Republic of Kenya

Reversing the trends

The Second NATIONAL HEALTH SECTOR Strategic Plan of Kenya

Annual Operational Plan 5 2009/10

Ministry of Public Health and Sanitation

Ministry of Medical Services

July 2009

NHSSP II
2005-2010
AOP 5

Republic of Kenya

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ANNUAL OPERATIONAL PLAN 5
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Ministry of Public Health and Sanitation

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***Reversing the Trends: The Second National Health Sector Strategic Plan of Kenya* – ANNUAL OPERATIONAL PLAN 5: JULY 2009–JUNE 2010**

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Foreword

This is the fifth annual operational plan (AOP 5) of the second National Health Sector Strategic Plan (NHSSP II). The plan builds and improves previous AOPs in terms of its accuracy, specificity, measurability and realistic basis. It emphasizes the two health ministries specific strategic thrusts, which are aligned to the pillars of the Vision 2030.

The plan is grounded in the fundamental principles of the timeliness of the planning process, the standardization of indicators, and a mixed top-down/bottom-up target setting approach. The planning process is institutionalized in the health sector and linkages between planning and budgeting have improved.

Key focus areas are access, equity, quality, capacity and institution building. Objectives in these areas will be achieved through a devolution approach that allocates funds and responsibility for delivery of health care to hospitals, health centres and dispensaries, with the intention of fostering local ownership, empowering Kenyan households and ensuring community involvement.

During the implementation period, the health sector intends to strengthen the accessibility and quality of health care services in a number of critical ways. We will build the capacity of managers on leadership and change management. We will enhance commodity management as we continue institutional strengthening and organizational restructuring. And we will strengthen primary health care services.

The sector has established sound partnerships with implementing partners through their network, HENNET, and with our private sector and development partners. Coordination and governance structures are well established and working. Four new members signed on to the Code of Conduct developed for the health sector, signifying growing confidence and good cooperation between the sector and its partners.

A comprehensive mechanism for monitoring the Code of Conduct has also been put in place. Through the COC, we are hopeful that reporting from development partners will be improved so as to facilitate effective planning and take forward the process of putting in place the Joint Financing Arrangements. This will allow the Government more flexibility to utilize its own resources in areas not covered by donor funds.

From a wider perspective, the ongoing global economic slowdown that peaked during the AOP 4 implementation period is likely to have an impact on the health sector's ability to deliver the planned interventions. Government's own ability to mobilize local resources to finance its planned budget is challenged, particularly from sectors directly reliant on global inflows, such as tourism.

Finally, we must point out that many – if not most – of the NHSSP II service delivery targets are far from being achieved. A variety of factor contributed to this shortfall, but the fact remains that there is urgent need to redouble our efforts to accomplish the goal of "reversing the trends" for all Kenyans.

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Executive Summary

The Framework

The AOP 5 planning process, principles, and priority setting has been informed by The Kenya Vision 2030, the First Medium Term Plan (2008-2012), the second National Health Sector Strategic Plan (NHSSP II), Joint Programme of Work and Funding, the *Roadmap for Acceleration of implementation of interventions to achieve the Objectives of the NHSSP II,* the investment plans for the Ministries of Public Health and sanitation and Medical Services and the lessons learnt from AOP 4 planning process.

The Process

The planning of AOP5 was through a consultative effort. The main principles that guided the development of the AOP 5 were timeliness of the planning process, standardized set of indicators for sector planning and performance monitoring, mixed top down and bottom up approach to target setting, focus on specific planning units by service delivery levels, bottom-up planning; harmonization of the AOP 4 planning and budgeting processes; linkage of national priorities to provincial, district and health facility level planning and linkage of planning with the Government's results based management framework.

Based on the above principles, the plan development process with its timeframe was developed and adopted by the HSCC. The development process included; revision of planning and consolidation formats, planning and performance monitoring indicators; development of planning and appraisal guidelines and the facilitation manuals; capacity building of members of planning teams for the different levels of the health system; development of plans; consolidation at district, provincial and national levels, peer and vertical appraisal of consolidated plans and approval of the AOP 5 by the HSCC.

The plan is an improvement to the previous AOPs in terms of; improved accuracy of sector targets; improved outputs for management support in terms of specificity, measurability, accuracy and being realistic. The main challenges are: lack of a comprehensive resource envelope to guide the planning units on the available resources for the implementation of the plan; and the huge amount of technical and financial resources required for the bottom-up planning process.

The Objectives and Priorities

The overall objective guiding delivery of health services during AOP 5 is to improve the efficiency and effectiveness of the utilization of available resources, at the implementation level. This it will attain through scaling up delivery of priority services for the achievement of NHSSP II objectives, accomplished through the following specific objectives:

- Scale up strategies for acceleration of implementation of NHSSP II, as outlined in the Road Map.
- Address the impact of post election events on delivery of health services.
- Strengthen the governance and partnership processes.
- Develop NHSSP III or review/extend NHSSP II.
- Develop a new policy framework for the health sector.

The priorities for the sector during AOP 5 will be:

1. Continue the scale up of delivery of targeted health services, in line with reduced sector performance seen following post election violence, with specific focus on immunization, malaria and TB services.
2. Scale up efforts towards management of new, or re-emerging health threats. Specifically, priority will be given to control of and response to cholera, H1N1 influenza, polio and measles outbreaks. Along side these efforts steps will be taken to mitigate the impact of any epidemics arising, particularly in relation to drought and expected *El Niño* flooding.
3. Articulate a framework to guide hospital sector reforms, and initiate roll-out of identified quick wins.
4. Roll out the process of establishing a model health centre in each constituency.
5. Complete the restructuring of the National Hospital Insurance Fund.
6. Rolling out of the direct financing of implementation units in both ministries.
7. Formulate a new Health Policy Framework, to guide the sector towards supporting the attainment of Vision 2030.

The Service Delivery Indicators

The health sector identified 31 service delivery indicators to be monitored during the course of the year, with specific indicators attached to each life cycle cohort. As with AOP 4, the indicators are defined by level and ownership from the national, provincial, district, and facility levels. Efforts are being made to harmonize service delivery indicators and targets with the performance contract service outcomes to ensure appropriate alignment between Government and sector priorities.

The Management Support for Delivering AOP 5 Targets

There are 12 targets for efficiency, finance and governance to be achieved during this plan period. In addition, there are outputs set to be delivered by the national and provincial management support structures. As with the service delivery targets, the management support indicators for AOP 5 have been aligned with the performance contracts of the two health ministries.

The Governance of AOP 4 Implementation

Existing health sector coordination and partnership structures for AOP 5 will continue; these are the Health Sector Coordinating Committee, and the provincial, district and divisional health stakeholder forums. The sector's Code of Conduct will guide the partnership. Stewardship for the health sector coordination and partnership will be provided jointly by the Ministry of Public Health and Sanitation, and the Ministry of Medical Services. As such, both ministries will work in collaboration and will be represented equally in the relevant coordination structures.

The governance and partnership processes proposed for AOP 5 build on the lessons learnt from progress on the implementation of strategies for strengthening sector partnerships. The 11 priority interventions set for AOP 5 aim at further strengthening of governance and partnership processes. Special attention will be given to the following: Development of sector policy and strategic documents, Joint Financing Agreement, and Public–Private Partnership policy; joint performance monitoring including monitoring adherence to the Code of Conduct and social accountability; and building capacity for effective sector leadership and management.

The Financing of AOP 5

The financial resources required for the implementation of the plan amount to Ksh109 billion. The total financial resources available are Ksh104 billion, of which Ksh47 billion is on-budget, Ksh49 billion is off-budget and Ksh9 billion is sector generated. The overall financing gap is, therefore, Ksh5 billion. Limited fungibility of available resources, as they are largely earmarked, is expected to yield significant financing gaps in key priority areas of human resources, commodities, primary health and community level services.

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List of Abbreviations

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care/clinic
AOP	Annual operational plan
ART	Anti-retroviral therapy
CDF	Constituency Development Fund
CFO	Chief Financing Officer
CHW	Community health worker
CHEW	Community health extension worker
CORP	Community-owned resource person
CP	Chief Pharmacist
DCH	Division of Child Health
DEH	Division of Environmental Health
DFID	Department for International Development
DHP	District health plan
DHSF	District Health Stakeholder Forum
DHMB	District Health Management Board
DHMT	District Health Management Team
DMOH	District Medical Officer of Health
DMST	District Medical Services Team
DMS	Director of Medical Services
DMSO	District Medical Services Officer
DOMC	Division of Malaria Control
DRH	Division of Reproductive Health
DSRS	Department of Standards and Regulatory Services
EHS	Essential Health Services
EMMS	Essential medicines and medical supplies
ERS	Economic Recovery Strategy (for Wealth and Employment Creation)
EU	European Union
FBO	Faith-based organization
FP	Family planning
GFATM	Global Fund to Fight AIDS, TB and Malaria
GOK	Government of Kenya
GBV	Gender-based violence
HBC	Home-based care
HIV	Human immune deficiency virus
HMIS	Health management information system
HQ	Headquarters (generally refers to MOH)
HRD	Human resource development
HRH	Human resources for health
ICT	Information and communication technology
IDSR	Integrated disease surveillance and response
IEC	Information, education and communication
IFMIS	Integrated financial management information system
IMCI	Integrated management of childhood illness
IMR	Infant mortality rate
IPT	Intermittent prophylactic treatment (for malaria)
IRS	Indoor residual spraying
JPWF	Joint Programme of Work and Funding
JSP	Joint Support Programme
KEPH	Kenya Essential Package for Health
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supply Agency
KENWA	Kenya Network of Women with AIDS
KEPI	Kenyan Expanded Programme of Immunization
KMTC	Kenya Medical Training College

KNH	Kenyatta National Hospital
Ksh	Kenya shilling
LBW	Low birth weight
LLITN	Long-lasting insecticide treated bed net
MCH	Mother and child health
MDGs	Millennium Development Goals
MDR	Multi drug resistant
M&E	Monitoring and evaluation
MMR	Maternal mortality ratio
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation Services
MMU	Ministerial Management Unit
MOU	Memorandum of understanding
MTEF	Medium-term expenditure framework (3-year rolling plan)
MTPP	Medium-term procurement plan
MTRH	Moi Teaching and Referral Hospital
NASCOP	National AIDS and STD Control Programme
NBTS	National Blood Transfusion Service
NGO	Non-government organization
NHIF	National Hospital Insurance Fund
NHSSP II	Second National Health Sector Strategic Plan 2005–2010
NLTP	National Leprosy and TB Programme
NPHLS	National Public Health Laboratory Services
PAC	Principal Accounts Controller
PDMS	Provincial Director of Medical Services
PEPFAR	President's Emergency Plan for AIDS Relief
PFM	Public finance and management
PGH	Provincial General Hospital
PHMT	Provincial Health Management Team
PME	Performance-based monitoring and evaluation
PMST	Provincial Medical Services Team
PMTCT	Prevention of mother-to-child transmission (of HIV)
PMO	Provincial Medical Officer
PS	Permanent Secretary
PU	Procurement Unit
RBM	Results-based management
RH	Reproductive health
RRI	Rapid results initiative
Sida	Swedish International Development Cooperation Agency
TB	Tuberculosis
TOR	Terms of reference
TOT	Training/trainer of trainers
TOWA	Total War on AIDS
VCT	Voluntary counselling and testing
VHC	Village health committee
WHO	World Health Organization
WRA	Women of reproductive age

SECTION I: Principles and Priorities

Chapter 1: Introduction

Kenya's health sector adopted the development of annual operational plans (AOPs) as a means of ensuring that the Second National Health Sector Strategic Plan (NHSSP II – 2005–2010)[1] was implemented as intended. An AOP defines the year's priorities, targets, activities and resources, on the basis of the ideals, strategies and targets spelt out in NHSSP II and the Joint Programme of Work and Funding (JPWF) for 2006–2010, as well as on the lessons learnt from the previous year. This annual operational plan is the fifth in the series. In addition to NHSSP II and the JPWF, Kenya Vision 2030 and it first Medium-Term Plan (MTP) for 2008–2010, along with the *Roadmap for Acceleration of Implementation of Interventions to Achieve the Objectives of the NHSSP II,*[2] all informed the priorities of this plan. These documents, together with experience gleaned from the implementation of AOP 4, constitute the basis of AOP 5.

1.1 Recap of Vision 2030

Kenya Vision 2030 articulates the national development agenda for the country. It is a vehicle for accelerating Kenya's transformation from low income status into a rapidly industrializing middle-income nation by the year 2030. The Vision specifies strategies for achieving the following economic, social and governance targets:

- Sustainable economic growth of 10% per year over the next 25 years.
- A just and cohesive society enjoying equitable social development in a clean and secure environment.
- An issue-based, people-centred, result-oriented and accountable democratic political system.

Health is an important element of the strategy. Kenya's Vision 2030 for health is to provide equitable and affordable health care at the highest affordable standard to all citizens, involving (among other things) the restructuring of the health care delivery systems in order to shift the emphasis to preventive and promotive health care. Key focus areas of access, equity, quality, capacity and institutional framework will be achieved through a devolution approach that will allocate funds and responsibility for delivery of health care to hospitals, health centres and dispensaries, thereby empowering Kenyan households and social groups to take charge.

1.2 Recap of the First Medium-Term Plan, 2008–2012

The first MTP sets out the policies, reform measures, projects and programmes that Kenya's Grand Coalition Government is committed to implement during the period 2008–2012 in line with Vision 2030. The MTP health sector objectives are to:

1. Reduce under-five mortality from 120 to 33 per 1,000 live births;
2. Reduce the maternal mortality ratio (MMR) from 410 to 147 per 100,000 live births;
3. Increase the proportion of deliveries by skilled personnel from the current 42% to 90%;
4. Increase the proportion of immunized children below one year from 71% to 95%;
5. Reduce the number of cases of TB from 888 to 444 per 100,000 persons;
6. Reduce the proportion of in-patient malaria fatality to 3%; and
7. Reduce the national adult HIV prevalence rate to less than 2%.

[1] Ministry of Health, *Reversing the Trends – The Second National Health Sector Strategic Plan of Kenya: NHSSP II – 2005–2010*, September 2005.
[2] Ministry of Health, *Roadmap for Acceleration of Implementation of Interventions to Achieve the Objectives of the NHSSP II* , December 2007.

The MTP flagship projects for health are rehabilitating health facilities, strengthening the Kenya Medical Supply Agency (KEMSA), fully implementing the Community Strategy, de-linking the health ministries from service delivery, building the human resource capacity and developing equitable financing mechanisms.

The KEPH Life-Cycle Cohorts

1. Pregnancy and the newborn (up to 2 weeks of age)
2. Early childhood (2 weeks to 5 years)
3. Late childhood (6–12 years)
4. Youth and adolescence (13–24 years)
5. Adulthood (25–59 years)
6. Elderly (60+ years)

1.3 Recap of NHSSP II 2005–2010

NHSSP II outlines the health sector strategies aimed at achieving the national development priorities defined by the Economic Recovery Strategy 2003–2007 (ERS) of the Government of Kenya (GOK) and the international Millennium Development Goals (MDGs). NHSSP II has as its overall goal is to reduce inequalities in health care services and reverse the downward trend in health-related outcome indicators. Five strategic objectives were set for the realization of this goal:

- Equitable access to health services increased.
- The quality and responsiveness of services in the sector improved.
- The efficiency and effectiveness of service delivery improved.
- The fostering of partnerships enhanced.
- The financing of the health sector improved.

The main innovations of NHSSP II in terms of service delivery are the definition of the Kenya Essential Package for Health (KEPH)[3] and the re-definition of service delivery levels – most particularly the inclusion of level 1 services (community level) as part of the service delivery units. In order to deliver the essential health services effectively, core support systems to be strengthened are also articulated.

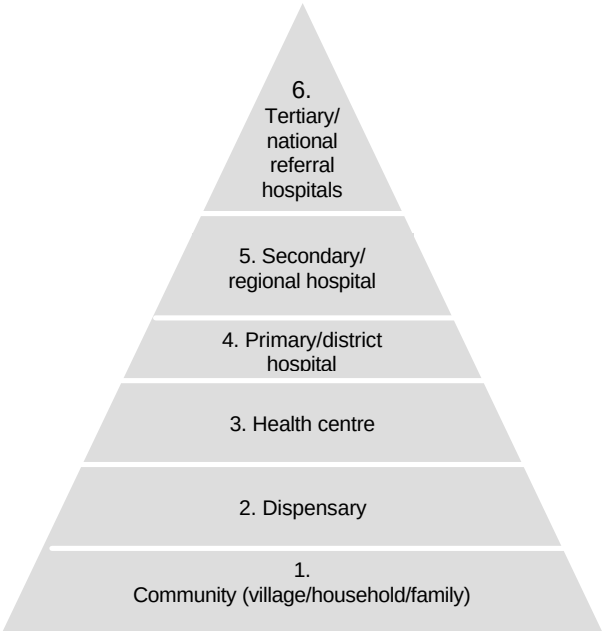


Figure 1.1: KEPH levels of care – Communities are the foundation of the pyramid

1.4 Recap of JPWF 2006–2010

As a guide to the activities and investment decisions of Government and its health sector partners, the JPWF support the implementation of NHSSP II. The priorities of the JPWF are as follows:

- To increase access to health services by rolling out the Community Strategy[4] to initiate the establishment of level 1 (community-based) health activities in all districts and expand these activities during the next four years to 50% of the households in each district.

- To strengthen health service delivery through increased coverage and effectiveness of the KEPH with particular attention to levels of care 2–4 by:
  - Developing and implementing the national Human Resource Management Plan,
  - Improving service quality, and
  - Ensuring the regular supply of pharmaceuticals and equipment.

[3] Ministry of Health, Reversing the Trends: The Second National Health Sector Strategic Plan of Kenya – The Kenya Essential Package for Health, July 2007.

[4] Ministry of Health, Taking the Kenya Essential Package for Health to the Community: A Strategy for the Delivery of LEVEL ONE SERVICES, April 2006. The Community Strategy is complemented by training curricula developed specifically for the cadres of health care providers that work at the community level.

- To improve financing in the health sector by:
  - Promoting pro-poor resource allocation practices for enhanced GOK funding to the health sector while strengthening public finance and management (PFM), resource-based monitoring (RBM), and a performance-based M&E system (PM&E) as ways of mobilizing additional resources from and within the sector envelope,
  - Building on the learning from experiences with alternative risk-pooling financing mechanisms for health, and
  - Creating an enabling environment for private sector participation and contribution to health financing.

- To foster stewardship and partnership for good governance through policy dialogue, effective organization, improved coordination and better management arrangements for the attainment of consensus on common working arrangements in the sector.

1.5 Recap of the Roadmap for Acceleration of Implementation of Interventions to Achieve the Objectives of the NHSSP II

Drawn from the Midterm Review of NHSSP II, the Roadmap for Acceleration of Implementation of Interventions to Achieve the Objectives of the NHSSP II outlines agreed priority interventions to be implemented during the second half of the strategic plan period. The summary of the priority interventions agreed by health sector stakeholders are outlined in Table 1.1

Table 1.1: Roadmap priority interventions

NHSSP II objective	Agreed priority interventions
Objective 1: Increase equitable access to health services	▪ Provide support to ensure universal access to maternal and neonatal health services for cohort 1, involving demand creation and supply-side interventions such as free delivery, skilled attendants, effective referral and other emergency obstetric care components. ▪ Comprehensively implement guides and frameworks for cohorts 4 and 6. ▪ Develop a policy, strategic approach and implementation framework for NCDs to address healthy lifestyles and provision of direct medical care for individuals in a clinical setting (all cohorts). ▪ Reduce morbidity and mortality from malaria by accelerating implementation of the national malaria strategy, which has been revised in line with NHSSP II, particularly targeting cohorts 2, 3 and 5. ▪ Strengthen implementation of existing service delivery efforts for child health for cohorts 2 and 3, with a particular focus on coordination. ▪ Accelerate implementation of TB control initiatives (cohort 5). ▪ Accelerate Community Strategy implementation (level 1), by rolling out the community health worker structure, providing behaviour change communication, scaling up outreach services, etc. ▪ Accelerate dissemination of the Kenya Essential Package for Health (KEPH) throughout the sector. ▪ Develop a strategy to influence the implementation of KEPH outside the health sector. ▪ Strengthen public-private partnerships in delivery of services, particularly in under-served areas, by improving formal frameworks and facilitating access to the HSSF.
Objective 2: Improve the quality and respon-siveness of services	▪ Roll out service charter – to be displayed publicly – containing information on services, standards, complaints and the mechanisms to redress. ▪ Develop and implement country-specific hospital reforms to support and complement services at the primary care level. ▪ Re-categorize and accredit health facilities in line with KEPH to guide the identification of inputs required within the context of existing KEPH Norms and Standards. ▪ Update and implement clinical and management guidelines for service delivery. ▪ Creating facility-based incentives to improve quality of services, such as institutionalizing processes for recognition and reward. ▪ Put in place national strategy for integrated supportive supervision, involving clear definitions and implementation arrangements and linkages to annual plans and performance appraisal, as well as incorporating new service delivery guidelines. ▪ Fast track leadership and management capacity strengthening initiatives in accordance with the decentralization of management in the sector, including in-service training and patient centred accountability.
Objective	▪ Strengthen sector coordination and participation structures at all levels.

NHSSP II objective	Agreed priority interventions
3: Foster partner-ships in improving health and delivering services	▪ Monitor adherence to COC principles and obligations, including the development of aid effectiveness indicators and targets, and integrate their measurement in sector annual reviews. ▪ Provide joint support and responsibility to strengthen common management arrangements, so as to ensure use of country systems for support. ▪ Ensure partners are providing coordinated and demand driven technical assistance and cooperation. ▪ Support implementation of common monitoring tools and systems including utilization of the Joint Review Missions for review and planning of sector interventions. ▪ Develop mechanisms for generating, sharing and using information with implementing partners. ▪ Build the capacity of coordinating secretariats for partnership (HENNET and private sector). ▪ Encourage development partners to increasingly channel funds through joint financing arrangements and use in-country systems ▪ Establish and implement coordination mechanism for partner missions to the country. ▪ Coordinate and pool capacity development support, particularly for systems strengthening.
Objective 4: Improve efficiency and effective-ness of service delivery	▪ Fast track implementation of HRH initiatives. ▪ Strengthen the management and availability of commodities and supplies. ▪ Align infrastructure, communication & ICT strategies to ensure they support service delivery effectively. ▪ Strengthen the public financial management systems. ▪ Strengthen use of strategies for bottom up planning and budgeting. ▪ Scale up use of performance monitoring mechanism (including the health management information system – HMIS).
Objective 5: Improve financing of the health sector	▪ Establish mechanisms to increase availability of resources. ▪ Improve budget management and the efficiency and equitability of resource allocation and utilization, particularly by developing costing frameworks, improving pro-poor resource allocation formulas, instituting cost-effectiveness analysis to aid prioritization, availing finance/cost information to the public, and incorporating all income sources for expenditure tracking. ▪ Complete and implement health care financing strategy. ▪ Implement HSSF, through more comprehensive district budgeting, finalization of guidelines, training, and ensuring that fiduciary risk is low. ▪ Implement the shadow budget as a means to link planning and budgeting processes for the entire sector. ▪ Improve predictability of resources by holding partners accountable to provide information on their frameworks and budgets, and quarterly disbursement data.

1.6 Status of Implementation of AOP 4

For its main goal, the annual operational plan for 2008/09 intended to accelerate delivery of defined priority services for the achievement of NHSSP II objectives. The plan's specific objectives were to:

- Improve demand for health services by scaling up implementation of the comprehensive Community Strategy across the country.
- Scale up cost-effective disease prevention interventions in areas contributing to the highest burden of ill health.
- Improve quality of health services by initiating hospital reforms that include formulation of a comprehensive referral strategy.
- Initiate innovative mechanisms to improve sanitation and hygiene practices across the country.
- Finalize financing reforms with a focus on equitable mechanisms to protect the poor from catastrophic expenditures.
- Ensure timely availability of essential medicines and supplies.
- Strengthen capacity for delivery of health interventions.
- Initiate and implement a sustainable integrated supportive supervision system.
- Ensure implementation of governance and partnership strengthening initiatives across all levels of service delivery.

1.6.1 Performance against AOP 4 Specific Objectives

Results of AOP 4 are quite mixed. A preliminary review of AOP 4 service delivery indicates that supply of adequate services continues to be a challenge, although demand for care remains high.

Moreover, no progress was noted in initiating innovative mechanisms to improve sanitation and hygiene practices.

On improving the quality of health services by initiating health reforms, there are number of areas that the Ministry of Medical Services identified as areas for reform the hospital referral system, institutional structure, e-health and medical supply chain. Technical work is going on to develop strategies for accomplishing these reforms.

In the area of finalizing financing reforms, a familiarization tour was undertaken that informed the development of the Social Health Protection Strategy, which is now in draft.

On strengthening governance and partnership initiative, the following were achieved:

- Joint annual review undertaken
- Joint sector planning undertaken
- Framework for monitoring the Code of Conduct for the partnership of health sector stakeholders developed
- Resources for strengthening partnership mobilized through DFID, WHO and the World Bank
- Health Sector Coordinating Committee and Provincial stakeholder forums operational.
- Joint bottom-up (from community and rural facilities) planning instituted.

1.6.2 Issues that Affected AOP 4 Implementation

In general, the implementation of AOP 4 was negatively affected by a number of factors that were beyond the control of the health sector. Chief among these was the reorganization of the Government health care system, the reallocation of financial resources, and the challenge of new and re-emerging diseases.

Reorganization of the Government Health Care System

Despite efforts to minimize the effects of the reorganization of the Government health care system in the delivery of health services by government units, a number of teething problems negatively influenced the availability of services and speedy implementation of reforms. These included:

- Creation of new management structures resulted in the creation of new offices and redeployment of a lot of staff, thereby diverting resources meant for planned activities
- Reallocation of government resources to the two ministries produced some grey areas in responsibility, i.e., on who is responsible for which services by programmes, coupled with lack of collaboration by the different offices belonging to the different ministries.
- Innovative reforms whose implementation required the review and approval of central government and or parliament had to taken back to the drawing table.

Reallocation of Financial Resources

Because of other competing government priorities such as resettlement of internally displaced persons, food shortage, government reforms, the approved Government budget allocation to the two ministries was affected. Thus the health budget was not executed according to the anticipated cash flow and the funds allocated were reduced.

New and Re-Emerging Conditions

There were outbreaks of diseases, such as cholera, polio and measles during the implementation of AOP 4. The scare of an outbreak of swine flu (H1N1 influenza) becoming a pandemic prompted the ministries to put in place mechanisms for preparedness. These events diverted time and resources meant for planned activities, thereby negatively affecting the implantation of AOP 4 activities.

1.7 Emerging Issues Relevant to AOP 5 Planning Priorities and Process

Several events and decisions during the implementation of AOP 4 guided the development of AOP 5. The main ones were the restructuring of the Ministry of Health into two ministries, the subsequent development of the ministries midterm strategic plans, the creation of new districts and the effects of the global economic down turn.

1.7.1 Reorganization of the Government Health Services

The decision on how to share the resources allocated to the health sector to the two ministries took longer than anticipated. As such, the determination of the resource envelope for AOP 5 was not done on time for the planning units to take account of the resource envelope. The units therefore developed their plans without knowing the actual resources available to them.

Following the reorganization of the Ministry of Health, the two new ministries had to develop individual ministerial strategic plans, with pre-designed planning formats, in addition to the existing health sector strategic plan. The strategies and targets of these strategic plans informed the priorities of AOP 5.

1.7.2 Reorganization of the District Administration

Following the formation of new districts by Government, new public health and medical services offices had to be created. The number of planning units to be involved in developing the year's plan was therefore increased and this had an effect on the required funds for the planning process.

1.7.3 Economic Downturn and Implications for Health

The ongoing global economic slowdown, which peaked during the AOP 4 period, will have an impact on the ability to deliver on the sector's planned interventions. Expected resources, particularly from the donors, are less predictable, as a result of the changing priorities of their parent countries. In addition, Government's own ability to mobilize resources to finance its planned budget is at risk because of reduced ability to raise local resources, particularly from sectors such as tourism that are directly reliant on global inflows.

Chapter 2: Key Principles of the AOP 5 Planning Process

Just as the annual operational plans refine and focus the broad objectives for a particular year, each one has yielded incremental improvements to both focus and process. The lessons learnt from the development of previous plans have informed the focus and process of planning for successive years. AOP 5 has similarly benefited from the earlier experiences.

2.1 Lessons Learnt from the AOP 4 Planning Process

Despite the improvements in the process, planning for AOP 4 had some inherent weaknesses:

- ***Difficulty in adhering to the planning cycle*:** The planning units were given very little time for training and for the development of the plans because of post election skirmishes. This placed unnecessary strain on the planning units.

- ***Frequent changes to the planning and consolidation formats*:** In order to come up with a plan that complies with the reorganization of MOH into the two ministries, the planning tools were revised hurriedly and at an advanced stage of the planning process. Planning units therefore faced problems adopting and using the rapidly changing planning and consolidation formats especially in terms of content and the structure of the formats. There was misunderstanding on the definition of some indicators, and on which indicators would be used for planning and for performance monitoring of AOPs.

- ***Inaccuracy of the baselines and targets*:** The district, provincial and national service delivery baselines and targets were derived through the consolidation of health facility baselines and targets, i.e., through the bottom-up approach. This approach resulted in inaccurate targets for a good number of indicators. The problem of defining target populations for health facilities – which was compounded by the formation of new districts with unclear physical boundaries – was for a big contribution to the failure of the bottom-up approach to target setting. The inaccuracy of baselines and targets affected the quality of AOP 4.

- ***Linking national and provincial/district priorities*:** A number of documents outline sector priorities and priorities – NHSSP II, JPWF, the Roadmap and other programme specific documents. It was a challenge to link these priority strategies and interventions with the provincial and district plans.

- ***Large amount of required resources for planning process*:** The deepening of the bottom-up planning to involve all rural health facilities and communities called for intensive and extensive capacity building and consensus building meetings. As such, the process required a lot of financial resources. Some districts and/or provinces found it difficult to mobilize the necessary resources, which eventually affected the level of involvement and the quality of the plans.

- ***Lack of a comprehensive resource envelope*:** It was not possible to determine all available resources for implementation of AOP 4 from the different actors. FBOs and NGOs did not declare the resources they had for implementing activities related to the targets they set themselves to contribute to the AOP 4 targets. It was also not possible to allocate to the different planning units or to specific programme activities all the resources declared by development partners. This meant that the actual amount of resources available could not be determined with confidence, resulting in a huge financial gap for AOP 4.

2.2 Applying the Lessons to AOP 5

As a result of these observed weaknesses in the development of AOP 4, the following lessons formed the basis for the principles of the AOP 5 development process:

- A realistic planning timetable that links with the Medium-Term Expenditure Framework (MTEF), is closely monitored and is communicated to the planning units in good time is critical in facilitating the timely development of plans by planning units.
- Standardized and well-understood indicators for planning and monitoring AOPs need to be developed to guide the planning process.
- The bottom-up approach to target setting needs to be reviewed to improve the accuracy of the AOP targets.
- There is need to improve linkage between priorities developed at the different levels of planning and those outlined in different strategic plans and frameworks – as well as with available resources.

2.2.1 Principles of the AOP5 Planning Process

On the basis of these lessons, several specific principles drove the AOP 5 planning process. Among these were an emphasis on timeliness, standardization of indicators and refining of targets.

Timeliness of the Planning Process
The AOP timeline that takes into consideration the annual planning, MTEF and the performance contracting processes to be developed and communicated to the planning units for guiding on the milestones for the planning process.

Standardized Set of Indicators for Planning and Sector Performance Monitoring
The health sector agreed to maintain a small set of core planning and performance monitoring indicators. These are the indicators that will be used to guide the sector on whether the interventions for a given cohort result area are having the desired impact. They are not meant to inform on progress in a respective programme area.

Target Setting for Different Indicators
The target setting in AOP 5 was changed from a purely bottom-up process to a mixed bottom-up and top-down approach. This is because of the disharmony between the indicator achievements obtained through the bottom-up process and the nationally agreed targets for specific indicators. For AOP 5, the national targets were first agreed And achievements for each province were then determined on the basis of population, previous performance and existing capacity to deliver. Negotiations were held with all the provinces to reach common agreement on these targets. This process was then repeated for districts and facilities, respectively.

2.2.2 Focus on Specific Planning Units by Level

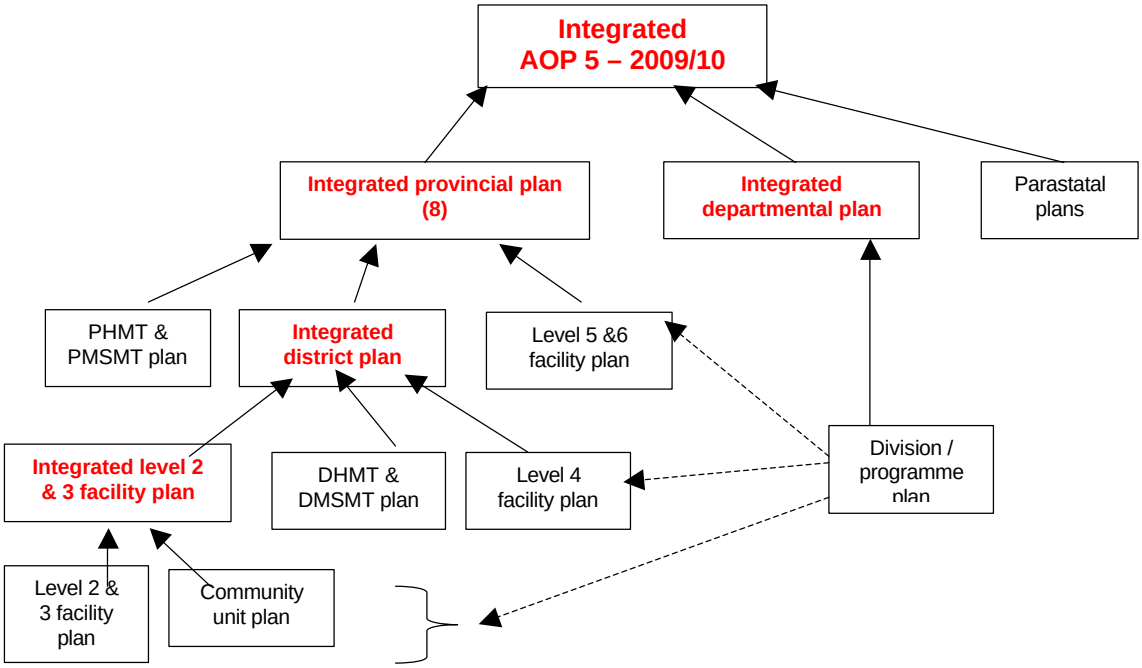
In line with the Health Sector Services Fund (HSSF), the roll out of direct financing to implementation units is expected to be institutionalized for AOP 5. This entails comprehensive roll out of the annual planning process at the community and facility levels, following on the process initiated in AOP 4. All health facilities and community units must have individual plans in order to benefit from the fund. Thus, planning should focus on the following planning units:

- Community units
- Health facilities (levels 2–6)
- District and provincial management teams from each ministry
- Programmes/divisions from each ministry
- Parastatals and other semi-autonomous health bodies

2.2.3 Linkage of Planning Process Outputs

The altered approach to target setting aside, AOP 5 process deepened the principle of bottom-up planning that has guided the sector throughout implementation of NHSSP II. How the plans developed by the different planning units will contribute to the sector-wide AOP 5, through an iterative process of consolidation, is outlined in Figure 2.1.

Figure 2.1: Schema of AOP 5



The consolidated plans are therefore as follows:

- ***Integrated health facility plans:*** Made up of plans of the community unit and those of the level 2 and 3 facility planning units.
- ***Integrated district plans:*** Made up of the plans of the consolidated level 2 and 3 facility plans in the district, plus the level 4 planning unit and respective ministry district management units.
- ***Integrated provincial plans:*** Made up of plans of the consolidated district plans in the province, plus the planning unit plans of the level 5 and 6 facilities and the respective ministry provincial management units.
- ***Integrated departmental plans:*** Made up of the plans of the divisions and programmes within each department of each ministry.
- ***Integrated AOP 5 plan:*** Made up of the consolidated plans of the provinces (8) and the departments, plus the parastatal planning units.

2.2.4 Harmonizing and Linking AOP 5 with National, Provincial and District and Facility Processes and Priorities

In terms of available resources, harmonization entails determining the sector resource envelope prior to commencement of the planning process. This process is not only to capture Government and on-budget resources as defined in the MTEF, but also to incorporate the off-budget resources available for delivery of the sector priorities.

In order to ensure linkage between central and provincial/district level planning, the following information was compiled at the central level and circulated to the respective levels to guide their planning:

- National level targets for the agreed service delivery indicators so as to guide the provinces, districts and facilities in developing their service delivery targets.
- Service standards for different interventions to guide on which activities needed to be implemented for the different interventions for the KEPH.
- Planned national level activities to be carried out at provincial, district and facility levels.
- Available additional financing from national programmes and projects that were not captured in the resource envelope communicated to the lower levels.

To ensure the availability of other essential information, a number of new/revised tools were developed and supplied:

- Planning formats revised to ensure that bottom-up planning actually starts at the bottom – the community – and that the district service plans are developed by consolidating facility plans.
- Hospital planning formats developed to facilitate the formulation of hospital-specific plans.
- Expanded training to ensure that members of the planning units at the different levels have acceptable quality training that would facilitate bottom-up planning process.
- An accurate estimated resource envelope – which needed to be communicated in good time.
- Articulation of equity, gender and human rights principles so that they become part and parcel of the AOP development process.

In line with the need to improve accountability and to link budgets with priorities, the Government's results-based management framework (RBMF) is now incorporated into the AOP planning process. This contributes clarity in terms of value for money achieved from the interventions that are to be implemented. It also ensures that the sector is able to assess how well it is focusing its resources on those programmes that will enable it to achieve its objectives.

2.3 The AOP 5 Planning Process

From the agreed principles outlined above, the terms of reference for developing AOP 5 process were formulated and adopted in November 2008. At the same time, the AOP 4 planning and consolidation formats and the planning and sector performance indicators were reviewed. The AOP 5 Planning and Appraisal Guidelines and a Facilitation Manual for trainers were developed, thereby ensuring standardized training and plans. These planning documents were circulated to the provinces and districts in December.

Then, planning teams consisting of five members from each province underwent a five-day update of the planning process. These teams in turn updated district and level 4–5 hospital planning teams. The district planning teams in turn updated level 2 and 3 health facility planning teams. For their part, the training of hospital and rural health facilities included FBOs and NGOs and to a lesser extent private health facilities.

The level 2 and 3 units developed their respective health facility plans, which included community (level 1) activities. These plans and those of level 4 hospitals were consolidated at the district level and together with the district management support plans formed the district health plans. The district health plans were in turn consolidated at provincial level and together with L5, L6, and provincial management support plans formed the provincial plans. The consolidation of provincial and headquarters management support plans was done in May 2009. Appraisal of the provincial plans and the draft AOP 5 was done by both peers and stakeholders in May 2009.

In addition to maintaining the AOP 4 planning achievements, the AOP 5 method of setting service delivery targets has greatly improved the accuracy of targets. The outputs for the management support plans are more specific, measurable, accurate and realistic, compared with those of the previous AOPs, and this will make performance monitoring for management support easier than before.

2.4 Challenges in the AOP 5 Planning Process

Notwithstanding the achievements described above, some of the challenges that constrained AOP 4 planning also arose during the development of AOP 5. The main ones are:

- ***Lack of a comprehensive resource envelope:*** Once again, it was not possible to determine all available resources from the different actors. Owing to the reorganization of the Government health system, the MTEF and on-budget resource envelope was not determined and communicated to the planning units. FBOs and NGOs did not declare the resources they expect to have available and it has also not been possible to develop the shadow budget because of the uncertainty about resources that may be forthcoming from all health sector stakeholders. The actual amount of resources available could therefore not be determined with confidence and planning units had to carry on using identified needs or historical budget allocations as a guide.

- ***Large amount of required resources for planning process:*** The split of hospitals from districts and the creation of new management structures for the Ministry of Medical Services at district and provincial levels, the increased numbers of departments and divisions at headquarters (all these resulting from the reorganization of the Government health services), and the creation of new districts requiring new health offices resulted in increased numbers of staff who had to be trained at provincial and national levels – hence the substantial increase in the resources for training and other logistics. In addition, most provinces and districts found it difficult to mobilize the required resources for training and supervision.

- ***Capacity of districts to plan:*** The newly formed districts and the staff assigned to upgraded facilities had inadequate capacity to plan. Nor were management structures in place. Some of the existing management units had inadequate management capacity.

Chapter 3: Goals, Objectives and Priorities

For this last year of NHSSP II, the goal will be to re-focus the sector towards implementation of key strategies lagging behind in attainment of the objectives of the strategic plan. This will enable the sector to realize its objectives, guided by the priorities outlined in the Roadmap for Acceleration of NHSSP II Implementation and the respective ministerial investment plans. The stewardship function of Government linking the two health ministries will be further institutionalized, with emphasis on joint implementation support.

3.1 Objectives in AOP 5

AOP 5's main objective, then, is to improve the efficiency and effectiveness of the utilization of available resources at the implementation level. This will be accomplished through the following specific objectives:

- Scale up strategies for acceleration of implementation of the NHSSP II, as outlined in the sector's Roadmap.
- Address service delivery implications of the post election events to enable services to revert to their expected status.
- Institute the governance, and partnership processes envisioned in the respective ministerial strategic plans.
- Develop an updated policy framework for the health sector.

3.2 Priorities for AOP 5

Overall, the priorities for the year focus on the key interventions itemized below, with ministerial priorities specific to the mandate of each ministry:

1. Continue the scale up of delivery of targeted health services, in line with reduced sector performance seen following post election violence. with specific focus on immunization, malaria and TB services.
2. Scale up efforts towards management of new or re-emerging health threats. Specifically, priority will be given to control of and response to cholera, H1N1 influenza (swine flu), polio outbreak and measles, plus mitigating impacts of any epidemics arising, particularly in relation to drought and expected *El Niño* flooding.
3. Articulate the framework to guide the hospital sector reforms and initiate roll-out of identified quick wins.
4. Roll out the process of establishing a model health centre in each constituency.
5. Complete the restructuring of the National Hospital Insurance Fund.
6. Initiate direct financing of implementation units in both ministries.
7. Formulate the new Health Policy Framework to guide the sector towards supporting the attainment of Vision 2030.

Stewardship of these priorities will be in line with the respective mandates of the two health ministries. Coordination of stewardship for cross-cutting priorities will be through the inter-ministerial committee to be set up by the ministries.

3.2.1 Key Deliverables for Public Health and Sanitation

These have been synthesized by the Ministry of Public Health and Sanitation through consultations amongst its departments and provinces. The resultant areas of focus, key deliverables and planned scope of interventions are highlighted in Table 3.1.

Table 3.1: Key deliverables for public health and sanitation in AOP 5

NHSSP II objective	MOPHS strategic thrust	Specific goal	Key deliverables
Increase equitable access to health services	Improve equitable access to public health services	Increase the proportion of communities that live within 5 km of functional health facility from 52% to 62%	Complete GIS mapping for health infrastructure
			Operate 130 each of non functional GOK CDF and new facilities
			Carry out 20 clinics each of nomadic, outreaches/mobile clinics and clinics in congregate settings
			Institute school health programme in 1,250 schools
			Establish 1,050 functional community units
			Put in place communication systems in 1,500 level 2 facilities
		Increase proportion of deliveries by skilled attendants from 42% to 60%	Initiate 2 strategies for demand creation for services
Improve the quality and responsiveness of services in the sector	Improve the quality of public health and sanitation services	Reduce the vacancy rate by 40%	Recruit 11,822 new staff
		Increase proportion of health workforce trained by 100%	Train 14,485 health workers
		Rehabilitate and adequately equip 50% of level 2, 3 and other public health facilities	Renovate 1,058 facilities and provide them with preventive maintenance
		Reduce proportion of facilities reporting stock-outs by 100%	Provide 2,272 facilities with adequate stock levels of medicines, commodities and supplies
		Increase number of districts with functional surveillance systems by 30%	Set up functional integrated surveillance and response systems at facility and community levels
			Upgrade 20 laboratories to perform tests of public health importance
			Support 20 districts to build their capacity to detect and respond to public health emergencies
			Provide capacity to at least 200 facilities, and 5 community units to adequately report
			Carry out 5 operational researches
		Increase sanitation coverage from 46% to 66%	Implement the environmental and hygiene policy and strategy
		Increase the number of house-holds utilizing safe water by 20%	Increase number of households using treated water to 850,000
		Increase number of facilities with health care waste management system from 20% to 100%	Implement health care waste guidelines
		Increase client satisfaction by 50%	Support implementation of Citizens Charter in at least 1,204 facilities
		Reduce the incidence of food borne diseases/illnesses by 5%	Follow up implementation of food safety policy, strategy and Cap 254 and 242
		Reduce mortality from emergencies to below 1/10,000 persons at risk per day	Create at least 20 disaster response teams around the country
		Increase the utilization of cost-effective RH services by 50%	Support 70% of level 2 and 3 facilities have adequate capacity to provide RH services
		Increase the utilization of cost-effective child health care services by 50%	Support 35% of level 2 and 3 facilities to provide IMCI and other child health care services
		Reduce new HIV infections by 50%	Finalize communication strategy
		Increase TB case detection and treatment to 90%	Establish MDR centre
		Reduce malaria incidence to 15% through cost-effective control measures	Distribute key malaria control interventions to 60% of target populations (pregnant women, <5's and indoor residual spraying – IRS)
		Reduce the incidence of malnu-trition in children <5 years by 30%	Provide at least 80% of children < 5's with Vitamin A supplements
Foster partnerships in improving health and delivering services	Foster partnerships in improving public health service delivery .	Strengthen governance structures at the 6 levels by 2012	Initiate the governance structures at sub national level
			Establish anticorruption units at provincial levels
			Develop operational plans and reports for all planning units
			Assess client satisfaction with public health services
			Initiate review of the legal framework governing public health and sanitation
		Improve coordination and partnership arrangements at all levels	Finalize mechanisms for joint funding of services with willing partners
			Finalize operation of coordination and partnership arrangements at sub-national levels
		Reduce staff vacancy rate by 60%	Recruit at least 11,000 health workers

NHSSP II objective	MOPHS strategic thrust	Specific goal	Key deliverables
		Reduce staff vacancy rate by 60%	Recruit at least 11,000 health workers
Improve the efficiency and effectiveness of service delivery	Improve efficiency of public health system	Increase the proportion of staff employee satisfaction to 90% government training policy by 50%	Train 5,961 health workers, 1,185 support staff, 1,104 technical staff in various skills
			Provide at least 3 incentive awards each at HQ, provincial, district L2/3 levels
		Increase the availability and utilization of ICT by staff by 60%	Train at least 9,731 staff in ICT
			Provide at least 2 provinces with boosters for ICT
			Automate at least 4 systems (HRIS, HMIS, LMIS IFMIS)
		Improve provision and utilization of transport services by 50%	Develop a Transport policy
			Purchase at least 150 vehicles
			Purchase at least 1 motorboat
			Purchase at least 400 motorbikes and 35,000 bicycles
			Support maintenance of at least 80 automobiles
		Achieve 100% disposal of obsolete, unserviceable and surplus assets annually	Support 150 districts dispose old assets
Improve financing of the sector	Improve financing of the public health and sanitation services	Ensure all facilities receive financial resources based on needs by 2012	Initiate process to determine needs based resource allocation mechanisms
		Increase efficiency in utilization of resources	Analyse proportion of allocated funds used for their intended purpose
			Implement HSSF
			Initiate OBA allocation
			Utilize service costing i-wide nstrument in 40% of facilities
		Increase financial resources to MOPHS by 20% over a period of five years	Engage with NHIF on improving financing to public health and sanitation services
			Engage with GOK on improving financing to public health and sanitation services
			Engage with development partners on improving financing to public health and sanitation services
			Engage with subnational levels on improving financing to public health and sanitation services

3.2.2 Key Deliverables for Medical Services

The Ministry of Medical Services has synthesized these through a rigorous internal consultative process. The areas of focus, key deliverables and planned scope of interventions are highlighted in Table 3.2.

Table 3.2: Key deliverables for medical services in AOP 5

NHSSP II objective	MOMS strategic thrust	Specific goal	Key deliverables
Increase equitable access to health services	Strengthen emergency preparedness and disaster management	Set up functional emergency and disaster preparedness response teams in hospitals	Build capacity of 50% of hospitals in emergency preparedness
			Set up emergency response teams in at least 15 hospitals
			Train at least 40% of medical staff in hospitals on emergency response and disaster management
			Develop hospital guidelines and standard operation procedures in emergency preparedness and response
		Ensure adequate support for emergency and disaster response in hospitals	Provide hospitals with emergency and disaster response kits
			Ensure hospitals have emergency capability
Improve the quality and responsiveness of services in the sector	Institute medical services reforms that will ensure high quality services.	Put in place capacity to offer adequate, quality cost efficient referral services in all hospitals in the country	Update the National Referral Strategy
			Categorize GOK and FBO facilities in line with norms and standards
			Establish zonal health referral districts
			Put in place 24 hour functional communication systems between facilities for 75% of hospitals
			Put in place functional ambulances in all hospitals
		Adequate capacity for leadership and management to optimize health services delivery in Kenya	Develop a training policy
			Complete leadership and management training for all mid level managers

NHSSP II objective	MOMS strategic thrust	Specific goal	Key deliverables
		Implement functional governance and accountability systems at all levels of the Ministry	Revise health regulations
			Institutionalize performance contracting system at all level 4 & 5
			Ensure accounting units functioning in line with HSSF guidelines
		Apply ICT in the provision and management of information and services in all level 4–6 facilities	Develop e-health policy, and assess e-readiness
			Develop quality assurance standards
			Train health workers' in various disciplines of telemedicine
		Upgrade all level 5 and 6 facilities to provide specialized level 6 services.	Develop National Medical Tourism Policy and legal framework
			Set up burns units in two hospitals
			Accredit at least two level 5 health facilities using the framework for accreditation
			Establish trauma centres in 2 level 5 facilities
			Establish an oncology centre
			Establish communication linkages between level 5&6 facilities, and international health care institutions
		Establish functional Health Service Commission	Develop Health Service Commission policy and appropriate legislation
		Improve quality of hospital services by at least 50%, as measured technically and by clients	Revise hospital standards and norms
			Map catchment populations for all hospitals
			Develop comprehensive clinical support supervision and monitoring tools
			Support hospitals to carry out clinical audits to assess quality of hospital processes and outputs
			Develop emergency care framework
			Set up hospital governance and management structures in at least 60 hospitals
			Develop updated standards and procedures for hospital quality assurance
			Initiate classification of facilities using a star system
		Extend autonomy to level 5 hospitals	Develop policy on hospital autonomy
			Establish functional hospital boards
			Develop service agreements for accountability
	Institute and enforce appropriate regulatory measures for medical services.	Implement quality assurance and standards performance measurement framework (KQAM)	Implement KQAM standards in all hospitals
		Develop accreditation standards for the health sector	Develop accreditation standards for health facilities
		Review the Public Health Act to ensure quality medical service delivery	Develop the Public Health Act Amendment bill
		Strengthen health professional capacity through e-learning	Initiate e-learning for continuing professional development (CPD) of health care professionals
		Enhance regulatory services for quality medical care	Inspect facilities for compliance to established health standards
			Integrate health professional standards and norms in the Kenya Professional Health Authority Act
		Regulate alternative medicine practice	Review the current legislation on alternative medicine practice
		Coordinate and regulate health research	Disseminate the National Health Research Policy
		Revise Kenya National Health Policy 1994 (KNHP), adopt new policy and develop implementation plan.	Revise KNHP I and develop draft KNHP II
Foster partnerships in improving health and delivering services	Institute structures and mechanisms for improved alignment, harmonization and Government ownership of planned interventions.	Ensure that planning, monitoring and evaluation tools and mechanisms are utilized at all levels of the sector	Develop bottom-up joint annual plans and reports for all planning units in the sector
			Revise performance M&E framework
			Review quarterly and annual sector progress
		Adopt and use common arrangements for alignment of planning, budgeting and monitoring systems across whole sector	Hold joint planning and monitoring reviews at all levels of the sector
			Review adherence to Code of Conduct
			Hold quarterly stakeholder meetings at national, provincial and district levels
		Achieve use of Government procedures and systems by at least 60% of donors	Develop Joint Financing Agreement

NHSSP II objective	MOMS strategic thrust	Specific goal	Key deliverables
		Ensure inter ministerial coordinating processes and structures are in place and functional by 08/09	Strengthen inter-ministerial coordinating structures
		Put framework in place to guide partnership with implementing partners (PPP) by 09/010	Develop draft of the PPP policy framework
		Ensure availability of quality health information from 90% of the reporting units for evidence-based decision making	Provide data capture and summary tools to all reporting units
			Automate hospitals health information systems
			Ensure hospitals all have key human resources for health information management
Improve the efficiency and effectiveness of service delivery	Have reliable access to essential, safe and affordable medicines and medical supplies that are appropriately regulated, managed and utilized	Revise/adopt KNDP and develop an implementation plan for its use	Revise KNDP with an implementation plan
		Provide KEMSA with the autonomy to perform its legal mandate as the agency to procure warehouse and distribute medical commodities primarily to public health sector in accordance with good distribution practices	Prepare revised KEMSA policy paper (sessional paper)
			Transfer all procurements for medical commodities to KEMSA
			Ensure KEMSA procurement is compliant with Public Procurement and Disposal Act 2005 and the regulations of 2006
			Develop Integrated and comprehensive MTPP for medical commodities
			Develop guidelines for EMMS procurement for emergencies and disasters
			Ensure 100% compliance with international warehousing standard operating procedures (SOPs)
			Ensure 100% compliance with good distribution procedures
		Institute evidence-based selection of essential medicines and medical supplies in the health sector	Establish institutional Medicines and Therapeutic Committees (MTC) in all level 4–6 hospitals
			Develop new Essential Medical Supplies List (EMSL)
			Develop draft pre- and in-service Essential Medicines and Medical Supplies (EMMS) curricula
		Institutionalize quantification of EMMS at all KEPH levels	Establish logistics management and information system (LMIS) at all health facilities
		Enforce transparent, accountable and timely procurement of EMMS at institutional level (only for bridging gaps)	Ensure 100% compliance of Institutional procurement with the Public Procurement and Disposal Act 2005 and the regulations of 2006
		Ensure secure institutional EMMS storage infrastructure with product quality assurance	Assess status of storage infrastructure in health facilities
			Implement assessment reports on storage SOPs from health facilities
		Achieve optimal therapy through good prescribing and dispensing practices	Develop EMSL and formularies
			Develop guidelines for good prescribing and dispensing practice (GPP and GDP)
		Ensure safe and environmentally friendly disposal of EMMS waste	Review and update guidelines on safe disposal of pharmaceutical waste
		Educate the public to ensure that EMMS are appropriately utilized by clients	Develop IEC guidelines for the promotion of appropriate EMMS use
			Develop final documents for annual operational licenses/permits for EMMS promotion and advertisement
		Mobilize adequate financial resources for procurement and distribution of EMMS	Complete financial agreement on pooled EMMS procurement and distribution
			Develop annual integrated EMMS procurement and distribution budget
		Rationalize EMMS donations	Review and update medicines donation guidelines (to include medical supplies)
	Improve infrastructure, equipment and ICT investment and preventive maintenance	Increase the % of level 4–6 facilities that meet the minimum norms on hospital buildings and land from 37% to 70%	Update infrastructure policy, norms and standards
			Develop Infrastructure development and maintenance plan
			Acquire title deeds for at least 50% of hospitals
			Construct perimeter fences for at least 50% of hospitals
			Ensure two sources of water available in at least 50% of all hospitals
			Ensure adequate sanitation available for at least 50% of all hospitals

NHSSP II objective	MOMS strategic thrust	Specific goal	Key deliverables
			Ensure at least 60 hospitals have two sources of electricity
			Establish functional incinerators in 100 hospitals
		Increase the % of level 4–6 facilities equipped as per norms from 37% to 70%	Develop equipment policy, norms and standards
			Develop equipment investment and maintenance plan (FBO/ GOK facilities)
			Disseminate guidelines on management of medical equipment and plants
			Carry out annual medical equipment and plants audit in all hospitals
			Install oxygen generating plants in 8 hospitals
		Provide level 4–6 with adequate transport for utility and ambulance services	Develop transport policy, norms and standards
			Develop transport development and maintenance plan (FBO/GOK facilities)
			Procure utility vehicles for 30 hospitals
			Procure staff vans vehicles for 20 hospitals
			Procure 70 supervision vehicles for zonal medical services
			Procure at least one ambulance for 40 hospitals
			Procure one vehicle for each province
		Provide appropriate ICT in 30% of the hospitals by 2012	Develop ministerial ICT strategy for health services
			Develop e-health policy
			Support 10 hospitals with ICT infrastructure
			Implement E-health package in 8 hospitals
			Train 100 ICT health personnel on ICT
	Develop and manage the health work force	Institutionalize HRH planning and policy framework	Finalize HRH strategic plan
			Develop recruitment and deployment policy
			Disseminate national HRH training policy
		Ensure adequate numbers of equitably distributed and appropriately skilled and motivated health workers	Develop annual recruitment and deployment plan
			Analyse staff workloads
			Assess facilities against HR norms
		Enhance the development of human capacity to meet the health needs of the population	Develop HRH manpower plan
			Develop policy paper and legislative framework for a National Health Education Commission
			Develop Policy paper and legislative framework for a national HRH training fund
			Review institutional quality standards for medical training institutions
			Finalize human resource development information system
			Develop HRD plan
		Improve retention of health workers at all levels	Put in place a staff retention strategy
		Institutionalize performance management systems	Institutionalize PAS
		Improve human resource management systems and practices	Disseminate guidelines on HRM&D in hospital management
			Develop succession management plan
			Initiate strategies for improved application of ICT in HR management
			Implement strategies to improve the working environment for health workers
Improve financing of the health sector	Establish an equitable financing system that ensures social protection, particularly for the poor and vulnerable	Develop a financing strategy that ensures social protection	Finalize health financing strategy
			Conduct actuarial study for identifying the poor
		Expand contributors to NHIF from 2.2 million to 9.6 million persons	Increase membership of NHIF to 4.31 million
			Increase revenue collection for NHIF to Ksh16.6 bn
		Reduce number of households facing catastrophic health expenditures	Develop a tax rebate policy on HCF
			Review reimbursement scheme
			Amend the NHIF Act
		Increase the amount of resources reaching point of use from 40% to 70%	Carry out public expenditure tracking survey, 2009
			Carry out financial audits in at least 79 hospitals

SECTION II: Work Plans

Chapter 4: Service Delivery Priorities and Targets

Service delivery remains the main focus and the key reason for the existence of the health sector. Over the last four years of implementation of annual operation plans, significant progress has been made to consolidate efforts and services with the aim of maintaining the health of the population of Kenya and improving those services that respond to ill health. This is in line with the NHSSP II goal of reversing the trends in health indicators. Results expected during the period of NHSSP II have also been defined in the joint programme of work and funding (JPWF).

This chapter discusses the deliverables in service delivery that the sector will work towards in AOP 5. The discussion begins with a look at baselines and targets, then moves on to a review of the deliverables for the national level (by ownership and level), the provincial level (by each district) and the community level. Other sections of the AOP outline strategies and actions that aim to support and improve the efforts in service delivery. Moreover, all the inputs (financial, human resource, infrastructure, commodities and other materials) to the health sector are geared towards better service delivery in line with the NHSSP II and MDGs targets. Baselines and targets for each level of service delivery have been outlined in the subsequent tables.

4.1 Service Delivery Baselines and Targets

AOP 5 service delivery targets are geared towards attainment of the targets set for NHSSP II. Over its four years of implementation, NHSSP II has focused on making available the tools and frameworks needed to deliver a comprehensive KEPH. During the implementation of AOP 1, AOP 2, AOP 3 and AOP 4, the backbone of activities comprised:

- Scaling up delivery of defined cost-effective interventions, such as in disease control areas of malaria, TB and HIV, and in key intervention programmes like maternal and child health.
- Initiating interventions in areas where gaps have been identified. These are by level (comprehensive community services at level 1), and cohort (services for cohorts 4 and 6).
- Accelerating and consolidating the implementation of KEPH.

4.1.1 Service Delivery Priorities

In order to improve people's health, priorities in AOP 5 are defined by the various levels of service delivery points. This is consistent with the findings the NHSSP II Midterm Review, which revealed weaknesses that required immediate and sustained interventions as detailed in the *Roadmap for Acceleration of Implementation of Interventions to Achieve the Objectives of NHSSP II*.

Thus, the overall priority during AOP 5 is ***to consolidate and sustain the implementation of the KEPH*** across the sector, particularly at levels 1–4. This is based on the framework put in place during the first four years of NHSSP II and will be attained through the following strategies:

- Ensure universal access to maternal, child and neonatal health services (cohort 1), involving demand creation and supply-side interventions such as free delivery, skilled attendants, effective referral and other emergency obstetric care components.
- Reduce morbidity and mortality from malaria by accelerating implementation of the National Malaria Strategy, which has been revised in line with NHSSP II, particularly targeting cohorts 2, 3 and 5.
- Strengthen implementation of existing service delivery efforts for child health for cohorts 2 and 3, with a particular focus on coordination.
- Accelerate implementation of TB control initiatives (cohort 5).

- Accelerate the implementation of the Community Strategy (level 1) by institutionalizing the community health worker structure, providing behaviour change communication, scaling up outreach services, etc.
- Roll out the service charter, to be displayed publicly, containing information on services, standards, complaints and mechanisms for redress.
- Implement clinical and management guidelines for service delivery.
- Implement facility-based incentives to improve quality of services such as institutionalizing processes for recognition and reward.

These priorities formed the basis for the indicators and targets described below.

4.1.2 Indicators for AOP 5

The indicators used in the planning process of AOP 5 are the defined health sector set of core indicators as outlined in the Health Sector Indicator and Standard Operation Procedures manual. These indicators were selected to serve as guide for quantifying performance and progress across the sector. Specific indicators are used to provide information on expected progress for each result. The trends in indicators represent the summation of expected targets from all the districts. The indicators that are defined have been distributed over various areas:

- Cohorts (cohort 1 to 6)
- Efficiency
- Finance
- Governance

The set of core indicators is built on indicators that were used to monitor the implementation of AOP 4. Significant progress was made in improving the understanding and interpretation of indicators by the different planning units. Data quality improved, and as a result, the quality of information has continued to improve. There are still a few discrepancies, however, particularly relating to indicators for which vertical programmes have separate collection systems. This is more so for HIV and TB indicators, where the vertical programme focal persons at the districts are not linking adequately with the integrated HMIS process. This is not a main problem with RH and immunization, where the integration is much better.

Improving the quality of indicator trends from each planning unit will be an ongoing endeavour.

4.1.3 Targeted Results for Service Delivery

Planning for service delivery data focused on two major areas: service delivery by KEPH level (1–6) and by agency/ownership. Monitoring of AOP 5 progress will similarly focus on KEPH level and agency. The distinction of KEPH levels makes it possible to define and address the priorities of the two ministries and to sharpen the focus on the roles and contribution of each ministry towards the delivery of care. Baselines and targets of service delivery data are presented by ownership and levels of care, giving the contribution of each level and agency to the overall service delivery.

The anticipated results of AOP 5 will be measured by different defined health performance indicators. Baselines and targets for the defined sector indicators for each of these results are outlined for levels 1–6. The targets will be realized by interventions at the health facilities, with management support provided at the different management levels.

We highlight the activities by the different service delivery constituents to ensure the achievement of AOP 5 goals and objectives. The remainder of the chapter presents the anticipated results, outputs and activities relating to service delivery, and the related management support from the district, province and national levels. Administrative and other essential backup support from respective ministries and areas is highlighted in the succeeding chapters.

The AOP 5 service delivery data are organized by province and presented in the following categories:

- National AOP 5 service delivery baselines and targets with NHSSP II targets (Table 4.1)
- Service delivery baselines and targets by province (Table 4.2)
- Service delivery baselines and targets by ownership (GOK, FBO/NGO and private) (Table 4.3)
- Service delivery baselines and targets by KEPH level of care (Table 4.4)
- Indicators for level 1 services (Table 4.5)

Table 4.1: National AOP 5 targets for service delivery

Output	Indicator of performance measurement	Eligible population	Baseline		Target		NHSSP II 2010
			No.	%	No.	%	
Cohort 1 – Pregnancy delivery, newborn (up to 2 weeks)							
Mothers are kept healthy before and during pregnancy	Women of reproductive age (WRA) receiving family planning (FP) commodities	8,719,640	3,529,327	40.5	4,462,200	51.2	60
	Pregnant women attending at least 4 ANC visits	1,666,084	534,007	32.1	812,856	48.8	80
	Newborns with low birth weight (LBW) – less than 2,500 grams	1,425,585	47,540	3.3	23,030	1.6	
	Pregnant women provided with long lasting insecticide treated nets (LLITNs)	1,666,104	650,697	39.1	795,477	47.7	
	Pregnant women receiving two doses of intermittent presumptive therapy (IPT2)	1,729,196	716,835	41.5	958,960	55.5	
	HIV infected pregnant women receiving anti-retroviral therapy to reduce the risk of mother-to-child transmission (PMTCT)	276,391	73,393	26.6	168,089	60.8	50
Mothers are able to have normal deliveries	Deliveries conducted by skilled health attendants in health facilities	1,653,985	555,632	33.6	784,755	47.4	90
	Maternal deaths audited		3,705		2,166		
	Fresh stillbirths in the health facility		7,479		3,569		
All newborns (up to 2 weeks) receive protection against immunizable and other conditions	Newborns receiving BCG	1,646,149	1,147,502	69.7	1,407,949	85.5	95
Cohort 2 – Early Childhood							
Children receive protection against immunizable diseases	Children under 1 year of age immunized against measles	1,402,820	1,007,833	71.8	1,245,262	88.8	95
	Children under 1 year of age fully immunized	1,402,820	1,040,816	74.2	1,188,698	84.7	100
Children are able to survive childhood illnesses	Children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	5,897,789	3,099,109	52.5	3,783,260	64.1	
	Children under 5 years attending child welfare clinic (CWC) who are underweight	6,070,680	589,341	9.7	405,219	6.7	
	Children less than 5 years receiving Vitamin A supplement	5,924,092	2,456,635	41.5	3,471,105	58.6	80
	Children under 5 years of age provided with LLITNs	5,944,973	1,447,927	24.4	1,936,180	32.6	
	Under 5 years treated for malaria	6,190,595	3,388,540	54.7	3,710,160	59.9	
	Infant mortality rate (IMR)						
	Facility infant mortality rate (IMR)	-	5,588		3,806		
Cohort 3 – Late childhood							
Healthy lifestyle is adopted amongst children	School children correctly de-wormed at least once in the year	8,043,785	3,999,299	49.7	5,113,909	63.6	80
	Schools with adequate sanitation facilities	8,666	117,409	1354.8	69,595	803.1	
Cohort 4 – Adolescence							
Behaviour change is promoted amongst adolescents that leads to healthy lifestyle	Health facilities providing youth-friendly services	4,886	507	10.4			60
Adolescents are able to survive common health conditions affecting them							
Cohorts 5 & 6 – Adulthood and Elderly							
Adults and elderly are practising a healthy lifestyle	Population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	22,256,198	3,171,783	14.3	5,547,136	24.9	
	Condoms distributed	-	33,962,279		62,710,180		
	Households treated with indoor residual spray (IRS)	5,810,374	1,618,192	27.9	2,616,384	45.0	

Output	Indicator of performance measurement	Eligible population	Baseline		Target		NHSSP II 2010
			No.	%	No.	%	
Adults and elderly are able to survive common health conditions affecting them	Adults and children with advanced HIV infection started on anti-retroviral therapy (ART)	941,962	187,656	19.9	2,313,623	245.6	
	Adults and children with advanced HIV infection receiving ART	1,320,052	826,092	62.6	804,392	60.9	
	TB case detection rate		113119		118775		55
	Tuberculosis cure rate				29175		75
	Percentage of emergency surgical cases operated within one hour		48,156		37,578		
	Cold surgical cases operated on within one month		31,323		81,579		
Efficiency							
Human resource available to increase access to health services	Doctor/population ratio	29,975,961	1,659	0.1	2,704	0.0	
	Nurse/population ratio	29,965,963	13,821	0.0	14,362	0.0	
Essential medicines and medical supplies are available to increase access to health services	Health facilities without all tracer drugs for greater than 2 weeks (>2 weeks)	4,524	832	18.4	260	5.7	80
Quality of health services improved	Clients satisfied with services	25,169,792	4,107,856	16.3	5,404,012	21.5	
	Average length of stay (ALOS)	-	7		6		
Utilization of health services improved	Utilization rate of out patient attendants (OPD) - Male	16,228,929	11,667,453	71.9	12,371,295	76.2	
	Utilization rate of out patient attendants (OPD) - Female	17,703,036	14,229,364	80.4	14,744,629	83.3	
Monitoring and evaluation improved	Health facilities that submit timely, accurate reports to national level.	5,613	1,796	32.0	4,254	75.8	
	Health facilities that submit complete, accurate reports to national level.	5,623	1,853	32.9	4,417	78.6	
Finance							
Financial allocation to health Improved	% GOK budget allocation to primary health facilities (L2–3)		22,703,478		50,870,837		
	% GOK budget allocation for drugs		2,202,016		10,540,593		
Governance							
Governance structures strengthened	Districts with functional health stakeholders forum (DHSF)	148	33	22.4	148	100.0	

Table 4.2a: AOP 5 targets for service delivery by province: North Eastern, Central, Coast and Rift Valley

Indicator	North Eastern			Central			Coast			Rift valley		
	Eligible population	Baseline	Target	Eligible population	Baseline	Target	Eligible population	Baseline	Target	Eligible population	Baseline	Target
Pregnancy, delivery and the newborn (up to 2 weeks)												
Women of reproductive age (WRA) receiving family planning commodities	334,147	13,275	1,304	1,007,215	682,398	94,730	699,880	99,822	375,666	2,278,057	723,772	1,020,303
Pregnant women attending at least 4 ANC visits	67,008	13,907	18,920	136,282	75,452	96,760	162,651	50,582	105,110	438,918	143,287	223,561
Newborns with low birth weight (LBW) (less than 2,500 grams)	67,008	325	156	136,282	11,324	5,920	175,348	3,137	1,645	388,081	14,896	4,948
Pregnant women provided with LLITNs	67,008	11,882	19,719	136,282	34,252	67,721	162,651	86,912	114,368	438,938	172,895	290,573
Pregnant women receiving two doses of intermittent presumptive therapy (IPT2)	67,008	15,889	22,100	136,282	76,072	82,516	162,651	92,728	114,017	438,938	185,486	285,063
HIV+ pregnant women receiving ART to reduce the risk of mother-to-child transmission (PMTCT)	785	37	122	21,685	3,912	5,345	52,031	6,836	78,520	136,468	23,612	32,941
Deliveries conducted by skilled health attendants in health facilities	67,008	9,893	14,034	136,282	95,911	104,828	162,651	40,668	68,989	437,041	154,167	239,547
Maternal deaths audited	-	28	83	-	129	59	-	337	196	-	2,912	1,659
Fresh stillbirths in the health facility		165	16	-	1,191	757	35,054	963	277	-	2,036	1,799
Newborns receiving BCG	54,436	33,496	38,762	136,282	83,853	102,052	162,651	110,823	154,233	438,938	257,722	361,363
Early childhood												
Children under 1 year of age immunized against measles	54,926	28,494	36,086	130,757	99,445	113,675	130,120	74,191	109,842	374,385	257,539	330,872
Children under 1 year fully immunized	54,926	26,420	32,800	130,757	102,167	107,576	130,120	80,242	102,219	374,385	306,747	324,503
Children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	247,287	53,613	72,227	458,435	309,908	312,272	502,558	396,808	412,948	1,467,332	673,478	1,046,866
Children under 5 years attending CWC who are underweight	247,287	19,410	14,003	635,137	60,638	55,046	499,024	149,341	64,224	1,467,055	148,697	93,466
Children under 5 years receiving Vitamin A supplement	247,287	60,159	84,024	533,255	274,420	307,871	442,574	206,072	187,394	1,481,627	484,273	1,016,416
Children under 5 years provided with LLITNs	247,287	27,116	73,215	549,663	93,506	125,879	442,448	136,228	224,382	1,483,398	359,166	727,114
Under 5 years treated for malaria	247,287	140,377	140,698	811,075	359,014	288,174	441,904	209,211	274,188	1,468,152	569,825	888,585
Infant mortality rate (IMR)	-	-	-	-	-	-	-	-	-	-	-	-
Facility infant mortality rate (IMR)	-	13	10	-	783	371	-	157	314	-	2,397	1,257
Late childhood												
School children correctly de-wormed at least once in the year	417,249	63,128	117,225	700,630	752,234	754,634	789,831	370,819	492,887	2,215,101	926,328	1,398,185
Schools with adequate sanitation facilities	446	94	2,152	-	2,289	2,702	-	1,677	1,770	-	101,879	52,930
Adolescence												
	145	8	60	835	133		101	15	21	1,729	161	511

Indicator	North Eastern			Central			Coast			Rift valley		
	Eligible population	Baseline	Target	Eligible population	Baseline	Target	Eligible population	Baseline	Target	Eligible population	Baseline	Target
Health facilities providing youth-friendly services	145	8	60	835	133		101	15	21	1,729	161	511
Adulthood/Elderly												
Population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	948,022	32,224	88,215	3,342,851	442,731	1,251,542	1,230,441	167,529	441,698	5,204,662	924,206	1,429,516
Condoms distributed	-	79,847	154,780	-	4,794,588	6,278,430	-	1,214,678	3,360,305	-	13,917,786	15,665,099
Households sprayed with indoor residual spray (IRS)	221,548	22,951	54,293	785,812	25,620	31,955	468,461	839,109	1,465,627	1,296,133	616,516	617,862
Adults and children with advanced HIV infection started on anti-retroviral therapy (ART)	13,790	258	427	37,768	17,595	19,594	285,191	23,100	2,111,803	323,333	49,637	79,613
Adults and children with advanced HIV infection receiving anti-retroviral therapy (ART)	13,790	334	744	37,768	65,732	67,417	86,665	99,587	225,448	487,282	112,012	115,635
TB case detection rate		3,021	3,172		10,774	11,313		21,186	22,245		21,098	22,153
TB cure rate			720			3245			5992			5420
Percentage of emergency surgical cases operated within one hour	1,152,930	70	73	-	21,035	19,683	-	11,068	5,227	412,075	6,129	5,241
Cold surgical cases operated on within one month	1,152,930	796	908	-	9,387	19,063	-	5,022	39,753	1,618,865	6,868	14,091
Efficiency												
Doctor/Population ratio	1,301,385	83	93	4,047,562	1,004	382	3,292,392	120	232	8,108,000	181	284
Nurse/Population ratio	1,291,387	624	435	4,047,562	3,644	3,580	3,292,392	399	744	8,108,000	3,067	3,435
Health facilities without all tracer drugs for greater than 2 weeks	140	18	17	835	122	92	91	221	9	1,227	152	76
Clients satisfied with services	1,399,871	10	-	1,279,539	108,121	12,321	3,292,392	234,581	922,487	8,108,000	2,098,703	2,623,419
Average length of stay (ALOS)	-	7	6		6	5		6	6	-	5	5
Utilization rate of out patient services (OPD) - Male	671,938	479,383	481,824	2,422,103	2,457,059	2,063,530	1,561,446	801,289	972,535	3,795,182	3,280,641	3,159,099
Utilization rate of out patient services (OPD) - Female	727,933	537,955	529,648	2,569,493	2,696,267	2,167,231	1,691,566	1,033,373	1,200,796	4,413,712	4,040,189	4,118,901
Health facilities that submit timely, accurate reports to national level	140	103	123	835	443	615	730	51	347	1,551	884	1,124
Health facilities that submit complete, accurate reports to national level	140	100	123	835	442	578	730	52	337	1,551	986	1,301
Finance												
% GOK budget allocation to primary health facilities (L2 & L3)	-	333,000	1,666,000	28	22,355,698	43,586,958	3	14,734	48,004	1,070,008	14	2,000,008
% GOK budget allocation for drugs	-	-	-	28	2,116,745	4,511,089	3	85,256	29,460	10	14	6,000,009
Governance												
Districts with functional health stakeholders forum (DHSF)	11	10	11	11	-	11	13	5	13	43	14	43

Table 4.2b: AOP 5 targets for service delivery by province: Eastern, Nairobi, Nyanza and Western

Indicator	Eastern			Nairobi			Nyanza			Western		
	Eligible population	Baseline	Target	Eligible population	Baseline	Target	Eligible population	Baseline	Target	Eligible population	Baseline	Target
Pregnancy, delivery and the newborn (up to 2 weeks)												
Women of reproductive age (WRA) receiving family planning commodities	1,375,505	652,893	800,516	848,051	352,606	395,730	1,176,093	489,982	533,140	1,000,691	314,579	520,810
Pregnant women attending at least 4 ANC visits	280,770	84,908	126,727	145,882	62,403	72,095	241,085	61,704	86,415	193,488	41,764	83,268
Newborns with low birth weights (LBW) – (less than 2,500 grams)	271,899	5,410	3,136	145,882	2,629	2,640	241,085	8,001	2,389	-	1,818	2,196
Pregnant women provided with LLITNs	280,770	137,821	149,599	145,882	500	2,591	241,085	100,973	11,756	193,488	105,462	139,150
Pregnant women receiving two doses of intermittent presumptive therapy (IPT2)	280,770	93,829	124,663	145,882	32,602	43,616	241,085	95,140	135,373	256,580	125,089	151,612
HIV+ pregnant women receiving ART to reduce the risk of mother-to-child transmission (PMTCT)	16,189	5,792	7,981	10,426	6,506	7,357	22,994	20,526	21,158	15,813	6,172	14,664
Deliveries conducted by skilled health attendants in health facilities	280,770	72,739	104,799	145,882	71,085	81,528	230,863	61,198	85,884	193,488	49,971	85,147
Maternal deaths audited	-	82	55	-	1	-	-	110	8	-	106	106
Fresh stillbirths in the health facility	-	1,273	463	-	530	-	-	640	-	-	681	257
Newborns receiving BCG	273,386	181,154	227,833	145,882	115,665	136,544	241,085	200,762	218,782	193,488	164,027	168,381
Early childhood												
Children under 1 year immunized against measles	208,337	154,027	178,311	118,914	90,308	111,374	213,223	162,517	198,232	172,159	141,312	166,870
Children under 1 year fully immunized	208,337	155,857	173,880	118,914	86,064	107,010	213,223	152,090	190,832	172,159	131,229	149,879
Children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	1,038,331	574,530	656,787	483,800	71,678	99,278	873,111	539,369	557,076	826,934	479,725	625,806
Children under 5 years attending child welfare clinic (CWC) who are underweight	1,038,331	99,963	82,028	483,800	18,222	36,134	873,111	43,336	26,836	826,934	49,734	33,482
Children under 5 years receiving Vitamin A supplement	1,035,503	518,653	570,257	483,800	161,669	203,740	873,111	390,260	664,099	826,934	361,129	437,305
Children under 5 years provided with long lasting insecticide treated nets (LLITNs)	1,038,331	393,861	449,379	483,800	3,547	5,442	873,111	211,311	11,368	826,934	223,192	319,402
Under 5 years treated for malaria	1,038,331	608,839	420,815	483,800	45,066	59,833	873,111	802,986	818,330	826,934	653,222	819,537
Infant mortality rate (IMR)	-	-	-	-	-	-	-	143	-	-	-	-
Facility infant mortality rate (IMR)	-	1,772	1,727	-	-	-	-	181	19	-	285	108
Late childhood												
School children correctly de-wormed at least once in the year	1,190,836	865,009	817,929	808,264	28,104	86,458	973,468	602,716	729,800	948,406	390,961	716,790
Schools with adequate sanitation facilities	8,220	7,008	7,862	-	323	197	-	3,751	1,594	-	388	388
Adolescence												
Health facilities providing youth-friendly services	1,017	129	144	251	36	24	696	19	28	112	6	45
Adulthood/Elderly												
Population counselled and tested for HIV	4,270,098	545,575	708,901	2,018,313	212,592	201,272	3,379,373	331,890	577,509	1,862,438	515,036	848,482

Indicator	Eastern			Nairobi			Nyanza			Western		
	Eligible population	Baseline	Target	Eligible population	Baseline	Target	Eligible population	Baseline	Target	Eligible population	Baseline	Target
(VCT, PITC, DTC, HBCT)												
Condoms distributed	-	2,549,525	14,217,527	-	439,064	85,097	-	6,799,319	9,166,603	-	4,167,472	13,782,339
Households sprayed with indoor residual spray (IRS)	994,028	46,059	152,439	809,055	9,851	10,360	771,957	40,371	212,782	463,379	17,715	71,066
Adults and children with advanced HIV infection started on anti retroviral therapy (ART)	52,646	20,634	28,395	100,502	10,584	9,088	77,318	34,535	38,797	51,414	31,313	25,906
Adults and children with advanced HIV infection receiving anti retroviral therapy (ART)	58,321	87,380	75,779	259,221	267,785	212,794	-	125,098	9,230	377,005	68,164	97,345
TB case detection rate		15312	16078		18589	19518		21794	22884		8508	8933
TB cure rate			3970			5131			4569			1693
Percentage of emergency surgical cases operated within one hour	-	4,654	3,887	-	18	19	-	3,346	-	-	1,836	3,448
Cold surgical cases operated on within one month	-	4,897	5,191	-	840	470	-	2,411	-	-	1,102	2,102
Efficiency												
Doctor/Population ratio	-	143	154	3,258,427	339	402	5,370,558	128	152	4,597,637	94	108
Nurse/Population ratio	-	2,397	3,796	3,258,427	1,345	1,335	5,370,558	1,684	-	4,597,637	662	1,037
Health facilities without all tracer drugs for greater than 2 weeks (> 2 weeks)	1,045	110	37	372	55	12	704	112	1	110	42	16
Clients satisfied with services	-	1,065,508	1,241,087	1,121,795	-	-	5,370,558	-	-	4,597,637	600,933	604,699
Average length of stay (ALOS)	-	7	6	-	7	6	-	6	6	-	6	5
Utilization rate of out patient services (OPD) - Male	2,632,304	1,656,046	1,550,071	1,772,584	887,966	934,825	2,541,105	1,098,572	2,114,068	832,267	1,006,497	1,095,343
Utilization rate of out patient services (OPD) - Female	3,153,512	1,941,322	1,748,898	1,485,843	1,327,707	1,421,073	2,745,583	1,294,812	2,209,269	915,394	1,357,739	1,348,814
Health facilities that submit timely, accurate reports to national level	1,066	271	940	372	28	202	606	9	584	313	7	319
Health facilities that submit complete, accurate reports to national level	1,044	228	936	372	28	202	606	10	585	345	7	355
Finance												
% GOK budget allocation to primary health facilities (L2 & L3)	33	31	8,890	-	-	-	1,100	-	-	53	1	3,560,977
% GOK budget allocation for drugs	35	-	34	-	-	-	1,100	-	-	7	1	1
Governance												
Districts with functional health stakeholders forum (DHSF)	28	0	28	3	2	3	20	2	20	19	-	19

Table 4.3: AOP5 target for service delivery by ownership

Output	Indicator of performance measurement	Eligible population	National baseline	National target	GOK		FBO		NGO		Private	
					Target	%	Target	%	Target	%	Target	%
Mothers are kept healthy before and during pregnancy	Women of reproductive age (WRA) receiving Family planning (FP) commodities	8,719,640	3,529,327	4,462,200	3,183,581	71.3	1,407,773	31.5	84,923	1.9	332,372	7.4
	Pregnant women attending at least 4 ANC visits	1,666,084	534,007	812,856	518,036	63.7	331,206	40.7	23,107	3%	62,577	7.7
	Newborns with low birth weights (LBW) (less than 2,500 grams)	1,425,585	47,540	23,030	14,150	61.4	243,400	1056.9	466	2%	1,958	8.5
	Pregnant women provided with LLITNs	1,666,104	650,697	795,477	549,056	69.0	300,903	37.8	10,405	1%	36,520	4.6
	Pregnant women receiving two doses of intermittent presumptive therapy (IPT2)	1,729,196	716,835	958,960	617,218	64.4	335,552	35.0	20,045	2%	51,755	5.4
	HIV+ pregnant women receiving ART to reduce the risk of mother-to-child transmission (PMTCT)	276,391	73,393	168,089	119,600	71.2	37,986	22.6	3,544	2%	13,704	8.2
Mothers are able to have normal deliveries	Deliveries conducted by skilled health attendants in health facilities	1,653,985	555,632	784,755	511,643	65.2	306,494	39.1	12,096	2%	60,288	7.7
	Maternal deaths audited	-	3,705	2,166	2,084	96.2	42	1.9	3	0%	9	0.4
	Fresh stillbirths in the health facility	42,148	7,479	3,569	2,904	81.4	411	11.5	78	2%	383	10.7
All newborns (up to 2 weeks) receive protec-tion against immunizable and other conditions	Newborns receiving BCG	1,646,149	1,147,502	1,407,949	981,690	69.7	359,892	25.6	23,792	2%	94,585	6.7
Children receive protection against immunizable diseases	Children under 1 year of age immunized against measles	1,402,820	1,007,833	1,245,262	870,115	69.9	309,469	24.9	18,430	1%	71,027	5.7
	Children under 1) year fully immunized	1,402,820	1,040,816	1,188,698	827,100	69.6	308,730	26.0	18,168	2%	71,381	6.0
Children are able to survive childhood illnesses	Children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	5,897,789	3,099,109	3,783,260	2,632,567	69.6	1,174,246	31.0	44,708	1%	163,730	4.3
	Children under 5 years attending child welfare clinic (CWC) who are underweight	6,070,680	589,341	405,219	312,650	77.2	900,711	222.3	4,347	1%	19,753	4.9
	Children under 5 years receiving Vitamin A supplement	5,924,092	2,456,635	3,471,105	2,458,046	70.8	1,135,249	32.7	53,566	2%	187,554	5.4
	Children under 5 years provided with long lasting insecticide treated nets (LLITNs)	5,944,973	1,447,927	1,936,180	1,372,249	70.9	1,043,644	53.9	27,439	1%	81,941	4.2
	Under 5 years treated for malaria	6,190,595	3,388,540	3,710,160	2,419,781	65.2	1,103,394	29.7	44,472	1%	181,130	4.9
	Infant mortality rate (IMR)	-	143	-	-		-		-		-	
	Facility infant mortality rate (IMR)	-	5,588	3,806	3,328	87.4	254	6.7	2	0%	11	0.3
Healthy lifestyle is adopted amongst children	School children correctly de-wormed at least once in the year	8,043,785	3,999,299	5,113,909	3,688,082	72.1	1,339,908	26.2	86,197	2%	208,901	4.1
	Schools with adequate sanitation facilities	8,666	117,409	69,595	58,154	83.6	9,753	14.0	192	0%	422	0.6

Output	Indicator of performance measurement	Eligible population	National baseline	National target	GOK		FBO		NGO		Private	
					Target	%	Target	%	Target	%	Target	%
Behaviour change is promoted amongst adolescents that leads to healthy lifestyle	Health facilities providing youth-friendly services	4,886	507		7,293				14		23	
Adolescents are able to survive common health conditions affecting them		-	-	21,666	1	0.0	-	0.0	-	0%	-	0.0
Adults and elderly are practising a healthy lifestyle	Population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	22,256,198	3,171,783	5,547,136	3,794,517	68.4	3,743,417	67.5	129,369	2%	245,785	4.4
	Condoms distributed	-	33,962,279	62,710,180	42,747,915	68.2	2,313,429	3.7	638,016	1%	2,218,536	3.5
	Households treated with indoor residual spray (IRS)	5,810,374	1,618,192	2,616,384	2,401,357	91.8	856,177	32.7	27,864	1%	51,163	2.0
Adults and elderly are able to survive common health conditions affecting them	Adults and children with advanced HIV infection started on anti retroviral therapy (ART)	941,962	187,656	2,313,623	2,103,970	90.9	227,449	9.8	12,887	1%	21,128	0.9
	Adults and children with advanced HIV infection receiving ART	1,320,052	826,092	804,392	525,078	65.3	84,304	10.5	30,453	4%	29,346	3.6
	TB case detection rate		113119	118775								
	TB cure rate			29175								
	Percentage of emergency surgical cases operated within one hour	1,565,005	48,156	37,578	16,343	43.5	9,918	26.4	67	0%	369	1.0
	Cold surgical cases operated on within one month	2,771,795	31,323	81,579	61,107	74.9	3,782	4.6	57	0%	430	0.5
Human resource available to increase access to health services	Doctor/Population ratio	29,975,961	1659	2,704	1,489	55.0	2702	198601.1	12	0%	6	0.2
	Nurse/Population ratio	29,965,963	13,821	14,362	9,822	68.4	5,371,638	37402.0	217	2%	1,935	13.5
Essential medicines and medical supplies are available to increase access to health services	Health facilities without all tracer drugs for more than 2 weeks	4,524	832	260	185	71.4	740	285.2	2	1%	2	0.8
Quality of health services improved	Clients satisfied with services	25,169,792	4,107,856	5,404,012	3,976,501	73.6	5,937,995	109.9	111,104	2%	308,283	5.7
	Average length of stay (ALOS)	-	7		6		5		5		4	
Utilization of health services improved	Utilization rate of out patient services (OPD) - Male	16,228,929	11,667,453	12,371,295	9,216,454	74.5	3,471,156	28.1	219,373	2%	505,185	4.1
	Utilization rate of out patient services (OPD) - Female	17,703,036	14,229,364	14,744,629	11,249,382	76.3	3,827,268	26.0	260,896	2%	558,247	3.8

Output	Indicator of performance measurement	Eligible population	National baseline	National target	GOK		FBO		NGO		Private	
					Target	%	Target	%	Target	%	Target	%
Monitoring and evaluation improved	Health facilities that submit timely, accurate reports to national level	5,613	1,796	4,254	2,953	69.4	1,080	25.4	110	3%	288	6.8
	Health facilities that submit complete, accurate reports to national level	5,623	1,853	4,417	2,938	66.5	1,060	24.0	107	2%	271	6.1
Financial allocation to health Improved	% GOK budget allocation to primary health facilities (L2 & L3)	1,071,225	22,703,478	50,870,837	50,814,873	99.9	1,100	0.0	-	0%	-	0.0
	% GOK budget allocation for drugs	1,183	2,202,016	10,540,593	8,004,928	75.9	1,100	0.0	-	0%	-	0.0
Governance structures strengthened	Districts with functional health stakeholders forum (DHSF)	148	33	148	149	100.7	20	13.5	-	0%	-	0.0

Table 4.4: AOP 5 targets for service delivery by level of care

Output	Indicator of performance measurement	Eligible population	Level 2 &3			Level 4			Level 5			Level 6		
			Baseline	Target	%	Baseline	Target	%	Base-line	Target	%	Baseline	Target	%
Mothers are kept healthy before and during pregnancy	Women of reproductive age (WRA) receiving family planning (FP) commodities	8,719,640	3,529,327	2,956,957	33.9	711,884	786,826	9.0	67,188	112,904	1.3	10,813	11,218	0.1
	Pregnant women attending at least 4 ANC visits	1,666,084	534,007	452,057	27.1	157,451	220,227	13.2	20,092	27,247	1.6	3,860	3,986	0.2
	Newborns with low birth weights (LBW) (less than 2,500 grams)	1,425,585	47,540	9,647	0.7	17,379	7,130	0.5	2,870	1,291	0.1	830	855	0.1
	Pregnant women distributed with LLITNs	1,666,104	650,697	451,832	27.1	189,403	183,223	11.0	17,732	20,745	1.2	-	-	0.0
	Pregnant women receiving two doses of intermittent presumptive therapy (IPT2)	1,729,196	716,835	547,641	31.7	185,674	219,884	12.7	18,473	29,959	1.7	418	439	0.0
	HIV+ pregnant women receiving ART to reduce the risk of mother -to -child transmission (PMTCT)	276,391	73,393	103,187	37.3	24,348	47,913	17.3	2,758	2,072	0.7	148	155	0.1
Mothers are able to have normal deliveries	Deliveries conducted by skilled health attendants in health facilities	1,653,985	555,632	358,267	21.7	183,944	228,452	13.8	50,460	62,398	3.8	18,894	19,643	1.2
	Maternal deaths audited	-	3,705	269		1,736	1,720		141	29		116	120	
	Fresh stillbirths in the health facility	42,148	7,479	1,737	4.1	2,077	710	1.7	1,467	473	1.1	1,359	855	2.0
All newborns (up to 2 weeks) receive protection against immunizable and other conditions	Newborns receiving BCG	1,646,149	1,147,502	826,839	50.2	284,388	336,915	20.5	43,822	58,226	3.5	16,523	17,199	1.0
Children receive protection	Children under 1 year of age immunized against measles	1,402,820	1,007,833	778,486	55.5	213,922	267,707	19.1	19,831	24,840	1.8	4,342	4,545	0.3

Output	Indicator of performance measurement	Eligible population	Level 2 &3			Level 4			Level 5			Level 6		
			Baseline	Target	%	Baseline	Target	%	Base-line	Target	%	Baseline	Target	%
protection against immunizable diseases	Children under 1 year of age fully immunized	1,402,820	1,040,816	743,053	53.0	208,994	259,713	18.5	18,565	23,599	1.7	4,323	4,525	0.3
Children are able to survive childhood illnesses	Children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	5,897,789	3,099,109	2,251,600	38.2	785,378	848,872	14.4	74,169	86,485	1.5	9,003	9,416	0.2
	Children under 5 years attending child welfare clinic (CWC) who are underweight	6,070,680	589,341	275,987	4.5	123,559	71,804	1.2	7,940	5,738	0.1	12,257	12,621	0.2
	Children under 5 years receiving Vitamin A supplement	5,924,092	2,456,635	2,330,439	39.3	540,385	646,912	10.9	33,548	49,572	0.8	4,395	4,607	0.1
	Children under 5 years provided with long lasting insecticide treated nets (LLITNs)	5,944,973	1,447,927	1,202,789	20.2	382,323	420,124	7.1	22,567	29,250	0.5	-	-	0.0
	Under 5 years treated for malaria	6,190,595	3,388,540	2,073,100	33.5	877,209	837,377	13.5	62,736	49,975	0.8	2,463	2,556	0.0
	Infant mortality rate (IMR)	-	143	-		-	-		-	-		-	-	
	Facility infant mortality rate (IMR)	-	5,588	1,038		3,422	1,444		1,261	1,113		-	-	
Healthy lifestyle is adopted amongst children	School children correctly de-wormed at least once in the year	8,043,785	3,999,299	3,274,028	40.7	671,731	1,072,618	13.3	58,126	72,677	0.9	-	-	0.0
	Schools with adequate sanitation facilities	8,666	117,409	60,556	698.8	6,962	7,969	92.0	47	92	1.1	-	-	0.0
Behaviour change is promoted amongst adolescents that leads to healthy lifestyle	Health facilities providing youth-friendly services	4,886	507			157	247	5.1	6	9	0.2	6,194	6,380	130.6
Adolescents are able to survive common health conditions affecting them		-	-	-		-	-		-	1		-	-	
Adults and elderly are practising a healthy lifestyle	Population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	22,256,198	3,171,783	3,301,365	14.8	746,736	1,119,059	5.0	118,383	138,050	0.6	36,274	37,533	0.2
	Condoms distributed	-	33,962,279	32,104,193		8,008,983	15,904,427		243,966	502,590		3,904	4,099	
	Households sprayed with indoor residual spray (IRS).	5,810,374	1,618,192	2,281,132	39.3	309,391	279,251	4.8	4,453	7,381	0.1	-	-	0.0
Adults and elderly are able to survive common health conditions	Adults and children with advanced HIV infection started on ART	941,962	187,656	2,190,511	232.5	67,819	94,275	10.0	8,946	6,197	0.7	684	718	0.1
	Adults and children with advanced HIV infection receiving ART	1,320,052	826,092	378,349	28.7	303,629	200,446	15.2	99,527	85,695	6.5	4,468	4,691	0.4
	TB case detection rate													

Output	Indicator of performance measurement	Eligible population	Level 2 &3			Level 4			Level 5			Level 6		
			Baseline	Target	%	Baseline	Target	%	Base-line	Target	%	Baseline	Target	%
affecting them	TB cure rate													
	Percentage of emergency surgical cases operated within one hour	1,565,005	48,156	1,876	0.1	17,644	10,100	0.6	16,178	14,720	0.9	-	-	0.0
	Cold surgical cases operated on within one month	2,771,795	31,323	5,476	0.2	13,212	51,998	1.9	5,875	7,882	0.3	12	20	0.0
Human resource available to increase access to health services	Doctor/Population ratio	29,975,961	1659	135	0.0	808	1,102	0.0	631	125	0.0	220	220	0.0
	Nurse/Population ratio	29,965,963	13,821	6,579	0.0	4,752	3,925	0.0	2,659	703	0.0	1,860	1,847	0.0
Essential medicines and medical supplies are available to increase access to health services	Health facilities without all tracer drugs for more than 2 weeks	4,524	832	192	4.2	289	33	0.7	2	1	0.0	-	-	0.0
Quality of health services improved	Clients satisfied with services	25,169,792	4,107,856	3,171,262	12.6	1,461,609	1,662,836	6.6	73,844	129,227	0.5	-	-	0.0
	Average length of stay (ALOS)	-	3	2		7	6		7	6		6	5	
Utilization of health services improved	Utilization rate of out patient services (OPD) - Male	16,228,929	11,667,453	7,877,470	48.5	3,126,669	2,667,278	16.4	362,788	291,749	1.8	274,325	283,120	1.7
	Utilization rate of out patient services (OPD) - Female	17,703,036	14,229,364	9,556,558	54.0	3,986,404	3,330,610	18.8	374,134	292,843	1.7	229,821	237,306	1.3
Monitoring and evaluation improved	Health facilities that submit timely, accurate reports to national level	5,613	1,796	3,664	65.3	191	229	4.1	7	11	0.2	-	2	0.0
	Health facilities that submit complete, accurate reports to national level	5,623	1,853	3,611	64.2	181	228	4.1	7	11	0.2	1	2	0.0
Financial allocation to health Improved	% GOK budget allocation to primary health facilities (L2 & L3)	1,071,225	22,703,478	46,531,068	4343.7	347,738	4,283,805	399.9	6	-	0.0	-	-	0.0
	% GOK budget allocation for drugs	1,183	2,202,016	7,975,467	674173.1	85,255	29,460	2490.3	-	-	0.0	395,000,000	-	0.0
Governance structures strengthened	Districts with functional health stakeholders forum (DHSF)	148	33	93	62.8	18	56	37.8	0	-	0.0	-	-	0.0

Table 4.5: Indicators for level 1 service

Province	Indicator 1: number of households visited to deliver health messages		Indicator 2: number of people treated for minor ailments		Indicator 3: number of dialogue days for claiming rights		Indicator 4: number of community action days	
	Baseline	Target	Baseline	Target	Baseline	Target	Baseline	Target
Central	59,856	194,823	8,258	174,480	511	1,240	185	1,050
North Eastern	9,537	65,639	82,593	374,711	55	737	40	622
Coast	2,280	50,784	64	51,805	2	101	290	390
Eastern	13,105	69,663	15,810	73,920	95	474	102	726
Nairobi	100	1,600	200	4,260	2	44	3	18
Nyanza	47644	68523	3312	135535	78	780	85	332
Western	14285	294554	1211	203339	9	663	5	600
Rift Valley	36652	366852	85348	885751	1395	2858	246	2670
Total	183,459	1,112,438	196,796	1,903,801	2,147	6,897	956	6,408

4.2 Provincial Level Plans for Service Delivery and Management Support

4.2.1 Central Province Health Plans

The priorities for the province are:

- Strengthen implementation of community strategy
- Improve maternal and child health services
- Establish youth-friendly centres' and services in L1, L2 & L3
- Improve access and utilization of health services in the province
- Provide comprehensive care for HIV/AIDS, TB, malaria and NCD clients
- Improve work place environment
- Strengthen capacity building
- Enhance youth-friendly health services
- Establish geriatric health services
- Increasing vector control with particular emphasis on *Tunga penetrans* (jiggers)
- Strengthen governance structures

Service delivery targets are presented in Table 4.6, while provincial management support and hospital management support are summarized in tables 4.7 and 4.8, respectively.

Table 4.6: Central Province service delivery targets

Central Province service delivery targets

Indicators	Gatundu	Kiambu East	Kiambu West	Muranga North	Muranga South	Kirinyaga	Nyandarua North	Nyandarua South	Nyeri North	Nyeri South	Thika
Percentage of women of reproductive age (WRA) receiving family planning commodities	45,108	88,338	11,838	59,779	98,977	116,306	64,729	60,898	69,454	77,678	101,625
Percentage of pregnant women attending at least 4 ANC visits	4,997	14,342	9,067	6,760	5,467	11,420	8,316	11,118	5,728	8,825	10,721
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	54	244	344	971	247	566	1,990	334	77	309	784
Percentage of pregnant women provided with LLITNs	7,572	10,667	2,198	1,969	7,022	12,810	2,030	5,540	4,148	44	13,721
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	7,281	9,189	8,617	4,376	7,239	8,848	6,804	4,696	6,006	6,816	12,644
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	195	626	239	832	135	475	708	258	329	795	753
Percentage of deliveries conducted by skilled health attendants in health facilities	9,828	11,492	5,629	6,728	11,273	11,454	7,261	6,381	7,443	11,897	15,442
Percentage of maternal deaths audited	0	10	-	-	1	-	5	1	-	12	30
Percentage of fresh still births in the health facility	0	100	82	95	4	172	-	4	28	161	111
Percentage of newborns receiving BCG	7,380	15,914	8,438	2,505	9,262	13,602	57	6,550	9,842	13,060	15,442
Percentage of children under 1 year of age immunized against measles	6,313	13,024	4,466	8,230	10,880	12,602	16,726	6,305	9,595	10,819	14,715
Percentage of children under 1 year of age fully immunized	6,313	13,024	11,382	2,626	10,880	12,602	8,300	7,161	9,597	10,976	14,715
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	16,247	73,048	4,888	8,267	15,964	18,075	14,964	21,763	47,418	40,364	51,274
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	467	1,661	7,397	6,459	1,775	6,856	20,910	531	6,053	1,801	1,136
Percentage of children under 5 years receiving Vitamin A supplement	20,080	25,400	9,077	16,477	37,337	39,703	31,565	15,981	41,809	32,839	37,603
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	14,893	13,600	8,415	6,711	7,175	42,174	2,638	4,572	5,985	5,000	14,716
Percentage of under 5 years treated for malaria	10,805	29,798	1,256	14,174	27,608	83,033	17,617	10,654	26,703	26,061	40,465
Infant mortality rate (IMR)	0	0	-	-	-	-	-	-	-	-	-
Facility infant mortality rate (IMR)	10	0	-	-	-	-	-	-	19	260	82
Percentage of school children correctly de-wormed at least once in the year	52,462	120,118	15,432	13,500	116,979	96,768	17,772	55,480	72,552	101,484	92,087
Percentage of schools with adequate sanitation facilities	140	421	26	120	15	875	500	15	308	210	72
Percentage of health facilities providing youth-friendly services	19	0	15	59	139	5	4	1		5	2
	0	0	-	-	-	-	-	-	-	-	-
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	24,216	11,455	51,589	19,900	6,807	30,802	19,411	16,063	1,007,301	35,613	28,385
Number of condoms distributed	1,076,952	168,236	2,417	287,790	799,800	1,500,000	260,049	162,400	21,539	799,247	1,200,000
Percentage of households treated with indoor residual spray (IRS)	946	1,028	105	3,641	7,518	5,000	2,923	505	2,262	5,699	2,328
Percentage of adults and children with advanced HIV infection	1,295	1,591	1,052	750	740	1,151	433	777	6,471	3,652	1,682

Central Province service delivery targets

Indicators	Gatundu	Kiambu East	Kiambu West	Muranga North	Muranga South	Kirinyaga	Nyandaru a North	Nyandarua South	Nyeri North	Nyeri South	Thika
started on ART											
Percentage of adults and children with advanced HIV infection receiving ART	11,571	1,821	885	2,450	1,232	2,287	4,616	1,268	811	14,226	26,250
TB case detection rate	526	1,071	1252	834	1142	1760	679	355	768	1024	1903
TB cure rate	182	336	262	316	322	488	160	87	182	257	653
Percentage of emergency surgical cases operated within one hour	864	1,400	-	1,150	394	1,610	35	394	812	11,372	1,652
Percentage of cold surgical cases operated on within one month	334	8260	-	95	1,834	1,372	-	1,834	34	3,050	2,250
Doctor/Population ratio	19	34	60	17	4	30	8	4	221	99	54
Nurse/Population ratio	164	412	2	243	136	479	940	46	31	626	501
Percentage of health facilities without all tracer drugs for more than 2 weeks	0	0	31	-	-	-	17	-	40	3	1
Percentage of clients satisfied with services	1	0	8,709	180	-	-	284	-	3,141	6	-
Average length of stay (ALOS)	8	6	5	5	5	6	5	5	7	6	5
Utilization rate of out patient dept (OPD) - Male	106,967	221,034	60,037	82,295	178,814	519,233	266,469	107,080	148,438	178,080	195,083
Utilization rate of out patient dept (OPD) - Female	114,811	313,314	44,362	130,924	167,917	755,049	132,334	110,378	1,640	190,419	206,083
Percentage of health facilities that submit timely, accurate reports to national level	14	0	-	81	67	171	34	-	76	160	12
Percentage of health facilities that submit complete, accurate reports to national level	2	0	-	81	67	171	34	-	51	160	12
% GOK budget allocation to primary health facilities (L2 & L3)	0	0	-	-	-	-	55,928	33,859,485	1,769,851	7,901,690	4
% GOK budget allocation for drugs	3	0	-	2,400,000	-	-	135,663	-	-	1,975,423	-
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1	1

Table 4.7 Central Province provincial-level health management support plan

Result area	Output	Time frame				Responsible person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
1. Planning	2010–2011 AOP developed		X	X		PDPHS, PHRIO	1,580,000	1,580,000	GOK	
2. Performance monitoring and evaluation	Quarterly review reports from all DHMTs	X	X	X	X	PHRIO	400,000	400,000		
	Quarterly supportive supervision by PHMT members	X	X	X	X	PHRIO	160,000	160,000	UNICEF	
	All districts L2 & L3 facilities supervised on quarterly basis and selected L1 units	X	X	X	X	PDPHS	1,600,000	400,000 1,200,000	PSI GOK	
	All DHMT performance appraisal carried out twice a year	X				PDPHS	50,000	50,000		
	quarterly analysis of data to fast track set targets done	X	X	X	X	PHRIO	-	-		
	Evidence based practices disseminated and utilized	X	X	X	X	PRO	320,000	320,000		
3. Human resource management and development	Staff rationalization carried out	X				PPO	20,000	20,000		
	Improved work climate and staff morale by providing annual awards and recognition		X		x	PNO	500,000	500,000		
	Capacity to respond to nutrition issues increased	x	X							
	Transition of level-3 to level 4 supported	X	X	X	X	PHAO	200,000	200,000		
	5 mandatory CMEs for all PHMT members on professional development supported	X	X	X	X	PHAO	350,000	350,000		
	Staff shortage in rural facilities and CCCs alleviated through renewal of support from capacity project	x	X		X	PDPHS	70,479,604	2,000,000 69,250,818	VHIDA ICAP	
	Two refresher training courses for drivers held					PHAO	200,000	200,000		
	Mid level management training on EPI carried out	X	X		x	P/LOG	1,500,00	1,500,00		
	Sustained(weekly) health talks through Kangema FM station on Family planning, quality assurance and healthy living styles	X	X	X	X	PHEO	120,000	120,000	PSI	
	All World Health days observed	X	X	X	X		325,000	325,000	PSI	
	All DHEOs trained on listening skills	X				PHEO	200,000	200,000	PSI	
4. Essential medicines and supplies										
5. Capacity building	IEC materials for malaria campaign designed and distributed to all districts	X	X	X	X					
6. Infrastructure developed and maintained	Ceramic floor maintained quarterly to the required standard	X	X	X	X	PHAO	100,000	100,000		
	All L-2 and L-3 facilities supported to develop infrastructure and development master plans	X	X	X	X	PHAO	50,000	50,000		
	Adequate casualty facilities in Sagana H/Centre developed	X			X	PDPHS	-	-		
	Repair and scheduled maintenance of communication systems carried out	X	X	X	X	PHAO	300,000	300,000		
	Quarterly servicing and payment of internet services	X	X	X	X	PHRIO	120,000	120,000		

Result area	Output	Time frame				Responsible person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
	Well-maintained ICT equipment, printers and copiers	X	X	X	X	PHRIO	200,000	200,000		
	Scheduled servicing & maintenance of vehicles, repair as need arises	**X**	X	X	X	PHAO	500,000	500,000		
7. Governance	Management boards identified & gazetted	**X**				PDPHS	10,000	10,000		
	Annual stakeholders forum held			X		PDPHS	350,000	350,000		
	Thematic quarterly stakeholders meetings held	X	X	X	X	PHEO	80,000	80,000	PSI	
8. Emergency preparedness and response	Coordinated emergency response teams revitalized between the 2 ministries	X				PPHO	100,000	100,000		
	All staff sensitized on emergency response and preparedness	X	X		X	PNO	200,000	200,000		
9. Financial management	Procurement entities/committees established	X			X	PHAO	100,000	100,000		
	Hold quarterly review meetings with implementing partners	X	X	X	X	PDPHS	400,000	400,000		
10. Operational and other research	15 TOTs trained on research methods	X			X		400,000	400,000		

Table 4.8: Central Province provincial-level hospital management support

Result area	Output	Timeframe				Responsible person	Costs / budget	Revenue		Unfunded
		Q1	Q2	Q3	Q4			Amount	Source	
Planning	2010–2011 AOP developed		X	X		PDMS, PHRIO	1,650,000	1,650,000		
Performance monitoring and evaluation	Quarterly thematic meetings with stakeholders held	X	X		X	PNO	300,000	300,000		
	quarterly review of reports with respective district heads conducted	X	X	X	X	PDMS	400,000	400,000		
	All districts L4 & L5 facilities supervised on quarterly basis	X	X	X		PDMS	1,200,000	1,200,000		
	quarterly analysis of data to fast track set targets	X	X	X	X	PHRIO	-	-		
	evidence based practices disseminated and utilized	X	X	X	X	PNO	600,000	600,000		
	Staff performance appraisal carried out twice a year	X			X	PDMS	30,000	30,000		
Human resource management & development	staff rationalization carried out	X			X	PPO	100,000	100,000		
	improved work climate and staff morale		X		X	PNO	500,000	500,000		
	transition of level-3 to level 4 supported	X		X	X	PHAO	200,000	200,000		
Capacity building	5 days mandatory CME for PMST supported	X	x	x	x	PHAO	350,000	350,000		
	two refresher training for drivers hold two refresher training for drivers held	X			X	PHAO	200,000	200,000		
Essential medicines and supplies										
Infrastructure development & maintenance (equipment, communication & transport)	Offices for all PMST established and equipped	X	X	x	X	PHAO	400,000	400,000		
	All L4 and L5 facilities supported to develop infrastructure and development master plans	X	X	X		PHAO	350,000	350,000		
	Casualty facilities in Thika and PGH Nyeri improved	X			X	PDMS	300,000	300,000		

Result area	Output	Timeframe				Responsible person	Costs / budget	Revenue		Unfunded
		Q1	Q2	Q3	Q4			Amount	Source	
	Scheduled repair & maintenance of communi-cation systems carried out	x	x	x	x	PHAO	500,000	500,000		
	Quarterly servicing and payment of internet services	X	X	X	X	PHRIO	200,000	200,000		
	Well maintained ICT equip-ment, printers and copiers	X	X	X	X	PHRIO	200,000	200,000		
	Scheduled servicing & maintenance of vehicles, repair as need arises	**X**	X	X	X	PHAO	1,200,000	1,200,000		
Governance	Management boards identified and gazetted	**X**			X	PDMS	100,000	100,000		
	Annual stakeholders forum held					PDMS	250,000	250,000		
Emergency preparedness and response	Emergency response teams revitalized	X			X	PPHO	700,000	700,000		
	Emergency response teams sensitized on emergency response and preparedness	X		X	X	PNO	100,000	100,000		
Financial management	Facility procurement entities/ committees established	X			X	PHAO	100,000	100,000		
	Quarterly review meetings with implementing partners	X	X	X	X	PDMS	400,000	400,000		
Operation & other research system	Staff sensitized and encouraged to carry out specific research and cultivate a culture of evidence based practice	X	X	X	X	PNO	500,000	500,000		
	15 TOTs trained on research methods	X		X			500,000	500,000		
						Total	11,330,000	11,330,000		

4.2.2 Eastern Province Health Plans

Priorities set for the province are:

- Strengthen referral system
- Increase utilization of FP services
- Increase birth by skilled attendants
- Initiate and enhance youth friendly services in all health facilities
- Sensitization of communities on effects of drug and substance abuse
- Scale up implementation of community strategy
- Improve health services for the elderly
- Strengthen governance structures
- Reduce malnutrition
- Improve school health programmes
- Improve TB, HIV/AIDS and malaria services

Service delivery targets are presented in Table 4.9, while provincial management support and hospital management support are summarized in tables 4.10 and 4.11, respectively.

Table 4.9a: Service delivery targets for Eastern Province

Eastern Province service delivery targets

Indicators	Imenti South	Kibwezi	Kyuzo	Machakos	Mbeere	Meru South	Mwingi	Tigania	Chalbi	Igembe	Isiolo	Kitui	Laisamis	Makueni
Percentage of women of reproductive age (WRA) receiving family planning commodities	27,310	43,482	16,094	76,746	36,140	28,453	31,183	32,184	579	59,254	7,606	56,325	1,008	37,547
Percentage of pregnant women attending at least 4 ANC visits	2,261	6,470	5,563	10,057	4,524	1,881	8,050	4,023	452	9,445	2,194	8,856	1,503	7,090
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	-	132	-	425	110	231	65	67	2	767	83	332	18	100
Percentage of pregnant women provided with LLITNs	2,042	18,118	6,167	18,780	4,999	5,775	10,428	7,376	361	8,427	3,429	6,294	829	5,609
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	1,969	11,646	3,199	9,128	5,487	2,957	9,743	5,364	573	7,440	2,855	6,294	1,095	7,466
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	127	608	199	447	58	375	433	154	2	507	96	1,068	11	314
Percentage of deliveries conducted by skilled health attendants in health facilities	219	6,470	2,833	11,558	2,834	5,574	4,621	4,694	484	13,775	3,145	5,535	437	4,130
Percentage of maternal deaths audited	-	-	-	4	-	9	8	1	2	3	1	-	-	4
Percentage of fresh still births in the health facility	-	64	-	-	22	27	-	35	-	-	7	41	-	36
Percentage of newborns receiving BCG	4,589	23,294	6,063	12,936	8,497	5,260	10,467	10,728	1,809	21,792	4,301	18,819	2,490	14,320
Percentage of children under 1 year of age immunized against measles	2,784	19,904	5,450	12,364	7,052	3,172	7,016	8,207	1,085	13,344	3,600	13,916	2,072	9,387
Percentage of children under 1 year of age fully immunized	2,794	22,856	5,384	12,627	7,052	3,201	8,402	8,541	1,085	13,240	3,300	4,388	1,964	9,289
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	14,443	93,176	1,798	44,803	23,259	11,063	21,812	19,793	3,255	37,031	9,445	56,423	6,844	19,336
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	131	5,790	664	4,370	3,663	520	2,077	6,759	2,170	4,109	3,654	6,376	2,598	9,446
Percentage of children under 5 years receiving Vitamin A supplement	12,080	46,588	12,207	49,003	9,828	10,327	25,086	38,621	2,713	22,874	6,783	49,812	5,795	18,980
Percentage of children under 5 years provided with long lasting	7,353	32,612	21,045	39,230	13,729	16,903	37,084	28,966	217	20,771	6,492	17,622	1,079	14,907

Eastern Province service delivery targets

Indicators	Imenti South	Kibwezi	Kyuzo	Machakos	Mbeere	Meru South	Mwingi	Tigania	Chalbi	Igembe	Isiolo	Kitui	Laisamis	Makueni
insecticide treated nets (LLITNs)														
Percentage of under 5 years treated for malaria	14,443	27,952	10,671	22,630	20,319	14,386	15,449	33,785	1,628	46,419	8,306	23,912	2,061	23,598
Infant mortality rate (IMR)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility infant mortality rate (IMR)	-	94	-	-	-	-	16	-	-	231	-	-	-	70
Percentage of school children correctly de-wormed at least once in the year	15,000	47,694	27,908	127,672	6,677	17,434	-	46,935	10,972	12,549	29,204	83,600	2,754	7,139
Percentage of schools with adequate sanitation facilities	200	4,304	107	200	-	253	-	285	-	171	29	-	-	347
Percentage of health facilities providing youth-friendly services	-	2	18	2	-	5	5	1	3	6	5	6	10	29
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	3,600	7,248	8,813	22,938	19,211	191,060	-	5,364	-	15,532	6,217	21,963	1,577	20,197
Number of condoms distributed	710,000	200,000	73,043	1,752	311,360	2,151	-	34,866	-	235,523	392,000	380,302	11,018	57,420
Percentage of households treated with indoor residual spray (IRS)	1,000	1,740	17,503	-	-	19,718	20,094	2,682	6,000	-	120	8,856	30	741
Percentage of adults and children with advanced HIV infection started on ART	-	2,432	3,607	1,003	268	2,908	655	120	100	3,265	200	4,500	20	1,370
Percentage of adults and children with advanced HIV infection receiving ART	-	7,449	532	5,600	606	-	1,176	568	100	17,006	800	4,600	40	5,093
TB case detection rate	526	1,090	206	1,899	599	606	956	394		553	707	1,932	-	911
TB cure rate	164	226	52	411	157	168	162	167	-	180	126	506	-	246
Percentage of emergency surgical cases operated within one hour	-	118	134	-	142	-	-	182	-	312	-	1	3	402
Percentage of cold surgical cases operated on within one month	-	118	2,152	-	208	10	-	101	-	276	-	1	-	90
Doctor/Population ratio	-	6	-	14	9	-	-	3	-	-	8	-	-	7
Nurse/Population ratio	-	420	137	-	-	-	-	221	32	-	180	-	-	210
Percentage of health facilities without all tracer drugs for more than 2 weeks	-	-	12	-	-	-	-	5	-	-	8	-	3	5
Percentage of clients satisfied with services	-	310,588	114,666	-	-	-	-	359	-	-	100	1	-	306,242
Average length of stay (ALOS)	5	5	7	7	6	6	6	6	5	7	6	6	5	8
Utilization rate of out patient dept (OPD) - Male	58,000	166,682	55,382	319,464	30,481	61,806	90,675	73,653	13,563	-	19,675	-	-	20,358
Utilization rate of out patient dept	90,000	237,600	68,694	203,198	33,327	67,854	133,170	130,384	14,469	-	24,876	2	-	27,647

Eastern Province service delivery targets

Indicators	Imenti South	Kibwezi	Kyuzo	Machakos	Mbeere	Meru South	Mwingi	Tigania	Chalbi	Igembe	Isiolo	Kitui	Laisamis	Makueni
(OPD) - Female														
Percentage of health facilities that submit timely, accurate reports to national level	55	52	79	54	38	27	51	27	12	24	31	96	13	28
Percentage of health facilities that submit complete, accurate reports to national level	55	52	79	56	38	27	51	27	12	24	31	96	13	26
% GOK budget allocation to primary health facilities (L2 & L3)	-	-	8,876	-	-	-	-	-	-	-	-	-	-	-
% GOK budget allocation for drugs	-	-	23	-	-	-	-	-	-	-	-	-	-	-
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Eastern Province service delivery targets

Indicators	Mbooni	Moyale	Nzaui	Yatta	Embu	Imenti North	Kangundo	Mutomo	Maara	Marsabit	Meru Central	Mwala	Tharaka	Garbatula
Percentage of women of reproductive age (WRA) receiving family planning commodities	15,693	3,771	17,945	23,767	86,238	63,250	31,782	12,362	23,213	3,196	19,847	29,600	13,178	2,764
Percentage of pregnant women attending at least 4 ANC visits	3,814	3,064	3,346	6,189	6,287	11,023	3,164	5,264	2,595	1,059	949	3,584	3,253	768
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	22	39	37	-	82	233	111	81	55	27	14	-	58	46
Percentage of pregnant women provided with LLITNs	3,269	393	5,057	6,034	6,114	6,988	5,103	3,268	3,406	247	2,070	5,145	2,746	1,124
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	4,359	1,964	5,329	5,881	6,398	5,042	4,888	3,708	2,594	1,067	1,490	2,850	3,089	788
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	-	40	148	464	461	434	741	588	160	51	55	298	106	37
Percentage of deliveries conducted by skilled health attendants in health facilities	4,359	1,768	1,487	928	9,233	7,107	2,149	1,976	2,866	631	2,014	486	3,089	398
Percentage of maternal deaths audited	-	5	-	-	9	4	6	-	-	-	-	-	-	-
Percentage of fresh still births in the health facility	-	39	-	-	56	65	21	7	5	-	10	-	27	-
Percentage of newborns receiving	5,885	5,288	9,294	8,690	11,502	10,110	5,632	5,279	3,191	2,130	3,799	4,400	6,095	1,172

Eastern Province service delivery targets

Indicators	Mbooni	Moyale	Nzaui	Yatta	Embu	Imenti North	Kangundo	Mutomo	Maara	Marsabit	Meru Central	Mwala	Tharaka	Garbatula
BCG														
Percentage of children under 1 year of age immunized against measles	6,277	3,818	5,175	6,797	8,931	6,209	5,902	5,948	3,298	1,615	3,745	5,250	4,805	1,189
Percentage of children under 1 year of age fully immunized	6,277	3,676	5,253	6,908	8,977	6,409	6,138	5,809	3,298	1,577	3,745	5,950	4,672	1,067
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	39,232	18,382	28,998	31,757	19,322	33,263	20,534	21,695	13,541	8,803	7,858	27,000	19,767	4,154
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	5,885	5,656	812	4,458	2,847	1,942	578	2,098	942	854	241	1,000	1,730	658
Percentage of children under 5 years receiving Vitamin A supplement	31,386	9,050	31,228	41,779	27,047	16,203	27,502	21,110	9,666	3,432	4,341	17,450	14,825	4,542
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	5,885	283	15,624	34,680	16,581	25,789	25,314	4,839	12,382	958	11,063	17,500	17,296	3,173
Percentage of under 5 years treated for malaria	3,923	5,656	3,692	16,711	28,868	28,478	13,807	1,421	17,971	1,534	9,807	8,841	9,884	4,663
Infant mortality rate (IMR)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility infant mortality rate (IMR)	545	-	-	-	-	175	-	583	0	-	-	-	12	-
Percentage of school children correctly de-wormed at least once in the year	38,142	5,499	9,854	58,478	49,953	30,250	98,439	24,192	26,318	3,790	17,681	-	9,294	10,499
Percentage of schools with adequate sanitation facilities	200	19	138	312	63	155	426	171	330	15	-	-	112	26
Percentage of health facilities providing youth-friendly services	2	4	19	2	1	7	1	4	4	-	4	2	-	1
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	32,039	30,793	140,068	910	33,836	62,368	46,416	2,500	8,789	-	4,716	-	20,179	2,568
Number of condoms distributed	69,418	917	67,565	119,673	-	194,620	10,893,396	-	360,072	2,500	84,662	-	-	15,270
Percentage of households treated with indoor residual spray (IRS)	6,043	314	9,834	12,623	12,000	1,336	788	20,582	3,618	355	1,230	-	1,500	3,733
Percentage of adults and children with advanced HIV infection started on ART	872	471	458	784	700	1,092	25	1,551	625	231	300	458	200	180
Percentage of adults and children with advanced HIV infection receiving ART	1,767	1,571	579	1,261	300	20,570	968	1,600	1,427	300	500	776	250	341

Eastern Province service delivery targets

Indicators	Mbooni	Moyale	Nzaui	Yatta	Embu	Imenti North	Kangundo	Mutomo	Maara	Marsabit	Meru Central	Mwala	Tharaka	Garbatula
TB case detection rate	-	839	-	623	1041	553	644	-	104	312	425	-	271	40
TB cure rate	-	167	-	192	217	180	184	-	15	63	138	-	57	14
Percentage of emergency surgical cases operated within one hour	-	353	80	-	-	1,426	379	200	-	134	20	-	-	-
Percentage of cold surgical cases operated on within one month	-	-	80	-	-	1,049	218	225	-	463	200	-	-	-
Doctor/Population ratio	-	-	-	-	-	67	18	-	12	-	10	-	-	0
Nurse/Population ratio	-	2	-	-	-	322	116	-	203	14	1,875	-	-	64
Percentage of health facilities without all tracer drugs for more than 2 weeks	-	-	-	-	3	1	-	-	-	-	-	-	-	-
Percentage of clients satisfied with services	-	-	-	28,930	-	202,953	223,210	25,078	246	-	-	-	-	28,714
Average length of stay (ALOS)	5	5	6	5	7	5	6	5	6	4	6	5	5	6
Utilization rate of out patient dept (OPD) - Male	40,801	35,349	101,530	58,604	30,193	133,200	74,403	62,772	66,412	16,054	-	-	-	21,014
Utilization rate of out patient dept (OPD) - Female	53,042	20	124,316	63,194	39,344	162,641	74,403	82,978	78,174	18,841	-	-	-	20,724
Percentage of health facilities that submit timely, accurate reports to national level	19	2	34	42	35	57	26	25	30	10	21	25	18	8
Percentage of health facilities that submit complete, accurate reports to national level	19	-	34	42	35	56	26	25	30	10	21	25	18	8
% GOK budget allocation to primary health facilities (L2 & L3)	-	-	-	-	-	3	-	-	-	10	-	-	-	-
% GOK budget allocation for drugs	-	0	-	-	-	0	-	-	-	10	-	-	-	-
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Table 4.10: Eastern Province provincial-level health management support

Result area	Outputs	Timeframe				Responsi-ble person	Costs	Budget	Source	Gap
		Q1	Q2	Q3	Q4					
1. Planning	2010-2011 AOP developed		X	X		PDPHS	3.0M	3.0M	GOK, APHI A II, ICAP, AMREF	
2. Perform-ance monitoring and evaluation	HMIS tools printed and distributed	X	X	X	X	PHRIO, PHAO	2.7M	2.7M	GOK, APHIA II, ICAP, AMREF	
	performance targets standards and guidelines printed and distributed to all districts		X							
	support supervision in level 2 and 3 facilities in all districts carried out	X	X		X	PDPHS, PHAO	800,000	800,000	GOK, APHIA II, ICAP, AMREF	
3. Capacity building	furniture and equipment for the new offices procured	X				PHAO	2.0M	2.0M		
	vehicles for new districts purchased		X				100.000	100.000		
	Establish internet access for PMO office	X					-	-		
	vehicle inventory established	X					-	-		
	Fuel purchased	X	X	X	X		2.0M	2.0M	FIF	
4. Human resource management and development	Staff data base established	X				PDPHS, PHRM	440,000	440,000	GOK, APHIA II	
	districts supported to carry out quantification of commodities									
	Training in team building done	X	X		X					
5. essential medicines and supplies										
6. Infrastruc-ture devel-oped and maintained	PMO's office block completed		X			PDPHS	6.5M	6.5M	GOK	
	5 Motor vehicles maintained	X	X	X	X		1.0M	1.0M		
	Office equipment maintained	X					600,000	600,000		
7. Govern-ance	Quarterly stakeholders forum convened	X	X	X	X	PDPHS	800.000	800.000	GOK, APHIA II, ICAP, AMREF	
	Guidelines on DHMT/DHMB operations' disseminated						1.2M	1.2M	FIF	
	Monthly meetings with boards held							-		
8. Emergency preparedness and response	Emergency preparedness teams across the province in place and operational	X				PDPHS, PPHO, PDSC, P	900.000	900.000	GOK, APHIA II, ICAP, AMREF	
	Resource for emergency response mobilized from the central government done	X				Log	1.2M	1.2M	FIF	
	IDSR trainings conducted	X	X				900.000	900.000		
9. Financial management	Finances for level 2 and 3 disbursed to all the districts	X	X	X	X	PDPHS, PHAO	1.2M	1.2M	FIF.	
10. Opera-tional and other research	Areas in need of operational research identified	X								
	Operations' research in areas of TB,HIV, nutrition and RH carried out					PDPHS	1.2M	1.2M	GOK, APHIA II, ICAP, FIF	

Table 4.11: Eastern Province provincial-level hospital management support

Result area	Output	Timeframe				Responsi-ble person	Costs	Budget	Source	Gap
		Q1	Q2	Q3	Q4					
1. Planning	2010–2011 AOP completed in time		x	x		PDMS,PNO, PHAO, PMRO	3M	3M	GOK/APHIA /Other partners	
2. Perform-ance monit-oring and evaluation	Quarterly support supervision done Quarterly review meetings held	X	X	x	X	PDMS	4.0M	4.0M	GOK/APHIA II FIF/Other partners	
3. Human resource management and development	Redistribution of the available staff done	X	X	X	X	HRMO/	-	-	GOK	
	10 CPDs made functional, 6 PHMT trained on senior Management 2 MNH trainings conducted	X	X	X	X	PDMS, PNO	3.6M	3.6M	GOK/APHIA II MSH/FIF/Other partners	

Result area	Output	Timeframe				Responsible person	Costs	Budget	Source	Gap
		Q1	Q2	Q3	Q4					
	Train 12 workers on emergency preparedness.		X		x	PDMS, PNO	300,000	300,000	GOK/FIF GOK/FIF	
4. Capacity building										
5. Infrastructure developed and maintained	PMOS block completed	X			X	PDMS/PDOPH	6M	6M	GOK/APHIA II/FIF/PLAN,	
	Standardized infrastructural plans developed	X	X	X	X	PPHO	100,000	100,000	GOK/APHIA II/FIF	
	3 theatres operational zed	X	X	x	X	PDMS	3,0M	3,0M	GOK/APHIA II/FIF	
6. Governance	HMTS, HMBS and deputies trained on governance	X	X	X	X	PDMS	1M	1M	GOK/APHIA II/FIF	
7. Emergency preparedness and response	Functional emergency plan in place; HMTs emergency kits purchased	X			X	MED, SUP & HAO	5M	5M		
8. Financial management	Utilization of finances increased	X	X	X		PDMS, PHAO	600,000	600,000	GOK/FIF/APHIA II	
9. Operational and other research	Data quality audit in 5 facilities conducted					PDMS	1.0M	1.0M	GOK/FIF/APHIA II/PATH	

4.2.3 North Eastern Province Health Plans

Priorities for the province are:

- Improve maternal and child health
- Scale up implementation of community strategy
- Strengthen integrated outreach services
- Strengthen referral system
- Strengthen health education
- Improve school heath programmes
- Improve work environment
- Establish youth friendly centres
- Strengthen health services for the elderly
- Community sensitization and mobilization
- Strengthen capacity building
- Strengthening of governance structures
- Strengthening clinics for nomadic populations

Service delivery targets are presented in Table 4.12, while provincial management support and hospital management support are summarized in tables 4.13 and 4.14, respectively.

Table 4.12: Service delivery targets for North Eastern Province

Service delivery targets for North Eastern Province

Indicators	Garissa	Lagdera	Fafi	Ijara	Wajir South	Wajir West	Wajir East	Wajir North	Mandera West	Mandera Central	Mandera East
Percentage of women of reproductive age (WRA) receiving family planning commodities	4,752	1,876	1,302	1,208	1,960	521	2,841	1,433	2,081	2,829	501
Percentage of pregnant women attending at least 4 ANC visits	4,488	1,454	1,123	813	1,347	1,400	2,663	1,211	2,512	852	1,057
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	73	8	-	8	9	2	16	14	-	23	3
Percentage of pregnant women provided with LLITNs	982	1,005	500	2,500	612	764	3,920	1,673	2,792	2,782	2,189
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	5,330	1,494	1,515	1,138	1,591	706	4,458	1,399	2,367	1,306	796
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	39	8	3	10	3	2	41	6	3	2	5
Percentage of deliveries conducted by skilled health attendants in health facilities	3,576	1,106	244	731	1,225	609	2,228	699	1,783	1,383	450
Percentage of maternal deaths audited	12	9	-	19	2	15	11	-	-	3	12
Percentage of fresh still births in the health facility	7	4	-	-	3	-	-	2	-	-	-
Percentage of newborns receiving BCG	6,509	2,829	1,619	3,332	3,552	2,512	6,910	3,459	1,951	4,089	2,000
Percentage of children under 1 year of age immunized against measles	4,986	2,750	2,402	3,047	3,675	1,221	5,881	3,915	3,490	3,294	1,425
Percentage of children under 1 year of age fully immunized	4,352	1,610	1,560	2,235	3,062	1,709	5,683	3,823	4,821	2,555	1,390
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	15,122	4,311	6,249	4,550	6,369	4,230	12,710	5,513	5,514	4,543	3,116
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	4,701	1,608	38	650	122	3,025	811	28	2,065	681	274
Percentage of children under 5 years receiving Vitamin A supplement	15,325	9,488	4,682	6,501	6,859	2,290	16,074	9,608	4,197	7,314	1,686
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	3,876	5,629	502	10,500	1,280	713	8,110	19,872	7,741	7,950	7,042
Percentage of under 5 years treated for malaria	19,959	24,323	8,591	13,001	14,698	5,169	18,008	5,614	14,677	9,086	7,572
Infant mortality rate (IMR)	0	0	-	-	-	-	-	-	-	-	-
Facility infant mortality rate (IMR)	2	8	-	-	-	-	-	-	-	-	-
Percentage of school children correctly de-wormed at least once in the year	12,694	12,631	4,925	5,237	20,523	6,900	13,670	20,105	10,775	4,391	5,374
Percentage of schools with adequate sanitation facilities	2,004	30	2	25	16	21	24	18	3	7	2
Percentage of health facilities providing youth-friendly services	14	4	1	2	4	4	14	10	2	4	1
	0	0	-	-	-	-	-	-	-	-	-
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	21,285	5,584	3,000	1,500	2,792	3,048	3,940	8,065	11,763	25,238	2,000

Service delivery targets for North Eastern Province

Indicators	Garissa	Lagdera	Fafi	Ijara	Wajir South	Wajir West	Wajir East	Wajir North	Mandera West	Mandera Central	Mandera East
Number of condoms distributed	17,407	30,781	5,161	12,000	7,079	2,973	10,797	6,200	43,963	17,919	500
Percentage of households treated with indoor residual spray (IRS)	7,095	5,262	775	5,000	992	1,265	20,264	1,900	6,000	790	4,950
Percentage of adults and children with advanced HIV infection started on ART	199	17	2	12	7	6	60	9	5	110	-
Percentage of adults and children with advanced HIV infection receiving ART	199	25	78	12	70	6	52	75	7	220	-
TB case detection rate	750	420	150	122	39	6	812	59	7	182	641
TB cure rate	172	111	43	25	11	10	192	10	40	36	120
Percentage of emergency surgical cases operated within one hour	71	0	-	-	-	2	-	-	-	-	-
Percentage of cold surgical cases operated on within one month	0	0	-	-	-	2	906	-	-	-	-
Doctor/Population ratio	5	6	6	-	3	-	8	1	1	3	-
Nurse/Population ratio	67	32	60	35	82	-	-	-	80	63	16
Percentage of health facilities without all tracer drugs for more than 2 weeks	0	0	1	-	5	1	5	-	1	4	-
Percentage of clients satisfied with services	0	0	-	-	-	-	-	-	-	-	-
Average length of stay (ALOS)	6	5	5	5	5	4	6	6	4	5	4
Utilization rate of out patient dept (OPD) - Male	77,833	46,463	39,926	32,504	52,260	21,000	87,312	29,154	29,150	40,428	25,794
Utilization rate of out patient dept (OPD) - Female	91,934	61,620	38,962	35,210	55,199	31,950	87,859	28,185	33,563	43,308	21,858
Percentage of health facilities that submit timely, accurate reports to national level	21	10	10	13	14	14	2	12	7	14	6
Percentage of health facilities that submit complete, accurate reports to national level	21	10	10	13	14	14	2	12	7	14	6
% GOK budget allocation to primary health facilities (L2 & L3)	0	0	-	-	-	-	-	-	1,666,000	-	-
% GOK budget allocation for drugs	0	0	-	-	-	-	-	-	-	-	-
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1	1

Table 4.13: North Eastern Province provincial-level health management support

Result area	Output	Time frame				Responsible person	Costs / budget	Revenue		Gap
		Q1	Q2	Q3	Q4			Amount	Source	
1. Planning	AOP 2010–2011 developed and forwarded	X	X	X	X	PMO	1,680,000	1,200,000 480,000	GOK/ APHIA II/ UNICEF GOK/ APHIA II/ UNICEF	
	National policies/guidelines on various health interventions disseminated	X	X	X	X	PMO	230,000	230,000	GOK/APHIA II	
	PHSF strengthened through quarterly stakeholders meeting	X	X	X	X	PMO	1,000,000	1,000,000	GOK/ APHIA II/ UNICEF/ MERLIN	
2. Infrastructure development and maintenance (equipment, communication and transport)	Existing room renovated and furniture, shelves, Internet, photocopier, computer and literature material in place		X	X		PHAO	700,000	700,000	GOK/APHIA II	
	1 desktop, 10 laptops and 1 printer and modem procured	X	X	X	X	PMO	1,200,000	1,200,000	GOK/GTZ/ APHIA II	
	8 offices renovated, recarpeted and air conditioned		X	X	X	PHAO	1,000,000	1,000,000	GTZ	
	Transport system enhanced by maintenance of all vehicles	X	X	X	X	PHAO	600,000	600,000	GOK/DANIDA	
	Communication system strengthened through Intranet connection and networking of districts, VHF radio maintenance and repair	X				PMO	3,000,000	3,000,000	CDC/GOK	
	Prefab to house VCT centre procured, installed & equipped	X				PASCO	2,000,000	2,000,000	APHIA II	
3. Human resource management	Equitable distribution of staff in the province done	X	X	X	X	PMO	100,000	100,000	GOK	
	Establishment and maintain staff databases for all cadres	X	X	X	X	PHAO	0	0	GOK	
	Establishment of an award scheme for best performing health workers for all cadres	X	X	X	X	PHAO	200,000	200,000	GOK/ APHIA II/ UNICEF	
	MDR training of health workers held					PTLC	500,000	500,000	APHIA II	
	RH services improved by training 33 TOTs and 150 HW on integrated RH commodity management	X	X	X	X	PRHC	4,000,000	4,000,000	GOK/ APHIA II/ UNICEF/GTZ	
	Training of HW on post -abortion care (22 TOTs and 60 H/W)	X		X		PRHC	2,400,000	2,400,000	GOK/ APHIA II/ UNICEF/ GTZ	
	Training of H/W on cervical cancer screening (22 TOTs and 60 H/W) done			X	X	PRHC	2,400,000	2,400,000	GOK/ APHIA II/ UNICEF/ GTZ	
5. Performance monitoring and evaluation	Quarterly support supervisory visits on TB/HIV/AIDS by PHMT	X	X	X	X	PMO	960,000	960,000	GOK/APHIA II/DTLD	
	Development of an Integrated supervisory checklist done	X				PMO	240,000	240,000	GOK/APHIA II	
	4 annual world events marked (malaria TB, AIDS, mentorship)		X		X	PTLC,PAS, CO	800,000	800,000	GOK/APHIA II	
	Training and dissemination of PHMT and DHMT members on the supervisory checklist done	X	X	X		PMO	600,000	600,000	GOK/APHIA II	
	Quarterly review meetings (TB, HIV/AIDS, RH, disease surveillance) and biannual stakeholders forum carried out	X	X	X	X	PMO	1,500,000	1,500,000	GOK/APHIA II	
	Biannual staff appraisal done		X	X		PHAO	500,000	500,000	GOK/APHIA II	
6. Operational and other research	Suggestion box put up and exit interviews at all health facilities conducted	X	X	X	X	PHAO	2,550,000	2,550,000	GOK/APHIA II	
	Staff satisfaction survey conducted		X			HR&IO, PHAO	2,200,00	2,200,00	GOK/APHIA II	
7. Governance	Copies of COR provided to all departments			X		PHAO	100,000	100,000	GOK	
	Timely distribution of official circulars done	X		X	X	PHAO	280,000	280,000	GOK	

Result area	Output	Time frame				Responsi-ble person	Costs / budget	Revenue		Gap
		Q1	Q2	Q3	Q4			Amount	Source	
	Monthly departmental and HMT meetings held	X	X	X	X	PHAO	120,000	120,000	GOK	
	Quarterly HMB meetings held			X		PMO	400,000	400,000	GOK	
8. Finan-cial manage-ment	Targets for proper financial management set	X				PHAO	280,000	280,000	GOK/APHIA II	
	5% of total of all bank charges on PHMT GOK funds cleared	X				PHAO	300,000	300,000	GOK	
9. Emer-gency prepared-ness and response	Train 11 districts DHMTs and 16 PHMT members on IDRS	X				PDSC	1,500,000	1,500,000	GOK/APHIA II/UNICEF/WHO/KRCS	
	Distribution of IDRS reporting tools for surveillance and outbreaks in the province done		X	X		PDSC	300,000	300,000	GOK/APHIA II/UNICEF/WHO/KRCS	
	Timeliness and completeness of IDSR reports monitored-Weekly and monthly	X	X	X	X	PDSC	120,000	120,000	GOK/APHIA II/UNICEF/WHO/KRCS	
	11 districts DHMTs and 16 PHMT members on Rapid Response Team trained		X			PDSC	250,000	250,000	GOK/APHIA II/UNICEF/WHO/KRCS	
	Contingency plan for disaster in place	X	X	X	X	PDSC	550,000	550,000	GOK/APHIA II/UNICEF/WHO/KRCS	

Table 4.14: North Eastern Province provincial-level hospital management support

Result area	Output	Time frame				Responsible person	Costs / budget	Revenue		Gap
		Q1	Q2	Q3	Q4			Amount	Source	
Planning	AOP 2010–2011 developed and submitted		X	X		PDMS	480,000	480,000	GOK/APHIA II / UNICEF	
	Dissemination of national policies and guidelines on various health issues done	X	X	X	X	PDMS	230,000	230,000	GOK/APHIA II	
	Quarterly stakeholder meetings held to strengthen PHSF	X	X	X	X	PDMS	1,000,000	1,000,000	GOK/APHIA II / UNICEF/ MERLIN	
2. Infra-structure developm ent and mainte-nance (equip-ment, commu-nication and transport)	Renovation of existing room and put furniture, shelves, internet, photocopier, computer and literature material done		X	X		PDMS	700,000	700,000	GOK/APHIA II	
	1 desktop, 10 laptops and 8 printers procured	X	X	X	X	PDMS	1,200,000	1,200,000	GOK/GTZ/ APHIA II	
	8 offices renovated and recarpeted and air conditioned		X	X	X	PDMS	1,000,000	1,000,000	GTZ	
	All vehicles maintained	X	X	X	X	PHAO	600,000	600,000	GOK/Danida	
	Intranet connection and network the districts ,VHF radio maintenance and repair	X				PDMS	3,000,000	3,000,000	CDC/GOK	
	Functioning VCT Centre	X				PASCO	2,000,000	2,000,000	APHIA II	
3. Human resource manage-ment	Staff equitably distributed in the province	X	X	X	X	PDMS	100,000	100,000	GOK	
	Advocacy with government and multinational/regional partners					PDMS	100,000	100,000	GOK	
	Establishment and maintenance of staff databases for all cadres	X	X	X	X	PHAO	0	0	GOK	
	Establishment of an award scheme for best performing health workers for all cadres	X	X	X	X	PHAO	200,000	200,000	GOK/ APHIA II/ UNICEF	
4. Capa-city building	MDR Training of health workers done				X	PTLC	500,000	500,000	APHIA II	
	Training of H/W on integrated reproductive commodity management (33 TOTs and 150H/W) done	X	X	X	X	PRHC	4,000,000	4,000,000	GOK/APHIA II / UNICEF/ GTZ	
	Training of H/W on post-abortion care (22 TOTs and 60 H/W) done	X		X		PRHC	2,400,000	2,400,000	GOK/ PHIA II / UNICEF/ GTZ	
	Training of H/W on cervical cancer screening (22 TOTs and 60 HW) done		X		X	PRHC	2,400,000	2,400,000	GOK/APHIA II / UNICEF/ GTZ	
	4 world days marked (TB, malaria, AIDS and mentorship)	X	X		X	PTLC,PASCO,PDMS	800,000	800,000	GOK/APHIA II	

Result area	Output	Time frame				Responsible person	Costs / budget	Revenue		Gap
		Q1	Q2	Q3	Q4			Amount	Source	
5. Performance monitoring and evaluation	Quarterly PHMT support supervisory visits carried out	X	X		X	PDMS			GOK/APHIA II	
	Quarterly supportive supervision on TB/HIV/AIDS done	X	X	X	X	PDMS	960,000	960,000	APHIA 11/DTLD	
	Integrated supervisory checklist developed	X				PDMS	240,000	240,000	GOK/APHIA II	
	PHMT and DHMT supervisory checklist disseminated	X	X	X	X	PDMS	600,000	600,000	GOK/APHIA II	
	quarterly review meetings (TB, HIV/AIDS, RH, Disease Surveillance) and biannual stakeholders forum carried out	X	X	X	X	PDMS	1,500,000	1,500,000	GOK/APHIA II	
	Quarterly review of AOP 5 done	X			X	PDMS	1,200,000	1,200,000	GOK/APHIA II/ UNICEF	
	Biannual staff appraisal done		X	X		PHAO	500,000	500,000	GOK/APHIA II	
6. Operational and other research	Client satisfaction survey conducted	X	X	X	X	PHAO	2,550,000	2,550,000	GOK/APHIA II	
	Staff satisfaction survey done		X			HR&IO,PHAO	2,200,000	2,200,000	GOK/APHIA II	
7. Governance	Copies of COR to all departments provided				X	PHAO	100,000	100,000	GOK	
	All official circulars distributed	X		X	X	PHAO	280,000	280,000	GOK	
	Monthly departmental and HMT meetings held	X	X	X	X	PHAO	120,000	120,000	GOK	
	Quarterly HMB meetings held	X	X	X	X	PMO	400,000	400,000	GOK	
8. Financial Management	Targets for proper financial management set	X				PHAO	280,000	280,000	GOK/APHIA II	
	all bank charges on PHMT GOK funds 5% of the total paid	X				PHAO	300,000	300,000	GOK	
9. Emergency preparedness and response	11 districts DHMTs and 16 PHMT members trained on prepared on IDRS	X				PDSC	1,500,000	1,500,000	GOK/APHIA II/UNICEF/ WHO/KRCS	
	IDRS reporting tools for surveillance and outbreaks in the province distributed		X	X		PDSC	300,000	300,000	GOK/APHIA II/UNICEF/ WHO/KRCS	
	Timely, complete weekly and monthly IDSR reports submitted	X	X	X	X	PDSC	120,000	120,000	GOK/APHIA II/UNICEF/ WHO/KRCS	
	11 DHMTs and 16 PHMT members trained on rapid response, RR team established		X			PDSC	250,000	250,000	GOK/APHIA II/UNICEF/ WHO/KRCS	
	Contingency plan for disaster in place		X			PDSC	250,000	250,000	GOK/APHIA II/UNICEF/ WHO/KRCS	
	Dissemination of national policies and guidelines on various health interventions	X	X	X	X	PDSC	300,000	300,000	GOK/APHIA II/UNICEF/ WHO/KRCS	

4.2.4 Western Province Health Plans

Priorities for the province are:

- Strengthen referral system
- Scale up implementation of community strategy
- Improve maternal and child health
- Promote health education
- Promote school health programmes
- Improve Disease control and prevention
- Establish youth friendly services
- Strengthen PPP
- Strengthen capacity building
- Improve health services quality and efficiency
- Combating TB, HIV/AIDS and malaria

Service delivery targets are presented in Table 4.15, while provincial management support and hospital management support are summarized in tables 4.16 and 4.17, respectively.

Table 4.15: Service Delivery targets for Western province

Service delivery targets for Western Province

Indicators	Bungoma East	Bungoma North	Bungoma South	Bungoma West	Bunyala	Busia	Emuhaya	Hamisi	Kakamega South
Percentage of women of reproductive age (WRA) receiving family planning commodities	34,742	35,717	46,848	18,000	7,918	38,434	18,969	35,557	10,642
Percentage of pregnant women attending at least 4 ANC visits	4,000	7,056	3,737	2,500	1,104	6,038	1,420	7,056	1,269
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	123	78	507	50	59	162	8	109	8
Percentage of pregnant women provided with LLITNs	8,280	7,629	11,557	7,500	2,169	16,115	6,555	7,599	4,322
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	6,294	7,913	7,569	6,500	2,449	10,230	2,559	6,513	3,586
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	618	2,362	516	250	275	2,103	279	3,678	320
Percentage of deliveries conducted by skilled health attendants in health facilities	7,056	7,416	7,224	2,000	1,670	6,141	2,240	7,056	1,583
Percentage of maternal deaths audited	8	2	2	4	0	42	0	0	0
Percentage of fresh still births in the health facility	0	24	0	15	0	2	15	0	0
Percentage of newborns receiving BCG	13,392	11,039	17,936	3,480	3,462	20,397	7,653	5,402	5,330
Percentage of children under 1 year of age immunized against measles	10,017	8,321	15,349	11,500	2,686	16,397	7,272	7,172	4,480
Percentage of children under 1 year of age fully immunized	10,017	5,383	16,812	10,220	2,589	14,781	6,783	7,172	4,268
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	31,242	36,563	32,572	20,000	10,747	74,080	26,568	31,232	10,818
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	1,776	176	4,859	1,000	247	7,297	614	1,249	203
Percentage of children under 5 years receiving Vitamin A supplement	20,821	22,234	41,445	20,150	4,496	56,454	15,516	20,821	17,371
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	16,657	17,027	30,439	16,660	8,030	32,399	16,301	16,657	13,635
Percentage of under 5 years treated for malaria	23,040	23,593	65,993	20,800	11,174	69,944	18,714	20,821	16,386
Infant mortality rate (IMR)	0	0	0	0	0	0	0	0	0
Facility infant mortality rate (IMR)	0	0	0	0	0	15	0	0	0
Percentage of school children correctly de-wormed at least once in the year	33,640	0	27,365	43,326	0	89,625	11,510	43,326	17,783
Percentage of schools with adequate sanitation facilities	0	0	0	0	21	92	0	69	44
Percentage of health facilities providing youth-friendly services	1	6	0	2	0	18	0	3	3
	0	0	0	0	0	0	0	0	0
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	51,264	51,741	15,814	50,000	10,784	25,765	14,780	51,264	14,435
Number of condoms distributed	1,820,000	0	173,136	200,000	0	551,230	193,564	200,000	146,457
Percentage of households treated with indoor residual spray (IRS)	5,747	0	675	12,500	11,991	2,501	0	5,748	10,314
Percentage of adults and children with advanced HIV infection started on ART	1,853	5,848	1,288	480	1,474	5,262	865	2,759	728
Percentage of adults and children with advanced HIV infection receiving ART	5,966	0	24,136	1,350	2,850	30,738	2,255	7,356	1,338

Service delivery targets for Western Province

Indicators	Bungoma East	Bungoma North	Bungoma South	Bungoma West	Bunyala	Busia	Emuhaya	Hamisi	Kakamega South
TB case detection rate	1,347	523	802	366	200	1,054	154	260	713
TB cure rate	102	147	141	70	40	195	48	68	156
Percentage of emergency surgical cases operated within one hour	0	0	2,056	0	0	18	66	0	0
Percentage of cold surgical cases operated on within one month	0	0	1,172	0	0	55	4	0	0
Doctor/Population ratio	0	0	0	0	0	8	0	11	10
Nurse/Population ratio	0	44	0	0	0	323	0	104	117
Percentage of health facilities without all tracer drugs for more than 2 weeks	0	2	0	0	0	0	0	5	0
Percentage of clients satisfied with services	0	0	0	0	0	18,406	0	183,905	106,844
Average length of stay (ALOS)	4	6	5	7	6	6	5	6	6
Utilization rate of out patient dept (OPD) - Male	59,223	112,229	68,427	103,083	41,550	112,764	54,445	103,447	45,794
Utilization rate of out patient dept (OPD) - Female	65,804	104,375	82,244	109,053	51,330	125,844	68,233	114,941	61,050
Percentage of health facilities that submit timely, accurate reports to national level	0	13	22	17	17	23	24	10	17
Percentage of health facilities that submit complete, accurate reports to national level	14	13	22	17	17	23	24	13	17
% GOK budget allocation to primary health facilities (L2 & L3)	14	0	0	0	0	0	0	0	0
% GOK budget allocation for drugs	0	0	0	0	0	0	0	0	0
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1

Service delivery targets for Western Province

Indicators	Kakamega Central	Kakamega East	Kakamega North	Lugari	Mt. Elgon	Mumias	Samia	Vihiga	Teso North	Teso South
Percentage of women of reproductive age (WRA) receiving family planning commodities	30,274	58,602	21,967	10,370	41,128	26,500	10,880	3,5557	20,800	17,905
Percentage of pregnant women attending at least 4 ANC visits	7,009	3,371	2,586	888	8,269	9,988	2620	7,056	3,900	3,401
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	106	0	42	538	0	219	12	65	40	70
Percentage of pregnant women provided with LLITNs	11,662	4,203	6,694	0	8,762	14,471	4300	7,599	5,200	4,533
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	10,768	3,360	4,403	39,567	8,809	7,711	3360	6,513	9,300	4,208
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	686	0	253	72	291	1,060	455	1,068	200	178
Percentage of deliveries conducted by skilled health attendants in health facilities	7,268	2,520	2,135	7,442	2,982	4,300	1,620	7,056	4,200	3,238
Percentage of maternal deaths audited	0	0	0	0	0	0	0	0	36	12
Percentage of fresh still births in the health facility	173	0	7	0	0	0	0	16	5	0
Percentage of newborns receiving BCG	15,348	5,905	8,132	4,642	4,209	15,382	4,600	9,770	6,150	6,152
Percentage of children under 1 year immunized against measles	10,670	4,986	6,605	12,936	9,593	15,382	4,300	8,000	5,700	5,504
Percentage of children under 1 year fully immunized	10,837	5,036	6,491	1,568	9,036	15,382	4,300	8,000	5,700	5,504
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	54,928	23,855	57,808	59,794	31,445	37,232	13,600	31,232	15,000	27,090

Service delivery targets for Western Province

Indicators	Kakamega Central	Kakamega East	Kakamega North	Lugari	Mt. Elgon	Mumias	Samia	Vihiga	Teso North	Teso South
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	802	363	200	2,079	3,152	0	1,020	1,249	2,300	4,896
Percentage of children under 5 years receiving Vitamin A supplement	20,254	16,670	22,618	18,448	31,276	37,232	13,800	29,000	16,000	12,699
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	23,883	23,030	14,627	0	26,336	21,900	9,820	16,657	8,000	7,344
Percentage of under 5 years treated for malaria	38,352	10,136	18,656	20,200	17,336	45,708	19,700	20,821	45,423	312,740
Infant mortality rate (IMR)	0	0	0	0	0	0	0	0	0	0
Facility infant mortality rate (IMR)	64	0	18	0	0	0	0	6	5	0
Percentage of school children correctly de-wormed at least once in the year	44,751	53,003	25,886	67,576	53,821	53,327	0	43,326	12,045	96,480
Percentage of schools with adequate sanitation facilities	74	32	0	0	0	0	1	0	10	45
Percentage of health facilities providing youth-friendly services	0	0	2	0	0	1	1	2	1	5
	0	0	0	0	0	0	0	0	0	0
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	7,796	0	15,585	15,708	22,097	34,565	7,620	51,264	408,000	0
Number of condoms distributed	141,000	63,863	7,810,000	290,754	60,915	800,000	44,200	600,000	200,020	487,200
Percentage of households treated with indoor residual spray (IRS)	1,644	0	501	0	3,485	2,000	8,000	5,747	20	193
Percentage of adults and children with advanced HIV infection started on ART	1,055	0	224	0	0	1,200	1,611	759	500	0
Percentage of adults and children with advanced HIV infection receiving ART	4,527	0	530	462	0	2,980	2,650	7,,356	1,500	1,351
TB case detection rate	691	-	191	336	232	466	310	621	248	248
TB cure rate	150	-	57	76	41	119	59	108	36	36
Percentage of emergency surgical cases operated within one hour	1,296	0	12	0	0	0	0	0	0	0
Percentage of cold surgical cases operated on within one month	866	0	5	0	0	0	0	0	0	0
Doctor/Population ratio	0	0	0	0	11	0	0	33	3	8
Nurse/Population ratio	0	0	0	0	65	0	0	245	55	84
Percentage of health facilities without all tracer drugs for more than 2 weeks	0	0	0	0	0	0	0	2	0	7
Percentage of clients satisfied with services	40	0	135	0	7,833	0	0	181,917	20,000	85,619
Average length of stay (ALOS)	5	6	7	4	6	5	5	6	6	5
Utilization rate of out patient dept (OPD) - Male	51,300	28,050	74,676	12,908	31,681	63,868	0	30,986	51,200	49,712
Utilization rate of out patient dept (OPD) - Female	86,524	29,949	88,313	18,136	32,948	135,088	0	38,496	79,400	57,086
Percentage of health facilities that submit timely, accurate reports to national level	28	14	0	48	17	22	10	20	9	8
Percentage of health facilities that submit complete, accurate reports to national level	28	14	18	48	17	22	10	20	9	9
% GOK budget allocation to primary health facilities (L2 & L3)	0	0	18	3,560,944	0	0	0	0	1	0
% GOK budget allocation for drugs	0	0	0	0	0	0	0	0	1	0
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1

Table 4.16: Western Province provincial-level health management support

Result Area	Output	Timeframe				Responsible person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
1. Planning	AOP I of NHSSP III developed		X	X		PDPHS/ PHRIO	8,000,000	8,000,000	GOK/ DPs	
2. Performance monitoring and evaluation	Review meetings held with minutes					PDPHS	500,000	500,000		
	18 support supervision done with reports for PMTCT, ART, VCT, PITC, HCBC, STI, VMMC, PWP, blood safety, RH IMC DVI, IDSR malaria, TB, WASH, Community Strategy, LLITNs, sanitation	x	x	x	x				GOK/DPs	
		X	X	x		PDPHS	8178600	8178600	GOK/DPs	
	National consultative/review meeting attended	x	X	X	x	PDPHS	2,000,000	2,000,000	GOK/DPs	
	Quarterly performance review meetings held	X	x	X	X	PDPHS	6,600,000	6,600,000	GOK/DPs	
	Procurement, printing and distribution of M&E tools done					PHRIO	500,000	500,000	GOK/DPs	
	Generation and dissemination of Performance reports done					PHRIO	120,000	120,000	GOK/DPs	
	Quarterly feedback to the district done	X	x	X	X	logistician	40,000	40,000	GOK/DPs	
3. Human resource management and development	CPD for PHMT and DHMT held	x	x	x	x	PDPHS	500,000	500,000	GOK/DPs	
	PHMT and DHMT appraised quarterly					PDPHS/ HRM	500,000	500,000	GOK/DPs	
	Scientific conference attended and policies, BCC, IEC material and guidelines disseminated	X				PHMT members, PDPHS	2,700,000	2,700,000	GOK/DPs	
	Quarterly recognition of best performers	x	X	X	x	PDPHS/HRM				
	Quarterly deployment of staff	x	X	X	x	PDPHS				
	40 trainings on access uptake and delivery of quality HIV/AIDS care done	x	x	x	x	PASCO/PDSC	118,680,000	118,680,000	GOK/DPs	
5. Infrastructure development and maintenance	Well-maintained and equipped PHMT offices, procurement of computers, accessories, scanners, modems, phones, Internet, furniture, labelling of offices, vehicle maintenance	x	X	X	x	PHRIO/PASCO	3,970,000	3,970,000	GOK/DPs	
	cold room in KEMSA Kakamega I installed	x				logistician	100,000	100,000	GOK/DPs	
6. Governance	Health sector stakeholder forum held	X	X	X	X		2,800,000	2,800,000	GOK/DPs	
	Policies, BCC,IEC materials and guide lines disseminated to all stakeholders									
	Formation of DHMBs									
Disaster Preparedness and response	Quarterly malaria surveillance conducted	x	x	x	x	PPHO	1,000,000	1,000,000	GOK/DPs	
8. Financial management	EEC and financial audit conducted	x	x	x	x	PDPHS/PHAO	200,000	200,000	GOK/DPs	
9. Operational and other research	Operational research conducted						5,000,000	5,000,000	GOK/DPs	
Total budget							161,388,600	161,388,600	GOK/DPs	

Table 4.17: Western Province provincial-level hospital management support

Result area	Output	Time frame				Responsible person	Costs / budget	Revenue		Gap
		Q1	Q2	Q3	Q4			Amount	Source	
1. Planning	AOP plan in place-		X	X						
2. Performance	12 supportive supervision to L4 & 5 Facilities done	X	X	X	X	PDMS/PHRIO	2,000,000	2,000,000	DPs	

Result area	Output	Time frame				Responsible person	Costs / budget	Revenue		Gap
		Q1	Q2	Q3	Q4			Amount	Source	
Performance monitoring and evaluation	Quarterly Consultative and review meetings held	X	X	X	X	PDMS	7,800,000	7,800,000	GOK/DPs	
	Malezi bora		X		X	PDMS	12,300,000	12,300,000	PDMS	
	Quarterly consultative meeting with the chiefs at national headquarters	X	X	X	X	PCO	1,500,000	1,500,000	GOK/DPs	
	World Health celebrations, i.e., World TB, Breastfeeding, HIV, Malaria, Nursing	x	x	x	x	PDMS	2,000,000	2,000,000	GOK/DPs	
	Report written	X	X	X	X	PDMS	2,000,000	2,000,000	GOK/DPs	
	Data collection tools and reports in place	X		X		HRIO	300,000	300,000	GOK/DPs	
	Staff quarterly returns done	X	X	X	X	PMLT	2,000,000	2,000,000	GOK/DPs	
						HRM	800,000	800,000	GOK/DPs	
3. Human Resource Management and development	Staff rationalized quarterly	X	X	X	X	PDMS	0	0	GOK/DPs	
	Staff appraised and motivate					PDMS	300,000	300,000	GOK/DPs	
	60 trainings done in varies health skills	X	X	X	X	PDMS	101,978,000	101,978,000	GOK/DPs	
	15 PHMT attend annual scientific conferences	X				PDMS	6,000,000	6,000,000	GOK/DPs	
6. Infrastructure development and maintenance	Purchase and service of office equipment/Furniture and stationery done	X	X	X	X	PDMS/PHAO	2,000,000	2,000,000	GOK/DPs	
	Partitioning of the registry done	X				HRM	300,000	300,000	GOK/DPs	
	Maintaining workforce informatics system done	X	X	X	X	PDMS	1,200,000	1,200,000	CDC envoy	
	Purchase of 2	X				PDMS	6,000,000	6,000,000	DPs	
	Cold room in KEMSA Kakamega 1 installed	X	X	X	X	Logistician	1,000,000	1,000,000	DPs	
7. Governance	Health sector stake holder forums held	X	X		X	PDMS	2,000,000	2,000,000	DPs	
		X	X		X	PDMS	100,000	100,000	DPs	
	Dissemination policies, BCC,IEC materials and guide lines done	X	X			PHAO(MOMS)	1,300,000	1,300,000	DPs	
	Formation of DHMBs done					PHAO(MOMS)	140,000	140,000	DPs	
8. Emergency preparedness and response	Malaria surveillance conducted	X				PDMS	20,000	20,000	GOK/DPs	
9. Financial management	EEC meetings held	X	X		X	PDMS	1,800,000	1,800,000	GOK/DPs	
	financial audit conducted	X X	X	X	X	PDMS	100,000	100,000	GOK/DPs	
10. operational and other research	Conduct operational research	X	X		X	PDMS	5,000,000	5,000,000	GOK/DPs	

4.2.5 Nairobi Province Health Plans

Priorities for the province are:

- Scale up implementation of community strategy
- Improve disaster preparedness
- Improve maternal and child health
- Promote health education
- Strengthen school health programmes
- Improve youth-friendly services
- Ensure environmental sanitation and water safety
- Enhance disease surveillance
- Improve youth friendly services
- Strengthen governance structures
- Strengthen PPP
- Strengthen capacity building
- Strengthen nutritional surveillance

Service delivery targets are presented in Table 4.18, while provincial management support and hospital management support are consolidated in Table 4.19.

Table 4.18: Service Delivery targets for Nairobi Province

Indicators	Nairobi North	Nairobi West	Nairobi East
Percentage of women of reproductive age (WRA) receiving family planning commodities	107,219	102,002	186,509
Percentage of pregnant women attending at least 4 ANC visits	23,690	25,609	22,796
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	72	4	2,564
Percentage of pregnant women provided with LLITNs	0	0	2,591
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	19,766	16,079	7,771
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	2,895	1,395	3,067
Percentage of deliveries conducted by skilled health attendants in health facilities	35,630	33,464	12,434
Percentage of maternal deaths audited	0	0	-
Percentage of fresh still births in the health facility	0	0	-
Percentage of newborns receiving BCG	43,646	44,062	48,836
Percentage of children under 1 year of age immunized against measles	33,858	28,941	48,575
Percentage of children under 1 year of age fully immunized	29,626	28,857	48,527
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	31,037	27,428	40,813
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	5,798	3,128	27,208
Percentage of children under 5 years receiving Vitamin A supplement	42,623	93,096	68,021
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	0	0	5,442
Percentage of under 5 years treated for malaria	0	5,417	54,416
Infant mortality rate (IMR)	0	0	-
Facility infant mortality rate (IMR)	0	0	-
Percentage of school children correctly de-wormed at least once in the year	12,027	9,826	64,605
Percentage of schools with adequate sanitation facilities	0	0	197
Percentage of health facilities providing youth-friendly services	18	6	-
	0	0	-
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	58,782	121,354	21,136
Number of condoms distributed	0	55,278	29,819
Percentage of households treated with indoor residual spray (IRS)	0	100	10,260
Percentage of adults and children with advanced HIV infection started on ART	4,100	3,833	1,155
Percentage of adults and children with advanced HIV infection receiving ART	142,136	36,138	34,520
TB case detection rate	0	6,810	-
TB cure rate	7441	6,568	3,526
Percentage of emergency surgical cases operated within one hour	2056	1,463	1,046
Percentage of cold surgical cases operated on within one month	0	470	-
Doctor/Population ratio	0	20	44
Nurse/Population ratio	24	390	921
Percentage of health facilities without all tracer drugs for more than 2 weeks	0	12	-
Percentage of clients satisfied with services	0	0	-
Average length of stay (ALOS)	6	6	5
Utilization rate of out patient dept (OPD) - Male	244,280	195,525	495,020
Utilization rate of out patient dept (OPD) - Female	255,554	175,478	990,041
Percentage of health facilities that submit timely, accurate reports to national level	74	28	100
Percentage of health facilities that submit complete, accurate reports to national level	74	28	100
% GOK budget allocation to primary health facilities (L2 & L3)	0	0	-
% GOK budget allocation for drugs	0	0	-
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1

Table 4.19: Integrated Nairobi Province provincial-level health management support and hospital management plan

Result area	Output	Timeframe				Responsible person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
1. Planning	AOP for 2010-2011 developed		X	X		PDPHS & PDMS,PHAO, PHRIO,PHMT	1,241,700	1,241,700	UNICEF NHMB FIF APHIA II	
	Consensus on provincial AOP for 2010-2011 achieved			X		PDPHS & PDMS	150,000	150,000	APHIA II	
2. Infrastructure development and maintenance (equipment, communication and	Well maintained offices, motor vehicles and equipment available for PHMT/ PMST use	X	X	X	X	PPHO &PHAO	1,620,000	1,620,000	FIF APHRC	
	Repair and maintenance of all motor vehicles, regular service of office equipment and other utilities	X	X	X	X	PHAO	2,820,000	2,820,000	GOK & FIF	

Result area	Output	Timeframe				Responsible person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
transport	All departments computerized and networked (3 laptops, 1 LCD, 10 PDA, networking of all computers within PMO's office)	x	x	x		PHRIO	523,000	523,000	APHIA II / APHRC	
	A clear provincial inventory in place and Idle assets disposed.	X	X			PHAO	10,000	10,000	FIF	
	Water dispensers available in all head of department offices		X			PHAO	50,000	50,000	FIF	
3. Human resource manage-ment	A well-motivated and disciplined workforce in place (timely performance appraisal)	X	X	X	X	DEPT HEADS	-	-	-	
				X		PHAO	360,000	360,000	FIF	
	6 casuals to include 3 drivers and 3 cleaners hired and maintained	X	X	X	X	PHAO	504,000	504,000	GOK	
	Scheduled PHMT/PMST disciplinary meetings	X	X	X	X	PHAO	-	-	-	
	Quarterly review of staff deployment			X		PHAO	-	-	-	
	An updated human resource database in place			X		PHAO	-	-	-	
4. Capacity building	Training needs database in place			x		Training coordinator	10,,000	10,,000	FIF	
	Quarterly dissemination of policies, guidelines and IEC materials to all PHMT/PMST staff	X	X	X	X	Training coordinator	450,000	450,000	FIF NHMB APHIA II	
	Continuous professional monthly updates for all PHMT/PMST staff done	X	X	X	X	Training coordinator	190,00	190,00	APHIA II	
	Monthly PHMT/PMST training committee meetings held	X	X	X	X	Training coordinator	-	-	-	
	10 PHMT/PMST members attend professional scientific conferences and congress		X		X	PDMS/PDPHS	174,000	174,000	GOK	
	15 PHMT/PMST members trained on leadership and management		X	X		Training Coordinator	375,000	375,000	AMREF	
	30 PHMT/ PMST members on Operational Research management trained	X				Training coordinator	375,000	375,000	AMREF	
	5 staff on basic computers packages trained			X	X	Training coor-dinator/HAO	150,000	150,000	FIF	
	10 PHMT/PMST members trained in monitoring and evaluation				X	Training coordinator	750,000	750,000	AMREF	
	12 PHMT/PMST trained on proposal writing and resource mobilization		X			Training coordinator	300,000	300,000	APHRC	
	20 PHMT/DHMT on community strategy trained		X			PPHO	500,000	500,000	KIDDP	
	35 PHMT/ PMST/DHMT/HMT/ DMSTS on financial management trained			X		HAO	113,000	113,000	NHMB	
	15 PHOs trained on PHAST				X	PPHO	225.000	225.000	UNICEF	
	15 PHOs trained on urban participatory appraisal		X		X	PPHO	225,000	225,000	UNICEF	
	20 staff trained on alcohol and drug abuse prevention and rehabilitation				X		300,000	300,000	NACADA UNICEF	
	20 PHMT, PMST/DHMT trained on performance improvement approach concept			X		Training coordinator	150,000	150,000	FIF	
	20 clerical officers & support staff trained on code of regulations			X		Training coordinator	150,000	150,000	FIF	
5. Perform-ance monitoring and	Existing integrated super-visory tool reviewed and implemented and weekly supervision conducted	X	X	X		PNO & PPHO	623,000	623,000	FIF, GOK	

Result area	Output	Timeframe				Responsible person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
and evaluation	Quarterly review meetings held to share analysed supervisory report; PHMT/ PMST and DHMT/HMTS (45 to attend)	X	X	X	X	PNO & PPHO	450,000	450,000	APHIA II	
	Inspection of all private, NGO and FBO facilities for registration and licensing	X	X	X	X	PHO – Clinic Inspection	377,000	377,000	FIF	
	Monthly, quarterly and annual reports	X	X	X	X	PHRIO	20,000	20,000	FIF	
	Half-yearly PDPHS/MOH NCC supportive supervision to the districts					PDPHS	76,000	76,000	WHO	
	Weekly integrated disease reporting to the national level	X	X	X	X	PDSC	-	-	-	
	Weekly integrated disease reporting to the national level held		X			PDSC	126,000	126,000	WHO	
	Monthly PDST supervisory visits to districts	X	X	X	X	PDSC PNO /PPHO	572,000	572,000	WHO	
6. Operational and other research	Operational research conducted	X				PPHN & Malaria Coordinator	180,000	180,000	NHMB	
7. Governance	Governance structures from community level to provincial level in place` as per MOMS / MOPHS guidelines	X				PDPHS & PDMS	150,000	150,000	APHIA II	
		X	X	X	X	PDPHS & PDMS	600,000	600,000	APHIAII	
		X	X	X	X	PDPHS & PDMS	-	-	-	
8. Financial management	Effective utilization of the available funds	X				PDPHS & PDMS	-	-	-	
		`X	X	X		PHAO	-	-	-	
	Resource mobilization	X	X	X	X	PDPHS & PDMS	10,000	10,000	NHMB	
9. Emergency preparedness and response	A trained and well equipped provincial emergency response team in place	X				PHAO	250, 000	250, 000	NHMB	
Totals							15,063,900	15,063,900		

4.2.6 Coast Province Health Plans

Public health and sanitation priorities for the province are:

- Scale up implementation of community strategy
- Health promotion
- Disaster preparedness
- Improve quality of delivery of health care services
- Capacity building
- Improve youth friendly services
- Establish school health programmes Improve
- Improve Maternal and child health
- Ensuring food security
- Controlling HIV/AIDS, TB, Malaria
- Disease surveillance
- Improving quality of health services
- Controlling vector-borne diseases, especially malaria, filiriasis and schistosomiasis

Service delivery targets are presented in Table 4.20, while provincial management support and hospital management support are summarized in tables 4.21 and 4.22, respectively.

Table 4.20: Service delivery targets for Coast Province

Service delivery targets for Coast Province

Indicators	Mombasa	Kilindini	Kilifi	Kaloleni	Msambweni	Kwale	Kinango	Lamu	Malindi	Taita	Taveta	Tana Delta	Tana River
Percentage of women of reproductive age (WRA) receiving family planning commodities	19,626	51,848	44,733	32,405	26,009	37960	11430	29548	52923	12649	10802	9509	19,626
Percentage of pregnant women attending at least 4 ANC visits	9,060	16,008	13,362	9,630	4,280	9425	2726	9258	6893	3267	3210	3151	9,060
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	96	237	304	148	66	128	102	126	206	61	49	45	96
Percentage of pregnant women provided with LLITNs	10,535	14,223	12,341	8,889	10,793	11900	2787	11629	7204	3102	2693	2582	10,535
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	8,169	11,853	10,302	7,408	7,493	12866	2418	8430	21020	2773	2469	2488	8,169
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	12,566	22,757	19,688	14,224	316	494	282	1577	215	182	4822	463	12,566
Percentage of deliveries conducted by skilled health attendants in health facilities	5,329	9,482	8,261	2,819	3,634	4913	2930	7212	3226	2417	1975	1653	5,329
Percentage of maternal deaths audited	-	2	0	0	1	2	0	15	168	0	0	0	-
Percentage of fresh still births in the health facility	-	6	0	0	13	0	0	0	254	0	0	0	-
Percentage of newborns receiving BCG	14,424	22,520	19,556	14,074	6,417	15524	3366	16944	1205	3856	4692	4321	14,424
Percentage of children under 1 year of age immunized against measles	6,939	15,717	13,627	9,822	6,019	10086	2991	9852	1190	2911	3647	2937	6,939
Percentage of children under 1 year of age fully immunized	7,884	15,395	12,831	9,246	5,830	9541	2978	9473	7266	2782	3082	2774	7,884
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	25,066	21,602	45,522	32,980	14,658	69347	10333	64217	36434	8229	9859	9915	25,066
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	6,972	44,388	747	471	0	4646	150	1169	1456	279	143	418	6,972
Percentage of children under 5 years receiving Vitamin A supplement	6,210	9,124	26,421	11,778	15,689	39741	3871	19270	17350	5965	3926	3782	6,210
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	16,980	17,585	39,034	28,269	12,564	0	9076	37562	6721	9593	1967	6983	16,980
Percentage of under 5 years treated for malaria	25,012	14,088	39,034	28,269	12064	35114	9076	29155	32603	6282	8608	8636	25,012
Infant mortality rate (IMR)	-	0	0	0	0	0	0	0	0	0	0	0	-
Facility infant mortality rate (IMR)	-	0	0	0	0	1	0	0	310	0	0	0	-
Percentage of school children correctly de-wormed at least once in the year	-	0	64,718	46,915	26,110	1114	15026	225280	43973	10426	15639	11590	-
Percentage of schools with adequate sanitation facilities	705	300	0	0	0	95	214	59	8	0	0	0	705
Percentage of health facilities providing youth-friendly services	-	1	0	0	1	0	2	3	0	0	12	0	-

Service delivery targets for Coast Province

Indicators	Mombasa	Kilindini	Kilifi	Kaloleni	Msambweni	Kwale	Kinango	Lamu	Malindi	Taita	Taveta	Tana Delta	Tana River
	-	0	0	0	0	0	0	0	0	0	0	0	-
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	-	101,001	65,594	40,229	21,135	13,028	15,234	66,852	9,500	11,567	14,127	12,458	-
Number of condoms distributed	-	111,237	743,864	540,000	240,000	46,984	168,164	681,193	86,861	240,037	180,000	270,849	-
Percentage of households treated with indoor residual spray (IRS)	-	813,346	27,306	0	8,780	460,994	6,325	0	132,521	4,390	6,585	4,880	-
Percentage of adults and children with advanced HIV infection started on ART	33,107	1817,267	1,530	531	260	596	161	313	253,510	548	174	130	33,107
Percentage of adults and children with advanced HIV infection receiving ART	160,609	2,165	3,120	1,452	645	1,131	423	2,147	679	323	484	389	160,609
TB case detection rate	5,997	3,480	840	754	1,129	1,567	438	234	1,147	544	193	162	231
TB cure rate	1,780	1,025	256	135	247	337	90	62	217	143	47	46	82
Percentage of emergency surgical cases operated within one hour	1,774	0	0	0	0	1,104	0	0	1,300	180	0	0	1,774
Percentage of cold surgical cases operated on within one month	35,284	0	0	0	0	548	0	0	1,421	100	0	0	35,284
Doctor/Population ratio	6	0	0	0	0	5	2	0	12	7	0	0	6
Nurse/Population ratio	-	12	0	0	0	113	16	258	192	111	0	42	-
Percentage of health facilities without all tracer drugs for more than 2 weeks	-	0	0	0	0	0	0	0	6	1	1	1	-
Percentage of clients satisfied with services	-	0	320,835	237,052	0	123,395	22,603	0	0	52,678	79,017	58,557	-
Average length of stay (ALOS)	4	6	15	0	0	5.333333	0	0	5	0	0	0	4
Utilization rate of out patient dept (OPD) - Male	61,094	0	163,348	118,526	0	106,998	13,996	64,303	155,473	33,339	39,509	38,649	61,094
Utilization rate of out patient dept (OPD) - Female	115,169	0	183,756	133,342	0	106,405	44,447	104,636	165,220	36,765	44,447	45246	115,169
Percentage of health facilities that submit timely, accurate reports to national level	40	17	0	19	19	23	39	80	8	12	15	4	40
Percentage of health facilities that submit complete, accurate reports to national level	40	17	0	19	19	23	29	80	8	12	15	4	40
% GOK budget allocation to primary health facilities (L2 & L3)	47,998	0	0	0	0	0	0	0	6	0	0	0	47,998
% GOK budget allocation for drugs	29,454	0	0	0	0	0	0	0	6	0	0	0	29,454
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1	1	1	1

Table 4.21: Coast Province provincial-level health management support

Result area	Output	Timeframe				Responsible person	Costs/ budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
1. Planning	AOP Developed		X	X		PDPHS	1,460,000	1,460,000	APHIA II	
2. Performance monitoring and evaluation	Quarterly HMIS supervision to 13 districts done	X	X	X	X	PHIO	1.600,000	1.600,000	APHIA II/DANIDA	
	EPI/IDSR /PTLC quarterly supervision done	X	X	X	X	PEPIL/PDSC/ PTLC/PDPHS	3,420,00	3,420,00	WHO/GOK/ KNCV	
	Integrated supervision to the 13 districts conducted	X	X	X	X	PDPHS	2,400,000	2,400,000	GOK	
	integrated M&E tool developed	X				PHRIO	200,000	200,000	APHIA II	
	M&E department established	X				PHRIO				
	Quarterly review meetings held	X	X	X	X	PHIO/PTLC/PHRIO/PHAO/ PASCO/PCO/ PPHN/PMLT, PDHS	8,122,000	8,122,000	APHIA II/ KNCV/GOK/FIF	
	District DVBD stations audited		X	X	X	PMLT	200,000	200,000	FIF	
	EQA in TB/malaria done	X				PMLT	1,800,000	1,800,000	Global Fund	
3. Human resource management and development	Employee satisfaction enhanced (award best performers)	X				PHRM/PHAO	700,000	700,000	GOK	
	Timely submission of PAS forms & wealth declaration done		X	X	X	PHRM	90,000	90,000	FIF	
	Ensure up-to-date staff database	X	X	X	X	PHRM	0	0		
4. Capacity building	Skills and competencies of H/workers improved.(1,144 HW trained for various skills)	X	X	X	X	PHIO,PP,PASC0,PHRIO,PPHN,PPHO,PMLT,PHRM,PDSC,PEPIL,PTO	84,404,000	84,404,000	DANIDA	
6. Essential medicines and supplies										
7. Infrastructure development and maintenance, (equipment, communications & transport)	Improved working environment (8 computers purchased)	X			X	PHIO	400,000	400,000	APHIA II/DANIDA	
	Reprogramming of the HMIS programme to conform to new tools done	X	X	X		PHIO	1,000,000	1,000,000	DANIDA/ APHIA II	
	Printing of 2,000,000 HMIS data collection tools done	X			X	PHIO	5,000,000	5,000,000	APHIA II/ DANIDA	
	office equipment & internet and Stationery, well serviced office in place	X			X	PHAO, PDPHS, PTO	1,555,000	1,555,000	FIF/GOK	
	Establishment of 15 hotlines numbers for ambulances done		X			PTO	400,000	400,000	FIF	
	Maintenance of vehicles done	X	X	X	X	PTO	1,200,000	1,200,000	FIF/GOK	
	Governing structures in place (Service Charter, committees, DHSF)	X	X			PHAO	0	0		
9. Emergency preparedness and response	Establishment of preparedness team at both provincial & district levels done			X		PDSC	0	0		
	Emergency protective gear available				X	PDSC	350,000	350,000	FIF	
	Quarterly drills on emergencies conducted	X	X	X	X	PDSC	200,000	200,000	FIF	
	Coordination & support on emergencies	X	X	X	X	PPHO	0	0	-	
10. Financial management	Quarterly supervision to the districts to monitor the usage of HSSF	X	x	x	X	PHAO	NIL	NIL		
	52 staff trained on government procurement procedures					PHAO	200,000	200,000	FIF	
	relevant tools on financial management purchased and used	X	X	X	X	PHAO	100,000	100,000	FIF	
11. Operational and other research	Research ethical committee established	X				PDPHS	NIL	NIL	-	
	5 research proposals in place			X		PTLC	600,000	600,000	DANIDA	

Table 4.22: Coast Province provincial-level hospital management plan

Result area	Outputs	Respon-sibility	Time frame				Costs/Budget		Unfunded
			Q1	Q2	Q3	Q4	Amount	Source	
1. Planning	2010-2011 plan developed	PDMS/PHRIO		X	X		2,000,000	GOK/APHIA 11/DANIDA	
2. Perform-ance – M&E	Quarterly review meetings	PMST	X	X	X	X	1,600,000	GOK/APHIA 11/DANIDA	
	Support supervisory visits to facilities level 3,4,5	PMST	X	X	X	X	2,000,000	GOK/APHIA 11/FIF	
3. Human resource man-agement & development	Staff rationalization done	PDMS	X			X	150,000	GOK	
	Improved work climate & staff morale	PDMS		X		X	500,000	GOK/APHIA11	
4. Capacity building	Trainings	PMST	X	X	X	X	2,500,000	GOK/APHIA 11/DANIDA	
5. Infrastruc-ture devel-opment & maintenance (equip, transport)	Establish and equip PMST offices	PHAO/PDMS	X	X		X	1,000,000	GOK	
	Internet services procured & serviced	PHAO/PD/MS	X	X	X	X	500,000	DANIDA	
	Scheduled servicing & maintenance & repair of vehicles	PHAO/PDMS	X	X	X	X	2,000,000	GOK/APHIA 11/DANIDA	
	Procurement/maintenance of ICT equipment, printers & copiers	PHAO/PHRIO	X	X	X	X	500,000	GOK/APHIA 11	
6. Governance	Management boards identified & gazetted	PDMS/PHAO	X				100,000	GOK	
	Annual stakeholders forum	PDMS		X			500,000	APHIA 11	
7. Emergency preparedness & response	Emergency response teams coordinated	PDMS/ PNO	X		X		500,000	GOK	
	Staff sensitized on emergency response and preparedness	PDMS/ PNO	X	X	X	X	500,000	GOK	
8. Financial management	Financial resource utilization in hospitals supervised & monitored	PHAO	X	X	X	X	500,000	GOK	
	Quarterly meetings with implementing partners/ Ministerial meetings	PDMS	X	X	X	X	500,000	APHIA 11	
9. Operation & other research	Quarterly analysis of data to fast track targets	PMST	X	X	X	X	500,000	DANIDA	
	Evidence-based practices disseminated & utilized	PNO	X	X	X	X	1,500,000	DANIDA	
	TOTs trained on research methods	PMST	X		X		500,000	APHIA 11	

4.2.7 Nyanza Province Health Plans

Public health and sanitation priorities for the province are:

- Strengthen referral system
- Scale up implementation of Community Strategy
- Improve maternal and child health
- Improve water safety and sanitation
- Improve emergency preparedness and response to disease outbreaks
- Capacity building
- Increase ART and family planning uptake
- Establish school health programmes
- Strengthen governance structures
- Manage vector control, e.g., malaria
- Reduce malnutrition
- Improving quality of health services
- Ensure emergency preparedness and response to disease outbreaks

Service delivery targets are presented in Table 4.23, while provincial health management support is summarized in Table 4.24.

Table 4.23: Service delivery targets for Nyanza Province

Service delivery targets for Nyanza Province

Indicators	Bondo	Borabu	Gucha	Homa Bay	Kisii South	Kisii Central	Kisumu West	Kisumu East	Kuria East	Kuria West
Percentage of women of reproductive age (WRA) receiving family planning commodities	24,807	7,186	48,463	29,812	11,482	52,248	20,972	28,812	6,498	20,662
Percentage of pregnant women attending at least 4 ANC visits	4,803	1,000	6,341	3,937	1,249	4,422	2,643	6,977	1,011	3,336
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	11	-	18	120	-	593	64	669	-	-
Percentage of pregnant women provided with LLITNs	7,301	-	-	-	266	33	-	-	1,256	-
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	8,928	1,626	8,903	6,117	2,439	10,329	5,149	11,871	2,382	4,213
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	1,524	91	325	1,342	82	475	437	2,057	18	46
Percentage of deliveries conducted by skilled health attendants in health facilities	4,632	634	6,166	4,578	1,075	10,507	2,473	8,926	1,016	2,894
Percentage of maternal deaths audited	-	-	-	-	-	-	-	-	-	-
Percentage of fresh stillbirths in the health facility	-	-	-	-	-	-	-	-	-	-
Percentage of newborns receiving BCG	12,237	2,037	17,874	14,452	3,683	19,225	5,756	15,899	2,907	6,048
Percentage of children under 1 year of age immunized against measles	12,125	2,569	18,171	12,501	3,976	15,585	5,121	12,196	3,015	6,139
Percentage of children under 1 year of age fully immunized	11,425	2,492	17,653	9,131	3,909	16,626	4,846	11,433	2,768	5,839
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	33,594	5,301	52,079	30,839	9,788	18,209	13,367	34,798	5,041	14,286
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	1,548	56	88	1,654	157	266	701	1,337	-	7,573
Percentage of children under 5 years receiving Vitamin A supplement	36,627	9,698	49,132	51,092	16,324	27,490	24,306	49,533	6,309	21,173
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	-	-	-	-	604	91	-	-	4,000	500
Percentage of under 5 years treated for malaria	45,083	5,961	34,074	50,263	8,609	38,128	26,557	36,701	9,087	15,977
Infant mortality rate (IMR)	-	-	-	-	-	-	-	-	-	-
Facility infant mortality rate (IMR)	-	-	-	-	-	-	12	-	-	-
Percentage of school children correctly de-wormed at least once in the year	40,021	17,783	41,308	40,935	20,254	17,629	20,816	35,681	15,008	-
Percentage of schools with adequate sanitation facilities	1,555	-	-	-	8	-	-	-	-	-
Percentage of health facilities providing youth-friendly services	0	-	0	0	1	0	0	0	26	-
	-	-	-	-	-	1	-	-	-	-
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	24,246	2,795	-	63,729	8,048	-	17,367	6,160	-	-
Number of condoms distributed	395,674	40,701	-	101,767	62,391	-	210,688	1,085,532	-	-

Service delivery targets for Nyanza Province

Indicators	Bondo	Borabu	Gucha	Homa Bay	Kisii South	Kisii Central	Kisumu West	Kisumu East	Kuria East	Kuria West
Percentage of households treated with indoor residual spray (IRS)	14,663	1,000	114,836	-	-	-	4,199	3,300	4,980	-
Percentage of adults and children with advanced HIV infection started on ART	6,566	180	-	1,658	232	-	120	2,064	-	-
Percentage of adults and children with advanced HIV infection receiving ART	-	-	-	-	76	-	-	-	-	-
TB case detection rate	2203	-	807	1742	76	1521	635	3310	-	327
TB cure rate	339	-	242	355	42	319	141	716	173	58
Percentage of emergency surgical cases operated within one hour	-	-	-	-	-	-	-	-	-	-
Percentage of cold surgical cases operated on within one month	-	-	-	-	-	-	-	-	-	-
Doctor/Population ratio	-	-	-	-	-	-	-	-	-	-
Nurse/Population ratio	-	-	-	-	-	-	-	-	-	-
Percentage of health facilities without all tracer drugs for more than 2 weeks	-	-	-	-	1	-	-	-	-	-
Percentage of clients satisfied with services	-	-	-	-	-	-	-	-	-	-
Average length of stay (ALOS)	5	5	5	5	5	8	5	7	6	4
Utilization rate of out patient dept (OPD) - Male	127	35,470	114	284,021	-	252,893	94,717	186,170	-	-
Utilization rate of out patient dept (OPD) - Female	187	33,044	107	310,345	-	245,840	100,845	223,458	-	-
Percentage of health facilities that submit timely, accurate reports to national level	45	11	33	34	10	32	15	37	14	23
Percentage of health facilities that submit complete, accurate reports to national level	45	11	33	34	10	32	15	38	14	23
% GOK budget allocation to primary health facilities (L2 & L3)	-	-	-	-	-	-	-	-	-	-
% GOK budget allocation for drugs	-	-	-	-	-	-	-	-	-	-
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1

Service delivery targets for Nyanza Province

Indicators	Manga	Masaba	Migori	Nyamira	Nyando	Rachuonyo	Rongo	Siaya	Gucha South	Suba
Percentage of women of reproductive age (WRA) receiving family planning commodities	9,947	21,757	28,470	34,821	39,912	36,931	33,554	40,615	8,890	27,300
Percentage of pregnant women attending at least 4 ANC visits	2,956	6,577	5,911	2,028	5,870	6,471	3,961	10,399	1,419	5,104
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	28	92	191	155	13	-	39	376	5	14
Percentage of pregnant women provided with LLITNs	317	55	1,408	-	250	74	-	-	796	-
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	3,996	6,537	10,870	4,376	8,739	7,828	8,350	12,332	2,711	7,676
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	16	238	2,204	268	1,589	1,182	1,842	4,591	1,285	1,545
Percentage of deliveries conducted by skilled health attendants in health facilities	1,137	3,747	6,749	5,007	3,890	4,626	5,699	7,755	868	3,503
Percentage of maternal deaths audited	-	-	8	-	-	-	-	-	-	-

Service delivery targets for Nyanza Province

Indicators	Manga	Masaba	Migori	Nyamira	Nyando	Rachuonyo	Rongo	Siaya	Gucha South	Suba
Percentage of fresh still births in the health facility	-	-	-	-	-	-	-	-	-	-
Percentage of newborns receiving BCG	4,701	8,817	15,624	11,093	15,330	13,100	14,055	20,986	6,535	8,424
Percentage of children under 1 year of age immunized against measles	4,863	9,351	14,008	11,167	13,230	11,741	14,109	14,656	6,430	7,279
Percentage of children under 1 year of age fully immunized	4,791	9,069	15,865	10,941	12,606	8,375	13,385	14,472	8,384	6,821
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	18,132	27,463	40,489	15,750	80,769	30,063	64,554	30,527	8,611	23,417
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	763	2,155	2,952	1,339	571	403	2,195	2	1,706	1,369
Percentage of children under 5 years receiving Vitamin A supplement	16,411	30,012	40,989	29,436	49,409	30,121	75,123	49,053	11,052	40,809
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	996	65	4,064	-	-	7	-	-	1,040	-
Percentage of under 5 years treated for malaria	173,038	19,818	41,851	32,218	41,484	34,208	66,762	99,785	9,841	28,885
Infant mortality rate (IMR)	-	-	-	-	-	-	-	-	-	-
Facility infant mortality rate (IMR)	-	-	-	-	3	-	2	2	-	-
Percentage of school children correctly de-wormed at least once in the year	24,435	57,644	45,984	27,700	49,711	29,081	75,772	115,326	29,599	25,113
Percentage of schools with adequate sanitation facilities	-	-	-	-	16	-	-	-	15	-
Percentage of health facilities providing youth-friendly services	-	0	-	0	0	-	0	0	0	0
	-	-	-	-	-	-	-	-	-	-
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	14,730	16,029	50,264	28,439	30,000	12,820	44,927	45,304	9,139	203,512
Number of condoms distributed	23,075	159,050	151,465	124,498	130,826	321,488	231,179	120,332	76,614	5,931,324
Percentage of households treated with indoor residual spray (IRS)	-	11,598	80	8,642	24,036	5,182	1	5,137	14,989	139
Percentage of adults and children with advanced HIV infection started on ART	1	-	3,110	252	4,000	2,250	1,274	14,094	190	2,806
Percentage of adults and children with advanced HIV infection receiving ART	-	-	9,154	-	-	-	-	-	-	-
TB case detection rate	-	500	2219	658	1,492	2571	1489	2527	84	882
TB cure rate	141	180	347	128	361	407	291	454	121	230
Percentage of emergency surgical cases operated within one hour	-	-	-	-	-	-	-	-	-	-
Percentage of cold surgical cases operated on within one month	-	-	-	-	-	-	-	-	-	-
Doctor/Population ratio	-	-	-	-	-	-	-	-	-	-
Nurse/Population ratio	-	-	-	-	-	-	-	-	-	-
Percentage of health facilities without all tracer drugs for more than 2 weeks	-	-	-	-	-	-	-	-	-	-
Percentage of clients satisfied with services	-	-	-	-	-	-	-	-	-	-
Average length of stay (ALOS)	5	5	5	7	6	5	4	6	5	6
Utilization rate of out patient dept (OPD) - Male	75,430	65,767	218,542	200,054	129,155	-	245,547	-	147,746	178,316
Utilization rate of out patient dept (OPD) - Female	98,355	75,781	216,695	188,485	124,597	-	235,234	-	155,311	200,985
Percentage of health facilities that submit timely, accurate reports to national level	14	25	41	34	37	46	29	48	13	43
Percentage of health facilities that submit complete, accurate reports to national level	14	25	41	34	37	46	29	48	13	43
% GOK budget allocation to primary health facilities (L2 & L3)	-	-	-	-	-	-	-	-	-	-
% GOK budget allocation for drugs	-	-	-	-	-	-	-	-	-	-
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1

Table 4.24: Nyanza Province provincial-level health management support

Result area	Output	Time frame				Responsible	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
1. Planning	Annual operational plan 1 (NHSSP III) developed		X	X		Epidemiologist/PHRIO	1,412,200	1,412,200	EHS, AMREF	
2. Infrastructure development and maintenance (equipment, communication and transport)	Improved communication and equipment for PHMT (10 desktops, 5 laptop and accessories, office workstations, communication equipment, ICT equipment	X	X	X	X	PHRIO, PHAO	1,600,000	1,600,000	2 comps FHI, FACES, GTZ, NRHS	
	Improved work environment	X	X	X	X	PHAO	160,000	160,000		
	1 utility vehicle procured and others maintained and fully operational	X	X	X	X	PHAO			JICA	
		X				PHAO			JICA	
3. Human resource management	Adherence to staffing norms-quarterly rational staff deployment distribution	x	x	x	x	Prov personnel officer			CDC (to consult),GTZ	
4. Capacity building	Increased number of skilled and motivated personnel (500 trained on various skills)	X	X	X	X	Prov Med Eng, PMO Epi logistician, PASCO, PTLC, PCO, PPHN, Prov Nutritionist, PDSC, RH coordinator, prov. lab tech, PHRIO	33,445,400	33,445,400	GTZ, AMREF, Mildmay, Liverpool VCT, CMMB, CDC, MSH, FHI, AMREF APHIA II	
5. Performance monitoring and evaluation	Biannual consultations with CRH training coordinators done	x		x		RH coordinator	157,400	157,400		
	Annual VCT site licensing and accreditation done				X	PASCO			LVCT, NASCOP	
	Annual sentinel surveillance and drug resistance survey undertaken		x			PASCO	500,000	500,000	NASCOP, LVCT	
	Monthly reviews with prisons HBC team	X	X	X	X	PASCO	120,000	120,000	Mildmay	
	Dissemination of data collection tools done	X	X	X	X	PHRIO			All partners	
	Laboratory CD4 Network meetings (2 meeting of held					Prov Lab Tech	1280000	1280000	APHIA	
	Support supervision during malezi bora weeks (June & Nov 09) provided		X		X	Prov Nutritionist	504,140	504,140	APHIA	
	Baby-friendly hospital initiative assessment (BFHI) carried out					Prov Nutritionist				
	Monthly provincial male circumcision task force meetings held	x	x	x	x	PASCO	528,000	528,000	FHI	
	Quarterly AOP 5 Performance reviews done	x			x	Prov epidemiologist	8,180,400	8,180,400	EHS	
	Quarterly PHMT integrated support supervision	x	x	x	x	Programme coordinators	5,880,000	5,880,000		
	Programme specific quarterly supervisory visits (MMC, HIV, TB, RH, EPI/disease surveillance) done	x			x	Prov epidemiologist	980,000	980,000	EHS	
	Biannual data quality audit (DQA) carried out	x				PHRIO	189,200	189,200		
	Quarterly EQA (HIV/Malaria/TB) undertaken	x	x	x	x	Prov Lab Tech	480,400	480,400		
	Support supervision to district implementing LDP provided	X			X	Prov epidemiologist	480,400	480,400		
	Level 4-6 hospitals assessed on Implementation of (quality care) nursing process	X			X	PNO	504,140	504,140		
	Biannual national PTLC review meetings attended	X	X	X	X	Prov epidemiologist			FHI	
	Biannual national PTLC review meetings attended						189,200	189,200		
	Quarterly meetings with district programme coordinators (HIV/ ART/TB/disease surveillance/ EPI/RH/PMTCT) undertaken	X			X	Programme/ dept heads	7,680,000	7,680,000	FHI,AMREF (HBC),EHS, APHIA, CDC	

Result area	Output	Time frame				Responsible	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
	Quarterly meetings with DMSO/DMOH held	X			X		910,480	910,480		
	Quarterly physiotherapy meetings held	X			X		176,000	176,000	Disability serv Prog _2 qtrs (physio)	
	Biannual meetings on voluntary male circumcision held						960,000	960,000	FHI	
	Annual bulletin developed						125,000	125,000		
6. Operational and other research	Increased utilization of evidence in decision making	X				Prov Epidemiologist	296,600	296,600		
		X				PNO	627,750	627,750		
						PARTO				
			X			PTLC				
		X	X	X	X	Prov Epidemiologist				
						PMO			FHI	
					X	Prov Epidemiologist	189,200	189,200	CDC, NRH	
		X	X	X	X	PMO				
7. Governance	All management boards and team functional	X		x		PHAO programme coordinators				
	All international and national health days observed	X	X	X	X	PHAO/programme coordinators	20,000	20,000	APDK (disability), HRHS, AMREF (TB)	
	Quarterly/biannual stakeholders meetings for the following programmes (HIV/ART/MMC /HBC/PMTCT/TB/RH/water & sanitation) held	X			X	Programme coordinators, Prov Oc Ther, PPHO PMO			EHS (RH),FHI (VMC)	
	Quarterly meetings with stakeholders for various programmes held					PASCO parto				
8. Financial management	Installation of FIS in 5 district hospitals done d FIF collection improved	X	X	X	X	PHAO				
9. Emergency preparedness and response	Surveillance for disease trends for diarrhoea, malaria for emergency preparedness and response done	X	X	X	X	PDSC	0	0		
	4 facility emergency disaster preparedness teams in 4 facilities (2 level 4 and 5) established	X				PNO/PPHN	176,000	176,000		
	Emergency response committee and fund established	X				PMO,PDSC	250,000	250,000		

4.2.8 Rift Valley Province Health Plans

Priorities for the province are:

- Improving quality of health services
- Strengthening referral system
- Improving maternal and child health
- Strengthen implementation of community strategy
- Controlling HIV/AIDS, malaria and TB
- Strengthening school health programmes
- Improving environmental health services
- Strengthen health promotion
- Strengthen home based care
- Establish youth friend services
- Establish geriatric health services
- Strengthen governance s structures
- Reducing malnutrition

Service delivery targets are presented in Table 4.25, while provincial management support and hospital management support are summarized in tables 4.26 and 4.27, respectively.

Table 4.25: Service delivery targets for Rift Valley Province

Service delivery targets for Rift Valley Province

Indicators	Eldoret West	Eldoret East	Kericho	Nakuru	Narok South	Turkana Central	Molo	East Pokot	Sotik	Loitoktok	Nandi North	Turkana North	Wareng	Kajiado	Keiyo
Percentage of women of reproductive age (WRA) receiving family planning commodities	43,377	62,099	63,167	93,876	5,662	6,787	69,306	775	10,748	15,964	21,319	-	37,315	53,745	11,982
Percentage of pregnant women attending at least 4 ANC visits	9,763	11,440	11,462	11,522	7,143	1,688	7,331	1,207	6,038	2,921	3,004	-	5,220	9,485	4,244
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	366	550	205	284	18	-	106	26	16	7	22	-	134	22	235
Percentage of pregnant women provided with LLITNs	16,201	24,054	19,123	7,761	7,232	3,274	-	2,270	7,015	6,230	4,671	-	12,866	14,257	8,980
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	12,201	19,054	13,389	14,676	6,250	2,706	15,252	475	6,602	5,934	6,099	-	12,866	7,322	4,448
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	5,320	2,660	2,049	964	131	271	222	30	260	115	6,498	-	1,123	810	247
Percentage of deliveries conducted by skilled health attendants in health facilities	9,722	15,354	17,413	24,466	1,786	2,273	6,990	461	2,444	6,304	4,243	-	10,069	8,345	3,609
Percentage of maternal deaths audited	-	-	16	10	-	-	-	-	2	-	-	-	-	-	-
Percentage of fresh still births in the health facility	-	-	164	231	4	4	187	-	16	2	16	-	-	23	20
Percentage of newborns receiving BCG	16,811	21,634	15,414	18,624	6,755	8,377	19,276	2,667	7,104	5,925	6,741	-	10,268	16,385	8,515
Percentage of children under 1 year of age immunized against measles	13,411	18,209	17,423	20,638	6,036	4,708	19,635	1,735	7,571	5,778	1,785	-	9,223	19,385	7,885
Percentage of children under 1 year of age fully immunized	13,411	18,209	17,414	18,410	5,362	3,144	20,013	1,735	7,571	5,778	1,775	-	9,223	19,385	7,735
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	53,513	64,449	51,789	76,398	8,262	6,712	29,085	6,507	10,133	18,692	23,668	-	23,170	48,659	39,330
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	1,458	-	12,947	5,968	85	2,790	804	2,334	59	773	1,386	-	515	3,194	8,990
Percentage of children under 5 years receiving Vitamin A supplement	38,649	65,939	51,789	47,246	4,818	9,249	93,759	9,053	7,194	19,913	18,815	-	43,170	67,680	8,240
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	46,648	68,099	51,789	14,924	21,058	1,394	-	8,283	6,087	12,446	23,833	-	36,023	33,841	2,040

Service delivery targets for Rift Valley Province

Indicators	Eldoret West	Eldoret East	Kericho	Nakuru	Narok South	Turkana Central	Molo	East Pokot	Sotik	Loitoktok	Nandi North	Turkana North	Wareng	Kajiado	Keiyo
Percentage of under 5 years treated for malaria	65,972	82,798	46,736	4,975	6,508	11,532	736	2,657	5,333	3,437	375	-	51,461	45,416	29,266
Infant mortality rate (IMR)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility infant mortality rate (IMR)	-	-	78	703	-	-	-	-	11	-	-	-	-	-	-
Percentage of school children correctly de-wormed at least once in the year	77,333	256,000	64,312	44,638	18,695	7,855	40,508	7,795	11,579	26,473	1,464	-	29,297	38,970	14,250
Percentage of schools with adequate sanitation facilities	242	472	198	166	179	18	270	15	49	145	271	-	209	200	460
Percentage of health facilities providing youth-friendly services	7	16	9	10	6	3	-	4	4	14	-	34	6	100	-
	-	-	-	-	-	-	-	-	21,666	-	-	-	-	-	-
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	26,537	31,069	61,458	74,624	55,030	8,753	103,575	9,970	12,500	32,011	-	-	27,582	75,087	8,285
Number of condoms distributed	-	-	7,000,000	-	386,846	24,000	815,800	126,520	4,680	100,000	-	-	231,000	165,575	325,500
Percentage of households treated with indoor residual spray (IRS)	22,676	-	45,069	-	15,887	165	-	300	11,856	1,484	13,299	-	21,164	-	7,352
Percentage of adults and children with advanced HIV infection started on ART	396	-	1,209	4,096	1,271	183	258	2,838	204	6,293	-	-	-	1,412	1,530
Percentage of adults and children with advanced HIV infection receiving ART	-	-	7,252	12,485	1,392	255	1,323	-	292	5,645	-	-	-	1,887	2,115
TB case detection rate	1494	297	936	2395	426	2129	711	64	158	286	568	984	38	1119	219
TB cure rate	385	90	282	604	131	322	182	42	145	95	159	84	11	380	47
Percentage of emergency surgical cases operated within one hour	-	-	390	-	-	-	45	-	230	800	-	-	-	-	-
Percentage of cold surgical cases operated on within one month	-	-	450	-	-	-	224	-	219	800	-	-	-	-	-
Doctor/Population ratio	-	-	41	25	1	-	-	6	-	8	-	-	-	-	-
Nurse/Population ratio	185	-	392	655	93	16	-	9	35	273	-	-	-	-	-
Percentage of health facilities without all tracer drugs for more than 2 weeks	-	-	-	24	-	-	3	-	29	-	-	-	-	-	-
Percentage of clients satisfied with services	-	-	80	497,487	14,930	-	513,544	8,925	148,018	91,056	-	-	-	-	-
Average length of stay (ALOS)	5	5	4	5	4	4	6	5	4	4	6	7	6	5	5
Utilization rate of out patient dept (OPD) - Male	273,646	-	138,881	134,177	66,296	42,592	51,284	15,632	40,250	38,146	-	-	25,230	6,140	192,350
Utilization rate of out patient dept (OPD) - Female	273,646	354,681	166,760	204,539	86,399	45,360	65,821	20,138	42,530	50,509	-	-	26,752	8,883	193,231
Percentage of health facilities that	50	38	-	78	35	-	48	-	39	12	16	35	30	-	24

Service delivery targets for Rift Valley Province

Indicators	Eldoret West	Eldoret East	Kericho	Nakuru	Narok South	Turkana Central	Molo	East Pokot	Sotik	Loitoktok	Nandi North	Turkana North	Wareng	Kajiado	Keiyo
submit timely, accurate reports to national level															
Percentage of health facilities that submit complete, accurate reports to national level	50	38	-	78	41	-	65	-	42	17	25	44	37	-	24
% GOK budget allocation to primary health facilities (L2 & L3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
% GOK budget allocation for drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Service delivery targets for Rift Valley Province

Indicators	Turkana South	Baringo	Baringo North	Bomet	Buret	Central Pokot	Naivasha	West Pokot	Laikipia West	North Pokot	Nandi Central	Kipkelion	Koibatek	Kwanza	Laikipia East
Percentage of women of reproductive age (WRA) receiving family planning commodities	14,915	21,426	22,650	21,498	7,110	3,249	10,516	8,647	30,593	44,831	5,068	50,500	7,854	5390	1687
Percentage of pregnant women attending at least 4 ANC visits	7,147	1,719	1,884	2,046	2,744	946	6,958	2,430	5,872	10,652	1,260	14,705	2,481	2437	403
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	-	85	17	-	516	-	120	-	105	315	102	563	128	0	0
Percentage of pregnant women provided with LLITNs	6,353	8,473	6,816	7,577	3,346	1,524	6,822	3,714	14,638	11,704	5,385	5,253	2,611	1745	470
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	6,352	4,529	3,890	3,589	3,195	2,015	3,820	2,485	12,837	6,051	4,008	14,006	4,412	2978	2878
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	397	363	203	346	494	88	502	829	462	563	63	1,216	173	83	6
Percentage of deliveries conducted by skilled health attendants in health facilities	6,749	4,494	1,367	4,912	102	768	4,695	2,738	6,942	10,052	3,891	10,506	4,957	968	2273
Percentage of maternal deaths audited	-	6	-	-	1	-	-	-	1,599	2	-	8	-	0	0
Percentage of fresh still births in the health facility	28	46	-	-	-	4	-	2	28	-	-	831	53	1	0
Percentage of newborns receiving BCG	7,996	6,777	6,357	7,373	3,239	2,953	4,918	3,942	13,346	11,977	3,654	16,082	7,078	6307	2361
Percentage of children under 1 year of age immunized against	6,148	6,241	5,696	6,925	3,829	2,005	4,718	3,937	11,691	15,835	5,466	11,368	8,519	6540	2670

Service delivery targets for Rift Valley Province

Indicators	Turkana South	Baringo	Baringo North	Bomet	Buret	Central Pokot	Naivasha	West Pokot	Laikipia West	North Pokot	Nandi Central	Kipkelion	Koibatek	Kwanza	Laikipia East
measles															
Percentage of children under 1 year of age fully immunized	6,092	6,241	5,552	4,692	3,829	1,728	4,718	3,937	11,691	15,409	5,466	11,369	8,519	6540	2648
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	23,824	15,468	3,552	18,695	12,415	4,495	18,670	10,918	21,951	82,861	13,014	53,215	24,072	11324	6806
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	44	651	274	304	273	1,114	813	559	2,977	1,229	962	1,662	583	1247	220
Percentage of children under 5 years receiving Vitamin A supplement	25,412	18,354	20,222	17,159	17,969	6,091	14,670	9,918	35,513	33,961	15,215	27,077	22,942	17993	8582
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	12,706	18,145	4,111	27,159	3,239	1,604	5,065	11,189	18,782	41,312	15,612	5,544	24,328	5910	5396
Percentage of under 5 years treated for malaria	-	25,205	13,429	30,874	15,625	4,341	3,193	13,054	23,222	29,528	7,818	35,928	32,571	37174	22080
Infant mortality rate (IMR)	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Facility infant mortality rate (IMR)	-	84	-	-	-	-	-	-	142	-	-	20	61	0	12
Percentage of school children correctly de-wormed at least once in the year	64,410	12,749	5,442	6,965	7,180	3,855	24,675	4,000	14,834	26,608	-	47,949	-	42873	14649
Percentage of schools with adequate sanitation facilities	-	58	86	371	12	99	291	138	1,662	165	25,088	310	20,259	24	42
Percentage of health facilities providing youth-friendly services	-	4	2	1	2	2	5	1	9	2	64	6	145	7	1
	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	18,918	51,873	8,673	31,298	-	5,173	21,553	14,396	19,217	6,680	7,959	175,054	18,505	34100	856
Number of condoms distributed	21,600	300,750	66,300	56,056	-	-	47,940	-	134,613	1,618,887	32,078	219,619	156,217	407827	42600
Percentage of households treated with indoor residual spray (IRS)	-	28,513	-	34,085	13,385	1,088	573	1,376	56,093	-	13,872	9,975	6,436	6236	0
Percentage of adults and children with advanced HIV infection started on ART	128	27,528	156	756	-	144	767	50	2,519	620	-	10,686	284	0	23
Percentage of adults and children with advanced HIV infection receiving ART	-	1,891	216	756	-	169	767	81	1,800	26,614	-	26,715	682	269	56
TB case detection rate	-	582	87	1258	1013	-	946	1129	282	174	1,187	240	249	0	498
TB cure rate	-	147	51	378	293	-	217	277	71	40	2,001	61	47	0	122
Percentage of emergency surgical cases operated within one hour	370	-	-	-	-	-	176	-	150	-	652	1,024	336	0	0

Service delivery targets for Rift Valley Province

Indicators	Turkana South	Baringo	Baringo North	Bomet	Buret	Central Pokot	Naivasha	West Pokot	Laikipia West	North Pokot	Nandi Central	Kipkelion	Koibatek	Kwanza	Laikipia East
Percentage of cold surgical cases operated on within one month	588	-	-	-	-	-	99	-	3,525	-	-	722	295	0	0
Doctor/Population ratio	2	7	-	-	-	-	-	-	-	18	-	8	-	0	0
Nurse/Population ratio	149	92	-	-	-	16	12	-	-	354	34	35	110	0	0
Percentage of health facilities without all tracer drugs for more than 2 weeks	-	3	-	-	-	-	-	-	-	-	-	-	-	0	0
Percentage of clients satisfied with services	-	123,879	-	190,303	-	-	-	-	3	209,451	-	35,010	2	0	0
Average length of stay (ALOS)	4	5	5	6	7	6	5	6	5	6	6	5	5	6	6
Utilization rate of out patient dept (OPD) - Male	74,658	77,440	74,328	40,229	33,118	31,962	36,851	25,786	55,650	311,199	35,108	229,860	87,197	48577	30125
Utilization rate of out patient dept (OPD) - Female	111,988	94,630	94,599	76,666	40,478	31,962	38,411	26,873	56,250	445,938	42,095	259,915	129,851	72866	34653
Percentage of health facilities that submit timely, accurate reports to national level	-	32	20	12	1	25	39	30	-	44	24	50	28	40	0
Percentage of health facilities that submit complete, accurate reports to national level	-	32	26	14	1	34	44	37	-	44	24	69	37	46	0
% GOK budget allocation to primary health facilities (L2 & L3)	-	2,000,000	-	-	-	-	-	-	-	-	-	-	-	0	0
% GOK budget allocation for drugs	-	6,000,000	-	-	-	-	-	-	-	-	-	-	-	0	0
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Service delivery targets for Rift Valley Province

Indicators	Maraket	Nandi East	Nandi South	Trans Nzoia East	Tinderet	Laikipia North	Nakuru North	Narok North	Samburu Central	Samburu North	Transmara	Trans Nzioa West	Laikipia West
Percentage of women of reproductive age (WRA) receiving family planning commodities	29,326	23,845	21,969	21,493	24,024	1,397	31,590	19,577	7,001	2,186	3,675	17,652	64,512
Percentage of pregnant women attending at least 4 ANC visits	6,562	6,424	7,998	4,867	2,768	475	7,858	6,291	2716	2,481	1,069	4,154	13,746
Percentage of newborns with low birth weight (LBW – less than 2,500 grams)	87	99	84	0	104	0	110	86	200	22	0	42	172
Percentage of pregnant women provided with LLITNs	9,771	8,934	8,430	2845	700	325	4,321	10,354	2,000	860	304	6,924	14,440
Percentage of pregnant women receiving 2 doses of intermittent presumptive therapy (IPT2)	5,166	15,130	7,430	5152	3,174	818	8,771	8,473	4,483	1,457	1,876	7,434	11380

Service delivery targets for Rift Valley Province

Indicators	Maraket	Nandi East	Nandi South	Trans Nzoia East	Tinderet	Laikipia North	Nakuru North	Narok North	Samburu Central	Samburu North	Transmara	Trans Nzioa West	Laikipia West
Percentage of HIV+ pregnant women receiving preventive ART to reduce risk of mother-to-child transmission (PMTCT)	396	1,983	267	343	557	57	116	1,141	241	112	116	139	985
Percentage of deliveries conducted by skilled health attendants in health facilities	6,864	3,959	6,895	9724	4,320	204	7,321	5,296	3,397	795	1,401	2,938	7,540
Percentage of maternal deaths audited	0	2	0	0	0	0	0	1	0	0	0	4	8
Percentage of fresh still births in the health facility	0	4	7	0	21	0	10	0	0	7	0	16	74
Percentage of newborns receiving BCG	10,838	8,424	8,824	7868	5,284	912	10,418	10,062	4,610	2,045	2,220	6,737	14,265
Percentage of children under 1 year of age immunized against measles	11,648	320	6,741	7346	4,994	684	7,959	10,061	3,965	1,552	1,908	8,570	10,114
Percentage of children under 1 year of age fully immunized	11,641	320	6,741	8311	4,994	684	7,959	10,061	4,249	1,555	1,908	8,370	10,114
Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	30,738	32,660	24,962	10732	14,822	1,975	34,620	31,772	12,277	3,555	5,538	18,782	42,786
Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	1,020	7,841	881	25866	570	20	346	339	767	362	674	565	0
Percentage of children under 5 years receiving Vitamin A supplement	25,609	25,090	23,494	16924	12,092	1,174	27720	33,890	12,277	3,955	5,172	20,798	31,629
Percentage of children under 5 years provided with long lasting insecticide treated nets (LLITNs)	29,575	25,090	17,620	28924	97	50	0	17,268	6,250	1,436	738	24,870	48,629
Percentage of under 5 years treated for malaria	21,377	28,366	20,498	28155	4,462	685	10,396	29,654	10,742	6,596	5,169	28,455	42,786
Infant mortality rate (IMR)	0	0	0	0	0	0	0	0	0	0	0	0	0
Facility infant mortality rate (IMR)	0	95	15	0	0	0	0	0	0	0	0	36	0
Percentage of school children correctly de-wormed at least once in the year	13,803	77,736	25,864	23800	5,777	2,165	21,166	41,012	4,118	6,910	4,158	229,878	26,440
Percentage of schools with adequate sanitation facilities	301	214	145	207	57	15	60	112	30	26	34	62	168
Percentage of health facilities providing youth-friendly services	1	6	2	2	2	4	1	17	1	4	1	1	5
	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	114,191	189,560	18,575	3430	18,511	4,391	44,997	42,753	6,143	5,935	7,192	17,317	15,785

Service delivery targets for Rift Valley Province

Indicators	Maraket	Nandi East	Nandi South	Trans Nzoia East	Tinderet	Laikipia North	Nakuru North	Narok North	Samburu Central	Samburu North	Transmara	Trans Nzioa West	Laikipia West
Number of condoms distributed	81,000	189,560	300,000	0	162,780	21,500	150,005	57,025	2,000	60,000	45,243	31,1578	2,000,000
Percentage of households treated with indoor residual spray (IRS)	0	38,700	27,000	37,044	0	100	0	19977	1404	14	339	40,120	142,280
Percentage of adults and children with advanced HIV infection started on ART	0	1,156	381	25	1,098	0	257	830	511	252	131	537	110,84
Percentage of adults and children with advanced HIV infection receiving ART	0	1,156	2,742	25	2,170	0	526	7793	999	924	174	1,469	4,995
TB case detection rate	320		166	329	48	0	511	517	382	202	234	1,604	282
TB cure rate	76	0	62	59	3	0	141	126	144	31	70	286	71
Percentage of emergency surgical cases operated within one hour	0	0	644	0	94	0	0	180	0	40	0	100	10
Percentage of cold surgical cases operated on within one month	0	0	312	0	312	0	0	6,355	0	150	0	30	10
Doctor/Population ratio	0	14	4	102	12	8	0	0	6	3	3	6	10
Nurse/Population ratio	0	132	319	0	173	41	0	0	80	46	46	128	10
Percentage of health facilities without all tracer drugs for more than 2 weeks	0	4	0	0	3	0	0	0	0	0	0	0	10
Percentage of clients satisfied with services	0	568,596	0	12,234	3,220	6,100	0	40,531	33,132	51,110	37,605	38,192	10
Average length of stay (ALOS)	6	4	5	6	4	5	5	5	6	7	6	6	6
Utilization rate of out patient dept (OPD) - Male	109,669	206,746	119,203	3,600	31,368	4,158	69,150	84,726	50,734	32,021	20,530	20,233	190,249
Utilization rate of out patient dept (OPD) - Female	114,146	216,746	147,636	4,335	35,734	14,563	92,917	84,726	29,684	35,314	24,669	27,763	194,244
Percentage of health facilities that submit timely, accurate reports to national level	25	102	30	15	25	10	20	18	20	10	26	40	33
Percentage of health facilities that submit complete, accurate reports to national level	20	102	37	18	31	10	25	32	30	7	35	52	33
% GOK budget allocation to primary health facilities (L2 & L3)	0	0	0	0	0	0	0	0	0	8	0	0	0
% GOK budget allocation for drugs	0	0	0	0	0	0	0	0	0	9	0	0	0
Percentage of districts with functional health stakeholders forum (DHSF)	1	1	1	1	1	1	1	1	1	1	1	1	1

Table 4.26: Rift Valley Province provincial-level health management support

Result area	Output	Timeframe				Responsible person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
1. Planning	AOP for 2010/2011 developed		X	X		PDPHS,PHMT	10,764,000	10,764,000	GOK	
2. Performance monitoring and evaluation	Supervisory checklist for Public Health and Sanitation Department developed & harmonized	X	X			PDHS /PHMT	7,000,000	7,000,000	GOK / Partners	
	Supervisory schedule developed	X				PHMT				
	Guidelines on supervision adopted and disseminated	X	X	X	X	PHMT	150,000	150,000	GOK/ Partners	
	Monthly integrated supervisory visits to the districts conducted	X	X	X	X		3,880,000	3,880,000	GOK/APHIA II, UNICEF	
	Quarterly feedback reports to the district disseminated	X			X		100,000	100,000	GOK/ Partners	
	Quarterly review meetings with districts, programmes and partners conducted	X	X	X	X	PHMT	12,000,000	12,000,000	GOK /WHO /APHIAII /DFID	
	M&E tools printed and distributed; health workers sensitized on reporting tools	X	X	X	X	PHRIO	9,260,000	9,260,000	GOK / Partners	
	Half-yearly data quality assessment (Audit) for 4 days in 12 districts by 5 PHMT members conducted	X	X	X	X	PHMT	750,000	750,000	GOK / Partners	
3. Human resource management and development	Provincial human resource data base established			X		PHMT	520,000	520,000	GOK / Partners	
	Harmonization and distribution of staff through PMOs done	X	X	X	X	PHMT		40,000	GOK	
	Requisition for extra staff to reinforce exist workforce in the hard to reach areas of the province, i.e., nurses, PHT, HRIO, nutrition	X	X	X	X	PHMT	1,000,600,000	1,000,600,000	GOK/Capacity, UNICEF, AMPATH, UNFPA, APHIA II	
	Staff appraised quarterly	X	X	X	X	PHMT	50,000	50,000	APHIA 11	
	Introduce staff motivation scheme& award		X			PHMT	350,000	350,000	APHIA 11	
	Capacity building		X		X	PHMT	250,000	250,000	GOK /Partners	
		X	X	X	X	PHMT	1,000,000	1,000,000	GOK /partners	
			X	X	X	PPHO /PPHN	1,500,000	1,500,000	GOK / Partners	
					X		1,500,000	1,500,000	GOK /Partners	
4. Essential medicines and supplies										
		X	X	X	X	PDPH, PPHO,PHRIOPHAO	1,708,000	1,708,000	GOK / Partners	
		X	X	X	X	PDPHS /PHMT	17,000,000	17,000,000	GOK/Partners	
7. Governance	1. Improved service delivery at all levels of care		X	X	X	PDPHS /PPHO	2,784,700	2,784,700	GOK /Partners	
			X		X	PDPHS /PHAO	1345000	1345000	GOK / Partners	
						PDPHS	3450000	3450000		
					X	PDPHS /PPHO	2,784,700	2,784,700	GOK /Partners	
	Annual commemoration days marked	X	X	X	X	PDPHS /PHMT	1000,000	1000,000	GOK /Partners	
		X	X	X	X	PDPHS	600000	600000	GOK /Partners	
8. Emergency prepared-	Provincial district disaster response team with TOR established	X				PPHO	44,000	44,000	HSSF, Red Cross	

Result area	Output	Timeframe				Responsible person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
prepared-ness and response	Emergency disaster response fund used in the coordination of stake-holders during disaster response established.	X	X	X	X	PDPHS	800,000	800,000	HSSF and Partners	
	Outbreak Rapid Response Teams (RRT) functional at provincial & district level	X	X	X	X	PDSC	300,000	300,000	HSSF	
	post-epidemic evaluations to assess the link between surveillance information and action conducted	X	X	X	X	PDSC	60,000	60,000	HSSF	
	IDSR reporting tools for surveillance/outbreaks distributed									
Capacity building	PHMT, 28DHMT, health workers trained malaria and PDA	X					2,848,000	2,848,000	GOK, Merlin, APHIA II	
	Timeliness and completeness of IDSR reports monitored (weekly & monthly) distributed	X	X	X	X	PDSC	120,000	120,000	HSSF	
	Trends monitored on priority IDSR targeted diseases	X	X	X	X	PHRIO	60,000	60,000	HSSF	
	Preparation and monitoring of weekly and monthly trends done	X	X	X	X	PDSC/ PHRIO	80,000	80,000	HSSF	
	Monthly and quarterly feedbacks on IDSR conducted	X	X	X	X	PDSC				
	monthly integrated supervisory visits to districts conducted	X	X	X	X	PDSC	3,266,400	3,266,400	HSSF, WHO	
	Quarterly IDSR meetings with district disease surveillance teams (DDSTs) held	X	X	X	X	PDSC	5,975,600	5,975,600	WHO	
	IDSR reporting tools for surveillance/outbreaks distributed annually				X	PDSC	100,000	100,000	HSSF	
	ICT equipments/furniture procured, and installed working environment improved and office fully operational									
	10 Vehicles maintained and operational and 3 procured									
Infrastruc-ture, com-munic & transport	All fully maintained and operational	X	X	X	X	PDPHS	1,200,000	1,200,000	HSSF	
	5 PDAs (Treo) for PHMT purchased					PDPHS	100,000	100,000	HSSF	
9. Finan-cial man-agement	Biannual trainings/Sensitization of 8PHMT/ DHMTS for two days on financial management undertaken	X		X	X	PDPHS /PHAO	1200000	1200000	GOK /Partners	
	Set target for financial effective management and Ensure that funds are properly utilized	X				PDPHS /PHAO	30000	30000	GOK	
	Biannual trainings/Sensitization of 8PHMT/ DHMTS for two days on financial management undertaken	X	X		X	PDPHS /PHAO	1200000	1200000	GOK /Partners	
10. Opera-tional and other research	Survey on the factors influencing immunization/other health activities in 6 districts in the province conducted					PDPHS /PHMT	2,200,000	2,200,000	GOK / Partners	

Result area	Output	Timeframe				Responsible person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
	Study conducted in 4 hard to reach districts, i.e., Turkana, Samburu, West Pokot and Molo to establish factors that would motivate staff to work in these areas	X	X			PDPHS /PPHO /PHRIO	1,600,000	1,600,000	GOK /WHO /APHIA	
						Totals	1,127,102,400	1,127,102,400		

Table 4.27: Rift Valley Province provincial-level hospital management support

Result area	Output	Time frame				Responsi-ble person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
1. Planning	AOP 6 developed		X	X		HQ, PDMS	779,000	779,000	GOK	
2. Monitor-ing and supervision of perform-ance	Updating and adoption of supervisory checklist done	X				PDMSO / PHRIO	250000	250000	GOK	
	Quarterly integrated supervision of 58 district and sub district hospitals in RV with the PMSHMT done	X	X	X	X	PMSHMT	6,240,480	6,240,480	APHIA II, WRP, GOK	
	Performance contracts preparation and follow up with 58 DMSO and Med Sup PGH (2 meetings) done	X	X	X	X	PDMSHMT	75,000	75,000	GOK	
	Client exit interviews at selected facilities conducted twice in a year	X			X	PDMS	140,000	140,000	GOK/ APHIA II	
	Quarterly review meetings with DMSHMT to share and give feedback on their performance conducted given		X	X	X				GOK/ Partners	
	Regular feedback reports to dis-tricts/hospitals after supervision	X	X	X	X	PMSHMT/ Prog Officers	10800,000	1,0800,000	GOK /Partners	
	Policy guidelines and IEC materials collected and distributed		X	X	X	PHRIO/ PMHMT				
	Half-yearly data quality assess-ment/Audit for 5 days in selected hospitals conducted			X	X	PHMT	4,800,000	4,800,000	APHIA II	
	Data quality self-assessment done			X		PHRIO/ Prog Officers	300000	300000	APHIA II	
	All medical documents centrally (registers) printed		X	X	X	PPHRIO/ PMHRIO	250000	250000	APHIA II/ GOK	
	Quarterly integrated supervision of 58 district and sub district hospitals in RV with the PMSHMT conducted	X	X	X		PMSHMT	6,240,480	6,240,480	APHIA II, WRP, GOK	
	Performance contracts preparation and followed up with 58 DMSO and Med Sup PGH (2 meetings)		X			PDMSHMT	75,000	75,000	GOK	
	Client exit interviews twice a year in selected facilities conducted		X		X	PDMS	140,000	140,000	GOK/ APHIA II	
	Feedback reports to districts and to MOH HQ done				X	PHMT	75,000	75,000	GOK /Partners	
	Departmental meetings held	X	X	X	X	PHRIO/All depts			GOK /Partners	
	Review and avail reporting tools in all departments done				X	All HOD	250,000	250,000	GOK APHIA II	
	Collection and distribution of policy guidelines and IEC materials done		X	X	X	PHRIO/ PMSHMT				
	half yearly data quality assessment/Audit for 5 days in selected hospitals conducted			X	X	PHMT	4,800,000	4,800,000	APHIA II	
	Data quality self-assessment done			X		PHRIO/ Prog Officers	300,000	300,000	APHIA II	
	All medical documents centrally (registers) printed			X	X	PHRIO			APHIA II	
3. Human resource manage-ment and develop-ment	Training database and award scheme in place to motivate workforce	X	X	X	X	PHAO, all HODS	544,000	544,000	GOK/Part ners/APHI A II	
6. Infra-structure	2 vehicles procured and others maintained, communication, office	X	X	X	X	PMO, HODs, PDMS,	424,000	424,000	GOK/ Partners/A	

Result area	Output	Time frame				Responsi-ble person	Costs / budget	Revenue	Source	Gap
		Q1	Q2	Q3	Q4					
developed and maintained	furniture/materials and ICT equipments procured					PHRIO			PHIA II	
8. Emer-gency prepared-ness and response	5-day training for 12 PMST members and 3 DMST members from 58 districts on emergency preparedness and outbreak management undertaken			X		PDMST	700,000	7,000,000		
						Totals	46,206,480	46,206,480		

Chapter 5: National Management Support Priorities and Targets

Management support priorities in AOP 5 are summarized from the plans of respective planning units at the national level. For functions of the ministry headquarters, the priorities are summarized by function, corresponding with departments in the respective ministries. On the other hand, for functions of parastatals, the priorities are maintained as such. Finally, for cross-cutting administrative functions, the priorities are summarized for both ministries in one section, but with clear responsibilities across the ministries for their implementation. In line with this, the management support is captured in three subsections

a) Technical management support deliverables: Support from technical programme areas. This is summarized for Public Health & Sanitation, and Medical Services separately
b) Administrative management support deliverables: Support of administrative support programmes to facilitate service delivery. This is summarized in one area, because of the cross-cutting nature of outputs, but specific responsibilities highlighted for each output
c) Parastatals deliverables: This is summarized for each of the six parastatals. Service delivery deliverables for the 2 parastatals providing direct health care (KNH, MTRH) are also captured in the service delivery indicators highlighted in Chapter 4.

Monitoring indicators for management support progress are the same as the management support indicators in the performance contracts of both Ministries in Health. These are highlighted in the table below.

Table 5.1: Performance contract framework 2009/10

Criteria category	Unit	Medical Services		Public Health & Sanitation	
		Baseline	Target	Baseline	Target
Financial & stewardship					
(i) Compliance with set budget levels	%				
(ii) Cost reduction/savings	Ksh million				
(iii) A-in-A	Ksh million				
(iv)Utilization of allocated funds	%				
(v) Development index (DE/RE)	%				
(VI) Debt equity ratio (BF/OE)	%				
Service delivery					
i). Development of service delivery charter	%				
(ii) Customer satisfaction	%				
(iii) Service delivery innovations	No.				
Non-financial					
(i) Development of a strategic plan	%				
ii) Corruption eradication	%				
Inventory of idle assets Disposal of idle assets.	%				
iv) ISO certification	%				
(v) Prevention of HIV Infections	%				
(vi) Statutory obligations	%				
Operations					
1. Outputs/Outcome (see indicators in Chapter 4)					
2. Project Implementation					
(i)Timeliness	%				
(ii) Quality	%				
(iii) Relevance	%				
(iv) Cost efficiency	%				
(iv) Completion rate	%				

Criteria category	Unit	Medical Services		Public Health & Sanitation	
		Baseline	Target	Baseline	Target
3. Fulfilment of Performance Contract	%				
4. Commitment to state corporations	%				
Dynamic/Qualitative indicators					
(a) Organizational capacity					
Skill development Training needs assessment	%.				
ii) Automation (IT)	%				
iii) Work environment	%				
b) Employee satisfaction	%				
c) Repair and maintenance	%				
d) Safety measures	%				
e) proportion of pension documents submitted to P. Dept nine months before the retirement annually	%				
f) Proportion of research cases completed	%				
g) Prevention of drug & substance abuse	%				

5.1 Public Health and Sanitation Management Support

The Public Health and Sanitation focuses on implementation of Disease Prevention and Health Promotion Interventions based in the Kenya Essential Package for Health (KEPH) approach. Implementation will be through the following technical departments:

1. Primary Health
2. Disease Prevention and Control
3. Family Health
4. Sanitation and Environmental Health
5. Health Promotion
6. Technical Planning and Monitoring

In addition, the Public Health and Sanitation has the International Health Unit, Disaster Preparedness and Response, and radiation protection board. The work plans for the service delivery departments are highlighted in the rest of the section.

5.1.1 Primary Health Services

Primary Health Services (PHS) is geared towards promoting the essential health care targeting clients at community, dispensary and health centres (level 1, 2 and 3 respectively). The focus at level 1 is to empower communities to be involved in managing their own health especially on preventive and promotive services. The department of PHS has a role of developing policies and guidelines in supporting these services in addition to coordinating various programmes targeting the same clients. Table 5.1 outlines the main outputs for the department.

Table 5.1: AOP 5 outputs for Primary Health Services

Result area	Outputs	Respon-sibility	Time frame				Cost/ Budget (M)	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount	Source	
1. Policy formulation and strategic planning	Prototype building plans for levels 1, 2, 3 developed printed and disseminated.	DHA	x	x	x					
	Quality service management guidelines developed, printed and disseminated	DSQA	x	x	x	x	2.05	0		2.05
	Norms and standards reviewed, printed and disseminated	DSQA	X	x			2.12	0		2.12
	Referral service guidelines disseminated	DHFS	x	x	x		2.40	0		2.40
	Drug kit contents based on regional needs reviewed, printed and disseminated	DCLM	x	x				0		0.00
	Guidelines on facility management developed	DHA	X	X	X	X	3.00	0		3.00

Result area	Outputs	Respon-sibility	Time frame				Cost/ Budget (M)	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount	Source	
	Health facilities management guideline developed, printed and disseminated	DHA	x	x			2.30	0		2.30
	Long- and short-term training guidelines developed, printed and disseminated	DPHS	x	x			1.80	0		1.80
	Infection prevention control policy guidelines developed and disseminated	DFHS	x	x	x	x	6.80	0	GOK, Partners	6.80
	communication strategy for community strategy guidelines developed, printed and disseminated	DCHS	x	x	x	x	30.00	30	GOK, KDDP, UNCEF, GAVI, Global Fund	0.00
	A plan for buffer and emergency stocks developed.	DCLM	x				20.00	0		20.00
2. Ensuring security for commodities & supplies	Infrastructure developed according plan	DHA	X	X	X	X	3.50	0		3.50
	7 supervision vehicles and 1 lorry procured	DPHS	x	x			38.00	0		38.00
	Assessment for Medical Equipment and infrastructure requirement for Level 1 and 2 in the districts done.	DFHS/DHA	X	X	X	X	2.00		GOK, KIDDP	2.00
	Commodities quantified (based on demand) and procured	DCLM	x	x			1.6B			1.6B
	2% of level 2 & 3 health infrastructure improved	DHA	x	x	x	x				0.00
	In-Patient food and rations availed	DFHS	X	X	X	X	31.20			31.20
	Bedding and linen purchased	DFHS	X	X	X	X	40.50			40.50
	Equipment based on gaps procured	DFHS	X	X	X	X	2.462B			2.46B
	Pending bills of water, patients food & electricity cleared	DPHS	x	x			50.00			50.00
	7500 CHW kits procured and distributed	DCHS	x	x	x		75.00		GOK, GAVI, KIDDP, UNICEF	75.00
	Stalled projects completed	DHA	X	X	X	X				0.00
	Installation of solar & electricity conducted	DHA	X	X	X	X				0.00
	7500 bicycles procured and distributed	DCHS	x	x	x		52.00	16.00	GOK, GAVI, KIDDP, UNICEF	36.00
	750 motor cycles procured and distributed	DCHS	x	x	x		225.00	180.00	GOK, GAVI, KIDDP, UNICEF	45.00
3. Perform-ance monitoring and evaluation	Monitoring and evaluation framework for the department developed and disseminated	DPHS	x	x	x	x	1.40			1.40
	Performance contracting institutionalized	DSQA	x	x			1.40			1.40
	Supportive supervision conducted	DPHS	x	x	x	x	8.00			8.00
	Staff performance report developed	DSQA/HRM		x		X				0.00
	Review of annual performance for the department	DSQA	x	x	x	x	2.732			2.73
	Inventory for commodities inspected	DCLM	x	x	x	x	8.00			8.00
	Inventory of assets/liabilities updated	DHA	x	x	x	x				0.00
	Pilferage and loss of commodities reduced target by 50%	DCLM	x	x	x	x	8.00			8.00

Result area	Outputs	Respon-sibility	Time frame				Cost/ Budget (M)	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount	Source	
	CHIS in operation	DCHS	x	x	x	x	30.00	30	GOK, GAVI, KIDDP, UNICEF	0.00
	Annual consultative meeting with PHMTs	DPHS	x			x	3.20		GOK	3.20
4. Capacity strengthening and retooling of management support, and service delivery staff	Office operations strengthened (18 computers /12 laptops, 3 printers, 2 photocopier 1 tele-fax machines, office furniture procured)	Head, DPHS	x	x			8.05		GOK	8.05
	Model Health Centre built in each constituency built	DPHS	X	X	X	X	4,2B	4.2B	GOK	0
	20% of Health workers Capacity on e-government improved	DSQA	x	x	x	x		20		0.00
	20% of Health workers Capacity on leadership and Quality management improved	DSQA	x	x	x	x	14.66	5.00	GOK	9.66
	Newly appointed managers inducted	DHA/DFHS	x	x	x	x	2.43			2.43
	30 TOTs at provincial and national levels trained on drug & substance abuse	DCLM	x		x		15.00			15.00
	3 local & international bench marking conferences attended (per person)	DPHS	x	x	x	x	12.00		GOK	12.00
	200 pharmaceutical techs, 650 clinical officers, 300 nurses. 600 lab tech, 600 nutrition officers, 600 health records, 1,500 CHEWS, clerks/drivers employed and posted	DHA/ HRM	x	x	x	x				0.00
	Training needs assessment for officers in level 1, 2 &3 developed.	DPHS	x	x			2.43		GOK	2.43
	500 Newly recruited staff inducted	DPHS	X	X	X	X				0.00
	750 CHEWS trained on motor cycle riding and first aid	DCHS	x	x	x	x	30.00	30	GOK, GAVI, KIDDP, UNICEF	#VALUE!
	Capacity building on HSSF conducted	DFHS	X	X	X	X	30.00			30.00
5. Resource mobilization and coordination of Partners	level 1,2 &3 referral system strengthened	DHFS/DCHS	x	x	x	x				0.00
	New partnership and support frontiers developed	DHFS	x	x	x	x				0.00
	Proposal for grants written and submitted for funding	DPHS	x	x	x	x	15.00			15.00
6. Opera-tions and other research	Clients satisfaction survey report compiled	DSQA	x	x	x	x				0.00
	Outsourcing of support services conducted	DHA	x	x			5.00			5.00
	Operation research on CHWs retention, CBHIS, youth-friendly services, and CHW kits conducted	DCHS			x	x	25.00	10.00	GOK, GAVI, KIDDP, UNICEF	15.00

5.1.2 Disease Prevention and Control

The departmental plan is geared towards fulfilling its mandate of promoting health and quality of life by preventing and controlling disease, injury and disability. Objectives for the year are summarized in Table 5.2.

Table 5.2: AOP 5 outputs for Disease Prevention and Control

Result area	Outputs	Responsibility	Time frame				Cost/ Budget	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount Ksh (M)	Source	
Policy formulation	Policy guidelines for eye care services utilized and evaluated	DPOS		X	X	X		3.5	GOK	- 2.0m

Result area	Outputs	Responsibility	Time frame				Cost/ Budget	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount Ksh (M)	Source	
formulation and strategic planning	TB/HIV treatment guidelines reviewed and printed	DLTLD			X		0.37	0.37	CDC	
	Infection Prevention and Control TOT manual developed	DLTLD		X			1m	1m	CDC	
	IEC materials printed and distributed.	DLTLD			X		1m	1M	CDC	
	Control guidelines for vector borne and neglected tropical diseases finalized	DVBND			X	X		6.5	GOK	
	3 Disease control guidelines finalized	DDSR	X	X	X	X	7m	7m	GOK,WHO, UNICEF, CDC	
	Communication strategy on outbreak control formulated	DDSR/DHP	X	X	X	X	5m	5m	WHO, UNICEF, UNOCHA	
	National malaria diagnostic policy developed and disseminated	DOMC	X	X	X	X		2	WHO/ DFID	
	IVM policy and guidelines developed and disseminated	DOMC	X	X	X	X		3.75	WHO/ DFID	
	Malaria epidemic preparedness and prevention strengthened	DOMC	X	X	X	X		0.78	DFID	
	Policy document developed and printed	DOMC	X	X	X	X		3	DFID	
	National malaria treatment guidelines updated	DOMC	X	X	X	X		3	PMI/DFID	
	National NCD Prevention and Control strategy finalized	DNCD	X	X	X	X		7	GOK/ Partners	
	Diseases management guidelines for service providers for diabetes and epilepsy finalized	DNCD	X	X	X	X		10.6	GOK/ Partners	
	Guidelines for the implementation of Tobacco Control Act finalized	DNCD	X	X	X	X		7.18	GOK/ Partners	
	Three HIV /AIDS policy guidelines reviewed	NASC OP			X	X		7.8	GOK /CDC	
	Divisional operations encompassing Government policies	DPHL	X	X	X	X		0	Nil	
	Divisional strategic and work plan developed	DPHL	X	X	X	X		0	Nil	
	Contribution to OPCW effected	DPHL	X	X	X	X		0.7		
	Conferences and international meeting reports produced	DPHL	X	X	X	X		1.2		
	A printed draft bill for implementation of Chemical Weapons Convention by 2010	DPHL	X	X	X	X				
	Policies, SOPs, guidelines and plans on HIV/AIDS prevention, treatment and care are updated and disseminated	NASCOP	X	X	X	X			WHO, USG, LVCT	
	Training materials for HIV/AIDS prevention, treatment and care are developed	NASCOP	X	X	X	X			WHO, USG, LVCT	
	Health worker job aids, advocacy/IEC and patient education materials for HIV/AIDS prevention, treatment and care are developed and distributed	NASCOP	X	X	X	X			WHO, USG, LVCT	
Ensuring security for commodities & supplies	A printed draft bill for implementation of Chemical Weapons Convention by 2010	.....			X	X		0		
	Adequate laboratory supplies and commodities procured	NASCOP	X	X	X	X		26	UNICEF	
	Adequate laboratory supplies procured	DVBND				X		46.2	GOK	
	AL available at health facilities	DOMC	X	X	X	X		660	GF R4/PMI	
	IRS conducted in 16 epidemic prone districts	DOMC	X	X	X	X		160	GF/PMI/GOK	

Result area	Outputs	Responsibility	Time frame				Cost/ Budget	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount Ksh (M)	Source	
	LLITNs available for distribution at health facility	DOMC	X	X	X	X		720	PMI/GFR4	
	Supplementary feeds for PLWHAs for 60 new sites procured	NASCOP		X	X			80	USAID/AED/NHP/GPK/UNICEF/WFP	
	Distribution list of lab reagent is available	DLTLD	X	X	X	X	15m	15m	CDC	
	Lab technical specification of reagent is available									
	Anti-TB drugs distribution list is available	DLTLD	X				120m	120m	GOK	
				X			78m	78m	TOWA	
			X				10m	10m	GDF	
	Anti-TB drugs and lab commodities distributed		X	X	X	X	7.2m	7.2m	GOK	
	Ensure medical supplies/buffer stocks are available as per procurement/response plans	DDSR/KEMSA		X	X	X	68M	68M	WHO	
	Disease trends developed and reports shared							38.5	CDC/WHO/GOK/FELT	
	District surveillance system strengthened		X	X	X	X				
	Multiyear HIV/AIDS commodity plans and procurement schedules are developed and continually updated	NASCOP	X	X	X	X			GOK, USG, CF, WHO	
	HIV/AIDS commodities supply is constantly monitored and LMIS strengthened	NASCOP	X	X	X	X			GOK, USG, CF, WHO	
	HIV/AIDS commodities are quality assured through batch testing, post-market surveillance and pharmacovigilance	NASCOP	X	X	X	X			GOK, USG, CF, WHO	
	HIV/AIDS commodities are procured and distributed to facilities and other service sites	NASCOP	X	X	X	X			GOK, USG, GFATM, CF	
Perform-ance monitoring and evaluation	Improved services delivery, and use of information	DPOS	X	X	X	X		1.1M	SSI/OEU/GOK/FHF	
	Support supervision undertaken in 5 provinces	DNCD	X	X	X	X		8	GOK	
	Supportive supervision for entomological and parasitological surveillance and training undertaken	DVBND		X	X	X		12.5	GOK	
	M&E, service documentation, supervision and mentorship and referral tools for HIV/AIDS developed, printed and distributed	NASCOP	X	X	X	X		2.8	GOK, USG, WHO	
	Routine drug efficacy monitoring system strengthened	DOMC	X	X	X	X		20	DFID/GFR4	
	Insecticide resistance monitoring	DOMC	X	X	X	X		3.	GFR4	
	Annual malaria report 2009 disseminated	DOMC	X	X	X	X		0.52	DFID	
	Performance monitoring and evaluation supported.	DOMC	X	X	X	X		6	GFR4/DFID	
	Timeliness and completeness of IDSR reports (weekly) raised 5% from 76% to 81%	DDSR	X	X	X	X	7M	7M	WHO	
	Trends monitored on priority IDSR targeted diseases	DDSR	X	X	X	X	7M	7M	GOK/WHO/CDC	
	Weekly epidemiological feedback provided	DDSR		X	X	X	18M	18M	GOK/WHO/CDC	
	Quarterly supportive supervision undertaken	DDSR	X	X	X	X	7.14M	7.14M	GOK/WHO	
	Outbreaks responded by RRTs at all levels as per guidelines	DDSR		X	X	X	15.5M	15.5M	GOK	
	TB/HIV data collection tools revised, printed and distributed	DLTLD			X		6.32m	6.32m	CDC	

Result area	Outputs	Responsibility	Time frame				Cost/ Budget	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount Ksh (M)	Source	
	LMIS tools revised and printed and distributed to SDPs	DLTLD	X	X	X	X	1.5m	1.5	MSH	
	Support supervisory field visits conducted	DLTLD	X	X	X	X	18m	3m	CDC	
	EQA activities conducted	DLTLD	X	X	X	X	8m	8m	TB CAP	
	DTLC quarterly review meeting conducted	DLTLD	X	X	X	X	19m	19m	TB CAP	
	PMTCT and other HIV/AIDS programmes are reviewed and results shared	NASCOP	X	X	X	X				
	Partner, international and feedback monitoring reports are prepared and submitted	NASCOP	X	X	X	X				
	Supervisory, mentorship and assessment support visits to provinces, districts and service sites are conducted	NASCOP	X	X	X	X				
	Mapping of HIV services, sites, at-risk populations and inventory for equipment and trained staff conducted	NASCOP	X	X	X	X				
	HIV drug resistance surveillance and monitoring is conducted	NASCOP	X	X	X	X				
	HIV/AIDS strategic information database is strengthened and kept up to date	NASCOP	X	X	X	X				
Capacity streng-thening and retooling of manage-ment support and service delivery staff	5 laptops and 10PDA procured	DLTLD			X		0.9m	0.9m	CDC	
	Routine MDR Surveillance in place	DLTLD	X	X	X	X	3m	3m	TB CAP	
	Heath care workers trained on MDRTB	DLTLD		X	X		2.3m	2.3m	CDC	
	Programme staff offered Master's training	DLTLD	X	X			1.5M	1.5M	CDC	
	Health care workers trained in HIV/AIDS prevention, treatment and care	NASCOP	X	X	X	X	109m	109m	GOK, USG, WHO, UNICEF	
	Heath care workers trained on IPC	IPC		X					TB CAP	
	Health care workers trained on TB/HIV commodity management	DLTLD	X	X	X	X	7.2m	7.2	MSH	
	Health professionals and com-munity capacity for prevention and control of NCDs strengthened	DNCD	X	X	X	X		30.5	GOK	
	Strengthened capacity for vector borne and neglected diseases in 10 districts		X	X	X	X		14	GOK	
	Capacity of 4 provincial labs strengthened to support DBS validation	NASCOP		X	X			5.6	CDC	
	Capacity on TB HIV for health care workers and disciplined forces strengthened	DLTLD	X	X	X	X				
	Strengthened capacity for prompt detection & effective response by health workers in 20 districts	DDSR	X	X	X	X	32M	32M	WHO	
	Divisional staff trained on management ,leadership , essential statistical package and mapping	DDSR	X	X	X	X	500,000	500,000	GOK	
	NASCOP office functioning is maintained and staff develop-ment/participation in country and international meetings supported	NASCOP	X	X	X	X				
	HIV/AIDS prevention, treatment and care service delivery and advocacy national campaigns conducted	NASCOP	X	X	X	X				

Result area	Outputs	Responsibility	Time frame				Cost/ Budget	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount Ksh (M)	Source	
	Laboratory networking for referral of PCR and other HIV/AIDS related tests maintained	NASCOP	X	X	X	X				
Resource mobilization and coordination of partners	Partners support for prevention of blindness increased	DPOS	X	X	X	X		1.6M	SSI GOK	
	Funding gaps narrowed	DVBND		X	X	X		2		
	Two stakeholder forums for NCD held	DNCD		X		X		7	GOK	
	Joint quarterly consultative and planning meetings held with stakeholders	NASCOP	X	X	X	X		1.25	CDC	
	Funding gap narrowed	DLTLD	X	X	X	X		0.5		
	Operations of technical working groups(TWG) strengthened	DOMC						2	GFR4/DFID	
	Coordination meeting		X	X	X	X		0.12	WHO CDC	
	Funding gap narrowed	DLTLD	X	X	X	X	0	0		
	Quarterly coordination meetings for IDSR/AI held	DDSR	X	X	X	X	1.12M	1.12M	WHO/CDC	
Operations and other research	Baseline trachoma surveys in 4 districts and interventions conducted	DPOS	X	X	X	X		6.6	GOK/OEU/ AMREF/EC	
	Survey on diabetes KAP carried out	DNCD		X	X			10.2	GOK	
	Mapping and baseline survey vector-borne and neglected diseases conducted	DVBND		X	X	X		14	GOK	
	HIV sentinel surveillance, survey, research and modelling studies conducted and their results disseminated	NASCOP	X	X	X			30	CDC	
	Data quality assessment conducted	DLTLD		X	X			1	CDC	
	Affordable medicines facility	DOMC	X	X	X	X		0.1	GF R4	
	Capacity for ACSM strengthened	DOMC	X	X	X	X		3	DFID	
	Risk factors survey report for influenza		X	X	X	X		2	IOM, WHO, CDC, FAO	
	Rotavirus serotypes/genotypes circulating in Kenya defined	DDSR/NDSC			X	X	1.2M	1.2M	WHO	

5.1.3 Family Health

The family health departmental plan is aimed at improving the well-being of children, adolescents, women and families. The department endeavours to develop policies and strategies that will translate into specific public health programme activities geared towards improving the general health of the family.

Table 5.3: AOP 5 outputs for family health

Core function area	Results (outputs) to be achieved	Responsible person	Timeline				Total cost	Budget distribution		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy Formulation and strategic planning	Child Health Policy finalized and disseminated	DCAH	X	X	X	X	6,700,000	1,200,000 3,900,000	WHO UNICEF	1,600,000
	Child Survival Strategy launched and disseminated	DCAH	X	X	X	X	1,000,000	1,000,000	GOK	
	Implementation plan of child survival strategy developed	DCAH	X	X	X	X	1,000,000	780,000	WHO	220,000
	National School Health Policy and guidelines disseminated and implementation structure established	DCAH	X	X			10,500,000	10,500,000	MOE, JICA	0
	School Health Strategy and implementation plan developed	DCAH	X	X	X	X	1,600,000	600,000	WHO	1,000,000
	Child health package for pre-service training institutions developed and disseminated	DCAH	X	X			2,000,000	400,000	WHO	1,600,000

Core function area	Results (outputs) to be achieved	Respon-sible person	Timeline				Total cost	Budget distribution		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	Orientation package on child health rights developed and disseminated	DCAH	X	X	X	X	4,300,000	400,000	WHO	3,900,000
	Guidelines and IEC materials for 7 child health areas developed/printed (IMCI case mgt, cIMCI, school health, community newborn, facility newborn, enhanced diarrhoea Mx, children with disabilities)	DCAH	X	X	X	X	59,800,000	28,200,000	MOE, WHO UNICEF, GOK	31,600,000
	Child and adolescent health business plan reviewed	DCAH	X	X			1,000,000	0		1,000,000
	Capacity of DCH to carry out its obligations strengthened	DCAH	X	X	X	X	13,850,000	-	-	13,850,000
	National guidelines for IYCF and HIV reviewed	Nutrition		X	X		350,000		GOK, WHO, UNICEF	
	3 strategies finalized (micro-nutrient deficiency control, nutrition monitoring, capacity and evaluation system, nutrition communication)	Nutrition	X	X	X		10,500,000	7,350,000	GOK, UNICEF	3,150,000
	5 nutrition guidelines developed /updated	Nutrition	X	X	X	X	20,300.000	7,310,000	GOK, UNICEF, MI	12,990,000
	1 policy legislation initiated	Nutrition	X	X	X	X	1,700,000	1,500,000	UNICEF GOK	300,000
	2 food fortification standards developed	Nutrition		X	X	X	40,000,000	40,000,000	UNICEF GOK, WFP	0
	Vaccination policy dissemi-nated to stakeholders	DVI	X	X	X	X	2,000,000	2,000,000	WHO/UNIC EF	0
	Guidelines on other vaccine preventable diseases produced and disseminated	DVI	X	X	X	X	6,100,000	6,100,000	WHO	0
	Development of 17 policies/strategies initiated	DRH	X	X	X	X	2,700,000		PC, WHO, USAID, FHI, EHB, GTZ, UNFPA, FCI, JHPIEGO/U NICEF, GDC	
	8 policy/strategy/ training documents finalized	DRH	X	X	X	X	35,000,000		PC, WHO, USAID, FHI, EHS, GTZ, FCI, UNFPA, JHPIEGO,	
	20 policy, strategy/training documents Launched / disseminated	DRH	X	X	X	X	30,000,000		PC, EHS, USAID, FHI, WHO, GTZ, FCI, UNFPA, JHPIEGO, Engender Health/UNI CEF	
	Business plan 2010-2011 developed	DRH			X		3,500,000		GTZ, EHS/ UNICEF	
	DRH newsletter developed/disseminated	DRH		X					GTZ	
	28 different policy, strategy and/or training documents printed	Head DRH	X	X	X	X	60,330,000		PC, WHO, USAID, FHI, EHS, UNFPA, FCI, JHPIEGO	

Core function area	Results (outputs) to be achieved	Respon-sible person	Timeline				Total cost	Budget distribution		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	Job aids and IEC materials on RH developed	DRH						20,000,000	PC, USAID, FHI, EHS, WHO, GTZ, UNFPA, FCI, JHPIEGO, Engender Health	
	6,000 RH registers (),6,000 Outreach registers () 1.2 million Maternal Child booklets printed	DRH	X				76,000,000	$40,000	MSH, USAID, UNFPA/UNICEF	
	Training materials on GBV IEC materials developed	DRH	X	X	X	X	7,500,000	7,500,000	GDC	
	GBV survey findings disseminated	DRH	X	X	X	X	2,500,000	2,500,000	GDC	
Ensuring Security for Public Health Commodities	Zinc sulphate tablets available for treatment of childhood diarrhoea	KEMSA, DCAH	X	X	X	X	24,000,000	3,300,000	GOK	20,700,000
	Praziquantel available for deworming school children in bilharzia-prone areas	KEMSA, DCAH	X	X	X	X	15,000,000	0	-	15,000,000
	Micronutrient supplements & supplementary and therapeutic foods procured and distributed	Nutrition	X		X		109,000,000	104,000,000	UNICEF, WHO, GOK,WFP	5,000,000
	Anthropometric equipment procured and distributed	Nutrition		X	X		36,000,000	30,000,000	GOK,UNICEF	6,000,000
	Procure and maintain office equipment	Nutrition	X	X	X		1,300,000	0		1,300,000
	Forecasting of routine emergency and new vaccines and injection equipment completed	DVI	x				5,000	5,000	GOK	
	Vaccines and injection equipment procured and distributed			x			664,715,135	33,400,000	GOK/UNICEF	332,715,135
	National cold chain inventory conducted	DVI	x	x			15,500,000	0	UNICEF	15,500,000
	Additional cold chain equip-ment for the new vaccines procured and installed	DVI	x	X	X	X	80,180,000	50,000,000	GOK	
	Cold chain equipment maintained	DVI	X	X	X	X	6,500,000	6,500,000	GOK	0
	FP commodities procured	Head DRH	X	X	X	X	1,000,000,000	500,000,000 300,000,000	GOK, WB, USG, KfW UNFPA,	200,000,000
	Kits for community midwives procured	DRH	X		X				GOK, EHS UNFPA,	
	MNH equipment for level 2 and 3 procured	DRH	X	X	X	X			GOK, EHS, GTZ, UNFPA	
	VIA/VILLI consumables, 2 colposcopy, assorted theatre equipment, 4 mammogram and 2 ultrasound machines procured	DRH	X	X	X	X	10,000,000			
	YFS equipment procured	DRH	X						GTZ	
	ASK show/public service week conducted	DRH	X					10,000,000	GTZ	
Perform-ance monitoring and super-vision	Child and adolescent health implementation status estab-lished and documented	DCAH	X	X	X	X	11,500,000	-	-	11,500,000
	School health M/E tools finalized and disseminated	DCAH	X	X	X	X	2,900,000	800,000	MOE	1,000,000
	Quality & sustainable Health standards maintained in children's homes	DCAH	X	X	X	X	7,000,000	-	-	7,000,000 0.9m
	Situation analysis on adolescent health conducted	DCAH	X	X	X	X	2,300,000	1,600,000	WHO	700,000

Core function area	Results (outputs) to be achieved	Respon-sible person	Timeline				Total cost	Budget distribution		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	3 technical support and supervisory visits conducted	Nutrition		X	X	X	3,800,000	1,760,000	GOK	1,040,000
	3 nutrition reports produced	Nutrition	X	X	X	X	1,250,000	1,050,000	GOK, UNICEF	200,000
	Routine immunization data by levels maintained	DVI	X	X	X	X	50,000	50,000	GOK	0
	Vaccine monitoring tools procured and distributed	DVI	X				32,000,000	32,000,000	GOK	0
	Vaccine monthly physical stock taking done	DVI					10,000	10,000	GOK	0
	National routine immuni-zation module (EPI Info 2008) updated	DVI	X	X	X	X	500,000	0	GOK, GAVI, WHO	500,000
	Quarterly RH commodity logistics supervision done	DRH	X	X	X	X	600,000		USAID, MSH	
	Quarterly integrated supervision done (all provinces at least once in a year)	DRH	X	X	X	X	2,6000,000		JHPIEGO, UNFPA, GTZ, EHS, GOK, WHO	
	8 follow up visits per year and 1 per quarter conducted	DRH	X	X	X	X	3,440,000		JHPIEGO, UNFPA, EHS, FHI, GOK, GTZ, WHO	
	Quarterly reports on MNH service delivery	DRH	X	X	X	X			EHS, GTZ	
	No. of YFSs branded	DRH		X		X	3,000,000		GTZ	
	PRC trainees met and experiences shared	DRH	X				1,800,000		GTZ	
	Inventory of training models and audiovisual equipment at DTCs documented	DRH	X				20,000		GOK	
	Joint annual review conducted	DRH				X	3,000,000		GTZ	
	DRH AOP5 quarterly progress report developed	DRH	X	X	X	X				
	RT cancer indicators integrated in RH M&E tools	DRH			X		1,500,000			
Capacity strengthening and retooling of manage-ment support, and service delivery staff	96 HWs trained on IMCI facilitation skills	DCAH	X	X	X	X	8,000,000	8000,000	GOK, UNICEF	0
	1044 health workers trained on various IMCI case management skills	DCAH	X	X	X	X	124,200,000	42,800,000	UNICEF, WHO, GOK	81,400,000
	Train 75 PHMTS/DHMTS on essential newborn care	DCAH	X	X	X	X	2,400,000	600,000	WHO	1,800,000
	Train 240 HWs on essential newborn care	DCAH	X	X	X	X	12,000,000	800,000	WHO	11,200,000
	20 ORT corners established/strengthened	DCAH	X	X	X	X	1,400,000	1,400,000	GOK/ UNICEF	0
	400 stakeholders (including PHMT/DHMTs) oriented on community IMCI briefing package	DCAH	X	X	X	X	8,000,000	4,000,000	UNICEF/ WHO	4,000,000
	Rapid assessments on the key care family practices conducted in 10 districts	DCAH	X	X	X	X	10,000,000	3,600,000	WHO/UNICEF	6,400,000
	Participatory planning training for CHWs on community dialogue conducted in 20 districts	DCAH	X	X	X	X	8,000,000	4,500,000	UNICEF	3,500,000
	TOTs and CHW in 10 districts trained on IMCI home case management	DCAH	X	X	X	X	14,000,000	5,000,000	UNICEF	9,000,000
	50 HWs trained on commu-nity maternal and newborn care	CAH/ DRH		X	X	X	2,360,000	-	-	2,360,000
	CHWs in 10 districts trained on community maternal and newborn care	DCAH/DRH		X	X	X	4,750,000	-	-	4,750,000

Core function area	Results (outputs) to be achieved	Respon-sible person	Timeline				Total cost	Budget distribution		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	2 sessions of Malezi Bora activities conducted nationwide.	DCAH/ DHP	X	X	X	X	32,000,000	14,800,000	UNICEF, WHO, GOK	18,200,000
	Comprehensive school health activities implemented in selected districts in Coast Province	DCAH/MOE	X	X	X	X	5,000,000	2,500,000	JICA	2,500,000
	5 million School-age children de-wormed	DCAH, MOE	X	X	X	X	18,500,000	6,500,000	MOE	12,000,000
	School health clubs established/ strengthened	DCAH,DBVD, MOE	X	X	X	X	10,000,000	2,000,000	MOE	8,000,000
	Hygiene and sanitation standards improved within school	DCAH, MOE DEH&S,	X	X	X	X	3,600,000	3,600,000	MOE	0
	National level stakeholders trained on identification & referral of children with disabilities and special needs	DCAH	X	X	X	X	1,500,000	-	-	1,500,000
	5 training courses for PHMTS and TOTs	Nutrition	X	X	X		11,200,000	8,500,000	UNICEF, MI, WHO	2,700,000
	National level officers capacity strengthened	Nutrition	X			X	2,360,000	800,000	UNICEF	1,560,000
	Districts trained on target setting vaccine forecasting and micro-planning for EPI improvements	DVI		X	X		2,600,000	2,600,000	WHO	0
	Integrated tools for vaccine preventable illness developed	DVI	X	X			200,000	200,000	GOK	0
	Data quality self-assessment to 16 districts conducted	DVI	X	X			3,300,000	3,300,000	WHO GOK	0
	DVI quarterly newsletter developed and disseminated	DVI	X	X	X	X	1,000,000	1,000,000	GOK	0
	Health workers skills on demand creation enhanced	DVI		X		X	8,450,000	8,450,000	WHO	0
	Transport, supplies and communication systems efficient	DVI	X	X	X	X	2,861,667	2,861,667	GOK	0
	DVI officers updated on government administrative procedures and other relevant education	DVI		X	X	X	45,000	45,000	GOK	0
	Media clips prepared and transmitted	DVI	X	X	X	X	1,700,000	1,700,000	GOK/ UNICEF	0
	2 new GBV centres established	DRH	X	X	X	X	1,000,000	1,000,000	GDC, USAID	
	RCO curriculum revised	DRH	X	X	X	X	2,500,000	2,500,000	JHPIEGO, WHO, Engender	
	Training needs assessment conducted	DRH	X	X	X	X			GDC	
	DRH staff trained on 14 different courses	DRH	X	X	X	X	2,290,000		DPs	
	1 training conducted for service providers and MTC tutors on EC	DRH		X			450,000			
	4 trainings conducted in Samburu district (FGM)	DRH	X	X	X	X	8,000,000			
	2 provinces trained on D4D	DRH		X	X		1,500,000			
	Health workers trained on 15 reproductive health areas	DRH	X	X	X	X	50,700,000		PC, WHO, USAID, FHI, EHS, GTZ, UNFPA, FCI, JHPIEGO	
	80 pre-service lecturers updated on MNH	DRH	X		X		6,000,000		WHO	

Core function area	Results (outputs) to be achieved	Respon-sible person	Timeline				Total cost	Budget distribution		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	8 provinces oriented on MDR	DRH		X		X	5,600,000		UNICEF, EHS	
	Mombasa, KNH, Nairobi Women's Hospital and Moi Referral supported	DRH	X	X	X	X	1,000,000		GTZ	
	Setting, distribution, moder-ation and marking of CRH exams, plus procurement of certificate seal	DRH		X		X	300,000			
	District level CHWs training supported	DRH	X	X	X	X	1,000,000		WHO	
	District level development of IEC/BCC materials supported	DRH	X	X	X	X	1,000,000		KfW	
	Accurate data submitted to DRH by districts	DRH	X	X	X	X	5,000,000		MSH	
	Community structures to implement RH interventions strengthened	DRH	X	X	X	X	1,000,000		KfW	
	LMIS Unit at KEMSA supported to facilitate receiving and processing of data/report	DRH	X				2,000,000		USAID/FHI/ MSH	
	Districts have functional LMIS system in place	DRH		X			3,000,000		MSH	
	Districts trained in LMIS	DRH			X		3,000,000		MSH	
	Capacity to carry out DRH obligations strengthened	DRH	X	X	X	X	18,960,200		GOK, EHS, GTZ/FHI, USAID, MSH	
	Districts supported on training of CHWS	DRH	X	X	X	X	1,000,000	1,000,000	GDC	
	Districts supported on IEC/BCC materials development	DRH	X	X	X	X	40,000,000	40,000,000	GDC	
	Community structures involved in implementation of RH interventions strengthened	DRH	X	X	X	X	35,000,000	35,000,000	GDC	
	Contract developed and implemented	DRH	X	X	X	X	2,000,000		GOK/GTZ/JICA	
	Increased uptake of RH services (social franchising)	DRH	X	X	X	X	700,000	700,000	KfW	
	Increased uptake of RH services (financing output based approach)	DRH	X	X	X	X	700,000	700,000	KfW/UNICEF	
Resource mobiliza-tion and coordina-tion of partners	Quarterly Child Health Inter-Agency Coordination Committee (CHICC) meetings conducted	DCAH	X	X	X	X	20,000	-	-	20,000
	2 sessions of Malezi Bora activities conducted and documented nationwide	DCAH, DHP, DFH HMIS,	X	X	X	X	20,000,000	9,200,000	UNICEF, WHO, PSI	10,800,000
	Proposals for 3 poorly resourced areas in child and adolescent health developed and supported	DCAH	X	X	X	X	200,000	-	-	200,000
	6 coordination meetings held	Nutrition	X	X	X	X	85,000	85,000	GOK	-
	2 world events marked	Nutrition	X	X			1,000,000	1,000,000	UNICEF, MI	-
	2 resource mobilization and implementation documents	Nutrition		X	X		2,700,000	200,000	GOK	2,500,000
	Annual work plan and MTEF preparation done	DVI			X		10,000	10,000	GOK	0
	RHICC (4), FP TWG (4), FP logistics (4), MNH TWG (4), MIP TWG (4), ASRH TWG (4), RT cancer TWG (4), Gender and Rights (4)	DRH	X	X	X	X			PC, USAID, FHI, EHS, WHO, GTZ UNFPA, FCI, JHPIEGO	
	Annual meeting	DRH			X		1,000,000			

Core function area	Results (outputs) to be achieved	Respon-sible person	Timeline				Total cost	Budget distribution		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	National Youth Week, National Cervical Cancer Week, National Breast Cancer Month, World Contraception Day, Public Service Week and ASK show celebrated	DRH	X				11,000,000		GTZ	
Opera-tions and other research	Report on status of health facility-based IMCI available			X	X	X	10,000,000	8,000,000	WHO, UNICEF	2,000,000
	Health status of school-aged children established	DCAH,DVBD, KEMRI, MOE					10,000,000	10,000,000	MOE	0
	Operations research conducted in 4 priority areas including child health rights & Malezi Bora	DCAH/HMIS	X	X	X	X	27,000,000	8,000,000	UNICEF, GOK	12,000,000
	Micronutrient study done	Nutrition				X	30,000,000	2,100,000	UNICEF, GOK	27,900,000
	2 annual assessments done	Nutrition	X	X	X		4,800,000	1,100,000	GOK	3,700,000
	Pilot project in two districts to integrate outreach activi-ties with one civil responsi-bility activity - notification of births	DVI		X	X	X	100,000	100,000	GOK/ UNICEF	0
	Batch testing at all level	DVI		X	X	X	2,000,000	0	GOK/WHO	2,000,000
	1. Community midwifery; 2. Use of magnesium sulphate; 3. Uptake of CA screening services as an integrated approach in maternal health; 4. Data for decision making	DRH	X	X	X	X	4,525,000		FHI, PC, EHS	
	1. Maternity waiting shelter; 2. Motorcycle ambulances; 3. OBA	DRH	X	X	X	X	1,000,000		KfW, EHS	
	1.RT cancers; 2. Mapping of RH TOTs	DRH	X	X	X	X	15,000,000			
	1. Testing model for linking HIV and FP clients to ART and STI; 2. Menstrual beliefs and use of menstrual cups; 3. Integration of HIV/FP service delivery model for the youth in Kenya	DRH	X	X	X	X	4,000,000		FHI, PC	
	Provision on DMPA by CBDs	DRH	X				5,000,000		FHI	
	Cotrimoxazole use study	NASCOP	X	X			4,620,000	4,620,000	UNICEF	

5.1.4 Disaster Preparedness and Response

The mandate of the department is to manage mass population health emergencies so as to reduce public health impacts of natural and manmade disasters and hazards. During the 2008/09 planning period, the department has defined the outputs delineated in Table 5.4.

Table 5.4: AOP 5 outputs for disaster preparedness and response

Result area	Outputs	Respons ibility	Time Frame				Cost/Bud get	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount	Source	
Policy formulation and strategic planning	Policy/strategic plan developed disseminated	DE&DM		X	X	X	420,000	1,420,000	UNFPA	1,000,000
	Emergency and disaster preparedness and response (EPR) guideline developed and disseminated	DE&DM		X	X	X	2,730,000	3,230,000	UNFPA	500,000
	Operational guidelines for provincial and district management teams	DE&DM		X	X	X	1,365,000	3,365,000	UNFPA	2,000,000

Result area	Outputs	Respons ibility	Time Frame				Cost/Bud get	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount	Source	
Ensuring security for public health commodities	Defined emergency and disaster kit /RH for GBV in place	DE&DM	X				280,000	3,280,000	UNFPA	3,000,000
	Purchase emergency and disaster materials/ equipment. Transport	DE&DM	X	X	X	X	5,000,000	15,000,000	WHO, UNFPA /UNICEF	10,000,000
Monitoring of perfor-mance and supportive supervision	Enhanced quarterly supervision	DE&DM		X	X	X	1,350,000	2,350,000	GOK, WHO UNFPA	1,000,000
	Disaster mapping/ data collection tools developed	DE&DM		X	X	X	1,000,000	4,500,000	GOK, WHO /UNICEF	3,500,000
Capacity streng-thening	Emergency and disaster committees trained on EPR (8)	DE&DM		X	X	X	1,000,000	4,000,000	GOK	3,000,000
	Technical teams trained in emergency and disasters (8)			X	X	X	1,000,000	5,000,000	GOK, WHO / UNICEF	4,000,000
	IEC materials distributed	DE&DM			X	X	1,500,000	3,500,000	GOK, WHO UNFPA	2,000,000
	First Aid trainings	DE&DM	X	X	X	X	2,000,000	6,000,000	GOK	4,000,000
	Trauma and burns training	DE&DM	X	X	X	X	1,000,000	4,000,000	GOK	3,000,000
	Basic life support and referral trainings	DE&DM		X	X	X	1,000,000	6,000,000	GOK	5,000,000
	Staff sensitization and awareness	DE&DM	X	X	X	X	1,000,000	7,000,000	GOK, WHO UNFPA	6,000,000
	Trainings/conferences on disasters and prevention mechanisms	DE&DM		X	X	X	10,000,000	20,000,000	GOK, WHO UNFPA	10,000,000
	Data collection tools printed and disseminated	DE&DM		X	X	X	1,750,000	3,750,000	GOK,WHO UNFPA	2,000,000
Total							36,495,000	96,495,000		60,000,000

5.1.5 Environmental Health and Sanitation

The outputs planned for are geared towards improving the living environment in an effort to reduce health risks for all Kenyans. Table 5.5 summarizes the various actions planned for the year: sanitation and hygiene, household water and safety, surveillance, food safety and quality control, port health services (including implementation of IHR 2005), occupational health and safety, vector control, and enforcement of existing legal framework.

Table 5.5: AOP 5 outputs for environmental health and sanitation

Result area	Outputs	Respon-sibility	Timeframe				Cost /Budget (M)	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount (M)	Source	
Policy formula-tion and strategic planning	National Environmental Sanita-tion and Hygiene policy implemented	DSH		X	X	X	20.5	20.5	GOK, UNICEF, WHO	
	Occupational and Safety policy developed	OHS			X		15	15	GOK,WHO, UNICEF,	
	National sanitation and hygiene strategic and investment plan developed	DSH		X	X	X	8.2	8.2	GOK/ UNICEF	
	Create awareness on WHO global plan of action on workers health 2008–2017	OHS			X	X	3	3	WHO	
	Adoption of occupational health manual for primary health care workers	OHS				X	1	1	WHO	
	Specifications and standards on health care waste management (HCWM) developed.	OHS		X	X	X	0.5	0.5	WHO/WB CDC.	
	National guidelines on HCWM developed.	OHS		X	X	X	2.5	2.5	WHO/WB CDC.	
	1 draft policy on port health services developed	Div. PHS			X		1.2	1.2	GOK/WHO	
	1 strategic plan for IHR developed	Div. PHS	X				0.75	0.75	WHO / AFENET	
	Work plan on tobacco control developed	CPHO	X				0.3	0.3		GOK/WHO

Result area	Outputs	Respon-sibility	Timeframe				Cost /Budget (M)	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount (M)	Source	
	Tobacco control regulations developed	CPHO/OHS	X	X	X		3.5	3.5	GOK/ ILA/WHO	
	National Food Safety Policy developed	FSQC			X		5	5	GOK,WHO, FAO, UNIDO	
	Amended Food, Drugs and Chemical Substances Act CAP 254 (Food Law)	FSQC		X	X	X	5	5	GOK / UNIDO	
	Adaptation of the new food safety inspection manual	FSQC		x	x		20	20	GOK,WHO, FAO, UNIDO, GTZ	
	National environmental health and safety policy developed and disseminated	PC&H	X	X	X		1.5	1.5	GOK	
	Draft guidelines for vector, vermin and rodent control developed	DVC		X	X	X	5	5	GOK/WHO	
Security for public health commo-dities	Districts supported with materials and equipment for improvement of environmental health services	WSS		X	X		217.9	217.9	GOK	
	Airports, seaports and frontiers and borders supported with vaccination cards and vaccines for vaccination against internationally notifiable diseases	PHS	X	X	X	X	8	8	GOK	
	5 vehicles procured for Port Health Services	Div. PHS		X			15	15	GOK	
	Equipments, insecticides and protective gear procured						50	50	GOK/WHO/UNICEF	
Perform-ance monitoring	Improved monitoring and evaluation of DEH activities	CPHO	X	X	X	X	15	15	GOK, UNICEF, WHO	
	Quarterly support supervision in 8 provinces done by all divisions	CPHO	X	X	X	X	10	10	GOK	
Capacity streng-thening	Sanitation and hygiene tailored IEC materials developed & distributed in 149 districts	DSH			X	X	2	2	GOK, UNICEF, WHO	
	Incidences of trachoma reduced	DSH			X	X	6	6	UNICEF, GOK	
	Capacity of 20 districts enhanced to implement WASH activities	WSS		X	X	X	331	331	GOK, UNICEF, WHO	
	Incidences of hygiene related diseases reduced	DSH	X	X	X	X	40	40	GOK/WSP/ UNICEF	
	20 district hospital waste management facilities replaced with installation of incinerators	OHS		X	X	X	12	12	GOK/WB/JSI, CDC	
	Reinstate sanitation facilities in newly resettled IDP homes	DSH		X	X	X	32.5	32.5	GOK/ UNICEF	
	DEH has the capacity to carry out EIA	CPHO		X	X			3	GOK, WHO	
	Tobacco Control Board in operation	CPHO	X	X	X	X	12.5		No funding	12.5
	PHOs/PHTs updated on sanitation and hygiene	CPHO	X				1.3	1.3	GOK, WHO	
	10 ports/frontier points supported with 3 computers each	Div. of PHS			X		0.3	0.3	GOK	
	60 staff trained on IHR	Div. PHS	X				5	5	GOK/WHO	
	Points of entry offices capacity strengthened		X				5	5	GOK	
	20 districts and community focal point persons for vector control identified and well equipped.						7	7	GOK	
	Advocacy toolkits and education package for prevention of food borne diseases	FSQC		X	X		60	60	GOK,WHO, FAO	
	Advocacy toolkits and education package for prevention of environmental pollution						20	20	GOK	
Resource mobiliza-tion and coordi-nation	12 Quarterly stakeholders meetings on vector control held	DSH, DVC, PHS	X	X	X	X	5.5	5.5	GOK, UNICEF	
	Active ESHWG in place at national level for sanitation, IHR and FSQC working groups	DSH, PHS	X	X	X	X	0.8	0.8	GOK, UNICEF, WHO	

Result area	Outputs	Respon-sibility	Timeframe				Cost /Budget (M)	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount (M)	Source	
	Participation in local and inter-national forums on environmental health and sanitation	CPHO	X	X	X	X	6	6	GOK, Donors	
	Improved participation by stakeholders						0.6	0.6	GOK	
	Funding proposals for IHR and vector control interventions ready	Div. PHS and DVS	X				0.1	0.1	GOK/WHO	
Opera-tions and other research	Households infested with fleas/ jiggers fumigated in 10 districts	CPHO	X	X	X	X	11	11	UNICEF, GOK	
	Mapping reports for 4 district available	PCH		X	X	X	10	10	No Funding	
	National strategic plan on sound management of pesticides developed	OHS		X	X		1	1	GOK/ WHO	
	Health workers safety report on healthcare waste availed.	OHS			X	X	5	5	GOK/WB	
	Health and environment strategic plan on climate change developed	OHS	X	X			0.5	0.5	GOK/WHO	
	Survey reports on IHR capacity assessment and community's uptake on integrated vector man-agement (IVM) activities ready and shared with stakeholders	Div PHS and DVC				X	4	4	GOK and partners	
	Kenya total diet study conducted	FSQC	X	X	X	X	10		No funding	10
	Operational studies/research on food safety	FSQC			X	X	5		No funding	5
	Prompt SPS notifications on food safety	FSQC		X	X	X	5	5	GOK, UNIDO	
	A survey on food borne diseases conducted	FSQC	X	X	X		1		No funding	1m
	Mapping reports of all major pollution sources in the Republic	PC&H	X	X	X	X	1	1	GOK	

5.1.6 International Health

The office of International Health Relations (IHR) was established in March 2005. The main functions of the unit under the new organization structure include leadership in international health awareness creation and opportunities within Kenya, as well as serving and promoting the interests of Kenya on the regional and international health scenes. The specific outputs for 2009/10 are detailed in Table 5.6.

Table 5.6: AOP 5 outputs for international health

Result area	Outputs	Responsible person	Timeframe					Budget		Gap
			QI	Q2	Q3	Q4	cost	Amount	Source	
Policy form-ulation and strategic planning	Kenya foreign health policy developed	IHR	X	X	X	X	1M	1M	GOK	
Performance monitoring and supervision	Monthly Ministerial briefs on IHR activities held	IHR	X	X	X	X	240,000	240,000	GOK	
	Completion of 2 Joint Commission of Cooperation	IHR					1M	1M	GOK	
	Quarterly stake-holder meeting held	IHR	X	X	X	X	2M	2M	GOK	-
Capacity streng-thening and retooling of manage-ment support and service delivery staff	25 officers trained on International Health diplomacy	IHR	X				2M	0.5 1.5	GOK, Rockefeller Foundation	-
	20 government officers trained on TRIPS and its flexibilities	IHR			x		0.5m	0.5m	WTO	

Result area	Outputs	Responsible person	Timeframe					Budget		Gap
			QI	Q2	Q3	Q4	cost	Amount	Source	
	Office equipment procured (4 fully equipped work-stations)		X				1.2m	1.2m	GOK	
	IHR web page developed	ICT	X						GOK	
Resource mobilization and coordi-nation of partners	7th Global Health Promotion Conference held	IHR		X			67M	56,507,145	GOK	10,492,855
	East African Health and Scientific Conference in Kigali, Rwanda (10 officers) attended	IHR			X		636,000	636,00	GOK	-
	Timely payment of subscription fees – WHO, ECSA, OPCW, FCTC	IHR	X	X	X	X	10,055,335	4255335	GOK	5,800,000
	Coordination of Inter-governmental negotiations	IHR	X	X	X	X			GOK	
Total							83,631,335	67,338,480		16,292,855

5.1.7 Health Promotion

This is a new department established to enhance health promotion activities within the Ministry of Public Health and Sanitation. For 2009/10 the department has outlined specific outputs along the result areas of policy and planning, capacity development, performance monitoring and evaluation. Table 5.7 shows the detailed output and budgets for the department.

Table 5.7: AOP 5 outputs for health promotion

Result area	Outputs	Responsibility	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy formulation and strategic planning	National health pro-motion policy devel-oped and launched	Division of Advocacy & Policy	X	X	X	X	1,250,000	563,000	GOK UNICEF WHO	687,000
	National health pro-motion strategy developed, launch-ed and disseminated	Division of Advocacy & Policy	X	X	X	X	1,500,000	500,000	GOK UNICEF WHO	1,000,000
	Radio programmes for disease preven-tion and promotion of healthy lifestyle produced and aired monthly	Division of Social Marketing	X	X	X	X	33,600,000	5,093,700	UNICEF WHO USAID CDC MEDIA	28,506,300
	National Health Communication Strategy launched and disseminated to stakeholders.	Division of Social Marketing	X	X			1,500,000	300,000	GOK HSSF WHO	1,200,000
	The National Health Communication technical working group established and officially launched	Division of Social Marketing	X				500,000	500,000	GOK WHO UNICEF	NIL
	Messages for spe-cific programmes produced and disseminated	Division of Advocacy & Policy	X	X	X	X	2,200,000	900,000	GOK, WHO UNICEF World Vision	1,300,000
	World Health Day (20) commemora-tions organized and launched	Division of Advocacy & Policy	X	X	X	X	10,000,000	300,000 3,129,602	WHO GOK	6,570,398
	Trade fair and exhibition activities organized and held	Division of Social Marketing	X	X	X	X	3,260,000	801,465	GOK	2,458,535

Result area	Outputs	Responsibility	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	Coordination of social mobilization & communication activities for disease prevention and control done	Division of Social Marketing	X	X	X	X	4,200,000	250,000 900,000	GOK UNICEF	3,050,000
Performance monitoring and supervision	Quarterly provincial supervisory visits (32) conducted	Divisions	X	X	X	X	1,504,000	450,000 500,000	GOK UNICEF	554,000
	Biannual performance review meetings with HPOs conducted	All divisions	X		X		3,600,000	533,333 500,000	GOK UNICEF	2,566,667
Capacity strengthening and retooling of management support, and service delivery staff	Refresher courses for Health Promotion Officers undertaken	Division of Programme Setting	X		X		250,000		GOK	250,000
	Training of Health Promotion Officers on social mobilization and communication skills done	Division of Programme Setting	X	X	X	X	2,000,000	500,000	GOK	1,500,000
	Enhanced knowledge and skills of 3 HPO on health promotion practices	Division of Programme Setting	X			X	2,000,000	1,000,000	UNICEF	1,000,000
	Skills for research developed and enhanced	Division of Programme Setting		X		X	1,500,000			1,500,000
Resource mobilization and coordination of partners	Network of health journalists formed and facilitated to support public awareness and advocacy for health interventions (2 workshops)	Division of Advocacy & Policy	X		X		1,000,000	300,000	GOK	700,000
	Biannual meetings with communications stakeholders held	Division of Social Marketing		X		X	400,000			400,000
	Hospital stationery printed	Division of Advocacy & Policy	X	X	X	X	11,000,000	8,367,000	GOK	2,633,000
Operations and other research	Community-based health promotion initiative implemented in 2 pilot districts and end-year evaluation conducted	Division of Programme Setting	X	X	X	X	1,850,000	250,000	GOK	1,600,000
	Operational research to inform health promotion programmes conducted	Division of Programme Setting	X	X	X	X	3,500,000		GOK UNICEF	3,500,000
Totals							86,614,000	25,638,100		60,975,900

5.1.8 Radiation Protection Board

This is a statutory body established under the Radiation Protection Act (Cap. 243 - laws of Kenya) 1984. The Board collaborates with the International Atomic Energy Agency (IAEA) on matters of radiation protection, nuclear safety and security on behalf of the Government. It is further mandated to enforce the Radiation Protection Act (cap. 243 Laws of Kenya) for the protection of public and radiation workers from dangers of ionizing radiation. The key functions of the Board include but are not limited to inspection of radiation facilities to ensure protection of public, radiation workers and the environment from dangers due to ionizing radiation, licensing of radiation workers, facilities, dealers in radiation, devices and radioactive materials, and radiological and nuclear emergency planning and response. The outputs expected during the year (2009/10) are detailed in Table 5.8.

Table 5.8: AOP 5 outputs for Radiation Protection Board

Result area	Output	Responsibility	Timeframe				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy formulation, legislation and strategic planning	Radioactive waste management (RWM) policy developed	RPB		X	X		400,000		GOK	
	Radioactive waste Management regulations	RPB		X	X		150,000		GOK	
	National emergency response guide developed	RPB	X				100,000		GOK	
	Strategic plan 2008–2012	RPB	X				200,000		GOK	
	Board staffing establishment developed	RPB/MOPHS HRM		X			-		GOK	
	Food & consumer products regulations reviewed	RPB		X			150,000		GOK	
Security for public health assets and radiation facilities	Security and insurance services for Board equipment and other assets contracted	RPB	X	X	X	X	1.5M		GOK	
	Physical security upgrades for high activity radiation sources	RPB	X	X	X		5M		IAEA	
Performance monitoring	Departmental quarterly and annual reports		X	X	X	X	-		GOK	
	Safe consumer products free from radio contaminants	RPB	X	X	X	X	600,000		GOK	
	Licensed radiation facilities (Safety and Security of sources)	RPB	X	X	X	X	4.5M		GOK	
	Licensed radiation workers	RPB	X	X	X	X	-		GOK	
	Combating illicit trafficking of radioactive/ nuclear materials	RPB	X	X	X	X	2.5M		GOK	
	Radiation workers monitored for radiation doses	RPB	X	X	X	X	750,000		GOK	
	Calibrated radiation detection and measurement equipment	RPB		X		X	600,000		G.O.K /CLIENTS	
Capacity strengthening	Recruitment	RPB/MOPHS			X		8 M		GOK	
	Decentralized radiation control services to regional offices	RPB/MOPHS	X				4M		GOK	
	Trained and skilled officers and support personnel	RPB/MOPHS	X	X	X	X	3,000,000		GOK	
	Availability of radiation measuring instruments	RPB		X			15M		GOK	
	Scheme of service for RPOs in place	MOPHS HRM	X	X	X	X	-		GOK	
	Draft scheme of service for RPTS	RPB/HRM, MOPHS	X	X	X	X	-		GOK	

Result area	Output	Responsibility	Timeframe				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Resource mobilization and coordination	Utilization of national and International expertise	RPB/MOPHS	X	X	X	X	800,000		GOK/IAEA	
	Regional offices opened in Msa, Ksm, Garissa & JKIA/ICD	RPB	X	X	X	X	4M		GOK	
Operations and other research	Research on aspects of radiation protection	RPB	X	X	X	X	1.5M			
	Country radiation map	RPB				X				
	Training in MSc & postgraduate diploma studies and research	RPB/MOPHS	X	X	X	X	5M		GOK /IAEA	
	Implementation of research findings	RPB	X	X	X	X	-		GOK/IAEA	
	Research on radiation levels in the environment and consumer products	RPB	X	X	X	X	750,000			
Development (construction of CRWPF)	Safety and security of radio-active and nuclear materials and radioactive waste	RPB/MOPHS	X	X	X	X	200M	150 M	GOK/ Donors	

5.1.9 Government Chemist Division

The Government Chemist Division (GCD) is charged with the responsibility of supporting forensic services and carrying out toxicological investigations. The year's planned output for the division is summarized in Table 5.9.

Table 5.9: AOP 5 outputs for Government Chemist

Result area	Output	Respon-sibility	Time frame				Cost	Available budget	Budget source	Budget gap
			Q1	Q2	Q3	Q4				
Policy formulation and strategic planning	Divisional operations encompassing Government policies	GCD		X		X	800,000	Nil	Not yet funded	800,000
	Divisional strategic and work plan	GCD	X	X	X	X	500,000	Nil	Not yet funded	500,000
	Contribution to OPCW	GCD/PAC				X	750,000	665,007	GOK	84,993
	Conferences and International meetings	GCD	X	X	X	X	250,000	103,748	GOK	146,252
		GCD	X	X	X	X	3,000,000	1,050,000	GOK	1,950,000
	A printed draft bill for implementation of Chemical Weapons Convention by 2010				X		2,000,000	Nil	Not yet funded	2,000,000
Security for public health commodities	Adequate laboratory supplies	GCD	X	X	X	X	26,000,000	17,799,437	GOK	8,200,563
		GCD	X	X	X	X	2,000,000	689,747	GOK	1,310,253
		GCD	X	X	X	X	400,000	210,753	GOK	189,247
							5,000,000	Nil	Not yet funded	5,000,000
		GCD/ HQ	X	X	X	X	1,800,000	Nil	Not funded	1,800,000
Performance monitoring	Improved work performance		X	X	X	X	300,000	43,660	GOK	256, 340
			X	X	X	X	1,000,000	Nil	GOK	1,000,000
Resource mobilization	Increased resources for	GCD/HQS		X			800,000	Nil	Not yet funded	800,000

Result area	Output	Respon-sibility	Time frame				Cost	Available budget	Budget source	Budget gap
			Q1	Q2	Q3	Q4				
and coordination	commodities and rehabilita-tive activities									
Capacity strengthening	Provision of utilities	GCD	X	X	X	X	5,000,000	1,909,241	GOK	3,090,759
	Maintenance and repair of resources	GCD	X	X	X	X	13,000,000	2,557,845	GOK	10,442,155
	Purchase of supplies		X	X	X	X	2,000,000	915,243	GOK	1,084,757
							20,000,000	Nil	Not funded	20,000,000
	Provision of transport	GCD	X	X	X	X	1,000,000	944,346	GOK	955,654
		GCD	X	X	X	X	3,500,000	2,319,807	GOK	1,189,193
	Strengthening human resource	GCD	X	X	X	X	1,500,000	372,309	GOK	1,127,691
	Skills enhance-ment for all staff	GCD/HQS	X	X	X	X	3,000,000	Nil	GOK	3,000,000
	Enhance human resource capacity	GCD/HQS	X	X	X	X			GOK	
Operational and other research	Availability of data from all areas of operations	GCD	X	X	X	X				
	New areas of operations	GCD	X	X	X	X				
Total							94,500,000	29,581,143		64,918,857

5.2 Medical Services Management Support

Medical Services is about managing health needs of a community, paying special attention to the social context of disease and health. It complements the Public Health interventions by ensuring essential medical care is made available as needed, when needed, and in appropriate amounts. Its goal is therefore to improve lives through responding to the legitimate health needs of the population in Kenya.

The provision of Medical Services is primarily the mandate of the Ministry of Medical services. It also provides stewardship and coordinates delivery of medical services in the health sector in a manner that supports attainment of the overall NHSSPII objectives. The Ministry has several priorities as outlined in the Ministry's strategic plan 2008–2012. The priorities include;

- Institute medical services reforms that will ensure high quality services
- Have reliable access to essential, safe and affordable medicines and medical supplies that are appropriately regulated, managed and utilized
- Establish an equitable financing system that ensures social protection, particularly for the poor and the vulnerable
- Institute structures and mechanisms for improved alignment , harmonization and Government ownership of planned interventions
- Improve infrastructure, equipment and ICT investment and preventive maintenance
- Institute and enforce appropriate regulatory measures for medical services
- Development and management of the health workforce

The provision of Medical Services is coordinated through seven technical areas: surgery and rehabilitation services, medicine, standards and regulatory services, nursing, forensic and diagnostic services, pharmacy and technical administration departments. The departments have planned for various activities for the year 2009/10 which are aligned with the Ministry's priorities. The various plans are outlined in the following sections.

5.2.1 Surgery

The Department of Surgery and Rehabilitative Services is charged with the responsibility of overseeing and supporting the delivery of surgical and rehabilitative services in the health sector. The department's core activities are as itemized below and detailed in Table 5.10.

- Develop, disseminate and oversee the implementation of national standards and norms on best practices in surgery and rehabilitation services
- Monitor and evaluate the provision of quality surgical & rehabilitation services in all hospitals
- Undertake capacity strengthening and retooling of management, support and service delivery staff
- Ensure security for the relevant medical commodities and supplies
- Ensure availability of appropriate and functional infrastructure and skills to deliver quality surgical and rehabilitative services
- Ensure implementation of the National Referral Strategy, particularly establishing effective linkage within the various levels of care (district to regional to referral hospitals)
- Ensure implementation of regular medical audits of all surgical and rehabilitative services in the hospitals
- Coordinate the provision of ophthalmic services in the country

Table 5.10: AOP 5 outputs for surgery and rehabilitation services

Result area	Results (outputs) to be achieved	Responsible	Timeline				Total cost (Ksh)	Budget Distribution			Unfunded
			Q1	Q2	Q3	Q4		Budget code	Source	Amount	
Policy formulation and strategic planning	Disability survey report disseminated	Physiotherapy OT, Ortho Tech	X	X	X	X	1.5M	2210801			
	Disability Act and UN Convention on Rights of Persons with Disability disseminated	Physio, OT, Ortho Tech	X	X	X	X	3.2M		NCPWD/ SAGAS/GOK	2M	1.2M
	PWDs categorized & recommended for registration	Physiotherapy	X	X	X	X	0.5M	2210801			
	Strategic plan for Clinical Officers developed	Clinical Services & stakeholders	X	X	X	X	2.4M		GOK/ DPs		2.4M
	Policy guidelines for eye care services produced and distributed	Ophthalmic Services		X	X		2M		GOK		2M
	Clinical guidelines disseminated for utilization	Head, Surgery	X	X	X	X	500,000		GOK		500,000
	Guidelines on infection prevention & control in dental practice developed	Dental Services		X	X	X	2M		GOK/DPs		
	All PDMSs sensitized on MOMS strategic plan – 2008–2012	Head, Surgery		X	X	X	500,000		GOK		500,000
Ensuring security for public health commodities	Equipment in L4&L5 audited	Physiotherapy, Dental Services		X	X		400,000				400,000
	Procurement & distribution of all relevant commodities tracked	Surgical/ENT, Ob/Gyn, Physio, OT, Ortho Tech, Dental, Ophthalmic, Clinical Services		X	X	X	361,335,500		GOK/ DPs		361,335,500
	Ensure Zithromax worth Ksh 3.5 billion procured and distributed	Ophthalmic Services	X	X	X	X	3.5B	2211001	GOK/OEU/AMREF/EC/Pfizer Inc	3.5 B	Nil
	1,400 stethoscopes & 700 diagnostic kits in place	Clinical Services	X	X	X	X	20M				20M
Monitoring of performance and supervision	Quarterly supportive supervision visits carried out	Surgical/ENT, Ob/Gyn, Physio, OT, Ortho Tech, Dental, Ophthalmic, Clinical Services	X	X	X	X	6.52M	2210300 2211201 2220101	GOK/ DPs		6.52M

Result area	Results (outputs) to be achieved	Responsible	Timeline				Total cost (Ksh)	Budget Distribution			Unfunded
			Q1	Q2	Q3	Q4		Budget code	Source	Amount	
	Half yearly consultative meetings with Provincial teams held	Surgical/ENT, Ob/Gyn, Physio, OT, Ortho Tech, Dental, Ophthalmic, Clinical Services	X		X		300,000	2210801	GOK		300,000
Capacity strengthening and retooling of management support, and service delivery staff	150 staff recruited	OT Ortho Tech, Physio		X	X				GOK		
	500 staff trained	Surgical/ENT, Ob/Gy, Physio, OT, Ortho Tech, Dental, Ophthalmic, Clinical Services.	X	X	X	X	60.35M	2210700	GOK		60.35M
	Emergency response teams in 7 hospitals established	Head, Surgery		X	X		1M		ICRC		
	Office equipment procured	Surgical/ENT, Ob/Gyn, Physio, OT, Ortho Tech, Dental, Ophthalmic, Clinical Services	X	X	X	X	1M		GOK		1M
Resource mobilization and coordination of partners	Additional resources for service delivery mobilized	Clinical Head, Ob/Gyn OT Ophthalmic, Ortho Tech	X	X	X	X	2.16M				2.16
Operations and other research	Survey on ANC attendants actually delivering in Level 5 hospitals in Kenya	Ob/ Gyn		X	X	X	0.5M	2210502	GOK/ DPs		
	Impact of RH clinical officers on MNCH in 70 Level 4 hospitals established	Clinical Services		X	X	X	2M		GOK/ DPs	2M	
							Total 3,962,945,500				462,945,500

NB: a) Procurement of Zithromax (Ksh3.5 billion) has been factored - a donation from Pfizer Inc.

5.2.2 Standards and Regulatory Services

The Department proposes to undertake activities that will contribute to hospital reforms with the aim of strengthening quality management in line with the ISO 9001:2008 standard that will eventually lead to certification. In order to improve personnel performance, regulation of alternative medicine practice will be stepped up. Continuing professional development for the major medical cadres will be emphasized and institutionalized. E-health activities will be introduced in service delivery in a phased manner through telemedicine while promoting health tourism at the same time. Coordination of health research will be undertaken in collaboration with stakeholders.

Table 5.11: AOP outputs for Standards and Regulatory Services

Result area	Outputs	Responsible person	Time frame				Total cost	Budget			Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	Code	
Policy formulation and strategic planning	Quality management draft policy developed	QAS	X	X	X		3M	_	Source for funding	2211300	3M
	An accreditation framework developed	QAS	X	X	X	X	4.8M	_	Source for funding	2211300	4M
	Accreditation tools for health facilities developed	QAS	X	X	X	X	2,147, 670	2,147,670	Back-up initiative	2211300	Nil
	Draft Health Research Policy in place	Research	X	X	X	X	1.5M	_	GOK	2210800	

Result area	Outputs	Responsible person	Time frame				Total cost	Budget			Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	Code	
	National Health Training Policy in place	e-Health	X	X	X	X	5M	5M	Capacity Project	2211300	Nil
	Implementation plan for the training policy developed	CPD and Regulation	X	X	X		1.2M	1.2M	Capacity	2211300	Nil
	Guidelines for alternative medicine practice in place		X	X	X	X	5M	_	GOK	2210100	5M
	Inventory of alternative medicine practitioners facilities in place		X	X	X		4M	_	GOK	2211300	4M
	National e-Health Strategic Plan in place.		X	X	X	X	7.6M	_	GOK	2210100	7.6M
	Joint inspections with boards and councils carried out		X	X	X	X	19,350,000	_	GOK	2210100	19,350,000
Capacity strengthening, retooling of management support and service delivery staff	QM incorporated into basic training	QAS	X	X	X	X	5,086,370	5,006,370	Backup initiative	2211300	Nil
	Composite CPD data base established	e-Health CPD & Regulation	X				5M	5M	Capacity	2211300	Nil
	Key health professional association officials trained on the use of CPD data base and software Roll out the implementation of CPD database	e-Health CPD & Regulation.	X	X	X	X	5M	_	GOK	2210100	5M
	DSRS staff trained in Accreditation	QAS			X	X	5M	_	GOK	2210100	5M
	Soft ware and database for Quality Management /Accreditation developed	QAS	X		X	X	1,279,220	1,279,220	Backup initiative	2211300	Nil
	KQAM Model launched and disseminated.	QAS	X				4M	_	Source for funding	2211300	4M
	QM Coordinator/TOT in place at the provincial level	QAS	X	X			1M	_	Source for funding		1M
	Award of CPD points based on demonstrated effort to adhere to guidelines piloted	QAS	X	X	X	X	2M	_	GOK	2211300	2M
	Quarterly monitoring and evaluation of use of available standards, guidelines and protocols carried out	QAS	X	X	X	X	1M	_	GOK	2211300	1M
	Work on ISO 9001 in HQ and provincial HQs completed and a consolidated quality master plan developed	QAS	X	X	X	X	20M	_	GOK	2210300	20M
	Office space and equipment for the Research & Dev. Division availed	Research	X				4M	_	GOK	2211300	4M
Resource mobilization and coordination of partners	Annual and quarterly supervision conducted	DSRS	X	X	X	X	1M	_	GOK	2210100	1M
Total							111,463, 260	15,513,260			85,950,000

5.2.3 Medicine

The Department of Medicine's AOP 5 is based on the core priorities of the Ministry of Medical Services. In addition, the department has several core functions that form the basis of the AOP 5 projections. The core functions of the department are:

- Coordinate medical services at the district/provincial hospitals and link them with national referral hospitals

- Conduct planning and coordination, policy formulation, and provision of therapeutic and supplementary feeds
- Supervise inpatient feeding, nutrition and dietetic services
- Ensure availability of quality and adequate radiography services in hospitals
- Coordinate, monitor and evaluate the medical social services provided in the country
- Address social factors that affect health
- Provide and coordinate quality mental health services

The department's AOP 5 planned outputs are as outlined in Table 5.12.

Table 5.12: AOP 5 outputs for Department of Medicine

Result area	Outputs	Responsible person	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy formulation and strategic planning	Clinical guidelines disseminated	Internal Medicine								
	Basic paediatric protocols revised and 10,000 copies printed	HDP					3M			3M
	Basic paediatric protocols disseminated to all facilities	HDP	X	X			0.5M			0.5M
	National mental health policy document finalized	DOMH	X		x		1.3M			1.3M
	National mental health policy disseminated	DOMH		X	X	X				
	Guidelines for inpatient feeding developed and disseminated	Nutrition		x	x	x	0.2M		GOK	0.2M
	Nutrition guidelines on management of acute malnutrition disseminated.	Nutrition	x	x			0.2M		GOK UNICEF	0.2M
	Integrated IYCF training curriculum reviewed	Nutrition	x	x	x		0.35M		UNICEF WHO	0.35M
	A standard tool for assessment of BFHI developed	Nutrition		x	x		0.3M		GOK UNICEF WHO	0.3M
	Standards and guidelines for medical social work developed	Head , MSW	X	X	X	X	0.25M			0.25M
	Protocol/ Guidelines on Medical Imaging Services Developed and disseminated by June 2010.	Radiography	x	x	x		1.75M		0.5M	1.7M
	Radiographers bill in place	Radiography	x	x			0.15M			0.15M
	Personnel radiation monitoring programme operation	Radiography	x	x	x		0.3M		GOK	0.3M
	Protocol for use in radiation personnel monitoring and safety printed and disseminated.	Radiography	x	x	x		0.3M		GOK	0.M
	Radiography personnel sensitized on appropriate radiation safety	Radiography		x	x	x	2.4M		GOK	2.4M
	QA/QC protocols for medical imaging developed	Radiography	x				0.3M		GOK	0.3M
	Monitoring and evaluation of the implementation of QA/QC in medical imaging carried out	Radiography		x	x	x	2.4M		GOK	2.4M
	Personnel radiation monitoring carried-out for medical imaging staff.	Radiography		x	x		0.2M		GOK	0.2M
Ensuring security for public health commodities	Psychotropic drugs procured and availed in all health facilities	A PS/CP/ KEMS	X	X	X	X	50M			50M
	1 EEG and 5 ECT machines procured and distributed to level 5 and 6 health facilities	PS/CP/KEMSA	X	X	X	X	10M			10M
	Procurement and distribution of anthropometric equipment (height scale/ length mats, BMI-wheels, weighing scales)	Nutrition			x	x	2M		GOK	2M
	Supplementary and therapeutic feeds procured and distributed	Nutrition		x	x	x	3M		GOK	3M
	Procurement of office chairs, tables, computers	Nutrition		x	x	x	3M		GOK	3M
	Revised CHANIS tools acquired and distributed	Nutrition		x	x	x	3M		GOK	3M

Result area	Outputs	Responsible person	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	Adequate x-ray supplies in all medical imaging facilities.	Radiography	x				160,022,500		GOK	160,022,500
Performance monitoring and supervision	Joint quarterly supervision visits conducted	Internal Medicine	x	x	x	x	0.5M		GOK	0.5M
	Medical audits conducted	Internal Medicine								
	Paediatric clinical care audit tool developed	HDP	X							
	Assessment of paediatric hospital care carried out in 8 level 4 facilities and documented	HDP								
	Assessment of quality of newborn care in 8 level 4 facilities carried out	HDP	X							
	Quarterly support monitoring and evaluation of mental health services conducted.	DOMH	X	X	X	X	0.5M			0.5M
	Quarterly Kenya Board of Mental health meetings held and board inspection visit done	PS/DMS/ DMH	X	X	X	X	5M			5M
	Conduct baseline assessment on in-patient feeding	DCN	x							
	Conduct quarterly supportive supervision to hospitals to assess and strengthen clinical nutrition service delivery	DCN	X	X	X	X				
	Quarterly support supervisory visits	MSW	X	X	X	X	0.3M			0.3M
	Radiography services supervisory tool established and in use	Radiography	x	x	x	x	1,183,530		GOK	1,183,530
Capacity strengthening and retooling of management support, and service delivery staff	Health workers trained in various disciplines: MMed (25); training on essential newborn care (128); psychiatric nursing (15); MA Medical Sociology (2); TOT on integrated IYC; MSC course in Clinical Nutrition and Dietetics on new growth curves and CHANIS analysis; management of diabetes; in-patient feeding; Emerging new medical imaging technologies (12); Computerized tomography skills (5); radiation dosimetry (7); ETAT (256)	All	X				9.25M		GOK	9.25M
	Office equipment procured, i.e., laptop, desktops, scanners, printers, photocopier	PS/Procurement	X	X	X	X	1.7M			1.7M
	Vehicle for the division procured	PS/procurement					2M			2M
	National and international training forums attended	DCN	x	x	x	x	1.5M		GOK	1.5M
	Lactation management centres established in regional referral hospitals	DCN			x	x			GOK	
	Recruitment of 100 medical social workers requested									
	Staffing norms for radiographers reviewed in line with the current medical imaging trends	Radiography	x	x	x	x	4,2M		GOK	4M
Resource mobilization and coordination of partners	Forum for engagement of ministry management, specialists and professional associations created	DOM	X	X	X	X	0.5M		GOK	0.5M
	Forum for addressing paediatric care formed	HDP	x	X						
	World mental health day observance planned and commemorated countrywide	PS/DMS/DMH	X	X			1M			1M
	Monthly Nutrition Technical Forum of KFSSG convened	DCN	x	x	x	x	20,000		GOK	20,000

Result area	Outputs	Responsible person	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	quarterly national inpatient feeding steering committees held	DCN	x	x	x	x	20,000		GOK	20,000
	Hold biannual clinical nutrition committee meetings	DCN		x		x	20,000		GOK	20,000
	Conduct biannual review meeting with the Provincial Clinical Nutrition Officers	DCN		x		x	40,000		GOK	40,000
Operations and other research	Electronic diabetic patient data record developed	DOM,NCD, HMIS	x				500,000		GOK	500,000
	Psychosocial support offered and collaboration with other service providers	MSW	X	X	X	X	66,000			66,000
	Preterm babies feeding interventions implemented in hospitals	HDP	X	X	X	X				
	Electronic inpatient record tool piloted in 2 hospitals									
	Biannual food security and nutrition assessments carried out and report disseminated	DCN	x		x		3.5M		GOK	3.5M
	QA/QC programmes disseminated in medical imaging facilities	Radiography	x	x	x	x	100,000		GOK	100,000
	Monitoring and evaluation of Implementation of QA/QC in medical imaging carried out	Radiography		x	x	x	2.4M		GOK	2.4M
	Regular reports on imaging activities reviewed and analysed monthly	Radiography	x	x	x	x	0.5M		GOK	0.5M
	Radiology services improved by reducing patient waiting time (from request to results)	Radiography	x	x	x	x	2M		GOK	2M
	Standard and ethical imaging procedures enforced	Radiography	x	x	x	x			GOK	

5.2.4 Nursing

The Nursing department AOP5 is based on the core functions which are aligned to the overall Ministry's priorities of the department. The departments core function are;

- Advising the Government on nursing policies.
- Planning, implementing, monitoring, evaluating and directing nursing services
- Planning monitoring and evaluating nursing education
- Monitoring and evaluation of nursing services
- Developing and reviewing nursing policies, standards, and guidelines
- Planning and deploying and reviewing deployment of nursing staff
- Overseeing procurement and managing distribution of non-pharmaceutical supplies and medical instruments
- Conducting and disseminating operational research findings on nursing

The activities planned during the year 2009/10 are as outlined in Table 5.13.

Table 5.13: AOP 5 outputs for Nursing

Result area	Outputs	Responsible unit	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy formulation and strategic planning	Previous policy drafts finalized	Div of Adm		X	X	X				
	Nursing training curricula reviewed	NCK/ Div of Ed	X	X				-		
	In-service nursing education policy guidelines finalized	Div of Ed & Div of Admin	X	X	X			2.6M	GOK	
	Continuing education for nurses monitoring tool developed and disseminated to 7 PGHs and 40% district hospitals	Div of Ed*	X	X	X	X		2.4M	GOK	
	Nursing training projection for 09/10 developed	Div of Ed			X	X	x	-	-	
	Check list of protective gear for isolation wards developed	Div of Nursing Commodities and Logistics	X					0.2m	GOK	

Result area	Outputs	Responsible unit	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	Check list for equipment in isolation wards developed	Div of Nursing Commodities and Logistics	X					0.2M	GOK	
	Check list for Equipment for maternity and casualty developed	Div of Nursing Commodities and Logistics	X					0.2M	GOK	
	Monitoring tools for non pharmaceuticals developed	Div of Nursing Commodities and Logistics	X	X				0.2	GOK	
	Non pharmaceutical essential list developed	Div of Nursing Commodities and Logistics & Div of Admin	X	X				0.2M*	GOK	
Ensuring security for public health commodities;	Non pharm specification reviewed	Div of Nursing Commodities and Logistics	X					0.6M	GOK	
	Inventory of equipments and non pharm in isolation wards developed	Div of Nursing Commodities and Logistics	X	X	X	X	x	0.3 M	GOK	
	Distribution lists of non pharm developed	Div of Nursing Commodities and Logistics	X	X	X	X	x	0.05m	GOK	
	Quantification of non pharms done	Div of Nursing Commodities and Logistics						2m	GOK	
Performance monitoring and supervision	Supervision in 6 districts in each province carried out	Div of Admin	X	X	X	X	x	2m	GOK	
	Assessment of the current status of the equipment in maternity, operating theatres and casualty done	Div of Nursing Commodities and Logistics							GOK	
	* Audit on quality of non pharms done	Div of Nursing Commodities and Logistics						1M	GOK	
	PNO& PPHN, CNO office quarterly meetings held	Div of A Div of Research dm	X	X	X	X	X	3.2M	GOK	
	Facilities non pharm inventory developed									
	A report of number of hospitals with nurses deployed to manage non pharm		X	X	X	X		0.2m	GOK	
Capacity strengthening and retooling of management support, and service delivery staff	170 nurses trained on various courses: quantification and specification of non pharmaceuticals, mid level management, psychiatric nursing, diploma in paediatric nursing, peri-operative nursing	Div of Nursing Commodities and Logistics & Div of Ed	X	X	X	X	x	40.7m	GOK/ Development partners	
	5 computers and printers and 5 lockable cupboards bought*		X					0.5M	GOK	
Resource mobilization and coordination of partners										
Operations and other research	Nursing training needs assessment done	Div of Ed		X	X	X				
	Human resource for nursing analysed	Div of Research	X	X	X	X	X	0.5M	GOK	
	Nursing care process committees constituted in all PGHs	Div of Research	X					1M	GOK	
	Baseline survey on maternity satisfaction carried out	Div of Research	X					1M	GOK	

5.2.5 Forensic and Diagnostic Services

The Department of Forensic and Diagnostics Services projections for AOP5 are as summarized in Table 5.14. The plan is based on the department's core function as well as the overall Ministry of Medical Services priorities. The core functions of the department include the following:

- Advising the Government on issues related to medical laboratory services
- Deploying medical laboratory technologists and technicians throughout the country
- Purchasing and distributing laboratory chemicals/reagents throughout the country
- Providing reference services in the country
- Managing and coordinating laboratory services countrywide
- Developing and reviewing of national laboratory services
- Ensure availability of safe blood in hospitals
- Planning and budgeting for laboratory service
- Overseeing the medico legal services and pathology services.
- Managing quality control of laboratory services
- Managing laboratory data
- Evaluating new laboratory equipment, reagents and techniques
- Supporting heath programmes through the implementation of medical laboratory policy
- Evaluating medical laboratory services in medical institutions.

Table 5.14: AOP 5 outputs for forensic and diagnostic services

Result area	Outputs	Responsible person	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy formulation and strategic planning	Electronic LIMS piloted in selected sites, and extended according to a national plan	NPHLS	X				3.0	2.0	CDC	1.0
	Revision of guidelines and standards	NBTS	X	X	X	X		0.5	CDC	0.5
Ensuring security for public health commodities	Ensuring availability of malaria test reagents.	DDFS	X	X	X	X	8	0	GOK	8
	TTI test reagents availed	NBTS	X	X	X	X	18	13	CDC	5
	8 Hospital Transfusion Committees (HTCs) formed	NBTS		X	X	X	8	2	CDC	6
	Ensure availability of utility vehicles	NBTS	X	X	X	X	21	21	CDC	0
	A model hospital transfusion unit developed	NBTS	X	X	X	X	42	0	GOK	42
	6 RBTC incinerators renovated	NBTS		X	X	X	6	6	CDC	0
	A roadmap for NBTS self sustainability developed	NBTS	X	X	X	X	3	0	GOK	0
	Blood bags availed	NBTS	X	X	X	X	150	75	CDC	75
Monitoring performance and supervision	A monitoring & evaluation tools to assess laboratory services developed	DDFS		X			1.0	0	GOK	1.0
	Midterm and end term review of laboratory services conducted	DDFS		X		X	0.2	0		0.2
	Training in use of laboratory information tools conducted	DDFS					1	0.5	CDC	0.5
	Develop and implement manual laboratory data procedures and tools	DDFS		X			2.0	0	APHL	2.0
	Report on national laboratory services capacity	DDFS		X			1.5	0		1.5
Resource mobilization and coordination of partners	Regular source of income to ensure provision of supplies & other essential components of a properly functional laboratory	DDFS	X	X	X	X	2.0	0		2.0
Provision of standardized quality laboratory services strengthened throughout Kenya	QA schemes established at DDFS & implemented at provincial/ district / l RBTC laboratories, and VCT sites, according to established timeline	DDFS				X	8.0	0		8.0

Result area	Outputs	Responsible person	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Capacity strengthening	Training of pathologist in forensic pathology	DDFS	X	X	X	X	10	0		10
	3 doctors trained on transfusion medicine	NBTS		X	X	X				
	Additional staff recruited	NBTS				X				

5.2.6 Pharmacy

The Pharmacy Department comprises several divisions, each with its own remit, as follows:

- ***Division of Kenya National Pharmaceutical Policy (KNPP) Development and Coordination (DoKNPP D&C):*** Serves as the KNPP Implementation Unit charged with coordination, monitoring, evaluation and reporting of KNPP implementation when the policy revision is finalized.
- ***Division of Administration, Pharmaceutical Human Resources Management and Development (DoAPHRM&D):*** Coordinates human resources planning, development, induction, deployment, supervision and performance appraisal, and continuing professional development.
- ***Division of Essential Medicines and Medical Supplies Management (DoEM&MSM):*** Coordinates medicines budgeting and procurement planning, selection, quantification, technical and commercial evaluation, procurement, distribution, storage, and inventory control of essential medicines and medical supplies in the public sector.
- ***Division of Medicines Information & Appropriate Medicines Utilization (DoMI&AMU):*** Coordinates initiatives to support the appropriate utilization of medicines such as support for the development and operation of national and institutional Medicines and Therapeutic Committees, as well as the preparation, periodic update and dissemination of medicines and therapeutic information documents (e.g., SCG, KEML, KNF)
- ***Division of Medicines Regulation and Quality Assurance (DoMR&QA):*** Acts as liaison between the department and the PPB, NQCL, KEMSA and other national agencies involved in medicines quality assurance.
- ***Division of Clinical Pharmaceutical Services (DoCPS):*** Coordinates the development, provision, monitoring and evaluation of clinical pharmaceutical services, which seek to influence the way patients use the medicines dispensed to them.
- ***National Quality Control Laboratory (NQCL):*** Acts as the reference laboratory for the quality analysis of medicines and medical devices in the country.
- ***Pharmacy and Poisons Board (PPB):*** Regulates the trade in medicines and the practice of pharmacy.

Table 5.15: AOP 5 outputs for Department of Pharmacy

Result area	Outputs	Responsible person	Activity timeline				Cost / budget	Revenue	Source of funding	Unfunded
			Q1	Q2	Q3	Q4				
Policy formulation and strategic planning	KNPP finalized	DoKNPP D&C	X					2.60M		
	KNPP Printed and disseminated	DoKNPP D&C		X	X			3. 0M		
	KNPPIP developed and adopted	DoKNPP D&C		X	X			2.3M		
	KNPP baseline assessment	DoKNPP D&C				X		3.0M		
	PPB legally established as a State Corporation	Registrar PPB	X	X	X	X		1.5M.		
	National Pharmaceutical Quality Assurance Framework (NPQASF) finalized and adopted.	DoMR&QA	X					3.0M		
	Implementation plan for NPQASF developed	DoMR&QA		X				4.0M		
	Disseminate monitoring medicines prices and availability (MMePA) survey findings to the ministries of health and stakeholders	DoKNPP D&C	X					2.5M		
	Medicines donation guidelines reviewed, revised, adopted and disseminated	DoEM&MSM	X	X	X	X		2.5M		

Result area	Outputs	Responsible person	Activity timeline				Cost / budget	Revenue	Source of funding	Unfunded
			Q1	Q2	Q3	Q4				
Ensuring security for public health commodities	National Medicines and Therapeutics Committee (NMTC) operating	DoMI&AMU	X	X	X	X		2.0M		
	Medicines and Therapeutic Committees (MTC) established and operating in level 5 hospitals	DoMI&AMU	X	X	X	X		2.5M		
	Standard Clinical Guidelines (SCG) 3rd edition finalized and adopted	DoMI&AMU	X	X				2.25M		
	Essential Medicines List (EML) 4th Edition developed and adopted	DoMI&AMU	X	X				1.3M		
	SCG and EML disseminated	DoMI&AMU		X		X		0.75M		
	Supply Chain Oversight Committee established and operating	DoEM&MSM	X					0.3M		
	Facility EMMS storage infrastructure assessed	DoEM&MSM	X	X	X	X		1.5M		
	Guidelines/SOP for disposal of non-serviceable pharmaceuticals developed	DoEM&MSM	X	X	X	X		2.5M		
Performance monitoring and supervision	Assessment of the pull system of EMMS supply conducted	DoEM&MSM	X					3.0M		
	KNPPIP M & E Plan developed	DoKNPP D&C			X			1.0M		
	Eight (8) Support supervisory visits conducted one per province	Head of Department	X	X	X	X		0.5M		
	Job descriptions for all pharmaceutical HR developed and disseminated	DoAPHRM&D	X	X				1.0M		
Capacity strengthening and retooling of management support and service delivery staff	Human resource development plan developed	DoAPHRM&D	X	X	X			3.0M		
	Human resource management guidelines developed and adopted	DoAPHRM&D	X					1.5M		
	Ministry's norms and standards for pharmaceutical HR and services revised for effective service delivery	DoAPHRM&D	X	X				2.0M		
	An increased authorized complement for Pharmaceutical HR	DoAPHRM&D	X	X	X	X		-		
	Existing established complement vacancies for pharmaceutical technologists filled	DoAPHRM&D	X	X	X	X		3.5M		
Resource mobilization and coordination of partners	Improved communication and awareness on pharmaceutical policy and activities	Head of Department	X	X	X	X		1.0M		
	Continued support to FBO dispensaries	DoEM&MSM	X	X	X	X				
Operations and other research	Guidelines for Medicine Utilization operations research developed.	DoCPS	X	X	X	X		1.5M		

5.2.7 Technical Administration

The outputs planned for by the technical administration department for AOP5 are based on the department's core functions, which are outlined below, with the projections summarized in Table 6.16:

- Coordinating implementation of projects in infrastructure development and maintenance
- Coordinating provision of health information for use in planning and management
- Coordination and support for management of medical equipment and plants
- Overseeing development and dissemination of policy guidelines on equipping health facilities, provision of technical support services and improvements in management of health information.
- Coordinating departmental staff training

Table 6.16: AOP 5 outputs for technical administration services

Result area	Output	Responsible person	Time frame				Cost	Budget		Gap
			Q1	Q2	Q3	Q4		Amount	Source	
Policy formulation and strategic planning;	Professional manual for health administration compiled	CHAO	X	X			50,000	50,000	GOK	
	Professional manual for health administration disseminated	CHAO			X	X	200,000	200,000	GOK	
	Infrastructure norms and standards for hospitals reviewed	CHAO	X	X			500,000	500,000	Partner	
	Health equipment policy developed	H/BE		X	X	X	10,000,000			
	Medical equipment maintenance and operation guidelines Disseminated	H/BE		X	X	X		10,000,000	WHO/GOK	
Ensuring security for public health commodities;	Vehicle needs for level 4 and 5 hospitals quantified	CHAO	X	X			10,000		GOK	
	Infrastructure upgrading needs for standardization of level 4 hospitals quantified	CHAO		X	X		50,000	50,000	GOK	
	11 level 5 facilities and 50 level 4 facilities equipped as per KEPH standard	H/BE		X	X	X	350,000,000	350,000,000	GOK	
	Electric power systems upgraded in 11 levels 4 hospitals	H/BE	X	X	X	X	100,000,000	100,000,000	GOK	
	25 hospitals rehabilitated	H/BE	X	X	X	X	174,000,000	174,000,000	GOK/SIMED/JICA	
	Mortuary cold rooms in 8 hospitals rehabilitated	H/BE			X	X	134,300,000	134,300,000	GOK	
	X-ray cables supplied to 8 hospitals	H/BE			X	X				
	Essential spares for maintenance of medical equipment availed	H/BE	X	X	X	X	20,000,000	20,000,000	GOK	
Performance monitoring and supervision	Quarterly performance review meetings with Provincial Health Administrative Officers held	CHAO	X	X	X	X	100,000	100,000	GOK	
	Implementation of Project for improvement and construction of Hospitals monitored	CHAO H/BE	X	X	X	X	2,506,000	2,506,000	GOK	
	Follow up on implementation of maintenance guideline carried out in 35 L4 and 11 L5 facilities	H/BE	X	X	X	X		3,500,000	GOK	
Capacity strengthening and retooling of management support, and service delivery staff	80 and 46 staff trained in specialized equipment and health technology management respectively				X	X	5,000,000	5,000,000	GOK/ Partners	

5.3 Deliverables from Parastatals

Six parastatal organizations operate under MOMS and MOPS. All are semi-autonomous institutions (state corporations) governed by a board management (BOM).These parastatals are expected to pursue the following to improve their operations:

- Becoming client centred and responsive to the needs of the populations and challenges of the millennium.
- Becoming cost effective, adopting private sector principles such as result based management.
- Becoming leaders in resource mobilization to fully finance their operations.

The broad mandate of the six is to facilitate, augment and enable credible service delivery to both Ministry of Medical Services and the Ministry of Public Health and Sanitation. This mandate is achieved through training, research, offering technical logistical support and setting of standards to be translated into service delivery. The parastatals are: Kenya Medical Supply Agency (KEMSA), Kenya Medical Research Institute (KEMRI), National Hospital Insurance Fund (NHIF), Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), and Kenya Medical Training College (KMTC).

5.3.1 Kenya Medical Supplies Agency

KEMSA has evolved over the last five years as a key player in procurement, warehousing and distribution of medical supplies and equipment. Strengthening KEMSA to be a strategic procurement unit for the health sector is a key initiative in vision 2030, KEMSA aims at strengthening its procurement system by linking all procuring arms of MOMS, MOPS and partners. It also targets to improve efficiency in its procurement and distribution systems. By applying efficient procurement procedures and distribution systems, coupled with capitalizing on economies of scale, KEMSA aims to bring down the cost of medical supplies to public health facilities.

Table 5.17: AOP 5 outputs for KEMSA

Result area	Output	Responsi-bility	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy Formulation & Strategic Planning.	Multi-year contracts in place; stable supplies; optimized warehouse utilization	CEO KEMSA	x							
	Phased commerciali-zation for revenue generation	CEO KEMSA				x	600M			600M
	Centralized dispatch of commodities	CEO KEMSA								
Operations and other research	Installed enterprise resource planning (ERP) system	CEO KEMSA				x				
Resource mobilization and coordi-nation of partners	Customer relationship management (CRM) module in place & functional; interactive website access	CEO KEMSA				x	135,388,140		MCA/ GOK MCA/ GOK	
Performance monitoring and supervision	Quarterly performance review/reports done	CEO KEMSA	x	x	x	x				
Capacity strengthening and retooling of manage-ment support and service delivery staff	Office automation & regional real time connectivity carried out	CEO KEMSA				x			MCA/ GOK	
Ensuring security of public health commodities	Non Pharmaceuticals procured			x				713 M	MCA/ GOK	
	RHF Kits procured				x			2.7 B	GOK	
	Hospital pharmaceuticals procured				x			1.3 B	GOK	
	Equipment procured				x			518 B	GOK	

5.3.2 Kenya Medical Research Institute

Kenya Medical Research Institute is the key research arm for the health sector. Its mandate is to:

- Conduct research in human health.
- Cooperate with other organizations and institutions of higher learning in training programmes and on matters of relevant research.
- Liaise with other relevant bodies within and outside Kenya carrying out research and related activities.
- Disseminate and translate research findings for evidence-based policy formulation and implementation.
- Cooperate with the Ministry of Medical Services, the Ministry responsible for research, the National Council for Science and Technology and the Medical Science Advisory Research Committee on matters pertaining to research policies and priorities.
- Do all such things as appear necessary, desirable or expedient to carry out its functions.

During AOP 5, the key interventions will be as shown in Table 5.18.:

Table 5.18: AOP 5 outputs for KEMRI

Result area	Outputs	Responsi-bility	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy formulation and strategic planning										
Research Programme										
Infectious disease	50 new research protocols developed 10 projects completed 40 manuscripts submitted or published papers 50 abstracts submitted to conferences; 6 dissemination workshops held	KEMRI All research officers	X	X	X	X	4,126,420,299			
Parasitic diseases	40 new research protocols developed 8 projects completed 40 of manuscripts submitted or published papers 50 abstracts submitted to conferences; 3 of dissemination workshops held	KEMRI All research officers	X	X	X	X	594,873,057			
Biotech-nology	10 new research protocols developed 3 projects completed 5 manuscripts submitted or published papers 10 abstracts submitted to conferences; 2 dissemination workshops held	KEMRI All research officers	X	X	X	X	267,759,750			
Public health	30 new research protocols developed 9 projects completed 55 manuscripts submitted or published papers 30 abstracts submitted to conferences; 4 dissemination workshops held	KEMRI All research officers	X	X	X	X	1,602,466,148			
Capacity strengthening and retooling of management support, and service delivery staff										
Training										
ITROMID	# of registered Master's students #of PhD enrolled # of Masters completed #of PhD completed	KEMRI Graduate Programme Coordinator	X	X	X	X	214,500,000			
ESACIPAC	# of regional courses conducted #of International courses conducted	KEMRI ESACIPAC	X	X	X	X	37,600,000			

Result area	Outputs	Responsi-bility	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Other training	# of industrial attachment students # of staff trained (certificate, diploma, degrees)	KEMRI Training Officer	X	X	X	X	0			
Resource mobilization and coordination of partners										
Production Unit (internal revenue generation)	# of test kits produced # of distributes/sold QTY of disinfectant produced QTY of disinfectant distributed/sold # of Taq Polymerase units produced # of Taq Polymerase sold	KEMRI Production Manger Marketing Manager	X	X	X	X	27,046,434			
Operations and other research										
REACH-PI	# of stakeholders meetings held # of policy briefs produced # of policy briefs disseminated # of policy briefs adapted and in use	KEMRI DD (R&T) REACH-PI Country Coordinator	X	X	X	X	20,320,000			
ICT	# of LAN established # of WAN established # of Website updates	KEMRI SPICT	X	X	X	X	396,517,500			
Ensuring security for public health commodities										
ENGINEERING & Maintenance	# of projects undertaken # of preventive maintenance carried out # of repairs carried out	KEMRI Head Engineering Centre Directors	X	X	X	X	346,189,300			
Monitoring of performance, and supervision										
Human resource & administra-tion	# of skills development # of team building activities # of open Days held # of administrative trainings	KEMRI DDA &F AD(P)	X	X	X	X	1,909,023,122			
Monitoring & evaluation	Establishment of integrated M&E system # of reports generated # of feedback and synthesis meetings held # of internal review workshops held	KEMRI DD (R&T) DD (A&F) AD (M&E) AD (RA)	X	X	X	X	40,000,000			
Total							9,545,115,610			

5.3.3 National Hospital Insurance Fund

The main mandate of NHIF is the creation of a national health insurance scheme (with contributions from employers and employees) in order to promote equity in Kenya's health care financing as envisaged in Vision 2030.

NB: No itemized report was forthcoming from NHIF.

5.3.4 Kenya Medical Training College

Kenya Medical Training College (KMTC) is a semi-autonomous government agency under the Ministry of Medical Services and managed through a Board of Management. The college is mandated by an Act of Parliament to train and develop competent health professionals for the nation. This is one of the strategic Government training institutions because over 80% of co-medical and health-related workers in both public and private health sectors countrywide are graduates of the institution. The college is served by an establishment of 2,495 staff members.

The current student population of 14,896 is distributed among 52 programmes conducted within 17 departments. Courses range from certificate and diploma to higher national diploma. The college

has an annual turnover of 3,500 graduates who are employed in the country and as well as overseas, hence contributing to improvement of the country's GDP.

The college on its part has reviewed training programmes by integrating Kenya Vision 2030 strategies and Millennium Development Goal initiatives and factored the same in the revised Strategic Plan 2008/2012.

During AOP 5 the college AOP 5 will consolidate all its operations by maximizing the use of existing human resource and physical facilities during the implementation of integrated training programmes. This is in response to Kenya's Vision 2030 flagship health project strategy "to develop an integrated health infrastructure plan to guide investment in the health sector countrywide". It is envisaged that as the college consolidates its activities it will effectively deliver quality training according to the needs of the customers.

Table 5.19: AOP 5 outputs for KMTC

Result area	Outputs	Responsible person	Time frame				Costs	Budget	Source	Budget code	Unfunded
			QI	Q2	Q3	Q4					
Policy formulation and strategic planning;	Revised KMTC Strate-gic Plan 2008-2012 disseminated to all colleges and departments	CEO	X				1M	2 M	Internal Revenue AIA and GOK Grant		1M
	AOP5) implemented in 28 colleges		X	X	X	X	10M	42.7 M	Internal revenue AIA	194	32.7M
	4,000 students recruited into the college.	CEO	X				10	25	Internal revenue AIA		15 M
	Training manuals for all academic programmes developed and disseminated	DDA/Princi-pals/HOD	X	X	X	X	5M	20M	Internal revenue AIA		15 M
	Policy for expansion of training sites promoted	CEO		X	X	X	70M	100 M	GOK Grant	80-00001	30 M
	Implementation of college Transport Policy including Provision of utility vehicles and maintenance supported	CEO/RA		X	X	X	48.4	51.6M	Internal revenue AIA	100	3.2M
	Rehabilitation and maintenance plan supported in all colleges	CEO/Princi-pals		X	X	X					
Ensuring security for public health commodities;	28 Colleges are supported to improve learning environment for students	CEO/DDFA		X	X	X	30 M	69 M	Internal revenue AIA /Partners	221	39M
	Provision of food and related requirements for student accommodation	Principal	X	X	X	X	429.4M	450 M	Internal AIA	162	20.6M
Monitoring of Performance and supervision	Learning and teaching process appropriately monitored	DDA				X	-	24M	Internal AIA		24M
	Maintenance of ISO 9001-2008 KEBS Certification monitored in al l colleges supported	CEO	X	X	X	X	2.5M	5M	Internal revenue AIA		2.5M
	Customer satisfaction baseline survey carried out	DDA				X		5M	Internal revenue AIA		5M
	Monitoring, measuring and improving customer satisfaction	DDA		X	X	X	1.5M	2.5 M	Internal AIA		1M
	Quarterly performance contract reports shared in all colleges			X	X	X					
Capacity strengthening	In-service courses for targeted health workers carried out	CEO/DDA		X	X	X	37.8M	137.8M	GOK/DP	094	100 M

Result area	Outputs	Responsible person	Time frame				Costs	Budget	Source	Budget code	Unfunded
			QI	Q2	Q3	Q4					
	Refresher training for staff on integration and adoption of Vision 2030	CEO		X	X	X	1.5M	5 M	Internal revenue AIA		3.5M
	ICT infrastructure improved in level 1 colleges	CEO/DDFA		X	X	X	2.1M	10 M	Internal Revenue AIA	220	7.9M
	Construction and rehabilitation of infrastructure done in 28 colleges	CEO/Principal		X	X	X	11.7M	85.8 M	Internal revenue A.I.A	295	74.1M
	Inventory of physical infrastructure and equipment for all colleges developed	CEO	X								
	Continuous professional development for all staff	CEO		X	X	X	37.8M	137.8M	GOK/DP		100M
	100 health workers from health sector taken through short courses	DDA		X	X	X	-	35M	GOK/DP	094	35 M
Resource mobilization and coordination	Needy students supported with college fees	ELO/PRO		X	X	X	4.4M	5.6M	"	191	1.2M
	KMTC courses marketed	CEO/DDA/ELO	X	X	X	X	1.3M	2.5M	"		1.2 M
	Market driven courses developed	DDA/HOD		X	X	X	8.2 M	2 M	Internal revenue AIA		6.2M
	Resource mobilization strategy developed and implemented	CEO/DDA/DDFA	X				5.5M	27 M	"		21.5M
	Distant learning programmes implemented	CEO/DDA/DDFA	X				-	10 M	"	80,85	10M
	IGA promoted in all colleges			X	X	X					
	Collaboration with professional bodies strengthened	CEO/DDA		X	X	X	0.5M	2.0 M	"	191	1.5 M
Operations and other research	Operation research undertaking by various staff in all departments supported	DDA		X	X	X	1M	24M	"	191	23M
	Annual Scientific Conference held	DDA			X	X	14.9	21.7 M	Donor support USAID	"	6.8M
	Sharing and replication of best education practices promoted in all colleges	DDA/PRINCIPAL/HODs				X	4 M	2 M	Internal AIA	"	2M
Total							738.5M	1.303 B			582.9 M

5.3.5 Kenyatta National Hospital

Kenyatta National Hospital (KNH) is the premier referral, teaching and research hospital in Kenya. It was founded in 1901 and since then has expanded its services to become the second largest hospital in sub-Saharan Africa. It was a department of the Ministry of Health until 1987 when, through Legal Notice No. 109 of 1987, it became a State Corporation. In 1991 July it started effectively functioning as a Parastatal.

KNH has 50 wards, 20 out-patient clinics, 24 theatres (16 specialized) and an Accident & Emergency Department. Out of the total bed capacity of 1800, 225 beds are for the Private Wing. There is a Doctors Plaza consisting of 60 suites for various consultant specialities. The average bed occupancy rate in some wards goes to 300 per cent. In addition, at any given day the Hospital hosts in its wards between 2,500 and 3,000 patients. On average the hospital caters for over 80,000 in-patients and 500,000 out-patients annually.

In line with the MOMS and MOPHS strategic thrusts and the identified key flagship projects, KNH has re-aligned its strategic focus to address the following key areas; improving the quality of specialized health care, participate in national health planning and reinvigoration of the referral system, skills improvement amongst managers in leadership and management. KNH will also

integrate a Health Management Information System (HMIS) to aid in information flow among health care providers.

The KNH input to AOP5 is derived from the second KNH strategic plan 2008–2012 (KNHSP II), which was developed in line with Kenya Vision 2030, the Ministry of Medical Services Strategic Plan 2008-2012 and the Millennium Development Goals among other policy documents. The aim of the Vision is to create a globally competitive and prosperous country with a high quality of life by the year 2030 and KNH recognizes its critical role in keeping the citizens of this country, together with our foreign visitors, healthy in order to achieve the national aspirations.

Table 5.20: KNH service delivery deliverables

Cohort	Results area	Indicator of performance measurement	Baseline	Targets (09/10)
Cohort 1: pregnancy delivery, newborn (up to 2 weeks)	Mothers are kept healthy before and during pregnancy	Percentage of women of reproductive age (WRA) receiving family planning commodities	6,817	7,022
		Percentage of pregnant women attending at least 4 ANC visits	3,388	3,490
		Percentage of newborns with low birth weight (LBW - Less than 2500 grams)	830	855
		Percentage of pregnant women provided with LLITNs	Service not offered	
		Percentage of pregnant women receiving two doses of intermittent presumptive therapy (IPT 2)	Service not offered	
		Percentage of HIV+ pregnant women who received preventive ART to reduce the risk of mother- to-child transmission (PMTCT)		
	Mothers are able to have normal deliveries	Percentage of deliveries conducted by skilled health attendants in health facilities	9,658	9,945
		Percentage of maternal deaths audited	116	120
		Percentage of fresh stillbirths in the health facility	830	855
	All newborns (up to 2 weeks) receive protec-tion against immunizable and other conditions	Number of newborns receiving BCG	7,521	7,747
Cohort 2: Early childhood	Children receive protection against immunizable diseases	Percentage of children under 1 year of age immunized against measles:	722	744
		Percentage of children under 1 year of age fully immunized:	703	724
	Children are able to survive childhood illnesses	Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	1,7	1,945
		Percentage of children under 5 years attending child welfare clinic (CWC) who are underweight	12,105	12,469
		Percentage of children less than 5 years receiving Vitamin A supplement	413	426
		Percentage of children under 5 years provided with Long lasting insecticide treated nets (LLITNs)	Service not offered	
		Percentage of under 5 years treated for malaria	1,551	1,598
		Infant mortality rates (IMR)	1,262	1,300
Cohort 3 Late childhood	Healthy lifestyle is adopted amongst children	Percentage of school children correctly de-wormed at least once in the year	Service not offered	
		Percentage of schools with adequate sanitation facilities	Service not offered	
Cohort 4 Adolescent	Behaviour change is promoted amongst adoles-cents that leads to a healthy lifestyle	Percentage change of health facilities providing youth friendly services	6,193	6,379
	Adolescents are able to survive common health conditions affecting them			
Cohort 5 & 6 Adulthood and elderly	Adults and elderly are practising a healthy lifestyle	Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	27,758	28,591
		Number of condoms distributed		
		Percentage of households sprayed with indoor residual spray (IRS)	Service not offered	
	Adults and elderly are able	Percentage of adults and children with advanced HIV infection started on ART		

Cohort	Results area	Indicator of performance measurement	Baseline	Targets (09/10)
	elderly are able to survive common health conditions affecting them	Percentage of adults and children with advanced HIV infection receiving ART		
		TB case detection rate	5%	5.20%
		Tb cure rate	All detected TB cases at KNH are referred to their local health centre	
		Percentage of emergency surgical cases operated within one hour		
		Percentage of cold surgical cases operated on within one month		
Efficiency	Human resource available to increase access to health services	Doctor/Population ratio	214	220
		Nurse/Population ratio	1,793	1,847
	Essential medicines and medical supplies are available to increase access to health services	Percentage of health facilities without all tracer drugs for morer than 2 weeks	2 weeks	2 weeks
	Quality of health services improved	Percentage of clients satisfied with services:		
		Average length of stay (ALOS)	10 days	9.4 days
	Utilization of health services improved	Utilization rate of out-patient dept (OPD) - Female	272,031	280,120
		Utilization rate of out-patient dept (OPD) - Male	227,385	234,206
	Monitoring and evaluation improved	Percentage of health facilities that submit timely, accurate reports to national level.	KNH is a level 6 health facility and does submit its reports to HMIS	
		Percentage of health facilities that submit complete accurate, reports to national level.	100%	
Finance	Financial allocation to health improved	Percentage of GOK budget allocation to primary health facilities (L2 & L3)	Not applicable	
		Percentage of GOK budget allocation for drugs	Ksh395 million	
Governance	Governance structures strengthened	Percentage of districts with functional health stakeholders forum (DHSF)		

Table 5.21: AOP 5 outputs for KNH – Management support

Intervention area	Key output / priorities	Responsible persons	Timeframe				Cost /Budget (Ksh million)	Available resources (Ksh million)	Source of funds	Gap/surplus (Ksh million)
			Q1	Q2	Q3	Q4				
Maintenance of buildings, equipment and vehicles	New equipment acquired for radiology, laboratories and surgery	HODs, HE, SPM		X	X	X	38.7	18.48	IF	20.2175
	Double the CCU beds	DD/CS, HE, SPM			X	X	200	30	IF/DPs	170
	Completed refurbishment and expansion works at mausoleum	HOD, HE, SPM			X		40	2.3	IF	37.7
	Completed rehabilitation works on oxygen pipe	DD/CS, HE, SPM			X		10	5	IF	5
	Completed expansion works of Cancer Treat-ment Centre	HOD, HE, SPM	X	X	X	X	210		IF/DPs	210
	Phased mod-ernization of 4 lifts	CAO, HE, SPM	X	X	X	X	28	31	IF	-3
	Installed and commissioned new PABX equipment	CAO, HE, SPM			X	X	42	42	IF	0

Intervention area	Key output / priorities	Responsible persons	Timeframe				Cost /Budget (Ksh million)	Available resources (Ksh million)	Source of funds	Gap/surplus (Ksh million)
			Q1	Q2	Q3	Q4				
	Installed and commissioned new laundry drier and sluicing equipment	CAO, HE, SPM			X	X	20	27	IF/DPs	-7
	Installed and commissioned modern theatre lights	DD/CS, HE, SPM	X	X	X	X	25	10	IF	15
Procurement and management of drugs	Reviewed KNH Procurement Manual	SPM		X	X		0.25	0	IF	0.25
Performance monitoring and supervision	Performance management policies developed	CEO, DD/CS, DD/AF, PM, all HODs		X	X		0.2	0	IF	0.2
	Quality audit reports and implementation of QMS	QAM	X	X	X	X	1.3	0	IF	1.3
	Best practices collaborations/ MOUs	CEO, DD/CS, DD/AF, all HODs	X	X	X	X	1	0	IF	1
Capacity strengthening and retooling of management support, & service delivery staff	Customer Satisfaction Survey Reports implemented	CPRO, all HODs				X	1	0	IF	1
	New staff training policy implemented	CEO, DD/AF, HRM			X	X	70	60	GOK	10
	Corporate communication strategy in operation	CEO, DD/AF, CPRO		X	X	X	1	0	IF	1
	Reviewed teaching & research MOUs	BOM, CEO	X	X	X	X	1	0	IF	1
	Centres of excellence created by benchmarking	DD/CS, all HODs			X	X	6	0	IF/GOK	6
	Listing of non-core functions	CEO, DD/CS, DD/AF, SPM			X	X	20	0	IF	20
	New organizational structure implemented	BOM, CEO	X	X			7,024	4,874	GOK	2150
	Authorized new schemes of service	BOM, CEO, HRM	X	X						
	Approved new terms and conditions of service	CEO,DD/AF, HRM	X	X						
	Guiding manual on performance-based reward system	DD/AF, HRM	X	X	X	X	152.5	0	IF	152.5
	Networked service points and hardware/ software acquired	DD/CS, DD/AF, ICTM			X	X	65.35	50	IF	15.35
	Burns Centre Project contractor identified, inception of works	CEO, HE, SPM		X	X	X	219.9	321.6	DPs	-101.7

Intervention area	Key output / priorities	Responsible persons	Timeframe				Cost /Budget (Ksh million)	Available resources (Ksh million)	Source of funds	Gap/surplus (Ksh million)
			Q1	Q2	Q3	Q4				
	Paediatrics Centre Project contractor identified, inception of works	CEO, HE, SPM		X	X	X	219.9	147.2	DPs	72.7
Resource mobilization and coordination for implementation of activities	Service delivery teams established in: Renal, Cardiology, Cancer Treatment Centre, Paediatrics, Neurology, CCU, Lab medicine and Radiology	DD/CS, HODs of the stated departments	X	X	X	X	1	0	IF/DPs	1
Planning and coordination for health activities in the Hospital	KNH Enterprises Services Company registered for commercial activities	BOM, CEO, DD/AF, PM,HRM, HE		X			10.1	0	IF	10.1
	Identification and assessment of excess capacity	BOM, CEO, DD/AF, PM, DD/CS, FM, HE, HODs			X		0	0	Nil	0
	Improved debt recovery and reimbursement	DD/AF, FM	X	X			2	2	IF	0
	Active fund raising and marketing programmes	CEO, DD/AF, DD/CS,PM, FM, HRM, HE	X	X	X	X	4	1	IF	3
	Performance evaluation and policy papers	BOM, CEO, all HODs		X	X	X	15	0	IF	15
	Health sector guidelines	CEO, HODs		X	X	X	1	0	IF	1
	Increased research activities	DD/CS, DD/AF	X	X	X	X	16	3	IF	13
	Cabinet paper initiated for new KNH Act enactment	BOM, CEO		X	X	X	2	0	IF	2
	Annual Corruption Prevention Plan	CEO, Anti-corruption Secretariat	X	X	X	X	0.2	0	IF	0.2
	Annual Procurement Plan 2010/11	SPM, FM, AIEs				X	0	0	Nil	0
	CSR policy and programmes developed	DD/CS, DD/AF, CPRO	X	X	X	X	50	0	IF	50
Management of facility resources as prescribed in the government financial management regulations 2007	Risk management policy	DD/CS, DD/AF, CLO, CIA, HE	X	X	X		2.1	0	IF	2.1
	Internal control systems manual reviewed	DD/AF, FM	X	X	X	X	0	0	0	0
	Utilities billing separated	CEO, DD/AF, HE, CAO		X	X		10	0	IF	10
Grand totals							**8,510.5**	**5,624.58**		**2,885.92**

5.3.6 Moi Teaching and Referral Hospital

Moi Teaching and Referral Hospital (MTRH) is the second national referral hospital in Kenya after Kenyatta National Hospital (KNH). The hospital is located along Nandi road in Eldoret town, Uasin Gishu District in the Rift Valley province, Kenya. It started as a small cottage hospital in 1920 with a capacity of 60 beds, and evolved into a fully-fledged referral facility with a capacity of 560 beds. As an institution, MTRH comprises of the National Referral Hospital and the Moi University School of Medicine.

MTRH was accorded the status of a referral and teaching facility by Legal Notice No. 78 of 12 June 1998 under the State Corporations Act (Cap 446) and the first Hospital Board gazetted on 29 June 1999. Core priorities during AOP 5 are highlighted in Table 5.21.

Table 5.21: MTRH service delivery annual performance targets

Cohort	Result area	Indicators of performance measurement	Baseline (08/09)	Target (09/10)	Activities
Cohort 1: Pregnancy, delivery and the newborn (up to 2 weeks)	Mothers are kept healthy before and during pregnancy	Percentage of women of reproductive age (WRA) receiving family planning commodities	2,908	3,635	
		Percentage of pregnant women attending at least 4 ANC visits:	8,098	10,122	
		Percentage of newborns with low birth weight (LBW – less than 2500 grams)	572	715	
		Percentage of pregnant women distributed with LLITNs	2,770	34,625	
		Percentage of pregnant women receiving two doses of intermittent presumptive therapy (IPT2)	-		
		Percentage of HIV+ pregnant women receiving preventive ART to reduce the risk of mother-to-child transmission (PMTCT)	310	387	
	Mothers are able to have normal deliveries	Percentage of deliveries conducted by skilled health attendants in health facilities.	5,914	7,392	
		Percentage of maternal deaths audited	16	12	
		Percentage of fresh stillbirths in the health facility	90	67	
	All newborns (up to 2 weeks) receive protection against immuni-zable and other conditions	Percentage of newborns receiving BCG	6,808	8,510	
Cohort 2: Early Childhood	Children receive protection against immunizable diseases	Percentage of children under 1 year of age immunized against measles	750	937	
		Percentage of children under 1 year of age fully immunized	672	685	
	Children are able to survive child-hood illnesses	Percentage of children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)	2,152	2,2195	
		Percentage of children under 5 years attending CWC who are underweight	214	267	
		Percentage of children under 5 years receiving Vitamin A supplement	930	1,162	
		Percentage of children under five years of age provided with long lasting insecticide treated nets (LLITNs)	1,444	1,805	
		Percentage of under 5 years treated for malaria	5,546	6,932	
		Infant mortality rate (IMR)	112	140	
Cohort 3 Late childhood	Healthy lifestyle is adopted amongst children	Percentage of school children correctly de-wormed at least once in the year	Service not offered		
		Percentage of schools with adequate sanitation facilities	Service not offered		

Cohort	Result area	Indicators of performance measurement	Baseline (08/09)	Target (09/10)	Activities
Cohort 4 Adolescence	Behaviour change is promoted amongst adoles-cents that leads to healthy lifestyle	Percentage of health facilities providing youth friendly services			
	Adolescents are able to survive common health conditions affecting them				
Cohort 5 & 6 Adulthood and elderly	Adults and elderly are practising a healthy lifestyle	Percentage of population counselled and tested for HIV (VCT, PITC, DTC, HBCT)	86,567	108,208	
		Number of condoms distributed	840,000	1,050,000	
		Percentage of households sprayed with indoor residual spray (IRS)			
	Adults and elderly are able to survive common health conditions affecting them	Percentage of adults and children with advanced HIV infection started on ART	11,976	14,970	
		Percentage of adults and children with advanced HIV infection receiving (ART	48,005	60,006	
		TB case detection rate	66%	80%	
		TB cure rate	86%	90%	
		Percentage of emergency surgical cases operated within one hour			
		Percentage of cold surgical cases operated on within one month			
Efficiency	Human resource available to increase access to health services	Implementation of the institutional service delivery charter	100%	100%	1,364
		Doctor/Population ratio	106	124	
		Nurse/Population ratio	660	735	
	Essential medi-cines and medical supplies are available to increase access to health services	Percentage of health facilities without all tracer drugs for greater than 2 weeks (> 2 weeks)	Not Applicable to MTRH		
	Quality of health services improved	Percentage of clients satisfied with services:	70%	75%	
		Average length of stay (ALOS):	7	6.8	
	Utilization of health services improved	Utilization rate of out patient attendants (OPD) - Male:	100%	100%	
		Utilization rate of out patient attendants (OPD) -Female:	100%	100%	
	Automation	Reviewing of the existing hospital ICT policy	100%	100%	
	Service delivery innovation	Activation of telemedicine with Indiana University	-	100%	
	Monitoring and evaluation improved	Percentage of health facilities that submit timely, accurate reports to national level			
		Percentage of health facilities that submit complete, accurate reports to national level			
Finance	Financial allocation to health Improved	% GOK budget allocation to health facilities	1,145,295,475	1,731,909,000	
		% GOK budget allocation for drugs	Not applicable to MTRH		
Governance	Governance structures strengthened	Percentage of districts with functional health stakeholders forum (DHSF)	Not applicable to MTRH		

Cohort	Result area	Indicators of performance measurement	Baseline (08/09)	Target (09/10)	Activities
	Vision 2030 SP	Implementation of institutional Vision 2030 based Strategic Plan 2008–2012	100%	100%	
	Anti – corruption	Implementation of the corruption prevention plan	100%	100%	
	Safety	Implementation of OHS policy	89%	93%	
	Institutional public complaints committee	Resolving public complaints	-	100%	
	Gender mainstreaming	Developing a framework/policy to guide gender mainstreaming activities.	-	100%	
	Disability mainstreaming	Formulation of a disability mainstreaming strategy	-	100%	

Table 5.22: AOP 5 outputs for MTRH – Management support

Intervention area	Key output / priorities	Activities	Responsible persons	Timeframe				Cost (Budget)	Available resources	Gap/ Surplus
				Q1	Q2	Q3	Q4			
Hospital management to develop and maintain an effective strategic leadership	An effective and transfor-mational leadership	Conduct workshop to induct Hospital Board on their roles and responsibilities	CEO	x				See budget	See budget	
		Develop and review terms of reference or Board committees	CEO	x				"	"	
		Hold regular reviews of the policy framework	CEO	x				"	"	
		Review and endorse plans (annual operational plans and strategic plans)	Planning Head	x				"	"	
		Determine the nature and frequency of information to be furnished to the Board	CEO	x				"	"	
		Develop calendar for Board meetings	BOM secretariat	x				"	"	
		Hold Board meetings as per calendar	BOM secretariat	x	x	x	x	"	"	
		Develop and recommend to Ministry of Medical Services the criteria for Board appointments	CEO/ BOM secretariat	x				"	"	
		Hold joint retreats for Board and staff	BOM secretariat			x		"	"	
		Develop a curriculum for regional training in health service management	DDFA	x				"	"	
		Annually, conduct Board self-evaluation	BOM	x				"	"	
		Hold staff retreats and meetings	DDFA	x	x	x	x	"	"	
	Functional institutional collaboration between MTRH and Moi University and other institutions	Review and make recommendations for the amendment of Legal Notice No. 78 of 1998 and No. 56 of 2002	CEO	x				"	"	
		Follow up recommendations with Ministry of Medical Services	CEO	x				"	"	
		Hold consultative meetings with Moi University for MRTH representation on University Council	BOM	x			x	"	"	
		Hold consultative meetings with Moi University to harmonize plans for training, research and capacity building	BOM	x			x	"	"	

				Timeframe						
		Hold consultative meetings with Moi University and other health-allied institutions on training and research facilities improvement and utilization	BOM	x			x	"	"	
	Compliance with the perform-ance contract for state corpora-tions	Hold workshop to train Board and senior management on performance contract	CEO	x				"	"	
		Sign the performance contract documents	M&E	x				"	"	
		Identify and set targets and develop indicator of compliance	M&E/ CEO	x				"	"	
		Approve targets and indicators (by the management)	CEO	x				"	"	
		Take corrective measures as required	CEO	x				"	"	
	An enforced code of conduct	Review draft code of conduct	HR Head	x	x	x	x	"	"	
		Submit draft to the Board for discussion and approval	HR Head	x	x	x	x	"	"	
	Active participation in decision making	Develop calendar of meet-ings for each group of staff	HR Head	x	x	x	x	"	"	
		Develop standard agenda for each category of staff	HR Head	x	x	x	x	"	"	
		Hold regular meetings for the various categories of staff	HR Head	x	x	x	x	"	"	
		Write and disseminate minutes	HR Head	x	x	x	x	"	"	
		Review implementation of decisions	DDFA	x	x	x	x	"	"	
	A streng-thened and functional internal audit service	Develop internal audit programme to cover issues of compliance and efficiency	Internal Auditor	x				"	"	
		Develop audit timetable to ensure coverage of all functions/departments	Internal Auditor	x				"	"	
		Hold regular meetings to review internal audit reports	Internal Auditor	x	x	x	x	"	"	
		Acquire adequate working space	DDFA	x				"	"	
		Acquire necessary equipment for audit team	Internal Auditor		x			"	"	
		Assess and address audit staff capacity and development needs	Internal Auditor	x				"	"	
		Ensure management complies with relevant legal regimes	Legal Head	x	x	x	x	"	"	
		Ensure management is properly and regularly advised legally	Legal Head	x	x	x	x	"	"	
		Review agreements, contracts and service bonds	Legal Head	x	x	x	x	"	"	
		Hold meeting to assess legal issues and actions required	Legal Head	x	x	x	x	"	"	
Hospital board to develop	Output: An effective and	Conduct workshop to induct Hospital Board on their roles and responsibilities	BOM	X						

				Timeframe						
develop and maintain an effective strategic leadership	and transformational leadership	Develop and review terms of reference or Board committees	BOM	x						
		Hold regular reviews of the policy framework	BOM	x						
		Determine the nature and frequency of information to be furnished to the Board	BOM	x	x	x	x			
		Develop calendar for Board meetings	BOM secretariat	x	x	x	x			
		Hold Board meetings as per calendar	BOM	x	x	x	x			
		Develop and recommend to Ministry of Medical Services the criteria for Board appointments	BOM	x						
		Hold joint retreats for Board and staff	BOM	x						
		Annually, conduct Board self-evaluation	BOM	x						
		Hold workshop to train Board and senior management on performance contract	BOM secretariat	x						
		Submit draft to the Board for discussion and approval	BOM secretariat	x						

5.4 Cross-Cutting Systems and Support Services

This section highlights the main cross-cutting priorities and outputs of management support systems for 2008/09. The departments and divisions in both the Ministry of Public Health and Sanitation and the Ministry of Medical Services have different structures that are providing more or less similar systems support

Functions that strengthen a health system that will support the lower levels of management will be given priority for both ministries. Consequently, this section reflects only the responsibility in both ministries as they develop a health system that will be operational across the whole sector. Where there is divergence from this general rule, then divisional plans are reflected.

The input systems include human resources, commodities, infrastructure and equipment, while the support systems include planning, performance monitoring, commodity supply management, financial management and procurement.

5.4.1 Human Resources for Health

The delivery of quality and accessible health services is highly dependent on the numbers, skills, distribution and management of health workers. In the last two decades, Kenya's health indicators including life expectancy, infant mortality and maternal mortality have deteriorated. The acute shortage, inequitable distribution and inadequate skills of health workers have been contributory to this negative trend. The health workforce is inequitably distributed and staff shortages are particularly acute in hard-to-reach regions.

Table 5.23: MOMS and MOPHS human resource for health

Result area	Outputs	Respon-sibilities	Time frame				Budget	Source of funds	Total budget (Ksh)
			Q1	Q2	Q3	Q4			
Policy formulation and strategic planning	HRH strategic plan finalized	DDHRM	X	X	X	X		GOK	10,000,000
	Human resource recruitment & deployment policy developed	DDHRM	X	X	X			GOK	5,000,000
	Performance appraisal system developed and institutionalized	DDHRM	X	X	X	X		GOK	30,000,000
Capacity strengthening	Additional health workers and support staff recruited and deployed	DDHRM& HODS	X	X	X	X		GOK/GAVI/DANIDA	1,500,000

Result area	Outputs	Respon-sibilities	Time frame				Budget	Source of funds	Total budget (Ksh)
			Q1	Q2	Q3	Q4			
	Promotions/upgrading decisions reviewed and implemented	DDHRM	X	X	X	X		GOK	3,000,000
	HRH strategic plan developed and Implemented	DDHRM	X	X	X	X	20M	GOK//DP	20,000,000
	SMS problem solving system established	DDHRM	X	X	X	X	26.5M	GOK	2,750,000
								USG	24,750,000
	Schemes of service reviewed	DDHRM& HODS	X	X	X	X		GOK	83,000,000
	Staff trained on various skills (HR development)	DDHRM	X	X	X	X		GOK	63,417,000
Performance monitoring and evaluation	Number of staff by cadre reported	DDHRM	X	X	X	X	-	-	-
	Number of trained staff (CPD) by cadre reported	DDHRM	X	X	X	X	-	-	-
	Staff appraisal report submitted	DDHRM	X	X	X	X	-	-	-
	Support supervision report submitted	DDHRM	X	X	X	X	5M	GOK	10M
	Employee satisfaction survey conducted	DDHRM		X		X	3.8M	GOK, WHO DFID	3.8M
	Report on dispensary cases submitted	DDHRM	X	X	X	X	-	-	-
Operations and other research	Skills inventory report developed	DDHRM	X	X	X	X		GOK	3,500,000
Totals									166,417,000

5.4.2 General Administration

As a department responsible for facilitation and administrative support to medical care service providers to the people of Kenya, we are committed to ensuring timely provision of support services and facilitation as required.

Table 5.24: AOP 5 outputs for general administration

Result area	Output	Responsible person	Timeframe				Budget	Source	Gap/ surplus
			Q1	Q2	Q3	Q4			
Policy formulation and strategic planning	Anti-corruption policy developed	ADM	X	X	X	X	1m	GOK	
	Transport policy within MOH developed								
Performance Monitoring and evaluation	Project progress implementation supervised	ADM/HRM	X	X	X	X	5m	GOK	10m
Capacity strengthening	Different cadres trained on short courses	ADM/HRM	X	X	X	X	15m	GOK	20m
	New utility vehicles procured		X	X	X	X	150m		300m
	Anti-corruption code of conduct for the ministry reviewed and implemented	ADM/CHAO	X	X	X	X	5m	GOK	10m
	Information on drug and substance abuse disseminated	ADM/HRM	X	X	X	X	3m	GOK	3M
	Staff trained on behaviour change communication through HIV/AIDS programme	ADM/HRM	X	X	X	X	3M	GOK	3M
	Condom dispensers installed at strategic locations for staff.	ADM/HRM	X	X	X	X	3m		20m

5.4.3 Technical Planning and Monitoring

In the last four years the health sector has institutionalized a bottom up planning process that links strategic plan with the budgeting process with the participation of not only all levels of managers in the two Ministries but also other actors (both implementing and development partners). Strengthening this planning process for sector will remain one of the priorities of both ministries. It is prudent that the two ministries continue to work with the same planning process and timelines to simplify the transaction

cost at provincial levels and below. The development of the AOP as a sector plan (including activities of ministries of medical services and public health and sanitation) implementing and development partners) will continue as before. The Kenya Health Policy Framework will be reviewed jointly and the development of NHSSP III will be initiated.

Table 5.25: AOP 5 outputs for technical planning and monitoring

Result area	Outputs	Responsibility	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy and strategic planning	Planning process reviewed	Technical planning division	X				1,000,000	1,000,000	IHP/EHS	
	Planning tools and formats for AOP revised and approved for use	Technical planning division	X				1,200,000	1,200,000	IHP/WHO	
	AOP 2010/11 developed	Technical planning division				X	12,000,000	12,000,000	DFID/EHS & DANIDA	
	Performance contracts developed and signed.	Technical planning & monitoring/MMU	X				2,000,000	2,000,000	G.O.K	
	Clinical guidelines disseminated.	Technical planning, MOMS		X	X	X	22,000,000	17,000,000	WHO	5,000,000
	Service charter implemented in levels 4 and 5 facilities	Technical planning and coordination, MOMS					2,000,000	800,000	DFID'IHP	1,200,000
Capacity strengthening	Planning entities orientated on the next AOP planning process	Technical planning departments		X			10,000,000	2,000,000	WHO/DFID EHS	8,000,000
	20 TPMT trained on planning & monitoring	Technical planning	X	X	X	X	10,000,000	10,000,000	IHP	
	Office equipment procured.	Technical planning					3,000,000	3000,000	G.O.K	
	ICT equipment procured.	Technical planning					3,000,000	3,000,000	IHP	
	Managers at all levels trained on Performance contracting	Technical planning departments			X		1M	2M	WHO/DFID	8M
Performance monitoring	Quarterly reviews done	Technical planning and monitoring departments	X	X	X	X	1M	2M	WHO/ DFID	8M
	Quarterly performance reports developed	Technical planning and monitoring departments	X	X	X	X	1M	2M	WHO/ DFID	8M
	Joint AOP 5 report developed approved and launched	Technical planning and monitoring departments				X	12M	12M	WHO/ DFID/IHP/ DANIDA	8M
	Quarterly supportive supervision carried out	Technical planning and monitoring departments	X	X	X	X	12M	12M	IHP	12M
Resource mobilization and coordination of partners	Proposal to GF on health systems strengthening developed and submitted	Technical planning departments	X	X	X		2M		WHO DFID WB	
	5 proposals developed & approved	Technical planning departments	X	X	X	x	10,000,000	10,000,000	IHP	
	Total						69,000,000	42,800,000		26,200,000

5.4.4 Policy and Planning

The major AOP 5 outputs for the planning and policy department will focus on the development of the 2009/10 public expenditure reviews, the development of MTEF for 2010/11, following up the implementation of performance contracts on quarterly basis, and training of departments and division on the ISO certification. The key priorities are:

- Guide investment in the health sector.
- Formulate and analyse policies for the sector.
- Assist in the budgetary preparation.
- Conduct operation research and survey

Table 5.26: AOP 5 outputs for policy and planning

Result area	Outputs	Responsibility	Timeline				Costs	Budget (million)	Source	Unfunded
			Q1	Q2	Q3	Q4				
Policy formulation and strategic planning	Draft Kenya Health Policy Framework developed	DPPD/DTPC	x	x	X	x	35	14	DANIDA, DFID, WHO	21
	Relevant Health Acts reviewed	DPPD/DTPC					132	5	DANIDA/ GOK	
	Capital investment guide and investment plan developed				X		8	8	GTZ, DFID	
	Strategy and framework to guide hospital autonomy developed	DPPD/DTPC			X		30	20	USAID, WHO	
	HSSF plan rolled out to levels 1–3	DPPD/DTPC	X	X	X	X	50	20	DANIDA WB, GOK,	30
	Health sector financing strategy developed	DPPD	X	x			20	10	GTZ, WB	10
	Hospital Services Fund launch and implementation begun	DPPD/DTPC			X	X				
	Annual procurement plan for EMMS developed	DPPD/DTPC			X	X	5	5	WORLD BANK	
Performance monitoring	Health sector M&E system reviewed and refined	DPPD/DTPC	X	x	x	x	15	4	DANIDA, WHO	11
	Staff trained on M&E	DPPD/DTPC		X	X		10	3.5	DANIDA	
	Shadow budget developed	DPPD/DTPC		X	X		4	4	WB	
Capacity building	Level 2 & 3 managers trained on facility management.	DPPD/PHS			X	X	116		WB / DANIDA	
Operation research and surveys	Geospatial distribution of health facilities	DPPD/HMIS	X	X	X	X	15	15	Italian, GTZ	
	Client satisfaction surveys conducted	DPPD/DHRM	X				8	8	DFID, WHO	
	A booklet on the health sector facts and figures developed	DPPD	X	X			3	3	WHO	
	Costing model for health care services disseminated	DPPD	X							
	Resource allocation criteria reviewed	DPPD, CFO		X	X		5	5	DANIDA	
	National Health Accounts system developed and institutionalized	DPPD	X							
	HRH planning and policy framework developed and institutionalized	DPPD/DHRM		X	X					
	hospital business plans costed and predictable	DPPD/DTPC	X	X	X					
	Health sector and PER reports			X						
	Institutionalized programme based budget developed and institutionalized	DPPD/FINANCE		X	X					

5.4.5 Sector Governance

The descriptive section on sector governance is provided in Chapter 6. The deliverables are presented in Table 5.27.

Table 5.27: AOP 5 outputs for sector governance

Result area	Outputs	Responsibility	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
Policy and strategic planning	Framework to guide pooled funding arrangements (Joint Financing Agreement) developed	Policy and planning departments	X	X			3,180,000		DFID GOK	
	Draft NHSSPIII developed	Technical planning monitoring/ policy and planning	X	X			22.5M	22.5M	DFID,IHP	
	Sector resource framework (shadow budget developed) developed	Policy and planning departments		X			4,450,000		GOK Development partners	

Result area	Outputs	Responsibility	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	Public private partnership policy developed	Policy and planning departments	X	X	X		30M	30M	Italian, GTZ, WHO	
	Curriculum on leadership and management developed (Pre and in service and senior mangers)	Technical planning MOMS/ Primary Health Dept	X	X			10M		GTZ WHO	
	LDP reviewed and rolled out in the Kenyan context	Technical planning MOMS/ Primary Health Dept	X	X			10M		GTZ WHO JICA	
	L&M curriculum disseminated	Technical planning MOMS/ Primary Health Dept			X	X	5M		GTZ WHO	
	Draft L&M strategy paper reviewed in line with training policy	Technical planning MOMS/ Primary Health Dept		X	X		5M		GTZ WHO	
	Hospital reform strategy developed	Technical planning and coordination, MOMS	X	X			7.5M		DFID/IHP	
	Institutional framework structures reviewed (MOMS & MOPHS)	Technical planning/policy planning	X				-	-	-	
	Commodities and supplies enterprise resource programme (ERP) developed	Technical planning /policy planning	X	X	X		25M		MSH GTZ WHO	
	Referral strategy disseminated	Technical planning and coordination MOMS	X	X			10,000,000	10,000,000	DFID/EHS	
Capacity building	Partnership and coordination structures reviewed at all levels	Technical planning, MOMS PHC, MOPHS	X	X			6,000,000			
	100 Senior managers (HQ & provincial level) trained in leadership and change management	Technical planning department MOMS/Primary Health Dept			X		18M		MSH GTZ WHO	
	200 managers (districts) trained in leadership and change management	Technical planning department MOMS/ Primary Health Dept					20M		MSH GTZ WHO	
	Technical staff sensitized on health systems strengthening	Technical planning department	X	X	X	X	4M		MSH GTZ WHO	
	Governance and management structures (HMB, DMB etc) reviewed	Technical planning department	X	X	X	X	15M		MSH GTZ WHO	
Monitoring performance	Adherence to the Code of Conduct reviewed as part of AOP 4 reporting	Technical planning departments	X				3,260,000	3,260,000	WHO	
Operations and other research	Inter sector collaboration on initiatives that affect health outcomes	Technical planning departments			X	X	6,000,000	6,000,000	DfID/ WHO	
	Assessment of 3 L5 facilities for initiation of commodities and supplies ERP conducted	Technical planning departments	X	X	X	X	5M		USG GTZ WHO	
	Leadership and management training needs assessment report disseminated	Technical planning departments /PHD	X				5M		USG WHO	
	Study on the effectiveness of leadership and management skills	Technical planning departments			X	X	10M		GTZ USG WHO	

Result area	Outputs	Responsibility	Time frame				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source	
	practice in performance improvement conducted	/PHD								

5.4.6 Public Financial Management

Public Financial Management aims to ensure that public funds are managed in an effective and efficient manner through coordination of financial matters in the ministry. The core functions are:

1. Budget preparation

- Analysing financial and management reports for planning and budgeting purposes
- Implementation of Treasury guidelines
- Compilation of requirements from departments
- Submission of ministry's requirements to treasury
- Prioritization of ministry's requirements

2. Budget implementation and control

- Preparation of ministry's cash requirement projections
- Preparation of disaggregated budget
- Issuance of AIEs
- Preparation of AIE financing schedules
- Compilation and review of pending bills
- Vetting of commitments (LPOs, LSOs and imprest)
- Preparing responses to audit issues.

Outputs to be delivered during AOP 5 are highlighted in Table 5.28.

Table 5.28: AOP 5 outputs for Medical and Public Health and Sanitation finance

Result area	Outputs	Responsible person	Time frame				Costs	Budget	Source	Unfunded
			Q1	Q2	Q3	Q4				
Policy and strategic planning	Financial management reports submitted	CFO	X	X	X	X			GOK	
Operational and other researches	AIE system computerized	CFO	X	X	X	X		5M	GOK	
Resources mobilization and coordination	Ministerial budget-MTEF, annual and district budgets developed	CFO	X	X	X	X		1M	GOK	
Monitoring of performance and supervision	Financial reports analysed	CFO	X	X	X	X		2M	GOK	
Capacity strengthening	Timely disbursement reports of funds to AIE holders submitted	CFO	X	X	X			2M	GOK	

5.4.7 Accounts

The core functions relating to accounts are:

- Direction, control and coordination of Accounting matters
- Management and control of Government Financial reporting system to ensure delivery of timely management decisions
- Coordination of Accounting Unit operations; requisition of Exchequer Funding and Grants.
- Funds disbursement to authorized beneficiaries
- Annual Accounts, follow-up of Audit reports and Public Accounts Committee submissions.
- Administration and deployment of Accounts staff in Ministry; Training and Development of Accounts Staff in Ministry.

Table 5.29: AOP 5 outputs for Medical Services and Public Health and Sanitation accounts

Result area	Output	Responsible person	Time frame				Cost	Source of fund	Gap/surplus
			Q1	Q2	Q3	Q4			
Policy formation & strategic planning	HSSF Act gazetted HSSF rolled out to health facilities	CHAO	x x				4M	GOK	
Capacity strengthening	8 officers trained in senior management & professional courses 10 officers trained in middle management, supervisory & professional courses 10 officers in lower levels trained in computer courses computers, printers & photocopiers purchased	PAC/DDHRM	x	x	X	x	8M	GOK	
Operations and other research	Appropriation and project accounts prepared and submitted to Controller & Auditor General	PAC	x				5M	GOK	2,500,000
	Salaries paid by 30th of each month	PAC	X	X	X	X	2.8M	GOK	1,400,000
	Funding of AIE transferred to health facilities through electronic transfer to facility accounts	PAC	X	X	X	x	6M	GOK	3,000,000
Performance monitoring and supervision	AIA collection and expenditure returns submitted	PAC	X	X	X	x	6M	GOK	3,000,000
	Responses to audit queries report submitted	PAC		X	X	x	3.2M	GOK	1,600,000

5.4.8 Procurement

In the roadmap for NHSSP II acceleration, the main priorities in procurement systems strengthening are the establishment of the functional procurement committees at all levels, developing the annual medium term procurement plan and the development and of procurement tracking systems that will show the efficiency and effectiveness of the procurement system. The key outputs will therefore be:

- Accelerate the implementation of the procurement improvement plan
- Delineate procurement responsibilities between the ministry PU and other procurement organization including KEMSA
- Establish the various committees currently pending (NMTC)
- Urgently mark on capacity building in procurement and accountability

Table 5.30: AOP 5 output for Medical Services Public Health and Sanitation procurement

Result area	Output	Responsi-ble person	Timeframe				Costs	Budget (Ksh)	Source	Gap/surplus
			Q1	Q2	Q3	Q4				
1. Policy formulation and strategic planning	Medium-term procurement plan (MTPP) developed	CPO	X	X	X	x		1,400,000.00	GOK	
	Annual operational plan developed	CPO	X	X	X	x				
2. Ensuring security for commodities & supplies	Annual procurement request schedules developed	CPO	X	X	X	x				
Performance monitoring and evaluation	Supervisory reports on the district and provinces submitted	CPO	X	X	X	x		1,000,000	GOK	
4. Capacity strengthening and retooling of manage-ment support, and service delivery staff	Provinces and districts updated on new procurement regulations	CPO	X	X	X	x		5,000,000	GOK	
6. Operations and other research	Quarterly market surveys for major commodities, supplies and equipment conducted	CPO	X	X	X	x		1,000,000	GOK	

5.4.9 Performance Monitoring and Health Information Systems

Strengthening of health information is a key priority for the health sector and thus for both ministries (Public Health and Sanitation/Medical Services). This will support evidence based decision making and monitoring of implementation of planned activities.

Table 5.31: AOP 5 outputs for performance monitoring and health information systems

Result area	Outputs	Respon-sible	Timeframe				Cost	Budget		Unfunded
			Q1	Q2	Q3	Q4		Amount	Source of funds	
Policy and strategic planning	HMIS policy printed and disseminated	HMIS	X				1,125,000	1,125,000	HMN	
	HMIS strategic plan printed and disseminated	HMIS	X				1,125,000	1,125,000	HMN	
	M&E framework endorsed	HMIS		X	X		4,257,500	4,257,500	Gap	4,257,500
	Medical data dictionary developed	HMIS	X	X			2,499,500	2,499,500	DANIDA	
Capacity streng-thened	Health facility records with unique identified codes updated	HMIS	X				20,000	20,000	GOK, Voxiva	
	HMIS software developed	HMIS	X	X			7,627,000	7,627,000	DANIDA	
	HMIS software rolled out in all provinces	HMIS			X	X	34,925,000	34,925,000	DANIDA	25,000,000
	HRIOs trained on use of software	HMIS			X	X	9,079,700	9,079,700	DANIDA	5,000,000
	National health information portal developed and FTP supported in 100% of the districts	HMIS	X	X	X	X	8,586,500	8,586,500	DANIDA	6,500,000
	HMIS integrated tools printed and distributed	HMIS		X	X	X	68,000,000	68,000,000	DANIDA	60,000,000
	Motorbikes purchased	HMIS	X	X	X	X	23,300,300	23,300,300	GOK, NSS	15,000,000
	Managers and HMIS staff trained in data management and use of information	HMIS	X	X	X	X	10,014,000	10,014,000	GOK, NSS DANIDA	5,000,000
	Project database developed	MMU	X							
Monitoring and evaluation	Annual and quarterly reports submitted	HMIS			x	x	4,760,000	4,760,000	DANIDA, GOK, NSS	
	AOP 5 monitored	HMIS	x	x	x	x	19,200,000	19,200,000	DANIDA, GOK	
	Quarterly and annual per-formance contracts implemen-tation reports submitted	MMU	X	X	X	X				
	Service Charter implemen-tation reports submitted	MMU/ TPMD	X	X	X	X				
	IPAS implementation monitoring report submitted	MMU	X	X	X	X				
Operations and other research	Quality assurance of data management conducted	HMIS				x	2,944,000	2,944,000	DANIDA, GOK, HMN	
	Total						197,463,500	197,463,500		123,007,500

5.4.10 Internal Audit

Internal audit provides assurance and consultancy services to the Permanent Secretary and other managers. Its key functions include:

- Reviewing the existing procedures in the Ministry.
- Evaluating the effectiveness of internal control system and ascertain whether they are functioning.
- Carrying out spot checks on areas such as revenue and Appropriation in Aid.
- Reviewing budgetary reallocation process to ensure legislative and administrative compliance.
- Ensuring that revenue, AIA and other receipts due to the government are collected and banked promptly.
- Carrying out a pre-audit of all documents used in initiating commitment and expenditure and in effecting payments such as AIEs, LPOs and contract agreements.
- Reviewing and pre-auditing Annual Appropriation Accounts, Fund Accounts and annual audited statements.
- Ensuring that the government's physical assets, plant and equipment, supplies, stores etc are appropriately recorded in the relevant registers and are kept under safe custody.

Table 5.32: AOP 5 outputs for Internal Audit

Result area	Out put	Resource	Time frame				Cost	Source of funds	Budget (unfunded)
			Q1	Q2	Q3	Q4			
Capacity strengthening	Auditors trained on performance improvement Computers purchased	CIA CIA	x x	x x	x		5M	GOK GOK	3,000,000 2,000,000
Monitoring and evaluation	10 audit reports produced	CIA	x	x	x	x	6M	GOK	5,950,000
	Total								10,950,000

5.4.11 Health Care Finance

Priority focus of this function includes:

- Development of integrated guidelines for Health Sector Services Fund
- Orientation and training HMTs, FCs and RHFTs on HSSF guidelines
- Monitoring implementation of HSSF
- Enhancing collection efficiency of NHIF receipts and user charges through systems automation
- Building capacity in planning, budgeting and priority setting to ensure good governance, team orientation and cohesive strategic direction for facilities

Table 5.33: AOP 5 outputs for health care finance

Result area	Outputs	Responsi-bility	Activity timeline				Costs	Budget	Source	Unfunded
			Q1	Q2	Q3	Q4				
Policy formulation and strategic planning	Resource allocation criteria reviewed	CFO/CE	X	X	X	X		3M	GOK	
	Financial management reports submitted	CFO	X	X	X	X		-	GOK	
	Amenity ward guidelines disseminated	Technical team from the HCF	X				1.2 million	GOK/USAID		
Operational and other researches	AIE system computerized	CFO	X	X	X	X		2.5M	GOK	
	Cost sharing perform-ance needs assessment survey conducted	DHCF				X	800,000	GOK		
Resources mobilization and coordination	Ministerial budget-MTEF, annual and district budgets completed	CFO	X	X	X	X		0.5M	GOK	
	Increased revenue collection	DHCF	X	X	X	X	8 million	HCF		
Monitoring of performance and supervision	Financial reports analysed	CFO	X	X	X	X		1M	GOK	
	Cost sharing work plans 2009/10 financial year adopted	HCF TEAM	X	X	X	X		HCF		
	Cost sharing work plans 2009/10 financial year adopted	HCF TEAM	X	X	X	X		HCF		
Capacity streng-thening and retooling of man-agement support and service delivery staff	Funds to AIE holders released in time	CFO	X	X	X	X		1M	GOK	
	HMB and HMT updated on cost sharing	HCF Secretariats	X	X	X	X	2 million	GOK/DANIDA		

5.4.12 Information and Communication Technology (ICT)

The key deliverables for the ICT unit during AOP 5 focus on:

- Improving number of sites connected to the internet
- Maintain servicing of computers in use
- Ensure computers are adequately functioning
- Strengthen capacity for ICT officers, and health workers in ICT

These are planned to be delivered as shown in Table 5.34.

Table 5.34: AOP 5 outputs for ICT

Result area	Outputs	Responsible	Time Frame				Cost / budget	Revenue		Gap
			Q1	Q2	Q3	Q4		Amount	Source	
Capacity streng-thening	Sites connected	ICT	X	X	X	X				
	Computers serviced and anti-virus installed	ICT	X		X			1.8m	GOK	
	Officers trained in ICT basics	ICT/HRM	X	X	X	X		1m	GOK	

SECTION III: Governance and Financing of AOP 5

Chapter 6: Governance of Implementation of AOP 5

Strengthening of the Governance process of the health sector continues to be pursued by the sector constituents. The Kenya Health Sector-Wide Approach (KHSWAp) remains the basis for guiding improvements in governance and partnership processes for all the partners. In this chapter, we first highlight the status of the governance process in health, implications, and therefore areas of focus during AOP 5.

6.1 Progress in Sector Governance

The Governance and partnership processes in AOP 4 were built on the processes the sector had initiated in NHSSP II, adjusted to cater for the changes due to the post election events. By the time of the AOP 4, the sector had achieved the following:

- Formalization of the partnership and coordination process, with a Code of Conduct and partnership structures defined from the national through to community level
- The sector had held its Mid Term Review of the NHSSP II in October 2007, and a roadmap for acceleration of implementation of NHSSP II objectives defined
- Application of the framework to guide a comprehensive sector MTEF (shadow budget)
- Institutionalization of the annual operational planning process as the comprehensive tool for planning and monitoring operational deliverables in the sector
- Initiation of leadership and management capacity strengthening initiatives for mid level managers
- Further integration of the performance contracting process into the planning and monitoring of the sector
- Scaling up social accountability measures, with annual client satisfaction, and expenditure tracking processes

In line with the sector changes that occurred following the post election events, and in line with the need to deepen the sector governance initiatives, the following were targeted for focus during AOP 4.

- Modification of the sector partnership and coordination processes in line with the changes in Government stewardship through the 2 Ministries in Health
- Re-organization of the strategic planning process to accommodate Ministerial, and other constituent partner investment planning tools
- Restructuring of the Annual Operational Planning and Monitoring processes to better reflect the modified priorities for the 2 Ministries in Health

The progress with the defined sector governance priorities during AOP 4 is highlighted below.

1. ***Articulating the strategic priorities and functioning of each of the sector constituent partners:*** An investment plan has been formulated for each Ministry in Health. These will form the basis for prioritization by each Ministry in its annual planning process, and investments made during the period 2008 – 2012.
2. ***Ensuring the partnership structures are adequately functioning at all the levels of care:*** These are at the National (HSCC); Provincial (PHSF); District (DHSF); Divisional (DivHSF) and Community (CHC). The role and input from each Ministry is articulated in its Strategic plan. At the national level, the HSCC managed to have 3 out of its 4 scheduled meetings, and a steering committee established to take forward and monitor implementation of issues arising from the HSCC. These however were held late, and as a result of the many Governance issues pending tended to have numerous agenda items that needed to be discussed. The use of the HSCC as a central coordination and partnership structure was therefore limited, and many parallel processes,

and reviews continued in the sector. bringing the outputs of these processed and reviews into the overall sector will need to be a focus for the coming year. At the sub national levels, these partnership structures were functioning at various degrees. No significant effort was placed in AOP 4 to support their improved functioning. The creation of new districts, and the weak harmonization of structures of the 2 Ministries in Health also affected the ability of the sector to support establishment of functional coordination and partnership structures at the sub national level.

3. ***Initiating process of monitoring of adherence to the Code of Conduct:*** The tool to monitor COC adherence was developed, for quarterly and annual review. The tool shall form the basis for monitoring coordination and partnership process in the AOP 4 report.
4. ***Completing the Joint Financing Agreement:*** A review was carried out on financial management, and procurement processes, with clear recommendations made on how to progress towards the JFA. However, follow up of these recommendations, and overall JFA development is still not achieved.
5. ***Reviewing the Kenya Health Policy Framework and formulating a new framework:*** The process was initiated in AOP 4, with participation of both Ministries in Health. This will be accelerated during AOP 5.
6. ***Developing the third strategic plan, the NHSSP III:*** The sector partners recognize the fact that NHSSP II is planned to end in 2010. Consensus on how to move forward is still being generated. This needs to take into consideration a number of issues, such as (1) the fact that the Ministries investment plans have just been completed, (2) the need to align the NHSSP III with the Governments other strategic planning processes (MTP), that are up to 2012, (3) the fact that the sector is yet to achieve most of the NHSSP II objectives, and roadmap priorities whose implementation was derailed during the post election period.
7. ***Operating the shadow budget:*** This continued to be a challenge during AOP 4 implementation. The predictability of funding from many partners was negatively affected as a result of the impacts of the post election events. This makes it difficult to provide more accurate information to the planning units on available resources. In addition, the process of simplifying the shadow budget tools is still ongoing.
8. ***Formulating the Public–Private Partnership Policy:*** The process is progressing, albeit at a slow pace. Discussions on priorities, and focus of the policy have been held with key constituents, including the private for profit sector.
9. ***Delineating mechanisms for collaboration with other sectors affecting health outcomes:*** Improved collaboration with health related sectors, such as water, education, gender, HIV and others were to be explored. This is not yet achieved, however. It is anticipated that analysis and definition of influencing strategies to guide implementation of initiatives in other Ministries affecting health outcomes will to be carried out and strategy on how to influence these sectors at all levels of management.
10. ***Monitoring adherence to underlying principles in health, particularly equity, gender and human rights:*** This was not initiated. It would form part of the review of the policy framework.
11. Comprehensive leadership and management training for mid level managers. This has been successfully initiated, with ongoing trainings for national, and sub national mid level managers.
12. ***Scaling up measures of social accountability:*** Client satisfaction, and expenditure tracking survey are now carried out annually. However, better mechanisms for dissemination and follow up of recommendations are needed to improve impact of these.
13. ***Building consensus on mechanisms to take forward recommendations from stakeholder consultation processes:*** The sector has numerous reviews, and processes that are still ongoing that make follow up of their recommendations difficult. This is in spite of having in place a Joint quarterly, and Annual Review process. Separate review and planning processes are still used by many partners, limiting the impact of the joint processes.

6.2 Priorities for Governance and Partnership Strengthening

The focus during AOP 5 in sector governance and partnership will be on strengthening the technical governance and partnership processes. Implementation of existing tools and structures will form the key thrusts in governance and partnership processes. The interventions as a result will be similar to those of AOP 4, but with an emphasis on improving their operation. These will include the following.

1. ***Strengthening partnership structures at all the levels of care:*** Specific focus will be placed on the operation of the structures at the National (HSCC); Provincial (PHSF); District (DHSF); Divisional (DivHSF) and Community (CHC) levels. Frequency of meetings, and agendas shall be adjusted to cater for all pending issues to ensure renewed confidence in the utilization of these partnership and coordination structures. Specific justification of parallel monitoring and follow up processes will be emphasized. Guidelines, and support will be provided to the sub national levels to ensure their coordination and partnership structures are also functioning. This is more urgent as they form the basis for inter ministerial collaboration at these levels.
2. ***Initiating the monitoring of adherence to the Code of Conduct:*** The tool to monitor COC adherence will be applied in full during AOP 5.
3. ***Completing the Joint Financing Agreement:*** The process of completion of the JFA shall be reviewed, and accelerated to ensure this gets operational during the AOP 5.
4. ***Reviewing Kenya Health Policy Framework and articulating a new framework:*** The process of review of the current policy framework will be completed in AOP 5, and development of the next one initiated.
5. ***Formulating the third health sector strategic plan, NHSSP III:*** The sector will take forward the process to ensure there is a sector wide strategic tool guiding its investments. This is through one of three possible options:
    a. Development of the NHSSP III immediately,
    b. Development of an interim NHSSP up to 2012 to allow for alignment of the next NHSSP III with the Government's strategic processes
    c. Extension of NHSSP II up to 2012 to allow the sector time to implement the strategic objectives as planned, and align the strategic plan with other strategic processes
6. ***Operating the shadow budget:*** The sector will continue to apply this tool, but in a manner that is simplified to enable improved utilization.
7. ***Articulating the Public–Private Partnership Policy:*** The process will be accelerated during AOP 5.
8. ***Delineating mechanisms for collaboration with other sectors affecting health outcomes:*** The sector will review this process, with an aim of putting in place a feasible mechanism to influence health related sectors.
9. ***Monitoring adherence to underlying principles in health, particularly equity, gender and human rights:*** This will be carried out as part of the policy review.
10. **Comprehensive leadership and management training for mid level managers.** This will be scaled up during AOP 5.
11. ***Scaling up measures of social accountability:*** Client satisfaction, and expenditure tracking survey will continue, with added focus on the dissemination process to ensure outputs and recommendations are well integrated into the sector.

Chapter 7: Cost and Financing Estimates for AOP 5

Financing of the sector is one of aims of NHSSP II and one of the flagships of Vision 2030, hence the need to put in place mechanisms to improve financing of the sector. This chapter expounds on the sector financing status and highlight innovative ways of financing healthcare being explored to ensure required resources are made available. The resource requirements by level of care and by inputs, the various sources of funds including government, donors, and provide a simple analysis of the financing gap.

Health financing mechanisms are often delineated into the three main functions they are supposed to fulfil: collection of revenues, pooling of funds and purchase of services

7.1 Health Financing Priorities

Key parameters guiding the financing approach in the health sector in Kenya are as follows:

- The ability of public resources to finance health services is limited by the low tax base; a function of the size of the economy relative to wealthier countries, and the limited ability to collect taxes.
- Donor financing provides a main source of financing for public, and FBO/NGO health care providers, particularly for recurrent expenses of the system
- The health services are provided by a wide range of healthcare providers in the public and private sectors including drug sellers, GPs, NGOs and government clinics and hospitals. Government plays both a service delivery function through management of its own facilities, and a coordination function through regulation and partnering with other service providers.
- There is a predominance of out of pocket spending by households to finance their healthcare needs. This is in the form of direct payments, payment into an insurance scheme, or by purchase of a 'health card' that gives access to services for a defined period of time.

The health care financing approach will be implemented with these parameters in mind. It will aim to achieve the following four strategic priorities:

- Putting in place a sector-wide health care financing policy
- Improving financial access to health care, particularly by the poor and vulnerable
- Initiating fiscal decentralization of financial management through implementation of the HSSF
- Continual revision of the resource allocation criteria to ensure allocative efficiency, and equity in resource availability

These priorities are reflected in the priorities for health care financing that were agreed on following the NHSSP II Midterm Review. These health financing approaches are all aimed at improving the availability of financing, plus the efficiency, equity and effectiveness of mobilized resources. These should enable the sector have required resources to implement its planned interventions.

This chapter discusses the financing situation for AOP 5. Information on the costing, financing and financing gap analysis is derived directly from the work to develop the shadow budget for the health sector in 2009/10. This shadow budget used the MTEF to bring together all resources available in the sector for health related activities, at the different levels of care. The key emerging issues during the costing, and financing process for AOP 5 are:

- There is need for harmonizing methodology for generating resource estimates. Not all requirements are derived using the MTEF framework. Plus, information on CSOs, CBOs and some FBOs may not be completely reflected in the respective district/provincial/national level plans.
- The process to generate and characterize the off-budget resources is still a difficult one. There is need for better adherence to timelines and the framework utilized.
- The Information on total financing comes too late in planning process, for it to guide planning as expected. Plans are, as a result, based on estimates of resources, as provided in previous year. This is so for both public, and non public resources.

Health care financing priorities as outlined in the "Roadmap"

- Establish mechanism to increase resources flowing into the sector.
- Improve budget management and efficient and equitable resource allocation and utilization through developing costing frameworks, pro-poor resource allocation formulas, availing finance/cost information to the public and incorporating all sources for expenditure tracking.
- Complete and implement healthcare financing strategy.
- Implement HSSF, through more comprehensive district budgeting, finalization of guidelines, training, and ensuring that fiduciary risk is low.
- Implement the shadow budget as a means to link planning and budgeting.
- Improve predictability of resources by holding partners accountable to provide information on their frameworks and budgets, and quarterly disbursement data.

7.1.1 Healthcare Financing Strategy

The sector has been discussing a Health Financing Strategy for the sector, which should be completed during AOP 5. It involves a number of analytical pieces of work, such as a costing study, National Health Accounts updating, Public Expenditure and Service Delivery Survey, to mention but a few. Outputs from this process will need to be related to the ongoing planning and budgeting processes, to ensure they inform coming budgets, and planning processes. The process, however, requires a better understanding of donor funding for health. It is important for the sector to conduct a systematic and comprehensive analysis of the donor projects with respect to composition, flow of funds and compatibility towards JFA. In the same manner, the role of and support to the private sector needs to be unpackaged, to guide the development of a coherent approach to supporting the sector. Additionally, a national task force on macroeconomics and health will be instituted, to guide policy and resource allocation advocacy.

7.1.2 Improving Financial Access to Health Care

In line with the Vision 2030, a number of initiatives are being implemented in the sector that are all aimed at improving financial access to health services, particularly by the poor and vulnerable. Implementation of Output-Based Approach to Aid has been piloted in Nyanza province, for safe motherhood program. The sector will, in AOP 5, agree on how to take forward lessons learnt from this approach, as part of the Health Financing Strategy. Other initiatives that will be prioritized in AOP 5 would include further discussion on initiation of the Social Health Insurance Scheme, initiation of dialogue on a proposed civil servants health scheme, review of the existing waiver and reimbursement systems and development of guidelines that will stimulate the restructuring of NHIF with emphasis on administrative efficiency.

7.1.3 Implementation of the Health Sector Services Fund

The process to initiate the Health Sector Services Fund was extensively carried out during AOP 3, leading to gazettement of required legislation to guide its implementation within the Financial Management Act, 2007. The sector will in AOP 4 focus on development of an implementation plan, and guidelines to ensure adequate training has been carried out to allow for initiation of funds transfer by January 2009. The Implementation of activities through HSSF is expected to start in July 2009.
The Medical Services Fund guidelines will be developed in AOP 5

7.1.4 Review of the Resource Allocation Criteria

The resource allocation criteria continue to be used as a mechanism to ensure allocative efficiency, and equity in resource availability. Further modifications are being discussed, particularly to ensure it addresses disparities in hard to reach areas, improved equity in allocation, and allocations to higher level facilities (hospitals).

7.2 Resource Requirements during AOP 5

Costs of the various elements of AOP 5 have been collected from the submissions of various levels of health service delivery units (levels 1–6) and the various management units (HMTs, DHMTs, PHMTs and central level). This costing was based on the MTEF approach of determining the unit costs, and quantities for each task needed to deliver a planned intervention. The outputs have been collated here, and were also utilized in determining the sector requirements in the MTEF process, plus the Ministry resource requirements in their respective strategic plans.

The costing categories are defined based on the MTEF categories of personnel emoluments, commodities and supplies, infrastructure (including equipment and ICT), and operations and maintenance (O&M). This categorization is consistent with the functional categories used in the overall MOH planning and budgeting framework.

Most of the districts and provinces and central level departments in both Ministries have gaps in putting these resource requirements together, mainly from two angles. First, though the planning format provided a room to reflect the costs (estimated resource requirements) by different level of care and management, the actual district plans in service delivery do not show the breakdown of costs by levels of care. Hence it has not been possible to show the cost of delivering health services by levels of care. Second, districts reflected the costs by different cost categories (budget codes), but it was found extremely difficult to consolidate these categories in this AOP. The details of the cost categories therefore can be referenced from each district health plan, provincial summaries or program area.

From the respective sources of information, the total resource requirements the sector needs to deliver its planned outputs in 2009/10 financial year are highlighted in Table 7.1. It should be emphasized that these are representative of the entire sector, and not just the Government requirements.

Table 7.1: Estimated cost of service delivery and management, 2009/10, in Ksh 000,000

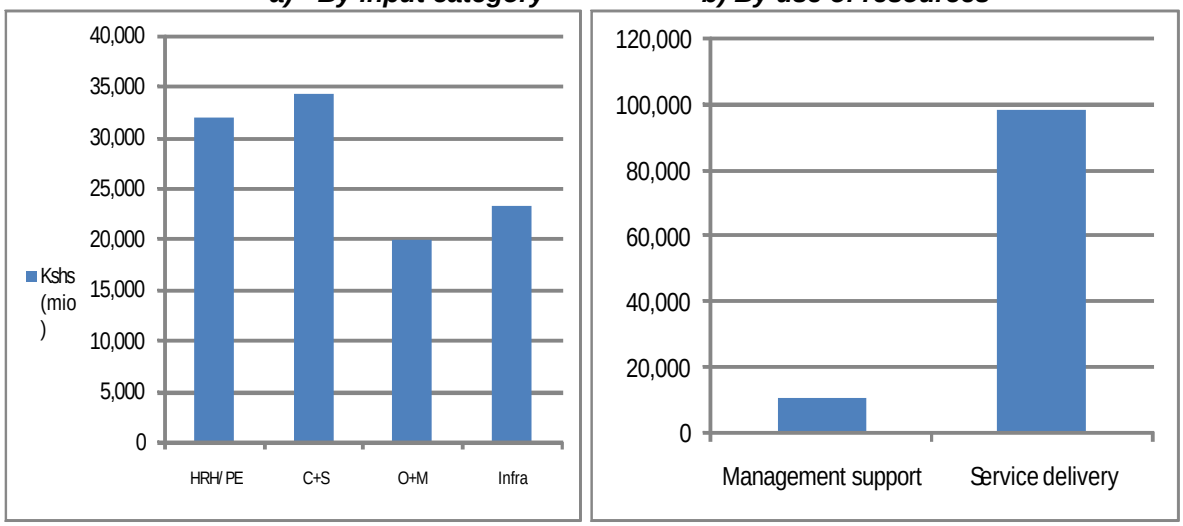
Level of care	Area of support	HRH/PE	Commodities	O&M	Infrastructure, incl. equip	Total
1. National level	1.1 Management support	968	0	6,066	230	7,264
	1.2 Service delivery	8,346	103	3,952	3,156	15,557
2. Provincial level	2.1 Management support	125	0	972	0	1,097
	2.2 Service delivery	3,985	4,582	902	2,139	11,607
3. District level	3.1 Management support	419	0	1,329	682	2,430
	3.2 Service delivery	12,150	17,411	2,434	4,584	36,580
4. Health facility	4.1 Service delivery	5,293	12,138	3,380	12,459	33,270
5. Community level		626	0	950	104	1,680
6. Unclassified	Unclassified	0	0	0	0	0
	Total	31,912	34,235	19,985	23,354	109,485
% contribution	***Total***	29%	31%	18%	21%	100%
	Level 6	41%	0.5%	44%	15%	100%
	Level 5	32%	36%	15%	16.8%	100%
	Level 4	32%	45%	10%	13%	100%
	Level 2&3	16%	36%	10%	37.4%	100%
	Level 1	37%	0.0%	57%	6.2%	100%

Overall resource requirements are estimated at Ksh109 billion. This represents an increment of Ksh30 billion above the AOP 4 resource requirements. This increment is largely due to better reflection of resource requirements, particularly for the national level parastatals, plus additional priorities in the sector due to the post election events and the subsequent split of the Ministry of Health. Categorization of these resource requirements is highlighted in Figure 7.1.

As shown above, medical commodities and supplies represent the largest cost item in the sector, responsible for 31% of the overall requirements. This is a reflection of the increased commodity and supply requirements that the sector is facing since introduction of new interventions to target the high disease burden in the country. These new commodities are high cost, as opposed to the past when they were relatively more affordable. Drugs and supplies to manage HIV, MDR/XDR TB, malaria, new vaccines, emerging health threats, and other newly introduced intervention areas are largely responsible for this. The HR related costs come next, at 29% of the total resource requirements. Together with the Commodity and Supply requirements, they represent a combined 60% of requirements.

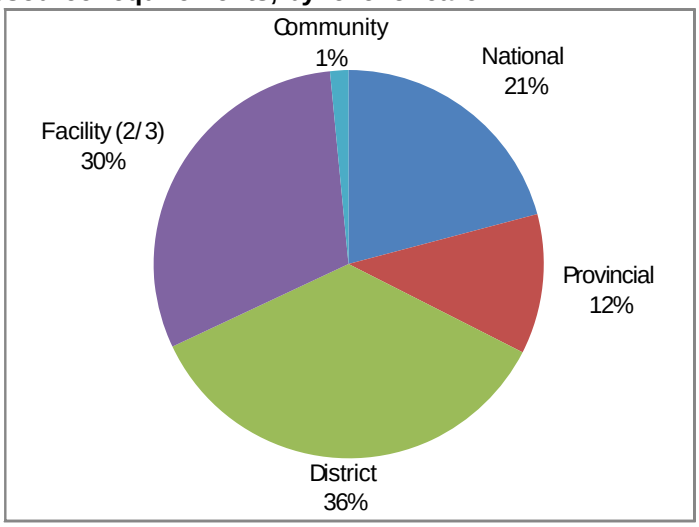
Figure 7.1: AOP 5 Resource requirements categorization

a) By input category *b) By use of resources*



O&M, as a proportion of total requirements at each level, is the highest cost category at levels 1 and 6. Commodities and supplies are the major cost drivers at levels 4 and 5, and infrastructure at levels 2 and 3. Resource requirements by level of care are represented in Figure 7.2. The detailed cost breakdown is presented in Annex A.

Figure 7.2: AOP 5 resource requirements, by level of care



7.2.1 Resources Required for Personnel Emoluments

The requirements for personnel emoluments are high at the central level, with KNH contributing to 20% of the total requirements for the sector. Some key level 6 units, such as NHIF, KEMSA, KEMRI and KMTC are not included, as reliable estimates could not be deduced from the respective parastatal plans. 41% of the PE resource requirements are at the district level (level 4), followed by the national level at 27% of the total requirements. The levels 2 + 3 only represent 17% of the total resource requirements. This is a reflection of the concentration of service delivery staff at the district and national levels. On the other hand, it is also a reflection on the high cost of staff cadres at these levels.

7.2.2 Resources Required for Commodities and Supplies

The commodities and supplies resource requirements are highest at levels 2–4. More than half (51%) of the total requirements are at the district (level 4), followed by 41% at levels 2 and 3. The proportion

of commodities and supplies requirements at level 6 is rather low, especially when compared against the related PE requirements.

7.2.3 Resources Required for Operations and Maintenance

The O&M requirements are significant at levels 1 and 6, where they represent 57% and 44% of the level's requirements, respectively. The high O+M requirements at the level 6 are more at the management support function, as opposed to service delivery where PE is high. This is a reflection of the roles and functions of service delivery and HR at this level, with an increase in O+M occasioned by the increased activity and services provided at this level.
50% of the sector's O+M requirements are at level 6, followed by the district (level 4) level, and the facility (level 2+3) at 19% and 17% respectively.

7.2.4 Resources Required for Infrastructure including Equipment

Infrastructure requirements are highest at levels 2 and 3 and level 5. This is a reflection of the significant investments planned at these 2 levels by the Ministry of Public Health and Sanitation, and the Ministry of Medical Services, respectively. These discussed further in the section highlighting available financing.

7.3 Available Resources and Financing

The estimates of financial resources were derived based on information from three main sources:

- MTEF approved estimates for 2009/10, as available in Ministry of Finance. These are the Government, together with the on budget donors that are providing their information and resources through the Government channels. As this was provided late in the planning process, districts and provinces developed their plans based on MTEF information made available in the previous financial year.
- Off budget funds by donors that will be available during AOP 5 for Government, and implementing partner support. This represents additional resources that are not traditionally captured in the MTEF, for various reasons. The information was collated from the donor sources, and not the implementation level. This was because there is limited / patchy information on available resources at the implementation level. It however makes it more difficult to align actual resources to priorities in the respective planning units. For those with information from the donor agencies, this information has been included in their respective plan.
- Sector internally generated resources, captured at all levels from the submitted plans at all the different levels of the sector. These relate to cost sharing, NHIF, LATF and CDF resources.

All these sources of financing were collated in the shadow budget. The total resource requirements arising are presented in the table below.

Table 7.2: Available resources, for different cost categories in AOP 5 (Ksh millions)

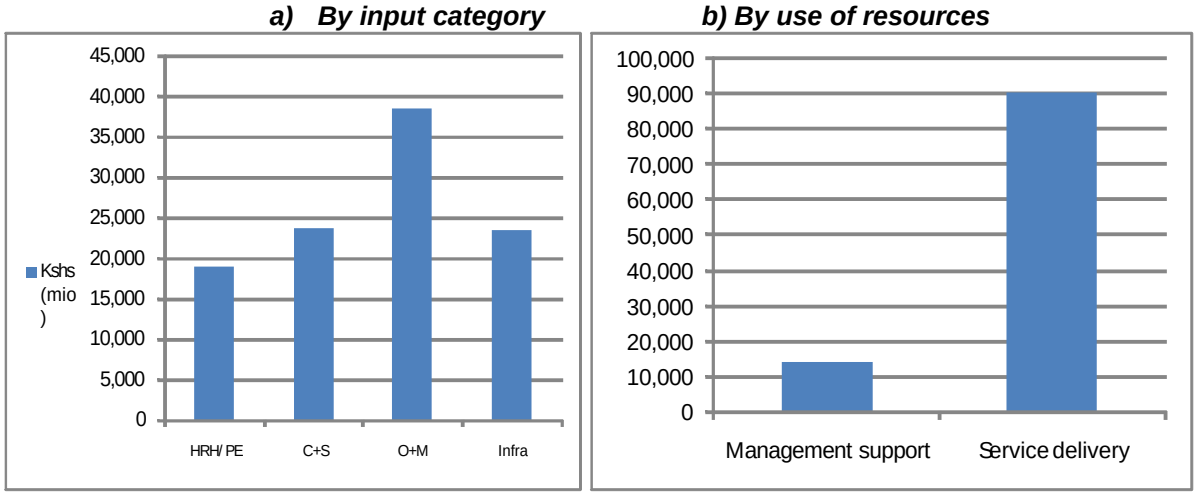
Level of care	Area of support	HRH/PE	Commodities	O&M	Infrastructure, incl. equip	Total
1. National level	1.1 Management support	784	0	10,675	916	12,375
	1.2 Service delivery	4,165	85	3,206	634	8,090
2. Provincial level	2.1 Management support	125	0	113	156	393
	2.2 Service delivery	1,676	3,408	6,601	717	12,403
3. District level	3.1 Management support	419	0	421	598	1,438
	3.2 Service delivery	7,263	16,587	12,851	8,321	45,023
4. Health facility	4.1 Service delivery	4,472	3,599	4,301	12,138	24,510
5. Community level		0	5	241	104	350
6. Unclassified	Unclassified	0	0	0	0	0
	Total	18,903	23,685	38,409	23,585	104,582
% contribution	Total	18%	23%	37%	23%	100%
	Level 6	24%	0.4%	68%	8%	100%
	Level 5	14%	27%	52%	6.8%	100%
	Level 4	17%	36%	29%	19%	100%
	Level 2&3	18%	15%	18%	49.5%	100%
	Level 1	0%	1.5%	69%	29.8%	100%

Source: MTEF/Shadow budget 2009/10.

Overall, from the shadow budget, over Ksh104 billion is available for support to the sector's interventions during AOP 5. Resources for O&M represent the highest amounts available (35%), followed by commodities (33%), PE (17%), and finally infrastructure (15%). The O&M resources are most available, in relation to total available resources, at levels 1, 5 and 6, commodities and supplies at level 4, and infrastructure at levels 2 and 3. This is a reflection of the increasing investments in infrastructure at the lower levels, and on ensuring supplies and commodities is available at level 4.

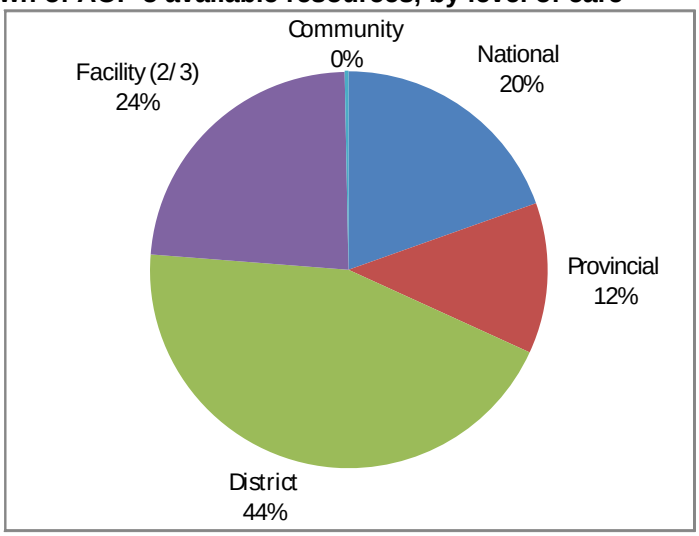
These categorizations are illustrated in Figure 7.2.

Figure 7.2: AOP 5 available resources categorization



This is broken down further at the different levels of care as shown in Figure 7.3.

Figure 7.3: Breakdown of AOP 5 available resources, by level of care

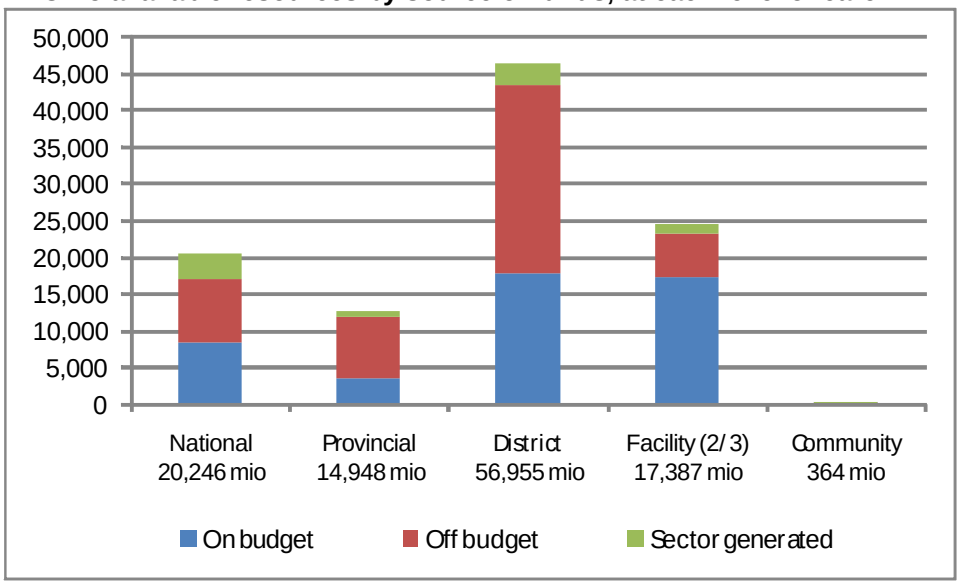


The district level (level 4) is consuming the largest proportion of the AOP 5 available resources, while level 1 services represent an insignificant amount of resources.

As earlier highlighted, these represent the total volume of resources available for the sector during 2009/10. These will be utilized by various implementing agencies – Government, NGOs, FBOs, CSOs and others who are supporting health related activities. It will continue to remain a challenge to ensure these resources are being efficiently utilized.

Further analysis of the available resources by services at different levels for each of the three major sources of funds (MTEF, off budget, and sector generated) at each level of care is highlighted in Figure 7.4 and described further below.

Figure 7.4: AOP 5 available resources by source of funds, at each level of care



7.3.1 On-Budget (MTEF) Resources

The on-budget resources as indicated in the printed estimates are represented in Table 7.3.

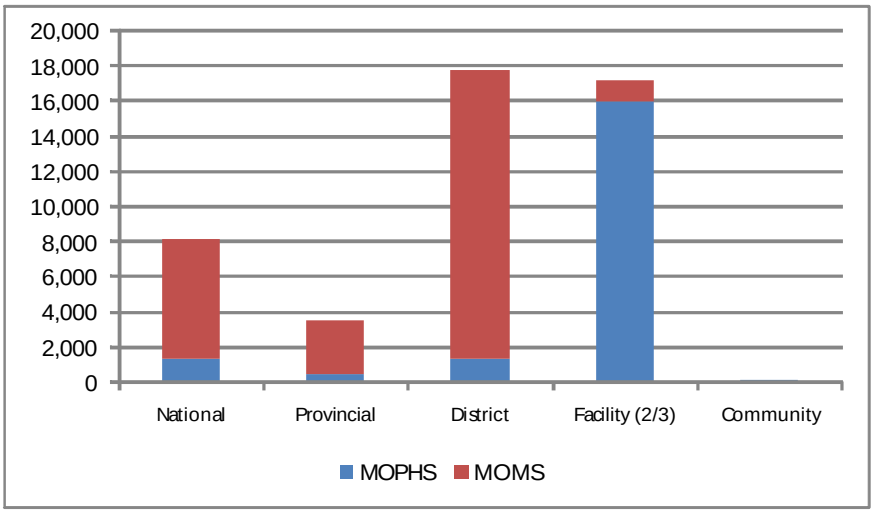
Table 7.3: On-budget resources for health sector, 2009/10 (Ksh million)

Level of care	Area of support	HRH/PE	Commodities	O&M	Infrastruc-ture, incl. equip	Total	MOPHS MTEF	MOMS MTEF
1. National level	1.1 Management support	784	0	1,837	916	3,537	1,403	2,134
	1.2 Service delivery	4,065	14	72	544	4,695	20	4,675
2. Provincial level	2.1 Management support	125	0	113	0	238	130	107
	2.2 Service delivery	1,676	715	359	556	3,307	318	2,989
3. District level	3.1 Management support	419	0	421	0	839	412	428
	3.2 Service delivery	7,263	1,860	862	7,019	17,004	974	16,030
4. Health facility	4.1 Service delivery	4,472	990	656	11,086	17,204	16,027	1,176
5. Community level		0	0	188	0	188	188	0
6. Unclassified	Unclassified	0	0	0	0	0	0	0
	Total	18,803	3,579	4,508	20,121	47,011	19,472	27,539
% contribution	Total	40%	8%	10%	43%	100%	41%	59%

Just over 47 billion is approved for expenditure during the current MTEF, according to the Ministry of Finance records, representing 43% of the total resource requirements, and 45% of the available resources. Of these MTEF resources, 41% are for Public Health and Sanitation interventions and 59% for Medical Services. Infrastructure investments represent the major resource category for the on budget resources at 43%, followed by Personnel emoluments at 40%. These resources represent both Government's own resources, and on-budget donor resources.

The personnel emoluments, at over Ksh18 billion, include resource estimates being utilized at the semi autonomous government agencies (KNH and MTRH). Resources for the other agencies could not be estimated. (resources for commodities and supplies include EMMS commodities, plus the public health commodities to be supported from MTEF resources. These are mainly to be utilized at the district and provincial levels. The O&M resources are mainly to be utilized for management related interventions at each level, with the national level consuming the largest share (Figure 7.5). This is a low share, however, as compared with the overall MTEF resources available. Infrastructure resources are largely allocated for levels 2–5.

Figure 7.5: AOP 5 on budget distribution by level of care, for medical services and public health



The respective planning units have disaggregated these resources in their plans in the best possible way they could, given the information available at the time of planning. The information in these plans will continue to be improved as more information is provided on financing, and as capacity in financial planning is improved as part of the HSSF process roll out.

In line with their respective mandates, the Public Health and Sanitation resources are largely targeted at the level 2–3 services, while the Medical Services focus on level 4.

The actual contributions by different sources of financing to the on budget support are summarized in Table 7.4.

Table 7.4: Allocation to on budget resources, by partner characterization (millions)

Financer categorization	On-budget source of funds	MOPHS	MOMS	TOTAL
COC signatory	Government of Kenya	19,472	27,539	47,011
	Denmark	137.00	68.50	205.50
	United Kingdom	-	-	-
	Germany	398.00	700.00	1,098.00
	United States of America	-	-	-
	Japan	445.30	1,455.00	1,900.30
	European Union	-	-	-
	World bank	-	-	-
	UNFPA	110.00	7.50	117.50
	UNICEF	879.16	-	879.16
	UNAIDS	-	-	-
	World Health Organization	-	-	-
	AfDB	-	16.00	16.00
	France	-	-	-
	Italy	-	137.00	137.00
	HENNET	-	-	-
	CHAK/KEC	-	-	-
COC non-signatory	ADF	328.79	-	328.79
	Clinton Foundation			
	GAVI	-	-	-
	Global Fund	-	-	-
	OPEC	400.00	-	400.00
	SIDA	-	-	-
	BADEA	-	550.00	550.00
	Belgium	-	1.45	1.45
	Kuwait	-	200.00	200.00
	Saudi fund	-	200.00	200.00
	WFP	-	278.26	278.26
	Netherlands	-	-	-
	China	-	544.00	544.00
	Total	19,472.47	27,538.98	47,011.45

There are 29 recognized partners in the sector, of whom 16 have signed up to the Code of Conduct. From all these, Government resources represent 85% of the total on budget resources, while donor on budget support represents the remaining 15%.

The sector has not yet finalized a Joint Financing Agreement, which is the framework some of the donor agencies prefer to utilize to guide channelling of their resources. However, it should be noted that already, 8 of the 16 Code of Conduct signatories have on-budget resources. There are an additional 13 partners in health not yet signed up, but are already providing on budget resources, even in the absence of a Joint Financing Agreement. It should, however, be noted that these on budget resources are not equal to general budget support. The bulk of these are earmarked for particular investments in the sector. It is largely the Government resources that are fungible, allowing for shift of these towards identified priority areas

The analysis of service delivery allocation also show that from the total resources available for service delivery (levels 1–5) at provincial levels and below, 55% was allocated for levels 1–3, while the remaining 45% is allocated for levels 4–5.

Table 7.5: Provincial budget summary for O+M resources in current AOP 5 plans

Level /Source	Central	Coast	Eastern	Nairobi	North Eastern	Nyanza	Rift Valley	Western	Provincial total
Level 1	83,036,267	58,049,388	109,264,270	0	16,540,900	46,508,670	135,167,909	68741900	517,309,304
Level 2	148,854,095	132,177,150	339,205,138	416,488	11,254,014	218,218,071	85,399,238	82449439	1,017,973,633
Level 3	141,506,234	61,449,367	141,965,062	494,436		104,954,654	32,412,478	120627075	603,409,306
Level 4	442,401,406		583,722,632	49,200,000	53,923,658	300,411,674	140,040,708	350069365	1,919,769,443
Level 5	124,379,405		250928329		57,420,300	280,454,293	-	50000000	763,182,327
Level 6			28649562.72	98780102		-	-	0	127,429,665
DMST (management support)	101,178,108	2,928,000	140,412,408			2,413,937	34,432,536	24326672	305,691,661
DHMT (management support)	161,252,254	96,751,847	249,377,484	1,795,204		248,790,989	98,819,520	166619159	1,023,406,457
PMST (management support)	5,330,000		0	2242804	39,880,000	1,200,000	526,272,389	0	574,925,193
PHMT (management support)	85,674,543.20	112,295,000	21,720,794.00	2225458	39,880,000.00	-	135,167,909	0	396,963,704
Total	1,293,612,312	463,650,752	1,865,245,681	155,154,492	218,898,872	1,202,952,288	1,187,712,687	862,833,610	7,250,060,694

Table 7.6: GOK resources reflected in respective provincial plans, by levels of care

Level /Source	Central	Coast	Eastern	Nairobi	North Eastern	Nyanza	Rift Valley	Western	Provincial Total
Level 1	8,858,814	37,928,422	82,956,067	0	10,133,300	13,657,766	12,330,635		165,865,004
Level 2	23,533,710	61,764,235	298,218,880	0		119,514,380	29,248,297		532,279,502
Level 3	24,830,029	40,547,706	111,650,189	0	8,399,014	57,821,128	8,684,436		251,932,502
Level 4	114,953,161		397,359,309	7,200,000	21,085,658	152,969,593	35,157,232		728,724,953
Level 5	20,296,583		43,449,769	0	27,370,300	61,073,835	174,375,914		326,566,401
Level 6			15,678,708	34,578,389		-	0		50,257,097
DMST (management support)	27,152,351	2,328,000	98,234,125	0		1,933,937	6,008,980		135,657,393
DHMT (management support)	44,928,007	38,786,235	137,835,374	1,662,058		106,226,814	24,066,641		353,505,129
PMST (management support)	1,730,000		0	202,952	4,970,000	12,000,000	115,496,221		134,399,173
PHMT (management support)	223,725	13,420,000	11,000,000	388,558	4,970,000	-	12,330,635		42,332,918
Total	266,506,380	194,774,598	1,196,382,421	44,031,957	76,928,272	525,197,453	417,698,991	0	2,721,520,072

7.3.2 Off-Budget Resources

As earlier highlighted, a significant amount of sector resources are off-budget. This implies they are not captured within the MTEF resource allocations. There are many reasons for this. However, for the sector to adequately know and utilize resources available, it is important for it to characterize these resources. These resources are used to support other implementers in the sector, in addition to Government.

The shadow budget is the framework used for this. It basically applies the MTEF framework to these off-budget resources, to allow comparison analysis. Over time, the ability to capture these resources has improved. Table 7.7 summarizes the available resources that are off-budget, as provided by the respective partners.

Table 7.7: Available off-budget resources for AOP 5

Level of care	Area of support	HRH/PE	Commodities	O & M	Infrastructure, incl. equip.	Total
1. National level	1.1 Management support	0	0	8,838	0	8,838
	1.2 Service delivery	0	0	0	0	0
2. Provincial level	2.1 Management support	0	0	0	0	0
	2.2 Service delivery	0	2,410	5,883	0	8,293
3. District level	3.1 Management support	0	0	0	0	0
	3.2 Service delivery	0	13,595	11,097	947	25,640
4. Health facility	4.1 Service delivery	0	2,609	3,277	209	6,095
5. Community level		0	5	53	0	58
6. Unclassified	Unclassified	0	0	0	0	0
	Total	0	18,620	29,149	1,156	48,924
% contribution	Total	0%	38%	60%	2%	100%

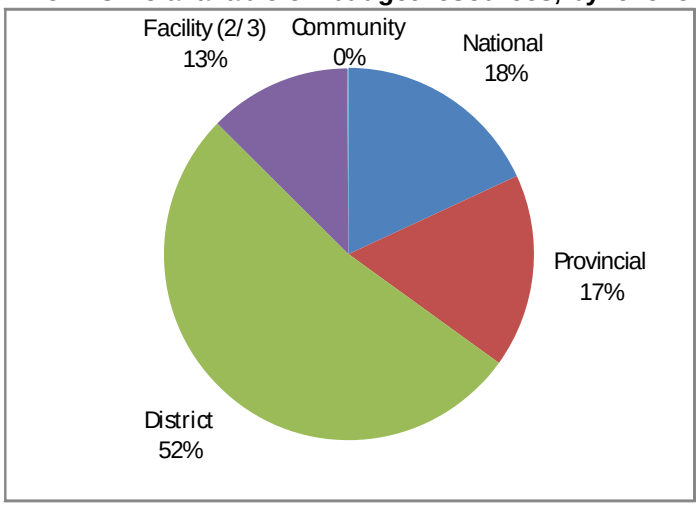
The total AOP 5 off-budget resources that could be captured totalled Ksh48.9 billion. This is a reduction from the 56 billion available during the past financial year. They represent the major source of financing for the AOP 5, at 44.7% of resource requirements, and 46.8% of the overall available financing. Of these resources, over 60% are available for O+M, and 38% for commodities and supplies. Information on PE support from these on budget resources was not readily available.

These categorizations are illustrated in Figure 7.6 and broken down further by the different levels of care in Figure 7.7.

Figure 7.6: AOP 5 available off budget resources categorization

a) By input category ***b) By use of resources***

Figure 7.7: Breakdown of AOP 5 available off budget resources, by level of care



Together with the on-budget resources, the total resources available from respective partners are presented in Table 7.8.

Table 7.8: National level information on DP's contribution to the health sector financing for the financial year 2009/10, Ksh million

Financing categorization	Source of financing	On budget resources			Off budget	Overall total
		MOPHS	MOMS	Total on-budget		
COC signatory	Government of Kenya	16,774.22	23,381.28	40,155.50		40,155.50
	Denmark	137.00	68.50	205.50	294	499.68
	United Kingdom	-	-	-	4,125	4,125.08
	Germany	398.00	700.00	1,098.00	1093.37	2,191.37
	United States of America	-	-	-	32,679	32,679.24
	Japan	445.30	1,455.00	1,900.30		1,900.30
	European Union	-	-	-	239	239.39
	World bank	-	-	-		-
	UNFPA	110.00	7.50	117.50		117.50
	UNICEF	879.16	-	879.16		879.16
	UNAIDS	-	-	-		-
	World Health Organization	-	-	-	1,493	1,493.32
	ADB	-	16.00	16.00		16.00
	France	-	-	-		-
	Italy	-	137.00	137.00	107	244.00
	HENNET	-	-	-		-
	CHAK/KEC	-	-	-		-
	ADF	328.79	-	328.79		328.79
COC non signatory	Clinton Foundation				6,917	6,916.50
	GAVI	-	-	-		-
	Global Fund	-	-	-		-
	OPEC	400.00	-	400.00		400.00
	SIDA	-	-	-		-
	BADEA	-	550.00	550.00		550.00
	Belgium	-	1.45	1.45		1.45
	Kuwait	-	200.00	200.00		200.00
	Saudi fund	-	200.00	200.00		200.00
	WFP	-	278.26	278.26	468	745.98
	Netherlands	-	-	-	947	946.80
	China	-	544.00	544.00		544.00
Total		19,472.47	27,538.98	47,011.45	48,362.60	95,374.05

The amounts available for the different input categories, by sources of off-budget resources, are further highlighted in Table 7.9.

Table 7.9: National level information on development partners' contribution to the health sector financing for the financial year 2009/10, by input category, Ksh million

Source of funds	HRH/PE	Commodities	O&M	Infrastructure, incl. equip.	Total
GDC	0	368	725	0	1,093
USG	0	9,353	23,326	0	32,679
WFP	0	468	0	0	468
DFID	0	1,701	2,216	209	4,125
EU	0	38	201	0	239
Clinton Foundation	0	6,599	318	0	6,917
World Bank	0	0	0	0	0
Italian Cooperation	0	0	107	0	107
WHO	0	0	1,493	0	1,493
Netherlands	0	0	0	947	947
DANIDA	0	93.19	201	0	294
Total	0	18,620	28,587	1,156	48,363

These resources are largely earmarked for use in one of the major health programs in the country. The distribution of these resources across the key programme areas is highlighted in Table 7.10.

Table 7.10: Allocation of off-budget resources, by key programme area, Ksh million

	HIV/AIDS	Malaria control	Reproductive health	Immunization	TB & leprosy	Others	Total
GDC	67		1,026				1,093
USG	30,589	55	1,813		223		32,679
WFP	468						468
DFID	1,710	1,315	380			721	4,125
EU	97		108			34	239
Clinton Foundation	6,917						6,917
World Bank	-						-
Italian Cooperation	107						107
WHO	334	334	70	306	167	283	1,493
Netherlands						947	947
DANIDA						294	294
	40,288	1,704	3,395	306	389	2,280	48,363
	83%	4%	7%	1%	1%	5%	100%

Over 83% of these resources are earmarked for HIV/AIDS-related interventions, followed by reproductive health interventions at 7%. Improved allocative and technical efficiency in use of these off-budget resources should improve on the availability of resources for the sector.

7.3.3 Sector Generated Resources

As highlighted earlier, the sector generated resources represent expected financing to be self generated. These are finances from cost sharing, NHIF re-imbursements, LATF, and CDF.[5] These resources are highlighted in Table 7.11.

Table 7.11: Sector generated resources by level of care

Level of care	Area of support	HRH/PE	Commodities	O&M	Infrastructure, incl. equip.	Total
1. National level	1.1 Management support	0	0	0	0	0
	1.2 Service delivery	100	71	3,134	90	3,395
2. Provincial level	2.1 Management support	0	0	0	156	156
	2.2 Service delivery	0	283	359	160	802
3. District level	3.1 Management support	0	0	0	598	598
	3.2 Service delivery	0	1,132	892	355	2,379
4. Health facility	4.1 Service delivery	0	0	368	844	1,211
5. Community level		0	0	0	104	104
6. Unclassified	Unclassified	0	0	0	0	0
	Total	100	1,486	4,753	2,308	8,646
% contribution	Total	1%	17%	55%	27%	100%
	Level 6	3%	2.1%	92%	3%	100%

[5] NHIF resources would also be reflected here.

Level of care	Area of support	HRH/PE	Commodities	O&M	Infrastructure, incl. equip.	Total
	Level 5	0%	30%	37%	33.0%	100%
	Level 4	0%	38%	30%	32%	100%
	Level 2&3	0%	0%	30%	69.7%	100%
	Level 1	0%	0.0%	0%	100.0%	100%

These represent 9% of the total resource requirements for AOP 5, with most used for O+M (55%) and infrastructure investments (27%). The O&M resources are mainly from cost sharing sources. On the other hand, the infrastructure investments are being made through the LATF and CDC sources. NHIF reimbursements are highlighted at Commodities and Supplies for level 4–6 service delivery.[6] There is scope for additional resources, through the CDF for the sector. Details on contributions towards these sector generated resources are available in the respective plans. These categorizations are illustrated in Figure 7.8, while Figure 7.9 presents the break down by levels of care.

Figure 7.8: AOP 5 available off budget resources categorization

a) By input category ***b) By use of resources***

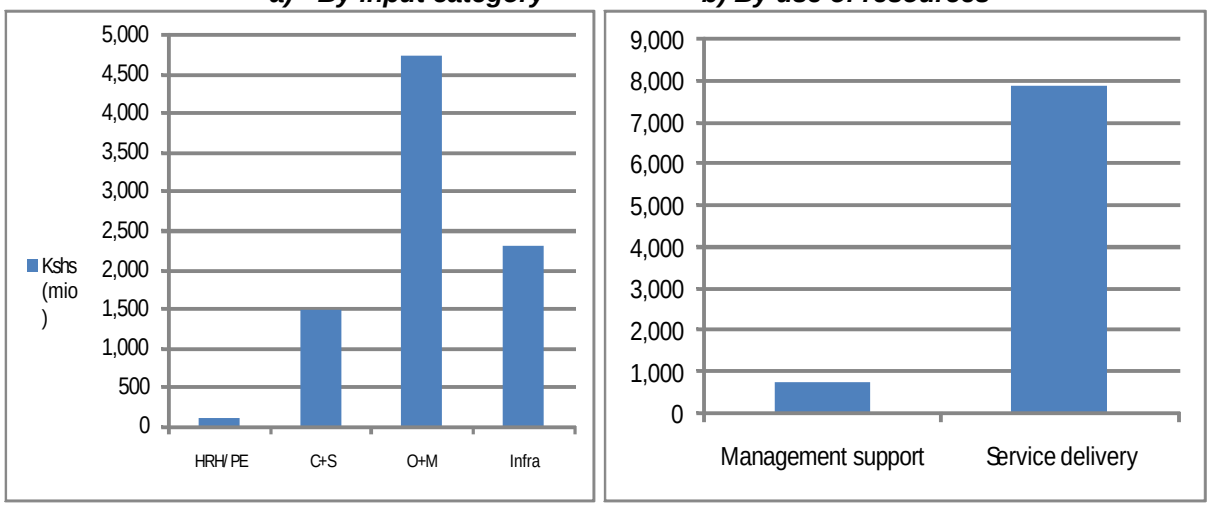
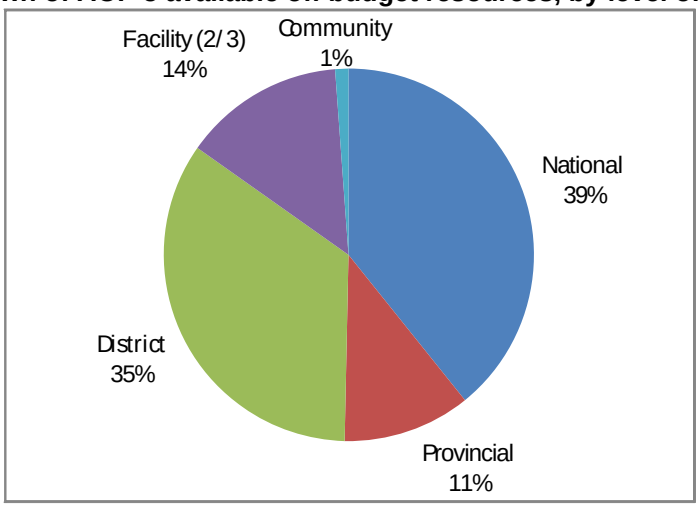


Figure 7.9: Breakdown of AOP 5 available off budget resources, by level of care



[6] Estimates are based on last expenditure figures for NHIF 92006/07 FY). These are disaggregated based on estimates of 5% at national level (3% KNH, 2% MTRH), 20% at provincial level, and 75% at district level hospitals

7.4 Financing Gaps for AOP 5

The resource gaps for AOP 5 are based on the difference between the resource requirements, and the available resources. The overall resource gaps are summarized in Table 7.12.

Table 7.12: AOP 5 overall sector financing gaps, Ksh million

Level of care	Area of support	Total require-ments	Total available funds	Finan-cing gap	HRH/PE	Commo-dities	O&M	Infrastructure, incl. equip.
1. National level	1.1 Management support	7,264	12,375	-5,111	184	-	(4,609)	(686)
	1.2 Service delivery	15,557	8,090	7,466	4,181	18	745	2,522
2. Provincial level	2.1 Management support	1,097	393	703	-	-	859	(156)
	2.2 Service delivery	11,607	12,403	-795	2,309	1,174	(5,700)	1,422
3. District level	3.1 Management support	2,430	1,438	992	-	-	909	83
	3.2 Service delivery	36,580	45,023	-8,443	4,887	824	(10,417)	(3,737)
4. Health facility	4.1 Service delivery	33,270	24,510	8,761	821	8,540	(921)	320
5. Community level		1,680	350	1,330	626	(5)	709	-
6. Unclassified	Unclassified	0	0	0	-	-	-	-
	Total	109,485	104,582	4,903	13,008	10,550	(18,425)	(231)

At a macro level, the sector appears to have a financing gap of only Ksh4.9 billion. However, further analysis shows this is a skewed picture, due to mismatch of available resources and resource requirements. HRH/PE and commodities have significant financing gaps, of Ksh13 billion and Ksh10.5 billion, respectively. On the other hand, service delivery at the national level, and level 1 – 3 have significant gaps too. The apparent over financing is largely seen for national level management support, plus service delivery at provincial and district levels. Additionally, it is seen in O&M and infrastructure areas. This could be attributed to a number of things, such as the difficulty in determining accurate estimates for costs, or over-financing in these areas.

The scope for re-allocating available resources is limited, as most of the available financing (minus Government resources) are largely earmarked for particular programs, or even activities. This is so for both on budget, and off budget resources. There is therefore a significant possibility of over-financing of some areas of support, leading to possible inefficiencies in resource allocation and use.

Gap analysis highlights the fact that there are still significant gaps in financing for key areas of priority. If the sector were in complete control of prioritization of use of these resources, then it would significantly reduce its existing financing gaps. However, it is limited as most of its resources are off-budget and earmarked, meaning there is little scope for making these resources more fungible, and directing them to poorly financed priorities. In the Health Financing Strategy that the sector is developing, there is need to put emphasis on ways to ensure allocative, and technical efficiency is prioritized, as there is clearly scope for freeing up significant resources if those available are appropriately allocated for priorities.

Annex A: Detailed Breakdown of Resource Requirements, Financing and Financing Gap for AOP 5

Table A1: AOP 5 detailed breakdown for resource requirements (Ksh millions)

Level of care	Area of support	Focus of support	Resource requirements				
			HRH/PE	Commo-dities	O&M	Infrastruc-ture, incl. equip.	Total
1. National level	1.1 Man-agement support	Total management support	968	-	6,066	230	7,264
		MOH HQ public health professional services	150	-	312	-	461
		MOH HQ medical services professional services	224	-	468	-	692
		MOH HQ administrative support	594	-	508	30	1,132
		KMTC	-	-	4,778	150	4,928
		KEMRI	-	-	-	50	50
		KEMSA	-	-	-	-	-
	1.2 Service delivery	Total service delivery	8,346	103	3,952	3,156	15,557
		KNH	7,024	42	3,376	3,066	13,508
		Moi TRH	976	28	522	90	1,616
		Management of emergencies	-	11	-	-	11
		Mental health services	346	21	54	-	421
2. Provin-cial level	2.1 Man-agement support	Total management support	125	-	972	-	1,097
		PHMT professional services	37	-	397	-	434
		PHT professional services	88	-	575	-	663
		Hospital management	-	-	-	-	
	2.2 Service delivery	Total service delivery	3,985	4,582	902	2,139	11,607
		Immunizations (incl. CH)	-	156	5	15	176
		RH, incl FP	-	132	57	17	206
		HIV/AIDS	-	2,126	78	-	2,204
		TB	-	225	113	-	338
		Malaria	-	145	89	-	234
		Provincial health services	3,985	1,798	559	2,107	8,450
		EMMS	-	592	-	-	592
		Other supplies	-	1,206	-	-	1,206
3. District level	3.1 Man-agement support	Total management support	419	-	1,329	682	2,430
		DHMT professional services	37	-	1,023	682	1,742
		DHT professional services	382	-	306	-	688
		Hospital Management	-	-	-	-	-
	3.2 Service Delivery	Total service delivery	12,150	17,411	2,434	4,584	36,580
		Immunizations (incl. CH)	-	467	4	45	516
		RH, incl FP	-	382	164	48	594
		HIV/AIDS	-	6,137	226	-	6,363
		TB	-	650	327	-	976
		Malaria	-	419	257	-	676
		Hospital service delivery	-	-	-	-	-
		District health services	12,150	9,357	1,456	4,492	27,454
		EMMS	-	*5,898*	-	-	5,898
		Other supplies	-	*3,459*	-	-	3,459
4. Health facility	4.1 Service delivery	L-2/3 rural services	5,293	12,138	3,380	12,459	33,270
		Immunizations (incl. CH)	-	2,491	53	240	2,784
		RH, incl FP	-	686	295	86	1,067
		HIV/AIDS	-	-	406	-	406
		TB	-	1,168	587	-	1,755
		Malaria	-	5,077	463	-	5,540
		Environmental health	305	285	335	116	1,040
		Rural health care services	4,988	2,432	1,241	12,017	20,679
		EMMS	-	*2,059*	-	-	2,059
		Other supplies	-	*373*	-	-	373
5. Com-munity level		L-1 Community services	626	-	950	104	1,680
		Community health services	626	-	950	104	1,680
		Total	31,912	34,235	19,985	23,354	109,485

Table A2: AOP 5 detailed breakdown for total available resources

Level of care	Area of support	Focus of support	Total available resources				
			HRH/PE	Commo-dities	O&M	Infrastruc-ture, incl. equip.	Total
1. National level	1.1 Man-agement support	Total management support	784	-	10,675	916	12,375
		MOH HQ public health professional services	117	-	6,631	-	6,749
		MOH HQ medical services professional services	150	-	2,742	-	2,892
		MOH HQ administrative support	516	-	249	489	1,254
		KMTC	-	-	777	155	932
		KEMRI	-	-	-	183	183
		KEMSA	-	-	276	68	344
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	22	22
	1.2 Service delivery	Total service delivery	4,165	85	3,206	634	8,090
		KNH	3,217	42	2,605	500	6,364
		Moi TRH	948	28	596	134	1,707
		Management of emergencies	-	-	6	-	6
		Mental health services	-	-	-	-	-
		Unclassified	-	14	-	-	14
2. Provincial level	2.1 Man-agement support	Total management support	125	-	113	156	393
		PHMT professional services	37	-	94	117	247
		PHT professional services	88	-	19	39	146
		Hospital management	-	-	-	-	-
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	-	-
	2.2 Service delivery	Total service delivery	1,676	3,408	6,601	717	12,403
		Immunizations (incl. CH)	-	-	15	-	15
		RH, incl FP	-	181	81	-	262
		HIV/AIDS	-	2,206	5,115	-	7,321
		TB	-	-	152	-	152
		Malaria	-	18	167	-	185
		Provincial health services	1,676	1,003	1,071	717	4,467
		EMMS	-	-	-	-	-
		Other supplies	-	5	5	-	10
3. District level	3.1 Man-agement support	Total management support	419	-	421	598	1,438
		DHMT professional services	37	-	375	543	955
		DHT professional services	382	-	45	55	483
		Hospital management	-	-	-	-	-
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	-	-
	3.2 Service delivery	Total service delivery	7,263	16,587	12,851	8,321	45,023
		Immunizations (incl. CH)	-	-	46	-	46
		RH, incl FP	-	982	142	-	1,124
		HIV/Aids	-	12,498	10,249	-	22,747
		TB	-	-	136	-	136
		Malaria	-	104	167	-	271
		Hospital service delivery	-	-	-	-	-
		District health services	7,263	3,002	2,111	8,321	20,698
		EMMS	-	-	-	-	-
		Other supplies	-	10	357	947	1,314
4. Health facility	4.1 Service delivery	L-2/3 rural services	4,472	3,599	4,301	12,138	24,510
		Immunizations (incl. CH)	-	-	214	-	214
		RH, incl FP	-	1,422	385	-	1,807
		HIV/AIDS	-	-	2,555	-	2,555
		TB	-	-	19	-	19
		Malaria	-	1,104	48	-	1,152
		Environmental health	-	-	-	-	-
		Rural health care services	4,472	990	1,064	12,138	18,664
		EMMS	-	-	-	-	-
		Other supplies	-	-	-	209	209
		Other (Specify)	-	83	16	-	99
5. Commu-nity level		L-1 community services	-	5	241	104	350
		Community h. services	-	5	241	104	350
6. Unclas-sified		Unclassified funds	-	-	-	-	-
		Total	18,903	23,685	38,409	23,585	104,582

Table A3: AOP 5 detailed breakdown for MTEF resources

Level of care	Area of support	Focus of support	MTEF				
			HRH/PE	Commo-dities	O&M	Infrastruc-ture, incl. equip.	Total
1. National level	1.1 Man-agement support	Total Management support	784	-	1,837	916	3,537
		MOH HQ public health professional services	117	-	445	-	562
		MOH HQ medical services professional Services	150	-	91	-	241
		MOH HQ administrative support	516	-	249	489	1,254
		KMTC	-	-	777	155	932
		KEMRI	-	-	-	183	183
		KEMSA	-	-	276	68	344
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	22	22
	1.2 Service delivery	Total service delivery	4,065	14	72	544	4,695
		KNH	3,117	-	55	500	3,671
		Moi TRH	948	-	12	44	1,004
		Management of emergencies	-	-	6	-	6
		Mental health services	-	-	-	-	-
		Unclassified	-	14	-	-	14
		Other (specify)	-	-	-	-	-
2. Provin-cial level	2.1 Man-agement support	Total management support	125	-	113	-	238
		PHMT professional services	37	-	94	-	130
		PHT professional services	88	-	19	-	107
		Hospital Management	-	-	-	-	-
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	-	-
	2.2 Service delivery	Total Service Delivery	1,676	715	359	556	3,307
		Immunizations (incl. CH)	-	-	-	-	-
		RH, incl FP	-	-	-	-	-
		HIV/AIDS	-	-	-	-	-
		TB	-	-	-	-	-
		Malaria	-	-	-	-	-
		Provincial health services	1,676	715	359	556	3,307
		EMMS	-	-	-	-	-
		Other supplies	-	-	-	-	-
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	-	-
3. District level	3.1 Man-agement support	Total management support	419	-	421	-	839
		DHMT professional services	37	-	375	-	412
		DHT professional services	382	-	45	-	428
		Hospital Management	-	-	-	-	-
	3.2 Service delivery	Total service delivery	7,263	1,860	862	7,019	17,004
		Immunizations (incl. CH)	-	-	-	-	-
		RH, incl FP	-	-	-	-	-
		HIV/AIDS	-	-	-	-	-
		TB	-	-	-	-	-
		Malaria	-	-	-	-	-
		Hospital service delivery	-	-	-	-	-
		District health services	7,263	1,860	862	7,019	17,004
		EMMS	-	-	-	-	-
		Other supplies	-	-	-	-	-
4. Health facility	4.1 Service delivery	L-2/3 rural services	4,472	990	656	11,086	17,204
		Immunizations (incl. CH)	-	-	-	-	-
		RH, incl FP	-	-	-	-	-
		HIV/AIDS	-	-	-	-	-
		TB	-	-	-	-	-
		Malaria	-	-	-	-	-
		Environmental health	-	-	-	-	-
		Rural health care services	4,472	990	656	11,086	17,204
		EMMS	-	-	-	-	-
		Other supplies	-	-	-	-	-
5. Commu-nity level		L-1 community services	-	-	188	-	188
		Community health services	-	-	188	-	188
		Total	18,803	3,579	4,508	20,121	47,011

Table A4: AOP 5 detailed breakdown for off-budget resources

Level of care	Area of support	Focus of support	Off budget resources				
			HRH/PE	Commo-dities	O&M	Infrastruc-ture, incl. equip.	Total
1. National level	1.1 Man-agement support	Total management support	-	-	8,838	-	8,838
		MOH HQ public health professional services			6,187		6,187
		MOH HQ medical services professional services			2,652		2,652
		MOH HQ administrative support					-
		KMTC					-
		KEMRI					-
		KEMSA					-
	1.2 Service delivery	Total service delivery	-	-	-	-	-
		KNH					-
		Moi TRH					-
		Management of emergencies					-
		Mental health services					-
		Unclassified					-
		Other (specify)					-
2. Provin-cial level	2.1 Managemen t support	Total management support	-	-	-	-	-
		PHMT professional services					-
		PHT professional services					-
		Hospital management					
		Unclassified					-
		Other (specify)					-
	2.2 Service delivery	Total service delivery	-	2,410	5,883	-	8,293
		Immunizations (incl. CH)	-	-	15	-	15
		RH, incl FP	-	181	81	-	262
		HIV/AIDS	-	2,206	5,115	-	7,321
		TB	-	-	152	-	152
		Malaria	-	18	167	-	185
		Provincial health services	-	5	353	-	358
		EMMS	-	-	-	-	-
		Other supplies	-	5	5	-	10
		Unclassified					-
		Other (specify)					-
3. District level	3.1 Man-agement support	Total management support	-	-	-	-	-
		DHMT professional services					-
		DHT professional services					-
		Hospital management					-
	3.2 Service delivery	Total service delivery	-	13,595	11,097	947	25,640
		Immunizations (incl. CH)	-	-	46	-	46
		RH, incl FP	-	982	142	-	1,124
		HIV/Aids	-	12,498	10,249	-	22,747
		TB	-	-	136	-	136
		Malaria	-	104	167	-	271
		Hospital service delivery	-	-	-	-	-
		District health services	-	10	357	947	1,314
		EMMS	-	-	-	-	-
		Other supplies	-	10	357	947	1,314
4. Health facility	4.1 Service delivery	L-2/3 rural services	-	2,609	3,277	209	6,095
		Immunizations (incl. CH)	-	-	214	-	214
		RH, incl FP	-	1,422	385	-	1,807
		HIV/AIDS	-	-	2,555	-	2,555
		TB	-	-	19	-	19
		Malaria	-	1,104	48	-	1,152
		Environmental health	-	-	-	-	-
		Rural health care services	-		40	209	249
		EMMS	-	-	-	-	-
		Other supplies	-	-	-	209	209
		Other (specify)	-	83	16	-	99
5. Commu-nity level		L-1 community services	-	5	53	-	58
		Community h. services	-	5	53	-	58
		Total	-	18,620	29,149	1,156	48,924

Table A5: AOP 5 detailed breakdown for sector generated resources

Level of care	Area of support	Focus of support	Sector generated resources				
			HRH/PE	Commo-dities	O&M	Infrastructure, incl. equip.	Total
1. National level	1.1 Management support	Total management support	-	-	-	-	-
		MOH HQ public health professional services					-
		MOH HQ medical services professional services					-
		MOH HQ administrative support					-
		KMTC					-
		KEMRI					-
		KEMSA					-
	1.2 Service delivery	Total service delivery	100	71	3,134	90	3,395
		KNH	100	42	2,550	0	2,692
		Moi TRH	0	28	584	90	703
		Management of emergencies	0	0	0	0	-
		Mental health services	-	-	-	-	-
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	-	-
2. Provincial level	2.1 Management support	Total management support	-	-	-	156	156
		PHMT professional services	0	0	0	117	117
		PHT professional services	0	0	0	39	39
		Hospital management	-	-	-	-	-
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	-	-
	2.2 Service delivery	Total service delivery	-	283	359	160	802
		Immunizations (incl. CH)	-	-	-	-	-
		RH, incl FP	-	-	-	-	-
		HIV/AIDS	-	-	-	-	-
		TB	0	0	0	0	-
		Malaria	0	0	0	0	-
		Provincial health services	0	283	359	160	802
		EMMS	-	-	-	-	-
		Other supplies	-	-	-	-	-
3. District level	3.1 Management support	Total management support	-	-	-	598	598
		DHMT professional services	-	-	-	543	543
		DHT professional services	-	-	-	55	55
		Hospital management	-	-	-	-	-
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	-	-
	3.2 Service delivery	Total service delivery	-	1,132	892	355	2,379
		Immunizations (incl. CH)	-	-	-	-	-
		RH, incl FP	-	-	-	-	-
		HIV/AIDS	-	-	-	-	-
		TB	-	-	-	-	-
		Malaria	-	-	-	-	-
		Hospital service delivery	-	-	-	-	-
		District health services	-	1,132	892	355	2,379
		EMMS	-	-	-	-	-
		Other supplies	-	-	-	-	-
4. Health facility	4.1 Service delivery	L-2/3 rural services	-	-	368	844	1,211
		Immunizations (incl. CH)	-	-	-	-	-
		RH, incl FP	-	-	-	-	-
		HIV/AIDS	-	-	-	-	-
		TB	-	-	-	-	-
		Malaria	-	-	-	-	-
		Environmental health	-	-	-	-	-
		Rural health care services	-	-	368	844	1,211
		EMMS	-	-	-	-	-
		Other supplies	-	-	-	-	-
5. Community level		L-1 community services	-	-	-	104	104
		Community h. services	-	-	-	104	104
		Total	100	1,486	4,753	2,308	8,646

Table A6: AOP 5 detailed breakdown for financing gap

Level of care	Area of support	Focus of support	Funding gap				
			HRH/PE	Commo-dities	O&M	Infrastructure, incl. equip.	Total
1. National level	1.1 Management support	Total management support	184	-	(4,609)	(686)	(5,111)
		MOH HQ public health professional services	32	-	(6,320)	-	(6,287)
		MOH HQ medical services professional services	74	-	(2,274)	-	(2,200)
		MOH HQ administrative support	78	-	260	(459)	(121)
		KMTC	-	-	4,001	(5)	3,996
		KEMRI	-	-	-	(133)	(133)
		KEMSA	-	-	(276)	(68)	(344)
		Unclassified	-	-	-	-	-
		Other (specify)	-	-	-	(22)	(22)
	1.2 Service delivery	Total service delivery	4,181	18	745	2,522	7,466
		KNH	3,807	0	771	2,566	7,144
		Moi TRH	28	(0)	(74)	(44)	(90)
		Management of emergencies	-	11	(6)	-	6
		Mental health services	346	21	54	-	421
		Unclassified	-	(14)	-	-	(14)
2. Provincial level	2.1 Management support	Total management support	-	-	859	(156)	703
		PHMT professional services	-	-	303	(117)	186
		PHT professional services	-	-	556	(39)	517
		Hospital management	-	-	-	-	-
	2.2 Service delivery	Total service delivery	2,309	1,174	(5,700)	1,422	(795)
		Immunizations (incl. CH)	-	156	(10)	15	160
		RH, incl FP	-	(49)	(24)	17	(56)
		HIV/AIDS	-	(80)	(5,037)	-	(5,117)
		TB	-	225	(39)	-	186
		Malaria	-	127	(78)	-	49
		Provincial health services	2,309	795	(512)	1,390	3,983
		EMMS	-	592	-	-	592
		Other supplies	-	1,201	(5)	-	1,196
3. District level	3.1 Management support	Total management support	-	-	909	83	992
		DHMT professional services	-	-	648	138	787
		DHT professional services	-	-	260	(55)	205
		Hospital management	-	-	-	-	-
	3.2 Service Delivery	Total service delivery	4,887	824	(10,417)	(3,737)	(8,443)
		Immunizations (incl. CH)	-	467	(42)	45	471
		RH, incl FP	-	(601)	22	48	(531)
		HIV/AIDS	-	(6,362)	(10,023)	-	(16,385)
		TB	-	650	190	-	840
		Malaria	-	315	90	-	405
		Hospital service delivery	-	-	-	-	-
		District health services	4,887	6,355	(656)	(3,829)	6,756
		EMMS	-	5,898	-	-	5,898
		Other supplies	-	3,448	(357)	(947)	2,145
4. Health facility	4.1 Service delivery	L-2/3 rural services	821	8,540	(921)	320	8,761
		Immunizations (incl. CH)	-	2,491	(161)	240	2,570
		RH, incl FP	-	(736)	(90)	86	(740)
		HIV/AIDS	-	-	(2,149)	-	(2,149)
		TB	-	1,168	568	-	1,735
		Malaria	-	3,973	415	-	4,388
		Environmental health	305	285	335	116	1,040
		Rural health care services	516	1,442	177	(121)	2,014
		EMMS	-	2,059	-	-	2,059
		Other supplies	-	373	-	(209)	164
		Other (specify)	-	(83)	(16)	-	(99)
5. Community level		L-1 community services	626	(5)	709	-	1,330
		Community H. services	626	(5)	709	-	1,330
		Total	13,008	10,550	(18,425)	(231)	4,903

NHSSP II
2005-2010
AOP 5

Reversing the Trends: The Second National Health Sector Strategic Plan of Kenya – Annual Operational Plan 5 2009/10

For this fifth and final year of activity charted out by the second National Health Sector Strategic Plan – NHSSP II 2005–2010 – the annual operational plan builds on and improves previous AOPs in terms of accuracy, specificity and measurability. AOP 5 also emphasizes the specific strategic thrusts of the two health ministries, which are themselves aligned to the pillars of the Kenya Vision 2030.

The fundamental principles that informed this year's planning process were timeliness, standardization of indicators and a mixed top-down/bottom-up target setting approach. The process is now institutionalized in the health sector and the linkages between planning and budgeting have improved.

Key focal areas of planned interventions deal with access, equity, quality, capacity and institution building. Objectives in these areas will be achieved through an ongoing devolution approach that allocates funds and responsibility for delivery of health care to hospitals, health centres and dispensaries, with the intention of fostering local ownership, empowering Kenyan households and ensuring community involvement.

During the implementation period, the health sector intends to strengthen the accessibility and quality of health care services in a number of critical ways. The two ministries will build the capacity of managers on leadership and change management. They will enhance commodity management and continue institutional strengthening and organizational restructuring. Importantly, primary health care services will be strengthened.

AOP 5 thus builds on the successes of the previous four years – and confronts the ongoing challenges of too few financial resources, an inadequate work force, the continuing teething problems of the dual responsibilities of two health ministries and the impact of an uncertain global economic environment. Of note, however, is that the public health sector as an entity is healthier, with stronger partnerships and enhanced governance. In the last year four new members signed on to the Code of Conduct developed for the health sector, signifying growing confidence and good cooperation between the sector and its partners.

Nevertheless, many – if not most – of the specific NHSSP II service delivery targets are far from being achieved. A variety of factor contributed to this shortfall, but the fact remains that there is urgent need for everyone in the sector to redouble efforts to accomplish the goal of "reversing the trends" for all Kenyans.

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