Republic of Kenya

Samburu County

Samburu County Health Sector Annual Performance Review Report

County: SAMBURU

Year: 2019/2020

Table of Contents

Table of Contents 2
Foreword 4
Table of Contents ..... **Error! Bookmark not defined.**
Executive Summary 5
Acknowledgements 6
1.0. Section 1: Overview of the Health Sector Context in the County 7
1.1. County Population and Demographics 7
1.1.1. Population Breakdown and Description 7
1.1.2. Overview of Health Sector Catchment Population for the County 8
1.2. Analysis of Health Sector Investments in the County 9
1.2.1. Overview Distribution of Tracer Health Infrastructure Within the County 9
1.2.2. Overview of Health Workforce Distribution Within the County 14
1.2.3. Overview of Health Commodities, Supplies and Products Within the County 22
1.2.4. Overview of Health Management Information Systems/ Monitoring and Evaluation 25
1.2.5. Overview of Public Health Expenditure for the Year 28
1.2.6. Health Sector Management, Coordination, Leadership and Governance 31
2.0. Section 2: Analysis of Program Based Annual Work Plan Performance ..... **Error! Bookmark not defined.**
2.1. Introduction ..... **Error! Bookmark not defined.**
2.2. Analysis of Health Outcome Indicators Performance Against Targets ..... **Error! Bookmark not defined.**
2.3. Performance Analysis of the Program Based Annual Work Plan ..... **Error! Bookmark not defined.**

2.3.1. Introduction .....**Error! Bookmark not defined.**

2.3.2. Analysis of Program 1 Performance: Curative and Rehabilitative Health Services .....**Error! Bookmark not defined.**

2.3.3. Analysis of Program 2 Performance: Preventive and Promotive Health Services 40

2.3.4. Analysis of Program 3 Performance: General Administration, Planning, Management Support and Coordination ....**Error! Bookmark not defined.**

3.0. Section 3: Analysis of PBB Budget Allocation and Expenditure 51

3.1. Introduction 51

3.2. Analysis of the County Health Sector Resource Envelope 51

3.3. Analysis of Budget Performance by Program and Sub-Program Area 53

4.0. Section 4: Analysis of County Health Status and Elaboration of Priorities for Coming Year 55

4.1. Introduction: 55

4.2. Analysis of Major Health Problems Observed in the County During the FY 55

4.3. County Health Sector Problem Analysis and Priorities for Coming Year 59

4.3. Overall Discussion Conclusion and Recommendations 65

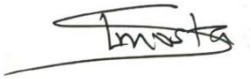
Foreword

The county health sector planning and reporting provides a framework for the county governments to effectively and efficiently deliver on its health service delivery mandates. In addition, the county health planning and reporting provides, in logical and sequential manner, a process of translation of medium-term county health sector objectives into annual actionable plans. By having a rational review of the county annual achievements, clear priorities for focus can be rationally agreed, to enable attainment of the County Health Objectives as outlined in its Health Sector Strategic Plan and County Development Plan (CIDP).

The output from this process should be able to document the achievements the county attained in the previous year, with regard to the different health sector objectives and targets. It also provides clear priorities for the county to focus on in the coming financial year operations, guided by its provided resource envelope, and the recommendations from the previous year, including documentation of responsibilities of different actors. It gives guidance to the county on key health sector priorities to focus on in the MTEF discussions for the next financial year for inclusion in the County Fiscal Strategy Paper that outlines the county's overall priorities and financial allocations.

As a result, the plan provides a vital link in the county health results chain, ensuring a logical and coherent implementation of health priorities. The county health sector annual performance report (APR) and annual work plan (AWP) links with the rest of the results chain in a number of ways. The report of previous performance, inputs are provided into the county budgeting process for the next financial year. From the county priorities for the current financial year, performance contracts can be derived. The agreed budget for health informs the expected priority activities in the plan (together with the information on previous performance).

The County APR process and generation of the County APR report is the first exercise in the county AWP cycle. The APR report has two main objectives. To provide a status update of county outputs and outcome performance in the implementation of the previous year 2019-2020 (X-1) AWP and to guide the identification of the subsequent year's 2020-2021 (X +1) priorities.



Thanks

Hon. Stephen Lekupe - County Executive Committee Member (CECM)

Executive Summary

This Annual Performance Report (APR) 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. The plan is also aligned to the County Integrated Development Plan (CIDP) 2018-2022 and County Fiscal Strategy Paper (CFSP), 2019.

Section one of this APR document outlines the broader health sector context within the county. It aims at outlining the county health sector context within which the AWP is being developed. It has two sections County population and demographics which *o*utlines the county population and demographics distributions. It aims at providing a rough estimate of the projected health needs of the county population based on its total and segments specific populations within the county. Analysis of health sector investments in the county, this sub-section aims at mapping out the existing health investments within the county, along the World Health Organization (WHO) health systems building blocks.

Sections two analyze the overall performance of the AWP against the set targets, this section analyzes all the priority health outcome indicators that were used to monitor the AWP that year. It presents the baseline data, targets and performance for the year. The section provides a detailed analysis of performance of the three program areas. The programs are Curative and rehabilitative health services, Preventive and promotive health services and general administration, planning, management support and coordination. Under each program, this section analyzes the performance of each sub-program.

Section three outlines and analyzes the entire budgetary allocation for the health sector, factoring in all forms of GoK and non-GoK sources of funds. It analyzes the allocation, receipts and expenditure of the county health sector. It analyzes the budgetary allocation and performance of the health sector along the programs and sub-programs.

Section four undertakes an overall health status analysis for the county population based on the overall performance of the AWP that year. This then leads to the identification technical (interventions) priority areas for focusing investment on in the coming year. APR also captures the contribution of Health Partners' in supporting implementation of the identified priorities.

Mr Sam Nakope,
County Chief Officer - Samburu County Department of Health.

Acknowledgements

We would like to humbly acknowledge with sincere thanks the following for their immense contributions in the development of the 2019/2020 APR; County Health Management Team for orienting the SCHMTs, HMTs and other partners on the current health policy framework; APR development guidelines; and for mobilizing partners and other stakeholders to be part in the development of the document

We immensely acknowledge contributions of our Health implementing partners in Samburu County who contributed in the development of this document including Uzazi Salama, Afya Timiza and PRB – PACE Project for their financial support.

Finally, we are very grateful to the C.E.C Health and Chief Officer health for their support and immense contribution to the development of the Annual Performance Report and also Samburu County members of County Assembly specifically the Committee on health for their continuous support in providing oversight and resource mobilization to the health services department.

Dr Martin Thuranira

County Director of Health

Samburu

1.0. Section 1: Overview of the Health Sector Context in the County

1.1. County Population and Demographics

1.1.1. Population Breakdown and Description

This table identifies the population breakdown for Samburu County as per 2019 population census[1]. The current projected population is **310,327** with a growth rate of 3%. This represents a population density of 13 persons per square Kilometer occupying **65,910** households. Children under five years constitute 15. 80% (49,032), of the population; Women of Reproductive Age (WRA) 21.70% (67,341) while the elderly 4.42% (13,716). Highlight the county's population and demographic set-up

	Description	Population Segment Estimates	County Projected Population (Year 2019/20)
1	Total population in County	2.9 % Growth Rate	**310,327**
2	Total Number of Households	5per HH	65,910
3	Children under 1 year (12 months)	2.90%	8,999
4	Children under 5 years (60 months)	15.80%	49,032
5	Under 15-year population	48.40%	150,198
6	Women of child bearing age (15 – 49 Years)	21.70%	67,341
7	Estimated Number of Pregnant Women	2.90%	8,999
8	Estimated Number of Deliveries	2.90%	8,999
9	Estimated Live Births	2.90%	8,999
10	Total number of Adolescent (15-24)	21.08%	65,417

[1] KNBS 2009

11	Adults (25-59)	28.06%	87,078
12	Elderly (60+)	4.42%	13,716
13	Neonates 0- 28 days (10% OF 1 YR)	10%	926
14	Estimated Emergency obstetric complications (0.75%) of WRA)	0.75%	2,395
15	Estimated post abortion cases (0.75% of WRA)	0.75%	2,395
16	Population 6-11 Months (50% of <1yrs)	50%	5,045
17	Population 12-59 Months (80% of < 5yrs)	80%	40,363
18	Population 6-59 Months (90% of < 5yrs)	90%	45,408

**Use county level population segment estimates*

1.1.2. Overview of Health Sector Catchment Population for the County

Narrative Summary

Highlight the population Outpatient trends for the FY 2018/19 by Subcounty.

	Sub-County	Population at Beginning of FY 2019/20	Number of New Outpatients (FY 2019/20	Outpatient Utilization per Person
	(A)	(B)	(C)	(D = C/B)
1	Samburu Central	164,942	339,586	2.1
2	Samburu East	**77,994**	180,815	2.3
3	Samburu North	67,391	165,850	2.5
	County Totals	**310,327**	686,251	2.2

1.2. Analysis of Health Sector Investments in the County

1.2.1. Overview Distribution of Tracer Health Infrastructure within the County

Summary Narrative

The table below shows distribution of Tracer Health infrastructure per level of care and provider type for Samburu County (DHIS2, 2020). Currently the County does not have a level 5 Health facility. The County has level four health facility which named Samburu County Referral or Maralal District Hospital. It acts as a referral Hospital for the County. Other Hospitals Includes Wamba Mission Hospital in Samburu East and Baragoi Sub County Hospital in Samburu North

	Level of care	Infrastructure	Baseline 2018/19	Number Available by Provider Type 2018/19			Total Available 2019/20	Data Source
				Government	Private Non-Profit (NGO, FBO)	Private for Profit		
1	Level V-National/Regional Referral Facilities	Total Number of Facilities						
		Total Bed Capacity						
		Total functional Specialized Units – ICU						
		Total functional Specialized Units – Renal unit						
		Total functional Specialized Units –Cancer Treatment Centre						

		Total Number of functional Operating Theatres						
		Number of functional Specialized Radiology Services/Centers: Providing MRI						
		Number of functional Specialized Radiology Services/Centers: Providing CT-Scan						
		Number of Specialized/Tertiary Laboratories – Histopathology						
		Number of Specialized/Tertiary Laboratories –Micro-Biology,						
		Number of Specialized/Tertiary Laboratories – Biochemistry						
2	Level IV - County Referral Facilities	Total Number of Facilities	3	2	1	0	3	
		Total Bed Capacity	365	165	200	0	365	
		Total Number of Operating Theatres	3	2	1	0	3	

		Total of Basic Radiology Services/Centers providing X-Rays	3	2	1	0	3	
		Total of Basic Radiology Services/Centers providing ultra-Sound	3	2	1	0	3	
		Number with Secondary Laboratory Services – Hematology and Transfusion	2	1	1	0	2	
		Number with Secondary Laboratory Services – Micro-Biology	3	2	1	0	3	
		Number with Secondary Laboratory Services – Biochemistry	3	2	1	0	3	
3	Level III - Health Centres	Total Bed Capacity	82	55	12	15	82	
		Functional Maternity Units	30	20	7	3	30	
		Functioning Basic Laboratory Services- Rapid Tests, Microscopy	46	41	5	0	46	
4	Level II – Dispensaries/Clinics	Total Number of Facilities	3	3	0	0	3	
		Operational Delivery Rooms	15	11	4	0	15	
5	Level I – Community Health Units	Number of functional Units	82	55	12	15	82	MCHUL

		Number of Moto-Bikes Linked to Community Units	30	20	7	3	30	
	County level	Functional ambulances	46	41	5	0	46	

**Source- MFL, HFA, MCHUL*

Analysis of performance;

The total number of facilities are ninety-seven categorized into 3 Hospitals,15 Health centers, 63 Dispensaries and 16 Private clinics. The three hospitals are 2 GOK and 1 FBO. Of the 15 Health Centres,12 is GOK while 3 are FBO facilities. In terms of distribution, Samburu North has 21 (17 GOK/$ FBOs)Health facilities, Samburu central 48(31 GOk,6 FBOS and 11 Private Clinics) while Samburu East has 28 (21 GOK ,2 FBO and 5 Private).There are 4 facilities with theatres namely Maralal County Referral, Baragoi , SDH, Catholic Hospital Wamba and Suguta Health Centre(proposed to be Upgraded to a hospital) .The county has a total number of 15 Ambulances with eleven belonging to County government and 4 belonging to FBO facilities**.**

Achievements;

- A fairly functional referral system with ambulance system serving the whole county
- A brand new Subcounty Hospital completed and handed over to the County Government
- Purchased a new Ambulance and positioned it at Wamba Health Centre for Wamba East Ward
- A new Pickup purchased for use in collection of vaccines, Oxygen and redistribution of commodities

Challenges

Due to the poor road network, the maintenance budget for Ambulances and other motor vehicles is high and the allocation for the same is meagre resulting in long down times of the ambulances. More over lack of a strong legal framework for ambulance management has seen a number of them un-operational for a long time during this FY 2019/20. The distance to health facilities still remains long(Up to 30km between facilities) affecting access to health services. Lack of adequate staff has delayed the operationalization of newly constructed health facilities and Medical Wards.

Priorities (County) for FY 2021/2022

- Operationalization of newly constructed facilities through employment of staff and procurement of required equipment
- Purchase of additional ambulances to strengthen referral services
- Revise and strengthen the ambulance Policy
- Establishment of more community health Units
- Operationalize the non- functional theatres in Baragoi and Suguta

1.2.2. Overview of Health Workforce Distribution within the County

Summary Narrative

According to data extracted from iHRIS August 2020 the County has a total of 791 health workers across all cadres. This Consisted of 16 Medical Officers,5 Consultants (2 surgeons,1 Tropical Medicine specialist ,2 family Physicians,2 Dentists4 pharmacists and One Epidemiologist. The Doctor (Medical Officers) to Patient ratio is about 1:19327.

There were 309 Nurses in all County GOK health facilities translating to 1 nurse per 1004 persons. The Number of Clinical officers stood at 56 both specialized and Non specialized. Among the Laboratory personnel, the total number was 27 which included technologists and technicians.

	Staff cadres	Distribution by Provider Type			Distribution by Level of Care			Number Required**	Gap/Surplus
		Government	Private Non-Profit (NGO, FBO)	Private for Profit	Hospitals (Level IV&V)	Primary Care (Level II & III)	Community (Level I)		
1	Consultants	4	1	0	5	0	0	19	14
2	Medical officers	14	2	0	16	0	0	30	14
3	Dentists	2	0	0	2	0	0	6	4
4	Dental Technologists	0	0	0	0	0	0	8	8
5	Public Health Officers	28	0	0	5	14	9	87	59
6	Pharmacists	4	0	0	4	0	0	8	4
7	Pharm. Technologist	19	3	0	15	7	0	30	8
8	Lab. Technologist	19	4	0	13	10	0	82	59
9	Orthopedic technologists	3	0	0	3	0	0	4	1
10	Nutritionists	2	0	0	2	0	0	62	60
11	Radiographers	8	1	0	8	0	0	8	0
12	Physiotherapists	4	1	0	4	0	0	11	6
13	Occupational Therapists	2	0	0	2	0	0	9	7
14	Plaster Technicians	2	0	0	2	0	0	9	7

	Staff cadres	Distribution by Provider Type			Distribution by Level of Care			Number Required**	Gap/Surplus
		Government	Private Non-Profit (NGO, FBO)	Private for Profit	Hospitals (Level IV&V)	Primary Care (Level II & III)	Community (Level I)		
15	Health Records & Information Officers	17	2	0	10	7	0	30	11
16	Medical engineering technologist	3	0	0	3	0	0	11	8
17	Medical engineering technicians	1	0	0	1	0	0	11	10
18	Mortuary Attendants	2	0	0	2	0	0	10	8
19	Drivers	30	1	0	13	27	0	27	0
20	Accountants	2	0	0	2	0	0	11	9
21	Administrators	2	0	0	2	0	0	10	8
22	Clinical Officers (specialists)	6	1	0	7	0	0	18	12
23	Clinical Officers (general)	39	3	0	34	8	0	50	8
24	Nursing staff (KRCHNs)	214	2	0	87	129	0	422	206
25	Nursing staff (KECHN)	93	2	0	39	56	0	278	183
26	Laboratory technicians	9	0	0	5	4	0	0	0
27	Community Oral Health Officers	3	0	0	3	0	0	6	3
28	Secretarial staff / Clerks	19	0	0	17	2	0	37	18
29	Attendants / Nurse Aids	0	0	0	0	0	0	0	0
30	Cooks	0	0	0	0	0	0	36	36
31	Cleaners	67	30	0	58	19	0	147	50

	Staff cadres	Distribution by Provider Type			Distribution by Level of Care			Number Required**	Gap/Surplus
		Government	Private Non-Profit (NGO, FBO)	Private for Profit	Hospitals (Level IV&V)	Primary Care (Level II & III)	Community (Level I)		
32	Security	20	3	0	3	20	0	184	161
33	Community Health Extension Workers (PHT's, social workers, etc.)	33	4	0	15	22	0	116	79
34	Community Health Workers	55	4		0	0	59	1000	941
35	Casual workers/staff	68	0	0	67	1	0	118	50
36	Nutrition technologists	19	2	0	10	11	0	19	0
36	Other (specify)								

Source – iHRIS August 2020

Specialists

	Staff cadres	Available 2019/20		
		PnP	Contract	Others
1.	Oncologists	0	0	0
2.	Anesthesiologist	0	0	0
3.	Pediatricians	0	0	0
4.	Family physicians	0	2	0
5.	Obstetrician/Gynecologist	0	0	0
6.	Orthopedic surgeons	0	0	0
7.	Epidemiologists	1	0	0
8.	Anesthesiologist	0	0	0
9.	Oromaxillofacial Anesthesiologist	0	0	0
10.	Cardiologist	0	0	0
11.	General Surgeon	2	0	0
12.	Orthopedic Surgeon	0	0	0
13.	Cardiothoracic Surgeon	0	0	0
14.	Critical Care Physician	0	0	0
15.	ENT surgeon	0	0	0
16.	Gastroentologists	0	0	0
17.	Pharmacoepidimeologist	0	0	0
18.	Palliative Care Specialist	0	0	0
19.	Neonatologist	0	0	0
20.	Nephrologist	1	0	0
21.	Neurologist	0	0	0
22.	Plastic Surgeon (Reconstructive-surgeons)	0	0	0

	Staff cadres	Available 2019/20		
		PnP	Contract	Others
23.	Clinical Pharmacists	0	0	0
24.	Public Health Specialists	0	0	0
25.	Radiologists	0	0	0

Newly employed by cadre

	Staff cadres	Number employed 2019/20
1	Consultants	0
2	Medical officers	3
3	Dentists	0
4	Dental Technologists	0
5	Public Health Officers	8
6	Pharmacists	0
7	Pharm. Technologist	8
8	Lab. Technologist	11
9	Orthopedic technologists	2
10	Nutrition technologists	4
11	Radiographers	3
12	Physiotherapists	2
13	Occupational Therapists	0
14	Plaster Technicians	0
15	Health Records & Information Officers	7
16	Medical engineering technologist	0
17	Medical engineering technicians	2
18	Mortuary Attendants	0
19	Drivers	0
20	Accountants	0
21	Administrators	0
22	Clinical Officers (specialists)	0
23	Clinical Officers (general)	16
24	Nursing staff (KRCHNs)	45
25	Nursing staff (KECHN)	16
26	Laboratory technicians	2

	Staff cadres	Number employed 2019/20
27	Community Oral Health Officers	2
28	Attendants / Nurse Aids	0
29	Community Health Extension Workers (PHT's, social workers, etc.)	8
30	Community Health Workers	31
31	Casual workers/staff	1
32	Nurse Specialists	5

Analysis of performance

The retention rate among the Doctors and specialists has remained a challenge. The County still lacks a pediatrician, Obstetrician/Gynecologist, ENT surgeon, Ophthalmologist, orthopedic Surgeon, radiologist among others. The biggest challenge has been attraction of various key skills into the department. Even among the Nurses and Clinical officers, the specialized staff are few or Non-Existent and hiring has not been undertaken to address the skills gaps. Most facilities especially Level 2 and Level 3 have very few staff and some essential staff required as per level of care are unavailable. The distribution is poor with majority of staff working in urban areas with the few in rural facilities working alone and over long hours including week-ends leading to staff burn out and demotivation.

Achievements

- Employment of ..... healthcare workers by the County Government and through UHC
- Promotion of 480 healthcare workers.

Challenges

- Understaffing
- Lack of key skills e.g paeditricians, ENT surgeon and Opthalmologist
- Underfunding of Health sector impeding regular replacement of staff leaving service
- Insecurity

- Harsh terrain
- Poor road Network leading to transport challenge
- Poor attraction and retention
- Stagnation
- Personnel leaving for studies particularly Medical officers continue to be paid from county funds while not offering services to the county

Priorities (County) FY 2021/2022

- Employment of More technical staff and specialists to support current Covid-19 pandemic
- In service training
- Capacity Building through short courses

1.2.3. Overview of Health Commodities, Supplies and Products Within the County

Summary Narrative

The order fill rate has been good averaging 95% for both pharmaceuticals and non-pharmaceuticals subject to timely payment of outstanding debts and availability of commodities upon settlement. Procurement was done twice per year plus one supplementary budget. A few commodities were out of stock but shortages have been mitigated by procuring the stocked-out commodities as soon as possible. Anti-malarial medication which are supplied by the national government upon request have been out of stock nationally hence the shortages experienced.

A quantification exercise carried out in January 2020 established that the estimated annual financial requirement for procurement of HPTs (excluding strategic program commodities HIV/AIDS, Tuberculosis, Malaria, and some Family Planning products) is Kshs. 251,780,051. In FY 2019/20, the County government allocated Kshs. 92,000,000 for procurement of HPTs through KEMSA and MEDS.

There are currently no facilities in Samburu County which have been automated with a stock management software. The Samburu County referral hospital has an electronic medical records system but the stock control module has not been operationalized. There is an organization which has expressed interest in providing a cloud-based solution to address our automation need across all the facilities in the county and discussions are ongoing.

Commodities	Allocation (Ksh) in Government Facilities FY 2018/19		
	County allocation	Actual Requirements	Gap/Surplus
Pharmaceuticals Supplies	46,887,673	126,412,771	-79,525,098
Non-Pharmaceutical Supplies	19,814,008	48,697,749	-28,883,741
Nutrition	0	42,734,042	-42,734,042
Laboratory	18,078,573	28,923,484	-10,844,911
Radiology	1,018,282	2,407,009	-1,388,727
Dental Unit	42,424	404,613	-362,189
Eye Unit	1,816,025	4,292,710	-2,476,685
Renal Unit	4,343,016	10,266,000	-5,922,984

Public Health	0	8,641,132	-8,641,132
Medical Equipment and Technologies	230,000,000	130,000,000	100,000,000
Other Medical Supplies (Oxygen etc)	22207000	12207000	10,000,000
Patient Food	16879992	8879992	8,000,000
Fuel and Lubricants	11473826	11473826	0
Other Fuels – Cooking gas, charcoal, firewood	3205000	3205000	0
Total	**375,765,819**	**438,545,328**	**96,270,687**

Indicator	Baseline 2017/18	Achievement 2018/19	Data Source
Average Order fill rate of the 18 tracer medicines by quantity (%)	85%	95%	County Records
Average Order fill rate of the Non- Pharmaceuticals by quantity (%)	95%	95%	County Records
Mean availability of essential tracer medicines per county (HFA Annex Table 14) *	68.1%	-	HFA
Mean availability of essential tracer Non- Pharmaceuticals per county *	70%	-	County Records
Availability of end-to-end visibility of tracer HPTs through automation	0%	0%	County Records

***The list of the tracer medicines and Non- Pharmaceuticals is attached in the Annex**

Analysis of performance

Achievements

- Improved commodity reporting rates.
- Adoption of online reporting for all commodities and especially for ARV's and TB Commodities.
- Improved commodity storage conditions (availability of palettes**)**

Challenges

- Lack of commodity management software to manage commodities in all facilities.
- Commodity supervision not taking place quarterly.
- Shortage of pharmaceutical staff i.e. Pharmacists, Pharmaceutical technologists.
- Unclear expense tracking mechanism for commodities

Priorities for FY 2021/2022

Advocacy for priorities at county level

- Implementation of a commodity management software for all facilities in Samburu County.
- Advocacy for increased funds for the procurement of health products and technologies.
- Lobbying for the recruitment of pharmacists and pharmaceutical technologists.
- Implementation of regular quarterly commodity supervision exercises.
- Operationalization of a Medicines and Therapeutic Committee in all the sub counties.

1.2.4. Overview of Health Management Information Systems/ Monitoring and Evaluation

Summary Narrative

The county has a robust M&E system and the health department leads in that aspect. Although there is no formal M&E Unit in Place, a number of officers play the role of M&E officers including the Health Records officers, Data clerks, Epidemiologist and various program officers. Data collected from facilities is transmitted to the HRIOs on a weekly, Monthly and Quarterly basis which is then uploaded to the Kenya Health Information Software (KHIS) platform, and TiBU for TB. At both County and Subcounty and Program level, Data analysis is done to inform decision Making. Also, Information products like fact sheets and bulletins are done and shared with relevant offices. Regular Data quality audits are also done to assess various attributes of data quality and corrective measures instituted

The county referral Hospital has an Electronic Health Records system in place (Fun Soft) which connects various units of the hospital from registration, Pharmacy, Laboratory, Revenue and Wards. However, the system is redundant. There is also a system for Managing HIV positive clients called IQ – Care and Web ADT. However, the two systems are not interlinked and data is not cross transferrable.

	Reporting	CU	Level II	Level III	Level IV/V	Sub-county	County totals
1	Community units with updated household registers	46				46	
2	Community units providing monthly reports to facility	46					
2	Health facilities providing monthly reports		79	15	3		97
3	Quarterly performance reports prepared and discussed by (level) management committee		316	60	12		388
4	Monthly data review meetings		12	12	12	12	12
5	Number of quarterly performance review meetings held		4	4	4	4	4
6	Quarterly cross cutting DQAs					4	4
7	Proportion of facilities with an end to end Electronic Health Records (EHR)				1		

Majority of the county health facilities submit their monthly reports although their timeliness and completeness vary on different months. Community Health Units have not been filing their monthly reports either due to lack of reporting tools or lack of motivation considering no stipend is offered to them. Data review meetings were held to address data quality issues. The M&E TWG was not able to hold all meetings as planned due to competing priorities.

Achievements

- Monthly data review meetings to discuss data
- Quarterly Data quality audits
- M&E Technical Working Group in place
- Engagement of National HIS and HealthIT in establishing EMRs in Samburu County Referral, Kisima Model Health Centre, Wamba Health Centre and Baragoi Sub-District Hospital.
- M&E coordinator in place with clear Job description
- M&E officers are able to generate information products
- Additional Hrio through support of UHC.
- Installation of fibre optic in Samburu County referral Hospital

Challenges

- Inadequate M&E personnel
- Most Programme officers don't have data analysis and interpretation skills
- No Formal M&E Unit in place
- Poor DQA skills
- Poor data quality due to errors and incompleteness
- Unclear metrics(indicators) for estimating quality improvement at county level

Priorities for FY 2021/2022

Advocacy for priorities at county level

- Strengthen data analysis and interpretation skills
- Strengthen Coding and Indexing of inpatient cases.
- Formation and Operationalization of M&E Unit
- Strengthen data Audit skills among facility staff and program officers
- Strengthen data use in decision making by regular production and dissemination of information products.
- Consistent Quarterly Performance review
- Ensure regular servicing of Electronic health records systems in place
- Refine a quality improvement indicators

1.2.5. Overview of Public Health Expenditure for the Year (2019/20)

Summary Narrative

The total budgetary allocation to the health Department was KES 1,368,567,884 against total budget of KES 5,874,899,429 which translated to 21.3% of total county budget. Of this amount KES 909,505,890 (73%) was for recurrent expenditure while development was allocated KES 337,913,541 (27%). The World Bank Transforming Health Systems for Universal care (THS UC) contributed KES 97,143,610 although actual receipt was KES 43,993128.40. KES 30,215,043.5 was spent translating to an absorption rate of 69%. Other sources included DANIDA KES 12,757,500, Compensation for user fees foregone KES 5,235,578.

Figures for Reimbursement from NHIF and Implementing partners were not available.

		Item	GoK/County Govt (Equitable Allocation)	GoK (Conditional Grants)	User Fees	Other Govt Sources (CDF/WDF etc..)	Local Donors/Partners	Total
Programme 1: Curative and Rehabilitative Health Services	A.	Amount allocated	716,504012	220,669,214	12,706,265		28,694,833	978,574,324
	B.	Amount Received	716,504,012	220,668,214	12,706,265		28,694,883	978,574,324
	C.	Expenditure	628,818,098	220,668,214	12,706,265		21,435,659	883,628,236
	D.	Absorption Rate (C/B)	88%	100%	100%		75%	90%
	E.	Actual Requirements	716,504012	220,668,214	12,706,265		-	978,574,324
	F.	Gap/Surplus	0	0	0		0	0
Program 2: Preventive and Promotive Services	A.	Amount allocated	444,048,416					444,048,416
	B.	Amount received	444,048,416					444,048,416
	C.	Expenditure	383,116,929					383,116,929
	D.	Absorption Rate (C/B)	86%					86%

		Item	GoK/County Govt (Equitable Allocation)	GoK (Conditional Grants)	User Fees	Other Govt Sources (CDF/WDF etc..)	Local Donors/Partners	Total
	E.	Actual Requirements	444,048,416					444,048,416
	F.	Gap/Surplus	0					0
Program 3: General Administration, Coordination, Panning Budgeting and M&E	A.	Amount allocated	208,015,456					208,015,456
	B.	Amount received	208,015,456					208,015,456
	C.	Expenditure	195,477,472					195,477,472
	D.	Absorption Rate (C/B)	94%					94%
	E.	Actual requirements	208,015,456					208,015,456
	F.	Gap/Surplus	0					0
Total for County Department of Health (CDoH)	A.	Amount allocated	1,368,567,884					1,368,567,884
	B.	Amount received	1,343,306,407					1,343,306,407
	C.	Expenditure	1,263,440,381					1,263,440,381
	D.	Absorption Rate (C/B)	94%					94%
	E.	Actual requirements	1,368,567,884					1,368,567,884
	F.	Gap/Surplus	25,261,477					25,261,477
Percent of Total County budget allocated to Health		Total County Budget	4,012,031,614					4,012,031,614
		Total County Budget allocated to Health	1,368,567,884					1,368,567,884
		Total Health Budget allocated to Development	337,913,541					337,913,541
		Total Health Budget allocated to Recurrent	1,030,654,343					1,030,654,343

Analysis of performance

The allocation for 2019/20 was slightly higher than that of the preceding year with an increase of Kes. 116,951,276.

The department was able to absorb over 90 % of the recurrent budget but 27% of the Development budget due procurement challenges. All the county funds are channeled through County revenue Fund from which all departments are funded with the exception of World bank grants that are transmitted to a special purpose account from which funds are drawn to fund activities' reimbursements are sent directly to facilities without transiting through the county Revenue fund. In June 2018.a county Health Services act was enacted which allowed facilities to retain, budget and spend their collections. Level 2 and 3 facilities are largely funded by the DANIDA grant for Operation and Maintenance and reimbursements for user fees forgone Generally, the County health committee has been lobbied and are now in the frontline in advocating for additional funds to the health sector. However, the budget tracking per line items in the workplan was not adequate due to variation between template held by treasury compared to the current workplan template within the health department.

Achievements

Increase of budgetary allocation to the health department compared with previous year FY 2019/20 xxx Kes. 1,368,567,884 from Kes. 1,251,616,608 in FY2018/19.

A good number of Implementing partners in the county supporting various programmes and plugging budget deficit

Most of health managers trained on budget making and budgetary process

Advocacy with County assembly have yielded additional funds to the department as shown in the budget increase.

Challenges

Financial data not readily available for decision making

Low Absorption rate especially with development funds

High personnel budget leaving very little for other operations and programs

Health funds not ringfenced resulting in collections being channeled to the County Revenue Fund

Lengthy procurement process and delays hampering expenditure of development funds

Financial reporting template by treasury is not aligned to the current work plan template by the health department

Advocacy for priorities at county level

Priorities for FY 2021/2022

Operationalizing the county Health Services Act to ensure funds collected from Hospitals and Public Health activities remain with source facilities and utilized there. However this was not implemented.

Streamline revenue collection processes to eliminate revenue leakages

Enhance revenue generation by increasing range of services on offer and also register more facilities with NHIF to improve reimbursement

Address the challenges affecting the Electronic Medical records system in the County Referral Hospital that is also used in revenue collection

Enhance resource Mobilization from nontraditional sources like private sector

Ensure financial reporting template held by the county treasurer is aligned to the one held by health department

1.2.6. Health Sector Management, Coordination, Leadership and Governance

Summary Narrative

The department of health is headed by a County Executive Committee Member (CECM) with one Chief Officer of Health and one Director of Health assisted by CHMT who double up as program managers. At the Subcounty level, there is a Subcounty Medical Officer of Health who's assisted by Subcounty Management Team Members who are also Sub county Program officers. The hospitals are headed by Medical Superintendents while level 2 and 3 are headed by facility in charges and Facility Committees. Each hospital has a hospital Board. There is a county Stakeholder forum that includes the County and Subcounty health Management team members, Implementing Partners, Other county health departments like Water, Environment, Agriculture and gender and social services among others.

All partner activities are coordinated centrally by a focal person who is a member of County Health Management team. Major activities that are cross cutting in nature are handled by the County steering group. All the programs are clustered into 3 Major programs namely

Curative and rehabilitative health services, Preventive and Promotive health services and General Administration, Planning, management support and coordination.

The CHMT and SCHMT are responsible for supervision of all health services through quarterly supervision

	Intervention	County Level	Sub-County Level	Level IV/V	Level III	Level II	Level I
1.	Percentage of facilities with Emergency contingency plans (including referral plans) available	100%	0	0	0	0	0
2.	Percentage of facilities with Health service charter available, and is displayed	100%	0	100%	100%	100%	0
3.	Proportion of Facilities that received at least three supportive supervision in FY 2019/20	1	3	2	16	83	0
4.	Proportion of Maternal deaths audits in FY 2018/19	0	0	100%	100%	0	0
5.	Proportion of functional Facility Management Committee			100%	94%	100%	100%
6.	Number of planning units holding Quarterly stakeholder meetings in FY 2019/20	1	3				0
7.	Annual Work Plan available for FY 2019/20	1	1	2	15	83	46
8.	Proportion of registered complaints resolved	0	0	0	0	0	0

Analysis of performance

All facilities don't have a contingency plan but all the county facilities have service charters. Complaints handling mechanisms have not been institutionalized since there is documentation of complaints. Three quarters of maternal deaths are audited. All facilities have an annual plan because planning process starts from the facilities and cascaded upwards. Quarterly stakeholder forums only take place at the county level but the Sub Counties are usually represented. Stakeholder forums are only funded by partners

Achievements

- Stakeholder forums are now held regularly
- Maternal, Perinatal Death surveillance and response (MPDSR) Committees have been formed at County, Subcounty and facility Level.
- Hospital MPDSR committee meets regularly to conduct maternal and neonatal and Perinatal death audits

Challenges

- Lack of county Governments funds to support Stakeholder forums leading to overreliance on partners
- Recommendations from MPDSR committees may not be implemented if it requires funds
- Poor Linkage between Annual Work plans and budgets
- Health Facility committees do not understand their roles well hence don't offer proper oversight
- Support supervision largely depends on implementing partners

Priorities for FY 2021/2022

- Facilities to be supported to develop emergency preparedness and response plans/ Contingency plans
- Development of the 2021/22 Annual work plan
- Strengthening of MPDSR committees and Technical Working Groups and support them to meet regularly
- Capacity building of Health facility Management committees
- Leadership and Management trainings for Health Managers
- Implementation of revised departmental organogram to streamline operations

2.0. Section 2: Analysis of Program Based Performance

2.1. Introduction

This section analyzes the overall performance of the AWP against the set priority targets for the year 2019/20. It is organized into three subsections.

Analysis of Health Outcome Indicators Performance against Targets -Strategic Objectives

This section analyzes all the priority health outcome indicators that were used to monitor the AWP for the year2019/2020. It presents the baseline data, targets and performance for the year in review.

	Strategic Objectives	Baseline Year 2018/19	Target 2019/2020	Achievement (2019/20)	Source (KHIS Microservice)
A	Eliminate Communicable Conditions				
1	Proportion HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT)	75	95	90	KHIS
2	% of children under 1 year of age fully immunized	68.8	80	67.7	KHIS
3	% of children receiving three doses of Penta3 (containing vaccine (HIB/Hib/DPT3)	93.6%	80%	85.5%	KHIS
4	% of TB patients completing treatment	64.5	100	51.7	KHIS
5	% of newly diagnosed TB cases	112 (384-MOH 731/3)	194	194.0	KHIS
6	% of eligible HIV clients on ARVs	1175	100%	100%	KHIS
7	% of children under five years treated for Diarrhea	110.9	100%	87.1	KHIS
8	**% of school age Children de-wormed(6-14yrs)**	35.4	100%	17.1	KHIS
B	**Halt and Reverse Increase in Non-Communicable Conditions**				
9	% of Women of Reproductive Age screened for cervical cancer		80%	0.4	KHIS

	0.9				
10	% of new Outpatients with mental health conditions	0.1	1	0.2	KHIS
11	% of new Outpatients diagnosed with high blood pressure	0.5	1	0.54	KHIS
12	% of new Outpatients diagnosed with Diabetes	0.2	1	0.21	KHIS
C	**Reduce the Burden of Violence and Injuries**				
13	% of new outpatient cases attributed to gender-based violence	0.0077	0	0.001	**KHIS**
'14	% of new outpatient cases attributed to Road Traffic Accidents	0.22	0	0.2	KHIS
15	% of new outpatient cases attributed to other injuries	2.5	0	2.65	KHIS
16	% of deaths due to injuries (at facility level)	6.7	0	0.04	KHIS
D	**Provide Essential Health Care**				
17	% of Pregnant women attending at least 4 ANC visits	47.5	60%	42.2	**KHIS**
18	% of Women of reproductive age (WRA) receiving family planning (FP) commodities	39.7	60%	37.2	KHIS
19	% of deliveries conducted by skilled attendants in health facilities	46.4	60%	45.5	KHIS
20	Number of children Under 5 dying in health facility	15	0	11	KHIS
21	Fresh Stillbirth rate per 1,000 births in health facilities	19.4	5%	19.8	
22	Number of Facility Maternal deaths per 100,000 deliveries	101.5	0	96.4	KHIS
23	% of surgical cold cases operated	115 (20)		163.0	KHIS
24	Proportion low birth weight in health facilities rate per 1,000 births	5.1	**0**	5.4	
E	**Strengthen Collaboration with Health-Related Sectors**				
25	Proportion of Children under 5 years attending Child Welfare Clinics who are under weight	4.3	0	4.1	KHIS
26	Proportion of Children under 5 years attending Child Welfare Clinics who are stunted	2.8	0	2.8	KHIS
27	% of Households with functional toilets	32.9	50	34.6	KHIS

28	% of Households with hand washing facilities	37.6	100	39.1	KHIS
F	**Access**				
29	% of new Outpatients (male)	45	60	48	**KHIS**
30	% of new Outpatients (female)	55	70	52	KHIS
31	% of inpatients (admissions) Under 5	19.72	60%	20.55	KHIS
32	% of inpatient (admissions) Over 5	80.2	60%	79.4	KHIS
G	**Quality and Safety of Care**				
33	% of emergency surgical cases operated on within one hour.	1.4	100	-	KHIS
34	Stillbirth rate per 1,000 births in institutions(fresh)	13.4	10%	16	KHIS
35	OPD per capita utilization rate	1.5	2	1.7	KHIS
36	Number of Maternal deaths audited	75%	100%	100%	KHIS
37	ALOS - inpatient days	3	2	3	KHIS
H	**Efficient Service Delivery System that Maximizes Health Outcomes (Including Community Unit Indicators)**				
38	Proportion of Persons referred to facility, from Community Units	1.63	10%	1.8	KHIS
39	% quarterly Community dialogue days held	45	100%	50	KHIS
40	Number of Outreaches held from facility to the community	598	960	388	KHIS
I	Adequate Finances Mobilized, Allocated and Utilized, with Social and Financial Risk Protection Assured				
41	% of cost sharing collections (ploughed back to facilities)				
42	Proportion of insurance claims that were reimbursed by NHIF				
43	Proportion of claims that were reimbursed - NHIF-Linda mama				
44	Proportion of claims that were reimbursed - -NHIF-HISP				
45	Total amount waived for clients (Kshs)				

Analysis of performance

Skilled birth deliveries in the county was 45.5% despite the effects of Covid-19 pandemic, while Immunization service utilization stood at 85.5% based Penta 3 antigen administered. Fully immunized performed at 67.7% against a target of 80%. Notably Cervical cancer screening and gender-based violence performed poorly at 0.4% and 0.001% for the year 2019/2020. On maternal and child health Indicators, only 42.2% of pregnant women completed at least 4 Antenatal clinic sessions.

Achievements

- County managed to audit all the maternal deaths Maternal deaths audited which is a major achievement

Challenges

- Underfunding for program related activities
- Failure in reporting Monthly AWP by health facilities
- The modality of forming quality of service improvement is unclear
- Inconsistent and irregular outreaches – most dependent on partner's support
- Estimation of proportion of household population referred by CU to Health facilities.
- Understaffing of most health facilities leading to poor access.
- Poor health seeking Behavior of community Members due to nomadic lifestyle.
- Lack of cervical cancer screening commodities
- Lack of quality improvement measurement.
- Negative/Harmful cultural practices

Priorities

- Improve staffing and availability of staff to ensure service availability round the clock
- Increase the number of outreaches conducted to improve indicators
- Health education to address cultural practices that hamper utilization of health services

- To improve quality of service estimation
- Strengthen QI activities. -Develop and streamline indicators to measure overall quality improvement in the county

2.2. Performance Analysis of the Program Based Annual Work Plan

2.2.1. Introduction

This section provides a detailed analysis of performance of the three program areas. The three health sector programs identified for use by all counties are:

Program 1: Curative and rehabilitative health services

Program 2: Preventive and promotive health services

Program 3: General administration, planning, management support and coordination

1.1.1. Analysis of Program 2 Performance: 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 Outputs	Activities	Implementation Time Line				Performance against Targets 2019/20	Remarks
		Q1	Q2	Q3	Q4		
Sub-Programme1; Primary care treatment services							
Output;							
	Conduct 18 monthly integrated outreaches	√	√	√	√	30%	
	Training of 30 Health workers on emergency preparedness using recommended guidelines	√		√		0	

	Training 40 health workers on pharmacovigilance and commodity management	√		√		0	
Primary care diagnostic services	Establishment of Lab departments in four Health centers.		√	√	√	1	Loosuk
	Employment 8 Lab Technologists			√		100%	
General Outpatient services	Purchase of Basic Examination Equipment			√		100%	
	Conduct quarterly clinical audits in health facilities	√	√	√	√	0	
	Formation and operationalization of therapeutic committees in high volume facilities			√		0	
Specialized Outpatient services	establishing therapeutic committees			√		0	
Rehabilitative Services	Construction of physiotherapy, Occupational and Orthopedic Clinic			√		0	
Theatre Services	Construction of outpatient theatre			√		0	
In-patient Services.	Ensure that coding and index in all hospitals	√	√	√	√	100%	
Basic laboratory services	Brucella, Widal, urine analysis, stool analysis, HB, estimation.	√	√	√	√	100%	
	Purchase of Lab Reagents	√	√	√	√	100%	
	Lab strengthening and Sample lab networking	√	√	√	√	100%	Afya Nyota
Hematology and blood transfusion services	Blood donation campaign			√		100%	
	Training of Health care workers blood biosafety			√		0	
Biochemistry	Purchase of 4 biochemistry analyzer			√		50%	
Histopathology	Training of Laboratory staff on cytology		√			0	
Specialized radiological imaging	One ultra-sound machine (with probes)		√			100%	
	One portable x-ray unit					100%	
Client/Patient Movements	Installation of queue management software.		√			0	

Expert/Service Provider Movements	Transportation of Gene expert samples	√	√	√	√	100%	
	Training of Health care workers on gene expert	√	√	√	√	0	
Client Parameters Movement	Early Infant Diagnosis (EID), Viral load, Sputum culture monitoring and uploading.	√	√	√	√	100%	

1.1.1. Analysis of Program 2 Performance: 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.

Enhanced Reproductive Health Services	Purchase of one ambulance; 4*4 diesel hard top		√	√		0	
	Establishment of Ambulance command Centre		√	√		0	
	Training of 30 Health Care workers on cervical cancer screening	√	√	√	√	0	
	Conduct training for 30 adolescent and youth on RH and sexuality		√	√		0	
	Conduct quarterly RMNCAH Technical Working Group	√	√	√	√	100	
	Training of 12 TOTs on Cryotherapy	√	√	√	√	0	
	Quarterly meeting with sub county administration and ward administrators	√	√	√	√	0	
	Procurement of 897 mother-baby packs	√	√			100%	
	Training of 30 Health care workers on screening of ANC mothers using Rapid test Kits and Glucometers					0	
Immunization Coverage	Conduct Quarterly EPI mentorship	√	√	√	√	100%	
	Collection of vaccines from Nakuru regional depot and distribution to the Health facilities.	√	√	√	√	100%	
	Procure 5 solar powered Vaccine fridges for immunization vaccines for 5 newly constructed facilities			√		100%	
	Procurement of 4347 Mother child booklet			√		100%	THS

	Refilling of 80 gas cylinders for KEPI fridges.	√	√	√	√	100%	THS
Enhanced Nutrition	HiNi OJT to the Newly recruited staff					100%	WVK
	Nutrition DQA in all IMAM facilities					100%	
	Refurbishment of one containers (Nutrition) wamba					100%	
	MALEZI-Vitamin A and Deworming, Growth Monitoring, Cooking Demonstration.					100%	
	Development of APRP 2019/2020	√				100%	
	Mothers Support Groups Meetings and Sensitization-22 Groups.	√				0	
	Smart survey			√		100%	UNICEF,WVK
	Training of 50 CHVS on nutrition module and BFCI					100%	WVK
	Upscale of surge model facilities for 60 facilities			√		100%	
	Quarterly facilitation of CNTF and SCNTF	√	√	√	√	100%	WVK
	Quarterly nutritional mass screening in the identified hotspots in the County					100%	
	IMAM OJTs in all the health care facilities in the County					71	
Contained Disease Outbreaks	Conduct 6 case finding for notifiable diseases	√	√	√	√	100%	
	Conduct 4 quarterly OJT on active case findings to high volume facilities	√	√	√	√	100%	
	Collection and uploading of weekly IDSR reports	√	√	√	√	100%	
	Training of 30 (MPDSR).					0	
	Training of 30 lab staff on Lab surveillance					0	
	Buying of 4 Incubator					0	
Enhanced HIV prevention	Construction of modern comprehensive care clinic at SCRH					0	
	Training of 30 HCWs on adolescent and sexual reproductive health					67%	Desip
	Training of 12 TOTs (CHMT/SCHMT)					0	
	Training of vulnerable and marginalized groups on alcohol and substance abuse.					0	
	Training for 30 on (Long acting Reversible Methods of Contraceptives - LARC)	√	√	√	√	50%	Desip
	Training youth champions in ASRH					0	

	HIV proficiency testing panels distribution and collection to all facilities	√	√	√	√	100%	Afya Nyota
	Training on HIV logarithm testing	√	√	√	√	100%	Afya Nyota
	Transportation of CD4 & EID, VL, Gene Xpert from health facilities to laboratory hubs	√	√	√	√	100%	Afya Nyota
	Quarterly HIV/TB care and treatment TWG meeting.	√	√	√	√	100%	Afya Nyota
	Conduct TB quarterly review meeting	√	√	√	√	100%	Afya Nyota
	TB refresher course for 40 lab staff biannual	√	√	√	√	0	
	Train HCWs on 2018 ART Guidelines	√	√	√	√	100%	Afya Nyota
	Quarterly HIV proficiency Kits distribution and collection in facilities in 3 sub counties	√	√	√	√	100%	Afya Nyota
	Sensitization of HCWs on aPNS (40)	√	√	√	√	100%	Afya Nyota
	Sensitization of community ANC/PMTCT/FP mothers on assisted partner notification services to prevent spread of sexually transmitted infections/HIV/AIDS 500 mothers	√	√	√	√	100%	Afya Nyota
	Training of HCWS on PrEP	√	√	√	√	100%	Afya Nyota
	Support Quarterly group meetings for psychosocial groups for PLHIV	√	√	√	√	100%	Afya Nyota
	Training of CHEWs/CHVs on STI/HIV /TB technical module and referrals. (160)	√	√	√	√	100%	Afya Nyota
	Procurement of 11 TB Biosafety cabinets	√	√	√	√	0	
Malaria Control	Conduct malaria Quality of care (inpatient and outpatient)	√	√	√	√	100%	
	Training of 50 HCWs on malaria case management, microscopy, diagnosis	√	√	√	√	100%	
	Marking of World Malaria Day 25/4/2019		√			100	
	Malaria Microscopy training on 60 HCWS		√			0	
Disease Control	Conduct community screening on NTDs					0	
	Undertake jiggers treatment and deworming for hydatid condition					0	

NCDs Controlled	Screening for NCDs at the community, Institutions, Schools and facilities.					0	
	Awareness and Sensitization on NCDs risk factors					0	
	Screening for cataract patients within the community and performing surgeries.	√	√	√	√	100%	
	Health promotion for NCDs risk factors					0	
	Purchase of glucometers for ANC Mothers profiling					0	
WASH	conduct 5 Information sessions for village administrators		√	√		100%	
	Community household water treatment demonstrations in 20 villages in each sub county.	√	√	√	√	100%	
	undertake distribution of hygiene commodities to 30 villages					100%	
	Sensitization of 300 food handlers on food hygiene and food safety in 3 sub counties					0	
	undertake 10 water samples and 10 food samples for analysis in each sub-county.					20	
	Undertake liquor inspection and licensing of 70 liquor outlets.					100	
	Conduct refresher training to 30 PHOs on protection of surface water sources and possible contamination					0	
	conduct training of 9 CLTS Verifiers and 9 certifiers					0	
	Conduct training and revival of 10 market/town sanitation committees in the county					0	
	support 4 quarterly WASH TWG					0	
	Support establishment of Sanitation village committees in 12 villages					100	
	Marking of the World Toilet day celebrations					100	
Health Education in Schools	Undertake menstrual hygiene management education in 30 schools					0	
	undertake establishment of drug free zones in 30 schools					0	
	conduct personal hygiene promotion, deworming and celebration of global hand washing day in 30 schools					100	
	undertake vector control (mosquitoes and bedbugs) in 30 schools					0	
	Establishment/ revival of school health clubs in 60 schools					0	

	Training of 40 school health club patrons					0	
Enhanced Level 1 health Services	Procurement of 500 Mobile phone for CHVS					0	
	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.					0	
	Mentorship of 300 CHVs on referrals					0	
	Strengthen Monthly reporting from community units through monthly meetings of CHVs.					21	
	Establishment of 2 new Community health Units to scale up uptake of RMNCAH services within the county.					100	
	Establishment and training of 9 community verbal autopsy committee.					0	
	Train 500 mother to mother support groups/father to father support groups to encourage EBF, PMTCT, ANC & Skilled Birth (400 mentors)					0	
	Conduct Quarterly CHU DQA					0	
	Conduct quarterly CHU supervision					100	
	Conduct quarterly OJT for 100 CHV					0	
	Conduct Quarterly dialogue and action days for 30 community health units.					100	
	conduct 4 quarterly chew review and performance meetings					0	
	Training of Trainers of CHMTs SCHMTs and CHAs on MJALI, LEAP and MTIBA					0	

1.1.1. Analysis of Program 2 Performance: 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 outputs	Activities	Q1	Q2	Q3	Q4	Key achievements	Performance based on targets	Remarks

Recruitment and deployment	Health workers salaries	√	√	√	√	791	100%	
	Promotions & re-designations	√	√	√	√			SCG
	Partner supported contract health workers						100%	Afya Nyota
	OJTS/mentorship/ CMEs on HIV/AIDS prevention, care and treatment						100%	Afya Nyota
	Contractual Employees	√	√	√	√	15	100%	SCG
	Recruitment of new health workforce	√	√	√	√	203	100%	SCG
Trainings (CPD)	Training-Senior Management Course	√	√	√	√	3	-	Awaiting commencement of the course
	Training – Quality Improvement		√	√		15	6	Desip
	Training - Blood safety	√	√	√	√	0	0	SCG
	HMC Training					0	0	SCG
	In-service training		√		√	0	0	SCG
Appraisal and supervision	Scientific Conferences	√	√	√	√	-	-	SCG
	Staff appraisal training & supervision		√			0		SCG
	Staff motivation - annual awards			√		0		SCG
Sub-Program 2;								
Samburu County	Operationalize and Equip gynecological ward	√	√	√	√			SCG
Referral Hospital	Operationalize and equip the new Surgical ward	√	√	√	√	1	50%	SCG
	Establish a functional customer care desk	√	√	√	√	0	0	SCG
	Construct and Equip resource center	√	√	√	√	0	0	SCG
	Construct a modern gate with a security sentry/CCTV surveillance systems	√	√	√	√	0	0	SCG
	Install Cabro blocs/concrete in all hospital drive ways and pavements and in OPD	√	√	√	√	0	0	SCG
	Replacement of ceiling and wooden doors destroyed by termites in the administration block	√	√	√	√		40%	SCG
	Aluminum/metallic shelves and pallets at Records department, warehouse and pharmacy	√	√	√	√		80%	SCG

	Construct a modern Outpatient department with functional casualty department	√	√	√	√	1	40%	On going
	Upgrade and extension of EMR at SCRH			√		0	40%	
	Construction of 7 laboratories	√	√	√	√			SCG
Level 2 & 3 health facilities	Construction of maternities in 24 dispensaries	√	√	√	√			SCG
	Equipping of 24 maternities	√	√	√	√			SCG
	Construction of 8 wards	√	√	√	√			SCG
	Construction of 15 staff houses	√	√	√	√			SCG
	Construction 6 new dispensaries	√	√	√	√			SCG
	Construction of 3 Sub County Administration blocks	√	√	√	√	0	0	SCG
	Construction of 1 theatre at Archers Post SCH	√	√	√	√	0	0	SCG
	Renovations in 6 health facilities	√	√	√	√			SCG
	Upgrading in 4 Dispensaries to Health Centres	√	√	√	√	0	0	SCG
	Construction of 5 sanitary blocks	√	√	√	√			SCG
	Construction and equipping of 2 mortuaries Wamba and Baragoi	√	√	√	√	0	0	SCG
	Construction of 2 modern outpatient blocks Wamba and Baragoi	√	√	√	√	0	0	SCG
	Purchase Fire extinguishers for 21 health facilities	√	√	√	√	0	0	SCG
	Construction of a modern kitchen in Baragoi	√	√	√	√	0	0	SCG
	Construction of sluice rooms in 8 health centres in the county Loosuk, Porro, South Horr GOK, Latakweny, Nachola, Arsim, Lodunyokwe, Sereolipi.	√		√	√	8		SCG
	Installation of Laundry machine at Baragoi Sub County Hospital				√	1	100%	SCG
	Construction of a modern laundry in Baragoi and Wamba	√	√	√	√	2	50%	SCG
	Repair and repainting of public health offices at Baragoi SCH,	√	√	√	√	0	0	SCG
	Construction and equipping of youth friendly Centre at Baragoi SCH,	√	√	√	√	0	0	SCG

	Construction of KEPI vaccines store at Baragoi SCH	√	√	√	√	0	0	SCG
	Construction of an Eye unit in BSCRH	√	√	√	√	0	0	SCG
	Construction of an FP/MCH Clinic in BSCRH	√	√	√	√	0	0	SCG
	Construction of incinerator at Samburu County Referral Hospital	√	√	√	√	0	0	SCG
	Construct a modern CCC and TB unit at BSCRH	√	√	√	√	0	0	SCG
	Construct a perimeter fence around the county Referral Hospital	√	√	√	√	0	0	Phase 2 yet to start
	Fencing of 6 Dispensaries (provide list)	√	√	√	√			SCG
	Construct burning chambers at Baragoi SCH	√	√	√	√	0	0	SCG
	Installing solar system for lighting in 6 facilities	√	√	√	√	6	100%	SCG
	Purchase of 6 Motorbikes for hard to reach health facilities and 2 for sample networking [Yamaha]	√	√	√	√			SCG
Sub-Program 3:								
	Procurement of pharmaceuticals for 3 sub-counties	√		√	√	100%		SCG
	Procurement of non-pharmaceuticals	√		√	√	100%		SCG
	Procurement of laboratory commodities	√		√	√			SCG
	Procurement of radiology, dental, renal and public health commodities	√		√	√	70%		SCG
	Procurement of program commodities i.e. FP, ARVs, TB, Malaria	√		√	√	free	Free	National government
Commodities	Commodity stock status monitoring, OJT & mentorship	√		√	√	84	100%	JSI
	Commodity stock status monitoring, OJT & mentorship	√		√	√	84	50%	Afya Timiza
	4 Commodity Focused support supervision	√		√	√	0	0	SCG
	4 Quarterly County/SC Commodity TWG meetings	√		√	√	4	100%	JSI
	Collection & Destruction of expired commodities	√		√		4	100%	SCG
	Commodity Audit and DQA	√		√	√		100%	SCG

	Commodity management trainings 30Pax				√	30	100	Afya Timiza
Sub-Program 4:								
	Procurement of toners and printers for SCHMT and high-volume facilities	√	√	√	√	0	0	SCG
	Purchase of 10 computers (14 Inch, Hard Disk 500GB and above Memory 4GB RAM HP Laptops) for the. @ Kshs. 100,000/- for four CHMTs and 6 SCHMTs			√		0	0	SCG
	Purchase of 40 laptops Computers for health facilities, Program officers and Community health units.		√			0	0	SCG
	Purchase of one photocopier machine for photocopying reporting and Annual Work plan templates for all the facilities for		√			1	100%	SCG
	Purchase 4 Epson LCD data review presentations for the 3 sub counties and 1 for the CHMT		√			0	0	SCG
	Installation of EMR at Wamba health Centre, Baragoi Hospital, Kisima Health Centre and Wamba Hospital		√	√		0	0	SCG
	Purchase of office stationeries and other Accessories	√	√	√	√			SCG
	Procurement and Distribution of IEC/C4D materials			√		0	0	SCG
	Procure medical equipment's for four new facilities	√	√	√	√	1	100%	SCG
	Procure 1 utility vehicles for Sub Counties HMT/Program officers	√	√	√	√	0	0	SCG
	Repair and maintenance of Vehicles	√	√	√	√	1	100%	Baragoi cobra
Sub-Program 5:								
Staff	Training SCHMT and facility in charges on leadership and management at KSG	√	√	√	√			CMLAP II
	Conducting quarterly support supervision by CHMT/SCHMT	√	√	√	√			SCG

	Biannual 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 fifteen SCHMT members will participant	√		√		2	100%	THS UC
	Samburu Central SCHMT - 32 H/Fs visiting 4)					4	100%	
	Samburu East SCHMT 20 H/Fs 4 Facilities					4	100%	
	Samburu North SCHMT 20 H/Fs 4 facilities					4	100%	
	CHMT supervision in Samburu Central 32 H/Fs visiting 4 facilities					4	100%	
	CHMT Samburu East and North 20 H/Fs each 4 Facilities					4	100%	
	Formation of 6 Continuous quality improvement teams	√		√				Afya Timiza
Sub-program 6:								
Staff	County Stake holders' forums	√	√	√	√	4	100|%	SCG
	84 Monthly Health facilities collection and uploading of reports	√	√	√	√	1008	100%	SCG
	Monthly airtime and data bundles for 3 SCHRIOs, 1 CHRIO, 1 THS UC Focal person, 1 M&E coordinator, 1 CRHC and 3 SCRHC, 1 Community strategy focal person, 1 Accountant, 1 Procurement, 1 Internal auditor and 1 CDH for mobilization of activities and uploading data @3000 monthly (15 pax x 3000 x 12)	√	√	√	√	12	100%	THS UC
	Monthly data collection for surveillance	√	√	√	√	12	100%	SCG
	Develop and conduct operation research	√	√	√	√	1	0	SCG

Surveys, Assessments, Mapping and research on health issues	√	√	√	√	1	100%	Smart Survey
Monthly collection of data from health-related sectors and partners	√	√	√	√			SCG
Quarterly meeting for data analysis cleaning	√	√	√	√	4	100	SCG
Improve on timely weekly epidemiological reporting	√	√	√	√	4032	100%	SCG
Improve timely reporting and uploading of monthly reports	√	√	√	√			SCG
Bi annual health facility Data review meeting on RMNCAH indicators at Sub county and County levels targeting all the 95 Health Care Facilities and 42 CHUs.		√		√	8	100%	THS UC
Quarterly health facility Data review meeting on NCD indicators at Sub county and County levels targeting all the 95 Health Care Facilities and 42 CHU	√	√	√	√	8	100%	Afya Timiza
Printing of MOH Registers and summary sheets for 100 facilities		√			0	0	SCG
Printing of Community Health Strategy tools 5 (MOH 513, 514, 515 and 516).		√			0	0	SCG
Conduct quarterly data quality audits on RMNCAH indicators in selected health facilities in the County alternated quarterly.	√	√	√	√	4	100%	THS UC
APR development for financial year 2019/2020 starting from level1, 2,3 and 4	√	√	√	√	1	100%	CMLAP II

	AWP development for financial year 2020/2021 starting from level1, 2,3 and 4 The activity will be for 3 days and it will involve 95 county health facilities and CHEWS from Community Health Units, 15 SCHMT and 15 CHMT.		√		1	100%	CMLAP II
	County Final AWP Consolidation for CHMT (15) and SCHMT (15)		√		1	100%	THS UC

3.0. Section 3: Analysis of PBB Budget Allocation and Expenditure

3.1. Introduction.

This section analyzes budgetary allocation and expenditure within the health sector. It provides information on analysis of the county health sector resource envelope, budgets performance by programs and sub-programs for the year 2019/2020

3.2. Analysis of the County Health Sector Resource Envelope

This section outlines allocation, receipts and expenditure for the health sector, factoring in equitable share, conditional and non-conditional grants, own source revenue and resources from development partners. The total allocation for health was 22% of the county budget translating to Kes **1,465,422,233.** This includes 1,145,362,451 (84%) from exchequer and 235,364,949(16%) from conditional grants and Kes 84,694,833 from development partners). The health sector received a total of Kes 1,343,306,407 comprising of Kes 1,079,024,750 (80.3%) from exchequer, Kes 235,364,949(18%) from conditional grants, Kes 28,694, 833(2%) from development partners and 221,875(0.02%) from own source revenue. It was observed that Kes 12m was collected but utilized at source and therefore not reflected in the amount received.

The unspent amount is Kes 140192295.9 comprising of Kes 30,984,968 mostly from exchequer, Kes 4,935,000 from DANIDA, Kes 36,465,008 from THS UC and the rest is from the development partners kitty.

Category	Source of funds	Total Amounts Allocated for the FY 2019/2020	Total Amount Received during the FY 2019/2020	Amount Spend during the FY 2019/2020
Public Sources	County Government	1,133,202,935	1,145,362,451	1,145,362,451
	Central Government (conditional Grants)			
	Conditional Grant - leasing medical equipment	131,914,894	131,914,894	131,914,894
	User fees	5,235,578	5,235,578	5,235,578
	Constituency Development Fund			
	Others - Own Source Revenue			0
	Other (specify) - COVID 19 funds	27,402,000	27,402,000	27,402,000
Development Partners	Africa Development Bank			
	Clinton Foundation			
	Danish Government (DANIDA)	18,153,750	18,153,750	13,218,750
	UK Government (DfID)			
	European Commission			
	German Government (GIZ)			
	Italian Government			
	Japanese Government (JICA)			
	Netherlands Government			
	UN agency (UNAIDS)			
	UN agency (UNFPA)			
	UN agency (UNICEF)			
	UN agency (World Bank – WB) - (35,000,000 allocated plus 17, 658,727 carry forward from 2018/19)	52,658,727	52,658,727	16,193,718
	UN agency (WHO)			
	US Government (USAID / APHIA 2)			
	PRB PACE			
	Uzazi Salama		6,694,833	1,855,659
	Afya Timiza	152,000,000	56,000,000.00	49,161,720
	Feed the Children		22,000,000	19,580,000
	DESIP			
	Other (specify)			
Community / NGO	NGO / CSO (specify)			
	Kenya Episcopal Conference (KEC)			
	Christian Health Association of Kenya (CHAK)			
	Supreme Council of Kenya Muslims (SUPKEM)			

	Other (specify)			
TOTAL		**1,520,567,884**	**1,465,422,233**	**1,409,924,770**

3.3. Analysis of Budget Performance by Program and Sub-Program Area

The Medical services, public health & sanitation comprises three major programmes: Preventive and Promotive Health Services, Curative Health Services and General Administration Planning and Support Services. In FY 2019/20, the Medical services, public health & sanitation department had a total expenditure of Ksh 1,339,327,371.00. Recurrent expenditure amounted to Ksh 999,669,374.00 while development budget on the other hand was Ksh 339,658,017.

The budgetary analysis is the allocation from the County government and conditional grants. Partner contribution per program and sub program is not included.

The table below shows the expenditures by programmes and sub-programmes in the FY 2019/20

	Programme	**Sub-programme**	**Total budget allocated**	**Total budget received**	**Total budget spent**
1	Curative and rehabilitative health services	Provision of Essential Health Services in all levels	-	-	-
		County referral services	544,264,214.00	544,264,214.00	458,284,297.00

		Free primary health care	158,200,280.00	158,200,280.00	156,417,094.00
		Nutrition services	14,039,518.00	14,039,518.00	14,116,707.00
2	Preventive and promotive health services	School health interventions	-	-	-
		Health promotion	-	-	-
		Maternal health	60,775,090.00	60,775,090.00	62,245,052.00
		Immunization services	-	-	-
		Communicable Disease Control	243,875,586.00	243,875,586.00	190,225,784.00
		Disease surveillance and control	-	-	-
		HIV control interventions	-	-	-
		TB control interventions	-	-	-
		Malaria control interventions	-	-	-
		Neglected tropical diseases control	-	-	-
		Non-communicable disease control	36,795,769.00	36,795,769.00	37,567,343.00
		Environmental health, water and sanitation interventions	102,601,971.00	102,601,971.00	93,078,750.00
		School health interventions	-	-	-
		Community health – Level I interventions	-	-	-
3	General administration, planning, management support and coordination	Health workers and human resource management	71,893,225.00	71,893,225.00	72,085,535.00
		Construction and maintenance of buildings/Health infrastructure development	9,049,174.00	9,049,174.00	8,844,732.00
		Procurement of medicine, medical and other supplies	-	-	-
		Monitoring &Evaluation Research and Development	4,825,018.00	4,825,018.00	4,207,007.00
		Procurement and maintenance of medical and other equipment	-	-	-
		Health standards and quality assurance Services	57,090,371.00	57,090,371.00	58,268,827.00
		Management and coordination of health services	-	-	-
		Health sector planning, budgeting and monitoring and evaluation/Health policy, Planning and Financing (44,911,541)	65,157,668.00	65,157,668.00	52,071,371.00
TOTALS			**1,368,567,884.00**	**1,368,567,884.00**	**1,207,412,499.00**

4.0. Section 4: Analysis of County Health Status and Elaboration of Priorities for Coming Year

4.1. Introduction:

This section analyzes an overall County health sector performance of FY 2019/2020 AWP and Elaboration of Priorities for FY 2020/2021, identification of key challenges and focusing on key intervention areas.

4.2. Analysis of Major Health Problems Observed in the County During the FY

The table below identifies conditions/issues/challenges affecting a significant proportion of Samburu County ranked in order of priority for the year under review.

	Top Ten Commonest Health Conditions/Issue/ Challenges			
	Under 5 Years		Over 5 Years	
Category	Condition/Issue (In order of priority relevance to the county)	Occurrence (Quantitative or Qualitative Rating	Condition/Issue (In order of priority relevance to the county)	Numbers/Prevalence Occurrence (Quantitative or Qualitative Rating)
Linked to communicable conditions	URTI	46.52%	URTI	43.13%
	Diarrheal diseases	16.16%	Disease of the skin	7.21%
	Eye infection	5.53%	Diarrheal diseases	5.51%
	Diseases of the skin	4.94%	Malaria	5.75%
	Malaria	3.95%	UTI	3.61%
	Tonsillitis	2.65%	Eye Infections	3.38%
	Ear infection	2.60%	STI	1.69%
	Intestinal worms	0.55%	Ear Infections/ Conditions	1.68%
			Typhoid fever	0.85%
Linked to the increasing burden of non-communicable conditions	Pneumonia	8.94%	Pneumonia	8.59%
	Asthma	0.42%	Arthritis, Joint pains etc.	3.06%
	malnutrition	0.22%	Asthma	1.62%
	Anemia	0.15%	Dental Disorders	0.81%
	Mental disorders	0.07%	Hypertension	0.75%
	Jiggers infestation	0.06%9	Anaemia cases	0.52%
			Epilepsy	0.32%
			Diabetes	0.29%
			Mental Disorders	0.12%

	Top Ten Commonest Health Conditions/Issue/ Challenges			
	Under 5 Years		Over 5 Years	
Category	Condition/Issue (In order of priority relevance to the county)	Occurrence (Quantitative or Qualitative Rating	Condition/Issue (In order of priority relevance to the county)	Numbers/Prevalence Occurrence (Quantitative or Qualitative Rating)
Linked to Violence & Injuries	Burns	0.90%	Other injuries	3.21%
	Other injuries	0.69%	Dog Bites	0.62%
	Dog Bites	0.25%	Burns	0.48%
	Other Bites	0.12%	Other Bites	0.43%
	Snake Bites	0.06%	Road Traffic Injuries	0.27%
	Road Traffic Injuries	0.06%	Violence related injuries	0.15%
	Sexual Violence	0.02%	Poisoning	0.13%
	Deaths due to Road Traffic Injuries	0.00%	Snake Bites	0.11%
			Sexual Violence	0.05%
			Deaths due to Road Traffic Injuries	0.01%
Linked to essential Medical services	Neonatal deaths	25.5/1000	Skilled Deliveries	41.4%
	Facility based Under five deaths		ANC 4th visit	53.1%
	Newborn with low birth weight	15.5/1000	WRA receiving FP	39.1%
	Fresh still birth	33.7%	Facility based maternal deaths	154.66/100000
			Adolescence pregnancies	36.4%

	Top Ten Commonest Health Conditions/Issue/ Challenges			
	Under 5 Years		Over 5 Years	
Category	Condition/Issue (In order of priority relevance to the county)	Occurrence (Quantitative or Qualitative Rating	Condition/Issue (In order of priority relevance to the county)	Numbers/Prevalence Occurrence (Quantitative or Qualitative Rating)
Linked to common health risk factors.	Underweight children	28.2%	Malnutrition	
	Stunting/Smart survey	29.3%	Jiggers Infestation	
	Acute Malnutrition	3.6 %		
	Low latrine coverage	27.4%	Overweight (BMI >25)	
	Penta 3 defaulter rate	12.5%	High defaulter rate TB	
	Jiggers infestation		High defaulter rate HIV care	
Linked to collaboration with health-Related Sectors	Unsafe water	58.01%	Unsafe water	1
	Inadequate sanitation	2	Inadequate sanitation	2
	Agriculture & food insecurity	3	Inadequate nutrition	3
	Inadequate nutrition	4	Agriculture & food insecurity	4
	Poor housing designs	5	Poor housing designs	5
	Insecurity	6	Insecurity	6
	Unemployment	7	Low female education	7
	Poor road networks	8	Unemployment	8
	Low female education	9	Poor road networks	9
	Enrollment to NHIF	10	Enrollment to NHIF	10
	Vital statistics			
	Unsafe water		Unsafe water	

* These are conditions/issues/challenges affecting a significant number proportion of the relevant population segment in the county . The ones in (red) are examples

4.3. County Health Sector Problem Analysis and Priorities for Coming Year

This section details the key challenges identified in relation to access to care and/or quality of service delivery and priority interventions to address them in the year 2020/2021.

Strategic Area	Key challenges* Relate to access (demand side) and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge – from list in Annex 1)
Eliminate Communicable conditions	Inadequate Community Knowledge on the prevention of communicable conditions/diseases.	Capacity building of CHVs on prevention of communicable diseases/conditions. Community sensitizations through local media (FM stations). 100% coverage of functional community health units within the county. Carry out supportive supervision and functionality assessment of all community health units
	Weak Defaulter tracing mechanism for communicable conditions/diseases	Develop a standardized defaulter tracing tool/mechanism at community and facility level. Advocate for adoption of CHS act to motivate CHVs
	Poor health seeking behavior at the community level.	Regular integrated Outreaches, SBCC to address knowledge and attitude gaps. Regular sensitizations and IECs (posters) on health seeking behaviors. Community Dialogue and action days.
	Poor access to health care services	Regular Community integrated Health Outreaches for hard to reach populations. Recruitment of more health workers. Timely supply of medical commodities. Training of more CBDs (trained CHVs)
	Knowledge gaps on new updates on communicable diseases/conditions among health workers	Capacity building and regular health updates on new health policies and guidelines of health care workers.
	Inadequate staffing, capacity building and updates on communicable conditions e.g. IMNCI, TB, HIV, Diarrhea	Recruitment of more health workers. Rationalization of staff using workload analysis.

	Inadequate screening, diagnostic centers and equipment e.g. gene expert, hoods, FM microscope e.g. fridges, weighing scales	Procurement and maintenance of diagnostic equipment at all levels including community
	Unsafe water	Treatment of water at household level by use of Aqua tabs, chlorine, boiling etc. Sink more boreholes and rehabilitation of existing bore holes. BCC on water treatment at community level
	Poor environmental hygiene and sanitation	Trigger and active follow up to villages using Community Led total sanitation (CLTS/SLTS)
		strengthen Health education on ideal hand washing (use of leak tins) BCC on essential hygiene actions e.g. hand washing
	Poor Housing	Advocate for modern improved manyattas
	Poor personal hygiene	Facial and body cleanliness BCC on essential hygiene actions Collaboration with other stakeholders to ensure accessibility to safe water.
	Stigma and discrimination associated with communicable diseases, like COVID 19, HIV. Lack of involvement in key population (Commercial sex workers, Lesbian, Gay, Bisexual and Transgender - LGBT).	Intensify dissemination of HIV and COVID-19 information to the community, through local Radio, Mass media. Community Barazas.

	Low uptake of HTS Services and COVID-19 testing.	Community Sensitization of HTS services and COVID-19 being provided in Health facilities. Establish current status for 90 90 90 to guide in the up scaling to 95, 95, 95 approaches. Intensify Contact Tracing of COVID-19
	Inadequate screening of NCDS due to Knowledge gap and lack of prioritization of NCDs.	Customize national policies and acts on NCDS at county level. Establishment and equipping NCD clinic. Recruit Specialists to manage NCDs.
	Low community awareness on various Non-Communicable Conditions Unhealthy lifestyles (eating habits, lack of exercise, drug and substance abuse) Lack of Palliative service	Organize for integrated health promotion and education activities. Community sensitization of the importance of NCD screening through local radio stations. Community Dialog Days, Barazas.
Halt, and reverse increasing burden of Non-communicable conditions	Inadequate screening of NCDS due to Knowledge gap, screening facilities/equipment and lack of prioritization of NCDs. Lack of NCD integrated services	SBCC on NCDs and healthy lifestyle habits. Screening of the population/clients at risk Capacity building of health workers on screening NCDs Procurement of commodities and equipment in good time to assist in screening. Integration of NCD screening services with other health facility services. Integrated outreaches. Advocacy on NCDs department at County level
	Low community awareness on various Non-Communicable Conditions	Creation of awareness through radio spots, community dialogue days, thematic world celebration days, SBCC
	Lack of community knowledge on safety precautions to minimize injuries. Presence of stray and unvaccinated dogs	Sensitization of HCW and community on safety precautions at work place, through CMEs Mass Media CUs.

		Collaboration with Veterinary department for Mass vaccination of all dogs in the County
	Inadequate supply of Anti Rabies Vaccine	All facilities to consider including Anti Rabbies vaccines in KEMSA orders.
	Widespread Consumption of illicit brews and drugs that contributes to increase in Road Traffic accidents and cases of gender-based violence.	Collaboration with other stake holders for Law enforcement on Issues of Illicit brew.
Reduce the burden of Violence & Injuries	Cultural beliefs that encourage SGBV e.g. FGC and patriarchal society Lack of skills and information on the management of Gender based violence Lack of Staff and community sensitization on social gender-based violence.	Encourage alternative rite of passage programs and discourage retrogressive cultural practices
	Presence of stray and unvaccinated dogs Inadequate security within the health facilities	Procure violence and injuries teaching aids and other materials e.g. IEC on violence and injuries
		Community sensitization on SGBV
	Lack of reporting tools to capture all gender-based violence cases Low health service uptake High CHV attritions	CHRIO to provide reporting tools for the SGBV
		Demand creation through local radio stations and use of CHVs
		Provide funds for Incentivization of CHVs
	High workloads	Recruitment of staffs
	Lack of reporting tools to capture all gender-based violence cases	Staff motivation
Provide essential Medical services	Poor infrastructure	Improve infrastructure.
	Inadequate modern maternity facilities.	Expansion of infrastructure including construction of maternity wards.
	Low uptake and utilization of RMNCAH services	Training of newly employed staff on IMCI
		Staff motivation.
	Inadequate infrastructure	Improve infrastructure by providing necessary clinical rooms.
	Inadequate modern maternity facilities.	Expansion of infrastructure including construction of maternity wards.
	Low uptake and utilization of RMNCAH services	OJT and Mentorship on RMNCAH services

		Follow up mentorship on IMNCI implementation
		Procurement of more vaccine fridges and continuous maintenance of the available fridges to ensure functionality
		Procurement of adequate equipment's and reagents for cervical cancer screening.
		Training of HCWs on cervical cancer screening
		Procurement of Mother Baby Packs for Motivation of Mothers as an incentive after Skill delivery.
		Procurement of cervical cancer screening Commodities.
		Support the use of Ambulance Transport Mobile Voucher for pregnant Mothers.
		Incentivization of pregnant mothers completing 4th ANC visits.
	Low uptake of Adolescence and Youth Sexual reproductive Health services.	Conduct trainings for HCW on ASRH communication strategy
		Training of Adolescents and youth peer educators in the County
		Sensitization of the Adolescence and Youth on ASRH through health talks during their forums/tournaments
		Capacity build HCW on Youth sensitive SRH services. Conduct Quarterly ASRH stakeholders meeting.
	Weak referral system and linkages	Develop active and reliable contingency plans for referral at community and facility level.
		maintain and equip all the ambulances
		Train HCW on emergency preparedness and response.
		Develop county specific referral strategy and sensitize health workers at county/sub county on the referral strategy Revise and strengthen ambulance policy
	Frequent drug shortage due inadequate funds, long procurement procedures, delay in paying of suppliers and debts.	Ensure consistent, timely and adequate supply of medical products and supplies.
		Prompt payment of suppliers
		adequate budget

		Ring fencing of the health budget
		Proper quantifications of medical supplies
	Low staff capacities on LMIS protocols and procedures.	Build capacity on forecasting and timely quantification of commodities.
	Inadequate service delivery space and storage of commodities.	Ensure availability of physical space by construction of additional rooms, reorganization of storage facilities. Construction of shelves and provision of pallets.
	Inadequate of laboratory services due to infrastructure, reagents and diagnostic equipment.	Regular supply of reagents of reagents, Procurement of essential laboratory equipment Construction and Improvement of available infrastructure. Employment of more lab technicians
	Inadequate, inconsistence blood supply.	Regular blood drives. Establish satellite blood bank. Mapping of persons of rare blood group donors. Community sensitization on importance of blood donation through local radios, community Barazas.
	Inadequate essential rehabilitation services.	Procurement and maintenance of rehabilitative equipment. Establishment of more rehabilitative centers.
	Low Implementation of quality Improvement activities in the County.	Operationalization of QI teams.
		Revive of quality improvement teams at all levels. Conduct quarterly QIT county meetings and monthly at sub county levels. Conduct monthly WIT meeting at the facility level.
		Printing, photocopies of Q.I tools and guidelines
		QI exchange visits
		Conduct quarterly QIT supervision
Minimize exposure to health Risk factors.	Malnutrition due to Poor child feeding practices.	Intensify Baby Friendly Community Initiative (BFCI) interventions at the community level, through M2M SG. Train CHV on ICCM and IMAM. Integration of community case management of acute Malnutrition. Community Health system strengthening.
	Household food insecurity	Strengthen Multi sectoral platform
	Insufficient access to safe water, hygiene and sanitation.	Drilling and equipping of boreholes. Strengthen CLTS

		Provide water treatment facilities
	Low uptake of Nutrition services.	Creating nutrition awareness on availability of Nutrition services, Key Health messages through local radio stations, and community Barazas.
	Low uptake of micronutrients supplements and dewormers	Adequate supply and distribution of micronutrients. Community sensitization on the importance micronutrients and supplements.
	Poor dietary diversity at the Household level	Food demonstrations at community levels.
	Cultural practices, myths and believes hindering people from taking certain foods.	
	Knowledge gap for Health care workers on nutrition management	Training of health care workers on nutrition related issues (IMAM, MIYCN, IFAS)
	Low latrine Coverage	Strengthen CLTS to improve latrine coverage
	Inadequate biosafety hoods, fire extinguishers and masks (including N95, surgical etc.) in the labs,	Procurement of adequate PPE
	Improper disposal of medical wastes	Construction of at least one incinerator for the county and burning chambers in high volume facilities
Strengthen collaboration with Health-Related Sectors	Inconsistence stakeholders' quarterly meetings due to competing activities and inadequate support.	Develop annual schedule of meetings, indicating who to support.
	Inadequate integrated review and planning forums.	Regular review and planning meeting.
	Lack of clear departmental mandate e.g. solid waste management, sewage management, baiting of rabid dogs	Streamline departmental mandates.

* 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.

4.3. Overall Discussion Conclusion and Recommendations

DISCUSSION

Samburu county registered mixed performance in all its programs during the year in review. The health sector benefitted from a financial injection of Kes. 1, 368,567,884 billion being budgetary allocation from equitable share, county revenue and conditional grants from national treasury and world bank through the transforming health system for universal Health Care project (THS-UC). The overall allocation was 21.9% of total county receipts. The THS-UC funds are specifically meant for activities geared towards strengthening of Maternal and Child Health services, Environmental safeguards and Vulnerable and Marginalized in the county. The other source of funding was from the Implementing partners in the county who finance Program related activities through indirect funding in support of M&E, RMNCAH, Nutrition and Health System Strengthening.

Out of the budgetary allocation of Kes. 1, 368,567,884, Kes. 1,030,654,343 went to recurrent while Kes. 337,913,541 was for implementing development projects. A big portion of recurrent was used to pay Salaries and allowances for the 666 personnel in the health sector.

About 131M out of the 337M meant for development projects was used to pay the conditional grant for the leased equipment through the National governments' Managed Equipment Scheme. This left only 206M available to the department of Health for other development. However, most development projects were not implemented due to challenges in procurement following a presidential directive that all procurement must henceforth be processed via the e-procurement portal. Most of the county procurement officers were not versed with e-procurement.

Due to the vastness of the county, the nomadic -pastoralism nature of the community and the number of programs that require funding, the amount is grossly inadequate. The frequent delays and erratic disbursements of funds from the National treasury occasions delays of implementation of planned activities with detrimental outcomes to set targets due to delayed implementation or Non implementation of the activities. This has led to a situation in which the department relies on Implementing partners and donors to implement planned activities which is Unsustainable in the long run

On Program Performance, the county registered a drop in some indicators especially RMNCAH indicators due to COVID 19 pandemic which includes Fully Immunized child dropping from 69% compared to 67.7% in the previous year. Fourth ANC dropped from 47.5% to 42.2%. Skilled deliveries dropped from 46.4% (2018/19) to 45.5% in 2019/20. Family planning dropped from 39.7% to 37.2%.

This was attributed to Multiple outreaches targeting hard to reach areas, installation of solar fridges in all county health facilities, health education of the community, male involvement through in reproductive health matters among others. Also, the county government ensured there were vaccines in all facilities at all times and children are able to access vaccines on demand. Health workers were also trained on Basic emergency obstetric and comprehensive emergency obstetric care and neonatal resuscitation. However, the performance varies from one subcounty to the other with Samburu North Lagging behind at 58.7% due to rampant insecurity

The Facility Maternal Mortality ratio came down to 101/100,000 compared to 96/100000 in the previous year. Maternal deaths that occurred due to lack of blood, Hypertensive disorders and sepsis. However, there were incidents of vaccine solo shot stock outs reported due to challenges experienced by the National Vaccine program.

TB related morbidity and mortality continues to pose a big challenge. Cure rate stood at 88%. Against the national target of 90%. Treatment success rate was fairly good at 87%. The poor performance in cure rate could be attributed to Delay in seeking treatment, poor adherence of infected patients, nomadic pastoralism lifestyle and poor housing which has continued to ease of spread of TB due to poor ventilation and poor cough hygiene. Poverty and poor access to adequate meals and stigma has been a major contributor to non-adherence

On HIV prevention and Control, the total number of people living with HIV stood at 3069 with about 73 new infections reported. Although some progress was made on the key indicators, achievement of the 90:90:90 targets is far from being achieved. Thus, there is need to accelerate prevention and control measures to stem new infections, put all eligible persons on life saving HAART and achieve viral suppression to cut down on deaths and further spread of the disease. The MTCT rate stood at 22.2 %. Therefore, there is need to scale up PMTCT interventions like putting all HIV Positive pregnant women on HAART and exposed infants on prophylaxis in order to achieve elimination of mother to child transmission of HIV. On nutrition indicators, stunting rates reduced to reduce to 29% (Smart survey June 2019) compared with the previous year which stood at 35%. This improvement was due to interventions put in place by county government in partnership with Implementing partners and other related sectors. This included intensified screening at facility level and community, Outreaches, Baby friendly Hospital and Community Initiatives and training of Health workers on Integrated management of Acute malnutrition among others

The County allocated 92M for pharmaceutical and for non- pharmaceuticals. This was an improvement from 87 M in the previous year.

The order fill rate has been good averaging 95% for both pharmaceuticals and non-pharmaceuticals subject to timely payment of outstanding debts and availability of commodities upon settlement. Procurement was done twice per year plus one supplementary budget. A few commodities were out of stock but shortages have been mitigated by procuring the stocked-out commodities as soon as possible. Anti-malarial medication which are supplied by the national government upon request have been out of stock nationally hence the shortages experienced.

Human resource continues to be a challenge for the county due to poor attraction and retention particularly of specialists. This is attributable to harsh terrain due to poor road network, Unfavorable terms, lack of opportunities for personal growth, lack of social amenities like good schools and insecurity among others. Among the medical specialists, the county lacks Obstetricians, Paeditrician, Orthopedic surgeons, Ophthalmologists, ENT surgeons, Radiologist among others. This also prevails among specialized clinical officers and nurses.

In addition to lack of specialists, an acute shortage of staff cuts across all non-specialized cadres which affects round the clock access to health services. All the above reasons have resulted to high number of referrals resulting in ahigh operation maintenance budget due to huge expenditure in personnel allowances, fuel and repair and maintenance of ambulances. The bad road network has not helped matters leading to frequent breakdown and rapid tear and wear of the ambulances.

Despite the installation of state-of-the-art equipment through the MES equipment, most of them remain unutilized due to lack of qualified staff to operate them, Power challenges and lack of water. Procurement challenges have further delayed the resolution of these issues. Due to the un availability of this equipment in other facilities especially the faith based and private facilities, the residents have continued to incur huge expenses since they can only access them outside the county. Those unable to afford the associated costs continue to suffer in silence or succumb to ill health. There is therefore need to urgently to ensure functionality of these equipment and bring on board the necessary staff.

CONCLUSION

The Health Sector is committed to ensuring the attainment of the highest standards of health to the county residents as enshrined in the Bill of Rights in the Constitution of Kenya 2010. The Sector further takes into cognizance of the opportunities and challenges in establishing strong health systems responsive to the population under the new constitution that creates two levels of government and delineates health care provision to the counties.

The County's population is growing at a rate of nearly 2.91 percent annually and will continue to place a huge demand for health services. The county must continue expanding maternal and child health services while developing the capacity of the health systems to cater for communicable and non-communicable disease burdens which are on the rise. This must be countered with additional investments in RMNCAH to minimize health burden.

During 2019/20 planning period, the sector plans to implement priority programmes aligned to the County Integrated development plan the county health strategic and investment plan and other sectoral plans. Efforts will be made to ensure progressive realization of rights to health as envisioned in the Constitution. The health sector will adhere to the accountability mechanisms and enhanced governance regime as espoused in the constitution while ensuring that the county provide quality services.

To mitigate the challenges of service delivery brought about due to exit by implementing partners, the Government needs to increase funding significantly to the sector to safeguard the gains made so far. The Government needs to explore innovative financing mechanisms such as Private Public Partnership

In the recent past, the country has witnessed potential disease threats like Ebola, Marburg, hemorrhagic fevers etc. and acts of terrorism. This calls for additional resources allocation in order to prepare, respond and contain such situations.

THS UC funds have actually supported many Health activities in Samburu County with great positive changes noted in most indicators,

However, the County is vast with many unique challenges like many hard to reach areas, strong cultural practices affecting utilization/uptake of health care services, insecurity in some areas among others.

Lately the County experienced procurement challenges which affected implementation of some activities hence once addressed the county will be able to implement all the activities

The County should consider increasing the health sector budget to 30% so that it may be able to support costing of the program based budget.

RECOMMENDATIONS

Maximizing health outputs and outcomes with the available resources remains the major focus for the Sector during this Medium-Term Expenditure Framework. The sector has noted several emerging issues and challenges that have faced the sector during the review period. To realize the targeted outputs/outcomes and overcome the sector challenges, the following recommendations are made:

The county governments taking cognizance of the inadequate budgetary allocation should enhance budgetary resources allocation and utilization in the health sector. This should be coupled by improving the efficiency and effectiveness in programmes implementation as well as exploring alternative mechanisms of mobilizing additional resources.

Public health programmes are largely dependent on development partners funding for financing. The Government therefore needs to allocate adequate resources for effective implementation of health sector programmes with the overall goal of sustainable financing to the sector

There is need for strengthened tripartite working relations in the health sector between the County Government, employees, and the labor unions for harmonization of labor relations in the sector. This will ensure labor unrests is minimized.

There is need to increase the number of Community Health Units to create demand of health services at the community level.

Annex

Table 1: Basic Equipment

	Basic equipment (list all)	Baseline 2018/19	Received in 2019/20	Total available & functional 2019/20
1.	Adult scale	90%	0	90%
2.	Child scale	82%	0	82%
3.	Thermometer	97%	0	97%
4.	Stethoscope	100%	0	100%
5.	Blood pressure	100%	0	100%
6.	Light source	82%	0	82%
7.	Sterilization equipment	84%	0	84%
8.	Examination light	74%	0	74%
9.	Delivery pack	90%	0	90%
10.	Suction apparatus	94%	0	94%
11.	Vacuum aspirator	55%	0	55%
12.	Neonatal bag and mask	71%	0	71%
13.	Delivery bed	87%	0	87%
14.	Partograph	90%	0	90%
15.	Newborn weighting scale	76%	0	76%
16.	Anaesthesia equipment	100%	0	100%
17.	Resuscitation table	100%	0	100%
18.	Incubator	100%	0	100%

19.	Length/height measuring equipment	100%	0	100%
20.	Microscope	15/82	0	15/82
21.	Hemoglobinometer	17%	0	17%

Table 2: Stalled & Ongoing projects

	Project name	Status (Complete, ongoing, suspended 2019/20)
1.	Construction of Staff house at Illaut dispensary	Suspended
2.	Construction of staff house at Baawa dispensary	Suspended
3.	Construction of OPD block and Surgical ward at Baragoi	Ongoing
4.	Construction of Lorok onyokie Dispensary	Suspended
5.	Construction of Laboratory at Lodungokwe	Suspended
6.	Construction of Sanitary blocks at Lendadapoi	Suspended
7.	Construction of Male and Female Wards at Marti Dispensary	Suspended
8.	Construction of Pura dispensary	Suspended
9.	Construction of Nonkupuli Dispensary	Suspended
10.	Fencing of Nkorika dispensary	Complete
11.	Provision of 3 Motor bikes for Nkorika, Angata, and Morijo dispensaries	Complete

Table 3: Episodes with over 7 days stock-outs for any of the 18 tracer Essential medicines (Provide a list the tracer Essential medicines stock outs)

	Tracer Essential medicines	Period out of Stock (Days/Weeks/Months)
1.	Amoxicillin cap 500mg	2 months.
2.	Cotrimoxazole Tablets 960 mg	3 months.
3.	Gentamicin sulphate Inj 80mg/ml	1 month.
4.	Oxytocin Inj 10 IU/ml amp	3 weeks.

*** Tracer Essential Medicines List**

1 Amoxicillin cap 500mg
2 Amoxicillin Tablets 250mg (Dispersible)
3 Paracetamol Tablets 500mg
4 Cotrimoxazole Tablets 960 mg
5 Albendazole Tablets 400 mg
6 Loratadine 10mg tabs
7 Metronidazole Susp 200mg/5mL
8 Gentamicin sulphate Inj 80mg/ml
9 Benzylpenicillin Inj 5MU
10 Adrenaline (epinephrine) Inj 1mg/1mL amp
11 Co-pack of 4 satchets of low osmolarity ORS (500ml formulation) + 10 tablets of dispersible zinc sulphate tablets 20mg
12 Tetracycline eye ointment 1%
13 Clotrimazole cream 1%
14 Oxytocin Inj 10 IU/ml amp
15 Insulin pre-mixed (short acting + intermediate acting) 100 IU/ml (30/70)
16 Enalapril Tablets 5mg
17 Sodium chloride IV infusion 0.9% (Normal saline)
18 Suxamethonium chloride Inj 50mg/ml

Table 4: Episodes with over 7 days stock-outs for any of the 20 non-pharmaceutical supplies (list the Non-pharmaceutical supplies stockouts)

	Non-pharmaceutical supplies	Period out of Stock (Days/Weeks/Months)
1.	Cotton, Gauze Plain 36" x 100yds - 1500gms	14 days.
2.	Polyglycolic acid 2/0 RBN 40mm x75cm	3 months.
3.	Sutures, Nylon No. 2/0 1/2" circle reverse, Cutting Needle,40mm,75cm Non-absorbable (sterile)	1 month.

***Tracer items for non- pharmaceutical List**

1	Autoclaving Tape
2	Blades, Surgical, size 23
3	Catheters Folley's 30ml size - 16 FG
4	Cord Clumps
5	Cotton, Gauze Plain 36" x 100yds - 1500gms
6	Cotton wool 400gm
7	Giving sets, Blood, Double Chamber
8	Giving Sets, IV Fluid Infusion, with air inlet
9	Gloves Examination, disposable, Latex, medium, 50 pairs
10	Gloves, Surgical, Latex (Sterile) size 7.5"
11	I.V. Cannulaes, short Teflon, 20G
12	I.V. Cannulaes, short Teflon, 24G
13	Maternity pads
14	Polyglycolic acid 2/0 RBN 40mm x75cm
15	Safety Boxes
16	Sutures, Nylon No. 2/0 1/2" circle reverse, Cutting Needle,40mm,75cm Non-absorbable (sterile)
17	Syringes 2ml with G23 Needle (Reuse Prevention)
18	Syringes 5ml with G 21needle (Reuse Prevention)
19	Syringes, Insulin, with 30G Needle
20	Zinc Oxide strapping 7.5cm x 4.5m BPC

OUR PARTNERS