Republic of Kenya

Consolidated County Level Annual Work Plan

County: SAMBURU

Year: 2018- 2019

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Formatter

The Kenya Health Policy 2014-2030 has as an overarching goal of attaining equitable, affordable, accessible and quality health care for all. The policy aims at achieving this goal through supporting provision of the highest attainable standards of health to all Kenyans. The Vision of the Ministry is "A healthy, productive and globally competitive nation" while the Mission is "To build a progressive, responsive and sustainable Health care system for accelerated attainment of the highest standard of health to all Kenyans". This policy goal will be realized through the implementation of five year strategic plans which will be rolled out through annual work plans.

The format of the work plan is in line with County Integrated Development plan (CIDP) guidelines and it is on Programme-based budgeting (PBB), this clearly defines Programme outcomes and sub-Programme outputs for the 2018/19 financial year and related indicators, activities and budgets (all classified by result area) and meets the requirements of both a resource-based work plan (i.e. a work plan based on the known available resources from Samburu County government and health partners) and a needs-based work plan, i.e. a plan that also provides for priorities for which funding is not yet available.

This AWP not only identifies the place of the Department's annual work plans in the overall planning framework, but also clarifies that the annual work plan is:

- Informed by key sector policy and strategic documents.
- Based on estimates of budget allocations to the Department of Health at the County level.
- Defines the priority activities of the Department of health based on available County government and partner funds.

This annual work plan thus is a necessary activity that is part of the overall planning framework of the health sector. This plan aims at presenting the main activities of all programs within the department of health for financial year (FY) 2018-19, using a programme- and resource-based approach.

Thanks
Hon. Dorcas Lekisanyal
CEC- Health

This AWP 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.

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, AWP 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 AWP consolidation. The department is also grateful to ACF (Action Contre La Faim) for supporting Samburu north's community units, facility and sub county consolidations. The department is equally indebted to Sarova Shaba Game lodge for according the participants during the development of this document amble serene, quite, conducive environment and facilities not forgetting there good, delicious meals and courteous catering services. Finally, we are grateful to AMREF Trachoma for supporting ophthalmic unit staff during county APRP consolidation.

Dr Martin Thuranira
County Director of Health
Samburu

Section 1:

Overview of the Health Sector Situation in the County

1.1. County Population and Demographics

1.1.1. Population Breakdown and Description

	Description	Population Segment Estimates	County Projected Population
1	Total population in County		**292,200**
2	Total Number of Households		58440
3	Children under 1 year (12 months)	3.71%	10519
4	Children under 5 years (60 months)	16.9%	55313
5	Under 15-year population	42.3%	148204
6	Women of child bearing age (15 – 49 Years)	21.19%	61917
7	Estimated Number of Pregnant Women	3.84%	13091
8	Estimated Number of Deliveries	3.84%	11484
9	Estimated Live Births	3.79%	11484
10	Total number of Adolescent (15-24)	20.23	5912
11	Adults (25-59)	28.06%	81991
12	Elderly (60+)	4.42%	12915

*Use county level population segment estimates

1.1.2. Health Sector Catchment Population for the County

	Sub-County/ Constituency	Population at Beginning of FY	Number of New Outpatients (past 12 months)	Outpatient Utilization per Person
	(A)	**(B)**	**(C)**	**(D = C/B X 100)**
1	SAMBURU CENTRAL	131436	128318	97.6%
2	SAMBURU EAST	74791	66258	88.6%
3	SAMBURU NORTH	77207	32119	41.6%
	County Totals	**283434**	**226695**	**80%**

1.2. Health Sector Investments Status in the County

1.2.1. Distribution of Health Infrastructure

	Level of care	Infrastructure	Number functional, by type of provider				Total
			Public	Faith Based	NGO	Private	
1	Level V- National/Regional Referral Facilities	Total Number of Facilities	0	0	0	0	0
		Total Bed Capacity		0	0	0	0
		Total Specialized Units – ICU, Renal, Cancer Treatment Centre etc.	0	0	0	0	0
		Total Number of Operating Theatres	0	0		0	0
		Number of Specialized Radiology Services/Centers: Providing MRI, CT-Scan	0	0	0	0	0
		Number of Specialized/Tertiary Laboratories – Histopathology, Micro-Biology, Biochemistry	0	0	0	0	0
2	Level IV - County Referral Facilities	Total Number of Facilities	2	1	0	0	3
		Total Bed Capacity	260	200	0	0	460
		Total Number of Operating Centre	1	1	0	0	2
		Total of Basic Radiology Services/Centers providing X-Rays, Ultra-Sound	1	1	0	0	2
		Number with Secondary Laboratory Services – Hematology and Transfusion, Micro-Biology, Biochemistry	1	1	0	0	2
		Number of Functional Ambulances Linked to Facility	2	1	0	0	3
3	Level III - Primary Care Facilities	Total Number of Facilities	10	2	0	0	12
		Total Bed Capacity	250	200	0	0	450
		Total Functional Maternity Units	12	3	0	0	15
		Functioning Basic Laboratory Services-Rapid Tests, Microscopy	9	5	0	1	15
		Number of Ambulances Linked to Facility	6	1	0	0	7
4	Level II – Primary Care Facilities	Total Number of Facilities	32	5	0	0	37
		Number of Operational Delivery Rooms	21	2	0	1	24

		Number of Ambulances Linked to Facilities	0	0	0	0	0
		Total functional Community Units	14	0	1	0	15
5	Level I – Community Units	Number of functional Units	31	0	I	0	32
		Number of Moto-Bikes Linked to Community Units	0	0	0	0	0

1.2.2. Distribution of Health Workforce

	Staff cadres	**Total Number Available**	**Total Number Required**	**Gap/Surplus**	**Number Available by Type of Provider**				**Number by Level of care**		
					Public	**FBO**	**NGO**	**Private**	**Hospitals**	**Primary Care**	**Community**
1	Consultants	3	17	14	2	1	0	0	3		
2	Medical officers	12	29	17	8	4	0	0	8		
3	Dentists	2	4	2	2	0	0	0	2		
4	Dental Technologists	0	8	8	0	0	0	0	0		
5	Public Health Officers	20	87	67	20	0	0	0	2		
6	Pharmacists	3	7	4	3	0	0	0	3		
7	Pharm. Technologist	10	23	13	7	3	0	0	4		
8	Lab. Technologist	21	82	41	13	3	0	1	10		
9	Orthopedic technologists	0	4	4	0	0	0	0	0		
10	Nutritionists	12	62	50	9	3	0	0	4		
11	Radiographers	2	8	6	2	0	0	0	2		
12	Physiotherapists	1	11	10	1	0	0	0	1		
13	Occupational Therapists	1	9	8	0	0	0	0	1		
14	Plaster Technicians	2	9	6	2	0	0	0	2		

	Staff cadres	Total Number Available	Total Number Required	Gap/Surplus	Number Available by Type of Provider				Number by Level of care		
					Public	FBO	NGO	Private	Hospitals	Primary Care	Community
15	Health Records & Information Officers	5	30	25	5	0	0	0	2		
16	Medical engineering technologist	2	11	9	2	0	0	0	2		
17	Medical engineering technicians	1	11	11	0	0	0	0	1		
18	Mortuary Attendants	2	10	8	1	1	0	0	2		
19	Drivers	25	27	2	21	4	0	0	14		
20	Accountants	4	11	7	3	1	0	0	4		
21	Administrators	5	10	5	3	2	0	0	4		
22	Clinical Officers (specialists)	8	18	11	8	2	1		8		
23	Clinical Officers (general)	25	50		19	4	1	1	10	15	
24	Nursing staff (KRCHNs)	188	422	234	152	36	2	2	102	86	
25	Nursing staff (KECHN)	36	278	242	29	9	1	1	17	19	
26	Laboratory technicians	6	12	6	3	3	0	0	2	4	
27	Community Oral Health Officers	1	6	5	1	1	0	0	1	0	
28	Secretarial staff / Clerks	15	37	22	8	3	0	0	2	0	
29	Attendants / Nurse Aids	0	0	0	0	0	0	0	0	0	
30	Cooks	15	36	21	2	7	0	0	7	8	
31	Cleaners	50	147	97	0	30	0	0	31	19	
32	Security	23	184	161	20	3	0	0	3	20	

	Staff cadres	Total Number Available	Total Number Required	Gap/Surplus	Number Available by Type of Provider				Number by Level of care		
					Public	FBO	NGO	Private	Hospitals	Primary Care	Community
33	Community Health Extension Workers (PHT's, social workers, etc)	24	96	72	20	1	2	0	4	20	
34	Community Health Workers	1116	2500	1384	842	0	0	0	219	897	
35	Casual workers/staff	0	448	0	0	0	0	0	0	0	
36	Public Health Technicians	22	87	65	22	0	0	0	1	21	
37	SOCIAL WORKERS	5	25	20	4	1	0	0	3	1	
	Other (specify										

1.2.3. Health Commodities, Supplies and Products

Commodities	Allocation/ Expenditure (Kshs) in the Past 12 Months				Actual Requirements (Public)	Gap/ (Public)
	Public	**FBO**	**NGO**	**Private**		
Pharmaceuticals Supplies	66,150,000.00	19,845,000.00	6,615,000.00	9,922,500.00	66,150,000.00	66,150,000.00
Non-Pharmaceutical Supplies	7,350,000.00	2,205,000.00	735,000.00	1,102,500.00	18,375,000.00	18,375,000.00
Medical Equipment and Technologies	5,095,440.00	1,528,632.00	509,544.00	764,316.00	12,738,600.00	12,738,600.00

Environmental / Public Health Supplies	509,544.00	152,863.20	50,954.40	76,431.60	1,273,860.00	1,273,860.00
Other Medical Supplies (Oxygen est.)						
Patient Food	5,095,440.00	1,528,632.00	509,544.00	764,316.00	12,738,600.00	12,738,600.00
Fuel and Lubricants	2100000	630,000.00	210,000.00	315,000.00	5,250,000.00	5,250,000.00
Other Fuels – Cooking gas, charcoal, firewood	0	0	0	0	0	0
Total	86,300,424.00	25,890,127.20	8,630,042.40	12,945,063.60	215,751,060.00	215,751,060.00

1.2.4. Health Management Information Systems/ Monitoring and Evaluation

	Reporting	**CU**	**Level II**	**Level III**	**Level IV/V**	**Sub-County Totals**
1	Community Units with updated household Registers	32				32
2	Community Units providing monthly reports to facility	31				31
2	Facilities providing monthly reports		69	15	3	87
3	Quarterly performance reports prepared, and discussed by (level) management committee		69	15	15	87

1.2.5. Previous Financial Year Public Health Expenditure

Public Health Expenditure							
	Item	**GoK/County Govt (Equitable Allocation)**	**GoK (Conditional Grants**	**User Fees**	**Other Govt Sources (CDF/WDF etc.)**	**Local Donors/Partners**	**Total**
Level 1	Amount allocated	100,000,000	0	0	0	60,000,000	160,000,000
	Amount Received	2,000,000	0	0	0	51,194,453	53,194,453
	Expenditure	2,000,000	0	0	0	51,194,453	53,194,453
	Actual Requirements	100,000,000	0	0	0	60,000,000	160,000,000
	Gap/Surplus	(98,000,000)	0	0	0	8,805,547	(89,194,453)
Level II	Amount allocated	200,000,000	0	0	0	80,000,000	280,000,000
	Amount received	107,937,013	0	0	0	71,958,009	179,895,022
	Expenditure	107,937,013	0	0	0	71,958,009	179,895,022
	Actual Requirements	200,000,000	0	0	0	80,000,000	280,000,000
	Gap/Surplus	**(92,062,987)**	0	0	0	**(8,041,991)**	**(100,104,978)**
Level III	Amount allocated	150,000,000	0	0	0	25,000,000	175,000,000
	Amount received	82,237,724	0	0	0	20,559,431	102,797,155
	Expenditure	82,237,724	0	0	0	20,559,431	102,797,155
	Actual requirements	150,000,000	0	0	0	25,000,000	175,000,000
	Gap/Surplus	**(67,762,276)**	0	0	0	**(4,440,569)**	**(72,202,845)**
Level IV	Amount allocated	200,000,000	0	20,000,000	0	30,000,000	250,000,000
	Amount received	102,797,155	0	5,000,000	0	25,699,289	133,496,444

	Expenditure	102,797,155	0	5,000,000	0	25,699,289	133,496,444
	Actual Requirements	200,000,000	0	20,000,000	0	30,000,000	250,000,000
	Gap/Surplus	**(97,202,845)**	0	**(15,000,000)**	0	**(4,300,711)**	**(116,503,556)**
County Coordination	Amount allocated	25,000,000	0	0	0	2,000,000	27,000,000
	Amount received	15,862,950	0	0	0	2,000,000	17,862,950
	Expenditure	15,051,150	0	0	0	2,000,000	17,051,150
	Actual requirements	25,000,000	0	0	0	2,000,000	27,000,000
	Gap/Surplus	**(9,137,050)**	0	0	0		**(9,137,050)**
Total	**Amount allocated**	**675,000,000**	0	20,000,000	0	**197,000,000**	**892,000,000**
	Amount received	**310,834,842**	0	5,000,000	0	**171,411,182**	**487,246,024**
	Expenditure	**310,023,042**	0	5,000,000	0	**171,411,182**	**486,434,224**
	Actual requirements	**675,000,000**	0	20,000,000	0	**197,000,000**	**892,000,000**
	Gap/Surplus	**(364,165,158)**	0	(15,000,000)	0	**(7,977,724)**	**(387,142,882)**

1.2.6. Health Sector Management, Coordination, Leadership and Governance

	Intervention	**County Level**	**Sub-County Level**	**Level IV/V**	**Level III**	**Level II**	**Level I**
	Emergency contingency plans (including referral plans) available	0	0	3	3	2	30
	Health service charter is available, and is displayed	0	57	3	3	53	0
	Outreaches carried out	0	ND	ND	ND	ND	ND

	Intervention	County Level	Sub-County Level	Level IV/V	Level III	Level II	Level I
	Drugs and Therapeutic Committee meetings held in past 12 months	0	0	0	0	0	0
	Mortality meetings held in past 12 months	0	3	3	0	0	0
	Management Committee meetings held in past 12 months	0	0	0	0	0	0
	Quarterly stakeholder meetings held in past 12 months	4	3	0	0	0	0
	Annual Work Plan available for past year	1	3	3	15	78	30
	Facility Boards/Committee meetings held in past 12 months	0	N/A	3	3	56	N/A

Section 2:

Situation Analysis and Priority Setting

2.1 Major Health Problems observed in the County

This section identifies the health problems and proposes that account for the commonest morbidities and mortalities in the county.

	Top Ten Commonest Health Conditions/Challenges/Problems			
	Under 5 Years		**Over 5 Years**	
	Condition	**Numbers/Prevalence**	**Condition**	**Numbers/Prevalence**
Linked to communicable conditions	Diseases of the Skin	5454	Diseases of the Skin	0
	Malaria	2265	Malaria	5226
	Tuberculosis	0	Tuberculosis	78
	Pneumonia	9474	Pneumonia	12828
	Measles	1	Measles	0
	Worm infestations	660	Worm infestations	879
	Diarrheal diseases	17190	Diarrheal diseases	10632
	Other diseases of respiratory system	11511	Other diseases of respiratory system	22569
Linked to the increasing burden of non-communicable conditions	Heart diseases	0	Heart diseases	39
	Cancers	0	Cancers	3
	Hypertension	0	Hypertension	972
	Diabetes	18	Diabetes	219
	Mental disorders	27	Mental disorders	159
	Other central nervous conditions	6	Other central nervous conditions	0
Linked to Violence & Injuries	Road accidents	60	Road accidents	321
	Sexual Violence	12	Sexual Violence	99
	Poisoning	18	Poisoning	111
	Other Injuries	726	Other Injuries	5175
Linked to essential Medical services	Malaria in Pregnancy	0	Malaria in Pregnancy	171
	Abortion	0	Abortion	534
	Adult women health events	0	Adult women health events	0

	Top Ten Commonest Health Conditions/Challenges/Problems			
	Under 5 Years		**Over 5 Years**	
	Condition	**Numbers/Prevalence**	**Condition**	**Numbers/Prevalence**
	Adolescent events	0	Adolescent events	0
Linked to common health risk factors	Underweight children	0	0	0
	Underweight mothers	0	0	0
	Smoking	0	0	0
	Poor breastfeeding practices	0	0	0
	Lack of contraception	0	0	0
	Obesity	0	0	0
	Alcohol and drug use	0	0	0
	Unsafe sex	0	0	0
Linked to collaboration with health-Related Sectors	Unemployment	0	Unsafe water	0
	Unsafe water	0	Unemployment	0
	Insecurity	0	Insecurity	0
	Low female Education	0	Low female Education	0
	Poor housing designs	0	Poor housing designs	0
	Large population growth	0	Large population growth	0

* These are problems affecting a significant number of people in the community unit, or are a major threat to the health of persons in the area of responsibility of the facility

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
Accelerate reduction of the burden of Communicable Conditions	◦ 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	◦ Enhance mobile outreaches and use of CHVs in Immunization defaulter tracing ◦ Efficient EPI logistics management: supply of fridges and solar backups 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.
	◦ Shortage of health personnel. ◦ Inadequate funding ◦ Food insecurity ◦ Not all facilities are IMCI compliant. ◦ Poor defaulter tracing mechanisms for both immunization and Nutrition program	◦ 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.
	◦ 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-Expert machine.	◦ 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.

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ Passive disease surveillance in some facilities	
	◦ 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. ◦	◦ 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 test kits (HIV, Syphilis ETC) to all facilities
	◦ 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.	◦ Establish M2M SG and capacity-building mentor mothers ◦ Integration of PMTCT and CCC services ◦ Support and upscale EID through effective sample networking

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ No supply of LLITNs ◦ No supply of anti-vectors chemicals and PPEs. ◦ Poor housing and sanitation leading to susceptibility to vector attacks. ◦ Training gaps in 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
	◦ 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 of WASH infrastructure (leaky tins)	◦ 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
	◦ 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.	◦ 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)

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ Long distances/hard to reach areas from the h/facilities	
	N/A	N/A
	◦ 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.	◦ Provide funds for prevention neglected tropical diseases sub program
Halt, and reverse the rising burden of non-communicable conditions	◦ 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	◦ 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.
	◦ 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.	◦ Train HCWs on screening and identification of NCDS ◦ Conduct screening routinely ◦ Advocate for establishment of NCD institutional clinics

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ 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 biohazardous materials e.g. asbestos roofing sheets in some facilities. ◦ Weak enforcement on the use of Alcohol, cigarette smoking and substance abuse in all facilities.	◦ 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
	◦ 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.	◦ 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	◦ Inadequate first aid kits at the pre-hospital care level. ◦ Knowledge gap on First aid by most CHVs ◦ Lack of an ambulance command center.	◦ 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

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ Frequent tear and wear of ambulances	◦ Training referral Nurses on Life saving skills (LSS)
	◦ 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 practices. ◦ 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.	◦ 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. Liaise with other stakeholders on creation of alternative mean of livelihood
	◦ 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 response. ◦ Inadequate diagnostic facilities in rural facilities.	◦ 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.	◦ Shortage of staff in the department of health. ◦ Inadequate space/ infrastructure in most facilities. ◦ Delays in supply of of Essential medicines and medical supplies.	◦ 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

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ 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.	◦ Budget, procure and provide essential equipment and Logistics ◦ Installation of intercom communication in all departments within the hospitals
	◦ 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	◦ 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
	◦ 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	◦ 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.

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ Shortage of water in maternities. ◦ Poorly constructed maternities that do not meet standards. ◦ Lack of power in most maternities.	
	◦ 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	◦ 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
	◦ 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.	◦ 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 Health Centres by provision of cupboards, shelves and buglar proofing them.
	◦ Lack of special laboratories. ◦ In adequate specialized laboratory staff.	◦ Set up a modern laboratory at the County referral Hospital to include a satellite blood transfusion centre ◦ Strengthen the linkage between the county laboratories and specialized laboratories by improving sample networking. ◦ Establish microbiology laboratory in the county.
	◦ Inadequate staff (radiographers) to man the radiology departments. (no staff at Baragoi)	◦ Recruit more medical imaging personnel. ◦ Capacity building on the existing staffs to handle modern equipment's ◦ Budget, procure and provide more radiological Equipment's

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ 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.	
	◦ 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.	◦ 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
	◦ Lack of residential specialists to offer specialized therapy ◦ Frequent stock-outs of specialized care commodities e.g. dialysis salts	◦ 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
	◦ 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.	◦ 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
	◦ Minimal rehabilitation services due to lack of infrastructure, equipment and personnel ◦ Lack of a rehabilitation center for alcoholics and substance abuse patients.	◦ Establish a rehabilitation center at the sub counties. ◦ Employ two psychiatric nurses ◦ Adequately equip eye unit to offer low vision services. ◦

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
Minimize exposure to health risk factors	◦ Inadequate health promotion and education personnel ◦ Inadequate community units.	◦ . 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 AfyaTimiza. ◦ Disseminate FPRMNCAH messages through video by afyaTimiza
	◦ 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.	◦ 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.
	◦ 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	◦ 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.

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ 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)	◦ 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
	◦ Inadequate staff ◦ Lack of facilities and equipment (**No physiotherapy department)**	◦ 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	◦ 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. ◦ ◦	◦ 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.
	◦ non- operational garbage trucks ◦ Low latrine coverage ◦ Persistent practice of open defecation by the community ◦ Lack of sewerage lines in towns	◦ Identify and protect damping sites ◦ Introduce refuse collection points ◦ Procure adequate standard dustbins and refuse tracks and exhausters ◦ Provide protective personal garments

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	• Knowledge gap in the community • Inactive town/markets sanitation committees. • Inadequate community units. • Cultural practices hindering use of pit latrines.	• Promote health education on sanitation and hygiene using the PHAST and PHASE methodologies and CLTS in the community and institutions.
	• 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 among the larger family. • Drought. • Lack of Monitoring of NCDs through BMIs • Lack of funding to support nutrition • High stunting and wasting rate in the county for children 6-59 Months.	• 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. • Operationalization of Baby Friendly Community Initiative (BFCI) • Conduct quarterly DQA • 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 Vitamin A and Growth monitoring.
	• Inadequate incinerators • Poor waste disposal practices.	• Procure equipment to measure air pollution level • Collaboration with NEMA to enforce law pollution control • Create aware on the importance of pollution control

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ 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.	
	◦ 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)	◦ 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
	◦ 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.	◦ 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 Division.
	◦ Non-operational garbage truck due to driver and fuel allocation. ◦ Provision of sub-standard dust bins to business community and institution. ◦ No proper disposal of liquid waste – drying beds ◦ Completed market/public ablution blocks that are non-operational because of lack of water.	◦ Lobby for construction of modern sewage treatment works in the county. ◦ Construct storm water drains/channels. ◦ Liaise 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

Area of Health	Key challenges* (Relate to access to care, and/or quality of service delivery)	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
	◦ Open defecation by transit bus travelers' due to lack of designated public toilets.	
	◦ 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.	◦ 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
	◦ Low uptake of female condom ◦ Myths and misconceptions on condoms	◦ Sensitizing the population on the importance of family planning ◦ Strengthen formal birth and death registration ◦ Identify the special population for support
	◦ Poor road network. ◦ Rugged terrain that is only accessed by 4wd vehicles.	◦ Lobby for improvement of road infrastructure ant transport to health facilities

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

Section 3:

Annual Program Based Work Plan

A	Eliminate Communicable Conditions	Baseline			Eligible population (Year X) 2017/2018	Target (Year X + 1) 2018/2019
		(Year X-3) 2014/2015	(Year X – 2) 2015-2016	(Year X-1) 2016/2017		
1	HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT)	110	72	56	108	116
2	Number of Pregnant Women receiving TT2 Plus immunization	7983	7598	7057	0	0
3	Number of pregnant women receiving IPT2	0	0	0	0	0
4	Children under 1 year of age fully immunized	5462	5140	5894	7096	9325
5	Children under 1 distributed with Long Lasting Insecticide Treated Nets (LLITNs) in endemic and epidemic districts	0	0	0	100	110
6	Number of pregnant women distributed with Long Lasting Insecticide Treated Nets in endemic and epidemic districts	0	0	0	200	220
7	Number of people receiving MDA for schistosomiasis	0	0	0	0	215096
8	Number of TB patients completing treatment	ND	ND	ND	122	173
9	Number of TB Patients tested for HIV	ND	ND	ND	ND	ND
10	Number of newly diagnosed TB cases	ND	ND	ND	ND	ND
11	Number of eligible HIV clients on ARVs	123	214	111	1364	1308
12	Number of under five years treated for Diarrhoea	20255	18682	16766	18162	9322
13	Number of school age Children de-wormed	23626	41817	54625	28083	17897

A	Eliminate Communicable Conditions	Baseline			Eligible population (Year X) 2017/2018	Target (Year X + 1) 2018/2019
		(Year X-3) 2014/2015	(Year X – 2) 2015-2016	(Year X-1) 2016/2017		
B	**Halt, and reverse increase in Non-Communicable Conditions**					
14	Number of adults OPD clients with BMI more than 25	ND	ND	ND	0	3980
15	Number of Women of Reproductive Age screened for cervical cancer	0	234	525	756	28201
16	Number of new Outpatients with mental health conditions	264	303	347	248	52
17	Number of new Outpatients found with high blood pressure	0	14	92	52	438
C	**Reduce the burden of violence and injuries**					
18	Number of new outpatient cases attributed to gender-based violence	80	275	542	366	59
19	Number of new outpatient cases attributed to Road Traffic Accidents	4012	4134	544	351	102
20	Number of new outpatient cases attributed to other injuries	2400	2401	7700	5913	1039
21	Number of Patients with injury related conditions dying in the facility	ND	ND	ND	ND	0
D	**Provide essential health care**					
22	Number of Pregnant women attending at least 4 ANC visits	3457	3517	3641	3075	8465
23	Number of Women of reproductive age (WRA) receiving family planning (FP) commodities	14628	17612	25097	25935	35325
24	Number of pregnant women getting iron supplements	11849	12202	15123	21126	26407
25	Number of Deliveries conducted by skilled attendants in health facilities	3125	3921	4297	4362	7530

A	Eliminate Communicable Conditions	Baseline			Eligible population (Year X) 2017/2018	Target (Year X + 1) 2018/2019
		(Year X-3) 2014/2015	(Year X – 2) 2015-2016	(Year X-1) 2016/2017		
26	Number of children Under 5 dying in health facility	28	31	28	26	8
27	Number of Fresh Still Births in the facility	36	58	71	75	25
28	Number of Facility Maternal deaths	2	9	2	2	0
29	Number of surgical cold cases operated	329	1185	75	108	0
30	Number of Persons with ill health referred to community Units	0	180	2842	3393	-
31	Number of Newborns with low birth weight (LBW – less than 2,500 grams)	158	299	245	282	78
32	Number of Children under 5 years attending Child Welfare Clinics for growth monitoring (new cases)	68413	72959	70269	76362	40157
33	Number of Households provided with health promotion messages	9351	11212	10829	13939	14327
34	Number of Clients tested for HIV	36308	41848	45091	42528	-
E	**Strengthen collaboration with health related sectors**					
35	Number of Children under 5 years attending Child Welfare Clinics who are under weight	5631	5989	5815	6159	2533
36	Number of Children under 5 years attending Child Welfare Clinics who are stunted	1324	1011	1193	2190	833
37	Number of Households with functional toilets	5498	7520	9874	13496	23376
38	Number of Households with hand washing facilities	8609	10585	11323	12245	13202
F	**Access**					
39	Number of new Outpatients (male)	180,331	152,310,	79625	159,276	162212
40	Number of new Outpatients (female)	210,039	249,286	102310	205,527	213200

A	Eliminate Communicable Conditions	Baseline			Eligible population (Year X) 2017/2018	Target (Year X + 1) 2018/2019
		(Year X-3) 2014/2015	(Year X – 2) 2015-2016	(Year X-1) 2016/2017		
41	Number of inpatients (admissions) Under 5	402	583	1312	1437	1796
42	Number of inpatient (admissions) Over 5	8690	6177	4492	4048	5060
G	**Quality and safety of care**					
43	Number of Emergency surgical cases operated on within one hour	0	0	0	0	0
44	Number of fevers tested positive for malaria (confirmed malaria)	9410	8969	8175	7491	6000
45	Number of Maternal deaths audited	0	3	1	2	0
46	Total inpatient days	12286	12318	5164	7506	7610
H	**Efficient service delivery system that maximizes health outcomes (Including Community Unit indicators)**					
47	Number of Persons referred to facility, from Community Units.	0	550	8,551	8,208	9849
48	Quarterly Community dialogue days held	8	20	109	117	125
49	Number of Hospital Therapeutic committee meetings held	0	0	0	0	12
50	Number of clinical audit meetings held	0	0	0	0	12
51	Number of outbreaks investigated within 48 hours	0	0	0	0	0
52	Number multi-displinary support supervisory visits carried out	4	4	4	4	4
53	Number of referred clients reaching referral unit	0	180	2842	3393	4071
54	Number of Outreaches held from facility to the community	0	0	0	0	72
I	**Comprehensive leadership that delivers on the health agenda.**					
55	Number of quarterly Facility Health Committee meetings held	0	0	0	0	248

A	Eliminate Communicable Conditions	Baseline			Eligible population (Year X) 2017/2018	Target (Year X + 1) 2018/2019
		(Year X-3) 2014/2015	(Year X – 2) 2015-2016	(Year X-1) 2016/2017		
56	Number of monthly Facility Health management Committee meetings held	0	0	0	0	744
57	Annual performance review meeting held	1	1	1	1	1
58	Health facility service charter displayed	0	42	68	68	80
J	**Adequate finances mobilized, allocated and utilized, with social and financial risk protection assured.**					
59	Total available financing (kshs)	1052300	2014561	991800	1190160	1428192
60	Cost sharing collections (previous year)	99320	150000	180000	1,000,000	6,000,000
61	Number of clients waived	9	2010	3406	4087	3270
62	Amount for clients waived (Kshs)	10900	51100	11358	13630	10904
63	Number of clients exempted	0	636	5412	6494	5195
64	Amount for clients exempted (Kshs)	0	35200	60329	72395	57916
65	Number of complaints registered	6	2	9	0	5
K	**Adequate Health information, for evidence based decision making.**					
66	Number of planning meetings held	1	1	1	1	1
67	Number of quarterly performance review meetings held	4	4	4	4	4
L	**Universal access to essential health products and technologies.**					
68	Episodes with over 7 days stock-outs for any of the 22 tracer Essential medicines and Medical supplies	2	3	3	3	0
M	**Adequate and appropriate Health Infrastructure**					

A	Eliminate Communicable Conditions	Baseline			Eligible population (Year X) 2017/2018	Target (Year X + 1) 2018/2019
		(Year X-3) 2014/2015	(Year X – 2) 2015-2016	(Year X-1) 2016/2017		
69	Number of beds	330	350	380	430	600
70	Number of Health facilities providing Caesarean sections	2	2	2	2	3
71	Number of health facilities with functional microscopes	2	13	15	17	20

3.2 Annual Program Based - Service Delivery Workplan

3.1.1. Program Based Implementation Plan

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.

Sub-Program 1 Primary Facility Services							
Key output	**Activities**	**Q1**	**Q2**	**Q3**	**Q4**	**Total Amount**	**Source of Funds**
Primary care treatment services	Conduct 18 monthly integrated outreaches targeting ANC, Immunization and FP services in the County (6 per sub County * 3 sub counties) targeting hard to reach areas and vulnerable and marginalized groups (Ndorobo's in Wamba, Lkunono at Suguta and Sirata). This the outreach will involve nurses, clinical officers, nutritionists, Midwives, Medical doctors and the CHVs) 5 HCW lunches @ 1000*18 outreaches*12 months =1,080,000 2 CHVs lunches @ at 500 *18*12 =216,000	√	√	√	√	2,494,827.00	THS UC

	1 driver's lunch @ at 750*18*12) = 162,000 (Fuel 40 litres @ at 120 *18*12) =1,036,800						
	Strengthening emergency Obstetrics and other referral services through fueling and maintenance of Ambulances	√	√	√	√	2,000,000.00	SCG
	Operations and Maintenance support for all gazetted level 2 and 3 health facilities	√	√	√	√	12,757,500.00	DANIDA
	Training of 30 Health workers Nurses, MO, Clinical Officers, Drivers etc on emergency preparedness using recommended guidelines 1. DSA for 30 HCWs for 6 days each at 4200 = 756, 000 2. Traveling cost for 30 HCWs at an average of 2000 each = 60,000 3. Conference package at 1,500 per person*30 * 5 = 255000 4. Facilitators DSA 2 at 8,400 each = 8,400*6*2 = 100800 5. Hall hire at 3000 for 5 days = 15000 6. Stationery 34 *200 @ = 6,800 7. Transport refund for facilitators = 2000 *4 *2000= 16,000	√	√	√	√	1,209,600.00	SCG
	Training 40 health workers on pharmacovigilance and commodity management			√		1,500,000.00	SCG
	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)		√	√	√	8,000,000.00	SCG
	Employment 8 Lab Technologists			√		9,600,000.00	SCG
	Reagents for the existing Labs and Renovation		√	√	√	5,000,000.00	SCG
	Capacity building for the existing staff		√	√	√	2,000,000.00	SCG
Sub-Program 1 Total						**57,561,927**	**THSUC – 2,494,827 SCG – 29,309,600 DANIDA – 12,757,500 TRACHOMA – 13,000,000**
Sub-Program 2 Hospital Services							
General Outpatient services	Purchase of Basic Examination Equipment(stethoscopes, BP machines, Diagnostic set)		√			1,000,000.00	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					20,000.00	SCG
Rehabilitative Services	Construction of physiotherapy, Occupational and Orthopedic Clinic				√	15,000,000.00	SCG
Theatre Services	Construction of outpatient theatre		x			5,000,000.00	SCG
In-patient Services.	Ensure that coding and index in all hospitals	x	x	x	x	150,000.00	SCG
Basic laboratory services	Brucella, Widal, urine analysis, stool analysis, HB estimation.		x	x	x	200,000.00	SCG
	Purchase of Lab Reagents	x	x	x	X	300,000.00	SCG
	RRI on HIV Test	x	x	x	x	300,000.00	SCG
Hematology and blood transfusion services	Blood donation campaign	x	x	x	x	2,000,000.00	SCG
	Training of Health care workers blood biosafety		x			200,000.00	SCG
Biochemistry	4 Purchase of a biochemistry analyzer		x			2,000,000.00	SCG
Microbiology and Parasitological	Purchase of urine analyzer					200,000.00	SCG
	Malaria Test Campaign		x	x	x	800,000.00	SCG
Histopathology	Training of Laboratory staff on cytology		x			300,000.00	SCG
X-ray Services	5 training of staff 2 per year(not on site)			x		600,000.00	SCG
	1 maralal County referral				x	2,500,000.00	SCG
	1 Baragoi level 4 next year					0	SCG
Specialized radiological imaging	One ultra-sound machine (with probes)		x	x		3,500,000.00	SCG
	One portable x-ray unit		x	x		4,000,000.00	SCG
	Re-writable CD-RW Imation (5000)		x			500,000.00	SCG

Client/Patient Movements	Installation of queue management software.		x			5,000,000.00	SCG
Expert/Service Provider Movements	Transportation of Gene expert samples from rural facilties to County referral Hospital		x	x	x	400,000.00	SCG
	Training of Health care workers on gene expert		x			600,000.00	SCG
Specimen Movement	Specimen referrals from facilities to reference laboratory eg KEMRI, TB NPHLS,		x	x	x	350,000.00	SCG
Client Parameters Movement	Early Infant Diagnosis (EID), Viral load, Sputum culture monitoring and uploading (Needs data bundles and airtime)	x	x	x	x	50,000.00	SCG
Sub-Program 2 Total						**45,570,000.00**	**SCG**
Program Total						**103,131,927**	

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**	**Q 2**	**Q3**	**Q4**	Total Amount	**Source of Funds**

Sub-Program 1: Reproductive Maternal Neonatal Child Health (RMNCH) Services							
	Purchase of one ambulance for Wamba Health Centre Samburu East Sub County. Specs: 4*4 diesel hard top of latest design, 3 door, assisted hydraulic, dual brake system, fully equipped with ambulance equipment's e.g. room lamp, red beacon lamp, roof ventilator with electric fan, frosted glasses back and side, siren, flexible patient lamp, stretcher with caster, fire extinguisher, first aid kit safety belts for all seats etc.. **(The Ambulance bought in the FY 2017/2018 is for Samburu County Referral Hospital). The County is very vast hence need for more ambulances.**		√			9,200,000.00	THS UC
	Establishment of Ambulance command Centre in Maralal County Referral Hospital.	√	√	√	√	10,000,000.00	UZAZI SALAMA
	Create awareness on RMNCAH by Commemorating RMNCAH days, Malezi Bora weeks & world FP day. During with immunization, FP, ANC, RH Health Education amongst other reproductive health services will be provided Targeting 300 community members (100 per sub county) Lunches will be provided at 500 per person =500*4 commemorated days *300 = 600,000 Printing of IEC materials 10 Banners @ 6,000 = 60,000 500 Posters @ 300 = 150,000 50 Fact sheets @ 300 = 150,000 500 Brochures @ 200 = 100,000 8 days Hire of Public address system @ 5,000 – Kshs. 40,000		√	√	√	1,100,000.00	THS UC

	Train 25 Nurses, Clinical officers and Medical Officers on Focused Antenatal Care (FANC) using recommended MOH training Manuals and guidelines for 5 days by 2 National facilitators. Each class will have 25 pax. The following will be catered for during the training. Due to vastness of the County there will be an extra 1 day accommodation for both the pax and facilitators. 25 pax Full board accommodation including conference package @ at 5900 = 5900 x 25 x 6 Days = 885,000 25 pax Transport cost for 25 HCWs @ at 2000 each = 2000* 25 = 50,000 2 pax DSA for Facilitators from outside the county @ at 8,400 each = 8,400*6*2 = 100,800 5 days Hall hire @ at 3000 = 3000*5 = 15,000. 2 pax Transport refund for facilitators @ at 3000 *2 = 6,000 Total cost per training = 1,056,800 Cost for one training first the multiply by 2 at the end				√	1,056,800	THS UC
	Sensitization training of 60 health workers on the use of Chlorhexidine 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 (SERIAN FM). Airing of RMNCH 50 Radio spot messages once a week @ Ksh. 3,000 per message = 3000*50 = 150,000 Monthly Radio talk shows @ 35,000 one per month = 35000*12 = 420,000 Lunch and Transport cost of two RMNCAH community role models panelists to the studio @ 2000 once a month = 2000*2*12= 48,000		√	√	√	618,000.00	THS UC
	Training of 30 Health Care workers on cervical cancer screening and treatment. 5 days training. (Accommodation, conference and transport)			√		1,750,000.00	TIMIZA
	Involve and engagement of traditional leaders and youth on FP/RMNCAH and Nutrition services	√	√	√	√	1,000,000.00	TIMIZA
	Conduct training for 30 adolescent and youth on RH and sexuality	√	√	√	√	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	TIMIZA

	Biannual RMNCAH TWG review meetings for 20 TWG members for one day. Conference package for 5 CHMT/ 15 SCHMT (5 from each Sub County) @1500 for 1 day = 150,000 per quarter = 150,000*2 = 300,000 Full board for 10 SCHMT from Samburu East and North each at 5900 for 2 days per quarter = 118,000 per quarter = 118000*2 = 236,000 Transport reimbursement for 20 officers at 1000 each per quarter = 20, 000*2= 40,000 Hall hire at 1000*2 = 2,000	√	√	√	√	578,000.00	THS UC
	Training of 12 TOTs on Cryotherapy to enable use of existing machines	√	√	√	√	500,000.00	TIMIZA
	Quarterly meeting with sub county administration and ward administrators to facilitate understanding and collaboration in improving poor performing indicators especially RMNCAH	√	√	√	√	200,000.00	TIMIZA
	Quarterly meeting with village administrators to facilitate understanding on the poorly performing indicator especially RMNCAH	√	√	√	√	200,000.00	TIMIZA

	Procurement of 897 mother-baby packs for mothers delivering at Healthcare facilities. @ 2,700 (Cotton wool – 1 200gms roll Maternity pads – 10 pieces Baby towel – 1 piece Baby wrap – 1 piece Baby shawl – 1 piece Diapers - 10 pieces 3-6kgs Baby powder – 50 gms Baby oil – 50 mls Baby clothes /vest – 2 pieces Lesso – 2 pieces Antimicrobial soap – 1 piece)	√	√	√	√	2,421,900.00	THS UC
	Training of 30 Health care workers on screening of ANC mothers using Rapid test Kits and Glucometers 1 day training by 2 external facilitators. Due to vastness of the County there will be an extra 1 day accommodation for both the pax and facilitators. Full board accommodation for 30 HCWs including conference package and stationery @ 5900* 2*30=354,000 Transport cost for 30 HCWs at 2000 each = 60,000 External Facilitators DSA 2 at 8,400 each = 8,400*2*2 = 33600 Hall hire at 3000 for 1 day = 3,000. Transport refund for facilitators = 2 *2 *4000= 16,000			√		466,600.00	TIMIZA
Sub-Program 1 Total:						**38,906,401**	**THS UC – 15,956,400** **SCG – 1,500,000** **Uzazi Salama – 14,000,001** **Afya Timiza – 7,450,000**

Sub-Program 2: Immunization Services							
	Quarterly EPI mentorship to 72 immunizing facilities in the county to be conducted by EPI Nurses, SCHRIOs, and Medical Maintenance Officers DSA for 6 officers @ at 7000 for 2 days *4 quarters = 336,000 Lunches for 6 officers @ 1000 for 24 days *4 quarters = 576,000 DSA for 3 Drivers @ 2100 for 2 Days * 4 Quarters = 33,600 Lunches for 3 drivers @ at 750 for 24 days *4 quarters = 216,000 Fuel cost 30 lts per day *30ays *4 quarters = 432,000			√		1,593,600.00	THS UC
	Collection of vaccines from Nakuru regional depot and distribution to the Health facilities (quarterly for the Sub county and Monthly for the facilities) 3 pax DSA for 3 EPI nurses @ 8400*4*3= 100,800 3 pax DSA for 3 driver @ 4200*4 = 16,800 Fuel cost 50 lts per day *120 *4 quarters = 24000	√	√	√	√	141,600.00	THS UC
	Procure 5 solar powered Vaccine fridges for immunization vaccines for 5 newly constructed facilities @ 500,000	√	√	√	√	2,500,000.00	SCG
	Procurement of 3000 Mother child booklet to be distributed to all facilities providing RMNCAH services each @ 300 kshs	√	√	√	√	900,000.00	THS UC
	Refilling of 80 gas cylinders for KEPI fridges. 20 cylinders per quarter to be used in the Level 2 & 3 Facilities using Gas	√	√	√	√	280,000.00	THS UC

	powered fridges. Refilling of each cylinder is at 3500.						
Sub-program 2 Total						**5,415,200.00**	**SCG – 2,500,000** **THS UC – 2,915,200**
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	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
	Development of APRP 2018 2019	√	√	√	√	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	UNICEF

	Training of 50 CHVS on nutrition module and BFCI t Full board accommodation including conference package and stationery @ 5900 for 50 HCWs for 4 days =1,180,000 Transport cost for HCWs at of 1000 each = 50,000 External Facilitators DSA 2 at 8400 per day each = 67,200 Hall hire at 3000 for 3 days = 9,000 Transport refund for facilitators = 2000 *2*2 = 8,000 Cost breast feeding under county Govt	√	√	√	√	1,314,200.00	TIMIZA
	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 nutritional mass screening in the identified hotspots in the County	√	√	√	√	300,000.00	SCG
	IMAM OJTs in all the health care facilities in the County	√	√	√	√	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 3 Total						**21,954,200.00**	**UNICEF – 3,400,000** **NHP PLUS – 15,590,000** **SCG – 1,650,000** **THS UC 1,314,200**
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 30 Nurses Medical officers, Clinical Officers, Records Officers on Maternal and Perinatal Death surveillance and Response (MPDSR) for 5 days using the Recommended MOH training Manuals, guidelines and reporting tools by 2 external facilitators. Due to vastness of the County there will be an extra 1 day accommodation for both the pax and facilitators. 30 pax full board accommodation including conference package and stationery @ 5900 for 6 days = 5900*30*6=1,062,000 30 pax traveling cost for 30 HCWs at an average of 2000 each = 60,000 2 pax DSA for External Facilitators @ at 8,400 each = 8,400*6*2 = 100800 5 days Hall hire @ at 3000 = 3000*5 = 15000			√		1,243,800.00	THS UC

	2 pax Transport refund for facilitators = 3000 *2 *= 6,000						
	Training of 30 lab staff on Lab surveillance			x		400,000.00	SCG
	Buying of 4 Incubator				x	1,000,000.00	SCG
Sub-Program 4 Total						**5,698,200.00**	**SCG – 4,444,400** **THS UC – 1,253,800**
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	TIMIZA
	Training of 12 TOTs (CHMT/SCHMT) to cascade Adolescence Sexual Reproductive Health to the HCWs. Full board accommodation including conference package and stationery @ 5900 for 12 TOTs for 6 days = 12*5900*6=424,800 Traveling cost for 12 HCWs at an average of 2000 each = 24000 External Facilitators DSA 2 at 8,400 each * 6 = 100,800 Hall hire at 3000 for 5 days = 15,000. Transport refund for facilitators = 2000 *2 = 4,000		√			568,600.00	SCG

	Training of 30 Nurses Medical officers, Clinical Officers, Records Officers on Adolescence Sexual Reproductive Health for 5 days by 2 external Facilitators. Due to vastness of the County there will be an extra 1 day accommodation for both the pax and facilitators. 30 pax Full board accommodation including conference package and stationery @ 5900 = 30*6*5900=1,062,000 30 pax Traveling cost for 30 HCWs at an average of 2000 each = 60,000 2 DSA for External Facilitators @ at 8,400 each = 8,400*6*2 = 100800 5 days Hall hire @ at 3000 for = 3000*5 15000 2 Transport refund for facilitators @ at 3000 = 3000 *2 = 6,000		√		√	1,243,800.00	THS UC
	Supportive supervision on ASRH activities by county and sub-county staff	√		√		500,000.00	TIMIZA
	Training of vulnerable and marginalized groups on alcohol and substance abuse.		√		√	1,500,000.00	SCG
	Training for 30 Nurses, Medical officers, Clinical Officers on Family Planning (Long acting Reversible Methods of Contraceptives - LARC) for 6 days (4 days classroom teaching and 2 days practical's) by 4 National Facilitators. Due to vastness of the County there will be an extra 1 day accommodation for both the pax and facilitators. 30 Pax Full board accommodation including conference package @ 5900= 30*7 days *5900 =1,239,000 30 Pax Traveling cost for HCWs at @2000 each = 60,000 4 External Facilitators DSA @ 8,400 each = 8,400*7 days = 235,200 6 Days Hall hire @ 3000 for = 18,000	√		√		1,564,200.00	THS UC

	4 Transport refund for facilitators @3000 = 12,000						
	Training youth champions in ASRH			√		500,000.00	TIMIZA
	HIV proficiency testing panels distribution and collection to all facilities	√	√	√	√	1,000,000.00	SCG
	Training on HIV logarithm testing		√			2,000,000.00	SCG
Sub-Program 5 Total						**14,776,200.00**	**SCG – 9,500,000** **Timiza – 2,200,000** **THS UC – 3,076,200**
Sub-Program 6 TB Control Interventions							
Too Improve the treatment success rate to 90%	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
	Marking of World TB day	√	√	√	√	100,000.00	SCG
	Coordination Mechanisms for gene expert(Lab Networking)	√	√	√	√	1,000,000.00	SCG
	Conduct TB quarterly review meeting	√	√	√	√	896,000.00	SCG
	TB refresher course for 40 lab staff biannual				√	800,000.00	SCG
	Procurement of 11 TB Biosafety cabinets		√			2,000,000.00	SCG
Sub-Program 6 Total						**9,596,000.00**	**SCG – 8,596,000** **GF – 1,000,000**
Sub-Program 7 Malaria Control Interventions							

	Conduct malaria Quality of care(inpatient and outpatient)	√	√	√	√	1,000,000.00	SCG
	Training of 50 Nurses, Medical officers, Clinical Officers on malaria case management, microscopy, diagnosis and commodity management (in pregnant women) – 3 days training by 2 external facilitators. Due to vastness of the County there will be an extra 1 day accommodation for both the pax and facilitators. 50 pax Full board accommodation including conference package and stationery @ 5900 =50*4*5900=1,180,000 50 pax Traveling cost for 50 HCWs at an average of 2000 each = 100,000 2 External Facilitators DSA @ 8,400 each = 8,400* 2*4 days = 201,600 3 days Hall hire @ at 3000 for 3 = 9,000. 2 pax Transport refund for facilitators @ at 3,000 = 3000 *2 = 6,000	√	√	√	√	1,496,000.00	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	√	√	√	√	150,000.00	SCG
	Conduct EQA on malaria to facilities with Laboratories		√			300,000.00	SCG
	Malaria Microscopy training on 60 HCWS					3,000,000.00	SCG
	Distribution and redistribution of MRDS			√		450,000.00	SCG
Sub-Program 7 Total						**7,360,600.00**	**SCG – 5,854,000** **THS UC 1,506,600**

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
	Conduct 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	x	800,000.00	SCG
	Training for NTDs identifiers (hydatid disease, jiggers, helminthes and trachoma).	x	x	x	x	500,000.00	SCG
	Mass screening for NTDs (Hydatid disease, jiggers, helminthes and trachoma).	x	x	x	x	400,000.00	SCG
Sub-Program 8 Total						**25,600,000.00**	**SCG – 5,000,000** **TRACHOMA – 20,600,000**
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 exercise)	√	√	√	√	1,000,000.00	SCG
	Screening for cataract patients within the community and performing surgeries.	√	√	√	√	2,000,000.00	AMREF
	Health promotion for NCDs risk factors (alcohol & illicit drugs, tobacco and nutrition & physical exercise)	√	√	√	√	1,200,000.00	SCG
	Purchase of glucometers for ANC Mothers profiling		√			430,000.00	SCG
Sub-Program 9 Total						**6,230,000.00**	**SCG – 4,230,000** **AMREF – 2,000,000**
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 up scaling - CLTS triggering of villages	√	√	√	√	1,350,000.00	SCG
	Community household water treatment demonstrations in 20 villages in each sub county	√	√	√	√	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
	Conduct training and revival of 10 market/town sanitation committees in the county	√	√	√	√	200,000.00	SCG
	Routine clean up exercise in markets and towns	√	√	√	√	800,000.00	SCG
	Community hygiene demonstrations on hand washing	√	√	√	√	300,000.00	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
	Marking of the World Toilet day celebrations	√	√	√	√	600,000.00	SCG
	Improving availability, functionality safe water supply		√			5,000,000.00	UZAZI SALAMA
	Training of 40 Nurses Medical officers, Clinical Officers, Records Officers, Public health Officers on Infection Prevention and Control and Health care waste management - 2 days training by 2 external facilitators. Due to vastness of the County there will be an extra 1 day accommodation for both the pax and facilitators. 40 pax Full board accommodation including conference package and stationery @ 5900 = 40*3 days*5900 =708,000 40 pax Traveling cost for HCWs at @ 2000 = 80,000		√			850,400.00	THS UC

	2 External Facilitators DSA 4 @ 8,400 each = 8,400*3 days = 50,400 2 days Hall hire @ 3000 = 6,000 2 Transport refund for facilitators = 3000 = 6,000						
Sub Program 10 Total						**19,392,400.00**	**SGC –11,120,000 UNICEF – 1,000,000 AMREF – 200,000 TIMIZA – 1,200,000 US – 5,000,000 THS – 872,400**
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

Sub-Program 11 Total						**12,400,000.00**	**SCG – 9,400,000 AMREF – 2,500,000 WV – 500,000**
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	TIMIZA
	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	UZAZI SALAMA
	Mentorship of 300 CHVs on referrals					300,000.00	UZAZI SALAMA
	Strengthen Monthly reporting from community units through monthly meetings of CHVs.	√	√	√	√	1,500,000.00	TIMIZA
	Establishment of 2 new Community health Units. This involves training of 100 Community Health Volunteers (50 per unit) on 6 modules for 10 days and 22 Community Health Committee members (11 per unit) for 7 days. The training will be done by external facilitators. Due to vastness of the County there will be an extra 1 day accommodation for both the pax and facilitators. **Training of CHVs for 10 days** 50 pax lunch allowance for CHVs @ at 500 per day =500*50*10 days=250,000 50 pax Traveling cost for CHVs @ 500 per day for 10 days =250,000 4 External Facilitators DSA @ 7,000 = 7,000*4*11 = 308,000	√	√			2,318,000.00	THS UC

	10 days Hall hire @ 2000 = 20,000. 4 Transport refund for facilitators @ 2000 = 8,000 **Total = 836,000** **Training of CHCs for 7 days** 11 pax lunch allowances for CHCs @ 500 per day = 500*11*7 days = 38,500 11 pax Traveling cost for 50 CHVs @ 500 per day = 500*11*7 days = 38,500 4 External Facilitators DSA @ 7,000 = 7,000*4*8 = 224,000 7 days Hall hire @ 2000 = 14,000. 4 Transport refund for facilitators @ 2000 = 8,000 **Total = 323,000** **Total per unit = 1,159,000.00** **Total for two units = 2,318,000.00**						
	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	TIMIZA
	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	World Vision
	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.	√	√	√	√	4,000,000.00	TIMIZA
	Training 30 CHVs on FP/RMNCAH and Nutrition and WASH module using MOH training manuals - 5days training Full board accommodation including conference package and stationery @ 5900 5900*30*6=1,062,000 Traveling cost for 30 HCWs at an average of 1000 each = 30,000 External Facilitators DSA 4 at 8,400 each = 8,400*2*5 = 84,000 Hall hire at 3000 for 5 days = 9,000. Transport refund for facilitators = 2000 *2 *2= 8,000 Not directly relevant to Project indicators reallocate to county	√	√	√	√	1,163,000.00	TIMIZA
	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 to all 30 Community Health units	√	√	√	√	750,000.00	UZAZI SALAMA
	Conduct data quality mentorship to 20 CHEWs	√	√	√	√	300,000.00	TIMIZA

	Support CHU IGA activities in all the 30 Community Units	√	√	√	√	2,500,000.00	UZAZI SALAMA
	Constructive male engagement in RMNCAH activities in the sub-county	√	√	√	√	1,000,000.00	UZAZI SALAMA
	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
	Conduct Quarterly dialogue and action days for 30 community health units focusing on RNMCAH involving 1100 CHVs (Lunches at 500 each and transport at 500 each) 1 dialogue day and 1 action day per unit. 1100 pax Lunches and transport cost during dialogue days = 1000*1100*1 day =1,100,000 1100 pax Lunches and transport during action days = 1000*1100* 1 day =1,100,000 30 pax Lunch and transport for CHEWs and SCCSFP during dialogue days @ 2000 = 2000*30 * 1 day =60,000 30 pax Lunch and transport for CHEWs and SCCSFP during action days @ 2000 = 2000*30 *1 day =60,000	√	√	√	√	2,320,000.00	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	√				183,600.00	AMREF iPuSH Project

	Training of CHWs on mHealth solutions (LEAP, M-JALI and M-wallet and NHIF)		√			1,097,928.00	AMREF iPuSH Project
	Household registration by CHWs		√			97,920.00	AMREF iPuSH Project
	Train CHWs on community RMNCH modules using LEAP		√			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						**65,653,028**	**SCG – 3,100,000** **TIMIZA – 15,135,000** **UZAZI SALAMA – 37,075,100** **THS UC – 4,271,800** **WV – 1,800,000** **AMREF IPUSH – 1,771,128** **AMREF – 2,500,000**
PROGRAM TOTALS						**232,982,229**	

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 existing health workforce	√	√	√	√	12,000,000.00	SCG
	Training, and development of health workforce	√	√	√	√	5,000,000.00	SCG
	Improving institution capacity for health workforce management		√	√		3,000,000.00	SCG
	Recruitment of required health workers	√				5,000,000.00	TIMIZA
	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			√		650,000.00	SCG
	Sub County Stake holders forums	√	√	√	√	200,000.00	SCG
	Training of HFMC/Hospital boards					500,000.00	SCG
Sub-Program 1 Total:						**622,844,558.00** **SCG – 617,844,558**	

						TIMIZA – 5,000,000	
Sub-Program 2: Constructions and Maintenance of Buildings							
	County Referral Maralal ward						
	Accident and Emergency Complex / /Phase 1		√			50,000,000.00	SCG
	Intensive care unit and Equipping			√		30,000,000.00	SCG
	Completion and Equipping of mortuary			√		7,078,021.00	SCG
	Isolation Ward				√	7,500,000.00	SCG
	CT scan Installation(Including a building for the Machine)			√		25,000,000.00	SCG
	Fire extinguishers					5,000,000.00	SCG
	Master plan		√			3,500,000.00	SCG
	Hospital Generator			√		3,500,000.00	SCG
	Baragoi Sub-County Hospital						
	Desaliniser			√		4,000,000.00	SCG
	Completion of Surgical ward				√	5,000,000.00	SCG
	Hospital Borehole			√		2,500,000.00	SCG
	Baragoi Mortuary building and fencing			√		5,000,000.00	SCG
	Wamba Sub County Hospital			√			
	Outpatient Block (Phase 1)					5,000,000.00	SCG
	Male/Female Ward		√			5,000,000.00	SCG
	OperationTheatre			√		7,000,000.00	SCG
	Construction of New Health facilities				√		
	Loiragai Dispensary			√		4,500,000.00	SCG
	Lodua Dispensary					4,500,000.00	SCG
	NgareNarok			√		4,500,000.00	SCG
	Baawa Dispensary			√		4,500,000.00	SCG
	Lekuru Dispensary				√	4,500,000.00	SCG
	Lakira Dispensary					4,500,000.00	SCG
	Lkuroto Dispensary			√		4,500,000.00	SCG
	Construction of staff houses						
	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
	NgutukEngiron Dispensary				√	4,500,000.00	SCG
	Marti Dispensary				√	1,500,000.00	SCG
	Construction of Maternity						
	Opiroi Dispensary			√		4,500,000.00	SCG
	Parkati Dispensary				√	4,500,000.00	SCG
	Porro Health Centre - ward			√		3,000,000.00	SCG
	Lkiloriti Dispensary			√		2,000,000.00	SCG
	Opiroi Dispensary				√	1,500,000.00	SCG
	Ura Dispensary			√		2,000,000.00	SCG
	Construction of sanitary block						
	Lonjorin Dispensary			√		1,000,000.00	SCG
	Lkiloriti Dispensary				√	1,000,000.00	SCG
	Logorate			√		1,000,000.00	SCG
	Wamba Sub County Hospital adminstarion block				√	3,500,000.00	SCG
	Baragoi Sub County administration block			√		3,500,000.00	SCG
	Upgrading Maralal, Suguta Health centre and Baragoi Health Centre		√		√	4,700,000.00	SCG
	Medical Equipment				√	29,300,000.00	
	Purchase of five (5) motorbikes -	√				2,500,000.00	SCG
	Conditional Grant-Leasing of Medical Equipment				√	200,000,000.00	SCG
	2017-18 pending bills						
	Expansion of existing facilities	√	√	√	√	750,000.00	SCG
	Maintenance of existing 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 – (Kshs 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 SugutaMarmar theatre	√	√	√	√	500,000.00	SCG

	Equipping and operationalization of youth friendly center to increase uptake of RH services amongst the adolescents in Samburu county referral hospital. by provision of: **Furniture** 3 tables– kshs. 60,000 6 chairs - 30,000 5benches Ksh. …Kshs. 20,000 2Colored TV set 42" LG Ksh …..50,000 3.DVD playerKsh. ……10,000 4.Darts board and arrows – Ksh. 20,000 5.Table tennis table Ksh …. 100,000 6.Painting – Kshs . 10,000	√	√	√	√	300,000.00	THS UC
	Repair and repainting of public health offices	√				200,000.00	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 SCHMT Central	√	√	√	√	500,000.00	SCG
	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
	Repair of KEPI vaccines store at Maralal County Referral Hospital to ensure proper storage of vaccines. 1. Replacement of electricity extension cable with a 4 mm hammered cable 60 meters connection form Pediatric ward to KEPI store – 30,000 2. Provision of 3 more sockets to allow connection of more fridges/freezers and provision of security lights – 5,000 3. Replacement of 2 wooden doors destroyed by termites with metallic doors – 50,000			√		375,000.00	THS UC

	4. Painting of the store - 20,000 5. Tilling – 50,000 6. Provision of a Fence – 150,000 7. Repair of ceiling – 20,000 8. Labour cost – 50,0000						
	Construction of an Eye unit in BSCRH		√			4,000,000.00	SCG
	Construction of an FP/MCH Clinic in BSCRH					2,500,000.00	SCG
	Construction of eye ward at SCRH			√		1,500,000.00	AMREF
	Construction of eye ward at SCRH			√		2,500,000.00	SCG
	Construction of modern laboratory at BSCRH			√		4,000,000.00	SCG
	Construct a pediatric 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
	Upgrade/Renovation 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
	Repair of three (3) burning chambers for management of Health wastes at Wamba Health, Baragoi Sub County and Maralal County Referral Hospital. Repair services and labour cost @ 300,000		√			900,000.00	SCG

	Repairs of roof and ceilings blown away by wind at the following facilities that have high volume MCH service delivery (ANC, SBA, Immunization) · Swari Health centre, · Ngutuk Emulget Dispensary · Lesirkan Health Centre Each Facility is requires the following; 80 Iron sheets per facility – 950* 80 = 76,000 Timber 3000 ft per facility –2800*55 =165,000 Roofing nails – 20 kgs per facility – 20*200 = 4,000 4" Nails – 20 kgs per facility – 20*150 = 3000 Transport cost – 40,000 Labour charge - 53,400 Total 341,400 per facility = 341,400*3 = 1,024,200	√				1,024,200.00	THS UC
	Provision of wooden shelves for drugs store in the following 12 health facilities to improve storage of RMNCAH commodities Each facility is allocated 100,000 (for Timber, nails, paint, labour charge and paint) 1. Loolgese Dispensary 2. Lolkunono Dispensary 3. Lkiloriti Dispensary 4. Marti Epareu Dispensary 5. Laresoro Dispensary 6. Nairimirimo Dispensary 7. Nkaroni Dispensary 8. Lmarmaroi Dispensary 9. Seren Dispensary 10.Loonjorin Dispensary 11 Lorokonyokie Dispensary 12 Anderi Dispensary	√	√	√	√	1,200,000.00	THS UC
Sub Program 2: Total					**638,230,171** **SCG – 586,948,021** **THS UC – 3,982,150** **AMREF – 1,500,000** **UZAZI SALAMA – 45,800,000**		

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,
	Procurement of assorted vector insect and vermin's 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
	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
	Costing of health service provision(LINDA MAMA program)		√			5,000,000.00	SCG
	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	SCG
	Public Private Partnerships			√		300,000.00	TIMIZA
	Health governance and linkage with County system				√	300,000.00	World Vision
Sub-Program 3 Total						**224,025,000.00** **SCG – 200,100,000** **UNICEF – 4,000,000**	

						UZAZI SALAMA – 14,175,000 **HN PLUS – 4,000,000** **WV 350,000** **TIMIZA 1,400,000**	
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 6 computers (14 Inch, Hard Disk 500GB and above Memory 4GB RAM HP Laptops) for the four RH Coordinators, THS UC accountant and the Director for monitoring RMNCH indicators. @ Ksh. 90,000/-	√	√	√	√	540,000.00	THS UC
	Purchase of 35 Computers for health facilities, Program officers and Community health units					3,500,000.00	SCG
	Purchase of a 3 printers HP M307 MODEL, for the SCHRIOs office and one EPSON LCD for CHRIO office for data review presentations 3 Printers' X @ kshs. 150,000 = 450,000 I LCD @ Kshs 50,000					500,000.00	THS UC
	Installation of EMR at Wamba health centre and Wamba Hospital					2,500,000.00	SCG
	Purchase of office stationeries and other Accessories					3,000,000.00	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 existing 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	SCG
	Establishment of E-Learning centers	√	√	√	√	1,000,000.00	UZAZI SALAMA
	Procurement of mother child booklets and reporting tools	√	√	√	√	900,000.00	NHP PLUS
	Purchase of one utility vehicle to support EPI services and outreaches (Pickup single cabin, 4.2 L diesel, 2 Doors, 4WD, manual transmission, front suspension coil, rear suspension leaf, front breaks disc, rear brakes drum)				√	7,960,000.00	THS UC
	Procurement of 4 delivery beds (300*249 height adjustable by casters) each at 600,550.00 for Samburu County referral Hospital, Bargoi sub County Hospital, Wamba Health Centre and |Suguta Health Centre		√			2,402,200.00	THS UC
Sub-Program 4 Total						**127,340,000.00**	**SCG – 116,440,000 THS UC – 9,000,000 UZAZI SALAMA – 1,000,000 NH PLUS – 900,000**
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

	Quarterly integrated support supervision by CHMT to all facilities in the entire County and by SCHMT at the respective sub Counties (3 Sub Counties). The supervision will be in Health Facilities and Community Units. Supervision will also incorporate RMNCAH mentorship and on job training. Standard MOH integrated support supervision checklist will be used. Fifteen CHMT and 15 SCHMT members will participant 15 Lunches for SCHMT @ Khs. 1000 per day for 7 days per quarter = 1000*7*15*4 quarters = 420,000 6 DSA for CHMT members visiting North and East Sub counties @ at 7000 = 7000*6 * 6 days *4 quarters =1,008,000 5 Lunches for CHMT in Central @ at 1000 = 1000*5*7 days *4 quarters =140,000 5 DSA for CHMT in Central @ at 7000 = 7000*5*3 days*4 quarters = 420,000 1 DSA for CHMT driver @ at 2100 =2100*6 *4=50,400 15 DSA for SCHMT of Kshs 7,000 for 3 days=7000*15*3*4 = 1,260,000 Fuel cost 40 ltrs for 15 days at kshs 120 per litre per quarter =288,000 3 lunch for SCHMTs drivers @750 = 750*7 days * 3 *4 = 63,000 3 DSA SCHMT drivers @ at 2,100 = 3*2100*3 days *4 = 75600	√	√	√	√	3,725,000.00	THS UC
	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
	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						**25,609,750.00** **SCG – 17,544,000** **THS UC – 3,565,750** **TIMIZA – 2,500,000** **WV – 2,000,000**	

Sub-Program 6: Health Sector Planning, Budgeting and Monitoring and Evaluation							
	Sub County Stake holders forums	√	√	√	√	1,000,000.00	SCG
	Commodity TWG Meetings	√	√	√	√	600,000.00	Ugavi
	Monthly Health facilities collection and uploading of reports	√	√	√	√	1,500,000.00	SCG
	Monthly data bundles for 3 SCHRIOs, 1 CHRIO, 1 THS UC Focal person, 1 CRHC and 3 SCRHC and CDH for mobilization of activities and uploading data. Each Kshs 3000 monthly for 12 months	√	√	√	√	360,000.00	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
	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 at Sub county and County levels targeting all the 90 Health Care Facilities and 30 CHU 80 pax Full board accommodation including conference package and stationery @ 5900 for 80 people per quarter = 80*5900*2*4 quarters = 3,776,000 40 Conference package for HCWs from nearby facilities @ at 1500 = 1500*40* 4 quarters = 240,000 120 Traveling cost for 120 HCWs @ at 2000 each = 2000*4*120= 960,000 1 Day Hall hire @ at 3000 = 3000*4 quarters =12,000	√	√	√	√	4,988,000.00	THS UC

	Conduct quarterly data quality audits on RMNCAH indicators in selected health facilities in the County alternated quarterly. 4 pax Lunches for officers per sub county for 5 days per quarter =1000*4*5*4 *3= 240,000 4 pax DSA for officers per sub county for 3 days per quarter = 7000*4*2*4 *3=672,000 3 pax Lunches for drivers 1 per sub county for 5 days = 750*3*5*4 *3=135,000 3 pax DSA for drivers 1 per sub county for 2 days =2100*2*3*4*3= 151,000 Fuel 30 ltrs*3*7*120*4=302,500	√	√	√	√	1,500,500.00	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 starting from level1, 2,3 and 4 100 pax Full board accommodation for facility in charges, SCHMT and CHMT involved in AWP development at all levels for 6 days including conference package and stationery @ at 5900 = 5900*100*6 = 3,540,000 120 pax Transport refund for the Officers = 2000 *120 =240,000.00 5 days Hall hire @ at 3000 per sub county = 3000*3*5 = 45,000 20 pax Conference package 20 officers not on full board each @ at 1500 = 20*1500*5 = 150,000			√		3,975,000.00	THS UC

	Training of (20) CHMT, SCHMT on RMNCAH Score card by 2 external facilitators. 20 pax Full board accommodation including conference package and stationery @ at 5900 = 5900*20*6 =708,000 20 pax Transport refund for the Officers @ at 2000 = 2000 *20 = 40,000 5 days Hall hire @ at 3000 = 3,000* 5 = 15,000 2 pax DSA for External Facilitator@ at 8400 = 8,400*6*2=108,000 2 pax Facilitators transport @ 2000 = 3000*2 = 6,000		√			877,000.00	THS UC
	HMIS Training for HRIOs			√		500,000.00	TIMIZA
Sub-Program 6 Total						**22,752,500.00** **SCG – 10,994,000** **Ugavi – 600,000** **THS UC – 10,658,500** **TIMIZA -500,000**	

Section 4:

Budget Distribution

4.1 Resource Envelopefor County Department of Health

Category	Source of funds	Amounts	Classified / earmarked budgets								Unspecified
			Organization of Service Delivery	Health Infrastructure	Health workforce	Health Information	Health Financing	Health Leadership	Health Products	Research	
Public Sources	County Government	1,664,829,806.00	√	√	√	√	√	√	√	√	
	Central Government (conditional Grants)	**3,200,000**	√	-	-	-	-	-	-	-	-
	User fees	**5,000,000**	√								-
	Constituency Development Fund	-	-	-	-	-	-	-	-	-	-
	Others (Specify)	-	-	-	-	-	-	-	-	-	-
Total											
Development Partners	WORLD BANK FUNDS THS UC	**60,867,827**	√		√	√	√	√	-	-	-
	Clinton Foundation	-	-	-	-	-	-	-	-	-	-
	Danish Government (DANIDA)-HSSF	**12,757,500**	√	-	-	-	-	-	-	-	-
	UK Government (DfID)	-	-	-	-	-	-	-	-	-	-
	European Commission	-	-	-	-	-	-	-	-	-	-
	German Government (GIZ)	-	-	-	-	-	-	-	-	-	-

	UNICEF	**8,400,000**	√	-	-	√	-	-	-	-	-
	Netherlands Government	-	-	-	-	-	-	-	-	-	-
	UN agency (UNAIDS)	-	-	-	-	-	-	-	-	-	-
	UN agency (UNFPA)	-	-	-	-	-	-	-	-	-	-
	UN agency (WHO)	-	-	-	-	-	-	-	-	-	-
	US Government (USAID / CDC/Other)	-	-	-	-	-	-	-	-	-	-
								√			
Public Benefit Organizations (Community / NGO)	**AMREF**	**8,700,000**								-	-
	Trachoma & WASH	**36,600,000**	√	√	-	-	-	-	√	-	-
	Drought Response Project	-	-	-	-	-	-	-	-	-	-
	Uzazi Salama	**117,032,101**	√	√	-	-	-	-	-	-	-
	Afya Timiza	**30,385,000**	√								
	Youth in Action (Y-Act)	-	-	-	-	-	-	-	-	-	-
	iPUSH Project	**1,771,128**	√	-	-	-	-	-	-	-	-
	ARP-KootaInjena	-	-	-	-	-	-	-	-	-	-
	World Vision Kenya – Lorroki ADP-	**4,800,000**	√	-	-	-	-	-	-	-	-
	Feed the children	**0**	-	-	-	-	-	-	-	-	-
	Afya Ugavi	**600,000**	√								
	AMURT	-	-	-	-	-	-	-	-	-	-

	US Government (USAID / NHP PLUS)	**20,490,000**	√	-	-	-	-	-	-	-	-
	CARITAS	-	-	-	-	-	-	-	-	-	-
	Global Fund	**1,000,000**	√								
	CDM	-	-	-	-	-	-	-	-	-	-
	ESHE	-	-	-	-	-	-	-	-	-	-
	Kenya Red Cross	-	-	-	-	-	-	-	-	-	-
	Action Against Hunger (ACF)	-	-	-	-	-	-	-	-	-	-
	ACTED	**26,400,000**	√	-	-	-	-	-	-	-	-
	FHI	-	-	-	-	-	-	-	-	-	-
	CCF	**30,000,000**	√	-	-	-	-	-	-	-	-
	Other (specify)	-	-	-	-	-	-	-	-	-	-

4.3 Budget Summary by Program Area

	Program	Sub-Program	Total Budget	Sources
1	Curative and Rehabilitative Health Services	Primary Facility Services	**57, 561,927**	THS UC – 2,494,827 SCG – 29,309,600 DANIDA – 12,757,500 TRACHOMA – 13,000,000
		Hospital Services	**45,570,000**	SCG
		Program Total	**103,131,927**	
2	Preventive and Promotive Health Services	Reproductive Maternal Neonatal Child Health (RMNCH) Services	**38,906,401**	THS UC -15,956,400 SCG – 1,500,000 UZAZI SALAMA – 14,000,001 AFYA TIMIZA – 7, 450,000
		Immunization Services	**5,415,200**	SCG – 2,500,000 THS UC – 2,915,200
		Nutrition Services	**21,954,200**	UNICEF – 3,400,000 NHP PLUS – 15,590,000 SCG – 1,650,000 THS UC 1,314,200
		Disease Surveillance and Control	**5,698,200**	SCG – 4,444, 400 THS UC – 1,253,800
		HIV Control Interventions	**14,776,200**	SCG – 9,500,000 TIMIZA – 2,200,000 THS UC – 3,076,200

		TB Control Interventions	**9,596,000.00**	SCG – 8,596,000 GF – 1,000,000
		Malaria Control Interventions	**7,360,600**	SCG – 5,854,000 THS UC – 1,506,600
		Neglected Tropical Diseases Control	**25,600,000.00**	SCG – 5,000,000 TRACHOMA – 20,600,000
		Non-Communicable Disease Control	**6,230,000.00**	SCG – 4,230,000 AMREF 2,000,000
		Environmental Health, Water and Sanitation Interventions	**19,392,400**	SCG – 11,120,000 UNICEF – 1,000,000 AMREF – 200,000 TIMIZA – 1,200,000 UZAZI SALAMA – 5,000,000 THS UC – 872,400
		School Health Interventions	**12,400,000.00**	SCG – 9,400,000 AMREF – 2,500,000 WV – 500,000
		Community Health – Level I interventions	**65,653,028**	SCG – 3,100,000 TIMIZA – 15, 135,000 UZAZI SALAMA – 37,075, 100 THS UC – 4,271,800 WV – 1,800,000 AMREF IPUSH – 1,771,128 AMREF 2,500,000
		Program Total	**233,262,229**	
3	General Administration, Planning, Management Support and Coordination	Health workers and Human Resource Management	622,844,558	SCG – 617,844,558 TIMIZA – 5,000,000
		Constructions and Maintenance of Buildings	638,230,171	SCG – 586,948,021 THS UC – 3,982,150 AMREF – 1,500,000 UZAZI SALAMA – 45,800,000

		Procurement of Medicines, Medical and Other Supplies	224,025,000.00	SCG – 200,100,000 UNICEF 4,000,000 UZAZI SALAMA – 14,175,000 HN PLUS – 4,000,000 WV – 350,000 TIMIZA 1,400,000
		Procurement and Maintenance of Medical and Other Equipment	127,340,000.00	SCG – 116,440,000 THS UC – 9.000,000 UZAZI SALAMA – 1,000,000 NH PLUS – 900,000
		Management and Coordination of Health Services	25,609,750.00	SCG – 17,544,000 THS – 3,565,750 TIMIZA – 2,500,000 WV – 2,500,000
		Health Sector Planning, Budgeting and Monitoring and Evaluation	22,752,500.00	SCG – 10,994,000 Ugavi – 600,000 THS UC – 10,658,500 TIMIZA – 500,000
		Program Total	**1,660,801,979**	
	Total	**Grand Total**	**1,996,916,135**	

NB: Updated 23rd May 2018

-End –

ANNEX 1

ACTIVITIES CARRIED FORWARD TO FY 18/19 FROM THE FY 17/18 ANNUAL WORK PLAN

Key output	Activities	Q 1	Q2	Q3	Q4	Total Amount	Source of Funds
Sub-Program 1: RMNCAH							
Output:							
	Conducting health promotion activities on RMNCAH through local radio station. Airing of RMNCH messages for 78 days @ Ksh. 3000	X	X	X	X	234,000.00	THS UC
IMMUNIZATION	Conduct monthly integrated outreaches in 3 sub counties - 6 per Sub County quarterly	X	X	X	X	1,106,078.00	THS UC
	Incentives for 100 CHVs following up on Immunization and ANC Defaulter tracing in the three sub counties. Incentives will be paid as per the MOH policy guidelines.	X	X			600,000.00	THS UC
	Procure 4 solar powered fridges for immunization vaccines	X				2,000,000.00	THS UC
Sub-Program 1 Total							
Sub-Program 2: M& E							
Output:							
MONITORING	Data bundles for uploading (8 county and sub county data officers)	X				60,000.00	THS UC
	Quarterly health facility and Community Health Unit in charges review reports and achievements in the targeted indicators targeting 70 facilities on implementation of THS UC and DANIDA UHC RMNCAH activities.	X				1,673,300.00	THS UC
	Quarterly CHMT/SCHMT meetings (RMNCAH TWG quarterly review meetings) (Conference package)	X				60,000.00	THS UC