Republic of Kenya

County Government of Samburu

COUNTY DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE REPORT AND PLAN FOR IMPLEMENTATION OF HEALTH SERVICES

FINANCIAL YEAR FOR REVIEW: 2016/2017

IMPLEMENTATION YEAR: 2017/2018

FINANCIAL YEAR FOR PLAN: 2018/2019

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FOREWORD

The Constitution of Kenya 2010 through Article 43, besides recognizing right to health as a fundamental element in economic and social right, also guarantees every citizen the highest attainable standards of health care service, including reproductive health. The Document provides a framework for the organization to effectively and efficiently deliver on its mission, County Health Planning and reporting. It equally provides a logical and sequential manner a process of translation of Medium Term County focus and objectives.

Vision 2030 aims to provide an efficient and high quality health care system with best standards.

In order to address these obligations, the Kenya Health Policy(2014-2030) has come up with 6 strategic objectives and 7 orientation areas, which indicate the areas in which investments need to be made to improve health care. The KNHSSP II aims at reversing the trends of the worsening health indicators as enumerated in the end term review of KNHSSP 1. Though significant ground has been covered, a lot more needs to be done to realize this noble obligation. With the devolution of health services, the role of ensuring the various constitutional provisions are met is now the responsibility of the County Government through the County Health Department. The Annual Performance Review and Plan (APRP) therefore, endeavors to operationalize the health priorities of Samburu County as highlighted in the County Integrated Development Plan (2018-2022). This APRP has been developed through an extensive and consultative process with key stakeholders and is therefore a reference document to guide health service delivery in the County

The department of Health is thankful to its staff, partners and other health stakeholders who contributed enormously to various efforts in shaping the development of this plan. The department is also committed to the full realization of this plan. It has developed a robust monitoring framework to track the achievements of milestones in a way that is responsive and accountable to the health needs Samburu County residents.

Thank you

Sincerely

HON. DORCAS LEKISANYAL

COUNTY EXECUTIVE COMMITTEE MEMBER FOR HEALTH

SAMBURU

EXECUTIVE SUMMARY.

This APRP document development is in line with the 2nd National Health Sector Strategic Plan (NHSSP II), who's overall goal was to reduce inequalities in health care services and reverse the downward trend in health-related outcome indicators. Recommendations from implementation of the 6 Strategic Objectives of the NHSSP II have guided prioritization of interventions for implementation during this AWP document development.

Chapter one of this AWP document provides a comprehensive overview of overall performance of various indicators that contributed to health care services delivery in Samburu County during the year under review 2016/2017.

Section Two reviews the performance of the health outcomes, various measured indicators as aligned to the specific health investment areas by looking at trends and achievements during the year in review 2016/2017 financial year**.** It considers Trends in access to KEPH Services, outputs outcomes and investments in all levels of health care service delivery .The County however still perform poorly on some health indicators.

Section Three captures Annual Program Based Work Plan that includes the key programing areas i.e. curative and rehabilitative services, Preventive and Promotive Health Services and General administration, planning, management support and coordination.

Section Four deals with budget distribution where it considers health budget allocation by the county. It highlights the proportion of funding in comparison with total County allocation by the National Treasury. Intervention priority setting and programming in this APRP document also captures the contribution of Health partners' resource envelops in supporting implementation of the set priorities targets. The AWP document equally contains a summary of available budget, what is planned for and the budget gaps in the County Health Department).

Mr Samwel Nakope,

County Chief Officer,

Samburu County Department of Health.

Acknowledgement

We would like to humbly acknowledge with sincere thanks the following for their immense contribution in the development of this APRP. County Health Management Team for orienting the SCHMTs, HMTs and other partners on the current health policy framework, APRP development guidelines, mobilizing partners and advising stakeholders to be part in the development of the document. We are also grateful to SCHMTs for orientating and guiding the Facility in-charges and CHEWs in developing this document. Further we are indebted to facility in-charges, CHEWs and community for coming up with this document at the facility and community levels respectively.

We immensely acknowledge health partners who invested generously in the development of this document. AFYA TIMIZA also assisted in supporting Samburu East facilities, CHUs and sub-county consolidation. Equally, we acknowledge TIMIZA for supporting Samburu central in developing this document right from community units, facility and sub-county consolidations. The partner also supported the county APRP consolidation. The department is also grateful to ACF (Action Contre La Faim) for supporting Samburu north's community units, facility and sub county consolidations. Finally, AMREF Trachoma for supporting ophthalmic unit during county APRP consolidation.

Dr. Martin Thuranira
Director Department of Health and Sanitation Samburu.

List of Abbreviations.

ACF : Action Contre La Faim

AIDS **:** Acquired Immuno Deficiency Syndrome

ASRH : Adolescent Sexual Reproductive Health

AOP : Annual Operation Plan

ART : Anti-Retroviral Therapy

APHIA : Aids Population for Health Integrated Assistance

APRP : Annual Performance and report plan

AMREF : African Medical Research Foundation

CBIS : Community Based Information System

CDM : Catholic Diocese of Maralal

CHW : Community Health Worker

CHEW : Community Health Extension Worker

CHU : Community Health Unit

CIDP : County Integrated Development Plan

CTU : Contraceptive Technology Update

CO : Clinical Officer

CSFP : Community Strategy Focal Person

EPI : Expanded Programme on Immunization

EOC : Essential Obstetric Care

FANC : Focused Antenatal Care

FIF : Facility Improvement Fund

FP : Family Planning

GOK : Government of Kenya

HBC : Home Based Care

HINI : High Impact Nutrition Interventions

HIV : Human Immuno Deficiency Virus

HMIS : Health Management Information System

HMT : Hospital Management Team.

IMC : International Medical Cops

IMCI : Integrated Management on Childhood Illnesses

IPT : Intermittent Presumptive Treatment

ITN : Insecticide Treated Nets

KECHN : Kenya Enrolled Community Health Nurses

KNHSSP : Kenya National Health Sector Strategic Plan

KRCHN : Kenya Registered Community Health Nurse

LPG : Liquefied Petroleum Gas

MCH : Maternal Child Health

PMTCT : Prevention of Mother to Child Transmission

SAIDIA : Samburu Aid In Africa

SCASCO : Sub County AIDS HIV Coordinator

SCO : Sub County Clinical Officer

SCHAO : Sub County Health Administrative Officer

SCDSC : Sub County Disease Surveillance Co-coordinators

SCHMB : Sub County Health Management Board

SCHMT : Sub County Health Management Team

SCHRIO : Sub County Health Records Information Officer

SCMOH : Sub County Medical Officer of Health

SHP : Sub County Health Plan

SCPHN : Sub County Public Health Nurse

SCNO : Sub County Nutrition Officer

SCPHO : Sub County Public Health Officer

SCRHC : Sub County Reproductive Health Coordinator

SCTLC : Sub County Tuberculosis and Leprosy Coordinator

TB : Tuberculosis

UNFPA : United Nation Fund for Population Activities

VCT : Voluntary Counseling and Testing

VCS : Voluntary Surgical Contraception

VHF : Very High Frequency

YFS : Youth Friendly Services

Section 1: Introduction

1.1 Overview of the report

This report is a comprehensive overview of overall performance of various indicators that contributed to health care services within the County during the year under review 2017/2018. The document includes the consolidation of plans from 86 health facilities and 32 CHUs in the county.

This report covers performance on three key issues

- Health out puts which touches on the six key policy objectives
- Health outcomes which touch on Access of quality health care and demand creation for health care services.
- Health investment which includes infrastructure, health care financing, Health workforce, service delivery systems, health leadership and Health information.

Key events affecting health during the year

	New / (re)emerging threats in the area of responsibility	Key health advocacy events held during the year
1	Jiggers menace	Malezi Bora months Nov, 2015, May 2016 and 2017
2	Industrial unrests by HCWs	Supplementary immunization activities (SIAS)
3	Weak referral system as a result of Ambulances breakdown and lack of fuel	World breastfeeding week. Month of August -1st week
4	Weak pre-hospital care: ambulances lacking key equipment, Knowledge gap on first Aid, lengthened and slow response to emergency as a result of both financial and the widened geographical access	World Aids Day (1st. Dec. 2016), World TB Day 24 March 2016 , World malaria day, World toilet day 19 November 2015. Celebration of world TB day on 24th of April 2016
5	Alcoholism and emergence of drug and other substance abuse in the urban centers	Action and dialogue days in the community-124
6	Insecurity in some pockets of the conty.	Community sensitization on the effects of FGM for the school girls and Graduation ceremony held in Wamba.
7	Droughts and famine: Shortage of rainfall which led to migration hence creating drop outs in all the health services and Malnutrition	.
8	Harmful cultural practice e.g. FGM and early marriages, Abortions etc contributing to complications in maternal and newborn health	
9	Highway Banditry: along the roads and in the Markets.	
10	Inadequate physical infrastructure in the facilities.	
11	Increased burden of HIV/AIDs in the community. Prevalence of HIV/AIDS in the	

	County.	
12	Increase in the cases of Malnutrition in the entire county.	
13	Population shift due to drought and insecurity making the population hard to reach. This hampers utilization of health services.	
14	Inadequate funding by Most partners (NGOs, PBOs and FBOs) and County Government in funding health activities.	
15	Inadequate number of required health workforce in our facilities.	BCC was also done in various schools in the County and in local radio and in the community level e.g. in Waso.
16	Poor communication network in the county	
17	Poor Road infrastructure affecting staff/commodities movement.	Development of SBCC IEC materials on wash, RMNCH, Nutrition, FP, TIMIZA
18	The burden/Costs of patient's referral and maintenance of the ambulances.	.
19	Erratic support supervision by the CHMT & SCHMT due to inadequate funding by the County Government and partners.	
20	Full adoption of the County health strategic plan by the County Government has not been realized.	

1.2 Population Description

The current projected population for 2018 based on the 2009 population census is **292,200**, with a population density of 14 persons per sq Km occupying 21019 sq kms with 58,440 households.

Literacy level is still low particularly in the rural areas, where parents still prefer to engage their children in herding of animals (primary school enrollment is at 46% of expected level of enrollment)

The Samburu community is mainly pastoralists though small proportions has started engaging in other businesses and have settled in various trading centers scattered over the vast County

SAMBURU COUNTY 2018 POPULATION

	Description	Population estimates	Samburu County 2009	Samburu Central	Samburu North	Samburu East	Total
1	Total population	3% Growth Rate	**292,200**	**135,501**	**79,595**	**77,104**	**292,200**
2	Total Number of Households	5per HH	58,440	27,100	15,919	15,421	**58,440**
3	Population Female	51.00%	149,022	69,105	40,593	39,323	**149,022**
4	Population Female	49.00%	143,178	66,395	39,002	37,781	**143,178**
5	Children under 1 year (12 months)	3.60%	10,519	4,878	2,865	2,776	**10,519**
6	Children under 5 years (60 months)	18.93%	55,313	25,650	15,067	14,596	**55,313**
7	Under 15 year population	50.72%	148,204	68,726	40,371	39,107	**148,204**
8	Women of child bearing age (15 – 49 Years)	21.19%	61,917	28,713	16,866	16,338	**61,917**
9	Estimated Number of Pregnant Women	4.48%	13,091	6,070	3,566	3,454	**13,091**
10	Estimated Number of Deliveries	3.93%	11,483	5,325	3,128	3,030	**11,483**
11	Estimated Live Births	3.93%	11,483	5,325	3,128	3,030	**11,483**
12	Total number of Adolescent (15-24)	20.23%	59,112	27,412	16,102	15,598	**59,112**
13	Adults (25-59)	28.06%	81,991	38,021	22,334	21,635	**81,991**
14	Elderly (60+)	4.42%	12,915	5,989	3,518	3,408	**12,915**
15	Estimated Emergency obstetric complications	0.75%	2,192	1,016	597	578	**2,192**
16	Estimated of post abortion cases	0.75%	2,192	1,016	597	578	**2,192**
17	0 -6 Months	50% < 1yr	5,260	2,439	1,433	1,388	5,260
18	6 - 11 Months	10% < 5yrs	5,531	2,565	1,507	1,460	5,531
18	12 - 59 Months	80% < 5yrs	44,251	20,520	12,054	11,677	44,251
19	6 - 59 Months	90% < 5yrs	49,782	23,085	13,561	13,136	49,782
19	0 - 11 Months	20% < 5yrs	11,063	5,130	3,013	2,919	11,063
20	0 - 28 Days.	10% of < 1yr	1,052	488	287	278	1,052

1.2 Service provision capacity

The county has a total of 91 health facilities, which includes 1 County referral hospital, 1 faith based Hospital (Catholic Hospital Wamba), 1 Sub County hospital,(Baragoi), 15 Health centres, 59 Dispensaries and 14 private clinics.

	Description	Numbers	Ownership			
			Public	Faith Based	Private	NGO/CBO
	Number of community units	31				
	Fully functional units	2				
	Partially functional units	27				
	Non-Functional	2				
	Units not established	**29**				
	Number of health facilities by type Levels of care					
	Hospitals	3	2	1	0	0
	Health Centres	15	11	3	0	1
	Dispensaries	59	47	6	0	1
	Clinics	13	0	0	14	0
	Nursing Home	0	0	0	1	0

1.3.1 Health Workforce

The County health workforce is generally inadequate across all cadres as shown in the table below. Though the County Government employed some cadres of staff i.e.Nurses, Clinical Officers, Nutritionists and Social workers. Not withstanding this however, staffing level in the department still remains very low. The low staffing levels in the department is aggravated by staff attritions and high staff turn-over rates. Further the county lacks a clear staff retention, motivation and replacement mechanism in place.

	Cadres	Required	Total available	Number by type of provider				Number by tier of care		
				Public	FBO	NGO	Private	Referrals	Primary care	Community
1	Medical Consultants	17	3	2	1	0	0	3		
2	General medical officers	29	12	8	4	0	0	8		
3	Specialized clinical officers	18	7	8		0	0	1		
4	General clinical officers	50	25	19	4	1	1	5		
5	Community Oral Health officers	6	1	1	0	0	0	0		
6	Dentists	4	2	2	0	0	0	0		
7	Dental Technologists	8	0	0	0	0	0	0		
8	Nursing officers (Bsn)	13	9	7	2	0	0	9		
9	Kenya Registered	422	188	152	36	2	2	102		

	Cadres	Required	Total available	Number by type of provider				Number by tier of care		
				Public	FBO	NGO	Private	Referrals	Primary care	Community
	community Health Nurses									
10	Kenya Enrolled community Health Nurses	278	36	29	9	1	1	17		
11	Public Health Officers	87	20	20	0	0	0	0		
12	Public Health Technicians	87	22	22	0	0	0	1		
13	Radiographers	8	2	2	0	0	0	2		
14	Pharmacists	7	3	3	0	0	0	3		
15	Pharmacist Technologists	23	10	7	3	0	0	4		
16	Orthopedic Technologists	4	0	0	0	0	0	0		
17	Nutritionists	62	12	9	3	0	0	4		
18	Physiotherapists	11	1	1	0	0	0	1		
19	Medical Laboratory Officers	20	6	5	0	0	1	4		
20	Laboratory Technologist	42	15	8	3	0	0	6		
21	Laboratory Technicians	12	6	3	3	0	0	2		
20	Health Record & Information Officers	30	5	5	0	0	0	2		
21	Health Record & Information Technicians	49	0	0	0	0	0	0		
22	Occupational Therapists	9	1	0	0	0	0	0		
23	Medical Engineering Technicians	11	1	0	0	1	0	1		
2	Medical Engineering	11	2	2	0	0	0	2	0	

	Cadres	Required	Total available	Number by type of provider				Number by tier of care		
				Public	FBO	NGO	Private	Referrals	Primary care	Community
4	Technologists									
25	Trained Community Health Workers	2500	1116	842	33	0	0	219	897	
26	Community Health officers/Assistants	96	24	22	2	0	0	4	20	
27	All others technical officers(specify)	0	0	0	0	0	0	0	0	
	Non-Medical personnel									
	Cadres									
1	Administrators	10	5	3	2	0	0	0	4	
2	Accountants	11	4	3	1	0	0	0	5	
3	Secretaries	10	5	4	1	0	0	0	4	
4	Social health workers	25	5	5	1	0	0	0	4	
5	Clerks	27	10	4	2	0	0	2	0	
6	Mortuary attendants	10	2	1	1	0	0	2		
7	Cleaners	147	50		30	0	0	31	19	
8	Cooks	36	15	2	7	0	0	7	7	
9	Drivers	27	25	21	4	0	0	14	5	
10	Security officers	184	23	20	3	0	0	3	20	
11	All others non-technical HR(specify)	0	0	0	0	0	0	0	0	

1.3.2 Health Infrastructure

	Tier of care	Infrastructure	Number functional, by type of provider				Total
			Public	Faith Based	NGO	Private	
Tier3	County Referrals	Total facilities	2	1	0	0	3
		Total beds	230	200	10	0	430
		Total functional Community Units	3	0	0	0	3
		Total with functional boards	1	1	0	0	2
Tier2	Primary Care Facilities	Total facilities	67	10	3	14	94
		Total beds	193	51	13	10	267
Tier1		Total functional Community Units	26	2	1	0	29
		Total with functional management committee's	26	2	1	0	29
	Overall total for County	Total facilities	69	11	3	14	75
		Total beds	423	251	10	0	684
		Total functional Community Units	29	2	0	0	31
		Total with functional Governance structure	27	9	3	0	39

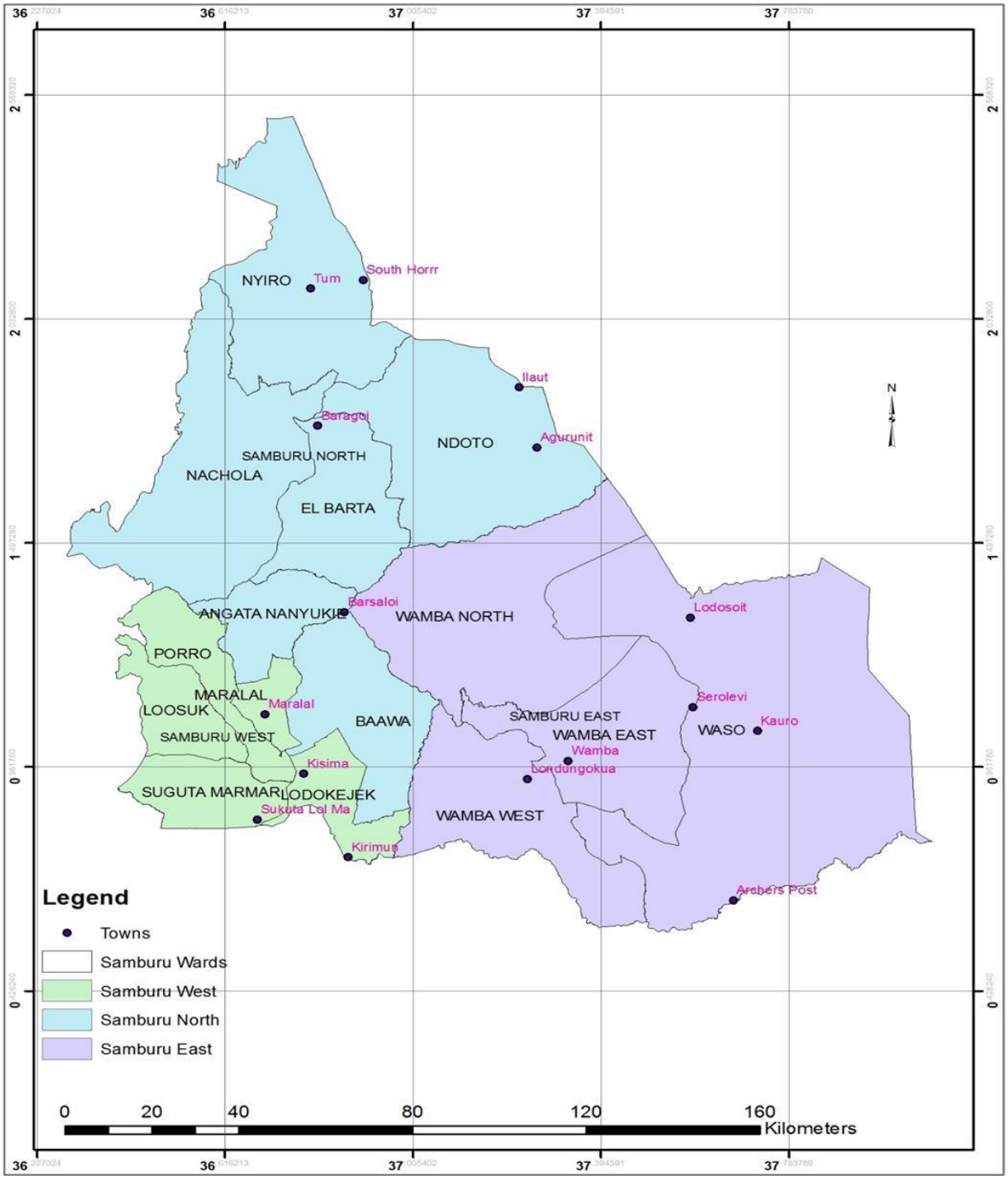
1.1 Implementing Partners in Samburu County.

	Name of stakeholder	Role of stakeholder/mandate or function	Expectation of stakeholders	Obligation of the County to the stakeholder
1	World Vision Kenya-Lorroki ADP-Samburu County	• Scaling up nutrition services in Samburu County through Nutrition advocacy and Nutrition sensitive interventions.	Improve the nutritional status. Improve wellbeing of children and vulnerable communities	Provide oversight, leadership and coordination
2	AMREF –health Africa (Trachoma, Wash programme, APHIA-PLUS,ARP, M-Pesa foundation	• Strengthening of community health services • Improve maternal newborn and child health	Better and responsive health outcomes	Provide oversight, leadership and coordination of health services

		• Eradication of FGM practice • Eliminate trachoma • Improve sanitation and hygiene in schools and household • Scaling up of HTC services • Support of referral services • Infrastructure improvement		
3	AMURT	• Improve maternal newborn and child health • Strengthening of community health services • Strengthen leadership	Reduction of child and maternal mortality	Provide oversight, leadership and coordination
4	Kenya Nutrition and Health Program plus (NHP plus)	• Improve access and demand for quality Nutrition Interventions at Community and Facility level. • Strengthen Commodity management • Improve food and nutrition Security	Improve the nutritional status by increasing access and demand for nutritional services and strengthen nutrition commodity management support and improve food and nutrition security.	Provide oversight, leadership and coordination
6	Catholic Diocese of Maralal (CDM)	Provision of health services at different levels	Better health outcomes	Provide oversight, leadership and coordination
11	RED CROSS	Emergency response	Mitigation of emergency effects	Provide oversight, leadership and coordination
12	FRIENDS CHURCH	Provision of Health services	Better health	Provide oversight, leadership and coordination
13	FEED THE CHILDREN	Scaling up nutrition services in Samburu East	Improve the nutritional status	Provide oversight, leadership and coordination
14	MPESA FOUNDATION	Maternal Health outcomes	Improving maternal health outcome	Provide oversight, leadership and coordination
15	AFYA TIMIZA	To increase availability and quality delivery of FP/RMNCAH services To Strengthen county health systems for delivery of FP/RMNCAH services To promote care seeking	Strengthened FP/RMNCAH service delivery at health facilities through facility integrated outreaches and referral from lower level facilities and communities Strengthened county health systems for delivery	Provide oversight, leadership and coordination of FP/RMNCAH services.

		and health promoting behavior for FP/RMNCAH services. To Increase knowledge of and demand for FP/RMNCAH services.	of FP/RMNCAH services Strengthened delivery of targeted FP/RMNCAH services at community level and hard to reach areas through motor mobile, back pack and camel outreaches and effective referral to mobile and/or static facilities Increased knowledge of and demand for FP/RMNCAH services through SBCC, media, religious leaders, stakeholders and CORPs engagement.	
16	BBC MEDIA ACTION	To contribute to a growing understanding and prioritization of health communication including social and behavior change.	1. Use of media and communication to help people improve people's health.	Provide oversight leadership and coordination
17	FUTURES GROUP/ESHE/PALLADIUM GROUP	To respond to the needs of the County in reducing unment needs and increasing the contraceptive prevalence rate.	1. Increased access, choice and quality of FP 2. Increased awareness for FP and reduction of socio-cultural barriers 3. Greater involvement and sustainability of the private sector 4. Total Market Approach (TMA) for FP effectively planned, supported and coordinated	Provide oversight leadership and coordination
18	QUEEN ELIZABETH/ SSI/ AMREF	Support of trachoma programe	1. Eliminate trachoma.	Provide oversight leadership and coordination
19	UNICEF	Contribute towards the nutritional wellbeing of deprived children and women in the County	1. Increase demand for services 2. Access and utilization of basic social services 3. Evidence based and knowledge management.	Provide oversight leadership and coordination

1.2 Political and administrative set up Samburu County



Source: Samburu County 2018-2022 CIDP

COUNTY PERFORMANCE FOR THE PREVIOUS YEAR 2016-2017.

SECTION 2: TRENDS AND ACHIEVEMENTS

2.1 Health Status in the County.

Samburu County is one of the counties in the Northern arid and semi-arid parts of Kenya with more than a half of the population practicing nomadic lifestyle. The health status and well-being of the community members in Samburu is influenced by several factors such as gender, cultural practices, literacy level, socio-economic and environmental factors. For the children below five years, the following conditions are the leading causes of ill health: upper respiratory tract infections, diarrhea, and other diseases of respiratory system, pneumonia and diseases of skin. For the general population, diseases causing ill health includes upper respiratory tract infections, other diseases of the respiratory system, pneumonia, disease of the skin and diarrhoea. This is according to the district health information system (DHIS2).

Estimated Health Impact

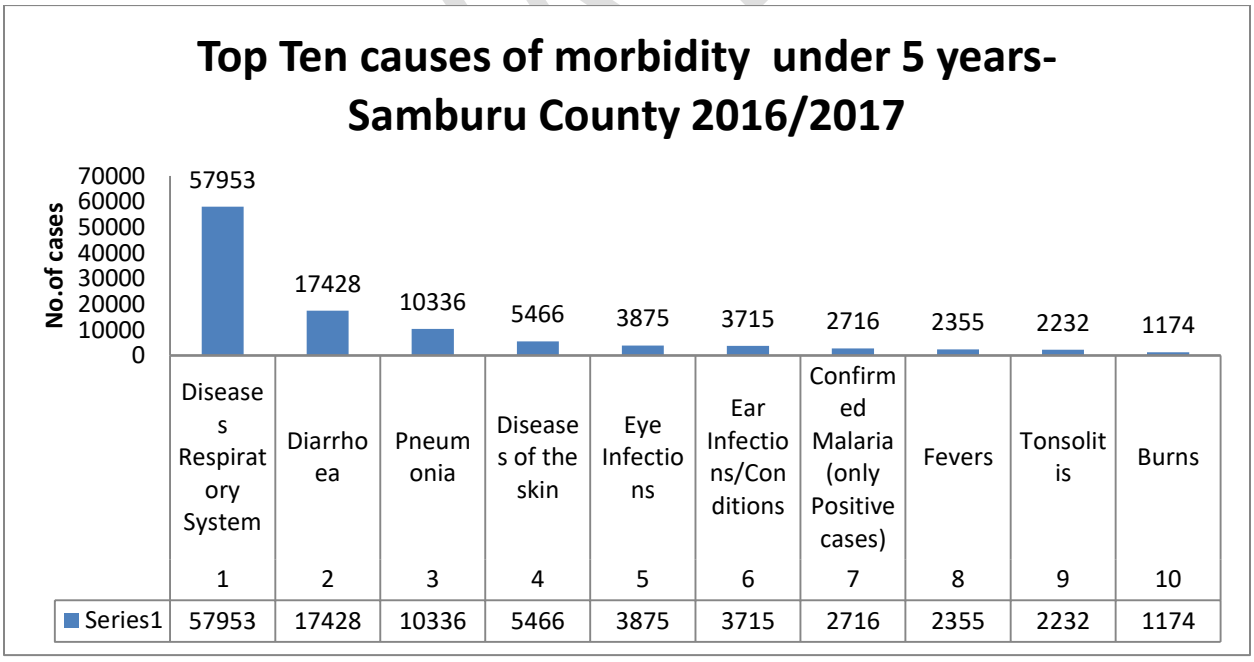
According to KDHS 2014, Samburu County had slightly lower neonatal, infant and under 5 mortality rate compared to the National. Life expectancy is at 57 while maternal mortality rate (per 100,000 births) is at 472. Staffing level in the county is still low with only 3 doctors per 100,000 populations. However, a survey is required to get the county health impact indicators. Information on health impact is important for targeted interventions to positively affect the direction of indicators.

Indicator (%)	Samburu County	National
Life expectancy at birth	57	58
Crude death Rate	8	8
Client Satisfaction	ND	ND
Maternal Mortality Rate*	472	362
Neonatal Mortality Rate**	11	22
Infant Mortality Rate**	34	39
Under 5 Mortality Rate**	50	52
Adult Mortality		
Teenage pregnancy	26	18
Health worker ratio to population		
Nurses (per 100,000 people)	91	55
Doctors (per 100,000 people)	3	10
Clinical officers (per 100,000 people)	17	21
Stunting	34(Smart Survey 2017)	26
Wasting	18.3 (Smart Survey 2017)	4
Underweight	34.3 (Smart Survey 2017)	11
% of households with access to improved sanitation	21	24.7

/100,000 live births, **/1,000 live births (source KDHS 2014) * SMART Survey 2017****

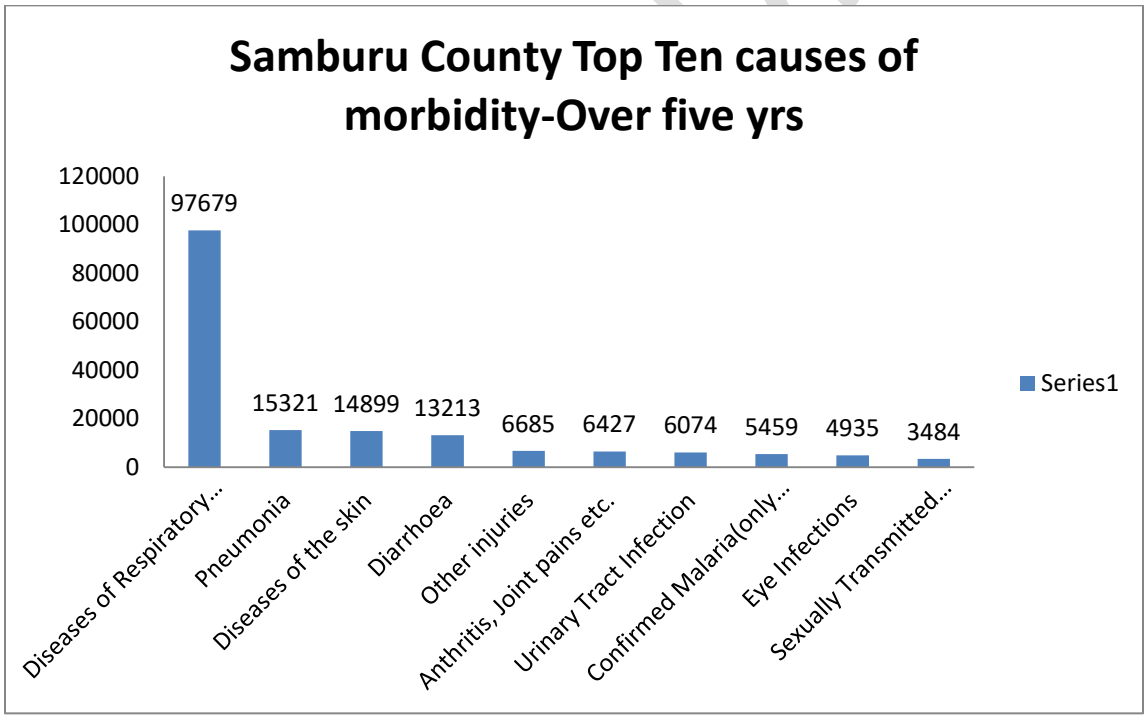
2.1.2 Ranking of top 10 causes of morbidity and mortality (Under 5 years)

Rank (1 – 10)	Major conditions causing ill health	Numbers		Rank (1 – 10)	Major conditions causing death
1	Diseases Respiratory System	57953		1	Diarrheal diseases
2	Diarrhoea	16766		2	Lower respiratory infections
3	Pneumonia	10336		3	Malaria
4	Diseases of the skin	5466		4	HIV/AIDS
5	Eye Infections	3875		5	Perinatal conditions
6	Ear Infections/Conditions	3715		6	Tuberculosis
7	Confirmed Malaria(only Positive cases)	2716		7	Road traffic accidents
8	Fevers	2355		8	Violence
9	Tonsillitis	2232		9	Cerebrovascular disease
10	Burns	1174		10	Ischaemic heart disease



Ranking of top 10 causes of morbidity and mortality (Above 5 years)

Rank (1 – 10)	Major conditions causing ill health	Numbers		Rank (1 – 10)	Major conditions causing death
1	Diseases of Respiratory System	97679		1	Diarrheal diseases
2	Pneumonia	15321		2	HIV/AIDS related conditions
3	Diseases of the skin	14899		3	Anemia
4	Diarrhoea	13213		4	Pneumonia
5	Other injuries	6685		5	Perinatal conditions
6	Anthritis, Joint pains etc.	6427		6	Tuberculosis
7	Urinary Tract Infection	6074		7	Road traffic accidents
8	Confirmed Malaria(only Positive cases)	5459		8	Hypertension
9	Eye Infections	4935		9	Cerebrovascular disease
10	Sexually Transmitted Infections	3484		10	Kidney Disorders



2.1.3 Ranking of major risk factors causing morbidity and mortality

Rank (1 – 10)	Major risk factors causing ill health		Major risk factors causing death	Rank (1 – 10)
1	Unsafe water, sanitation & hygiene		Unsafe water, sanitation & hygiene	1
2	Exposure to environmental conditions favorable for disease vectors		Childhood & maternal underweight	2
3	Alcohol use		Indoor air population	3
4	Unsafe sex		Unsafe sex	4
5	Suboptimal breastfeeding		Alcohol use	5
6	Childhood & maternal underweight		Suboptimal breastfeeding	6
7	High Blood Pressure		High Blood Pressure	7
8	Insecurity due to cattle rustling		Vitamin A deficiency	8
9	Vitamin A deficiency		Diabetes	9
10	Zinc deficiency		Zinc deficiency	10

2.2 Health Services Outcomes

Health outcomes share the broad range of services available across the 6 health sector policy objectives. It highlights what services can be accessed both at community, primary level facilities and at the hospitals in the County. Generally, most basic health care services can be accessed in most of the health facilities, while the very specialized services are available at the hospital level, however, a proportion of some specialized services are not available due to lack of specialized health workforce and equipment's.

Trends in access to KEPH Services

POLICY OBJECTIVE	KEPH SERVICES	Number of primary care facilities providing service			Number of hospitals providing service		
		Baseline	*Target*	*Achievement - 16/17*	*Baseline*	*Target*	*Achievement*
		15/16	*16/17*		*15/16*	*16/17*	*16/17*
Accelerate reduction of the burden of Communicable Conditions	Immunization	64	71	68	3	3	3
	Child Health	64	86	78	3	3	3
	Screening for communicable conditions	60	86	85	3	3	3
	Antenatal Care	60	86	68	3	3	3
	Prevention of Mother to Child HIV Transmission	58	86	68	3	3	3
	Integrated Vector Management	29	67	31	2	2	2
	Good hygiene practices	57	67	66	3	3	3
	HIV and STI prevention	69	86	85	3	3	3
	Port health	0	0	0	1	1	1
	Control & prevention neglected tropical diseases	42	66	66	2	2	2
Halt, and reverse the rising burden of non-communicable conditions	Community screening for NCDs	6	47	47	1	1	1
	Institutional Screening for NCD's	50	66	66	2	2	2
	Workplace Health & Safety	81	86	85	3	3	3

	Food quality & Safety	35	67	31	3	2	2
Reduce the burden of violence and injuries	Pre hospital Care	34	50	38	3	3	3
	Community awareness on violence and injuries	34	50	38	3	3	3
	Disaster management and response	34	86	38	3	3	2
Provide essential health services	Outpatients	69	86	85	3	3	3
	Emergency	54	67	66	3	2	2
	Maternity	57	86	62	3	3	3
	In patient	29	30	29	3	3	3
	Clinical laboratory	13	57	53	3	3	3
	Specialized laboratory	0	3	0	2	2	2
	Radiology	0	5	0	3	2	1
	Operative services	0	10	0	3	2	2
	Specialized therapy	0	0	0	1	1	1
	Specialized services – HIV Mgt, Ophthalmic, TB mgt	10	12	12	3	3	3
	Rehabilitation	0	47	33	3	2	2
Minimize exposure to health risk factors	Health Promotion including health Education	34	39	38	3	2	2
	Sexual education	35	67	47	2	2	2
	Substance abuse	26	67	47	2	2	2
	Micronutrient deficiency control	48	86	85	3	2	2
	Physical activity	25	67	47	2	2	2
Strengthen collaboration with health related sectors	Safe water	34	86	38	3	2	2
	Sanitation and hygiene	48	86	54	3	2	2
	Nutrition services	60	86	82	3	2	2
	Pollution control	45	52	39	2	2	2
	Housing	12	67	12	2	2	2
	School health	12	52	12	2	2	2
	Water and Sanitation Hygiene	31	52	31	2	2	2
	Food fortification	31	67	31	2	2	2
	Population management	0	42	0	0	0	0
	Road infrastructure and Transport	35	41	41	1	1	1

Trends with Community Unit outcomes

Targeted improvement	Baseline 15/16	Target 16/17	Achievement 16/17
Number of Households reached with health promotion messages,	13,675	33,755	30,880
Number of persons with ill health being followed up	1,968	2,431	1,491
Number of Households with functional toilets	9,272	21,435	10,431
Number of Community action days	130	302	165
Number of Households with hand washing facilities	3,794	16,335	11,040
Number of Persons referred to facility from Community Units	3,807	5,800	4,410
Number of Community dialogue days held	67	184	86
Number of births occurring in the home environment	971	40	767
Number of deaths occurring in the home environment	24	0	7
Number of deaths with verbal autopsies completed in Community	2	12	1

Trends with Health Outcomes

Policy Objective	Indicator				Performance					
		Baseline	*Target*	*Achievement*						
		2015/2016	*2016/2017*	*2016/2017*	*%*	*Primary care*	*Hospital*	*Public*	*Faith Based*	*Private*
Accelerate reduction of the burden of Communicable Conditions	# Fully immunized children	5362	8418	5643	67	4553	1090	4487	1052	105
	# of target population receiving MDA for Trachoma	0	182216	0	0	0	0	0	0	0
	# of TB patients completing treatment	304	396	189	48	114	75	112	58	1
	# HIV + pregnant mothers receiving preventive ARV's	125	137	57	42	2	35	53	4	0
	# of eligible HIV clients on ARV's	1184	1337	1270	95	310	826	1070	184	16
	# of eligible HIV clients on ARV's (STARTING)	49	132	141	107	25	336	58	53	5
	# Of clients tested for HIV.	72640	198139	83967	42	37702	9537	78319	5308	340
	# of targeted under 1's provided with LLITN's	14	4836	122	3	13669	0	7	16	0
	# of targeted pregnant women provided with LLITN's	19038	6094	96	2	2	0	77	19	0
	# of under 5's treated for diarrhea	19038	7194	16636	231	9577	1710	13651	2782	203
	# School age children dewormed	30282	46320	53266	115	34914	12411	45564	6849	853
Halt, and reverse the rising burden of non-communicable conditions	# of adult population with BMI over 25	3	1520	165	11	9740	15	93	72	0
	# women of reproductive age screened for cervical cancers	247	28876	379	1	79	300	370	9	0
	# of new outpatients with mental health conditions	321	141	342	243	264	47	288	53	1
	# of new outpatients cases with high blood pressure	536	470	1281	273	708	245	872	329	0
	# of patients admitted with cancer	3	0	5	0	262	40	5	0	0
	# of pregnant women receiving iron/ folate supplement	8379	11230	15160	135	9313	5253	12222	2788	150
	# of children under 5yrs attending G.M.C. (new cases only)	54899	38643	43363	112	35571	7647	39273	3918	172
Reduce the burden of violence and injuries	# new outpatient cases attributed to gender based violence	12	108	197	182	738	106	129	0	0
	# new outpatient cases attributed to road traffic accidents	2647	800	881	110	491	194	694	162	21
	# new outpatient cases attributed to other injuries	1601	650	4571	703	345	689	3749	695	127
	# of facility deaths due to injuries	149	0	0	0	0	0	0	0	0
Provide essential health services	# deliveries conducted by skilled attendant	3788	8482	4097	48	1896	1785	3124	649	24
	# of women of Reproductive age receiving family planning	16018	42996	24467	57	19768	4915	23876	455	136
	# of facility based maternal deaths (per 100,000 live births)	5	2	2	100	1	1	2	0	0
	# of facility based under five deaths (per 1,000 under 5 outpatients)	12	0	32	0	32	0	22	10	0
	# of newborns with low birth weight	289	70	217	310	76	126	175	42	0
	# of facility based fresh still births (per 1,000 live births)	56	9	60	667	31	38	50	10	0
	Surgical rate for cold cases	11	12	57	475	65	0	24	33	0
	# of pregnant women attending 4 ANC visits	3473	8050	3567	44	2302	1088	2679	805	82

Minimize exposure to health risk factors	# Population who smoke (9.1%)	13305	17142	0	0	177	0	0	0	0
	# Population consuming alcohol regularly (13.3%)	19445	30058	0	0	0	0	0	0	0
	# infants under 6 months on exclusive breastfeeding	5290	7196	5281	73	4897	4506	1139	1059	83
	# of Population aware of risk factors to health	89426	225927	89952	40	58146	14841	62000	10841	0
	# of salt brands adequately iodized	5	13	11	85	0	5	0	5	0
	# adult new attendances with Adult Mid Upper Arm Circumference above normal	2	0	0	0	0	0	0	0	0
	Couple year protection due to condom use	0	40296	689	2	0	0	0	0	0
	# of children 6-11 months supplemented with vit A	1457	4514	4560	101	3129	1379	3514	1012	104
	# of children 12-59 months supplemented with VIT A.	5159	36765	36226	99	23714	12399	30229	5413	584
	# of lactating mothers supplemented with VIT A.	1237	6893	4064	59	2046	1706	2764	1300	0
	# of children 6-23 months receiving MNP.	560	2681	3353	125	2327	1394	2536	817	0
Strengthen collaboration with health related sectors	# population with access to safe water	45891	187871	60327	32	109	0	12466	0	0
	# under 5's stunted	799	13973	10557	76	9233	1305	10489	68	0
	# under 5 underweight	6150	15423	12364	80	10545	1751	11356	934	74
	School enrollment rate	32107	68037	27464	40	87	0	0	0	0
	# women with secondary education	995	78366	1095	1	0	0	0	0	0
	# of households with latrines	3623	40433	12679	31	1683	7229	8912	0	0
	# of houses with adequate ventilation	2516	28887	2552	9	0	0	0	0	0
	# of classified road network in good condition	0	3	1	33	1	0	1	0	0
	# Schools providing complete school health package	39	93	51	55	45	0	45	0	0

2.3 Trends and achievements with health outputs

County Health Output achievements

Policy Objective	Indicator	Overall achievement			Performance	Achievement by level		Achievement by ownership		
		Baseline 2015/2016	*Target 2016/2017*	*Achievement 2016/2017*		*Primary care*	*Hospital*	*Public*	*Faith based*	*Private*
Improving access to services	Per capita Outpatient utilization rate	151%	100%	146%	123%	136%	81%	51%	34%	26.67%
	# Of population living within 5km of a facility.	51380	169800	95,000	56%	70%	30%	67%	11%	22%
	# of facilities providing BEMOC	63	82	71	87%	87%	100%	100%	100%	0
	# of facilities providing CEOC	2	3	2	67%	0	100%	100%	100%	0
	Bed Occupancy Rate	60%	70%	70%	100%	0	100%	0%	100%	0%
	# of facilities providing Immunization	55	82	69	84%	84%	100%	84%	100%	0
Improving quality of care	TB Cure rate	85%	90%	90%	100%	90%	100%	90%	90%	0
	# of fevers tested positive for malaria	8969	10500	8175	78%	60%	40%	77%	11%	22%
	# maternal audits/deaths audits	3	3	1	33%	0	1	0	0	0
	Malaria inpatient case fatality	1	0	9	0	0	9	0	0	0
	Average length of stay (ALOS)	6	5	5	100	0	100%	0	0	0
Improving demand for services	# facilities with publicly displayed service charters	95	96	72	75%	89%	100%	89%	100%	100%
	Per capita OPD utilization rate	113%	100%	108%	104%	100%	100%	100%	100%	100%

2.4 Trends and achievements with health investment

2.4 Health investments

Supported by various partners, thirty (30) Community units have been established the number of functional community units has also increased from 18 to 27. Purchasing of 13 ambulances by the county Government has increased the number of patient referred from all facilities to referral hospitals.

Policy Objective	*Indicator*	*Overall achievement*			*Performance*	*Achievement by level*		*Achievement by ownership*		
		Baseline (2015/16	*Target (2016/17)*	*Achievement (2016/17)*	*%*	*Primary care*	*Hospital*	*Public*	*Faith based*	*Private*
Service delivery systems	# of functional community units	18	31	27	87%	21	6	17	10	0
	# outbreaks investigated within 48 hours	2	8	6	75%	3	3	5	1	0
	% of hospitals offering emergency trauma services	67%	67%	33%	50%	0%	67%	33%	0%	0%
	% hospitals offering Caesarean services	67%	100%	33%	33%	0%	100%	33%	0%	0%
	% of referred clients reaching referral unit	35%	83%	68%	82%	20%	20%	29%	60%	0%
Health Workforce	# of Medical health workers per 10,000 population	37	245	193	79%	160.11	21	161	20	0
	% staff who have undergone CPD	54%	100%	70%	70%	50%	20%	55%	15%	0%
	Staff attrition rate	2%	3%	2%	7%	1%	1%	1%	1%	0%
	% Public Health Expenditures (Govt and donor) spent on Human Resources	10%	15%	20%	13%	10%	10%	10%	10%	0%
Health Infrastructure	# of facilities per 10,000 population	4	67	13	19%	8	2	6	3	1
	% of facilities equipped as per norms	0%	60%	6%	10%	60%	0%	60%	0%	0%
	# of hospital beds per 10,000 population	150	385	330	86%	70	260	285	20.1	25
	% Public Health Expenditures (Govt and donor) spent on Infrastructure	5%	8%	10%	13%	5%	5%	5%	5%	0%
Health Products	% of time out of stock for Essential Medicines and Medical Supplies (EMMS) – days per month	10%	17%	37%	80%	10%	10%	10%	10%	0%
	% Public Health Expenditures (Govt and donor) spent on Health Products.	9%	10%	8%	80%					
Health Financing	General Government expenditure on health as % of the total government Expenditure	19%	30%	23%	76%					
	Total Health expenditure as a percentage of GDP	0%	0%	0%	100%	0%	0%	0%	0%	0%
	Off budget resources for health as % of total public sector resources	10%	5%	8%	100%	7%	1%	6%	1%	1%
	% of health expenditure reaching the end users	30%	0%	30%	100%	30%	30%	30%	30%	0%

	% of Total Health Expenditure from out of pocket	0%	0%	0%	100%	0%	0%	0%	0%	0%
Health Leadership	% of health facilities inspected annually	84%	100%	80%	80%	20%	50%	20%	23%	7%
	% of health facilities with functional committees	50%	50%	50%	100%	50%	50%	50%	50%	0%
	% of Counties with functional County Health Management Teams	100%	100%	100%	100%					
	% of Health sector Steering Committee meetings held at sub County level	100%	100%	100%	100%					
	% of Health sector steering committees meeting held at sub county level	100%	100%	100%	100%					
	% of facilities supervised	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Number of Sub counties with functional anti-corruption committees	1	1	1	100%	1	1	1	0	0
	% of facilities with functional anti-corruption committees	0	10%	50%	0	50%	50%	50%	50%	50%
	% of policies/document using evidence as per guidelines	0	10	10	0	10	10	10	10	10
	% of planning units submitting complete plans	100%	100%	100%	100%	100%	100%	100%	100%	100%
	# of Health research publications shared with decision makers	0	10	20	200%	0	0	0	0	0
	% of planning units with Performance Contracts	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of Sub County planning units with Performance Contracts	100%	100%	100%	100%	100%	100%	100%	100%	100%
Health Information	# of sector quarterly reports produced and disseminated.	2	5	1	20%	1	1	1	1	1
	% of planning units submitting timely, complete and accurate information	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of facilities with submitting timely, complete and accurate information	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% Public Health Expenditures (Govt and donor) spent on Health Information	100%	100%	100%	100%	100%	100%	100%	100%	100%

Community Unit investments

Investment area	Type of investment	Baseline 2015/2016	Target 2016/2017	Achievement 2016/2017
	Community Health Extension Worker	19	62	9
	Trained Community Health Volunteers (Male)	368	348	135
	Trained Community Health Volunteers (Female)	490	503	198
Health Workforce	Other (specify)	0	0	0
		0	0	0
	Bicycles	317	805	373
	Motor cycle	0	32	2
	Mobile phone	191	805	261
	Community boards	21		11
Health Infrastructure	Other (specify)	5	11	5
		0	0	0
Health Products	Number of kits supplied in the past year	61	710	0
		0	0	0
	Number of Committee meetings held in past 12 months	66	192	91
	Number of committee meetings attended by all CHC members	36	170	45
	Number of quarterly Community dialogue days	53	107	68
Health leadership	Number of committee meetings attended by other health partners in the Community Unit in the past 12 months	40	107	66
	Number of CHVs using phone to report	0	397	162
	Updated Household register for community	676	715	672
	Number of Monthly reports sent to health facility in past year	187	312	267
	Number of births included in Household register in past year	1517	1704	1334
Health Information	Number of deaths included in Household register in past year.	36	5	16
	First Aid skills – CHEWs	6	32	0
	First Aid skills – CHWs	26330	769	0
Service provision	Emergency contingency plans (including referral plans)	2	25	2

SECTION 3: KEY MILESTONES, ISSUES & CHALLENGES

3.1 Health outcome milestones, issues and challenges

The County, in realization of its vision 'A County free of Ill Health', has made a stride towards its achievement. This has been realized through sustained outreaches in collaboration with partners, operationalization of the eye unit and renal unit, refurbishment of theatres, hospital kitchens, construction of additional health facilities, and construction of a commodity warehouse among others, procurement of equipment and recruitment of new staff. However, various challenges in the delivery of health services, both internal and external still face the County. Internal challenges revolve around implementation, systems to support implementation, staff shortages, skills amongst staff etc. External challenges include political, economic, sociological, technological, ecological, and legislative issues. The table below presents an analysis of issues and challenges affecting health in the County.

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
Accelerate reduction of the burden of Communicable Conditions	Immunization	• Increase in the number of immunizing facilities from 69- 71 by installation of solar powered fridges. • Change of vaccine fridges from gas-powered to solar powered. • Mentorship of 29 facilities on EPI through the AFENET/ START program. • Consistent supply of immunization vaccines and related logistics • Continued integrated Mobile outreaches by county government and partners.	• In accessibility due to distances to facilities, poor road network • Few established community units. • Defaulter tracing mechanism for immunization not in place. • Intermittent mobile outreaches due to inadequate funds and unreliable means of transport. • Malfunctioning of the Solar fridges in a few facilities resulting from irregular servicing. • Migration of communities' due to droughts • Nurses Industrial action affected service delivery
	Child Health	• Scale up management of High Impact Nutrition Intervention (HINI) in the County. (Vitamin A supplementation, Growth monitoring, Deworming, WASH, OTP & SFP enrollment, ORT.) • Supply of Anthropometric equipment in all new health facilities.	• Shortage of health personnel. • Inadequate funding • Food insecurity • Not all facilities are IMCI compliant. • Poor defaulter tracing mechanisms for both immunization and Nutrition program

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
		• Training of CHVs on baby friendly community initiatives. (BFCI)	
	Screening for communicable conditions	• All facilities in the County are screening for TB using the ICF tool. • Contact index tracing for TB patients done in the entire county. • Training of healthcare workers on new TB treatment guidelines. • Use of expert clients to trace ART and TB treatment defaulters. • Trachoma Impact assessment conducted in the entire County in May 2017. • Medical examination and screening of food handlers done.	• Inadequate laboratories for confirmatory diagnosis. • Shortage of health personnel. • Poor health seeking behavior at the community level. • Few established Community units. • Poor health seeking behavior • Reduced number of CHVs trained (turnover) • Underutilization of the Gene-Xpert machine. • Passive disease surveillance in some facilities
	Antenatal Care	• Continued screening of ANC mothers for HIV, TB, Malaria, and Syphilis. • Most HCWs were trained on ANC profiling through support from partners.	• ANC lab profile not done in most facilities due to low lab coverage • Shortage of testing kits. • Poor linkage form primary care facilities to referral facilities for ANC profiling.
	Prevention of Mother to Child HIV Transmission	• Increased uptake of PMTCT services due to increased ANC attendance. • All mothers testing positive started on HAART in all ART Sites • Through strengthened ANC follow up above 95% of HIV+ mothers delivered in health facilities and appropriate measures followed to ensure PMTCT. • Good post-natal follow up done for HIV exposed infants and DBS removed and sent to referral lab at 6weeks. • All HEIs are put on prophylaxis • DBS taken from HEIs for Virologic test • Consistent supply of ARVs used in PMTCT	• Erratic supply of Test Kits. • Stigma and discrimination associated with HIV Infection • Training gaps of healthcare workers on PMTCT and Pediatric ART. • Poor Lab networking for EID-DBS/CD4 due to lack of Facilitation for transport of specimens (DBS) from the various facilities to courier G4S offices for onward transmission. • Few ART sites. • Inadequate reporting tools.
	Integrated Vector	• Mosquito survey conducted in Dec 2017. • Indoor residual spraying done in health facilities, schools,	• No supply of LLITNs • No supply of anti-vectors chemicals and PPEs.

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
	Management	children's home and households. • Bedbugs campaign was done in which houses in Bendera, Loilei, Nachola and Ngilai were sprayed.	• Poor housing and sanitation leading to susceptibility to vector attacks. • Training gaps in vector management.
	Good hygiene practices	• Community Led total sanitation (CLTS) activities carried out (CTLS- Village triggering conducted in 50 villages) • Global hand washing celebrations in 30 schools. • Celebration of World Toilet day in 2 sub-counties on 19th November 2017. • Menstrual hygiene celebration and supply of sanitary pads in 4 schools in Samburu Central supported by World Vision Lorroki ADP. • Formation of health clubs in 45 primary schools (Complete Package)	• Lack of funding to Samburu North sub-county. • Water scarcity in most parts of the sub county. • Shortage of PHOs and PHTs. • Low latrine coverage in the County due to ignorance and culture. • Limited mobility due to lack of a reliable means of transport. • Nomadic lifestyle • Vandalism sof WASH infrastructure (leaky tins)
	HIV and STI prevention	• Distribution of condoms in Bars, public dispensers and in facilities was done • Availability of HTS and STI screening services at the facilities. • Availability of PMTCT, PEP and PrEP in all ART treatment sites. • World Aids Day celebrated in 1st December 2017 in all sub-counties. • Formation of psychosocial groups for PLHIV to assist in fighting stigma and discrimination. • Strengthening social behaviour and communication for youths and adolescents (Nkaing'onisho)	• Stigma and Discrimination of PLHIV. • Low laboratory coverage • Poor Integration of HTS and other services including outreaches. • Low staffing of HTS delivery points. • Cultural practices • Alcoholism drug and Substance abuse. • Minimal partner support in Samburu North • • No facilitation to various facilities to access the adequacy of prevention materials and other needs in HIV/STI prevention. • Long distances/hard to reach areas from the h/facilities
	Port health	N/A	N/A
	Control & prevention neglected tropical diseases	• Continued surveillance, screening and management of neglected tropical diseases like: trachoma through outreaches, jiggers, helminths. • Trachoma Impact assessment conducted in the entire County in May 2017 which has led to a reduction in Trachoma	• Inadequate funding in support of these activities • Scarcity of water contributing to poor hygiene practices. • Re-Emergence of Hydatidosis with little knowledge about the management.

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
		infection in ages 1-9 years. • Trachoma eye camps conducted every month across the county for screening and surgery. • Celebrated world sight day on 13th October 2016.	
Halt, and reverse the rising burden of non-communicable conditions	Community screening for NCDs	• Screening and surgery performance done for cataracts through integration of Trachoma Outreaches.	• Knowledge gap of CHVs on screening for NCDs. • Lack of screening equipment and reagents at the community level (BMI Machine, BP machines, stadiometer etc.) • Inadequate support of NCDs screening by CHVs in the community units' due to the knowledge gap. • Lack of funds to undertake active screening of NCDs
	Institutional Screening for NCD's	• Continued screening of NCDs at the health facilities and Huduma center. • Continuous Health education done to HCWs on NCDs through CMEs. • Establishment of MOPC clinic at the CRH • Establishment of triage at the CRH OPD.	• Knowledge gap of HCWs on screening of some NCDs like Cervical cancer. • Inadequate screening equipment and re-agents (BMI Machine/stadiometer, Cervical cancer screening reagents) • Lack of IEC materials on NCDs at the facilities. • Low baseline data on NCDs. (No surveys done on NCDs) • Poor uptake of cervical cancer screening due to knowledge gap. • Poor Triage services in other health facilities.
	Workplace Health & Safety	• Laboratory staff trained on biosafety and biosecurity. • Construction and equipping modern radiology units at Samburu CRH and Baragoi SDH. • Availability of physical fitness equipment at the CRH.	• No incinerators in all facilities within the county. • Inadequate Standard Operating Procedures (SOPs) and guidelines at work places on safety. • Unavailability of Workplace Health and safety Policy. • Lack of PPEs • Knowledge gap of HCWs on safety protocols. • Lack of proper storage infrastructure and disposal of dangerous chemicals. • Exposure to bio- hazardous materials e.g. asbestos roofing sheets in some facilities.

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
			• Weak enforcement on the use of Alcohol, cigarette smoking and substance abuse in all facilities.
	Food quality & Safety	• Routine food sampling by PHOs in eating houses, shops and institutions. • Taking of food samples to government laboratories. • Nutritional education and counselling at the facilities.	• Knowledge gap on risk factors associated with NCDs and food consumption. • Unscrupulous business people using illegal additives on locally processed foods e.g. H2O2 as a milk preservative, paracetamol in githeri, and Sodium bicarbonate as a preservative. • Preference to fast-foods over traditional foods. • Consumption of inadequately dried serials leading to aflatoxicosis.
Reduce the burden of violence and injuries	Pre-hospital Care	• Training of Kenya Red Cross First Aiders in Samburu. • Availability of ambulances.	• Inadequate first aid kits at the pre-hospital care level. • Knowledge gap on First aid by most CHVs • Lack of an ambulance command center. • Frequent tear and wear of ambulances
	Community awareness on violence and injuries	• Community Sensitization through support of partners on retrogressive practices like gender based violence, cattle rustling and FGC through community health units and Local radio stations. • Training on alternative rites of Passage for girls by AMREF – ARP. • Enforcement by traffic police on road safety use.	• Deep rooted cultural practices like FGC, cattle rustling and gender based violence. • Lack of IEC materials including Posters /Billboards • Knowledge gap in the community on effects of these bad practises. • Few community health units. • Inadequate reporting of violence's and injuries by the community. • Widespread Consumption of illicit brews and drugs that contributes to increased cases of gender based violence. • Ignorance of rights and law that leads to few reported cases. • Inadequate training of motorists on road use.
	Disaster management and response	• Quarterly meetings through DSG to detect early warning signs, forecast and mitigate disaster systems. • Availability of lab reagents and equipment's at the County Referral Hospital Laboratory.	• No disaster preparedness contingency plan. • Lack of resource allocation for disaster preparedness. • Passive disaster preparedness Team at the County level. • Lack of trained staff on disaster management and

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
		• Training on CMDRR (Community Managed Disaster Risk reduction by Feed the Children	response. • Inadequate diagnostic facilities in rural facilities.
Provide essential health services.	Outpatients	• Increase in the number of health facilities. • Increased number of HCWs. • Procurement of Essential medicines and medical supplies by the county Government. • Increasing referrals from community units. • Health education.	• Shortage of staff in the department of health. • Inadequate space/ infrastructure in most facilities. • Delays in supply of of Essential medicines and medical supplies. • Inadequate resource allocation for procurement of Essential medicines and medical supplies. • Inadequate support for laboratory networking • Weak referral systems. • Frequent stock out of Essential medicines and medical supplies due to delayed payments. • Industrial unrest by health workers in the year 2017. • Poor storage infrastructure for commodities in most facilities.
	Emergency	• Emergency trays available in most facilities. • Availability of 13 ambulances in the county. • Provision of fuel and maintenance for the ambulances. • Staff willing to respond to emergency calls at any given time.	• Lack of casualty/ emergency department at the county referral hospital. • Frequent breakdown of ambulances with delays in repairs. • Lack of an ambulance command centre. • Inaccessibility due to poor road infrastructures, poor communication (low network coverage). • Inadequate knowledge on Life saving skills by health care providers and drivers. e.g. BLS and ACLS. • There is no County Health Contingency Plan
	Maternity	• Most HCWs were trained EMONC through support from partners. • 38 facilities were supplied with EMONC equipment. • Scale- Up of ambulance transport M-voucher to registered pregnant mothers to cover Suguta, Angata, Barsaloi, Wamba Catholic and Archer's post Health center.	• Shortage of staffs. • Inadequate maternity wards. • Influence by the TBAs and elderly women. • Knowledge gap on Individual Birth Plan. • In availability of Ambulance due to frequent breakages • Shortage of water in maternities.

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
		• Renovation, upgrading and equipping of 19 facilities by Uzazi Salama. • Implementation of free maternity services. • Strengthened referral of mothers in labor through CUs • Training of HCWs on MPDSR and formation of MPDSR committees in several health facilities. • Provision of mother baby packs by Uzazi Salama. • Training of HCWs on MIYCN (Mother Infant and young child nutrition) by partners. • Construction and operationalization of maternity theatre in CRH.	• Poorly constructed maternities that do not meet standards. • Lack of power in most maternities.
	In patient	• Procurement of Essential medicines and medical supplies by the county Government.	• Inadequate inpatient facilities in the county leading to congestion in the few available wards. • Staff shortage • Lack of specialized services. • Lack of adequate infrastructure for inpatient in county institutions. • Poor reporting for inpatient services • Inadequate water in most facilities. • Stock out of oxygen
	Clinical laboratory	• Availability and use of Gene expert machine in the CRH. • Capacity building of Laboratory staff on biosafety. • Purchase of lab reagents through HSSF funds • Sample networking for Gene-Xpert to county referral hospital.	• Inadequate laboratories in the County. • Inadequate lab equipment • Unreliable water supplies in the laboratories. • Inadequate laboratory staff. • Frequent stock outs of lab reagents • Poor support for lab sample networking • Inadequate standard labs in the County.
	Specialized laboratory	• None	• Lack of special laboratories. • In adequate specialized laboratory staff.
	Radiology	• Renovation and construction of fully equipped modern radiology units at CRH and Baragoi SCH respectively.	• Inadequate staff (radiographers) to man the radiology departments. (no staff at Baragoi)

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
		• Capacity building of radiology staff.	• Lack of specialized imaging machines e.g. CT scan and MRI machines. • Lack of safe disposal mechanisms for radiologic waste. • Lack of power alternatives to supplement the units in times of black-outs.
	Operative services	• Supply of modern theatre machines, equipment's and renovation of the county referral hospital, Baragoi SCH and Suguta health center. • Construction of an eye unit CRH with support from AMREF Health Africa. • Regular eye operative services at the CRH and scheduled outreaches in the county.	• Inadequate specialists and other theatre staff. • Lack of water in Baragoi SCH Theatre • Lack of minor theatres in all health centers • Frequent stock-outs of anesthetic commodities e.g. halothane.
	Specialized therapy	• Operationalization of the renal unit in the county referral hospital • Specialized orthopedic surgeries in Wamba Mission Hospital	• Lack of residential specialists to offer specialized therapy • Frequent stock-outs of specialized care commodities e.g. dialysis salts
	Specialized services	• Availability of Gene expert machine • Scheduled ophthalmic services. • Dental services provided by the British Army Doctors. • Gynaecologic, Plastic Surgery, Orthopaedic, and Urology services offered in Wamba mission Hospital	• Lack of adequate equipment in the dental unit for specialized dental services. • Ophthalmic services must be arranged from the county level. • All other specialized services not available local due to lack of infrastructure and expertise.
	Rehabilitation	None	• Minimal rehabilitation services due to lack of infrastructure, equipment and personnel • Lack of a rehabilitation center for alcoholics and substance abuse patients.
Minimize exposure to health risk factors	Health Promotion including health Education	• Awareness creation on existing health risk factors through monthly community dialogue days by CHVs and local radio stations • Daily health education sessions in high volume facilities. • Provision of C4D materials on Various health topics • Training of staff on SBCC	• Inadequate health promotion and education personnel • Inadequate community units.

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
	Sexual education	• Making of Menstrual hygiene management and distribution of sanitary pads • Training of peer educators by AMREF • Roll out of adolescent health in secondary schools	• Lack of comprehensive school health Program • Lack of IEC material • Lack of funding • Shortage of skilled staff • Lack of IEC materials. • Peer pressure. • Lack of youth friendly centers. • Lack of other forms of recreation • Negative effect of urbanization and western culture lack of support to roll out APOC • HCWs not trained on ASRH package. • Lack of in-reach and out-reach services for ASRH • Lack of youth champions for ASRH services.
	Substance abuse	• Health education on substance abuse during school health club meetings • Some CHVS have been trained on alcohol and substance abuse. • Advocacy for drug free zones in schools	• Inadequate financial support. • Inadequate IEC materials e.g. Video deck, screen etc. • Ignorance • Lack of Youth friendly centers • Peer pressure. • Unemployment. • Lack of other forms of recreation
	Micronutrient deficiency control	• Food fortification e.g. wheat flour and cooking fat. • Introduction of MNP into nutrition supplements. • Vitamin A supplementation and Malezi Bora activities. • Accelerated iron/folate supplementation in pregnancy.	• Inadequate support to strengthen Micronutrient deficiency control • Ignorance • Inadequate sensitization and community awareness on micronutrients • Inadequate storage space • Poor documentation by health workers. • Continuous stock outs of Vitamin. A and other supplements. • Staff shortage (particularly the nutrition department)

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
	Physical activity	• None	• Inadequate staff • Lack of facilities and equipment (No physiotherapy department)
Strengthen collaboration with health related sectors	Safe water	• Strengthen water user's association committees in collaboration with department of water, world vision and AMREF. • Carry out regular water surveillance and taking samples to government laboratories • Distribution of chlorine for household water treatment. • Sensitization in the community on safe water • Provision of Aqua tabs/chlorine crystals. • Water tracking to the facilities during drought season. • Connection of additional water to the town system by Kenya Red Cross • Community household water treatment demonstrations. • Rehabilitation of boreholes in Samburu north sub county.	• Inadequate trained personnel and training facility for WASH • Inadequate water treatment points • Inadequate provision of water treatment chemicals at household level. • Saline water from boreholes. • Unprotected water sources. • Inadequate water supply. • Inadequate water storage tanks in health facilities, school and homesteads. • •
	Sanitation and hygiene	• Health education on sanitation and hygiene during community dialogue days • CLTS activities in 30 villages. • World hand washing day • World toilet day celebrated • Community dialogue and action days • latrine use up scaling (CLTS TRIGERING) • community hygiene promotion -hand washing demonstrations	• non- operational garbage trucks • Low latrine coverage • Persistent practice of open defecation by the community • Lack of sewerage lines in towns • Knowledge gap in the community • Inactive town/markets sanitation committees. • Inadequate community units. • Cultural practices hindering use of pit latrines.
	Nutrition services	• Monthly nutrition technical forums • Integrated support supervision • OJT on HINI • Community nutrition screening • Nutrition Smart survey • Malezi bora weeks May and November	• Shortage of staff. • Inadequate supply of supplementary vitamin A. • Ignorance- client sell the supplements. • Shortage of nutritionists in the Sub County. • Pilferages of nutrition commodities. • Ignorance- some clients sell supplements and share it

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
		• Scaling up of growth monitoring activities. • Provision of supplements to malnourished children, PLWHA, pregnant women and T.B. patients • World breast feeding week.	among the larger family. • Drought. • Lack of Monitoring of NCDs through BMIs • Lack of funding to support nutrition
	Pollution control	• None	• Inadequate incinerators • Poor waste disposal practices. • Lack of sewage treatment plants in big towns. • Inadequate incinerators in the sub county. • Poor waste disposal practices. • Lack of sewage disposal system in the sub county. • Air pollution from British army training.
	Housing	• Joint vetting and approval of building plans (both residential & commercial) together with other relevant government agencies.	• Mushrooming of unregulated and unapproved buildings. • Weak enforcement of the building code and other laws regulating housing. • Lack of capacity, knowledge gap among the staff (PHOs & PHTs)
	School health	• Revival and formation of school health clubs (new) and training of school patrons. • Celebration in schools of global hand washing day in all 3 sub-counties 15/10 • De worming exercise in schools (6-12 years) – treating soil related helminthes • Screening and treatment for scabies/jiggers in schools • Awareness and sensitization on menstrual hygiene management in schools – pads demonstrations • Awareness and sensitization on drug free zone in all schools	• Lack of funding to carry out vector control in schools – mosquito/bedbugs • Limitation due to mobility – grounded motorbikes • Lack of provision of standard hand washing facilities in schools. • Inadequate water provision in schools. • No eye screening activities in schools.
	Water and Sanitation Hygiene	• Joint Training of market and town sanitation committees • Joint Trainings of water users' committees before commissioning of water projects/kiosks • Collection of water samples and analysis by the government	• Non-operational garbage truck due to driver and fuel allocation. • Provision of sub-standard dust bins to business community and institution.

POLICY OBJECTIVE	KEPH SERVICES	Milestones achieved (3)	Key issues, and/or challenges (3)
		chemist before commissioning of boreholes • Quarterly WESCORD meetings with stakeholders held.	• No proper disposal of liquid waste – drying beds • Completed market/public ablution blocks that are non-operational because of lack of water. • Open defecation by transit bus travelers' due to lack of designated public toilets.
	Food fortification	• Seizures and removal from display foods (wheat flour, maize flour and cooking fats with exception of olive oil) that do not have fortification mark/logo • Routine sampling and analysis of salt brands in the market for iodinization •	• Unscrupulous re-packaging of foods into already labeled bags, packets with fortification mark/logo • Challenge of reinforcing fortification requirement for local millers/ posho mills. • Use of Magadi soda/salt lick as alternative to table salt. • Inadequate facilitation and support due to limited funding.
	Population management	• Awareness & Sensitization on condom use - Community Demonstration on safe/proper use of male & female condoms.	• Low uptake of female condom • Myths and misconceptions on condoms
	Road infrastructure and Transport	• • Clearance of access road to new facilities	• Poor road network. • Rugged terrain that is only accessed by 4wd vehicles.

3.2 Health output milestones, issues and challenges

Health output milestones, issues and challenges

Output area	Intervention area	Key milestones achieved during the year	Issues and challenges
Improving Access to services	Availability of critical inputs (Human Resources, Infrastructure, service delivery, health finance)	• Recruitment of health care workers and drivers. (Numbers) • Supply and installation of modern equipment's and machines at County Referral Hospital X-ray, Renal Unit, Modern Eye Unit, Kitchen and theatre. • Supply of health products and EMMS commodities by county government and partners. • Commodity redistribution supported by Afya Ugavi. • Purchase and distribution of equipment. (RMNCH equipment by Uzazi salama, Ophthalmic equipment by AMREF and sight savers and Weighing scales by NHP+) • Conducted several integrated catch-up mobile outreaches (Number)	• Shortage of healthcare workers leading to closure of some facilities. • Delay in supply of EMMS commodities. • Frequent breakdown of equipment due to delayed servicing of all equipment e.g. laboratory equipment, fridges etc. • Health workers industrial action that affected service delivery. • Hard terrain that affects transportation. • Inconsistent outreaches due to inadequate funding.
	Functionality of critical inputs (maintenance, replacement plans, etc.)	• Repair and maintenance of broken-down vehicles, fridges, water pipes, and batteries. • Installing and putting up of a wire mesh perimeter fence with a lockable gate in Baragoi sub-county Hospital. • Replacement of Solar Batteries at Ngutuk Engiron by Ewaso Lions.	• Inadequate spares for EPI fridges. • Several vehicles not working due to insufficient servicing. • Infrequent maintenance of staff houses. • No maintenance units in the three sub-counties. • Obsolete equipment in facilities requiring disposal e.g. EPI fridges, X-Ray machine in Kisima etc.
	Readiness of facilities to offer services (appropriate HR skills, existing water / sanitation services, electricity, effective medications, equipment etc.)	• Capacity building of existing human resource in some areas e.g. training of Radiologists, medical engineers, renal unit staff, BEMONC trainings, commodity management trainings. • Installation of solar power in most facilities • Construction of toilets in some facilities. • Improving water harnessing in Baragoi sub-county hospital • Construction and operationalization of 19 maternity wards in the County. • Procurement from MEDS and KEMSA assures quality of the drugs.	• Inadequate support for capacity building all HCWs. • Inadequate supply of piped water in most facilities. • Inadequate refresher courses/training e.g. ACLS and BLS • Loonjorin and Lkiloriti dispensaries are operational but without the provision of sanitary facilities. • Inadequate equipment in some of the facilities e.g. MVA sets, Tenaculums and emergency sets, • Stock- Outs due to delayed payments to the suppliers.
Improving Quality of care	Improving patient/client experience	• Patient waiting time reduced through setting up of triage area at County Referral Hospital. • Availability of service charters to inform the client about available services. • Availability of suggestion boxes in most facilities. • Health talks with patients before offering treatment. • Installation of Television sets in some level 3 and 4 facilities to	• Most staff not trained on good customer care relations. • Inadequate infrastructure and equipment. • Staff shortage leading to reduced patient-provider contact/ Interaction. • Language barrier. • Weak community referral system.

Output area	Intervention area	Key milestones achieved during the year	Issues and challenges
		occupy the patients before accessing the services. • Provision of Mother-Baby Packs after delivery. • Provision of clean water and tea at the maternity for postnatal mothers.	• Client/ Patients' misconceptions on some treatments/ formulations leading to non-adherence. • Client/Patient exit interviews not done in most facilities. • Lack of customer care desk.
	Assuring patient/client safety (do no harm)	• Continued emphasis on Infection prevention control measures observed through continued HCW training. • Applications of SOPs for therapies and drug administration. • Increased DOTs for TB clients. • Most facilities are fenced with lockable gates ensuring patient and staff safety. • Informing and getting consent from patients before performing any procedures. • Employment of security personnel (Guards) in all facilities who screen and confiscate weapons and illegal items. • Enforcement of pharmacovigilance to ensure patients' access to quality drugs and avoid ADRs to drugs.	• High defaulter rate and poor adherence in TB patients. • All buildings and infrastructure are not disabled friendly (No Rams and supportive rails). • Fire extinguishers/ Sand Buckets and fire gong' not available in most facilities. • No staff trained on how to handle and use fire extinguishers for fire fighting • Lack of incinerators. • Stock-outs of disinfectants e.g. JIK • All laboratories have no safety hoods • Adverse drug reactions to pharmaceutical, non-pharmaceutical, cosmetic and herbal products. • Inactive infection prevention and sanitation committees.
	Assuring effectiveness of care ()	• Active referral systems from community to facility. • Timely planning and ordering of drugs • Continuous health education • Tracing of defaulters of immunization, TB, 4 ANC visits and ART. • Lab networking in collecting samples for Viral load, gene expert and EID • Updates and CMEs on HII and new guidelines • Use of outcome monitoring tool for cataract surgeries	• High defaulter rate due to inadequate support defaulter tracing • Delay of supply of medications despite of timely ordering • Lack of food supplements for Food by Prescription • Cultural Barriers leading to poor health seeking behaviour. • Lack of Quality Assurance committees in all facilities
Improving demand for services	Improving health awareness amongst the communities	• Community Health Volunteers visiting homesteads and giving out health education messages to the communities and making referral cases to the health facilities • Campaigns and integrated medical outreaches to create demand for services • Display of service charter with services available and their cost • Sensitization and health education through support groups, Community dialogue and action days as well as radio talk shows • Commemoration/celebration of health calendar days	• Inadequate coverage of community units in the county • Inadequate support for sensitization (e.g. airing messages through radio) • Lack of public address system in health promotion unit. • Limited radius for radio coverage • Illiteracy among some clients. • IEC/C4D materials not translated to local languages/ Pictorials depicting the local lifestyle.
	Improving health seeking behaviors in the communities	• Cooking demonstrations at household and community level • Collaboration with health partners in community sensitization on BCC (Behavior Change Communication) • Distribution of IEC materials.	• Inadequate funding for sensitization and mobilization • Cultural practices like herbal medicine • Inaccessibility due to poor road networks • Ignorance • Frequent cases of insecurity affecting service delivery by

Output area	Intervention area	Key milestones achieved during the year	Issues and challenges
		• Assuring access to safe medicines through enforcing pharmacovigilance • Good public relationship with clients leading to high number of clients coming to the facilities. • Behavior change campaign in schools and youths. • Strengthening support groups (MtMSGs and Father Clubs) • Distribution of IEC materials during NIDs (on Polio and Guinea worm) • Training of HCW on stigma and discrimination with an aim of reducing stigma • Waiving of TB/HIV clients for other services e.g. lab • Promotion of good health practices e.g. kitchen gardens • Use of expert clients/ champions for mobilization.	the community health volunteers

3.3 Health investments milestones, issues and challenges

Some of the challenges affecting service outcomes include; shortage of health workers, inadequate medical equipment, negative cultural practices, inadequate funding, among others. There is therefore the need for appropriate responsive interventions to counter these challenges in order to improve access and quality of care to the population.

Orientation area	Intervention area	Key milestones attained	Issues / challenges
Service delivery	Strengthening emergency and referral services	• Existence of Ambulances in the County for referral. • Capacity building of health care providers on emergency Obstetric and newborn care. • Referrals from CHU • Payment of staff allowance for referrals. • Additional ambulance from Red Cross for NHIF referrals.	• Inaccessibility to some areas due to poor road networks and far distances. • Communication barriers-due to lack of good mobile network coverage. • Frequent ambulance breakdowns with delays in repair. • The four months Nurses strike. • Lack of an ambulance command control center.
	Strengthening outreach services	• Outreaches with support from County Government and partners.	• Inconsistent outreaches due to inadequate funds and support, and lack of reliable vehicles. • Weak Integration of lab services into existing medical outreaches to enhance diagnosis especially of communicable diseases • There were several cases of insecurity affecting outreach services in some parts of the County • Inadequate funds and support leading to inconsistency outreaches. • Vastness of the area and migration of the community. • Poor mobilization of the community leading to low turnout.
	Scaling up community services	• Continuous training of community volunteers on community based maternal and newborn health. • Community participation through Dialogue and action days. • Training of Nachola and Marti CHVs on Agri-Nutrition. • Formation, Training and mentorship of the Sordo Namunyak, Mukarate and Lorobae Community units by Afya Timiza • Formation of care groups in Sereolipi, Lderekesi, and Lerata Community health units.	• Poor sustainability and functionality of the community health units. • Lack of resources for establishing new community units • Inadequate tier one staffs. • Inadequate infrastructures for management of tier one services (motorbikes and bicycles) • Poor motivation of CHVs • CHVs attrition is high • Inadequate supply of health products for the CHUs e.g. Chalkboard, CHVs kits
	Improving Supervision and mentorship	• Consistent quarterly supportive Supervision, OJT and mentorship on Supply chain system strengthening in the whole county supported by Afya Ugavi. • Consistent quarterly Comprehensive RMNCH, WASH and Nutrition supportive supervision, OJT and mentorship supported by Afya Timiza. • Mentorship on EPI supported by AFENET. • Mentorship on various program areas by the SCHMT	• Inconsistent supportive supervision due to inadequate funding, unreliable means of transport and competing activities. • No SCHMT utility vehicles.in Samburu Central, Grounded Samburu East SCHMT utility vehicle and Impounded Samburu North utility vehicle due to accrued debts. • -No support supervision done on tier one • Vastness and Distances to be covered more days needed. To carry out support supervision

Orientation area	Intervention area	Key milestones attained	Issues / challenges
		• CMEs on going in Wamba Health Centre and CRH	
	Organization of facility services (clinical audits, OJT, therapeutic committee's)	• In active therapeutic committee formed at County Referral Hospital • Clinical review committee on TB is operational • OJT done on supply chain system strengthening to all facilities. • Clinical audit done on post trachoma surgeries • Verbal autopsy at kisima and lekamoru.	• No clinical audits done. • Inadequate funds for OJT. • Supervision not done on time. • In active therapeutic committee in place • Skill gap in terms TORs for various Committees
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Improving availability, functionality and readiness of physical infrastructure (construction, expansion, maintenance)	• Renovation and equipping of X-ray department and 2 theatres at County Referral Hospital. • Establishment of Renal unit at County Referral Hospital • Opening up of new dispensaries • Hospital fencing done with a lockable gate at South Horr and Tuum Dispensaries. • Renovation and upgrade of Maternity room in 19 health facilities by Uzazi Salama • Construction and equipping of eye unit at CRH by AMREF health Africa/ SSI	• Incomplete renovations and construction of health facilities, staff houses and fencing at lolkunon, kirimun, ledero, sirata, lenkusaka, lmarmaroi, wamba health centre, swari and remote. • No Board room or officers for the program officers • No incinerators in the county. • Inadequate allocation of funds for construction renovation • Inadequate space in laboratories leading to congestion • Lack of eye ward in CRH and eye clinics in both Samburu north and east sub counties. • Lack of administration block, drug store, ccc department at Baragoi SCH. • Lack of administration block and minor theatre at wamba health centre. • Inadequate allocation of funds. • No offices and resource center for tier one • Poor state of health facilities in Samburu east, needs painting, minor repairs, shelves and pallets
	Improving availability, functionality and readiness of medical and hospital equipment (purchase, maintenance)	• Purchase and supply of modern medical equipment by National government. • Supply of assorted medical equipment to facilities in Samburu East by Uzazi Salama project. • Installation and maintenance of solar vaccines fridges in Samburu east and north • Supervision and maintenance of Medical equipment by Medical engineering department • Supply weighing scales by Global fund to TB department	• Frequent break down with delays in repair of medical equipments . • Some critical medical equipment unavailable in all dispensaries (Glucometers, Haemoque machines etc) • Skill gap in the use of some medical equipment eg Cryotherapy at Swari health centre
	Improving availability, functionality and readiness of transport (purchase, maintenance)	• None	• Breakdown of several vehicles hence reduced mobility. • Unclear budgetary allocation for maintenance of vehicles and motorbikes. • Inadequate motorbikes and bicycles for PHOs • Lack utility vehicles for SCHMTs hindering their mobility.

Orientation area	Intervention area	Key milestones attained	Issues / challenges
	Improving availability, functionality and readiness of ICT (purchase, maintenance)	• Initiation of EMONC resource centers in several health facilities. • Supply of Computers by the partners and various government programs.	• **Pathetic EMR system at County Referral Hospital leading to loss of HMIS data and inefficiency in service delivery.** • Computer illiteracy. • Inadequate ICT personnel. • Underutilization of EMONC resource centers. • Poor network coverage in most facilities with ICT equipment.
Health Workforce	Production of Health Workers (pre-service training)	• NONE	• No funds allocation for pre-service training
	Attraction, retention and motivation of health workers	• Presence of Result based financing in Tier two and three facilities (RBF) • Recruitment/ Contracting of nurses by the County Government During industrial action. •	• Habitual delays in HCWs remuneration. • Delays in promotions of HCWs e.g. Doctors and Nurses • Delays in disbursement of RBF funds. • Insecurity affecting staff deployment, attraction and retention. • Delay in replacing staff after attrition.
	Recruitment of required health workers	• Recruitment of few additional health workers by Aphia Plus Imarisha and AMURT	• Staff shortage (Staffing norms are not met). • Poor mechanisms of Sustainability of the staff employed /Contracted by Health partners.
	Training, and development of health workforce	• Capacity building of Health care workers on commodity management • Trainings on PMTCT by Global Fund. • Trainings on EMONC by Liverpool school of medicine, MPESA foundation and AAPHIA PLUS IMARISHA. • SBCC training for CHMT/SCHMT.	• Inadequate funds for training and development of Healthcare workers. • Inadequate number of CHVs trained on technical modules. • New staff not trained on TB pediatric formulation, Gene-expert sensitization and short-term TB regime. • Training gaps in ART optimization. • Officers at CHMT/SCHMT and facility I/Cs not trained on management.
	Improving institution capacity for health workforce management	• Training of 2 staff on NHIF in putting • E-learning in 5 facilities in Samburu east • 60 staff trained on management in the KSG (Financial Management) • iHRIS training for CHMT/ SCHMT	• Lack of funding for training on managerial skills for health managers. • Managerial skill gaps in most health managers • Lack of a focal point person for iHRIS. • iHRIS dashboard still incomplete.
Health information	Collection of routine data from facilities	• ALL facilities submit HMIS reports. • Availability of most data collection tools. • Availability of a checklist for verification during collection of reports. • Formation of a taskforce to follow-up on data submission from facilities in all sub-counties. •	• Laxity by some staff to submit monthly HMIs reports. • Reporting issues including missing reporting tools, incomplete registers and reports, inaccurate data and inconsistent reports. • Report falsification by some staff. • Poor network- Modems and phones. • Inadequate support for facility in-charges meeting • Inconsistent submission of HMIS reports by private clinics lowers the County reporting rates. • Outreach data not well captured in facility reports and DHIS. •

Orientation area	Intervention area	Key milestones attained	Issues / challenges
	Collection of data on health vital events (births, deaths)	• Birth and death registration at facility level has been strengthened by training of staff on Civil registration and mortality audits. • Availability of reporting tools (D1s and B1s) • Collaboration of the MOH and the department of civil registration. • Integration of outreaches with civil registration of births in Samburu North.	• Community ignorance on the importance of birth and death registration. • Poor data collection on births and deaths occurring at home. • Some facilities still not reporting births and deaths occurring at the facility.
	Collection of data from surveillance	• Weekly submission of IDSR report by most facility either by SMS or hard copy. • Active case finding.	• Poor communication network. • No budgetary allocation for data collection. • Late submission of reports. • Inadequate reporting tools. • No budgetary allocation for disease surveillance program. • Laxity among the staff in reporting.
	Collection of data from research	• Not done	• No budgetary allocation in the department of health to carry out research.
	Collection of data from health-related sectors	• Good coordination and collaboration with other health related sectors • Good partner involvement in support of quarterly stakeholders' meetings. • Frequent sharing of data for decision making between the various sectors. E.g. Department of civil registration and department of health. • Collection of data on school enrollment from the MOE • Sharing of Data from ministry of water on water sources. • Availability of a tool that captures data from all sectors e.g. the NDMA short/ Long rains assessment tool.	• Inadequate funding to support quarterly stakeholders' meetings. • Non-uniformity in populations used by various sectors. • Inadequate information from other ministries. • Poor coordination and interaction of reports generated by various sectors. • Implementation of the reports or findings is a problem
	Data validation and analysis	• Functional data review committees. • Support by partners to data review and validation • Data Quality audits at facility level supported by Department of health and partners. • OJT on data capturing done in the Sub counties. • RBF Web portal that assists in processing of invoices and monitoring of progress.	• Inadequate HRIOs • Poor data verification during reporting and data entry. • No M/E at the Sub County level. • Inadequate of ICT equipment.
	Information dissemination and use	• Information collected at the facility is displayed for consumption. • Information disseminated have been used in Planning, decision making, resource allocation and budgeting. • Information is shared during TWG and stakeholders' meetings for programming and resource mobilization.	• Inadequate funds to support health information dissemination. • Most of health workers are not trained to use the DHIS. • Inadequate resources to facilitate meetings for data dissemination. • Lack of a department of health web portal for dissemination of information.

Orientation area	Intervention area	Key milestones attained	Issues / challenges
Health Products	Procurement of required health products	• Purchase and supply of EMMS by the County Government. • Consistent Supply of vaccines by the National government. • Supply of program commodities from donors e.g. HIV, TB, Nutrition, FP, and Ophthalmic commodities. • Technical Support for forecasting and quantification by Afya Ugavi.	• Inadequate funding for procurement of health products. • Delays in supply of health products due to delays in payments to the suppliers. • Stock-outs of some commodities e.g. Typhim, Antirabies and Antisnake venom. • Public health department commodities do not have budgetary allocations.
	Warehousing / storage of health products	• Construction of a warehouse at County Referral Hospital for storage of health commodities.	• Inadequate storage space for health commodities in Samburu North and East sub-counties. • Inadequate storage infrastructure in most facilities e.g. shelves, pallets etc. • Inadequate cold-chain storage facilities in all sub-counties for non-EPI commodities. • Knowledge gap in good warehousing and storage practices.
	Distribution of health products	• Distribution of health products by KEMSA at the Health facilities • Redistribution of commodities done within the county supported by Afya ugavi and other partners.	• Inadequate coordination and funding for re-distribution of health products in case of stock outs or expiries. • Inconsistent and delays supply of health products.
	• Monitoring rational use of health products.	• None	• Inadequate support to carry out therapeutic audits, OJT and mentorship in health facilities on rational use of drugs. • Knowledge gap on rational use of drugs by HCWs. • Poor communication between outpatient department and the pharmacy.
Health Financing	Costing of health service provision	• Development of APRP and County budgets. • Service charters in all facilities showing the cost of all services offered.	• Inadequate support for development of APRPs and county budgets. • Non-Adherence to APRPs developed and proposed budgets by the departments. • Inadequate budgetary allocation to the department of health.
	Mobilizing resources to improve resource adequacy	• Free maternity services and free services at Tier two. • Proposal writing to the County government and health partners to support activities. • HSSF, RBF funds, DANIDA, NHIF and County & National governments funds.	• Lack of sufficient support from the county government for the department of health activities. • Delayed response to proposals and lack of honoring of the proposals. • High rates of waivers. • Delay in disbursement of HSSF and RBF funds • Support from partners is based on their programs and not on the department's needs.
	Risk pooling and improving equity.	• Encouraging communities through Community Health Units to register with NHIF	• NHIF enrollment rate still very low. • NHIF claims refunds takes very long. • The community is reluctant to register with NHIF due to knowledge gaps on the benefits.

Orientation area	Intervention area	Key milestones attained	Issues / challenges
			•
	Strategic purchasing and improving efficiency in resource use	• Adherence to government financing and procurement policies and procedures. • Collaboration and partnership with KEMSA and MEDS in procurement of EMMS commodities.	• Procurement bureaucracies leading to delays in supply. • Delayed payment to suppliers. • Some commodities unavailable from the prequalified suppliers.
Leadership and Governance	Health stewardship and Sub county management	• Functional CHMT, SCHMT, HMT, HFMT and CHCs. •	• Inadequate support from the county government for the day to day running of CHMT, SCHMT, HMT, HFMT and CHCs. • Inadequate management of refreshers courses for health managers • Lack of utility vehicles for the operation of CHMT and SCHMT. • Lack of office space for the CHMT and SCHMT.
	Health partnership and coordination	• There is an existing County/Sub-county Health Stakeholders forum. • Coordination of health partners at the health department level. • Existence of various functional TWGs.	• Lack of a common implementation plan. • Sharing of partners activities with the county and the sub-county teams for ease of planning • Lack of a sustainability plan after the end a project supported by partners. (Exit strategy) • Lack of MOUs between the partners and department of health on the partner's intended activity, period of stay and probable budgets.
	Public Private Partnerships	• None	• No county policy on public private partnership. • No coordinating body to identify private partners.
	Health governance and linkage with County system.	• Existing linkage structures e.g. ◦ County Assembly committee for health. ◦ County Executive (CEC Member for Health) ◦ Chief officer Health ◦ Hospital board ◦ County Director of health ◦ CHMT, SCHMT, HMT, HFMT and CHCs	• Lack of protocol in linking these structures • Unclear organogram • Political interference.

SECTION 4: COUNTY HEALTH EXPENDITURE REVIEW 2016/2017

4.1 Summary of Health Expenditures

This information is based on expenditure from the funding received from the County Government, National Government and partners. This is both in Kind and Cash.

Source of expenditures	Total Estimated expenditures	Expected resources (County strategic Plan)
Public / Government expenditures	581,301,659	440,301,659
Total donor / partner expenditures	46,615,562	46,615,562
Household expenditures on User fees	4,399,978	4,399,978
Public Benefit Organizations	118,777,838	0
Other sources	0	0
Total	**754,095,037**	**491,317,199**

4.2 Health Expenditures by source of financing

Category	Source of funds	Total Health Expenditures for the year	
		Amount as cash	Estimated amount in kind
Government Sources	County Government	564,889,159	322,264,007
	National Government (NIDs)	3,600,000	1,600,000
	National Government	4,500,000	-
	FREE MATERNITTY	5,852,500	4,675,000
	LATF	-	-
	NHIF	1,800,000	1,800,000
	Constituency Development Fund	-	-
	New facilities by County government (2016/2017)	660,000	660,000
	Other (specify)	-	-
Totals		**581,301,659**	**330,999,007**
Donors /	World bank (RBF)		19,952,922

Partners		29,848,555	
	ÙNICEF	6,607,007	5,607,007
	DANIDA	10,160,000	2,220,000
Totals		**46,615,562**	**27,779,929**
Households	User fees / charges	4,399,978	4,399,978
Totals		**4,399,978**	**4,399,978**
Public Benefit Organizations	AMREF Trachoma	33,766,667	-
	AMREF WASH	3,000,000	-
	AMREF Drought Response	15,000,000	-
	World vision Kenya –Lorroki ADP-	13,533,333	-
	AMREF ARP	9,000,000	-
	Feed the children	9,200,000	-
	Uzazi Salama	11,725,000	-
	AMURT	6,826,705	-
	US Government (USAID / APHIA Imarisha)	5,650,133	-
	US Government (USAID / NHP PLUS)	3,416,000	-
	CARITAS	-	-
	CDM	7,000,000	-
	ESHE	660,000	-
Totals		**118,777,838**	-
GROSS TOTAL		**754,095,037**	**363,178,914**

Policy Objective	KEPH Services	Expenditure (KES) by source						TOTAL
		NG	*CG*	*donors*	*User fees*	*Public Benefit Organization*	*Other (specify)*	
Accelerate reduction of the burden of Communicable Conditions	Immunization	2,254,800	2,192,000	-	-	-	2,846,800	7,293,600
	Child Health	1,400,000	8,200,000	15,066,667	50,000	-	9,650,000	34,366,667
	Screening for communicable conditions	100,000	1,740,000	5,333,333	-	-	1,840,000	9,013,333
	Antenatal Care	1,560,000	2,436,000	1,560,000	-	-	3,996,000	9,552,000
	Prevention of Mother to Child HIV Transmission	500,000	13,890,560	-	-	-	1,500,000	15,890,560
	Integrated Vector Management	-	13,390,560	-	-	-	500,000	13,890,560
	Good hygiene practices	64,000	26,890,560	-	-	-	14,064,000	41,018,560
	HIV and STI prevention	2,000,000	5,000,000	416,000	-	-	7,000,000	14,416,000
	Port health	-	-	-	-	-	-	-
Halt, and reverse the rising burden	Control and prevention neglected tropical diseases	-	12,890,560	-	-	-	-	12,890,560

of non-communicable conditions	Community screening for NCDs	-	12,890,560	-	-	-	-	12,890,560
	Institutional Screening for NCD's	500,000	12,890,560	-	-	-	500,000	13,890,560
	Workplace Health & Safety	-	12,890,560	-	-	-	-	12,890,560
Reduce the burden of violence and injuries	Food quality & Safety	50,000	12,890,560	-	-	-	50,000	12,990,560
	Pre hospital Care	1,500,000	12,890,560	-	-	-	1,500,000	15,890,560
	Community management of violence and injuries	-	12,890,560	-	-	-	-	12,890,560
Provide essential health services	Disaster management and response	-	12,890,560	-	-	-	-	12,890,560
	Outpatients	11,562,524	-	-	-	7,000,000	7,700,000	26,262,524
	Emergency	500,000	-	-	-	-	500,000	1,000,000
	Maternity	5,675,000	5,000,000	6,160,038	-	-	6,000,000	22,835,038
	In patient	1,750,000	1,000,000	-	-	-	1,850,000	4,600,000
	Clinical laboratory	200,000	-	-	-	-	200,000	400,000
	Specialized laboratory	-	12,890,560	-	-	-	-	12,890,560
	Radiology	-	13,890,560	-	-	-	1,000,000	14,890,560
	Operative	1,000,00	13,890,5	-	-	-	2,000,000	16,890,560

		0	60					
	Specialized therapy	-	12,890,560	-	-	-	-	12,890,560
	Specialized services	-	12,890,560	-	-	-	-	12,890,560
Minimize exposure to health risk factors	Rehabilitation	-	12,890,560	-	-	-	-	12,890,560
	Health Promotion (including health Education)	200,000	5,000,000	3,000,000	-	-	5,200,000	13,400,000
	Sexual education	-	14,890,560	-	-	-	2,000,000	16,890,560
	Substance abuse	-	12,890,560	-	-	-	-	12,890,560
	Micronutrient deficiency control	1,000,000	17,890,560	-	-	-	6,000,000	24,890,560
Strengthen collaboration with health related sectors	Physical activity	-	12,890,560	-	-	-	-	12,890,560
	Safe water	10,000,000	17,890,560	-	-	-	15,000,000	42,890,560
	Sanitation and hygiene	-	16,890,560	-	-	-	4,000,000	20,890,560
	Nutrition services	3,000,000	15,000,000	15,607,007	-	-	18,000,000	51,607,007
	Pollution control	-	12,890,560	-	-	-	-	12,890,560
	Housing	-	-	-	-	-	-	-
	School health	200,000	15,890,560	-	-	-	3,200,000	19,290,560
	Water and Sanitation Hygiene	100,000	3,000,000	38,666,667	-	-	3,100,000	44,866,667

	Food fortification	-	-	-	-	-	-	-
	Population management	-	1,800,000	-	-	-	1,800,000	3,600,000
TOTAL PROGRAM SPECIFIC EXPENDITURES		**45,116,324**	**409,132,000**	**85,809,712**	**50,000**	**7,000,000**	**120,996,800**	**668,104,836**

4.3 Health expenditures by KEPH service are

4.3 Health expenditures by investment areas

Orientation area	Intervention area	Expenditure (KES) by source					TOTAL
		Government	Donor	User fees	Public Benefit Organization	Other (specify)	
Service delivery	Strengthening emergency and referral services	22,675,000	6,566,667	-	-	-	29,241,667
	Strengthening outreach services	4,872,000	18,607,007	-	-	-	23,479,007
	Scaling up community services	2,200,000	57,666,667	-	12,333,333	-	72,200,000
	Improving Supervision and mentorship	1,000,000	12,962,524	-	-	1,800,000	15,762,524
	Organization of facility services (clinical audits, OJT, therapeutic committee's)	-	17,533,333	-	-	-	17,533,333
	Totals	**30,747,000**	**113,336,198**	**-**	**12,333,333**	**1,800,000**	**158,216,531**
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Improving availability, functionality and readiness of physical infrastructure (construction, expansion, maintenance)	140,000,000	30,000,000	-	-	-	170,000,000
	Improving availability, functionality and readiness of medical and hospital equipment (purchase, maintenance)	6,480,000	10,000,000	-	-	-	16,480,000
	Improving availability, functionality and readiness of transport (purchase,	4,000,000	-	-	-	-	4,000,000

	maintenance)						
	Improving availability, functionality and readiness of ICT (purchase, maintenance)	-	2,000,000	-	-	-	2,000,000
	Totals	**150,480,000**	**42,000,000**				**192,480,000**
Health Workforce	**Production of Health Workers (pre-service training)**	2,000,000	-	-	-	-	2,000,000
	Attraction, retention and motivation of health workers	243,000,000	-	-	-	-	243,000,000
	Recruitment of required health workers	1,440,000	-	-	-	-	1,440,000
	Training, and development of health workforce -	6,186,705	14,416,000	-	-	-	20,602,705
	Improving institution capacity for health workforce management	200,000	-	-	-	-	200,000
	Totals	**52,826,705**	**14,416,000**		**-**	**-**	**267,242,705**
Health information	**Collection of routine data from facilities**	-	2,000,000	-	-	-	2,000,000
	Collection of data on health vital events (births, deaths)	-	-	-	-	-	-
	Collection of data from surveillance	300,000	-	-	-	-	300,000
	Collection of data from research	-	-	-	-	-	-
	Collection of data from health related sectors	-	-	-	-	-	-
	Data validation and analysis	264,000,007	400,000	-	-	-	264,400,007

	Information dissemination and use	-	2,000,000	-	-	-	2,000,000
	Totals	**264,300,007**	**4,400,000**	-	-	-	**268,700,007**
Health Products	**Procurement of required health products**	95,000,000	80,000,000	-	-	-	175,000,000
	Warehousing / storage of health products	-	-	-	-	-	-
	Distribution of health products	-	-	-	-	-	-
	Monitoring rational use of health products	-	1,600,000	-	-	-	1,600,000
	Totals	**95,000,000**	**81,600,000**	-	-	-	**176,600,000**
Health Financing	**Costing of health service provision**	-	14,000,000	-	-	-	14,000,000
	Mobilizing resources to improve resource adequacy	-	4,000,000	-	-	-	4,000,000
	Risk pooling and improving equity	-	-	-	-	-	-
	Strategic purchasing and improving efficiency in resource use	-	-	-	-	-	-
	Totals	-	**18,000,000**	-	-	-	**18,000,000**
Leadership and Governance	**Health stewardship and county management**	1,000,000	-	-	-	-	1,000,000
	Health partnership and coordination	-	-	-	-	-	-
	Public Private Partnerships	-	-	-	-	-	-
	Health governance and linkage with County system	-	-	-	-	-	-
	Totals	1,000,000	-	-	-	-	1,000,000
	GROSS						

TOTALS:	**794,353,712**	**273,752,198**	**-**	**12,333,333**	**1,800,000**	**1,082,239,243**

BEST PRACTICE SAMBURU COUNTY FOR THE YEAR 2016/2017

5.1: Samburu Central Defaulter tracing of people living with HIV using expert clients and adherence counsellors at Samburu county referral hospital.

Area	Information
Description of Best Practice.	Due to increase defaulters and lost to follow up of people living with HIV/AIDS Ministry of health in collaboration with partner employed expert clients and adherence counsellors to follow up clients who were on HAART but stopped medication, thus encouraging them to take drugs for the betterment of their lives and to reduce HIV infection.
Dimension of Output	Increase number of defaulters and lost to follow up returning to the facility for treatment restart of HAART.
Effectiveness: Evidence that the practice works, and achieved measurable results	Increase number of defaulters and lost to follow up people living with HIV returning to the facility. Increase number of enrolment into care from 727 to 778.
Efficiency: Evidence the practice produced results with a reasonable level of resources and time	Increase retention rate and enrolment of people living with HIV. Reduction in Stigma.
Relevance: Evidence the practice is focused on addressing a clear, priority health challenge	Increase Viral load suppression among people living with HIV on HAART.
Sustainability: Evidence the practice can be implementable over a long time without need for significant additional resources	Formation of support groups by expert clients. Establishment of phone SMS system to follow up clients who are on HAART
Duplicability: Evidence the practice is able to be repeated elsewhere, in similar conditions	Roll out in other facilities like Barsaloi GOK, Kisima health centre and Suguta health centre and had similar results.
Partnerships: Evidence there was involvement of different service delivery actors in implementation of the practice	Supported by Aphia PLUS IMARISHA
Political Involvement: Evidence there was involvement of the political level in the planning /	Accepted in the community and Sub County.

monitoring of the practice	

5.1 Samburu North Use of maternal shelters, incentives and motivation to upscale skilled deliveries in Samburu North Sub-County

Area	Information
Description of Best Practice	Use of maternal shelters to access skilled delivery Use of incentives such as sanitary materials to encourage and motivate women of reproductive age to seek skilled healthcare services. Motivating mothers delivering in Health Facilities by providing Mother-Baby pack
Dimension of Output[1]	Number of deliveries has shown a steady increase in Samburu north sub county as a result of best practices stated above and free maternity services in the country: 2015 JULY/2016 JUNE-636 2016 JULY/2017 JUNE—817 2017 JULY/2018 FEBRUARY-362
Effectiveness: Evidence the practice works, and achieved measurable results	Maternal shelter initiative Mother-Baby pack
Efficiency: Evidence the practice produced results with a reasonable level of resources and time	The presence of the maternal shelters and Mother-Baby pack motivated mothers to labor and deliver at the Health Facilities.
Relevance: Evidence the practice is focused on addressing a clear, priority health challenge	Initiative aimed at improving maternal and newborn health. The initiative has improved the health seeking behavior among the pastoralist communities
Sustainability: Evidence the practice can be implementable over a long time without need for significant additional resources	Maternal shelters offered mothers from long distant comfort to stay within the facilities as they await labor and delivery By using Mother-Baby pack worth 5,000 ksh, the mother paying with NHIF card gives the Hospital 10,000 ksh Mother paying through Linda Mama initiative gives the facility 5,000 ksh
Duplicability: Evidence the practice is able to be repeated	Within the Samburu county, the same initiative has been replicated in almost all health facilities with success being noted

Area	Information
elsewhere, in similar conditions	at Longewan, Kisima (Samburu central). The same initiative has been a benchmark to other neighboring pastoral communities i.e. Garissa county
Partnerships: Evidence there was involvement of different service delivery actors in implementation of the practice	Health facility management committee, UZAZI SALAMA, MNCH-AMREF, the community, community health volunteers, healthcare staff and other stake holders were all involved in implementation
Political Involvement: Evidence there was involvement of the political level in the planning / monitoring of the practice	The leadership (MCA, Village elders, ward administrators, sub county administrator, MP Samburu North and governor Samburu county have been supportive in the implementation of the initiative

SECTION 6: COUNTY HEALTH BUDGET

Summary of County Health Budget

Category	Source of funds	Classified / earmarked budgets								Unclassified budgets	Total
		Organization of Service Delivery	Health Infrastructure	Health workforce	Health Information	Health Financing	Health Leadership	Health Products	Research		
Government Sources	County Government	842,562,406	480,578,021	559,694,558	10,000,000	10,000,000	8,000,000	78,000,000	1,000,000	-	**1,989,834,985**
	National Government	3,200,000	-	-	-	-	-	-	-	-	**3,200,000**
	LATF	-	-	-	-	-	-	-	-	-	-
	Constituency Development Fund	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-
Total		**845,762,406**	**480,578,021**	**559,694,558**	**10,000,000**	**10,000,000**	**8,000,000**	**78,000,000**	**1,000,000**	-	**1,993,034,985**
Donors / Partners	WORLD BANK FUNDS (RBF)	33,204,294	2,000,000	9,082,608	1,200,000	548,000	4,298,000	-	-	-	**50,332,902**
	WORLD BANK FUNDS (UHC)	97,000,000	-	-	-	-	-	-	-	-	**97,000,000**
	Clinton Foundation	-	-	-	-	-	-	-	-	-	-
	Danish Government (DANIDA)-HSSF	11,000,000	-	-	-	-	-	-	-	-	**11,000,000**
	UK Government (DfID)	-	-	-	-	-	-	-	-	-	-
	European Commission	-	-	-	-	-	-	-	-	-	-
	German Government (GIZ)	-	-	-	-	-	-	-	-	-	-
	UNICEF	2,600,000	-	-	400,000	-	-	-	-	-	**3,000,000**

	Netherlands Government		-	-	-	-	-	-	-	-	-	-
	UN agency (UNAIDS)		-	-	-	-	-	-	-	-	-	-
	UN agency (UNFPA)		-	-	-	-	-	-	-	-	-	-
	UN agency (WHO)		-	-	-	-	-	-	-	-	-	-
	US Government (USAID / CDC/Other)		-	-	-	-	-	-	-	-	-	-
Total			**143,804,294**	**2,000,000**	**9,082,608**	**1,600,000**	**548,000**	**4,298,000**	**-**	**-**	**-**	**161,332,902**
Households	User fees / charges		5,000,000	-	-	-	-	-	-	-	-	**5,000,000**
			-	-	-	-	-	-	-	-	-	-
Total			**5,000,000**	-	-	-	-	-	-	-	-	**5,000,000**
Public Benefit Organizations	**AMREF**	Afya Timiza	45,794,800	11,368,800	-	6,854,000	12,386,000	4,425,500	-	-	-	**80,829,100**
		Trachoma & WASH	40,000,000	3,000,000	-	-	-	-	5,000,000	-	2,000,000	**50,000,000**
		Drought Response Project	-	-	-	-	-	-	-	-	-	-
		Uzazi Salama	32,235,300	7,500,000	-	-	-	-	-	-	-	**39,735,300**
		Youth in Action (Y-	-	-	-	-	-	-	-	-	-	-

		Act)										
		iP USH Project	2,167,398	-	-	-	-	-	-	-	-	**2,167,398**
		ARP-Kota Injena	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-
	World Vision Kenya – Lorroki ADP-		32,259,353	-	-	-	-	-	-	-	-	**32,259,353**
	Feed the children		1,500,000	-	-	-	-	-	-	-	-	**1,500,000**
	AMURT		-	-	-	-	-	-	-	-	-	-
	US Government (USAID / NHP PLUS)		15,000,000	-	-	-	-	-	-	-	-	**15,000,000**
	CARITAS		-	-	-	-	-	-	-	-	-	-
	CDM		-	-	-	-	-	-	-	-	-	-
	ESHE		-	-	-	-	-	-	-	-	-	-
	Kenya Red Cross		-	-	-	-	-	-	-	-	-	-
	Action Against Hunger (ACF)		-	-	-	-	-	-	-	-	-	-
	ACTED		26,400,000	-	-	-	-	-	-	-	-	**26,400,000**
	FHI		-	-	-	-	-	-	-	-	-	-
	CCF		30,000,000	-	-	-	-	-	-	-	-	**30,000,000**
	Other (specify)		-	-	-	-	-	-	-	-	-	-
TOTAL			225,356,851	21,868,800	-	6,854,000	12,386,000	4,425,500	5,000,000	-	2,000,000	**277,891,151**
Grand Total			**1,219,923**	**504,44**	**568,77**	**18,454**	**22,934**	**16,723**	**83,000**	**1,000,**	**2,000,**	**2,437,259,**

	,551	**6,821**	**7,166**	**,000**	**,000**	**,500**	**,000**	**000**	**000**	**038**

SECTION 7: KEY TARGETS FOR THE COMING YEAR

7.1 Health Service improvement targets

The information in this section is based on expected improvements in numbers of facilities providing different KEPH services. This enables the County to closely plan for improvements in access to KEPH services in financial year 2018/2019. The total numbers of planning facilities in the County are summed up, to give the total numbers in the overall County report. The achievement of the previous financial year (2017/2018) in terms of facilities providing the service is the new baseline, while the expected numbers of facilities providing the service by the end of the year will be the targets.

Trends in KEPH service targets

County

POLICY OBJECTIVE	KEPH SERVICES	Number of primary care facilities providing service		Number of hospitals providing service	
		Baseline 2017/2018 achievement	*Target/ 2018/19*	*Baseline 2017/2018*	*Target 2018/2019*
accelerate reduction of the burden of Communicable Conditions	Immunization	66	74	3	3
	Child Health	77	89	3	3
	Screening for communicable conditions	78	89	3	3
	Antenatal Care	66	74	3	3
	Prevention of Mother to Child HIV Transmission	59	72	3	3
	Integrated Vector Management	48	76	3	3
	Good hygiene practices	79	84	3	3
	HIV and STI prevention	78	83	3	3
	Port health	0	0	0	0
	Control & prevention neglected tropical diseases	60	68	2	2
Halt, and reverse the rising burden of non-communicable conditions	Community screening for NCDs	41	47	1	1
	Institutional Screening for NCD's	79	97	3	3
	Workplace Health & Safety	78	139	3	3
	Food quality & Safety	83	99	5	5
Reduce the burden of violence and injuries	Pre hospital Care	84	103	5	5
	Community awareness on violence and injuries	37	78	3	3
	Disaster management and response	37	41	3	3
Provide essential health services	Outpatients	85	89	3	3
	Emergency	78	87	3	3
	Maternity	69	78	3	3
	In patient	30	33	3	3
	Clinical laboratory	11	23	3	3
	Specialized laboratory	0	0	0	2

	Radiology	0	0	2	3
	Operative services	35	40	2	3
	Specialized therapy	0	3	2	3
	Specialized services	4	8	2	3
	Rehabilitation	0	4	1	2
Minimize exposure to health risk factors	Health Promotion including health Education	78	93	3	3
	Sexual education	41	68	2	2
	Substance abuse	41	68	1	2
	Micronutrient deficiency control	74	87	3	3
	Physical activity	0	36	1	2
Strengthen collaboration with health related sectors	Safe water	71	90	3	3
	Sanitation and hygiene	80	93	3	3
	Nutrition services	73	87	3	3
	Pollution control	20	36	2	2
	Housing	21	53	1	2
	School health	18	59	2	3
	Water and Sanitation Hygiene	36	76	3	5
	Food fortification	4	7	1	1
	Population management	68	76	3	3
	Road infrastructure and Transport	60	68	2	2

7.3 Health outcome targets

Trends with Health Outcomes

Policy Objective	Indicator	Baseline	Annual Target	5 year target
		Nov-Dec 2017 & Jan-Feb 2018)*3	**2018/2019**	
Accelerate reduction of the burden of Communicable Conditions	# Fully immunized children	7,096	9,325	10,692
	# of target population receiving MDA for trachoma	0	215,096	245,411
	# of TB patients completing treatment	122	173	201
	# HIV + pregnant mothers receiving preventive ARV's	108	116	144
	# of eligible HIV clients on ARV's	1,364	1,308	1,909
	# of targeted under 1's provided with LLITN's	100	110	550
	# of targeted pregnant women provided with LLITN's	200	220	1,100
	# of under 5's treated for diarrhea	18,162	9,322	5,659
	Deworming 12-59 Months	16,848	19,923	22,911
	# School age children dewormed(6-12 Years)	16,832	17,897	22,005
Halt, and reverse the rising burden of non-communicable conditions	# of adult population with BMI over 25	0	3,980	4,521
	# women of reproductive age screened for cervical cancers	576	28,201	33,202
	# of new outpatients with mental health conditions	186	52	117
	# of new outpatients cases with high blood pressure	972	438	402
	# of patients admitted with cancer	33	0	0
Reduce the burden of violence and injuries	# new outpatient cases attributed to gender based violence	57	59	101
	# new outpatient cases attributed to road traffic accidents	108	102	211
	# new outpatient cases attributed to other injuries	1,599	1,039	1,107
	# of facility deaths due to injuries	0	0	0
Provide essential health	# deliveries conducted by skilled attendant at the facility	4,335	7,530	9,243

services	# of women of Reproductive age receiving family planning	26,315	35,335	41,646
	# of facility based maternal deaths (per 100,000 live births)	6	0	0
	# of facility based under five deaths (per 1,000 under 5 outpatients)	10	8	9
	# of newborns with low birth weight	262	78	59
	# of facility based fresh still births (per 1,000 live births)	79	25	20
	Surgical rate for cold cases	72	0	0
	# of pregnant women attending 4 ANC visits	3,063	8,465	10,440
Minimize exposure to health risk factors	# Population who smoke (9%)	28,507	17,192	19,930
	# Population consuming alcohol regularly (13.3%)	42,014	25,407	29,454
	# infants under 6 months on exclusive breastfeeding	17,292	5,351	6,594
	# of Population aware of risk factors to health	95,394	234,713	288,099
	# of salt brands adequately iodised	11	13	16
	# adult new attendances with Adult Mid Upper Arm Circumference above normal	0	0	0
	Couple year protection due to condom use	0	63,527	73,056
	No of children 6-11 months supplemented with VitA	3,387	3,985	4,995
	No of children 12-59 months supplemented with VitA	12,369	25,111	30,447
	No of lactating mothers supplemented with VitA	5,673	8,254	10,134
	Number sprayed with insecticide	981	1,113	1,674
	Persons infested with jiggers.	303	242	281
	No of children 6-23 months receiving MNP	786	3,282	4,525
Strengthen collaboration with health related sectors	# Population with access to safe water (24%)	48,528	82,691	98,694
	# under 5's stunted	905	833	900
	# under 5 underweight	4,910	2,533	2,150
	School enrollment rate	2,804	17,376	19,998

	# women with secondary education	2,392	2,300	2,655
	# of households with latrines (34%)	144,975	13,316	15,294
	# of houses with adequate ventilation	2,580	29,730	34,097
	# of classified road network in good condition	3	4	4
	# Schools providing complete school health package	9	99	128

Trends in Community Unit outcomes

Trends in Community Unit outcomes

Targeted improvement	Baseline 2016/2017	Target 2018/2019
Number of Households reached with health promotion messages,	1358	2177
Number of persons with ill health being followed up	1358	2177
Number of Households without functional toilets	7942	14656
Number of Community action days	133	352
Number of Households without hand washing facilities	5305	13570
Number of Persons referred to facility from Community Units	7821	21045
Number of Community dialogue days held	88	188
Number of births occurring in the home environment	1429	117
Number of deaths occurring in the home environment	84	15
Number of deaths with verbal autopsies completed in Community	1	26

7.4 Health output targets

Policy Objective	Indicator	Baseline 2016/2017	Annual target 2018/2019	5 year target
Improving access to services	Per capita Outpatient utilization rate.	151%	133	167
	% of population living within 5km of a facility	51	63	93
	% of facilities providing BEOC	63	75	97
	% of facilities providing CEOC	2	100	100
	Bed Occupancy Rate	60%	68	80
	% of facilities providing Immunization	55	97	98
Improving quality of care	TB Cure rate	85%	87	100
	# of fevers tested positive for malaria	8969		
	% maternal audits/deaths audits	3	33	67
	Malaria inpatient case fatality	1	0	0
	Average length of stay (ALOS)	6	4	3
Improving demand for services	% facilities with publicly displayed service charters	95	92	100
	Per capita outpatient utilization rate	113%	100	100

7.5 Health investment targets

This sub section highlights the expected improvements in health investment indicators, both at the facility and at the community levels. Information is based on expected improvements in numbers of facilities and community units contributing to a given indicator. The achievement of the previous year (2016/2017) is the new baseline and the targets are for the next financial year (2018/2019) and projected to the next five years.

Policy Objective	Indicator	Baseline 2016/2017	Annual Target 2018/2019	5 year target
Service delivery systems	% of functional community units	84	100	100
	% outbreaks investigated within 48 hours	60%	100	100
	% of hospitals offering emergency trauma services	33%	100	100
	% hospitals offering Caesarean services	33%	75	100
	% of referred clients reaching referral unit	68%	90	100
Health Workforce	# of Medical health workers per 10,000 population	19	25	50
	% staff who have undergone CPD	70%	80	100
	Staff attrition rate	2%	1	0
	% Public Health Expenditures (Govt and donor) spent on Human Resources	20%	50	60
Health Infrastructure	# of facilities per 10,000 population	13	15	20
	% of facilities equipped as per norms	6%	10	20
	# of hospital beds per 10,000 population	330	400	600
	% Public Health Expenditures (Govt and donor) spent on Infrastructure	10%	15	25
Health Products	% of time out of stock for Essential Medicines and Medical Supplies (EMMS) – days per month	37%	20	5
	% Public Health Expenditures (Govt and donor) spent on Health Products	8%	10	15
Health Financing	General Government expenditure on health as % of the total government Expenditure	23%	25	30
	Total Health expenditure as a percentage of GDP	0%	25	30
	Off budget resources for health as % of total public sector resources	8%	10	15
	% of health expenditure reaching the end users	30%	100	100
	% of Total Health Expenditure from out of pocket	0%	0	0
Health Leadership	% of health facilities inspected annually	80%	90	100
	% of health facilities with functional committees	50%	90	100
	% of Counties with functional County Health Management Teams	100%	100%	100%
	% of Health sector Steering Committee meetings held at National level	100%	100%	100%
	% of Health sector steering committees meeting held at county level	100%	100%	100%
	% of facilities supervised	100%	100%	100%
	Number of counties with functional anti-corruption committees	1	1	1
	% of facilities with functional anti-corruption committees	50%	60	100
	% of policies/document using evidence as per guidelines	10	50	100
	% of planning units submitting complete plans	100%	100%	100%
	# of Health research publications shared with decision makers	20	50	100
	% of planning units with Performance Contracts	100%	100%	100%

Policy Objective	Indicator	Baseline 2016/2017	Annual Target 2018/2019	5 year target
	% of County planning units with Performance Contracts	100%	100%	100%
Health Information	# of sector quarterly reports produced and disseminated.	1	1	1
	% of planning units submitting timely, complete and accurate information	100%	100%	100%
	% of facilities with submitting timely, complete and accurate information	100%	100%	100%
	% Public Health Expenditures (Govt and donor) spent on Health Information	100%	100%	100%

Community Unit investment targets

	Type of investment	Baseline 2016/2017	Target 2018/2019
Health Workforce	Community Health Extension Worker	25	82
	Trained Community Health Workers (Male)	582	609
	Trained Community Health Workers (Female)	457	1011
Health Infrastructure	Bicycles	457	1397
	Motor cycle	2	43
	Mobile phone	311	1127
	Community boards	32	42
	Maternal Shelters	3	13
	Resource Centre/Office	1	24
	Boma Models	13	100
	Other (computers)	6	14
Health products	Number of kits supplied in the past year	36	800
Health leadership	Number of Committee meetings held in past 12 months	84	252
	Number of committee meetings attended by all CHC members	40	252
	Number of quarterly Community dialogue days	78	140
	Number of committee meetings attended by other health partners in the Community Unit in the past 12 months	59	176
Health Information	Updated Household register for community	435	13
	Number of Monthly reports sent to health facility in past year	392	4233
	Number of births included in Household register in past year	2225	2056
	Number of deaths included in Household register in past year	56	0
Service provision	First Aid skills - CHEWs	16	32
	First Aid skills - CHWs	0	1174
	Emergency contingency plans (including referral plans)	10	37

SECTION 8: KEY INTERVENTIONS FOR THE COMING YEAR

8.1 Health Outcome priorities

The County Health Management team has prioritized number of health interventions for the coming financial year. This are anchored on the six policies Objective areas that highlights all the KEPH services. To realize the implementation of these activities it needs lots of financial commitment from all the stakeholders in Health (County Government and the Health Partners in the County).

As an SOP, all Health Centers need to have laboratory departments and those with, need to he accredited.

Priority interventions

POLICY OBJECTIVE	KEPH SERVICES	Key priorities for the coming year (3)
Accelerate reduction of the burden of Communicable Conditions	Immunization	• Enhance mobile outreaches and use of CHVs in Immunization defaulter tracing • Efficient EPI logistics management: supply of fridges and solar back ups to the facilities missing such equipments and vaccines supplies • Enhance training, OJT and Mentorship on EPI. • Connect Sirata,Lsidai and Lolkunono Health facilities with the power to enhance immunization services. • Step up Suguta Health Centre power supply to a Three Phase supply from the current Two Phase connection.
	Child Health	• Implementation, Follow ups and mentorship on IMCI needed in all health facilities. • Scale up management of High Impact Nutrition Intervention (HINI) in the Sub-County • Establishment of resuscitation room at OPD and pediatrics wards, and ensuring each facility has a resuscitation tray and equipment.
	Screening for communicable conditions	• Establish 15 laboratories in the 15 health centers and Strengthen the capacity of already existing laboratories through supply of reagents and equipment (GENEXPERT for North and East) • Upscale surveillance of communicable diseases screening through strengthening Community Health Information system (CHIS). • Recruit and capacity-build health workers (CHVs included) on screening of emerging communicable diseases.

POLICY OBJECTIVE	KEPH SERVICES	Key priorities for the coming year (3)
	Antenatal Care	• Train more Community health Volunteers on Focused Antenatal care and Mapping of all ANC mothers within the CHVs catchment area by strengthening community linkage • Provision of Rapid tests kits (VDRL, HIV and Malaria) and Uristix, Glucometers to assist in ANC profiling • • Train more health workers on Focused Antenatal care (FANC)/EMONC. • Provide essential guidelines for ANC • Provide essential medicines, equipments and supplements for ANC services • Strengthen integrated mobile outreach programs to include FANC • Sensitization on importance of ANC at the community level • Community sensitization on Individual Birth Plans. • Encourage Male participation through formation of father clubs. • Strengthen MtMSGs and Mother Care groups in all the facilities. • Efficient ANC referral system. • Training of CHVs on MNH, FP technical modules • Supply of Rapid testkits (HIV, Syphilis ETC) to all facilities
	Prevention of Mother to Child HIV Transmission	• Establish M2M SG and capacity-building mentor mothers • Integration of PMTCT and CCC services • Support and upscale EID through effective sample networking
	Integrated Vector Management	• Identification of mosquito breeding areas and community education vector control • Conduct integrated house hold vector control activities (IRS) and fumigation • Enhance surveillance on management of jiggers and other vectors
	Good hygiene practices	• Upscale of Community Led total sanitation (CLTS) • Upscale health education at the community level and schools • Construct 8 toilets in the four facilities lacking one
	HIV and STI prevention	• Upscale Health education to community and all levels of health care delivery. • Accelerate HIV Testing and Counseling through establishment of Moonlight testing services mainly targeting the commercial sex workers, Morans and pastoralist communities • As a matter of prevention; there is need to avail enough stocks of condoms and promote early diagnosis and treatment of Sexually transmitted diseases (STIs)

POLICY OBJECTIVE	KEPH SERVICES	Key priorities for the coming year (3)
Halt, and reverse the rising burden of Non communicable conditions	Community screening for NCDs	• Train of CHVs on screening of NCDs • Community sensitization on NCDs using C4D materials • Conduct monthly screening of NCDs through integrated mobile outreaches • Budget and Procure equipment and reagents for screening of NCDs • Conduct an operation research/baseline survey on the NCDs prevalence rate in the county.
	Institutional Screening for NCD's	• Train HCWs on screening and identification of NCDS • Conduct screening routinely • Advocate for establishment of NCD institutional clinics
	Workplace Health & Safety	• Create awareness on occupational hazards and risks at workplace. • Establishment of health and safety committees in the workplaces • Establishment of Standard Operating Procedures (SOPs) at work places. • Put proper signs for direction and exit during emergencies • Designate exit points and fire assembly points • Construct user friendly facilities which can accommodate the needs of the disabled. • Budget and procure equipment for personal safety • Train workers on first aid and safety • Dissemination of OSHA (Occupational Safety and Health Act) • Development of county Occupational Health Policy
	Food quality & Safety	• Medical examination and screening of food handlers. • Community sensitization on food safety. • Train food handlers on proper food handling during preparation. • Consistent inspection of food and food premises to ensure conformity with food standards. • Taking regular food and water samples to government laboratories for analysis • Avail SOPs on good food storage practices, preparation, transportation to prevent food poisoning • Procurement of Typhim vaccine for food handlers
Reduce the burden of violence and injuries	Pre hospital Care	• Train community health volunteers on first aid • Budget, procure and Provide first aid and CHV kits to community health volunteers. • Strengthening of community referral system. • Equipping of the ambulances with life support gadgets eg oxygen and resuscitation • Training referral Nurses on Life saving skills (LSS)
	Community awareness on violence and injuries	• Strengthen community awareness on importance of peace and reconciliation • Sensitize communities on gender based violence and injuries • Sensitize community against retrogressive practices like gender violence.

POLICY OBJECTIVE	KEPH SERVICES	Key priorities for the coming year (3)
		Liaise with other stakeholders on creation of alternative mean of livelihood
	Disaster management and response	• Establishment of disaster management and response teams. • Training of disaster management and response teams • Set aside resources for disaster mitigation. • Activate early warning systems to forecast and mitigate disaster effects. • Map out areas which are prone to disaster (Vulnerability assessment)
Provide essential health services	Outpatients	• Setting up and functionalizing customer care desks in all facilities and improve triaging in health facilities • Operationalize 24 hours outpatient services in the High volume facilities and appropriately display service charters as per service levels. • Digitalize/EMR outpatient services in the referral facilities • Budget, procure and provide essential equipment and Logistics • Installation of intercom communication in all departments within the hospitals
	Emergency	• Increase the number of ambulances, maintain and equip them appropriately. • Improve communication through provision of VHF radios and mobile phones. • Establish emergency/casualty units in hospitals and health centers. • Train health workers on emergency preparedness and response • Provide adequate equipment and resources in emergency units
	Maternity	• Increase the number of maternity units • Provide adequate equipment in the maternity units • Provide adequate well trained staff • Provide standard operating procedures. • Provision of MVA SETS and Tenaculums in all facilities in the county.
	In patient	• Maintain high standards of cleanliness • Expand the capacity of inpatient services • Adequately equip inpatient departments. • Provide adequate essential commodities and supplies • Increase staff across all cadres • Form inpatient therapeutic committees to conduct clinical data audits
	Clinical laboratory	• Establish 12 clinical laboratories in high volume facilities. • Budget, procure and provide laboratory equipment and reagents. • Recruit more laboratory staff • Improve laboratory infrastructure to conform with recommended WHO standards • Improvement of laboratories in Loosuk,Lesirikan and Sereolipi

POLICY OBJECTIVE	KEPH SERVICES	Key priorities for the coming year (3)
		Health Centres by provision of cupboards, shelves and buglar proofing them.
	Specialized laboratory	• Set up a modern laboratory at the County referral Hospital to include a satelite blood transfusion centre • Strengthen the linkage between the county laboratories and specialized laboratories by improving sample networking. • Establish microbiology laboratory in the county.
	Radiology	• Recruit more medical imaging personnel. • Capacity building on the existing staffs to handle modern equipment's • Budget, procure and provide more radiological Equipment's
	Operative services	• Recruit adequate theatre staffs • Conduct refresher training for theatre staff. • provide running water in Baragoi theater, • Construct and equip minor theatres in high volume facilities
	Specialized therapy	• Set up specialized treatment departments at the county referral hospital. • Ensure dialysis is operating optimally by procuring the essential consumables and or its supplies. • Hire specialized adequate staffs
	Specialized services	• Establish and equip youth friendly center at sub county • Staff and equip the dialysis room in the County referral hospital • Equip eye unit at County referral Hospital • Set aside specials unit for nutritional rehabilitation
	Rehabilitation	• Establish a rehabilitation center at the sub counties. • Employ two psychiatric nurses • Adequately equip eye unit to offer low vision services. •
Minimize exposure to health risk factors	Health Promotion including health Education	• . Recruit and deploy more Health promotion officers. • Create awareness on existing health risk factors through monthly community dialogue days, chiefs barazas, local radio • Conduct daily health education sessions in high volume facilities. • Provide CME and on job training to HCWs in collaboration with Afya Timiza. • Disseminate FPRMNCAH messages through video by afya Timiza
	Sexual education	• Identify the specific groups that require sex education. • Carry out sex education to the identified groups • Acquire IEC materials for sex education. • Conduct monthly meetings with CHV's and CHEWS to review provision of FP/RMNCAH services at community levels.

POLICY OBJECTIVE	KEPH SERVICES	Key priorities for the coming year (3)
	Substance abuse	• Create awareness on effects of substance abuse • Identify the target groups. • Acquire IEC materials on substance abuse. • Put up a rehabilitation Centre • Liaise with other stakeholders who undertake rehabilitation. • Liaise with government departments to enforce the law.
	Micronutrient deficiency control	• Create awareness on the importance of good nutrition. • Sensitization of fortified food in the market • Procure enough micronutrient supplies in the county • Sensitize pregnant mothers on the use and importance of IFAS. • Up scaling supplementation of micronutrient activities. • Streamline micronutrient supply
	Physical activity	• Formation of health clubs in schools, workplaces and in the community • Create awareness on importance of physical activities • Procurement and provision of sports/recreational facilities
Strengthen collaboration with health related sectors	Safe water	• Participate in water stakeholder forums • Adopt simple household water treatment methods. • Strengthen water user's association committees. • Carry out regular water surveillance taking samples to government laboratories • Equip County referral lab to be able to analyze water samples. • Enhance safe water by distribution of P&G water purifiers through market approach.
	Sanitation and hygiene	• Identify and protect damping sites • Introduce refuse collection points • Procure adequate standard dustbins and refuse tracks and exhauters • Provide protective personal garments • Promote health education on sanitation and hygiene using the PHAST and PHASE methodologies and CLTS in the community and institutions.
	Nutrition services	• Employ more nutrition staffs in the county • Integrate nutrition into health services system • Mapping out particular areas of nutrition need where partners can supplement government efforts • Strengthen monthly nutrition technical forum • Formation of nutrition fields days committee • Conduct nutrition surveys SMART,SQUAEC,KAP,NCD. • Strengthening of Multi sectoral Platform for Nutrition (MSP) scaling up Nutrition approach • Observe nutrition key thematic days in the year. • Capacity building to HW and CHVs on SBCC Using OJT, Mentorship, HINI,BFCI. • Conduct quarterly DQA

POLICY OBJECTIVE	KEPH SERVICES	Key priorities for the coming year (3)
		• Upscale nutrition key monitoring models • Community nutrition mass screening, • Building capacity of facilities to report using LMIS • Strengthen health system through quarterly facility incharges meetings • Support social accountability at health facility level. • Nutrition advocacy meeting with the County assembly and executives. • Promotion of nutrition through M2MSG and care groups. • Provision of mid morning snacks to ECDS within Waso Division. • Training of ECD teachers on Vit A and Growth monitoring.
	Pollution control	• Procure equipment to measure air pollution level • Collaboration with NEMA to enforce law pollution control • Create aware on the importance of pollution control
	Housing	• Collaborate with other sectors to ensure that new houses built meet minimum required standards • Proper sitting of buildings • Collaborate with other partners in constructing new houses of health workers in the health facilities
	School health	• Forming of school health clubs • Health education to schools • Ensure schools meets minimum standard sanitary requirements • Construction of vip latrines in primary schools in Lorroki Divission.
	Water and Sanitation Hygiene	• Lobby for construction of modern sewage treatment works in the county. • Construct storm water drains/channels. • Liase with the lead ministry to regularly supply water to facilities where need be. • Procure an exhauster • Identify designated liquid waste discharge sites in the county
	Food fortification	• Securing of fortified supplements for the sub county • Conducting monitoring and evaluation of foods in the market • Check regularly the standards of fortified foods in the market
	Population management	• Sensitizing the population on the importance of family planning • Strengthen formal birth and death registration • Identify the special population for support

POLICY OBJECTIVE	KEPH SERVICES	Key priorities for the coming year (3)
	Road infrastructure and Transport	• Lobby for improvement of road infrastructure ant transport to health facilities

8.2: Health Output priorities

The Priority intervention areas during the coming year will be to recruit more medical staff (Nurses, Clinical Officers, Laboratory technologists, Public health Officers, Health Records and Information Officers and Community health Extension workers.)

Expansion of Wamba and Suguta Health Centre to sub county referral hospital status and upgrading of Archers Health Centre facility to a sub county referral in order to provide a wide range of services.

Health Commodities and supplies must be availed to cater for the needs of the clients/Patients.

Purchase of critical equipment is required especially for the newly opened facilities.

Priority interventions

Output area	**Intervention area**	**Priority interventions for the year**
Improving Access to services	Availability of critical inputs (Human Resources, Infrastructure, Commodities)	• Employ more health workers all cadres • Expand existing health facilities • Budget, procure and provide adequate commodities to include drugs, food, vaccines, Lab reagents and equipment. • Distribution and redistribution of RTK for HIV MRDTs. • Construction, equipping and accreditation of laboratories.
	Functionality of critical inputs (maintenance, replacement plans, etc)	• Regular maintenance of machines and equipment's. • Take inventory of available machines and equipment's • Put in place a procurement and disposal committee • Allocate resources for procurement of new machinery and equipment's

	Readiness of facilities to offer services (appropriate HR skills, existing water / sanitation services, electricity, effective medications, etc)	• Recruit and deploy staffs to new facilities. • Upgrading of skills for existing staff • Regular maintenance of existing water and sanitation services • Put up water and sanitation services (Tanks and toilets) • Install renewable energy in health facilities. • Ensure professionalism in order to facilitate effective medication • Provide equipment and commodities to aid in effective medication • Quarterly EQA (External quality assessment for HIV,Malaria and TB. • Strengthen linkages between facilities and communities.
Improving Quality of care	Improving patient/client experience	• Provide a client friendly environment • Conducting client exit interviews. • Provide social accountability mechanisms and activities in facilities.
	Assuring patient/client safety (do no harm)	• Adhere to laid down SOPs • Proper control of commodities. • Put danger signs where appropriate. • Identify fire assembly points. • Enhance use of IPCs
	Assuring effectiveness of care	• Conduct periodic quality improvements by QIT • Enhance effective social accountability mechanisms i.e Set up a feedback mechanism e.g. a suggestion box

8.3: Health budget distribution and priorities for coming year Health budget distribution and priorities for coming year

The Budget is based on the approximation of what is anticipated from the County Government and the Health Partners present in the County. In order to reach the hard to reach populations the Health Department targets to initiate intergrated mobile outreaches. In the previous year the County received immense support from health partners who facilitated mobile outreaches.

Infrastructure development is also key to realization in provision of quality health care to the patients and clients. In the coming year the county has plans to construct more facilities thus increasing coverage and access to health care services by Samburu population.

The County stills experiences glaring staffing gaps in terms of critical cadres that are required to provide efficient and effective quality health care service. The county Government should therefore recruit more staffs as an effort of closing the existing staff gaps.

Budget distribution and milestones

This section of the plan outlines the programs and sub programs as well as a summary of all the priority activities planned for the year. It details the activities and expected outputs, implementation timelines and the estimated budget for each of the activities within a sub program and program.

Program 1: Curative and Rehabilitative Health Services.

Program Outcome: Effective and efficient curative and rehabilitative health care services to the county citizens

Program Objective: To provide effective and efficient curative and rehabilitative at hall health service delivery units.

Key output	Activities	Q 1	Q 2	Q 3	Q 4	Total Amount	Source of Funds
Sub-Program 1: Primary Health Facility Services							
Output:							
Primary care treatment services	Conduct 18 monthly integrated outreaches in the County monthly (6 per sub County)	√	√	√	√	3,632,827	THS UC
	Strengthening emergency Obstetrics and other referral services	√	√	√	√	2,000,000	SCG
	Daily operations and mentainance in the primary health facilities					12,000,000.00	DANIDA
	Training of Health workers on emergency preparedness using recommended guidelines	√	√	√	√	2,000,000.00	SCG
	Training 40 health workers on pharmacovigilance and commodity management	√		√		1,500,000.00	SCG
	Quarterly review of outreach activities by CHMT/SCHMT	√	√	√	√	600,000.00	THS UC
	Operations and Maintainace of all gazetted level 2 and 3 health facilities	√	√	√	√	12,000,000.00	DANIDA
	Eye School/Community Screening programs	√	√	√	√	6,000,000.00	Trachoma

	Trachoma Mobile Outreaches/Eye Camps		√		√	2,000,000.00	Trachoma
	Primary Eye Care (PEC) training for health workers and CHVs		√		√	5,000,000.00	Trachoma
Primary care diagnostic services	Establishment of Lab departments in four Health centers(lodungokwe, sereolipi, Ngilai, swari)	x	x	x	x	8,000,000	SCG
	Employment 8 Lab Technologists			x		9,600,000	SCG
	Reagents for the existing Labs and Renovation	x	x	x	x	5,000,000	SCG
	Capacity building for the existing staff	x	x	x	x	2,000,000	SCG
Sub-Program 1 Total						**46,732,827**	
Sub-Program 2: Hospital Level Services							
Output:							
General Outpatient services	Purchase of Basic Examination Equipment(stethoscopes, BP machines, Diagnostic set)						SCG
	Conduct quarterly clinical audits in health facilities	√	√	√	√	300,000.00	SCG
	Formation and operationalization of therapeutic committees in high volume facilities (Quarterly meetings)	√	√	√	√	300,000.00	SCG

Specialized Outpatient services	Organization of facility services Clinical audits, establishing therapeutic committees						
Rehabilitative Services	Construction of physiotherapy, Occupational and Orthopedic Clinic				√	15,000,000.00	SCG
Theatre Services	Construction of outpatient theatre		x			5,000,000	SCG
In-patient Services.	Ensure that coding and index in all hospitals	x	x	x	x	150,000	SCG
Basic laboratory services	Brucella, Widal, urine analysis, stool analysis, HB estimation.	x	x	x	x	200,000	SCG
	Purchase of Lab Reagents	x	x	x	X	300,000	SCG
	RRI on HIV Test	x	x	x	x	300,000	SCG
Hematology and blood transfusion services	Blood donation campaign	x	x	x	x	2,000,000	SCG
	Training of Health care workers blood biosafety		x			200000	SCG
Biochemistry	4 Purchase of a biochemistry analyzer		x			2,000,000	SCG
Microbiology and Parasitological	Purchase of urine analyzer	X				200,000	SCG
	Malaria Test Campaign	x	x	x	x	800,000	SCG
Histopathology	Training of Laboratory staff on cytology					300,000.00	SCG
X-ray Services	5 training of staff 2 per year(not on site)			x		600,000	SCG
Ultrasound services	Training of two staff			x	x		
	1. Maralal County referral				x	2,500,000	SCG
	1 Baragoi level 4						

Specialized radiological imaging	One ultra-sound machine (with probes)			x		3,500,000	SCG
	One portable x-ray unit			x		4,000,000	SCG
	Re-writable CD-RW Imation (5000)	x				500,000	SCG
Client/Patient Movements	Installation of queue management software.					5,000,000	SCG
Expert/Service Provider Movements	Transportation of Gene expert samples from rural facilties to County referral Hospital					400,000.00	SCG
	Training of Health care workers on gene expert					600,000.00	SCG/Partners
Specimen Movement	Specimen referrals from facilities to referrence laboratory eg KEMRI, TB NPHLS,					350,000.00	SCG
Client Parameters Movement	Early Infant Diagnosis (EID), Viral load, Sputum culture monitoring and uploading (Needs data bundles and airtime)					50000	SCG
Sub-Program 2 Total						44,550,000.00	
Program Total						**91,282,827.00**	

Program 2: Preventive and Promotive Health Services

Program Outcome: Effective and efficient preventive and promotive health interventions within the county

Program Objective: To provide effective and efficient preventive and promotive health interventions across the county.

Key output	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
Sub-Program 1: Reproductive Maternal Neonatal Child Health (RMNCH) Services							
	Purchase of three ambulances for the sub county	√		√		27,600,000.00	SCG
	Purchase of three ambulances for the sub county					9,200,000.00	THS UC
	Ambulance command Centre	√	√	√	√	10,000,000.00	SCG
	Create awareness on RMNCAH BY Marking RMNCAH days World Breast feeding day, Malezi Bora, world FP day etc. Targeting 250 community member		√	√	√	1,875,000.00	THS UC
	Train 40 HCWs on New Focused Antenatal Care (FANC) using recommended MOH training Manuals and guidelines for 5 days (Accommodation, conference and transport costs)				√	2,250,000.00	THS UC
	Sensitization training of 60 health workers on the use of Chlorhe√idine for cord care as recommended by WHO/MOH. One day training.		√			900,000.00	AFYA TIMIZA
	Conducting health promotion activities on RMNCAH through local radio station. Airing of RMNCH messages for 185 days @ Ksh. 3000 and monthly talk shows @ 2000 per week for 52 weeks		√	√	√	659,000.00	THS UC
	Training of 30 Health Care workers on Family Planning especially Long acting methods (LARC) using current recommended MOH training manuals and guidelines. 5 days training. (Accommodation, conference and transport)			√		1,750,000.00	THS UC
	Involve and engagement of traditional leaders and youth on FP/RMNCAH and Nutrition services	√	√	√	√	1,500,000.00	THS UC
	conducting training for adolescent and youth on RH and se√uality	√	√	√	√	1,500,000.00	SCG
	Training on BeMONC/CeMONC	√	√	√	√	1,500,000.00	TIMIZA
	Procurement of FP kits and examination coach	√	√	√	√	200,000.00	TIMIZA
	Mother support groups	√	√	√	√	2,000,000.00	UZAZI SALAMA
	Father support groups	√	√	√	√	2,000,001.00	UZAZI

							SALAMA
	Conduct FP/MNCAH DQAs	√	√	√	√	1,200,000.00	THS UC
	Quarterly RMNCAH TWG review meetings)	√	√	√	√	672,000.00	THS UC
	Training 12 TOTs on Cryotherapy	√	√	√	√	1,500,000.00	THS UC
	Quarterly meeting with sub county administration and ward administrators to facilitate understanding on poor performing indicators especially RMNCAH	√	√	√	√	200,000.00	THS UC
	quarterly meeting with village administrators to facilitate understanding on the poorly performing indicator especially RMNCAH	√	√	√	√	200,000.00	THS UC
	Procurement of mothers baby packs for mothers deliverying at Health at Health care faclities	√	√	√	√	2,700,000.00	THS UC
	Training of 60 Health care workers on screening of ANC mothers using rapid Kits and glucometers			√		400,000.00	THS UC
Sub-Program 1 Total:						**69,806,001.00**	
Sub-Program 2: Immunization Services							
	Conduct EPI trainings to 60 Health Care Workers using updated EPI training manuals and guidelines. 4 days training will be conducted			√		3,000,000.00	THS UC
	Collection and distribution of vaccines from Nakuru regional depot and to the Health facilities (quarterly for the Sub county and Monthly for the facilities)	√	√	√	√	200,000.00	THS UC
	Procure 5 solar powered fridges for immunization vaccines	√	√	√	√	2,500,000.00	SCG
	Procurement of Mother child booklet	√	√	√	√	1,200,000.00	THS UC
Sub-program 2 Total						**6,900,000.00**	
Sub Program 3: Nutrition Services							
	HiNi OJT to the Newly recruited staff	√	√	√	√	1,000,000.00	UNICEF
	Nutrition DQA in all IMAM facilities	√	√	√	√	1,200,000.00	UNICEF/NHP PLUS
	Refurbishment of one containers (Nutrition)wamba	√	√	√	√	50,000.00	SCG
	Trainings-IMAM, BFCI for CHVs, HCWs	√	√	√	√	5,100,000.00	NHP PLUS
	Coordination-CNTF, CSG	√	√	√	√	300,000.00	NHP PLUS
	MALEZI-Vitamin A and Deworming, Growth Monitoring, Cooking Demonstration.	√	√	√	√	1,250,000.00	NHP PLUS

	APRP.	√	√	√	√	2,400,000.00	NHP PLUS
	Mothers Support Groups Meetings and Sensitization-22 Groups.	√	√	√	√	800,000.00	NHP PLUS
	Equipments-Weighing scales.	√	√	√	√	1,300,000.00	NHP PLUS
	Demonstrations gardens.	√	√	√	√	600,000.00	NHP PLUS
	Supervision and HINI Gap Assessment-	√	√	√	√	120,000.00	NHP PLUS
	Smart survey	√	√	√	√	2,400,000.00	SCG
	BFCI training 2	√	√	√	√	3,000,000.00	SCG
	Upscale of surge model facilities for 60 facilities	√	√	√	√	500,000.00	SCG
	Malezi bora activities May and November	√	√	√	√	500,000.00	SCG
	Quarterly facilitation of CNTF and SCNTF	√	√	√	√	300,000.00	SCG
	Quarterly mas screening of hotspots	√	√	√	√	300,000.00	SCG
	OJTs	√	√	√	√	70,000.00	NHP PLUS
	ECDE Teachers and HCW training on growth monitoring	√	√	√	√	450,000.00	NHP PLUS
	BFCI Activities- Meetings, Outreaches	√	√	√	√	2,000,000.00	NHP PLUS
Sub-program 2 Total						**23,640,000.00**	
Sub-Program 4: Disease Surveillance and Control							
	Conduct 6 case finding for notifiable diseases	√	√	√	√	134,400.00	SCG
	follow up to suspected disease outbreak in the community	√	√	√	√	250,000.00	SCG
	Conduct 4 quarterly OJT on active case findings to high volume facilities	√	√	√	√	300,000.00	SCG
	Collection and uploading of weekly IDSR reports	√	√	√	√	360,000.00	SCG
	Investigation of suspected AFP, measles cases -collection and submission of samples to KEMRI	√	√	√	√	200,000.00	SCG
	Activation of surveillance systems at the community and facility level - trainings for both CHVs and HCWs	√	√	√	√	800,000.00	SCG
	Outbreak control and mitigation (buffer stock procurement and activation of Emergency Response Units per sub - county)	√	√	√	√	1,000,000.00	SCG
	Training of 40 health workers on MPDSR for 3 days - Maternal and Perinatal death reviews impacting on RMNCAH. Using the Recommended MOH training Manuals, guidelines and reporting tools.			√		1,350,000.00	THS UC
	Training of 30 lab staff on Lab surveilance			x		400,000	SCG/partners
	ying of 4 Incubator and commodities				x	1,000,000	SCG/partners

Sub-Program 4 Total						**3,044,400.00**	
Sub-Program 5: HIV Control Interventions							
	Construction of modern comprehensive care clinic at SCRH	√	√	√	√	5,000,000.00	SCG
	Training of 30 HCWs on adolescent and sexual reproductive health	√		√		1,200,000.00	THS UC
	Training on adolescent package of care (APOC)		√		√	1,200,000.00	THS UC
	Training of TOTs to cascade ASRH		√			500,000.00	THS UC
	Supportive supervision on ASRH activities by county and sub-county staff	√		√		500,000.00	THS UC
	Training of vulnerable and marginalized groups on alcohol and substance abuse.		√		√	1,500,000.00	SCG
	Training 40 Health care workers on PMTCT	√		√		2,000,000.00	THS UC
	Training youth champions in ASRH			√		500,000.00	THS UC
	HIV profiency testing panels distribtion and collection to all facilities	√	√	√	√	1,000,000.00	SCG/Partners
	Training on HIV logarthim testing		√			2,000,000.00	SCG/Partners
Sub-Program 5 Total						**15,400,000.00**	
Sub-Program 6 TB Control Interventions							
	Conduct ,TB EQA activities	√	√	√	√	1,500,000.00	SCG
	Capacity Building of HCWs - training on TB DOTS & MDR patient management	√	√	√	√	1,000,000.00	SCG
	Pregnant mothers screening for TB at community and facility level	√	√	√	√	1,000,000.00	SCG
	Marking of World TB Day 24/3/2019	√	√	√	√	300,000.00	SCG
	Training of CHVs on defaulter tracing and household TB health education	√	√	√	√	1,000,000.00	GLOBAL FUND - AMREF
Too Improve the treatment success rate to 90%	Marking of World TB day	√	√	√	√	100,000	SCG
	Coordination Mechanisms for gene expert(Lab Networking)	√	√	√	√	1,000,000	SCG
	Conduct TB quarterly review meeting	√	√	√	√	896,000	SCG
	TB refresher course for 40 lab staff biannual				√	800,000	SCG
	Procurement of 11 TB Biosafety cabinets		√			2,000,000	SCG
Sub-Program 6 Total						**5,900,000.00**	

Sub-Program 7 Malaria Control Interventions							
	Conduct malaria Quality of care(inpatient and outpatient)	√	√	√	√	1,000,000	SCG
	Training of 70 health workers on malaria case management, microscopy, diagnosis and commodity management(in pregnant women).	√	√	√	√	1,500,000.00	THS UC
	Data management for Malaria (weekly collection and uploading to DHIS, monthly malaria trends).	√	√	√	√	104,000.00	SCG
	Follow up of Malaria positive mothers and vector control at the household (larvicides, LLITNs, IRS and Repellants).	√	√	√	√	500,000.00	SCG
	Marking of World Malaria Day 25/4/2019				√	350,000.00	SCG
	Quantification of malaria kits	√	√	√	√	150,000	SCG
	Conduct EQA on malaria to facilities with Laboratories		√			300,000	SCG
	Malaria Microscopy training on 60 HCWS					3,000,000	SCG
	Distribution and redistribution of MRDS			√		450,000	SCG
Sub-Program 7 Total						**7,354,000**	
Sub-Program 8 – Neglected Tropical Diseases Control							
	Conduct community screening on NTDs (jiggers, helminthes hydatid condition and trachoma)	√	√	√	√	800,000.00	SCG
	Undertake jiggers treatment and deworming for hydatid condition	√	√	√	√	2,000,000.00	SCG
	Trainings for NTD-Trachoma identifiers	√	√	√	√	3,000,000.00	AMREF TRACHOMA
	Condiuct 12 Trachoma surgical outreaches	√	√	√	√	2,000,000.00	AMREF TRACHOMA
	County transition exit plan for Trachoma.	√	√	√	√	2,000,000.00	AMREF TRACHOMA
	Case verification for Trachoma	√	√	√	√	600,000.00	AMREF TRACHOMA
	Post- Operation follow-ups	√	√	√	√	1,000,000.00	AMREF TRACHOMA
	Trachoma MDA	√				12,000,000.00	AMREF TRACHOMA
	Celebration of world sight day		√			500,000.00	SCG
	Mass Drug Administration for NTDs (de-worming exercise and TEO treatment)	x	x	x		800,000	SCG
	Training for NTDs identifiers (hydatid disease, jiggers, helminthes and trachoma).	x	x	x		500,000	SCG

	Mass screening for NTDs (Hydatid disease, jiggers, helminthes and trachoma).	x	x	x		400,000	SCG
Sub-Program 8 Total						**25,600,000**	
Sub-Program 9 Non-Communicable Disease Control							
	Screening for NCDs at the community, Institutions, Schools and facilities.	√	√	√	√	400,000.00	SCG
	Survey for baseline on NCDs	√	√	√	√	1,200,000.00	SCG
	Awareness and Sensitization on NCDs risk factors (alcohol, illicit drugs, tobacco, nutrition and physical e√ercise)	√	√	√	√	1,000,000.00	SCG
	Screening for cataract patients within the community and performing surgeries.	√	√	√	√	2,000,000.00	CATHC/ AMREF
	Health promotion for NCDs risk factors (alcohol & illicit drugs, tobacco and nutrition & physical exercise)	x	x	x		1,200,000	SCG
	Purchase of glucometers for ANC Mothers profiling		x			430,000	
Sub-Program 9 Total						**6,230,000.00**	
Sub-Program 10: Environmental Health, Water and Sanitation Interventions							
	conduct 5 Information sessions for village administrators to gain their support, participation on environmental, water and sanitation situation in the sub-county	√	√	√	√	500,000.00	SCG
	Latrine use upscaling - CLTS trigerring of villages	√	√	√	√	1,350,000.00	SCG
	Community household water treatment demonstrations in 20 villages in each subcounty	√	√	√	√	1,200,000.00	SCG
	undertake distribution of hygiene commodities to 30 villages	√	√	√	√	1,000,000.00	UNICEF WASH
	Sensitization of 300 food handlers on food hygiene and food safety in 3 sub counties	√	√	√	√	900,000.00	SCG
	undertake 10 water samples and 10 food samples for analysis in each sub-county	√	√	√	√	720,000.00	SCG
	Undertake liquor inspection and licensing of 70 liquor outlets.	√	√	√	√	1,500,000.00	SCG
	Conduct refresher training to 30 PHOs on protection of surface water sources and possible contamination	√	√	√	√	1,000,000.00	SCG
	conduct training of 9 CLTS Verifiers and 9 certifiers	√	√	√	√	200,000.00	AMREF TRACHOMA

	Conduct training and revival of 10 market/town sanitation committees in the county	√	√	√	√	200,000.00	SCG
	Routine clean up e√ercise in markets and towns	√	√	√	√	800,000.00	SCG
	Community hygiene demonstrations on handwashing	√	√	√	√	300,000	SCG
	establishment of sanitation committees in 5 markets	√	√	√	√	250,000.00	SCG
	support 4 quarterly WASH TWG	√	√	√	√	1,800,000.00	SCG
	Support establishment of Sanitation village committees in 12 villages	√	√	√	√	1,200,000.00	TIMIZA/SCG
	Marking of the World Toilet day celebrations	√	√	√	√	600,000.00	SCG
	Improving availability, functionality safe water supply		√			5,000,000.00	UZAZI SALAMA/ TIMIZA
Sub Program 10 Total						**18,220,000.00**	
Sub-Program 11: School Health Interventions							
	Undertake menstrual hygiene management education in 30 schools	√	√	√	√	1,020,000.00	SCG
	undertake establishment of drug free zones in 30 schools	√	√	√	√	900,000.00	SCG
	undertake school health inspections in primary schools and secondary schools	√	√	√	√	1,500,000.00	SCG
	conduct personal hygiene promotion, deworming and celebration of global hand washing day in 30 schools	√	√	√	√	1,500,000.00	SCG
	undertake vector control (mosquitoes and bedbugs)in 30 schools	√	√	√	√	1,200,000.00	SCG
	establishment/ revival of school health clubs in 60 schools	√	√	√	√	2,280,000.00	SCG
	Establish sanitation and hygiene and sanitation awards in 60 primary schools	√	√	√	√	1,000,000.00	SCG
	Face washing in schools (BCC) 35 schools	√	√	√	√	1,500,000.00	AMREF
	Training of 40 school health club patrons		√		√	500,000.00	World Vision
	School screening for eye health	√	√	√	√	1,000,000.00	AMREF TRACHOMA
Sub-Program 11 Total						**12,400,000.00**	

Sub-Program 12: Community Health – Level 1 Interventions							
	Procurement of 500 Mobile phone for CHVS	√	√	√	√	2,500,000.00	SCG
	Incentives for 100 CHVs following up on Immunization and ANC Defaulter tracing in the sub county. Incentives will be paid as per the MOH policy guidelines.	√	√	√	√	1,000,000.00	THS UC
	Incentives for Mentors of mother to mother support groups/father to father support groups to encourage EBF, PMTCT, ANC & Skilled Birth (400 mentors)			√		1,200,000.00	THS UC
	Mentorship of 300 CHVs on referrals					300,000.00	THS UC
	Strengthen Monthly reporting from community units	√	√	√	√	1,500,000.00	TIMIZA
	Establishment/Strengthening of community units	√	√			2,500,000.00	THS UC
	Establishment/Strengthening of community units	√	√			3,500,000.00	UZAZI SALAMA
	Establishment and training of 9 community verbal autopsy committee. Using the Recommended MOH training Manuals, guidelines and reporting tools.	√				500,000.00	THS UC
	Train 500 mother to mother support groups/father to father support groups to encourage EBF, PMTCT, ANC & Skilled Birth (400 mentors)	√				1,000,000.00	THS UC
	Conduct Quarterly CHU DQA					600,000.00	TIMIZA
	Conduct quarterly CHU supervision	√	√	√	√	600,000.00	TIMIZA
	Conduct quarterly OJT for 100 CHV	√	√	√	√	800,000.00	TIMIZA
	conduct CHVs monthly meetings	√	√	√	√	3,312,000.00	UZAZI SALAMA
	conduct quarterly CHC meetings	√	√	√	√	13,100.00	UZAZI SALAMA
	Hold quarterly CHU stake holder meeting	√	√	√	√	142,000.00	TIMIZA
	Hold quarterly sub county CHU stake holder meeting	√	√	√	√	310,000.00	TIMIZA
	Update CHU HH registration	√	√	√	√	1,000,000.00	TIMIZA
	Conduct quarterly CHU DQA	√	√	√	√	500,000.00	TIMIZA
	Conduct quarterly CHEW PLANNING AND REVIEW MEETINGS	√	√	√	√	800,000.00	TIMIZA
	Conduct quarterly CHU functionality assessment	√	√	√	√	120,000.00	TIMIZA
	Training of 400 CHVs on technical modules using MOH training Manuals.	√	√	√	√	4,000,000	TIMIZA
	Training 500 CHVs on FP/RMNCAH and Nutrition and WASH module using MOH training manuals	√	√	√	√	1,500,000.00	THS UC
	Formation of 22 Care Groups/M2MSGs	√	√	√	√	1,300,000.00	TIMIZA
	Conduct quarterly CHU support supervision	√	√	√	√	500,000.00	TIMIZA

	Conduct quarterly action days on RMNCAH and other indicators	√	√	√	√	2,000,000.00	UZAZI SALAMA
	Conduct monthly CHU action days	√	√	√	√	750,000.00	UZAZI SALAMA
	Conduct data quality mentorship to 20 CHEWs	√	√	√	√	300,000.00	
	Support CHU IGA activities	√	√	√	√	2,500,000.00	UZAZI SALAMA
	Constructive male engagement in RMNCAH activities in the sub-county	√	√	√	√	1,000,000.00	THS UC
	Incentives for Mentors of mother to mother support groups/father to father support groups to encourage EBF, PMTCT, ANC & Skilled Birth (400 mentors)	√	√	√	√	800,000.00	WORLD VISION
	procurement of 150 mobile phones for CHVs	√	√	√	√	2,500,000.00	UZAZI SALAMA
	procurement of 500 CHV job aids	√	√	√	√		UZAZI SALAMA
	Support 500 CHVs stipends	√	√	√	√	500,000.00	SCG
	Quarterly dialogue and action days focusing on RNMCAH involving 1100 CHVs (Lunches and transport for CHVs will be paid as per G.O.K policy guidelines)	√	√	√	√	2,142,000.00	THS UC
	conduct 4 quarterly CHEW REVIEW AND PERFORMANCE MEETINGS	√	√	√	√	600,000.00	SCG
	Training of Trainers of CHMTs SCHMTs and CHAs on MJALI, LEAP and MTIBA	183,600				183,600.00	AMREF iPuSH Project
	Training of CHWs on mHealth solutions (LEAP, M-JALI and M-wallet and NHIF)	1,097,928				1,097,928.00	AMREF iPuSH Project
	Household registration by CHWs	97,920				97,920.00	AMREF iPuSH Project
	Train CHWs on community RMNCH modules using LEAP	391,680				391,680.00	AMREF iPuSH Project
	Health promotion IEC materials.	√	√	√	√	2,500,000.00	UZAZI SALAMA
	Community Action days	√	√	√	√	6,000,000.00	UZAZI SALAMA
	Community education days	√	√	√	√	5,000,000.00	UZAZI SALAMA
	IGA grants	√	√	√	√	4,000,000.00	UZAZI SALAMA
	CHV incentives	√	√	√	√	2,000,000.00	UZAZI SALAMA
	CLTS PLUS in 35 villages	√	√	√	√	2,500,000.00	AMREF
Sub-Program 12 Total						**61,760,22.00**	
PROGRAM TOTALS						**256,254,629.00**	

PROGRAM THREE

Program 3: General Administration, Planning, Management Support and Coordination

Program Outcome: Effective and efficient preventive and promotive health interventions within the county

Program Objective: To provide effective and efficient preventive and promotive health interventions across the county.

Key output	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
Sub-Program 1: Health workers and Human Resource Management							
Health workers and Human Resource Management	Health workers salaries and remuneration	√	√	√	√	559,694,558.00	SCG
	Bi annual recruitment of new health workforce	√	√	√	√	3,600,000.00	SCG
	Career development and progression of e√isting health workforce	√	√	√	√	12000000	SCG
	Training, and development of health workforce	√	√	√	√	5,000,000.00	Partners
	Improving institution capacity for health workforce management		√	√		3,000,000.00	SCG/TIMIZA
	Recruitment of required health workers	√				5,000,000.00	TIMIZA/ FHI 360
	Recruit lab technologists	√	√	√	√	5,000,000.00	SCG
	Training of 100 Health workers on blood safety	√	√	√	√	3,000,000.00	SCG
	Support CHMT/ SCHMT to fully utilize iHRIS system and role it to Sub Counties & Provide airtime and bundles		√		√	1,000,000.00	SCG
	Scientific Conferences:e.g KNOW workshop,Close Air, KEPHNA, OCOA, APHOK, M&E, NNAK, COESCA, LAB, PSK etc.	√	√	√	√	15,000,000.00	SCG
	Repair and servicing of all vehicles (Ambulances and utility vehicles)			√		5,000,000.00	SCG
	Enhancement of security in all health facilities by recruitment of Guards		√			4,200,000.00	SCG
	Social accountability mechanisms by ensuring all facilities have suggestion boxes and are in use			√		650,000	SCG

	Sub County Stake holders forums	√	√	√	√	200,000.00	SCG
	Training of HFMC/Hospital boards					500,000.00	SCG
	Facility In charges meetings						SCG
Sub-Program 1 Total:						**622,844,558.00**	
Sub-Program 2: Constructions and Maintenance of Buildings							
	County Referral Maralal ward						
	Accident and Emergency Complex / /Phase 1	√				50,000,000	SCG
	Intensive care unit and Equipping		√			30,000,000	SCG
	Completion and Equipping of mortuary			√		7,078,021	SCG
	Isolation Ward					7,500,000	SCG
	CT scan Installation(Including a building for the Machine)		√			25,000,000	SCG
	Fire extinguishers			√		5,000,000	SCG
	Master plan		√			3,500,000	SCG
	Hospital Generator					3,500,000	SCG
	Baragoi Sub-County Hospital						
	Desaliniser			√		4,000,000	SCG
	Completion of Surgical ward		√			5,000,000	SCG
	Hospital Borehole			√		2,500,000	SCG
	Baragoi Mortuary building and fencing					5,000,000	SCG
	Wamba Sub County Hospital						
	Outpatient Block (Phase 1)			√		5,000,000	SCG
	Male/Female Ward			√		5,000,000	SCG
	OperationTheatre		√			7,000,000	SCG
	Health facilities						
	Loiragai Dispensary	√		√		4,500,000.00	SCG
	Lodua Dispensary			√		4,500,000.00	SCG
	Ngare Narok		√			4,500,000.00	SCG
	Baawa Dispensary					4,500,000.00	SCG
	Lekuru Dispensary		√			4,500,000.00	SCG
	Lakira Dispensary			V		4,500,000.00	SCG
	Logorate Dispensary					3,000,000.00	SCG
	Lmarmaroi Dispensary		√			3,500,000.00	SCG
	Lchakwai Dispensary			√		3,000,000.00	SCG
	Westgate Dispensary					4,500,000.00	SCG
	Ngutuk Engiron Dispensary		√			4,500,000.00	SCG
	Lkuroto Dispensary					4,500,000.00	SCG

	Opiroi Dispensary	√				4,500,000.00	SCG
	Parkati Dispensary			√		4,500,000.00	SCG
	Porro Health Centre		√			3,000,000.00	SCG
	Marti Dispensary			√		1,500,000.00	SCG
	Lkiloriti Dispensary					2,000,000.00	SCG
	Opiroi Dispensary			√		1,500,000.00	SCG
	Ura Dispensary			√		2,000,000.00	SCG
	Lonjorin Dispensary		√			1,000,000.00	SCG
	Lkiloriti Dispensary					1,000,000.00	SCG
	Logorate			√		1,000,000.00	SCG
	Wamba Sub County Hospital				√	3,500,000.00	SCG
	Baragoi Sub County			√		3,500,000.00	SCG
	Upgrading Maralal, Suguta Health centre and Baragoi Health Centre				√	4,700,000.00	SCG
	Medical Equipment			√		29,300,000	
	Purchase of five (5) motorbikes -				√	2,500,000	SCG
	Conditional Grant-Leasing of Medical Equipment			√		200,000,000	SCG
	2017-18 pending bills						
	Expansion of existing facilities	√	√	√	√	750,000.00	SCG
	Maintenance of e√isting facilities	√	√	√	√	500,000.00	SCG
	Construction of modern laboratory at SCRH	√	√	√	√	4,000,000.00	SCG
	procurement of 5 Knapsack,	√	√	√	√	150,000.00	SCG
	Construction of VIP latrine in health facilities – (Ksh 2Million)	√	√	√	√	2,000,000.00	SCG
	Procure mother baby packs for 10 facilities with maternities	√	√	√	√	4,800,000.00	SCG
	Procure motorbikes for 5 hard to reach facilities	√	√	√	√	2,000,000.00	SCG
	Equip and operationalize Suguta Mar mar theatre	√	√	√	√	500,000.00	SCG
	equipping and operationalization of youth friendly center in Samburu county referral hospital	√	√	√	√	2,000,000.00	THS UC
	Repair and repainting of public health offices	√				200,000	SCG
	Construction of modern laboratory at SCRH	√	√	√	√	10,000,000.00	SCG
	construction of youth friendly centres at SCRH, Kisima and Suguta health centres	√	√	√	√	9,000,000.00	SCG
	repair and maintenance of beyond Zero truck	√	√	√	√	1,500,000.00	SCG
	Repair and maintain motor vehicles GKA253D For	√	√	√	√	500,000.00	SCG

	SCHMT Central						
	Repair and maintain motor vehicles and motorbikes in Samburu East Sub-County	√			√	500,000.00	SCG
	Repair and maintain motor vehicles and motorbikes in Samburu North Sub-County	√			√	500,000.00	SCG
	repair and maintenance of motorbikes for public health and facilities	√	√	√	√	700,000.00	SCG
	procurement of fuel and motor vehicle lubricants for motor vehicles and motorbikes	√	√	√	√	770,000.00	SCG
	Construction of an Eye unit in BSCRH		√			4,000,000.00	SCG
	Construction of an FP/MCH Clinic					2,500,000.00	SCG
	Construction of eye ward at SCRH.			√		1,500,000.00	AMREF TRACHOMA
	Construction of eye ward at SCRH			√		2,500,000.00	SCG
	Construction of modern laboratory at BSCRH			√		4,000,000.00	SCG
	Construct a paediatric ward at BSCRH				√	4,000,000.00	SCG
	Construction of a modern outpatient block at BSCRH				√	30,000,000.00	SCG
	Construct a modern CCC and TB unit at BSCRH				√	4,000,000.00	SCG
	Construct a ,modern maternity wing at BSCRH				√	15,000,000.00	SCG
	Construction of a fully equipped Pharmacy Bulk Store at BSCRH.			√		4,000,000.00	SCG
	Construction of an Administration Block at BSCRH		√			10,000,000.00	SCG
	Rennovation of health facilities	√	√	√	√	30,000,000.00	UZAZI SALAMA
	Ambulance command center	√				14,000,000.00	UZAZI SALAMA
	Transport vouchers	√	√	√	√	1,800,000.00	UZAZI SALAMA
Sub Program 2: Total						**636,248,021.00**	

Sub Program 3: Procurement of Medicines, Medical and Other Supplies							
	Procurement of pharmaceuticals, Non Pharmaceuticals, Lab Reagents and other Chemicals.	√	√	√	√	180,000,000.00	SCG, UNICEF, WFP,AMREF Trachoma,PERPFA
	Procurement of assorted vector insect and vermins chemicals.	√	√	√	√	5,000,000.00	SCG
	Procurement of 40 CHV KITS	√	√	√	√	1,000,000.00	SCG
	Procurement of pharmaceutical reference materials (pharmacopoeias, formularies and drug indexes)		√			200,000.00	SCG
	Quarterly redistribution of health products to all health facilities	√		√	√	2,900,000.00	SCG
	Trachoma, cataracts and OM drugs and consumables.	√				4,000,000.00	AMREF TRACHOMA
	Procurement of mother baby packs	√	√	√	√	14,175,000.00	UZAZI SALAMA
	Procurement of Nutrition commodities for TB/HIV clients	√	√	√	√	4,000,000.00	NHP PLUS
	Distribution and redistribution of health products	√	√	√	√	4,000,000.00	SCG/ AFYA UGAVI
	Costing of health service provision		√			5,000,000.00	SCG/UZAZI SALAMA, LINDA MAMA
	Mobilizing resources to improve resource adequacy			√		50,000.00	World Vision
	Risk pooling and improving equity				√	800,000.00	TIMIZA
	Strategic purchasing and improving efficiency in resource use			√		1,000,000.00	SCG
	Health stewardship and county management					300,000.00	TIMIZA
	Health partnership and coordination	√	√	√	√	1,000,000.00	All Health Partners(Rotational)
	Public Private Partnerships			√		300,000.00	TIMIZA
	Health governance and linkage with County system				√	300,000.00	World Vision
Sub-Program 3 Total						**221,125,000.00**	
Sub Program 4: Procurement and Maintenance of Medical and Other Equipment							
	Procurement of toners and printers for SCHMT and high volume facilities	√	√	√	√	420,000.00	SCG
	Procuring a cryotherapy machine	√	√	√	√	2,000,000.00	SCG

	Purchase of 4 computers(Laptops) for RH Coordinators for monitoring RMNCH indicators.	√	√	√	√	360,000.00	THS UC
	Purchase of 35 Computers for health facilities, Program officers and Community health units					3,500,000.00	SCG
	Purchase of a 3 heavy duty printer for the SCHRIOs office and one LCD for CHRIO office for data revie presentations					570,000.00	THS UC
	Installation of EMR at Wamba health centre and Wamba Hospital					2,500,000.00	SCG
	Purchase of office stationaries and other Acessories					3,000,000	SCG
	Procurement and Distribution of IEC/C4D materials					1,500,000.00	SCG
	Procure medical equipment's for three new facilities	√	√	√	√	3,000,000.00	SCG
	Procure medical equipment's for new facilities including Laboratories	√	√	√	√	67,600,000.00	SCG
	Procure equipment's for developing departments in e√isting facilities	√	√	√	√	1,000,000.00	SCG
	Procure mother baby packs and roll out use of birth cushions	√			√	4,800,000.00	SCG
	Procure utility vehicles for Sub Counties HMT/Program officers	√	√	√	√	10,000,000.00	SCG
	.Procure 19 Yamaha 175cc motorbikes for hard to reach facilities.	√			√	11,400,000.00	SCG
	Installation of electronic medical record and computers in Baragaoi SCRH		√			5,000,000.00	SCG
	Conduct training for EMR system users.		√		√	720,000.00	
	Establishment of E-Learning centers	√	√	√	√	1,000,000.00	UZAZI SALAMA
	Procurement of mother child booklets and reporting tools	√	√	√	√	900,000.00	NHP PLUS
Sub-Program 4 Total						**119,270,000.00**	
Sub-Program 5: Management and Coordination of Health Services							
	Training SCHMT and facility in charges on leadership and management at KSG	√	√	√	√	3,680,000.00	SCG
	Conducting quarterly support supervision by CHMT/SCHMT	√	√	√	√	11,776,000.00	SCG

	Support Commodity management activities to include OJT, mentorship, weekly reporting and ordering by Commodity Technical Working Groups led by County pharmacist, Sub County Pharmacists, Malaria Coordinators, Laboratory Technologists, CASCO and SCASCOs from the 3 sub Counties using recommended checklist and guidelines	√	√	√	√	1,000,000.00	SCG
	Conduct quarterly performance review with stake holders	√	√	√	√	800,000.00	SCG
	Procurement of fuel for SCHMT during management and coordination of health services in the sub county	√	√	√	√	288,000.00	SCG
	Improving Supervision and mentorship	√	√	√	√	2,000,000.00	TIMIZA, World Vision, FHI 360
	Formation of 6 Continuous quality improvement teams	√		√		500,000.00	TIMIZA,
	Improved linkages between the health department and Executive.					2,000,000.00	World Vision
Sub-Program Total						**22,044,000.00**	
Sub-Program 6: Health Sector Planning, Budgeting and Monitoring and Evaluation							
	Performance Review meetings at the Sub County level	√	√	√	√	2,000,000	SCG/ TIMIZA
	Sub County Stake holders forums	√	√	√	√	1,000,000	SCG
	APRP/AWP planning	√	√	√	√	4,000,000	SCG/TIMIZA/ WVK
	TWG Meetings	√	√	√	√	600,000.00	Ugavi/SCG
	Monthly Health facilities collection and uploading of reports	√	√	√	√	1,500,000.00	SCG
	Monthly data bundles for CHMT/ SCHMT, Program officers and facility incharges.	√	√	√	√	768,000.00	THS UC
	Monthly data collection for surveillance	√	√	√	√	200,000.00	SCG
	Develop operation research protocols	√	√	√	√	2,000,000.00	SCG
	Surveys, Assessments, Mapping and research	√	√	√	√	300,000.00	SCG
	Monthly collection of data from health related sectors and partners	√	√	√	√	100,000.00	SCG

	Quarterly meeting for data analysis	√	√	√	√	1,200,000.00	SCG
	Facilitate DQAs to assess data management and reporting systems and verify the quality of the reported data	√	√	√	√	1,200,000.00	SCG
	Improve on timely weekly epidemiological reporting	√	√	√	√	24,000.00	SCG
	Improve timely reporting and uploading of monthly reports	√	√	√	√	10,000.00	SCG
	Quarterly health facility Data review meeting on RMNCAH indicators	√	√	√	√	4,930,000.00	THS UC
	Conduct quarterly data quality audits on RMNCAH indicators in all health facilities in the County	√	√	√	√	1,400,000.00	THS UC
	Follow up of data collection on vital statistics (live births, deaths and causes of deaths) from civil registration department, health facilities and community	√	√	√	√	300,000.00	SCG
	SCHMT monthly data audit for facilities by 18 th	√	√	√	√	360,000.00	SCG
	Quarterly meetings for data dissemination	√	√	√	√	2,000,000.00	SCG
	Hold quarterly program review meetings that include data-sharing forum to review accomplishments, challenges, best practices and lessons learnt during.	√	√	√	√	2,000,000.00	SCG
	AWP development for financial year 2019/2020			√		1,500,00	THS UC
	Training of (40) CHMT, SCHMT on RMNCAH Score card		√			1,309,000.00	THS UC
	HMIS Training for HRIOs			√		500,000	TIMIZA
Sub-Program 6 Total						**27,201,000**	
PROGRAM TOTALS						**1,648,732,579.00**	

BUDGET SUMMARY PROGRAM BASED SUMMARY

	Program	Sub-Program	Total Budget	Sources
1	Curative and Rehabilitative Health Services	Primary Facility Services	46,732,827	County Government, National Government, Donors & Partners
		Hospital Services	44,550,000	County Government, National Government, User Fee, Donors & Partners
			91,282,827	
2	Preventive and Promotive Health Services	Reproductive Maternal Neonatal Child Health (RMNCH) Services	69,806,001	County Government, National Government, Donors & Partners
		Immunization Services	6,900,000	County Government, National Government, Donors & Partners
		Nutrition Services	23,640,000	County Government, National Government, Donors & Partners
		Disease Surveillance and Control	3,044,400	County Government, National Government, Donors & Partners
		HIV Control Interventions	15,400,000	County Government, National Government, Donors & Partners
		TB Control Interventions	13,200,000	County Government, National Government, Donors & Partners
		Malaria Control Interventions	7,354,000	County Government, National Government, Donors & Partners
		Neglected Tropical Diseases Control	25,600,000	County Government, National Government, Donors & Partners
		Non-Communicable Disease Control	6,230,000	County Government, National Government, Donors & Partners

		Environmental Health, Water and Sanitation Interventions	18,220,000	County Government, National Government, Donors & Partners
		School Health Interventions	12,400,000	County Government, National Government, Donors & Partners
		Community Health – Level I interventions	61,760,228	County Government, National Government, Donors & Partners
			263,554,629	
3	General Administration, Planning, Management Support and Coordination	Health workers and Human Resource Management	622,844,558	County Government, National Government, Donors & Partners
		Constructions and Maintenance of Buildings	636,248,021	County Government, National Government, Donors & Partners
		Procurement of Medicines, Medical and Other Supplies	221,125,000	County Government, National Government, Donors & Partners
		Procurement and Maintenance of Medical and Other Equipment	119,270,000	County Government, National Government, Donors & Partners
		Management and Coordination of Health Services	22,044,000	County Government, National Government, Donors & Partners
		Health Sector Planning, Budgeting and Monitoring and Evaluation	27,201,000	County Government, National Government, Donors & Partners
		Sub Total	**1,648,732,579**	
	Total		**2,003,570,035**	

Annex 1: Process of developing the report.

Process and challenges in developing the County performance report.

Issue	Description.
Time taken to compile the report (days)	5 days.
Participants involved in compiling information (designations)	CEC, COH, 18 CHMT members, 15 SCHMT members and Health Partners.
Key challenges in compiling the report	-Late preparation of the APRP -Financial Constraints

Completeness of the report

No	Service provider	Planning category	Number reporting				Number in County			
			SC	SE	SN	Total	SC	SE	SN	Total
1	Public service providers	Tier 1 Community Health Unit	**11**	**9**	**10**	**30**	**11**	**9**	**10**	**30**
		Tier 2 & 3 facilities	25	17	15	**57**	25	17	15	**57**
		Tier 3 (hospitals) facilities	1	0	1	**2**	1	0	1	**2**
		Sub County Health Management Team	1	1	1	**3**	1	1	1	**3**
		County Health Management Team	1			**1**	1			**1**
2	FBO/NGO facilities	Tier 2 facilities	7	2	5	**14**	7	2	5	**14**
		Tier 3 (hospitals) facilities	0	1	0	**1**	0	1	0	**1**
3	Private facilities	Tier 2 facilities (including clinics)	1	2	0	**3**	13	5	0	**18**
		Tier 3 (hospitals) facilities	0	0	0	**0**	0	0	0	**0**
		Total Plans				**111**				**126**

List of participants for participation in development of 2018-2019 APRP.

NO	Name	Designation	Organization
1.	Dorcas Lekisanyal	C. E. C Health	Department Of Health Services
2.	Samuel Nakope	Chief Officer Health	Department Of Health Services
3.	Dr Martin Thuranira	Director	Department Of Health Services
4.	Christopher Lengusuranga	CNO	Department Of Health Services
5.	Tabuley Franscisco Alex	SCHRIO - East	Department Of Health Services
6.	David Onchonga	SCPHO - Central	Department Of Health Services
7.	Apua Lenamunyi	SCPHN - East	Department Of Health Services
8.	Gedion Obure	County Health administrator	Department Of Health Services
9.	Erastus Sinoti	CPHO	Department Of Health Services
10.	Joseph. Gichuki	SCHRIO - Central	Department Of Health Services
11.	Josphat Lenguris	SCPHN-Central	Department Of Health Services
12.	James Saina	CHRIO	Department Of Health Services
13.			
14.	Bosco Lemarkat	CASCO	Department Of Health Services
15.	Robert Lekaram	CMLC	Department Of Health Services
16.			Department Of Health Services
17.	Peter Zablon Lodokiyiaa	SCMOH-East	Department Of Health Services
18.	Joseph Rotich	SCCHSFP- Central	Department Of Health Services
19.	Boxer Tarcisio Lesuper	Nursing Officer-BSDH	Department Of Health Services
20.	Philip Sinei	COCO/CS	Department Of Health Services
21.	Geoffrey Mukuria	County M & E	Department Of Health Services
22.	James Kiptoon	CCLTSC	Department Of Health Services
23.	Katra Lelesit	CRHC	Department Of Health Services
24.	Monicah Gichu	SCHRIO-North	Department Of Health Services
25.	Margaret Nabei	SCPHN-North	
26.	Antony Muburi	Program Officer	Feed the Children
27.	Geofrey Mukuria	M/E Cooordinator	Department Of Health Services
28.	Fredrick Majiwa	Project Manager	AMREF-Uzazi Salama
29.	Benson Lenanyokie	M&E Cooordinator	Afya Timiza
30.	Edna Omwoyo	Technical Specialist Nutrition Advocacy.	World Vision-Samburu
31.	Antony Lotukoi	RMNCH Officer	Afya Timiza
32.	Francisca Palinta	Admin Assistant	Afya Timiza
33.	Lennox Kabuga	SC Pharmacist	Department Of Health Services
34.	Christopher Lekaitik	SCHealth promotion	Department Of Health Services
35.	Radet Leakono	SC Pharmacist	Department Of Health Services
36.	Tarcisio Nakuo	SCPHO	Department Of Health Services
37.	Joshua Liwindi	M/E Coordinator	Afya Timiza
38.	Robert Rapado	Financial Adviser	Afya Timiza
39.	Mirriam Chege	RMNCH Adviser	Afya Timiza
40.	Solomon Mwaniki	County Focal Person	Amref Health Africa
41.	Edwin Imbayi	SCPHO	Department Of Health Services
42.			

43.			
44.			
45.			

NB: Updated 7th April 2018 12.21pm

Thank you all.

-End –