing, work opportunities, and other determinants of wellbeing • Education and early life: Support education attainment of both women and men to promote abilities to address challenges relating to health • Agriculture and food: Incorporation of considerations of health in safe food production systems, manufacturing, marketing and distribution • Nutrition: Ensure adequate nutrition for the whole population, through avoiding and

Policy Objective	Specific strategic Objectives
investments with related sector, donors, and Ministry of Finance, based on evidence	managing over, or under nutrition • Infrastructure, planning and transport: Optimal planning of health impacts for roads, transport and housing investments, to facilitate efficient movements of people, goods and services relating to health • Environments and sustainability: Influence population consumption patterns of natural resources in a manner that minimizes their impact on health • Housing: Promote housing designs and infrastructure planning that take into account health and wellbeing • Land and culture: Strengthening access to land, and other culturally important resources by particularly women • Population: Manage population growth and urbanization implications • Gender and vulnerable populations: Strengthen identification of special groups and their needs so as to increase equitable access to health care services

3.3 Sector targets

3.3.1 Scaling up provision of KEPH services targets

Policy Objective	KEPH Services	# units currently providing service			Strategic Plan targets		
		Community	*Primary care*	*Hospitals*	*Community*	*Primary care*	*Hospitals*
Eliminate Communicable Conditions	Immunization	0	81	4	0	200	16
	Child Health	0	81	4	69	200	16
	Screening for communicable conditions	0	81	4	69	300	16
	Antenatal Care	0	81	4	69	300	16
	Prevention of Mother to Child HIV Transmission	0	81	4	69	200	16
	Integrated Vector Management	0	81	4	69	200	16
	Good hygiene practices	69	81	4	69	300	16
	HIV and STI prevention	69	81	4	69	300	16
	Port health	0	2	0	0	2	0
	Control and prevention neglected tropical diseases	0	0	4	0	200	16
Halt, and reverse the rising burden of non communicable conditions	Health Promotion & Education for NCD's	69	80	4	200	284	14
	Institutional Screening for NCD's	0	80	4	0	284	14
	Rehabilitation	0	0	4	0	142	14
	Workplace Health & Safety	69	80	4	200	284	14
	Food quality & Safety	69	80	4	200	284	14
Reduce the burden of violence and injuries	Health Promotion and education on violence / injuries	69	80	4	200	284	14
	Pre hospital Care	69	80	4	200	284	14
	OPD/Accident and Emergency	69	80	4	200	284	14
	Management for injuries	0	80	4	0	284	14
	Rehabilitation	0	0	4	0	142	14
Provide essential health services	General Outpatient	0	80	14	0	300	16
	Integrated MCH / Family Planning services	0	80	14	0	300	16
	Accident and Emergency	0	0	8	0	10	16
	Emergency life support	0	0	3	0	5	16

Policy Objective	KEPH Services	# units currently providing service			Strategic Plan targets		
		Community	*Primary care*	*Hospitals*	*Community*	*Primary care*	*Hospitals*
	Maternity	0	80	11	0	127	16
	Newborn services	0	0	8	0	22	16
	Reproductive health	0	2	14	0	22	16
	In Patient	0	28	81	0	50	16
	Clinical Laboratory	0	96	8	0	257	16
	Specialized laboratory	0	0	0	0	0	16
	Imaging	0	3	2	0	5	3
	Pharmaceutical	0	40	14	0	257	16
	Blood safety	0	0	0	0	0	3
	Rehabilitation	0	0	1	0	120	16
	Palliative care	0	0	0	0	120	16
	Specialized clinics	0	0	5	0	22	16
	Comprehensive youth friendly services	0	4	3	61	257	16
	Operative surgical services	0	0	7	0	0	16
	Specialized Therapies	0	1	3	0	0	16
Minimize exposure to health risk factors	Health Promotion including health Education	69	80	14	61	300	16
	Sexual education	69	80	14	61	300	16
	Substance abuse	69	80	14	61	300	16
	Micronutrient deficiency control	0	97	3	61	300	16
	Physical activity	0	0	0	61		16
Strengthen collaboration with health related sectors	Safe water	69	80	4	200	284	14
	Sanitation and hygiene	69	80	4	200	284	14
	Nutrition services	69	80	4	200	284	14
	Pollution control	69	80	4	200	284	14
	Housing	69	80	4	200	142	14
	School health	69	80	4	200	284	14
	Water and Sanitation Hygeine	69	80	4	200	284	14
	Food fortification	69	80	4	200	284	14
	Population management	69	80	4	200	284	14
	Road infrastructure and Transport	69	80	4	200	284	14

3.3.2 Service outcome and output targets for achievement of County objectives

Objective	Indicator	Targets (where applicable)				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Eliminate Communicable Conditions	% Fully immunized children	68	75	85	90	95
	% of target population receiving MDA for trachoma	-	-	80	80	80
	% of TB patients completing treatment	85	85	90	90	90
	% HIV + pregnant mothers receiving preventive ARV's	58	80	90	90	90
	% of eligible HIV clients on ARV's	60	70	80	90	90
	% of targeted under 1's provided with LLITN's	68	75	85	90	90
	% of targeted pregnant women provided with LLITN's	68	75	85	90	90
	% of under 5's treated for diarrhea	40	20	10	10	5
	% School age children dewormed	34	60	85	85	90
Halt, and reverse the rising burden of non-communicable conditions	% of adult population with BMI over 25	50	50	45	40	35
	% of women of CBA screened for Cervical cancers	0.4	5	10	15	20
	% of new outpatients with mental health conditions	0.2	0.4	0.6	0.8	1
	% of new outpatients cases with high blood pressure	1.5	2.0	2.5	2.8	3
	% of patients admitted with cancer	1.2	1.4	1.6	1.8	2
Reduce the	% new outpatient cases attributed to gender based violence	0.5	0.5	0.5	1	1

Objective	Indicator	Targets (where applicable)				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
burden of violence and injuries	% new outpatient cases attributed to Road traffic Injuries	2.6	2.5	2.3	2.2	2
	% new outpatient cases attributed to other injuries	0.9	0.8	0.7	0.6	0.5
	% of deaths due to injuries	9	7	5	4	3
Provide essential health services	% deliveries conducted by skilled attendant	34	41	47	54	60
	% of women of Reproductive age receiving family planning	42	56	64	72	80
	% of facility based maternal deaths	400	350	150	100	100
	% of facility based under five deaths	68	56	44	32	20
	% of newborns with low birth weight	10	10	8	6	5
	% of facility based fresh still births	30	25	20	10	5
	Surgical rate for cold cases	0.4	0.60	0.70	0.85	0.90
	% of pregnant women attending 4 ANC visits	40	50	60	70	80
Minimize exposure to health risk factors	% population who smoke	18		15		20
	% population consuming alcohol regularly	35		25		10
	% infants under 6 months on exclusive breastfeeding	32		50		70
	% of Population aware of risk factors to health	30		60		80
	% of salt brands adequately iodized	85		100		100
	% Adults screened with mid upper arm circumference above average			40		30
	Couple years protection due to all FP methods					
Strengthen collaboration with health related sectors	% population with access to safe water	60		70		85
	% under 5's stunted	35		30		15
	% under 5 underweight	17		10		5
	% of women with secondary education	34		45		70
	School enrollment rate	60	70	75	80	80
	% of households with latrines	56		69		80
	% of houses with adequate ventilation	30		40		50
	% of classified road network in good condition	15		35		50
	% Schools providing complete school health package	34	50	55	70	85
INVESTMENT OUTPUTS						
Improving access to services	Per capita Outpatient utilization rate (M/F)	2		3		4
	% of population living within 5km of a facility	80		90		90
	% of facilities providing BEOC	65		80		90
	% of facilities providing CEOC	2.3		5.0		10
	Bed Occupancy Rate	57	65	70	80	95
	% of facilities providing Immunization	80	100	100	100	100
Improving quality of care	TB Cure rate	85	85	90	90	90
	% of fevers tested positive for malaria	45				20
	% maternal audits/deaths audits	10		70		85
	Malaria inpatient case fatality	15		8		5
	Average length of stay (ALOS)	5.6		4.5		4
	% of facilities with publicly displayed service charter	10		60		90

3.3.3 Sector input and process targets for achievement of County objectives

Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Service delivery	Community services	• Strengthen the 69 existing units and establish 84 more units	69	79	89	99	109
		• Bi-annual household mapping	69	79	89	99	109
	Outreach services	• Conduct monthly integrated health outreaches	1032	1136	1248	1374	1512

Orientation area	Intervention area	Milestones for achievement						
		Milestone	Annual targets					
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
	Supportive supervision to lower units	• Conduct supportive supervision to all health facilities at least once every three months	344	344	362	376	394	
	On the job training	• Conduct OJT on identified skill gaps	344	344	362	376	394	
	Emergency preparedness planning	•	x					
		• Sector specific sub-committees	X	x	x	x	x	
		• Development of an emergency preparedness strategy	x	x	x	x	X	
		• Soliciting for funds and preposition of response commodities	x	x	x	x	X	
		• Implement the emergency preparedness plan	x	x	x	x	x	
	Patient Safety initiatives	• Strengthen the 3 existing infection prevention committees and establishment of the same at primary care facilities	x	x				
		• Establish a County Operational Quality Assurance system at all tiers of service delivery	x	x	x	x	x	
	Therapeutic committee meetings and follow up	• Conduct quarterly therapeutic committee meetings in the county referral facilities	4	4	4	4	4	
	Clinical audits (including maternal death audits)	• Conduct maternal and perinatal review audits for every case at all levels	x	x	x	X	x	
		• Conduct monthly MPMMR meetings	x	x	x	X	x	
	Referral health services	• Establish a referral policy and structures for referral	x					
		• Need for a County referral Laboratory that is ISO15189 Certified (Accredited)	X	X	X			
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	• Construct 49 new dispensaries/health centers	10	10	10	10	9	
		• Complete 3 model health centers and 2 dispensaries	3	2				
		• Construct 11 and expand 1 maternity wing	x	x	x	X		
		• Construct mortuaries 3		x	x	X		
		• Construct 4 CCC		x	x			
		• Construct 2 YFS centres		x	x			
		• 9 Labs constructed		x	x	X	x	
		• Construct 54 staff houses	x	x	x	X		
		• Fence 3 health facilities	x	x				
		• Construct 4 wards including orthopaedic wards in Kajiado West	x	x	x	X	x	
		• Purchase and manage land for 4 cemeteries		x	x	X	x	
		• Construction of 12 CHMT offices	x	x	x			
		• Construct a food and water analysis lab	x	x	x	X		
		• Construct county and 4 sub-county medical stores		1	2	1	1	
	Physical infrastructure: expansion of existing facilities	• Upgrade 6 health centre to Sub-County referral hospitals	x	x	x	x		
		• Upgrade 3 hospitals to County referral hospitals	x	x	x			

Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
		• Renovate 1 dispensary	x	x	x	X	x
	Physical infrastructure: Maintenance	• Maintenance of all existing and constructed facilities in the county	x	x	x	X	x
		• Rehabilitate and maintain 3 boreholes (Ngong, Kitengela and Kajiado hospitals)	x	x	x	X	x
	Equipment: Purchase	• Equip all the facilities according to the norms and standards	x	x	x	X	x
	Equipment: Maintenance and repair	• Routine preventive maintenance of equipment	x	x	x	X	x
	Transport: purchase	• Purchase 5 ambulances	x	x	x	X	x
		• Purchase 6 utility vehicles for the CHMT and sub-County HMT	x	x	x	X	x
		• 9 utility vehicles for the county/ sub county referral hospitals	x	x	x	X	x
	Transport: Maintenance and repair	• Routine servicing of all new and existing vehicles	x	x	x	X	x
	ICT equipment: Purchase	• Develop a procurement plan for ICT	x	x	x	X	x
		• County HMIS automation plan	X	x	x	X	x
	ICT equipment: Maintenance and repair	• Develop a preventive /replacement maintenance plan	x	x	x	X	x
Health Workforce	Recruitment of new staff	• Conduct HR mapping	x	x	x	x	x
		• Develop comprehensive HW plans based on approved norms and standards	x	x	x	x	x
		• Allocation of funds for recruitment of additional staff	x	x	x	X	x
		• Rational deployment of staff	x	x	x	X	x
	Personnel emoluments for existing staff	• Adopt updated schemes of service for all staff	x	x	x	x	x
		• Timely promotions for all staff	x	x	x	X	x
		• Lobby for rationalization of house and hardship allowances for all staff	x	x	x	x	x
	Pre-service training	• Develop pre-service training plan	x	x	x	x	x
		• Form a County Health department training committee with clear TORs	x	x	x	x	x
	In service trainings	• Training Needs Assessment for in-service HW	x	x	x	X	x
		• Develop an in- service training plan	x	x	x	x	x
	Staff motivation	• Human resource development plan	x	x	x	X	x
		• Staff rewards and Sanctions plan	x	x	x	X	x
		• Psychosocial support system for staff		x	x	X	x
Health information	Data collection: routine health information	• Utilization of DHIS 2, to generate complete timely and accurate information by all facilities	x	x	x	X	x
		• Supply registers to all facilities – public and non - public – for information collation (paper based, or electronic)	x	x	x	X	x
		• Supply registers and reporting tools to all community units	69	79	89	99	109
		• Supply chalk-boards for CBHMIS to all community units	69	79	89	99	109

Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
		• Scale-up electronic CBHMIS	5	7	12	17	22
		• Establish coordinated system for Electronic Medical Records management in County & sub-county hospitals	x	x	x	X	x
		• Ensure data storage capacity for County HIS (physical or virtual storage capacity)		x	x	X	x
		• Quarterly Data Quality Audits	12	24	24	24	24
	Data collection: vital events (births, deaths)	• Adopt IT based system for collecting information on Vital Events		x	x	X	x
	Data collection: health related sectors	• Develop a tool for gathering data from other sectors		x	x	X	x
	Data collection: Surveillance	• Strengthening s capacity for IDSR (HWs, sub-county teams and community communication)		x	x	X	x
		• Timely reporting (weekly and monthly)	x	x	x	X	x
	Data collection: Research	• Establish County Health research committee with clear TOR		x			
	Data analysis	• Capacity build staff to analyze and use data at source (quarterly in 5 sub-counties and County)	12	24	24	24	24
	Information dissemination	• Quarterly dissemination and knowledge management plan	4	4	4	4	4
		• Carry out annual Health Information Dissemination forums – as part of Annual Health Summits/ stakeholders fora	x	x	x	X	x
		• Bi-annual publications on Health Outcome trends (newsletters)	1	2	2	2	2
Health Products	Procurement of required health products	• Develop a yearly county procurement plan ✓ *Essential medicines and medical supplies* ✓ *Vaccines* ✓ *FP commodities* ✓ *ARVs* ✓ *TB and Leprosy drugs* ✓ *Anti malarials* ✓ *X-Ray commodities* ✓ *Laboratory commodities* ✓ *Nutritional commodities* ✓ *Food and Rations* ✓ *Essential transaction* documents ✓ Chemicals and Medical gases	x	x	x	X	x
	Warehousing / storage of health products	• Construct a county warehouse facility and inventory control system		x	x	X	
	Distribution of health products	• Develop a distribution and supply chain plan • Purchase a distribution vehicle	x	x	x	X	x
	Monitoring rational use of health products	• Strengthen Medicinal Therapeutic Committees (MTC)		x			

Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
		• Automate (computerize) stores inventory at county stores and referral hospitals	X	x	x	X	X
Health Financing	Costing of health service provision	• Develop budgets based on the costing approach method to guide Health Financing information use	x	x	x	x	x
		• Develop a clear Resource Allocation Criteria (RAC) to assure equitable distribution	x	x	x	x	x
	Resource mobilization	• Establish resource mobilization committee and develop TORs	x	x	x	x	x
		• Promotion of Community Based pre-financing mechanisms (% Community Units)	0%	5%	20%	30%	40%
	Health expenditure reviews	• Bi-annual financial/expenditure review (November, June)	2	2	2	2	2
Leadership and Governance	Annual health stakeholders fora	• Bi-annual County stakeholders fora	2	2	2	2	2
		• Quarterly Sub county stakeholders fora	20	20	20	20	20
	Quarterly Coordination meetings	• Quarterly technical meetings of County stakeholders steering committees	12	12	12	12	12
	Management meetings	• Quarterly CHMT	12	12	12	12	12
		• Quarterly CHMB	4	4	4	4	4
		• Monthly Sub-County HMT	60	60	60	60	60
		• Monthly Facility management teams	x	x	x	x	x
		• Quarterly facility management committee	x	x	x	x	x
		• Quarterly community health committee (CHC)	x	x	x	x	x
	Annual Work Planning and reporting	• County AWP ready and approved by June	x	x	x	x	x
		• Sub-County AWP ready and approved by June	x	x	x	x	x
		• Primary care facilities AWP ready and approved by June	x	x	x	x	x
		• Tier one AWP ready and approved by June	x	x	x	x	x

SECTION 4: IMPLEMENTATION ARRANGEMENTS

4.1 Coordination framework

The Kenyan health sector is important for the sustainable growth and development of the country. The Right to Health is enshrined in the Constitution of Kenya 2010. One of its major responsibilities is to ensure that all citizens have access to and receive the services they need. The way in which health sector institutions are structured has an impact on how effectively they can deliver services to citizens. Effective organizational structures in the health sector matter to the nation, the national and county governments, health sector organizations, and the individuals employed in those organizations.

Good practices in organizational design include greater focus on teams rather than individuals, lean and flat structure, based on results and self-organization rather that process and control.

Organizational structure defines how work or tasks are organized and allocated. Structure can be used to standardize work or to create specialized functions. Organizational structure defines positions in the organization and the relationship between these positions. In doing so, organizational structure defines particular position of the decision making and authority in organizations. Organizational structure creates a framework for order and for the coordination of the myriad of tasks that are carried out in the organization. Organizational structure is a vehicle through which managers can plan, organize, direct and control the activities in the organization. Organizational structure is the end result of the process of organizational design. In other words, organizational design is the process of structuring or restructuring an organization.

4.1.1 Management structure (Organogram for County Health Management)

Principles of Organizational Design

1. The organizational structure is aligned to the Constitution of Kenya 2010, Vision 2030, and other GOK policies, strategies and Acts of parliament
2. The structure is based on functions & on clients' needs. It focuses on results and is not influenced by any other factor such as cadres, political considerations or wishes of stakeholders
3. The structure is lean but optimal, with reasonable span of control and integration of function. The most important aspect is retaining and/or improving quality of services

4. The structure supports improved coordination and communication
5. Structure provides clarity of roles, responsibilities and accountabilities

Organizational Structure of the department

The department is headed by the County Executive Member of Health with the Chief Officer as the accounting officer.

The technical team consists of County Health Management Team headed by the County Director of health Services.

The unit consists of :-

- Clinical, Rehabilitative & Referral services Unit
- Diagnostics and Imaging services Unit
- Environmental Health Services Unit
- Family Health, Emergency and Nursing Services Unit
- Medicines, Therapeutics & Commodity Management Unit
- Administration and Finance Unit
- Planning, Monitoring and Evaluation Unit
- Nutrition and dietetics Unit
- Community Health Services and Health promotion Unit

The following are the functions & roles of the county units:

	DIVISION	FUNCTIONS
1	**County Directorate of Health Services**	• to define strength and weakness in the county • rate the facilities and sub-counties according to the performance • identify gaps that needs to be filled for various facilities to perform at their best personnel and equipment • get targets for the six areas (pillars) identified in the annual work plan • come up with strategies to achieve targets • identify various intervention strategies to help improve total health indices through mobilization to activities friendly to the community. • identify motivation of the staff and create competition among community units

		• with his team should create environment for team work ensure his team members exploit his/her full potential • the weak members should be encouraged on how to improve • weak community units should b e motivated to copy community units which are doing well • through facilitative co-ordination encourage each facility to be client friendly, reduce waiting time and improve cleanliness of environment • handle discipline promptly along the laid down machinery • co-ordinate all health activities by all stakeholders in the county with monthly reports. • encourage Financial management discipline in all facilities and programs in the county • make sure that health services and programs are integrated. • provide stand by ambulance with good communication at the county hospital to pick clients from dispensary and health centers. • provide a planned monthly professional development with stakeholders • ensure continuous integrated disease surveillance and know the outbreak threshold of each diseases. • ensure regular timely maintenance of building equipment and vehicles • ensure proper financial collection, banking and utilization in the county • ensure collection processing and utilization of health information data and transfer to the national government • chair monthly county health management evaluation and monitoring team and stakeholder forum meetings • ensure monthly professional development meetings
2	**Clinical, Rehabilitative**	• Clinical and specialized services • Health facilities

	& Referral services Unit	• Mental health • Injuries • Rehabilitative services • performance monitoring • Dental services
3	**Diagnostics and Imaging services Unit**	• Clinical laboratory diagnosis. • laboratory commodity management • Blood safety services • Treatment monitoring • Drug resistance monitoring • Public health disease surveillance • Scientific research • Imaging services • Performance monitoring
4	**Environmental Health Services Unit**	• Disease & Vector control • Disease Surveillance & disaster response • Health education and promotion • Rural and urban sanitation • development of policies and regulations • Food and water safety • Occupational health and safety • management of Cemeteries and county mortuaries • enforcement of waste management policies, standards and regulations • solid and liquid waste management control

		• School health and other institutions • communicable diseases prevention and control • Inspection & Licensing of Premises • performance monitoring
5	**Family Health, Emergency and Nursing Services Unit**	• Nursing services • Expanded program on immunization • Youth and Adolescent health • Family planning & Reproductive Health • Maternal, neonatal and child health (MNCH) • Geriatric and special needs groups • Gender Based Violence • performance monitoring • Community services • integrated outreaches • Ambulance & emergency services
6	**Medicines, Therapeutics & Commodity Management Unit**	• Pharmaceutical supplies • rational drug use and evaluation • performance monitoring • Non-pharmaceutical supplies • Laboratory, Dental, x-ray and other commodities • Other essential supplies
7	**Planning, Monitoring and Evaluation Unit**	• Health information • Planning • M&E • ICT (E-health)

		• performance monitoring
8	**Administration and Finance Unit**	• Health care financing and social protection • health administration standards and support services • Human resource management and development • Accounts • Infrastructure and management • Procurement • Security - of officers and patients, data, information, assets • Transport • performance monitoring
9	**Nutrition and dietetics Unit**	• Nutrition information and advocacy • Child health and nutrition • Maternal health and nutrition • Community health and nutrition • Clinical nutrition and dietetics • Baby friendly hospital initiatives • Nutrition commodity management • high impact nutrition intervention • nutrition related research • school health • performance monitoring
10	**Community Health Services and Health promotion**	• establishment of community units • community health diagnosis • defaulter and contact tracing • management of Community based health information systems.

	Unit	• coordinating community facility referrals • advocating and mobilizing resources for community health activities • planning for community health interventions • sensitizing community for uptake of quality health services • health communication , advocacy and social mobilization • research for evidence based practices to inform health promotion interventions and programs

There are co-opted members of the CHMT who include:

- County Disease surveillance co-ordinator
- County Aids and STI co-ordinator
- County Reproductive Health Co-ordinator
- County Non-pharmaceuticals Nurse
- County Physiotherapist
- County Aids Control co-ordinator
- County TB and Leprosy Co-ordinator
- County Malaria Control Co-ordinator

and any other member as need may arise.

Sub-County Level

Health services in each sub-county will be coordinated by a core 4 member Sub-County Health Management team (SCHMT), together with co-opted SCHMT members, whose roles and functions are tabulated below. The staffing establishment will depend upon the size and health priorities of the county. The sub-county teams will be based in the sub-county hospital/ health centres.

	DIVISION	**FUNCTIONS/ ROLES**
1.	**Sub-County Medical Officer Of Health**	• Chair of the SCHMT • Member of Hospital Management Team

		• Resource mobilization • Coordinate all health activities in the sub-county • Ensure effective & efficient flow of information • Supportive supervision of all facilities in the sub-county • Ensure implementation of government policies, strategies & work plans • Provide technical quality assurance of health services • Rational deployment of staff in the sub-county • Co-ordinate sub-county health stakeholders
2.	**Public Health Officer - preventive, promotive & environmental health services**	• Disease & Vector control • Disease Surveillance & disaster response • Health education and promotion • Community strategy • Rural and urban sanitation • Cemeteries and county mortuaries • School health and other institutions • Food and water safety • Liquid and solid waste management • Inspection & Licensing of Premises
3.	**Public Health Nurse - family health services**	• Nursing services • Expanded program of immunization • Adolescent health • Family planning & Reproductive Health • Maternal, neonatal and child health (MNCH)
4.	**Health Records & information Officer - Planning, Monitoring and Evaluation**	• Health information • Data Quality assurance • Planning support function

		• M&E
5.	**Co-opted members**	• Participate in service delivery in the health facility where deployed • Coordinate services in their focal areas/departments in the sub-county

CO-OPTED MEMBERS OF THE SCHMT TO BE BASED IN FACILITIES

- HIV/AIDS coordinator
- Nutritionist
- Pharmacist
- Laboratory technologist
- Clinical officer
- TB/Leprosy Coordinator
- Malaria coordinator
- Health Promotion officer
- Reproductive Health Coordinator
- Community strategy Coordinator
- Health Administrative officer
- Constituency AIDS control coordinator
- Disease surveillance coordinator

Cross cutting services

- Conducting evidence based research and in close consultation with the national health ministry participate in reviewing standards
- Ensuring compliance with national standards and guidelines
- Quality assurance
- Legal and regulatory procedures including inspections
- Ensuring compliance with national operational procedures
- Review of operational procedures in close consultation with the MOH at the national level
- Public relations and customer care.

Strategic Leadership and Governance

In addition to the County Executive Committee Member for Health and Chief Officer of Health and County Director of Health will also provide strategic leadership. The functions include but not limited to:

County Director of Health

- Ensuring that the change process is institutionalized and the County Health Department is transformed into a learning organization
- Coordinating the monitoring of health indicators and submission of reports
- Overall accountability for delivery of health services in the county
- Managing public private partnerships
- Strategic and operational planning for county health sector
- Capacity development
- Health boards (on technical issues)

Job specifications for the County Director of Health, Unit Heads and Sub-county team leaders

1. **County Director of Health**

Qualifications and experience

- Health related first degree from a recognized institution and a Postgraduate qualification from a recognized institution is minimum qualification
- Strategic leadership development programme from KSG or its equivalent
- Minimum 5 year experience in health , of which three should be in a senior management position

Attributes

- Must meet requirements on integrity (chapter six of the CoK)
- Proficiency with computer applications
- Excellent communication skills, negotiation skills, proposal writing, interpersonal skills
- Resource mobilization skills

- Stakeholder engagement skills
- Leadership skills

2. Head of Unit

Qualifications and experience

- Health related first degree is a minimum requirement. Postgraduate training is an added advantage
- Minimum 5 year experience in health care service, of which at least two should be in a continuous health management position
- Training in Senior Management Course or Leadership or health system management at the KSG or its equivalent

Attributes

- Must meet requirements on integrity
- Proficiency with computer applications
- Excellent communication skills, negotiation skills, proposal writing, interpersonal skills
- Resource mobilization skills
- Stakeholder engagement skills
- Leadership skills

3. Hospital Superintendent

Qualifications and experience

- First degree in medicine and a postgraduate training in medicine, public health or management is a minimum requirement
- Minimum 3 year experience in health service of which one should be in hospital management
- Training in Senior ManagementCourse or Leadershipat the KSG or its equivalent

Attributes

- Must meet requirements on integrity
- Proficiency with computer applications
- Excellent communication skills, negotiation skills, proposal writing, interpersonal skills
- Resource mobilization skills
- Stakeholder engagement skills
- Leadership skills

4. **Sub-county Medical Officer of Health**

Qualifications and experience

- Health related first degree and a postgraduate training in management, public health or management is a minimum requirement.
- Minimum 3 year experience in health, of which one should be in a management position
- Training in Senior Management Course or Leadership at the KSG or its equivalent

Attributes

- Must meet requirements on integrity
- Proficiency with computer applications
- Excellent communication skills, negotiation skills, proposal writing, interpersonal skills
- Resource mobilization skills
- Stakeholder engagement skills
- Leadership skills

5. **Sub-county and Hospital Management Teams**

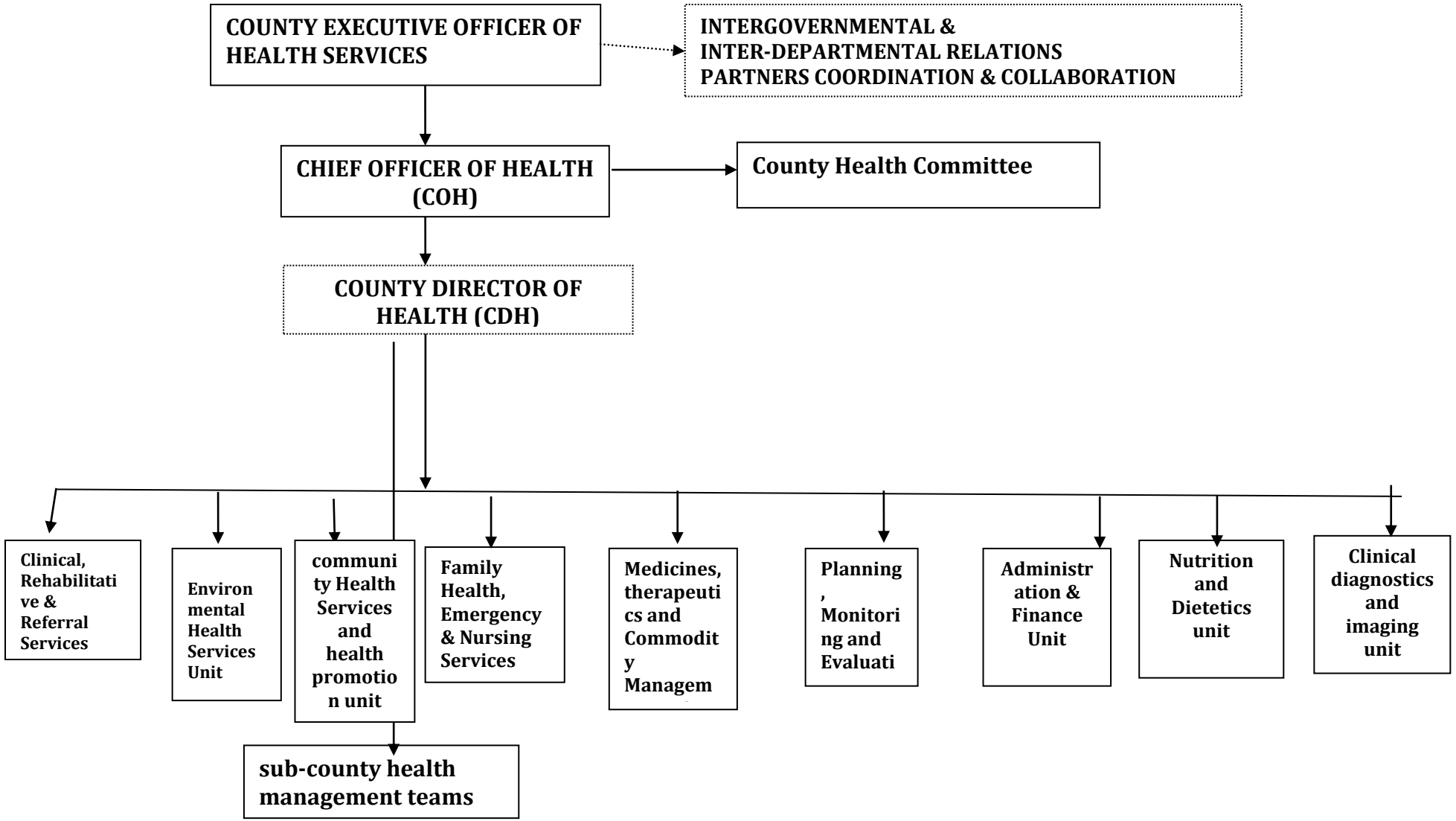
Qualifications and experience

- first degree is a minimum requirement. Postgraduate training is an advantage
- Minimum 3 year experience in health, of which one should be in a management position
- Training in a Management Course or Leadership at the KSG or its equivalent is an advantage

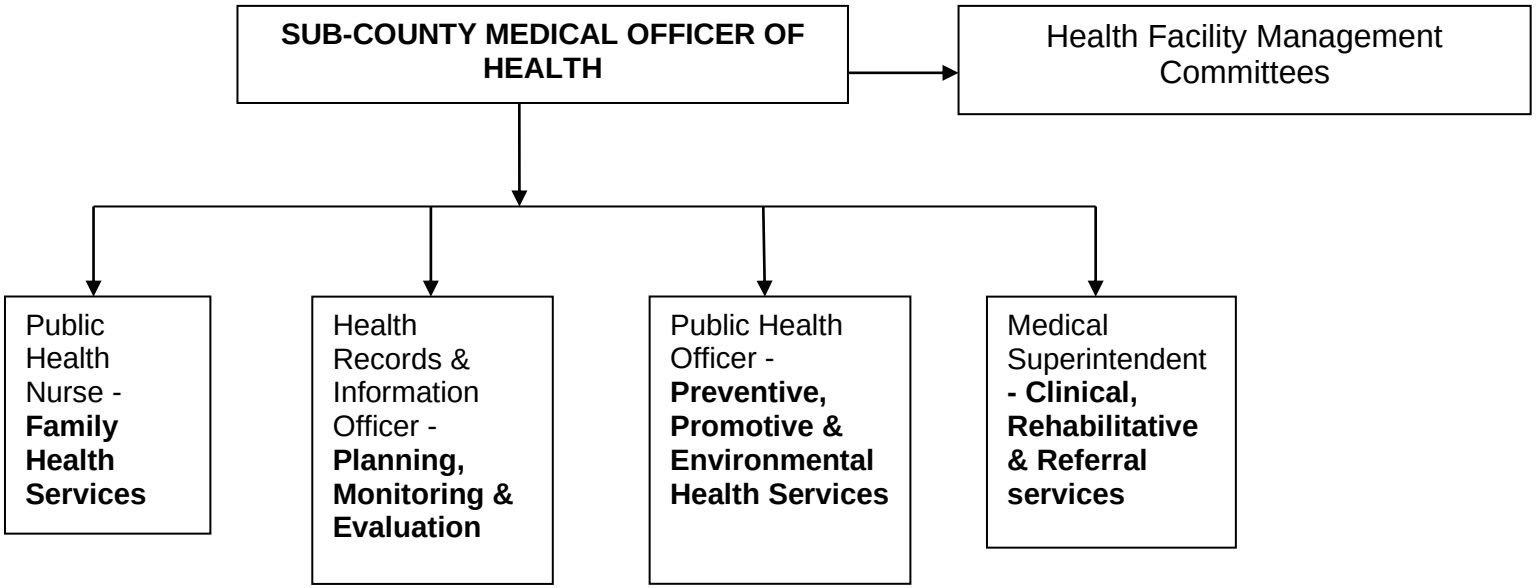
Attributes

- Must meet requirements on integrity
- Proficiency with computer applications
- Excellent communication skills, negotiation skills, proposal writing, interpersonal skills
- Resource mobilization skills
- Stakeholder engagement skills
- Leadership skills

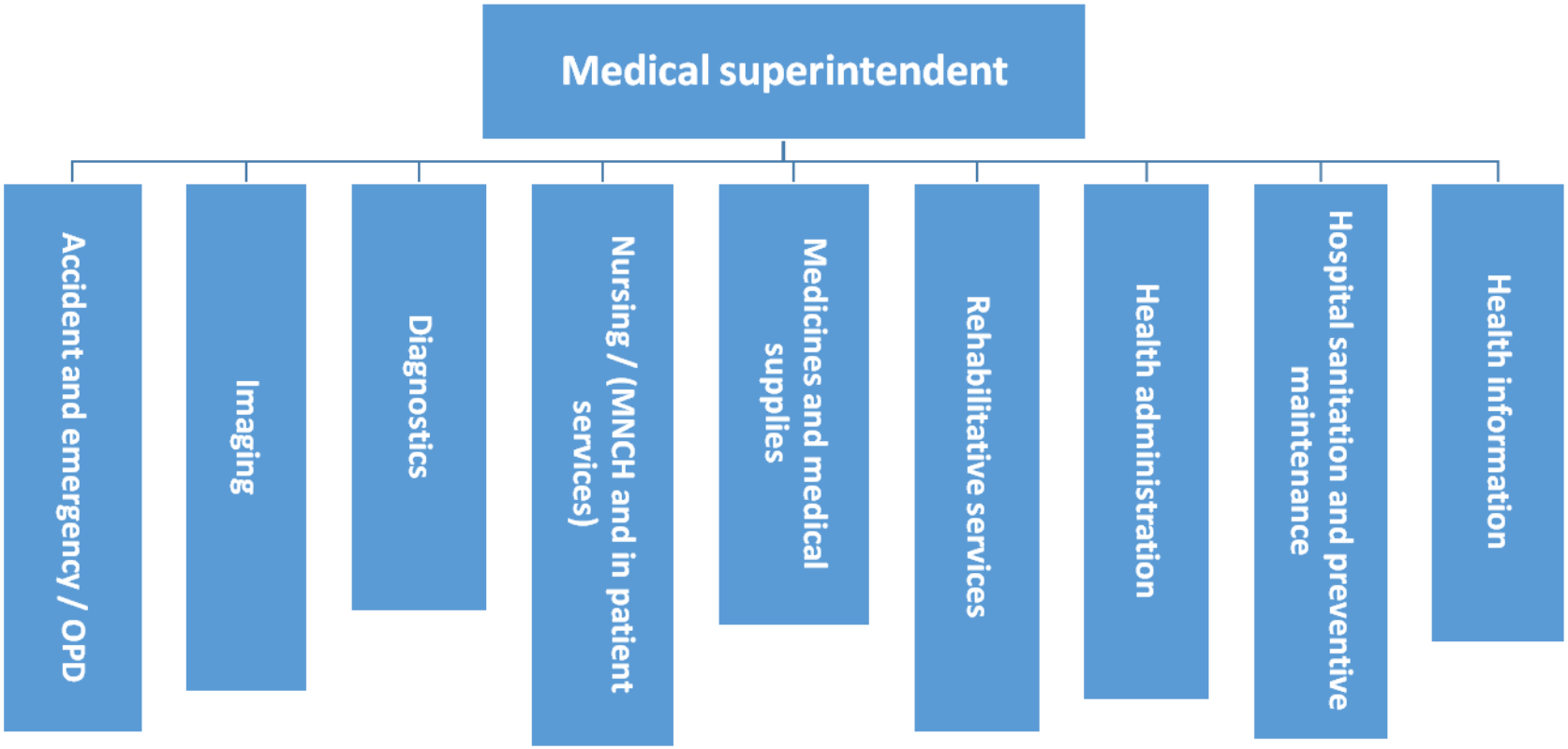
Organogram of the County Department of Health



Organogram of the Sub-County Health Management Teams



Organogram of the Hospital Management Team (HMT)



4.1.2 Partnership and Coordination structure and actions

The health sector partnership in Kajiado County will be guided by the Kenya Health Sector-Wide Approach (SWAp) introduced in 2005. The SWAp provides a framework through which all sector actors can engage to improve effectiveness of health actions. The SWAp is based on having the sector working around:

- One planning framework
- One budgeting framework
- One monitoring framework

All the sector actors should be working within these 3 one's.

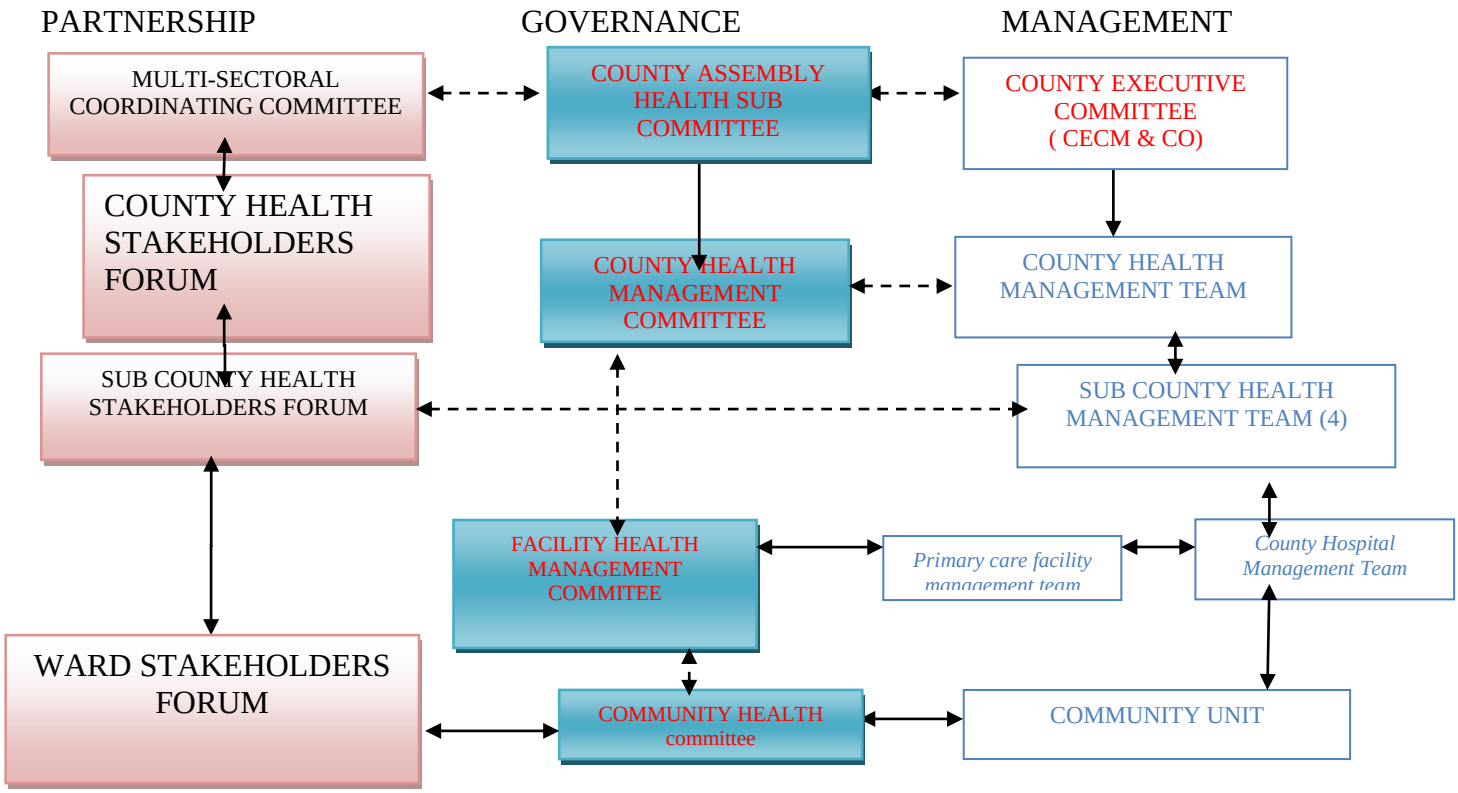
The sector actors are classified as below.

1. **County Actors:** County Executive Committee on health and County health ministry. They also include: County Health related Ministries, including Ministry of Finance, Ministry of Planning and National Development, Office of the Governor, Public Service Commission, Ministry of Education, among others. Others include; regulatory bodies (like Pharmacy and Poison Board, the Medical Practitioner and Dentist Board) and various professional associations.
2. **Non County Actors:** Those who include all the actors supporting delivery of health services to residents of the County. These are broadly categorized as
    a. Facility based providers: Faith based, and private providers
    b. Non facility based organizations: Non-Governmental Organizations and Civil Society Organizations
3. **External Actors:** All international partners supporting the health sector. These are broadly categorized as:
    a. Multilateral partners
    b. Bilateral partners
    c. Philanthropic partners

The partnership is guided by an overall instrument, the Code of Conduct, which defines roles and obligations of different sector actors towards attaining its overall goal and objectives. The code of conduct thence needs to be established

As such, PPP framework shall be an integral part of the Code of Conduct, and not a standalone element.

4.1.3 Governance structure and actions (County Government and its support)



The County Government function shall be as stipulated in the constitution of Kenya 2010. The County Health Department will operate through the county governance structures and will be regulated by the relevant statutes and by different professional bodies.

The County Health Department management systems and functions will be as follows.

- Partnership and coordination of health care delivery;
- Governance systems and functions;
- Engaging of public and private services providers;
- Health regulatory framework and services.

a) Health regulatory frameworks and services

To ensure accountability, the County Health Department will strictly adhere to the various statutes. The legal and regulatory framework shall bring together, in a comprehensive manner, all the health and health-related legislations required to guide the policy orientations and implementation. This will be in consultations with:

- Medical Practitioners and Dentists Board
- Nursing Council of Kenya
- Clinical Officers Council
- Kenya Medical Laboratory Technicians and Technologists Board
- Pharmacy and Poisons Board
- Radiation Protection Board
- Public Health officers council
- Kenya Nutritionist & Dietitians Institute
- any other relevant regulatory body.

The County Department of Health will also put in place measures to regulate traditional and complementary medicines.

b) Partnership and coordination of health care delivery

The County Health Department will ensure proper regulation and coordination of all activities in the county. The department will constitute a committee within the management team to undertake this responsibility.

4.2 Monitoring and Evaluation Plan

FRAMEWORK FOR CHSSP:

Introduction and Scope of the Monitoring and Evaluation Framework

The M&E is a fundamental section of the strategic plan that details the health sector's key objectives, the strategic interventions developed to achieve these objectives and describes the procedures that will be implemented to determine whether or not the objectives are met. It shows how the expected results of a program relate to its goals and objectives, describes the data needed and how these data will be collected and analysed and how the health sector will be accountable to stakeholders.

Thus the M&E section is important because:

- It clearly states how the county health sector will measure its achievements and therefore provide accountability;
- It documents consensus and provide transparency;
- It guides the implementation of M&E activities in a standardized and coordinated way; and
- Preserves institutional memory.

An effective county health sector M&E system needs monitoring structures with appropriate staff, a good information network system, appropriate reporting formats, data capturing tools and procedures. Fundamentally, monitoring should be established from the beginning as part of the planned activities.

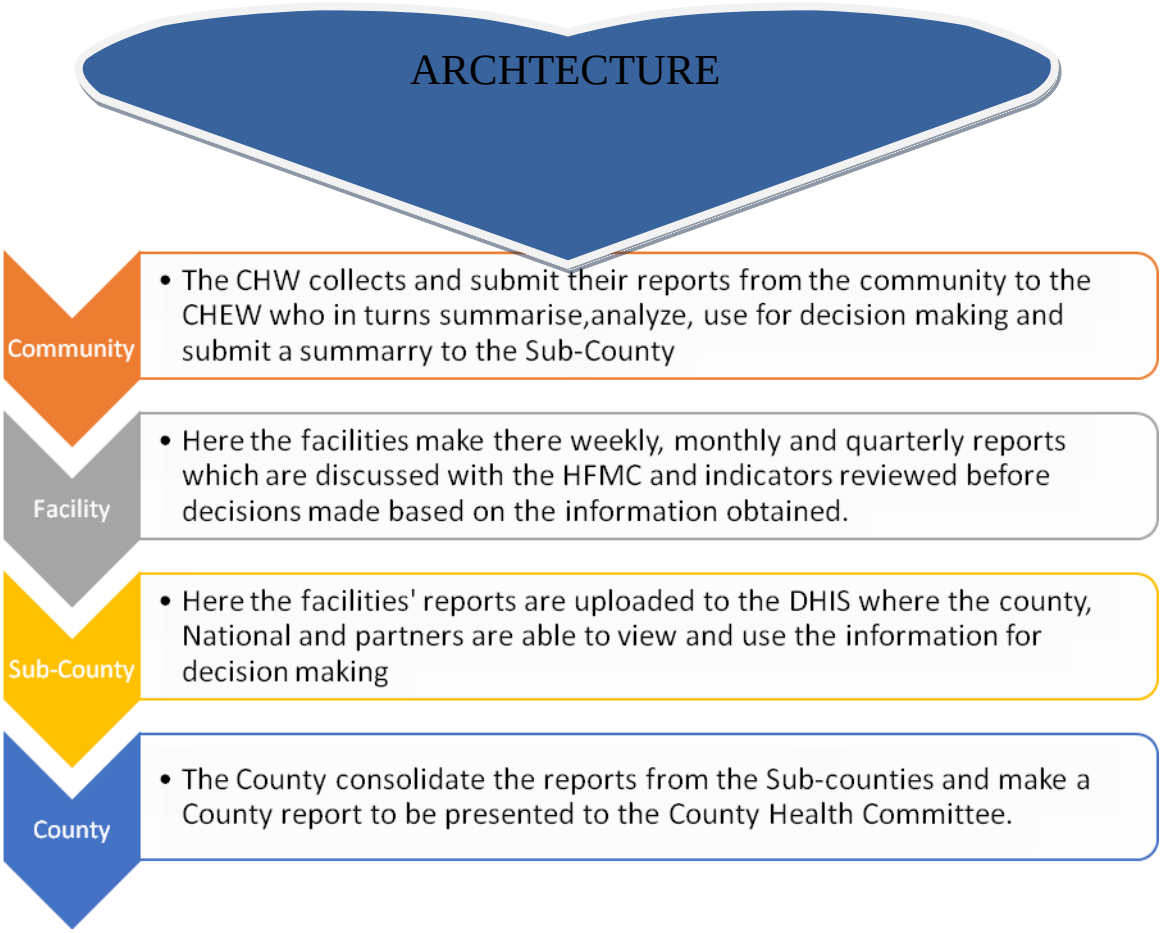
Purpose of the plan

The purpose of developing the M&E Plan is to establish a well-coordinated and harmonized M&E that guides the county response with timely and accurate strategic information towards the successful achievement of the County Health Sector Strategic Plan implementation process.

M&E Framework Goal

- An efficient and effective health sector
- Inputs and process, output, outcomes, impact

4.2.1 Data architecture



4.2.2 Data and statistics

Data and statistics

Enhancement of sharing of data and promoting information use

The County recognizes the fact that different data is used by different actors for their decision making processes and investment decisions. For this, data need to be translated into information that is relevant for decision-making. Data will be packaged and disseminated in formats that are determined by the needs of the stakeholders.

Data handling

All health data in the county shall be handled by the personnel generating the data from the source documents before being shared to the relevant bodies as refined information keeping in mind the confidentiality of the clients and patients involved.

The Sub- County Health Records and Information Officer then collects, upload the reports to the DHIS,summarises, analyses and evaluate the data before presenting it to the SCHMT, In charges meeting and

eventually the SCHSF where the indicators will be reviewed and evaluated and recommendations made and forwarded to the CHMT.

The CHMT will receive the sub-county reports and make a county report with the recommendations forwarded and address them as much as possible before presenting it to the County Health Committee.

4.2.3 Performance Monitoring and Evaluation

Performance monitoring

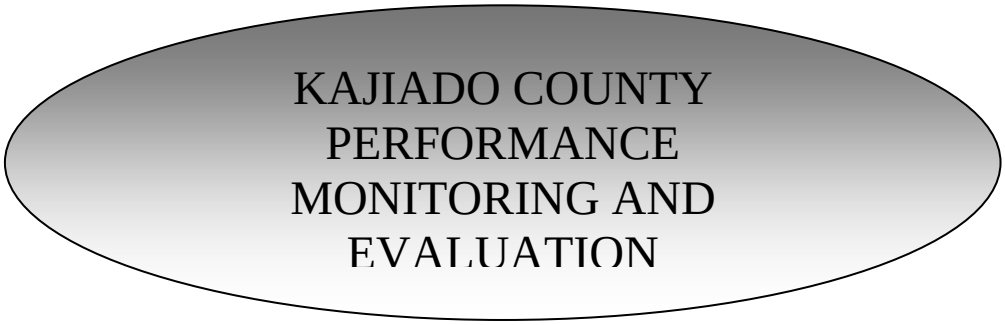
The performance review meetings will be done on a quarterly basis and the lessons learned shared in county stakeholders meetings which will also be conducted on a quarterly basis.

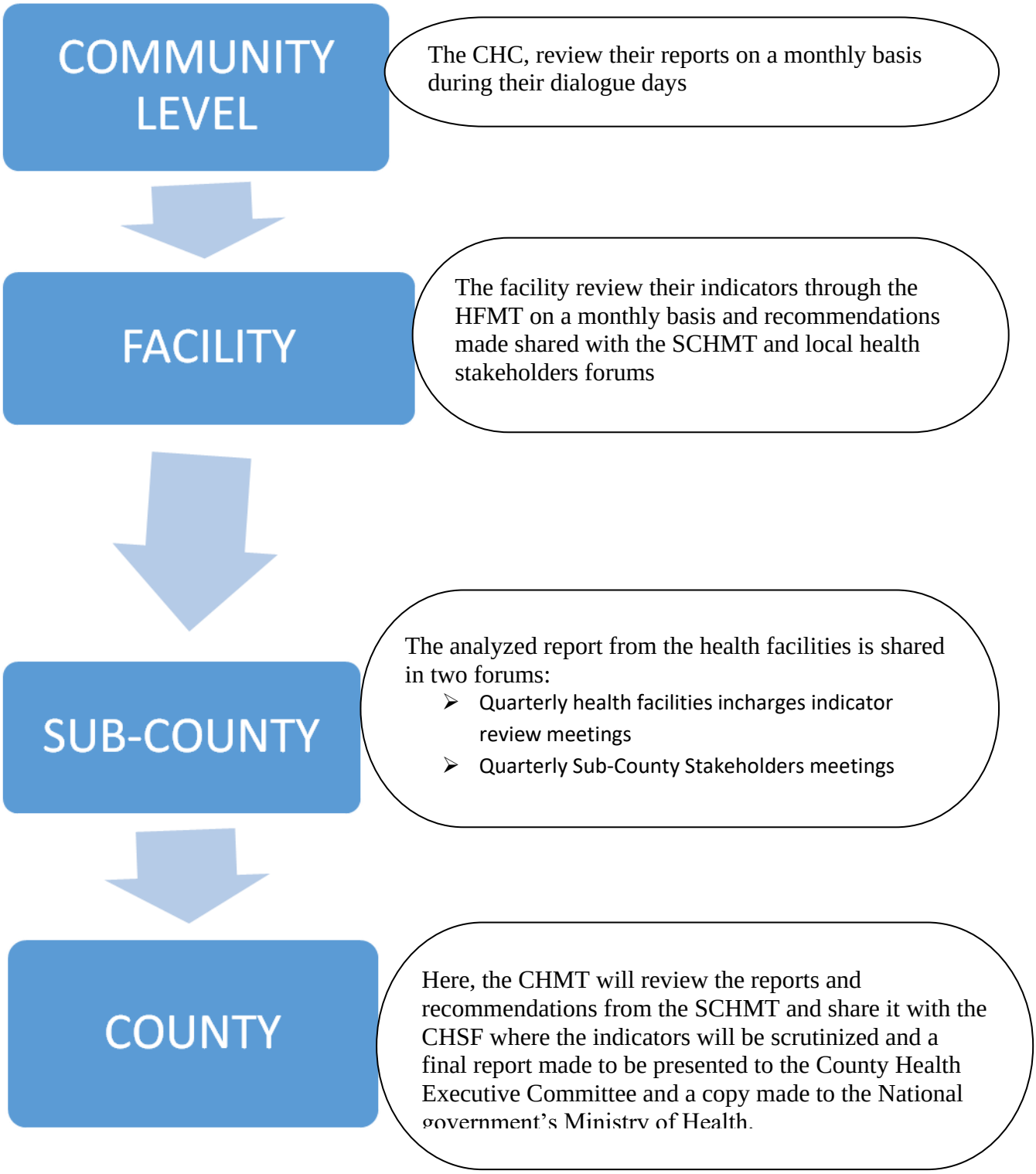
Performance reviews and evaluations will contain specific, targeted and actionable recommendations for follow-up in the next planning period.

CHSSP Evaluations

Evaluations will be used to facilitate assessment of progress, and make attributions and predictions of implications of trends across the different indicator domains – inputs/processes; outputs; outcomes and impact. Two evaluations will be carried out during the CHSSP.

- Mid -term review – to review progress with impact attained at the Mid Term of the strategic plan.
- End term review – to review final achievements of the department, against what had been planned.




COMMUNITY LEVEL
The CHC, review their reports on a monthly basis during their dialogue days
FACILITY
The facility review their indicators through the HFMT on a monthly basis and recommendations made shared with the SCHMT and local health stakeholders forums
SUB-COUNTY
The analyzed report from the health facilities is shared in two forums:
Quarterly health facilities incharges indicator review meetings
Quarterly Sub-County Stakeholders meetings
COUNTY
Here, the CHMT will review the reports and recommendations from the SCHMT and share it with the CHSF where the indicators will be scrutinized and a final report made to be presented to the County Health Executive Committee and a copy made to the National government's Ministry of Health.

SECTION 5: RESOURCE REQUIREMENTS AND FINANCING

5.1 Resource requirements

Orientation	Intervention area	Annual resource requirements				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Service delivery	Community services: 1. Community dialogue quarterly	2,400,000	2,400,000	2,640,000	2,904,000	3,194.400
	2. Community action days quarterly	2,400,000	2,400,000	2,640,000	2,904,000	3,194.400
	3. Establish 25 CU/year	2,196,000				
	4. Monthly meetings	4,500,00	4,500,000	4,950,000	5445,000	5989500
	5. Strengthen 69 existing CU's	690,000				
	6. CHEW's quarterly meetings	500,000				
	7.Design and production of IEC materials	1,000,000				
	8. Health Communication	500,000				
	9. Exchange programs	500,000				
	10. |marking of national health days	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
	11. CHV's Monthly Stipend		16,560,000			
	Laboratory refresher training		1,500,000	1,500,000	1,500,000	1,500,000
	Quarterly laboratory Review meetings		500,000	500,000	500,000	500,000
	Laboratory Corrective Action activities		640,000	640,000	640,000	640,000
	Quarterly pharmacy review meeting		500,000	500,000	500,000	500,000
	Commodity management training		1,500,000	1,500,000	1,500,000	1,500,000
	Outreach services: 1. Conduct 1 outreach in GOK facilities in hard to reach areas	2,721,600	2721600	2993760	3293136	3622450

	2. Specialized outreaches (eye, cervical cancer,psychiatric,rh outreaches)	600,000	700,000	800,000	900,000	1000000
	Supportive supervision to lower units: 1. Conduct quarterly supervision to community.	2,070,000	2070000	2277000	2504700	2755170
	2. Conduct quarterly supervision to GOK health facilities @18000	1,500,000 1,200,000	1,500,000 1,200,000	1,650,000 1320,000	1,815,000 1452000	1996500 1597200
	3. CHMT support supervision					
	On the job training: 1. Conduct OJT supervision	600,000	600000	660000	726000	798600
	Emergency preparedness planning: 1. Establish of emergency preparedness committee.	50,000	50000	55000	60500	66550
	2. Train HCWs BLS	500000	500,000	550000	605000	
	3. Quarterly committee meetings.					665000
	4. Procure emergency commodities:	40,000	40,000	44000	48400	53240
	➢ Firefighting equipment@27000/F3 ➢ Emergency Kits@8000/F ➢ Crush boxes@30000/F	108,000	108000	118800	130680	143748
	➢ Strengthen disease surveillance -Training/ICT -Follow up	100,000	100000	110000	121000	133100
	Patient Safety initiatives: 1. Orient 38 HWs from GOK hospitals and health centres for 2 days on infection prevention	760,000	760000	-	-	760000
	2. Provide IEC materials on Patient's safety	-	117,000	-	-	117000
	Therapeutic committee meetings and follow up: 1. Quarterly therapeutic committee meetings for 4 referral hospitals.	96,000	96,000	96,000	96,000	96,000
	Quarterly nutritional technical forums	500,000	500,000	500,000	500,000	500,000
	Quarterly HPAC/Community CHS meetings	500,000	500,000	500,000	500,000	500,000
	Quarterly Public Health meeting	500,000	500,000	500,000	500,000	500,000
	Clinical audits (including maternal death audits):	-	-	-	-	-
	Referral health services: 1. Purchase 25 4WD Ambulances 5/ sub-County	145,000,000	-	-		
	Rural and Urban sanitation 1. CLTS (training, Triggering, follow-up ,claims, verifications, certification and review meetings)		13,000,000	14,000,000	15,000,000	15,000,000
	2. clean up days		550,000	800,000	850,000	850,000
	3. sanitation stakeholders forum		1,000,000			
	Revenue Collection	2,000,000				
	School health program	2,000,000				
	Disease Surveillance	1,000,000				
	Food and water safety	1,000,000				
	Follow-up on prosecution cases	500,000				
Health Infrastructure (physical infrastructure,	Physical infrastructure: construction of new facilities	100,000,000	133,000,000	55600000	55,660,000	55660,00
	Physical infrastructure: expansion of existing facilities	-	223,500,000	245,850,00	270435000	297478500

equipment, transport, ICT) health infrastructure.xls				0		
	Physical infrastructure: Maintenance	14,000,000	10,000,000	10,000,000	10000000	10000000
	Equipment: Purchase	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000
	Equipment: Maintenance and repair	10000000	10,000,000	10000000	10000000	10000000
	Transport: purchase	20,000,000	72,000,000	40,000,000	0	0
	Transport: Maintenance and repair	5000000	5,000,000	5000000	5000000	5000000
	ICT equipment: Purchase	2,200,000	1,500,000	1,800,000	2,000,000	3,000,000
	ICT equipment: Maintenance and repair	1200000	500,000	500000	500000	500000
Health Workforce workforce2.xls	Recruitment of new staff	-	100,000,000	110000000	121000000	132000000
	Personnel emoluments for existing staff	480000000	480,000,000	528000000	580800000	638,880,000
	Pre-service training	National				
	In service trainings	National				
	Staff motivation annual summit	National/ county	5,000,000	5500,000	6050000	6,655,000
Health information	**Data collection: routine health information** • Uploading reports to DHIS 2,	102000	102000			
	• Supply registers to all facilities – public and non - public – for information collation (paper based, or electronic	19,000,000	19,000,000			
	• Supply registers and reporting tools to all community units	1000000	1000000			
	• Supply chalk-boards for CBHIS to all community units	1,860,000	750,000	750,000	750,000	750,000
	• Establish coordinated system for Electronic Medical Records management in County & sub-county hospitals (full computerization of county and sub-county hospitals)	6,000,000	6,000,000	3,000,000	3,000,000	500,000
	• Assure data storage capacity for County HIS (physical or virtual storage capacity)- • External hard drives	10,000	20,000	20,000	30,000	
	• Storage cabinets	300,000	300,000	300,000	300,000	
	• Quarterly Data Quality Audits	3000,000	3,000,000	3300000	3630000	3993000
	• Conduct Nutritional survey	5,000,000		5,000,000		5,000,000
	Data collection: vital events (births, deaths) • Adopt IT based system for collecting information on Vital Events (30 people for sensitization)	50,000		50,000		
	Data collection: health related sectors • Develop a tool for gathering data from other sectors	-	-	-	-	-
	Data collection: Surveillance • Strengthening s capacity for IDSR Health workers Sub-county teams		,814,500			
	• Timely reporting (weekly and monthly) Airtime	20,000	20,000	20,000	20,000	20,000

	Data collection: Establish sub County HRIO departments	-	1890000		-	-
	Purchase6 computers and28 laptops Purchase7printers		200000			
	Data analysis • Capacity build staff to analyze and use data at source(OJT and DQA)	-	-	-	-	-
	Information dissemination • Quarterly dissemination and knowledge management plan (to be done with the quarterly sub-county stakeholders for a) • Carry out annual Health Information Dissemination forums – as part of Annual Health Summits/ stakeholders fora • Bi-annual publications on Health Outcome trends (newsletters)	-	-	-	-	-
	Scale and digitalize CBHIMIS	1,250,000	1,250,000	1,250,000	1,250,000	1,250,000
	Supply of hygiene licenses and medical examination certificates	800,000				
Health Products	Procurement of required health products • County procurement planning committee/process ➢ 15 members for 5 days ➢ Hall hire ➢ Allowances ➢ Stationeries for members	500,000	500,000	500,000	500,000	500,000
	• Pharmaceutical.	136,077,380.8	136,077,308.8	149,685,118.8	164,653,630,7	181,118,993.84
	Other Drugs	63,782,190	87,85,118.88	76,538,628	82,916,847	89,295,066
	Vaccine • • ARVs	1,100,000,000	11,000,000,000	12,100,000,000	13310000000	14641000000
	• TB drugs	180,000,000				
	• CHVs kit					
	• Non-Pharmaceutical	173,944,554.00	191,399,009.4	208,733,464.8	226,127,920.2	243,522,375.6
	• X-ray	800,000	880,000	968,000	1,056,000	1,144,000
	• Lab Commodities	19,000,000	60,000,000	66,000,000	72,600,000	79,860,00
	• HIV test kits		7,700,000	8,400,000	9,100,000	9,800,000
	Nutrition supplements and food • Inpatient Food	22,000,000	22,000,000	24,200,000	26,620,000	29,282,000
	Nutrition commodities,	355,000,000	355,000,000	355,000,000	355,000,000	355,000,00
	• Essential transaction document	6,000,000	6,600,000	7,200,000	7,800,000	8,400,000
	Warehousing / storage of health products • Constructing modern ware	10,000,000	20,000,000	10,000,000	10,000,000	10,000,000
	• Inventory control system	5,000,000				
	Distribution of health products • Allowances • Fuel	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000

	• Mainatnance					
	Monitoring rational use of health products • MTC orientation 1. 15 members for 5 days 2. Hall hire 3. Allowances 4. Stationeries for members • Quarterly supervision • Vehicle maintenance • Fuel •	800,000	800,000	880,000	968,000	1,064,800
	Purchase of aqua-tabs and insecticides	1,000,000				
	TOTALS					
Health Financing	Costing of health service provision: 1. Develop a costed plan for the county.	-	-	2000000	-	2000,000
	Resource mobilization: 1. Establish resource mobilization committee and develop TORS	-	-	-	-	-
	Health expenditure reviews: annual financial/expenditure review	200,000	200,000	200000	200,000	200,000
Leadership and Governance	**Annual health stakeholders fora**					
	• Bi-annual County stakeholders fora	300,000	330,000	363,000	399,000	438,000
	• Quarterly Sub county stakeholders fora	1,000,000	1,100,000	1,210,000	1,331,000	1,464,000
	• Annual summit	-	2000000			
	Quarterly Coordination meetings					
	• Quarterly meetings of County stakeholders steering committee	60,000	66,000	72,600	79,860	87,846
	Monthly management meetings					
	• Monthly CHMT	72,000	79,200	87,120	95,832	105,415
	• Monthly Sub-County HMT					
	• Monthly Facility management teams (16) (lunch provision)	57,600	63,360	69,696	76,668	84,324
	• Quarterly facility management committee meetings(county and sub-county facilities)	1,218,000	1,218,000	1,218,000	1,218,000	1,218,000
	• Quarterly facility management committees (Primary care facilities)	1,350,000	1,350,000	1,350,000	1,350,000	1,350,000
	• Quarterly nurses meetings	57,600	63,360	69,696	76,668	84,324
	Annual Work Planning and reporting					
	• County AWP ready and approved by June each year	100,000	100,000	100,000	100,000	100,00
	• Sub-County AWP ready and approved by June each year	25,000	25,000	25,000	25,000	25,000
	• Facility AWP ready and approved by June • 3 county referral hospitals • 6 sub-county hospitals	240,000	240,000	240,000	240,000	240,000
Environmental Health						

5.2 Available financing and financing gaps

5.2.1 Secured and probable resources

Category	Source of funds	Estimated Amounts	Purpose (tick where appropriate)*						
			Service delivery	*Human Resources*	*Health Infrastructure*	*Health Information*	*Health Leadership*	*Health Financing*	*Health products*
Public Sources	County Government	5,984,923,753.4	✓	✓	✓	✓	✓	✓	✓
	National Government	11,503,682,317.4							✓
	HSF/HSSF	165,000,000	✓	✓	✓	✓	✓	✓	✓
	User fees (free maternity reimbursement)		✓	✓	✓	✓	✓	✓	✓
	Constituency Development Fund				✓				
	Other (specify)								
Development Partners	Africa Development Bank				✓				
	Clinton Foundation		✓					✓	✓
	Danish Government (DANIDA)	77,550,000	✓	✓	✓	✓	✓	✓	✓
	UK Government (DfID)								
	European Commission								
	German Government (GIZ)								
	Italian Government								
	Japanese Government (JICA)		✓		✓	✓			

Category	Source of funds	Estimated Amounts	Purpose (tick where appropriate)*						
			Service delivery	*Human Resources*	*Health Infrastructure*	*Health Information*	*Health Leadership*	*Health Financing*	*Health products*
	Netherlands Government								
	UN agency (UNAIDS)								
	UN agency (UNFPA)								
	UN agency (UNICEF)			✓					✓
	UN agency (World Bank – WB)		✓	✓	✓	✓	✓	✓	✓
	UN agency (WFP)								✓
	US Government (USAID / APHIA 2)		✓	✓	✓	✓	✓	✓	
	Other (specify)								
Community / NGO	NGO / CSO (specify)								
	Kenya Episcopal Conference (KEC)								
	Christian Health Association of Kenya (CHAK)								
	Supreme Council of Kenya Muslims (SUPKEM)								
	Other (specify)								
TOTAL									

5.2.2 Distribution, and financing gaps

Orientation	Intervention area	Financing gaps				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Service delivery	Community services	11,300,000	11,300,000	11,500,000	12,650,000	13,915,000
	Outreach services	2,917,600	2,917,600	3,249,360	3,604,296	3,984,726
	Supportive supervision to lower units	1,870,000	1,870,000	2,057,000	2,262,700	2,488,970
	On the job training	300,000	300,000	330,000	363,000	399,300
	Emergency preparedness planning	500,000	500,000	550,000	605,000	665,000
	Patient Safety initiatives	-	877,000	-	877,000	877,000

Orientation	Intervention area	Financing gaps				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	Therapeutic committee meetings and follow up	80,000	100,000	120,000	140,000	160,000
	Clinical audits (including maternal death audits)	200,000	200,000	250,000	300,000	350,000
	Referral health services	20,000,000	25,000,000	30,000,0000	35,000,000	40,000,000
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	85,000,000	146,500,000	161,000,000	178,000,000	195,000,000
	Physical infrastructure: expansion of existing facilities	15,000,000	100,000,000	110,000,000	121,000,000	133,100.000
	Physical infrastructure: Maintenance	14,000,000	10,000,000	10,000,000	10,000,000	10,000,000
	Equipment: Purchase	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
	Equipment: Maintenance and repair	8,000,000	8,000,000	8,000,000	8,000,000	8,000,000
	Transport: purchase	20,000,000	57,000,000	62,700,000	68,970,000	75,867,000
	Transport: Maintenance and repair	3,000,000	5,000,000	6,000,000	7,000,000	9,000,000
	ICT equipment: Purchase	2,200,000	1,500,000	1,800,000	2,000,000	3,000,000
	ICT equipment: Maintenance and repair	1,200,000	500,000	500,000	500,000	500,000
Health Workforce	Recruitment of new staff	0	150,000,000	165,000,000	181,500,000	199,705,000
	Personnel emoluments for existing staff	650,000,000	650,000,000	880,000,000	1,167,650,000	1,504,090,500
	Pre-service training	0	0	0	0	0
	In service trainings	0	10,000,000	20,000,000	30,000,000	40,000,000
	Staff motivation	0	10,000,000	11,000,000	12,100,000	13,310,000
Health information	Data collection: routine health information	29,250,000	29,250,000	32,175,000	35,392,500	38,931,750
	Data collection: vital events (births, deaths)	0	50,000	0	50,000	0
	Data collection: health related sectors	0	1,000,000	1100,000	1200,000	1300,000
	Data collection: Surveillance	0	814,500	814,500	814,500	814,500
	Data collection: Research	0	5000,000		10,000,000	
	Data analysis	0	2,090,000	814,500	814,500	814,500
	Information dissemination	0	600,000	700,000	800,000	900,000
Health Products	Procurement of required health products	11,503,682,317.4	11,803,682,317.4	12,103,682,317.4	12,403,682,317.4	12,703,682,317.4
	Warehousing / storage of health products	0	20,000,000	10,000,000	10,000,000	10,000,000
	Distribution of health products	0	4,000,00	4,000,000	4,000,000	4,000,000
	Monitoring rational use of health products	0	800,000	880,000	968,000	1,064,800
Health Financing	Costing of health service provision	0	5,000,000	2,000,000	2,000,000	2,000,000
	Resource mobilization	0	10,000,000	12,000,000	14,000,000	16,000,000
	Health expenditure reviews	200,000	2,000,000	2,000,000	2,000,000	2,000,000
Leadership and Governance	Annual health stakeholders fora	3,300,000	3,330,000	3,463,000	3,609,300	3,770,230
	Quarterly Coordination meetings	10,000,000	10,100,000	10,300,000	10,500,000	10,900,000
	Monthly management meetings	0	2,400,000	2,400,000	2,400,000	2,400,000
	Annual Work Planning and reporting	0	10,000,000	10,000,000	10,000,000	10,000,000

5.3 Resource mobilization strategy

5.3.1 Strategies to ensure available resources are sustained

Resources to operationalize the strategic plan will be sourced from the County and National Governments, health partners, corporates, private sector, faith based organizations, insurance, financial institutions, parastatals, training and research institutions, foreign agencies, United Nations agencies. These will be co-ordinated through the county stake holders forum, that is to be held quarterly.

5.3.2 Strategies to mobilize resources from new sources

- Launching and dissemination of this strategic plan to new potential partners
- Introduction of new services
- Regular stakeholders meetings
- Private public partnership, especially with training and research institutions
- Promote insurance among the clients

5.3.3 Strategies to ensure efficiency in resource utilization

- Integration of services.
- Rational drug use and monitoring
- social accountability
- Performance Monitoring and Appraisal
- proper deployment of staff
- use of information technology
- have an efficient referral system of samples and patients
- treatment based on confirmed diagnosis
- cost benefit analysis
- regular audits
- mainstreaming/ multi-sectoral approach

➢

ANNEX 1: INVESTMENT AREAS SCOPE, AND CODES

Code	Orientation	Code	Intervention area
1	Service delivery	**1.1**	Community services
		1.2	Outreach services
		1.3	Supportive supervision to lower units
		1.4	On the job training
		1.5	Emergency preparedness planning
		1.6	Patient Safety initiatives
		1.7	Therapeutic committee meetings and follow up
		1.8	Clinical audits (including maternal death audits)
		1.9	Referral health services
		1.10	Other
2	Health Infrastructure	**2.1**	Physical infrastructure: construction of new facilities
		2.2	Physical infrastructure: expansion of existing facilities
		2.3	Physical infrastructure: Maintenance
		2.4	Equipment: Purchase
		2.5	Equipment: Maintenance and repair
		2.6	Transport: purchase
		2.7	Transport: Maintenance and repair
		2.8	ICT equipment: Purchase
		2.9	ICT equipment: Maintenance and repair
		2.10	Other
3	Health Workforce	**3.1**	Recruitment of new staff
		3.2	Personnel emoluments for existing staff
		3.3	Pre-service training
		3.4	In service trainings
		3.5	Staff motivation
		3.6	Other
4	Health information	**4.1**	Data collection: routine health information
		4.2	Data collection: vital events (births, deaths)
		4.3	Data collection: health related sectors
		4.4	Data collection: Surveillance
		4.5	Data collection: Research
		4.6	Data analysis
		4.7	Information dissemination
		4.8	Other
5	Health Products	**5.1**	Procurement of required health products

Code	Orientation	Code	Intervention area
		5.2	Warehousing / storage of health products
		5.3	Distribution of health products
		5.4	Monitoring rational use of health products
		5.5	Other
6	Health Financing	**6.1**	Costing of health service provision
		6.2	Resource mobilization
		6.3	Health expenditure reviews
		6.4	Other
7	Leadership and Governance	**7.1**	Annual health stakeholders for a
		7.2	Quarterly Coordination meetings
		7.3	Monthly management meetings
		7.4	Annual Work Planning and reporting
		7.5	Other