



MINISTRY OF HEALTH

Sector Working Group Report

*Medium Term Expenditure Framework (MTEF) for the
Period 2023/24-2025/26*

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LIST OF ABBREVIATIONS

ACT	Artemether Combination Therapy
AIA	Appropriation in Aid
AIDS	Acquired Immune Deficiency Syndrome
AIE	Authority to Incur Expenditures
ALARM	Advanced Labour and Risk Management
ALOS	Average Length of Stay
AMR	Antimicrobial Resistance
AMREF	African Medical and Research Foundation
ARV	Anti-Retroviral
ASAL	Arid and Semi-Arid Lands
AU	African Union
AYP	Adolescents and Young People
CAPR	Community AIDS Programme Reporting system
CASPs	County AIDS Strategic Plans
CBA	Collective Bargaining Agreement
CBOs	Community Based Organizations
CDC	Centre for Disease Control
CHMTs	Community Health Management Teams
CLTS	Community Lead Total Sanitation
COBPAP	Community Based Programme Activity Reporting Tool
CoE	Centres of Excellence
COFOG	Classification of the Functions of Government
COG	Council of Governors
COVID-19	Corona Virus Disease 2019
CRWPF	Central Radioactive Waste Processing and temporary storage Facility
CSOs	Community Service Organizations
DHIS-2	District Health Information System Version 2
E&PWS	Elderly and Persons with Severe Disabilities
EMRs	Electronic Medical Records
eMTCT	Elimination of Mother to Child Transmission
ERS	Economic Recovery Strategy
ETAT	Emergency Triage Assessment and Triage
FBOs	Faith Based Organizations
FY	Financial Year
GAMR	Global AIDS Monitoring Report
GAVI	Global Alliance for Vaccines and Immunizations
GDP	Gross Domestic Product
GF	Global Fund
GoK	Government of Kenya
HAIs	Hospital Acquired Infections
HISP	Health Insurance Subsidy Program

IAEA	International Atomic Energy Agency
ICT	Information, Communication and Technology
IPC	Infection Prevention Control
KNRA	Kenya Nuclear Regulatory Authority
KMPDC	Kenya Medical Practitioners and Dentists Council
LMIS	Logistics Management Information System
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
UHC	Universal Health Coverage

EXECUTIVE SUMMARY

The Government remains committed to achieve the Constitutional aspirations of the Kenyan people to have access to quality and affordable healthcare. To achieve this, the National Government through Health Sector will prioritise implementation of priorities as envisioned in the Kenya Vision 2030, the fourth Medium Term Plan(2023-2027), Post COVID-19 Economic Recovery Strategy (PC-ERS), Health Sector Policy Framework 2014-2030, and Universal Health Coverage.

The Sector envisions a “A healthy, productive and globally competitive nation” achieved through six (6) strategic objectives under the principles of equity, efficiency, and people centred with a multi sectoral approach as outlined in the Kenya health policy (2014-2030). The Health Sector implements its strategic objectives through six budgetary programmes, four under the State Department for Medical Services and two under State Department for Standards and Professional Management.

Over the period 2019/2020 – 2021/2022, the budgetary allocation for the sector increased from KSh.119.2 billion in 2019/20 FY to KSh.120.8 billion in 2020/21 FY and to KSh.130.4 billion in 2021/22 FY. The actual expenditure for the period was KSh.107.3 billion, KSh.105.7 billion and KSh.110.1 billion for 2019/20, 2020/21 and 2021/2022 financial years respectively, translating to absorption rates of 90% in 2019/20 FY, 87% in 2020/21 FY and 84% in 2021/22 FY.

Notable achievements were realised during the FY 2019/20-2021/22. HIV prevalence reduced from 4.5 in 2020 to 4.3 in 2022 with a viral suppression of 95.5% among those on ART. Kenya is estimated to have over 1.4 million (1,435,271) people living with HIV out of which 1.2 million (1,291,110) have been identified and initiated on lifelong antiretroviral treatment (ART) representing 89.9% ART coverage. In 2021; Kenya reported a total of 77,854 drug-sensitive Tuberculosis (DSTB) cases. This represented a 6.7% increase compared to 2020 when the Country notified 72,943 DSTB cases. The proportion of suspected malaria cases tested improved from 67% to 84% while treatment with recommended first-line improved from 92% to 97%. The incidence of malaria in the country stands at 84 persons per thousand (KHIS 2022), translating to about 4.9 million malaria cases country-wide. Over the last 10 years, the malaria prevalence has reduced by 50% to 6 percent (KMIS 2020). In 2021, the estimated proportion of children under one fully vaccinated with all their life saving routine infant vaccines was 82.3% up from 72.8% in 2016. Vitamin A supplementation (VAS) coverage has improved from 67.4% in to 86.3% in 2021 against a national target of 80%. High impact nutrition interventions (HINI) including integrated management of acute malnutrition in the 23 ASAL counties: over 3500 facilities are implementing HINI.

Under reproductive health, maternal, neonatal and Child health, percentage of deliveries in health facilities under a skilled birth attendant increased from

72.9% in the FY 2020/21 to 79.3% FY 2021/22. The proportion of women of reproductive age accessing modern family planning services increased from 56.3% in FY 2014 to 58.1% in FY 2021. The national immunization coverage improved from 84% in FY 2020/2021 to 88% in 2021/2022. The Ministry has introduced three (3) new vaccines (The Yellow Fever vaccine in high-risk counties, The Malaria Vaccine in high-risk counties, Human Papillomavirus Vaccine against cervical cancer) .During the period under review Vitamin A supplementation (VAS) for children 6-59 months improved from 67.4% in 2019 to 82.1% in 2020 and 86.3% in 2021, thereby realizing the global and national target of 80%. Kenya health and HIV/AIDS financing transition roadmap 2022-2030 was developed, documenting the resource commodity needs and gaps for programmes heavily funded by donor including HIV/AIDS, TB, Malaria, FP/RH, Vaccines and Nutrition.

The Ministry instituted several interventions in response to Covid 19 pandemic including vaccination, enhanced testing, acquisition of more critical care facilities and oxygen supply. As at the end of review period 2.7 % of the adult population had been fully vaccinated against COVID 19.

To strengthen cancer surveillance the number of cancer centers in notifying cancer cases has increased from 12 county-based registries in the FY 2020/21 to 19 county-based registries in FY 2021/22 and over 40,000 patients entered into the National Cancer Registry. To ensure the delivery of quality cancer care, 58 cancer centers were designated across public, private and faith-based facilities.

To increasing access to quality specialized health care services the sector through the national referral hospital achieved the following; KNH established Centres of excellence for heart surgery, cancer treatment, diagnostics and imaging, laboratory medicine, tissue and organ transplantation, gastroenterology, diabetes and endocrinology centers. MTRH invested in a Pressure Swing Adsorption Plant (PSA)/Oxygen generating Plant (OGP). It also operationalized the provision of radiotherapy services after the successful installation of Linear Accelerator (LINAC) and Brachytherapy machines which have seen over 15,000 External Beam Radiotherapy Sessions and over 170 Brachytherapy Sessions done. To support telemedicine telepathology and operational efficiencies in the provision of healthcare, MTRH established and equipped a state-of-the-art Data Centre with an advanced firewall for Big Data security, intelligent switches, high-capacity backup infrastructure as well as a high availability setup of servers. It also carried out 30 Kidney transplants, done 43,122 Dialysis Sessions and 22 Corneal transplants.

KUTRRH launched the Integrated Molecular Imaging Center (IMIC) and IMIC Hospitality Center in 2021, since its operationalization in January 2022 it has performed 1,169 successful scans as at 30th June 2022, done 24,181 Sessions of Radiotherapy and Chemotherapy and conducted 13 open heart surgeries. It also installed a brachytherapy machine for treatment of cancer patients and installed a 20,000-liter liquid oxygen tank. The hospital installed a state-of-the-art cardiovascular diagnosis and treatment facility.

Annual minimum blood requirements for the country stand at 500,000 units of blood. In the period under review, (FY 2020/21) 178,246 units were collected, translating to 33.7%. In the FY 2021/22, a further increase of 53% was realized in blood collections with 273,349 units collected and processed. The percentage of blood collected and separated into components in FY 2021/22 stood at 57%. Cumulatively, 348,566 patients were served, translating to 69% of the country's annual blood needs.

Health infrastructure improvement is key in achieving UHC. The ministry has established a cancer center at Kisii level 5 hospital and the establishment of regional cancer centers in Nakuru, Mombasa and Garissa. KEMSA embarked on the construction of a National Commodity storage center. The Managed Equipment System project has been under implementation for the last is a 7 years, it has seen selected hospitals offer a fully integrated and sustainable access to, Theater Services, Central sterile services, Dialysis, ICU and Radiology services. During the period under review the project equipment uptime was consistently achieved at between 90%-98%.

In line with the changing health care innovation the Ministry has continued to invest in HPTs. In the FY 2021-2022 KEMSA managed to procure health products and technologies (HPTs) worth KSh.29.097 Billion out of which KSh.7.946 Billion being Sales items and KSh.21.151 Billion being program items.

Health research informs programming and policy on National Health matters, to achieve this; Phases 2 and 3 clinical trials on AstraZeneca (Chadox) are ongoing. KEMRI developed and submitted to MOH, 9 policy briefs on SARS-COV-2 genome variants and on prevalence of COVID-19. In addition, it developed first locally manufactured Malaria rapid diagnostic tests (RDT) & COVID 19 PCR test kits. Single-dose HPV vaccine research findings were presented in Toronto, Canada and the same was adopted for roll out by WHO.

Over the years the country has put emphasis on UHC as key in achieving the SDG goal one (1) and three (3) on ending extreme poverty and good health and well-being respectively. The country has identified and adopted a primary healthcare approach using a primary care networks model to deliver UHC. An estimated 5,110,390 poor households (indigents) translating to 19 million Kenyans are targeted for social health insurance covered by the government. A total of 3 million Kenyans benefited with a 20% increase in outpatient attendance and access to health products on average increased from 43% to 70%. A total of 1,022,078 households are currently on social health insurance nested in NHIF paid by the government to a tune of six billion Kenyan shillings. These investments have improved service delivery and coverage leading to an attainment of an overall UHC service coverage index of 79%, which is good progress in the journey towards universal health coverage for all.

In the medium-term period, the Sector will prioritize investments towards achieving Universal health Coverage by ensuring National Health Insurance

fund coverage for all Kenyans; investment in primary healthcare system through establishment of stakeholder managed primary health care funds as strategic purchasers at each level 4 facility; Build up supply management system under KEMSA; to manage healthcare workforce and harmonize working conditions and terms. In addition, the sector will invest in health products and technologies, integrated information communication and technology systems to enhance telemedicine and health management information systems; establishment and operationalization of emergency medical fund and establish a fund to bridge the financial gaps in the wake of diminishing donor funding in support of key programmes including HIV/AIDS, TB, Malaria, RH/FP, Vaccines and Nutrition.

Moreover, under national referral services the sector shall continue to invest in modern health equipment through the MES project. To bridge the infrastructural gaps the sector shall invest in expansion of the existing infrastructure in partnership with all stakeholders. The sector endeavours to offer high quality services through prioritizing all health investment areas i.e. Health workforce, HPTs, Infrastructure, Service delivery, Health information, Health financing and Health research.

To implement these programmes, the Sector requires a total of KSh. 117,685 million, KSh. 140,856 million and KSh.161,737 million for recurrent expenditure in the financial years 2023/24, 2024/25 and 2025/26, respectively. For development expenditure, a total of KSh. 104,298 million, KSh. 95,290 million and KSh. 80,818 million will be required in the financial years 2023/24, 2024/25 and 2026/25, respectively for the three years. However Sector allocations were KSh. 80,375 Million in FY 2023/24 for recurrent and 73,636 Million for Development summing to 153,211 Million allocated for Health Sector in FY 2023/24.

During the period under review, there were emerging issues and challenges facing the sector, hence impacting the implementation of planned programmes, projects and activities. The emergence of COVID-19 pandemic continues to impact on the implementation of the sector priorities owing to the negative effects from the containment measures; both an infrastructure and human capacities gap which hinders achieving its goal; Inadequate legal and policy framework to regulate the Sector; Inadequate funding; climate change issues; and the development resources are also being crowded out by huge pending bills which form a first charge on the allocations to the Sector.

To overcome some of the implementation challenges experienced in previous financial years, the Sector will first track the review and strengthen the legal, policy framework to improve efficiency. It shall also improve surveillance and research to improve on emergency preparedness and response. In conclusion, the sector will invest towards realizing Universal Health Coverage.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

The Constitution of Kenya guarantees all citizens the right to quality and affordable healthcare. It mandates the National government to provide leadership on health policies and standards, technical assistance, capacity building, and national referral services.

To ensure that we have a healthy and productive citizenry, the Government will continue to prioritise Kenya Vision 2030 Flagship Projects for the Health Sector as outlined in MTP IV and delivering Universal Health Coverage in collaboration with County Government and key stakeholders, to reduce catastrophic spending on health. This will be built on a fully publicly financed primary healthcare, and a universal seamless health insurance system that focuses on the triple burden of diseases, namely; communicable diseases, non-communicable diseases and injuries.

The Executive Order No. 1/2022 reorganises the Sector into two State Departments namely; the State Department for Medical Services and State Department for Health Standards and Professional Management. It also provides the functions and institutions for each State Department.

The State Department for Medical Services will provide policies on medical and curative health services, capacity building of healthcare workers, and support the national referral facilities to deliver quality healthcare services.

The State Department for Health Standards and Professional Management will ensure that quality healthcare services are guaranteed through provision of policies on healthcare, standards, health human resource development, and public health standards and sanitation management. It also provides strategic leadership and support to all health professional bodies, development of a framework to ensure sharing of professional experiences and embedding in future clinical practice.

This Report presents an analysis of the Sector performance and achievements for the period 2019/20-2021/22, the priorities and resource requirements for the period 2023/24 to 2025/26, cross sector linkages, emerging issues, challenges and recommendations.

1.2 HEALTH SECTOR VISION MISSION AND GOAL

The vision, mission, core values and strategic objectives have been developed in the framework of the mandate and strategic plans.

Vision

The vision of the sector is “A healthy, productive and globally competitive nation”

Mission

The sector mission is “To build a progressive, responsive and sustainable Health care system for accelerated attainment of the highest standard of health to all Kenyans”

Goal

The Goal of the sector is “To attain equitable, affordable, accessible and quality health care for all.”

1.3 STRATEGIC OBJECTIVES OF THE HEALTH SECTOR

The Health Sector objectives are as stated in the Health Policy (2014-2030). The policy objectives reflect the country's agenda for improving population health. They include;

- To eliminate communicable diseases
- To halt and reverse rising burden of NCDs
- To reduce the burden of violence and injuries
- To provide essential healthcare
- To minimize exposure to health risk factors
- Strengthen collaboration with private and health related institutions.

The focus areas of investments in the State Department includes Health financing, Leadership and governance, Health Products and Technologies, Health information, Service delivery, Health Infrastructure, Research and Development.

1.4 SUB-SECTORS AND THEIR MANDATES

1.4.1. State Department for Medical services

The functions of the State department as described in the Executive Order No. 1 of October 2022 are listed below and the implementing institutions.

Table 1.1: State Department Functions and institutions

Functions	Institutions
<ul style="list-style-type: none"> ● Medical Services Policy ● Curative Health Services ● Health Policy and Standards Management ● Training of Health Personnel ● Pharmacy and Medicines Control ● National Health Referral Services ● National Medical Laboratories Services ● Registration of Doctors and Para-medicals ● Cancer Policy ● Radiation Control ● Control and Protection 	<ul style="list-style-type: none"> ● National Health Insurance Fund (NHIF) ● Kenya Medical Supplies Authority (KEMSA) ● Kenya Medical Training College (KMTC) ● Kenya Medical Research Institute (KEMRI) ● Kenya BioVax Institute Limited ● Referral Hospitals Authority ● Kenyatta National Hospital (KNH) ● Moi Teaching Referral Hospital (MTRH) ● Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) ● Mathari National Teaching and Referral Hospital

<ul style="list-style-type: none"> ● HIV/Aids Management ● Nutrition Policy ● Immunization Policy and Management ● Reproductive Health Policy ● Health Education Management ● Quarantine Administration 	<ul style="list-style-type: none"> ● Spinal Injury Hospital ● The National Cancer Institute of Kenya ● The National Syndemic Diseases Control Council (NSDCC) formerly National AID control Council ● Kenya Nuclear Regulatory Authority (KNRA) ● Kenya Tissue and Transplant Authority (KTTA)
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1.4.2. State Department for Health Standards and Professional Management

The functions of the State department as described in the Executive Order No. 1 of October 2022 are listed below and the implementing institutions.

Functions	Institutions
<ul style="list-style-type: none"> ● Policy on healthcare Standards for universal application in all health facilities ● Policy on Human Resource Development for Health care workers ● Provide Strategic leadership and support to all health professional bodies in the performance of their mandate ● Policy on public health standards and sanitation management ● In consultation with all stakeholders provide a framework to ensure sharing of professional experiences and embedding of the same into future clinical practice 	<ul style="list-style-type: none"> ● Kenya Medical Practitioners and Dentists Council (KMPDC). ● Kenya Health Professional Oversight Authority (KHPOA) ● Kenya Health Human Resource Advisory Council (KHHRAC) ● Kenya National Public Health Institute ● Kenya Hospital Authority Trust Fund ● Counsellors and Psychologists Board ● Physiotherapy Council of Kenya ● Clinical Officers Council ● Kenya Medical Laboratory Technicians and Technologists Board ● Nursing Council of Kenya ● Kenya Nutritionists and Dieticians Institute ● Health Records and Information Managers Board ● Radiation Protection Board ● Pharmacy and Poisons Board ● National Quality Control Laboratories Public Health Officers and Technicians Council

	<ul style="list-style-type: none"> • Public Health Officers and Technicians Council
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1.5 AUTONOMOUS AND SEMI-AUTONOMOUS GOVERNMENT AGENCIES

1.5.1. State Department for Medical Services

The following are the semi-autonomous government agencies within the State Department of Medical Services.

1. Kenyatta National Hospital (KNH)

Kenyatta National Hospital (KNH) is a State Corporation established through Legal Notice No. 109 of 6th April, 1987. The Hospital has a bed capacity of 2,516 and attends to an average of 799,603 inpatients and 949,631 outpatients annually. KNH has a total of 50 wards, 26 operating theatres and 24 consultant clinics. These services include open heart surgery, neurosurgery, orthopaedics surgery, reconstructive surgery, burns management, critical care services, newborn services, ophthalmology (cornea transplant), liver resections, oncology, palliative care and renal services (including kidney transplantation), among others.

The Hospital provides training facilities for the University of Nairobi (College of Health Sciences) and the Kenya Medical Training College (KMTC). Further, KNH is also in charge of the full operationalization of the Mwai Kibaki Hospital for provision of specialised healthcare services to Mount Kenya region and its environs. In addition, KNH has operationalized a 350 Mama Margaret Uhuru Hospital as a Level 6 healthcare facility to meet the rising demand for specialised paediatric services.

2. Moi Teaching and Referral Hospital (MTRH)

Moi Teaching and Referral Hospital (MTRH) is a State Corporation established through Legal Notice No. 78 of 12th June 1998 under the State Corporations Act (CAP 446). It is a Level 6B National Referral Hospital located in Eldoret town, Uasin Gishu County, in the North Rift region of Western Kenya. MTRH is the training facility for Moi University College of Health Sciences, KMTC Eldoret Campus and University of Eastern Africa Baraton.

MTRH has a bed capacity of 1,100 and attends to an average 440,000 for inpatients and 550,000 for outpatients annually. The Hospital offers multi-specialty healthcare services both for inpatient and outpatient through Centres of Excellence (CoE) to ensure efficient service delivery. The CoE includes Shoe4Africa Children's Hospital (S4A) focusing on paediatric care, Riley Mother and Baby Hospital (RMBH) for maternal health, Chandaria Cancer and Chronic Diseases Centre (CCCDC) for cancer treatment and chronic diseases, Cardiac Care Unit (CCU) for cardiac conditions, Renal Unit for dialysis, Neuro-Surgical Centre for neurology, Mental Health and Rehabilitation and AMPATH focusing on HIV/AIDS and Primary Health Care/Population Health. MTRH specialized services include; oncology treatment through radiotherapy and brachytherapy,

Kidney transplant, Neurosurgery, Open Heart Surgery, Corneal transplant, Reconstructive surgery, Maxillofacial surgery, ICU services, Orthopedic surgery and minimally invasive surgeries through Endoscopy and 3D laparoscop.

3.Kenyatta University Teaching Referral and Research Hospital (KUTRRH)

Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) was established as a state corporation under the State Corporations Act Cap 446 through a Legal Notice No.4 of 2019. The Hospital offers multi-specialty healthcare services both for inpatient and outpatient services including Accident and Emergency, Pharmacy, Diagnostic Imaging, Oncology, Renal, Rehabilitative Services, Pathology and Lab Medicine, Critical Care, Medical & Surgical Services, Paediatrics, Diagnostic Imaging, Obstetrics, Home based Care and Operating Theatres

The Hospital is a 650 bed ultra-modern state-of-the-art facility providing tertiary (highly specialised) health care services as a referral facility for level 4 and 5 facilities in the region, thereby helping decongest Kenyatta National Hospital (KNH) and surrounding County Government Hospitals.

In addition to the many specialty areas, KUTRRH is the only public facility in the East and Central African region offering the comprehensive continuum of Cancer care with the establishment of an Integrated Molecular Imaging Cancer (IMIC). It has a Cyclotron, 2PET/CTS, 1SPECT/CT, 1MRI [1.5 tesla] and 1 CT scan [256 slice]. The centre plays a critical role in addressing the gaps in cancer screening and diagnosis hence improving treatment and ultimately survivorship.

The Hospital also manages Gatundu Level V Hospital under and MOU signed between the Ministry of Health, Kiambu County Government and KUTRRH.

4.Mathari National Teaching and Referral Hospital

Mathari Hospital was established as a State Corporation in 2020 under the State Corporations Act Cap 446 through a Legal Notice No.165. It is a level 6 tertiary hospital offering highly specialised mental health services and acts as a national referral hospital for psychiatric services including mentally ill offenders (prisoners). It is the mental health training facility for many tertiary medical training institutions.

5.Kenya Medical Training College (KMTC)

Kenya Medical Training College is a body corporate established under the provisions of the Kenya Medical Training College Act, (Cap 261) of the laws of Kenya as amended by Act No.5 of 2019). The College is mandated with the role of training of the various health disciplines, to serve Kenya and beyond. The College has a population of over 40,000 students spread across 72 campuses in the country. The College contributes 85% of the health workforce.

6.Kenya Medical Supplies Authority (KEMSA)

Kenya Medical Supplies Authority was established under the Kenya Medical Supplies Authority Act No. 20 of 25th January 2013 as a successor to the Kenya Medical Supplies Agency, established under Legal Notice No. 17 of 3rd February, 2000. The Authority's mandate is to be the medical logistics provider with the responsibility of supplying quality and affordable essential medical commodities to health facilities in Kenya through an efficient medical supply chain management system

7. Kenya Medical Research Institute (KEMRI)

KEMRI is a State Corporation established in 1979 under the Science and Technology (Repealed) Act, Cap 250 Laws of Kenya, subsequently under the Science, Technology and Innovation Act, 2013 and as currently established under Legal Notice No. 35 of 31st March 2021.

KEMRI is responsible for providing leadership in health research & development, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, and monitoring and assessing health trends as well as dealing with trans-boundary threats and disease outbreaks. KEMRI further continues to be responsive through development and assessment of new diagnostics and interventions to combat the challenges of emerging and re-emerging diseases, including Non-Communicable Diseases (NCDs), communicable conditions and bio-terrorism.

8. National Health Insurance Fund (NHIF)

NHIF is a State Corporation established under the NHIF Act No. 8 of 1998. The Fund is mandated to facilitate access to quality healthcare through strategic resource pooling and healthcare purchasing in collaboration with stakeholders. NHIF works to secure financial risk protection against the cost of healthcare services for all Kenyan residents through prudent financial management of resources.

NHIF is under transformation and alignment to deliver Universal Health Coverage (UHC).

9. The National Syndemic Diseases Control Council (NSDCC) formerly National AIDS Control Council

The National Syndemic Diseases Control Council (NSDCC) is a State Corporation established under Section 3 of the State Corporations Act, Cap 446, through the National Syndemic Diseases Control Council Order, 1999 as amended by Legal Notice Number 143 of 2022. The amendment comprises an expanded mandate to manage Syndemic diseases, including HIV, sexually transmitted infections, malaria, leprosy, tuberculosis and lung disease.

10. National Cancer Institute of Kenya

The National Cancer Institute of Kenya (NCI Kenya) is a State Corporation established by the Cancer Prevention and Control Act (No. 15 of 2012). This was in recognition of the need for a coordinated response to the growing cancer burden in Kenya. The overall mandate of the NCI Kenya is to coordinate and

centralise all activities, resources and information related to cancer prevention and control in Kenya.

1.1. Kenya Nuclear Regulatory Authority (KENRA)

The Kenya Nuclear Regulatory Authority (KENRA) is a State Corporation, established on 10th January 2020, by the Nuclear Regulatory Act, 29 of 2019. It is mandated to ensure the safe, secure and peaceful use of nuclear science and technology and provide for the protection of persons, property and the environment against the harmful effects of ionizing radiation through the establishment of a system of regulatory control.

1.5.2. State Department for Health Standards and Professional Management

The Sub-Sector mainly consists of regulatory boards and councils, namely;

1. Kenya Medical Practitioners and Dentists Council

The Kenya Medical Practitioners and Dentists Council is established under Section 3 of the Medical Practitioners and Dentists Act Cap 253 of the Laws of Kenya. The mandate of the Council is to regulate the practice of medicine, dentistry and health institutions in the country. This Act was enacted by Parliament in 1977 and came into operation on 1st January 1978.

2. The Kenya Health Human Resource Advisory Council (KHHRAC)

The Kenya Health Human Resource Advisory Council (KHHRAC) is established under the Health Act 2017, Part V Sections 30-44. The Council is mandated to review policy and establish uniform norms and standards.

3. The Kenya Health Professions Oversight Authority (KHPOA)

The Kenya Health Professions Oversight Authority is a corporate body created by part VI of the Health Act no. 21 of 2017 to provide oversight roles of the regulatory boards and councils, with the mandate of providing oversight in training, registration and licensing of health professionals; coordinate joint health inspections; receive and facilitate resolution of complaints and arbitrate disputes and conflicts; monitor execution of respective mandates and functions of health regulatory bodies. KHPOA has been categorized by the State Corporation Advisory Council (SCAC) as a Regulatory Corporation category PC 6.

4. Nursing Council of Kenya (NCK)

The Nursing Council of Kenya (NCK) is a regulatory body under the Ministry of Health established on 10th June 1983 by an Act of Parliament under the Nurses Act Chapter 257 of the Laws of Kenya. It is mandated to make provision for the training, registration, enrolment and licensing of nurses and midwives: to regulate their conduct and to ensure their maximum participation in the health care of the community and for connected purposes.

5. Clinical Officers Council (COC)

The Clinical Officers Council was established under the Clinical Officers Act, Cap 260. The Act was assented on August 24, 1988, commenced on July 31, 1989, and was last revised in 2017. The mandate of the Council is to make provision for the training, registration, and licensing of clinical officers, regulate their practice, and for connected purposes.

6. Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB)

The Medical Laboratory Technicians and Technologists Act was assented on January 6, 2000, and commenced on December 22, 2000. The mandate of KMLTTB is to provide for training, registration and licensing of medical laboratory technicians and technologists.

7. Kenya Nutritionists and Dieticians Institute (KNDI)

The Kenya Nutritionists & Dieticians Institute (KNDI) was established to provide for training, registration, and licensing of nutritionists and dieticians; to provide for the registration of the standards and practice of the profession; to ensure their effective participation in matters relating to nutrition, dietetics; and for related purposes under the Nutritionists & Dieticians Act No. 18 of 2007.

8. Public Health Officers and Technicians Council

The Public Health Officers and Technician's Council was established under the Public Health Officers act of parliament (January 14, 2013).

The mandate of the council is to; make provision for the training, registration, and licensing of public health officers and public health technicians; regulate their practice, provide for the establishment, powers, and functions of the Public Health Officers and Public Health Technicians Council, and for connected purposes.

9. Pharmacy and Poisons Board (PPB)

The Pharmacy and Poisons Board (PPB) was established under Cap 244, of the Pharmacy and Poisons Act 1957 and last revised in 2009. The mandate of the Board is to: make provision for the control of the profession of pharmacy and the trade in drugs and poisons; regulate and register pharmacists Authorising pharmacists to sell medicines and related products, as well as for remedial measures in cases of violation of professional conduct and discipline.

10. Tobacco Control Board (TCB)

Tobacco Control Board is established under Section 5 of Tobacco Control Act 2007. Its mandate includes advising the Minister on the national policy to be adopted with regard to the production, manufacture, sale, advertising, promotion, sponsorship and use of tobacco and tobacco products.

11. National Quality Control Laboratory (NQCL)

The National Quality Control Laboratory (NQCL) is a body established under Cap 244 of the Pharmacy and Poisons Act. The mandate of NQCL is to perform chemical, biological, biochemical, physiological, and pharmacological analysis;

evaluate other pharmaceutical drugs and medicinal substances manufactured both locally and imported.

12. Physiotherapists Council of Kenya

The Physiotherapist Council of Kenya is established under the Physiotherapist Act no. 20 of 2014 to regulate the Training, Registration, and Licencing of physiotherapists in Kenya.

13. Health Records and Information Managers Board

Health Records and Information Managers Board is established under section 7 of the Health Records and Information Managers Act, 2016 (No. 15 of 2016) and amendments provided for in the Health Laws (Amendment) Act, 2019. The Board is mandated to regulate training, registration, licensing and practice of Health Records and Information Managers.

14. Counsellors and Psychologist Board

The Counsellors and Psychologist Board is established under part 2 of the Counsellors and Psychologist Board Act, 2014 (No. 14 of 2014). The Act provides for the training, registration, licensing, practice and standards of Counsellors and Psychologists.

15. The Kenya National Public Health Institute

The Kenya National Public Health Institute was established under CAP 446 Laws of Kenya and came into operation under Legal Notice no.14 on 21st Jan 2022. It is mandated to establish mechanisms to facilitate quick detection of outbreaks and emergencies; Conduct vulnerability and risk assessment, and mitigate various health-threatening issues in collaboration with non health entities including Ministries responsible for matters relating to environmental health, animal health, and trade; academic institutions and non-governmental organisations.

16. Kenya Hospital Authority Trust Fund

The Kenya Hospital Authority Trust Fund (KHATF) was established in 1968 by the then, Minister of Health through a Trust Deed in exercise of the powers conferred upon the Minister by National Hospital Insurance Fund Act of 1966 Section 42(3). The objective of the fund as spelt out in section 1 of the Trust Deed was the “furtherance of medical education in association with the University College of Nairobi”.

17. Mental Health Board

The Board is established under the Mental Health Act (CAP.248). with the mandate to coordinate the mental health services in Kenya, advise the Government on the state of mental health and mental health care facilities in Kenya, to approve the establishment of mental hospitals and inspect mental hospitals to ensure that they meet the prescribed standards.

18. Occupational Therapy Council

The Occupational Therapy Council is established under the Occupational Therapists (Training, Registration and Licensing) Act, 2017. The mandate of the Council is to regulate the training, registration, licensing and the practice of occupational therapists.

1.6 ROLES OF STAKEHOLDERS

The following are the major stakeholders in the Sector and whose support roles facilitate the achievement of Sector's objectives.

Table 1.2: Stakeholders in the Health Sector and their Roles

Name of Stakeholder	Role of the Stakeholder
The National Treasury and Economic Planning	Provision of domestic and external budgetary resources, coordination of planning, policy formulation and tracking of results.
Parliament	Legislation and oversight on matters relating to health including law enactment and budgetary approval.
County Health Departments	Health services delivery (Level I-V)
Non-State Actors in Health	Provision of healthcare services, advocacy, resource mobilisation, social mobilisation at community level to influence health seeking behaviour, promotion of best practices and address human rights and gender issues.
Academic Institutions	Health research, development of Human resources for Health, provision of tertiary health care and technical assistance.
WHO	Offers technical assistance on health systems strengthening approaches at national and county levels.
Global Fund	Supports fight against AIDS, tuberculosis, and malaria, improve the quality of care; enhance use of quality data for decision-making; social behaviour; support community approaches and address human right and gender and procurement of diagnosis and treatment commodities.
PEFFAR (USAID & CDC)	Provision of financial, human resources and technical assistance for the HIV and TB programs at the National and County levels.
AMREF Health Africa	Offers technical assistance for health systems strengthening and health investments
GAVI	Support for Vaccines and Immunization programmes
World Bank	Support health systems strengthening interventions in national and county government levels.

Name of Stakeholder	Role of the Stakeholder
JICA	Health systems strengthening, infrastructure community health
UNICEF	Supports maternal, children & adolescents, nutrition and healthcare, strengthening of health and nutrition systems, Scorecard (RMNCAH), water and sanitation (WASH) programs and technical assistance
UNFPA	Support on Population Health and family planning commodities; maternal health programme (RMNCAH)
UNAIDS	Co-ordinate the joint UN team for multi sectoral HIV response; support M&E of HIV response
DANIDA	Offers financial support for health System strengthening in the Counties.
Private consortium	sector Coordinates all private practice members
Kenya Federation	Health Promotion of strategic public private partnerships
Other state actors (MDAS)	Multisectoral collaboration to implement programmes that have an impact on Health.
Consumers of Health Services-	Embrace health seeking behaviour for curative and preventive health

CHAPTER TWO: PERFORMANCE REVIEW FY 2019/20-2021/22

This chapter showcases the Sector achievements in the period FY 2019/20-2021/22.

STATE DEPARTMENT OF MEDICAL SERVICES

PROGRAMME 1: PREVENTIVE AND PROMOTIVE AND REPRODUCTIVE, MATERNAL, NEONATAL, CHILD & ADOLESCENT HEALTH (RMNCAH)

The objective of this programme is to prevent occurrence of diseases by increasing access to quality promotive and preventive health care services. It has six sub programmes as shown below;

Sub-programme 1.1: communicable diseases control

1. HIV and AIDS Control

Kenya has the fifth-largest HIV epidemic in the world. HIV prevalence and incidence in the country were reported at 4.3% and 0.5% respectively as at 2021, down from 10% in the 1990s. The number of persons living with HIV in Kenya is estimated to be over 1.4 million with about five percent of these being children aged 0-14 years. Ninety percent of adult PLHIVs are currently on care with a viral suppression of 95.5% among those on ART. Seventy four percent of children living with HIV are currently on care with a viral suppression of 89.3% among those on ART. The number of AIDS related deaths increased despite ART coverage due to unmanaged advanced HIV diseases and concomitant non communicable diseases among PLHIV. The number of new HIV infections in FY 2021/22 were 103,154, out of 4,012,635 who were tested. Key contributors to new infections are key populations, maternal to child transmission and adolescent girls and young women (AGYW). The mother to child transmission of HIV in Kenya was 9.7% as at Dec 2021 against a target of less than 5%. There has been improvement in maternal syphilis testing from 50% to 78% coverage through adaptation of the HIV syphilis dual testing and management at MCH. There is no data on hepatitis.

During this period the MoH reviewed and launched guidelines for HIV treatment and prevention to enhance use of ART that has seen complete transitioning of adult clients to Dolutegravir (DTG) based optimised ART regimens which are more effective. So far, 80% of paediatric clients have been transitioned to DTG. HIV prevention has been enhanced by HIV self testing (HIVST) and social network testing through peer models among the general population, and pre-exposure prophylaxis (PreP) for the HIV uninfected populations who are at greater risk of acquiring HIV. There was also expansion of data collection and information systems capturing over 70% of PLHIV on treatment being within electronic medical records (EMR). Additionally, there was enhanced use of HIV and health data for decision making through optimization of the HIV situation room at national and subnational level.

Kenya also enhanced its multisectoral HIV response during the period of implementation through collaboration with MOE, interior, religious leaders, Counties and media. During the period the Triple threat campaign saw over 30,000 girls receive health education and 15 million reached. Additionally, training of media and journalists, 160 beacon teachers and 8 regional & 47 county commissioners on the triple threat and community level actions required.

Based on the 2021 progress, Kenya is off track with the elimination of mother to child transmission of HIV, Syphilis and Hepatitis. Additionally, the 95-95-95 Global UNAIDS targets have not been met and progress in attainment of the targets is lowest among children, adolescents and young people nationally. Challenges that have undermined HIV response progress include COVID-19 pandemic and the emerging concern around sustainability as Kenya has over the years relied on bilateral and multilateral donations to finance over 60% of the annual budgets required for essential HIV health products. There has been a decline in proportionate donor funding and a stagnation in Government contribution towards procurement of HIV commodities despite the increase in number of citizens on ART.

It is estimated that over 50% of all new HIV infections in 2021 occur among young people between 15 -29 years. New infections in this population means lifetime commitment for financing life on ART, which is unsustainable and costly. Unlike access to HIV testing and ARVs which are well established, there is suboptimal access to diagnosis for advanced HIV disease leading to limited diagnosis and lack of funding for treatment for AHD.

2. Tuberculosis Control

Drug susceptible TB (DSTB) Notifications and treatment success rate:

In 2021, the country reported a total of 77,854 drug-sensitive Tuberculosis (DSTB) cases representing a 6.7% increase from the previous year of 72,943, out of an expected 140,000 incident cases, representing 44% of cases notified in the year. Treatment success rate (TSR) for all forms of TB declined by 1.2 percentage points to 84% (2020 cohort), from the previous year.

Drug resistant TB Notifications and treatment success rate:

Kenya had been one of the 30 TB, TB/ HIV and MDR/TB high-burden countries according to the 2021 review of global high burden countries . As a consequence, subsequent medium-term plans (MTPs) prioritised, among others, the programmatic management of drug-resistant TB (PMDT) leading to country wide scale up of PMDT services with regular updating of internationally compliant national policy guidelines and algorithms.

A total 736 people were diagnosed and started on treatment in 2021 equivalent to a drop of 16% DRTB case finding. The main challenge during the period was sub optimal DR TB surveillance occasioned by shortages of lab commodities including GeneXpert cartridges. A total of 77% DR TB patients were successfully treated in the year 2021. The deviations are explained by the death rate that is still high at 13%, and lost to follow-up at 5.4%.

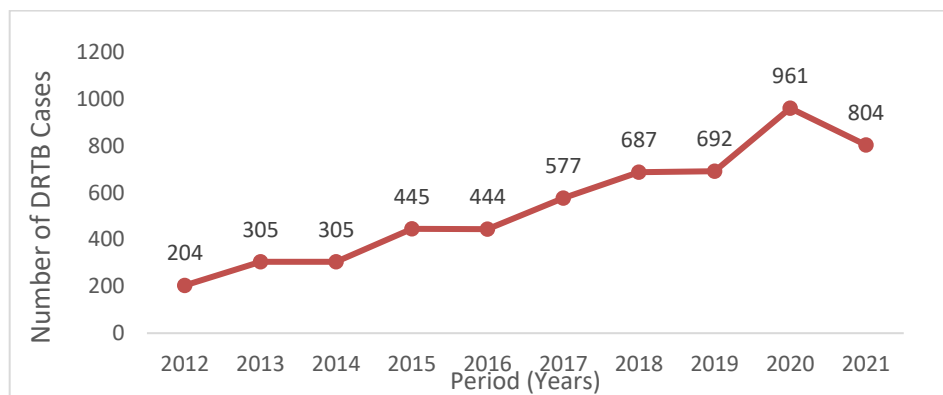


Figure 2: DRTB Case finding trend

TB Preventive Therapy (TPT):

The country rolled out TPT services in all the 47 Counties as per the identified target groups, with a total of 8,221 (95%) persons in contact with TB patients initiated on the preventive therapy against a target of 8,632. The underachievement was due to stock outs of Rifampentin/Isoniazid in most counties for more than 4 months of the period under review. The country continues to make efforts to ensure that commodities are available for all the TB control interventions in line with the TB strategic plan 2019-2023.

3. Malaria

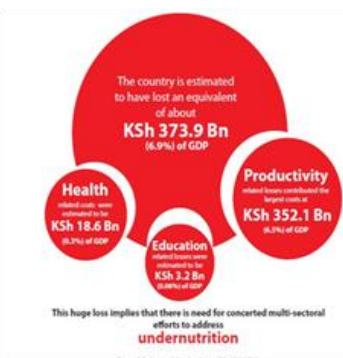
The incidence of malaria in the country stands at 84 persons per thousand (KHIS 2022), translating to about 4.9 million malaria cases country-wide. Over the last 10 years, the prevalence has reduced by 50% to 6 percent (KMIS 2020). A total of 1.47 million pregnant women and children under 1 year benefitted from routine net distribution. This is against a target of 2.2 million, (67% of target).

The programme distributed 5 million ACT doses against a target of 7 million due to stock-outs. The proportion of suspected cases tested improved from 67% to 84%, while that of confirmed cases treated improved from 92 to 97%, due to availability of commodities. The sector is diversifying malaria prevention measures through a collaborative project with the Cuban Government covering 8 counties (10m population) with high malaria transmission; the project has managed to spray 75% against a target of 90% habitats.

4. National Vaccines & Immunization Program

In 2021, the estimated proportion of children under one fully vaccinated with all their life saving routine infant vaccines was 82.3% up from 72.8% in 2016. The proportion of facilities offering immunisation services increased from 60% to >90% during the review period, attributed to installation of specialised vaccine storage equipment in over 3,500 health facilities and 290 sub-county vaccine depots.

5. Nutrition



Kenya is experiencing the triple burden of malnutrition - undernutrition (underweight, stunting and wasting), overweight and obesity and micronutrient deficiencies, causing huge economic losses estimated at KSh 374 billion annually (COHA). Evidence shows that the return on investment for nutrition in Kenya stands at 22 USD for every 1 USD invested towards nutrition, making nutrition a worthwhile investment.

Out of 7.22 million children under the age of five, approximately 2.6 million children are undernourished; and 4% are overweight or obese. Micronutrient deficiencies of iron, folate, iodine and vitamin A are also widespread, with 42% of pregnant women and 26% children 6–59 months being anaemic (KNMS, 2011). Vitamin A supplementation (VAS) coverage has improved from 67.4% in 2011 to 86.3% in 2021 against a national target of 80%. Iron and folic acid supplementation (IFAS) coverage was at 80%. Breast milk substitutes (General) Regulations, 2021 were developed and came to force on 30th May 2022. The Ministry is promoting high impact nutrition interventions (HINI) including integrated management of acute malnutrition in the 23 ASAL counties: over 3500 facilities are implementing HINI. The Ministry developed a multisectoral Kenya Action Plan on Child Wasting in 2020 <https://www.childwasting.org/>. The plan outlines priority multisectoral interventions for accelerating reduction of child wasting by the year 2030. Additionally, the Kenya Nutrition Scorecard which is aligned to the Africa Continental Nutrition Accountability scorecard was developed and rolled out to counties.

6. Primary Health Care

The sector collaborated with the county governments to set up 11 primary care networks in 11 counties-Marsabit, Mombasa, Kakamega, Kisumu, Nakuru, Makueni, Turkana, West Pokot, Samburu, Elgeyo Marakwet and Garissa, and are at various levels of implementation.

The 50 Family Physicians trained in Cuba returned during the reporting period and are currently conducting outreaches to the community, and spearheading multidisciplinary teams.

A Behaviour change communication package for health workers was developed and county teams were trained in all the 47 counties. Information Education and Communication (IEC) materials on COVID-19 and various aspects of the pandemic were developed and disseminated to all counties and through media.

7. Community Health

The Division of community health in 2019/2020 provided support to counties to recruit and train an additional 30,000 community health volunteers. The current number of units in the KMCHUL is 8778 against a target of 8663. The Division of Community Health also developed and piloted the electronic community health information system in 2020-2021.

Additionally, the Sector has come up with a comprehensive electronic community health information system (eCHIS) that will aid community health volunteers to collect household data, timely reporting and to deliver community health services (CHS). The eCHIS has been piloted in Isiolo and Kisumu and improved as per the pilot assessments and findings.

Sub-Programme 1.2: Non-Communicable Diseases (NCDs) Prevention and Control

1. NCD Prevention and Control

NCDs accounted for 43.5% of hospital deaths in 2020/21, compared to 35.4% in 2017 and are estimated to reduce household incomes by 28.6%. Despite this, the funding for NCDs is limited with a 94% funding gap from the estimated KES 377 billion needed as per the costed National NCD Strategic Plan 2021/22 - 2025/26.

There has been a 30% and 45% increase in the number of new outpatient visits with hypertension and diabetes respectively between 2017/18 and 2020/21. Other rare NCDs managed include haemophilia, where 12 clinics were established, providing medication at no cost to patients through the support of the World Federation of Hemophilia. In relation to NCD data management, an electronic NCD Medicines Forecasting Tool was developed and currently being rolled out, together with a digital tool for mapping NCD stakeholders. This has enhanced reporting of diabetes and hypertension indicators.

2. National Cancer Control

The mortality burden of cancer has increased from 3% in 2000 to 8% in 2019. A National Palliative Care Policy 2021-2030, Breast Cancer Screening and Early Diagnosis Action Plan 2021-2025, Cancer Specimen Handling, were developed and disseminated. The country is implementing strategies towards elimination of cervical cancer. In 2021, some of the milestones achieved include training of 6,300 HCWs in 25 counties, distribution of 800 thermal ablation devices, 100,000 speculums and 100 LEEP machines. The number of women screened for cervical cancer increased to 670,019 as compared to 382,842 in the previous year.

The sector has collaborated with ten (10) counties to establish regional cancer centres using a “hub” and “spoke” model with the three National Referral Hospitals as the “hubs” and the ten regional sites as the “spokes”. Of the ten regional cancer centres, radiotherapy bunkers and its supra-structures were completed, equipped and provided with essential chemotherapy medicines at no cost to the patients and are now fully operational. An online National Oncology Dashboard was operationalized to streamline chemotherapy drugs supply chain management and reduce stock-outs through linkage to KEMSA, and a supply chain TWG established.

3. Geriatric Medicine

In the period under review the sector developed a Healthy Ageing and Older Persons Strategy 2022-2026 that focused on promoting healthy ageing through establishment and strengthening long term care systems. A CHV training manual was developed and 100 CHVs trained in one county on healthy ageing. Fourteen (14) counties were also sensitised on integrated care of older persons.

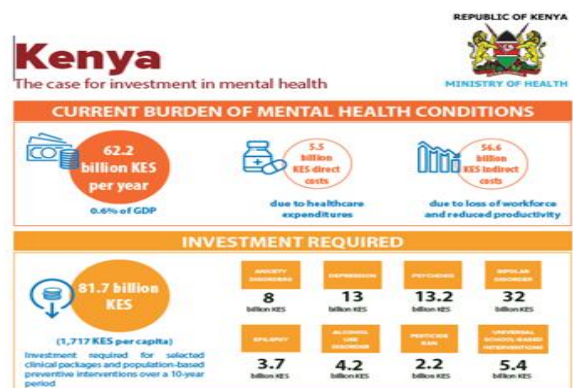
4. Violence and Injury Prevention and Control

In the year 2021/22, 50 healthcare workers were trained on trauma and injury management. During the period under review 500 CHV and other community members such as boda boda riders were trained on prevention of injuries and basic first aid in Nairobi, Machakos, Kajiado. The Sector developed the National Trauma framework that was disseminated to 40 Counties.



5. Mental Health

Based on an investment case conducted, the total economic burden on account of mental health conditions in the Kenyan economy was KES 62.2 billion (US\$571.8 million), an equivalent loss of 0.6% of the GDP in 2020. Investing in mental health will accrue productivity gains and social value of health worth KES 161.6 billion over a ten-year period. In the period under review, the Kenya Mental Health (Amendment) Act 2022 was enacted. A total of 8 county hospitals with inpatient mental health services and one health centre were inspected.



The Sector developed and disseminated several documents: Mental Health Action Plan (2021-2025); Suicide Prevention Strategy; mental health policy; mental health action plan; substance use protocol. A total of 1686 health care workers were trained on Mental Health And Psychosocial Support (MHPSS) . 60 TOTs and 120 Community health volunteers in six counties were trained on common mental health disorders, basic counselling skills and mental health first Aid. Another 977 healthcare workers were sensitised on quality rights.

6. Tobacco Control

Kenya tax rate standards for tobacco are at 39% of retail sale price against that recommended by WHO at a minimum of 70% to effectively deter affordability. Kenya has implemented more than 90% of the FCTC-Protocol and is currently a key facilitator in the Technical Working Group of WHO-FCTC developing the implementation framework. The country has an Excisable Good Management

System (EGMS); a real-time electronic system which was developed based on the Article 8 of the protocol that has successfully been implemented and Kenya is a benchmark to over 50 countries so far.

7. Tobacco Control Board (TCB)

Under Policy formulation and regulations, the sector reviewed and developed a number of policy documents; Tobacco Control Act 2007 and Tobacco Control Policy 2014; resource mobilisation strategy; stakeholder engagement strategy. The National Assembly was sensitised on the draft Tobacco Control Fund Regulations. Law implementers and enforcers were sensitised of the Tobacco Control laws in 24 counties. The sector led key stakeholders in planting of trees in the host counties in line with the theme of 2022 World No Tobacco Day which focused on protection of the environment from effects of tobacco growing and consumption.

A Tobacco, Alcohol, Drugs and Substance Abuse Survey (TADSAS) was conducted in 2022. The sector created awareness on dangers of tobacco and nicotine through media campaigns and commemorating the World Tobacco Day 2022 at the University of Nairobi Grounds.

Sub - Programme 1.3: Radiation Safety and Nuclear Security

During the period under review the authority developed and implemented a Central Monitoring System (CMS), used by radiation facilities owners who require high security monitoring. A Postgraduate Educational Course (PGEC) curriculum in Radiation Protection and the Safety of Radiation Sources was developed in collaboration with KENRA, the Multi-media University and the International Atomic Energy Agency which will be implemented from October 2023. The programme will draw participants from the African region.



Phase 1 of the **Central Radioactive Waste Processing Facility (CRWPF)** was completed and commissioned on 18th March 2022 by H.E Uhuru Kenyatta. In addition, regulations on Security of Nuclear Material, Physical Protection of Radioactive Materials, Radiological and Nuclear Emergency Preparedness and Response, Ionizing

Radiation Safety, Safe Transport of Radioactive Materials, Radioactive Waste Management, Non-Ionizing Radiation Safety, Radioactivity Levels in Foodstuffs, Radioactive Consumer Products and Schedule of Fees Payable were developed.

During the FY 2021/22, the sector developed documents that include; Categorization by SCAC, organisation and staffing structure and staffing levels, career progression manual, human resource Policies and career progression Guidelines and Procedures manual. A total of 4,200 radiation facilities were inspected and forty-five (45) personnel having nuclear safety and security responsibilities were trained. A radio analysis for consumer products to ensure radiation safety for members of the public was conducted. A total of 171,000

samples were analysed with approximately 99% being within allowable safety levels.

Sub - Programme 1.4: Reproductive Maternal Neonatal Child And Adolescent Health

1. Maternal Health

The fourth ante-natal clinic visit coverage registered an annual improvement, from 40% in 2016 to 52.8 % in 2021. The proportion of women delivering under a skilled provider has been on an upward trend, rising from 72.9% in the FY 2020/21 to 79.3% FY 2021/22. The Maternal Mortality Ratio was 342 deaths per 100,000 live births (Census additional analysis report), a minimal reduction from the 362 deaths (Kenya Demographic and Health Survey, 2014), though the methodologies were different.

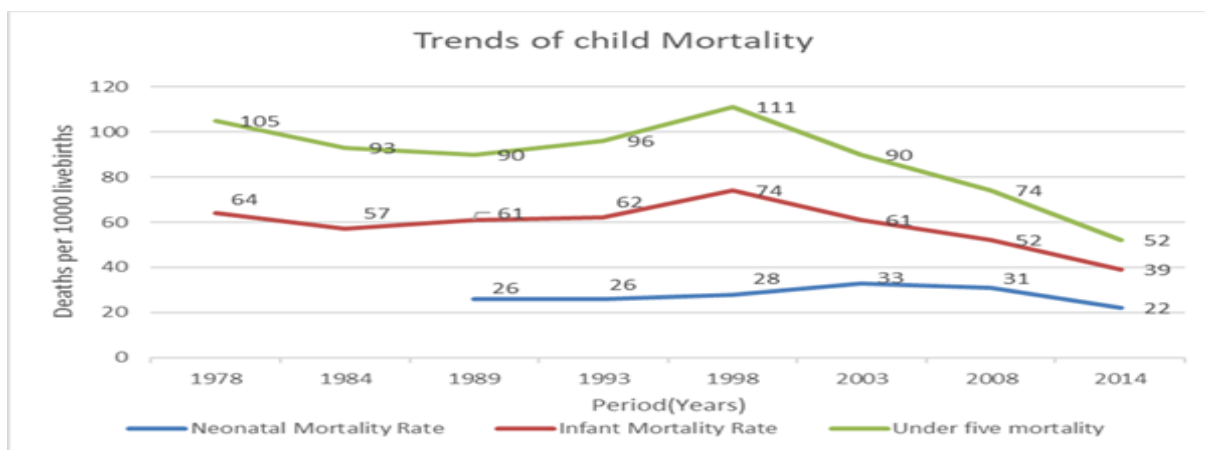
2. Family Planning

Kenya has made incredible progress in improving its contraceptive prevalence rate (CPR) which has led to a reduction in the Total Fertility Rate (TFR). The number of unplanned pregnancies averted due to the use of modern methods of contraception has increased from 1,547,000 (2012) to 2,349,000 (2021); the number of unsafe abortions averted due to the use of modern methods of contraception increased from 384,000 (2012) to 583,000 the (2021); the number of maternal deaths averted due to use of modern methods of contraception increased from 3,900 (2012) to 6,000 (2021). The contraceptive prevalence rate for modern methods for married women (mCPR-MW) increased marginally from 56.30 per cent (2014) to 58.10 per cent (2021) with unmet needs reducing slightly from 18 per cent to 17 per cent. Current data reveal implants are the most popular method (36%-all WRA), followed by injectable (32.5%-all WRA) and condoms (7.3%). Teenage pregnancy rate was 18 per cent, while the an unmet need for family planning among sexually active, unmarried girls aged 15-19 years, was at 49% in 2016.

2. Neonatal and Child Health

The Kenya Demographic Health Survey (KDHS 2014) showed that since 2003, Kenya decreased its under-five mortality rate from 114 to 52 deaths per 1,000 live births, and decreased infant mortality rate from 77 to 39 deaths per 1,000 live births. The neonatal mortality rate estimates for the year 2020 was 21.5 deaths per 1,000 live births (Census), which has remained constant from the KDHS 2014 findings of 22 per 1,000 live births. The SDG target is a reduction in the neonatal mortality rate to 12 per 1,000 live births by 2030.

Trends in Child Mortality – Kenya 1978-2014



Clinical guidelines and training guides for early essential newborn care and comprehensive newborn care protocols were developed. Eight counties were trained on Early Essential Newborn care: Nairobi, Kitui, Kilifi, Garissa, Marsabit, Turkana, W. Pokot, Vihiga. NEST bundles of equipment were installed in 13 National and County hospitals.

The MNH quality of care guidelines for improving quality of care given to newborns during the first 7 days of life and guidelines and IEC materials for use were disseminated in 23 counties. Scale up of the use of Kangaroo Mother Care (KMC) for care of preterm and Low Birth Weight babies was done in 40 counties.

By August 2020, 32 out of 47 counties had 12,000 CHVs trained on Integrated Community Case Management (iCCM). In addition, 5 Neonatologists, 3 Neonatal Fellows, 9 Neonatal Nurses, 16 Nurses and 38 Pediatricians were trained.

Sub - Programme 1.5: Environmental Health

1. Water Sanitation and Hygiene (WASH)

The sector launched the Kenya Sanitation Alliance (KSA) in December 2021. KSA is a sanitation Movement that envisions elimination of Open Defecation in the 15 biggest open defecation contributing counties namely Turkana, Marsabit, West Pokot, Samburu, Narok, Isiolo, Tana River, Garissa, Kilifi, Kwale, Homabay, Kajiado, Baringo, Wajir and Mandera.

Four counties signed a commitment to finance sanitation and hygiene activities to the tune of KES 10M. The Urban Sanitation guidelines, Menstrual Hygiene Management Teachers handbook and Hygiene Promotion Teachers handbook were developed and launched..



CAS with other Senior County Health Representatives During the launch of

Quality assurance was carried out in six counties

namely Kilifi, Kwale, Narok, Homabay, West Pokot, Turkana. One sub county in each county was certified as open defecation free.

The sector undertook a national assessment of basic sanitation, hygiene and hand washing services across levels of health care in seven Counties namely Machakos, Kiambu, Kajiado, Kisumu, Homabay, Nakuru and Nyamira. These counties were selected based on prevalence on COVID 19. The assessment used the WHO Health facility tool kit.

2. Health Care Waste Management, Pollution and Climate Change

Medical waste incinerators emit toxic air pollutants and are a major source of dioxins in the environment. To mitigate this, a total of 9 out of 10 microwave equipment, for medical waste sterilisation, were installed and commissioned in 9 targeted sites in Kisii, Kisumu, Nakuru, MTRH, Embu, Machakos, KNH, Kakamega and Mombasa, and two additional microwaves in Migori and Busia County referral hospitals with support from United Nations Development Programme Japan (UNDP). In line with these installations, 100 technical staff were trained on operations and maintenance.

3. Food safety and Quality Control

The Sector developed the Guideline on Surveillance and Enforcement for Food Fortification in Kenya with the aim of strengthening enforcement of mandatory required food as per CAP 254 and Kenyan Standards through building capacity of PHOs at the county level thereby increasing compliance by the Food Business Operators. A total of 22 TOTs were trained from 10 counties who later cascaded further to another 156 PHOs from their respective counties.

The Sector through legal notice 162 of 2012 and 157 of 2015 under food drugs and chemicals act CAP 254 made it mandatory for packaged maize meal and wheat flour to be fortified. In order to increase compliance of these products' the sector embarked on building capacity of large and medium scale millers across the country, where a total of 6 associations of millers and 208 millers were trained on flour fortification, Good Manufacturing Practices (GMP), and premix quality assurance through Hazard Analysis Critical Control Points (HACCP).

The Kenya School Meals Food Safety and Quality Guideline was developed in 2019 to guide matters of food safety and quality in learning institutions. It provides practical guidance on how to implement and manage an effective food safety and quality system for schools.

4. Port Health Services

A Command Center was set up at the Ministry of Health headquarters to provide customer service to the end users, escalate system issues, and enable information sharing among EAC Partner States and carry out data analysis that would inform COVID-19 interventions. Two staff were hired with support

from EAC through Trade Mark EA to man the Command Center. Furthermore through partnership with the International Organization for Migration a Handbook covering fifteen (15) Standard Operating Procedures (SOPs) was developed and validated.

The Port Health Services participated in cross-border engagements with Tanzania that resulted in the signing of the General Memorandum of Understanding for Health between Kenya and Tanzania and a simulation exercise at Kilimanjaro Airport in Arusha.

5. Occupational Health and Safety

With the health and safety challenges witnessed during COVID-19 pandemic, the Ministry established and trained safety and health committees in the 10 National and County Health Referral Facilities on occupational health and safety. The sector also did risk assessment in three level 4 facilities in Kilifi, Nyeri and Kirinyaga Counties.

6. Disinfection, Vector and Vermin Control

A survey was conducted in Muranga County to assess the level of Jigger's infection among school going children. During the year under review, the sector responded to the yellow fever outbreak in Isiolo County by providing technical support to the County Health Department and Vector Control Commodities such as fungicides, chemicals and equipment for identification and destruction of mosquito breeding.

Sub- programme 1.6. Disease surveillance and Epidemic response

1. Disease surveillance

In FY 2021/22 the sector established Community Event Based Surveillance (CEBS) in 8 Counties and Health Facility Event Based Surveillance (HEBS) systems in 61 health facilities. Detection rate of non-polio acute flaccid paralysis (AFP) increased from 2.3 to 4.06 per 100,000, attributed to performance-based reimbursements, supportive supervisory activities, guidance from polio expert committee members and national integrated active case search that was done for poor performing counties.

2. Field Epidemiology & Laboratory Training Program (FELTP)

In the financial Year 2021/22 FELTP conducted capacity building of 110 health care workers. Additionally, a total of 30 health care professionals were enrolled for the Kenya Improving Public Health Management for Action (K-IMPACT) short course.

Twenty health care workers were enrolled for a two-year master's degree course in advanced epidemiology and seven (7) for a two-year master's degree in public health systems management and application.

FELTP conducted 20 outbreak investigations out of 21 notified to the Program by the Ministry of Health and counties. It also supported 8 Counties in the surveillance for Polio, and registered remarkable improvement in polio surveillance indicators in those counties.

3. Vector Borne & Neglected Tropical Diseases

A total of 89 Health Care workers were trained to diagnose, manage and report on Visceral Leishmaniasis (VL). Additionally, 257 community health volunteers in VL hotspots spots were capacity built with key health messages. In 2021/2021 a total of 4,082,889 out of the eligible population of 4,095,762 translating to a coverage of 99.7% were mass-treated for Lymphatic filariasis (LF). Two surveys were also conducted to evaluate the impact of the disease, that indicated that 18/23 endemic Sub counties had successfully lowered the disease infection below public health importance to <1% following mass treatment in the last 5 years. A total of 2,057,075 people were mass-treated out of a total population of 2,600,593 as indicated in below table 2.

Table 4: Number of people reached with lymphatic filariasis treatment in coastal region over the years

Year	Kilifi	Kwale	Lamu	Mombasa	Taita Taveta	Tana River	Treated
2019	1,313,976	750,434	117,789	1,284,501	73,537	272,775	3,814,995
2020	1,540,384	818,576	0	1,264,762	83,545	316,558	4,023,825
2021	1,515,515	874,992	0	1,265,100	98,556	328,726	4,082,889

In 2021/22, more than 10.5 million people in endemic areas of the Coastal and Western regions of Kenya were reached with intestinal worms and bilharzia treatment (3,595,092 and 7,011,083 respectively for bilharzia and intestinal worms.)

4. Global Health security

Joint External Evaluation was conducted and subsequently the National Action Plan for Health Security (NAPHS) developed, with a road map to ensure a resilient nation with the capacity to prevent, promptly detect and effectively respond to public health risks and emergencies through attaining and sustaining IHR (2005) core capacities.

The Defense Threat Reduction Agency's Biological Threat Reduction Programme (DTRA-BTRP), with its 3 components: Biosafety and Biosecurity, Biosurveillance and Research have resulted in renovation of referral laboratories at Isiolo County Hospital, Kajiado County Referral Hospital and Kabete Central Veterinary Lab, to improve their testing capacity. The National Public Health Institute /Centre for Diseases Control (NPHI/CDC) was also established through a gazette notice in the year under review.

5. Zoonotic Diseases

In The FY 2021/22 One Health Strategic Plan (2021-2025) was launched. National prevention and control strategies for brucellosis and anthrax aimed at controlling and eliminating the two diseases by 2040 was developed and launched. A first-ever anthrax risk map for Kenya was developed and published that will help implement disease prevention and control strategies by guiding targeted interventions.

A total of 28 healthcare workers in Lamu County were trained on human rabies prevention and control. Additionally, 75 healthcare workers from Isiolo, Marsabit, Garissa, Wajir and Mandera County were trained on brucellosis disease management and biosecurity. Modules for the establishment of County One Health Units (COHU) were also established and 5 counties trained towards forming the coordination and collaboration offices.

6. Health Emergencies and Disaster Management (HEDRM)

The sector launched and disseminated the Emergency Medical Care Policy (2020-2030) and Emergency Medical Care Strategic Plan (2020-2025). National Emergency Medical Care Treatment Guidelines and Health Sector Disaster Risk Management Strategic Plan (2023-2027) were developed.

Emergency Medical Care Steering Committee(NEMCSC) was established to operationalize Emergency Medical Care Policy (2020-2030) and Strategic Plan (2020-2025). Various MoUs between the Ministry of Health and Kenya Redcross, Tripartite MoU between Ministry of Health, KMTC and St. John Ambulance were also established.

7. Laboratory Services

In the FY 2021/22, over 1 million polymerase chain reaction (PCR) kits and another 1 million antigen testing kits were procured and redistributed. Laboratory Officers were trained on Covid 19 PCR testing and commodity management. The scope of the Integrated External Quality Assurance Centre of Excellence was enhanced. The Oncology Reference laboratory was accredited to ISO 15189:2012 for HPV testing and National Influenza Centre to ISO 15189:2012 for Cov-2, Influenza A and B.

In the year under review, surveillance of aflatoxins in maize meal was conducted in selected counties in Kenya. A total of 312 samples of maize flour were analysed for aflatoxin, Kiambu County had the highest (29.8%) number of samples with aflatoxin content above the maximum threshold. Overall, 14.4% of the maize samples had total aflatoxin levels above the safety threshold of 10ppb, with some samples having very high levels (>100ppb).

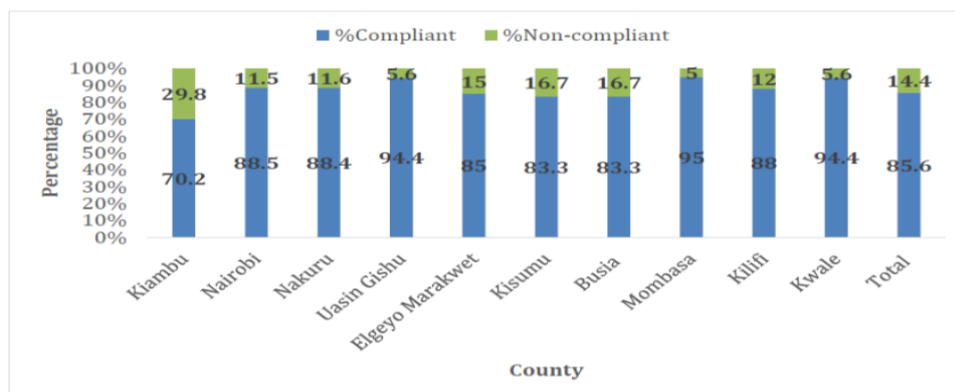


Figure xx: The proportion of maize meal samples with or without

COVID-19 Health Emergency Response

1. Surveillance for Covid-19 - Public Health Emergency Operations Centre (PHEOC)

PHEOC with support from GIS-CDC trained a total 72 county EOC staff on public health emergency management from 17 counties and set up and equipped a total of 20 public health emergency operation centers (PHEOC) in 18 counties, and at JKIA and Kenya Prison Service Headquarters (KPS). In the FY 2021/22, a total of 115 public and private laboratories had the capacity to conduct confirmatory (PCR) tests and 472 laboratories had the capacity to do Rapid Diagnostic Test (RDT)for COVID-19. It coordinated distribution of 24,283 complete personal Protective Equipment (PPE) kits to health care workers responding to Covid-19 pandemic in FY 2021/22.

2. Medical Oxygen

Majority of hospitals have oxygen; six national referral hospitals, 11 county referral facilities, and 83 sub-county referral hospitals (L4s), as liquid oxygen, PSA plants, cylinders, and manifolds. USAID has done capacity building for 35 staff in medical engineering, and nurses on clinical oxygen for their target facilities.

3. COVID-19 Vaccination

In the year 2020, the Sector established a robust policy, governance, leadership framework and plans to improve the vaccine supply chain. The Sector through the National COVID-19 Taskforce developed the National COVID-19 Vaccine Deployment Plan (NVDP), 2021 to guide vaccination strategy against COVID-19 as well as support the mobilisation of the required resources. The Ministry began vaccination against COVID-19 in March 2021 where 8,678,584 (31.9%) of adults were fully vaccinated as of 30th June 2022.

Table 3: Covid-19 Vaccination status

Current Status	Total doses Administered
Total doses administered	18,841,001
Doses administered adult population (18 years and above)	16,775,765
Fully vaccinated adult population (18 years and above)	8,678,584
Proportion of adults fully vaccinated (18 years and above)	31.90%

PROGRAMME 2: NATIONAL REFERRAL AND SPECIALISED SERVICES

The objective of this programme is to increase access and range of quality specialized healthcare services. It has four sub programmes as shown below;

Sub-Programme 2.1: National Referral & Health Services

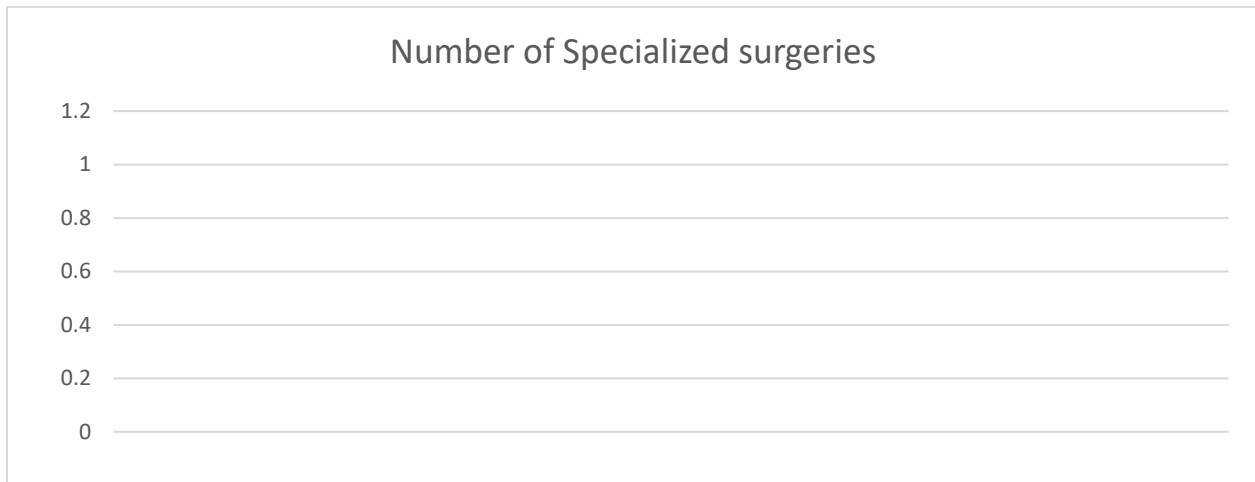
1. Kenyatta National Hospital

During the period under review, KNH continued to offer specialized services including a uniportal Video Assisted Surgery, video assisted thoracic surgery, laparoscopic surgery to remove large polycystic kidneys in a patient who was being prepared for kidney transplant, highly delicate and complicated Tetralogy repair surgery on two-year-old baby, and a complicated and delicate surgery on a 17-year-old patient with a knife injury that had gone through the eye to the base of the skull rupturing his left globe. The specialized surgery entailed a multi-disciplinary team of cardiothoracic surgeons, anesthesiologists, cardiothoracic residents and nurses, and had good patient outcomes.



Other specialized surgeries conducted include twenty (21) major liver resections, an increase from fifteen (15) that were performed in the FY 2020/21. A total of 25,761, 30,451 and 33,523 specialized surgeries were conducted in FY 2019/20, 2020/21 and 2021/22 respectively. These specialized surgeries include maxillofacial, obstetrics and gynaecology, paediatrics surgery, cardiothoracic surgery, neurosurgery, plastic surgery, general surgery, ENT surgery, orthopaedic surgery, ophthalmology.

The KNH completed a Immunogenetics Laboratory (HLA Lab) which is a state-of-the-art laboratory for histocompatibility and genetic testing for solid organ and bone marrow transplantation. The lab is the first of its kind in East Africa and will greatly support organ and tissue transplants by testing donor and recipient matching locally.



During the year, the hospital established heart surgery, cancer treatment, diagnostics and imaging, laboratory medicine, tissue and organ transplantation, gastroenterology, diabetes and endocrinology centres. The

centre of excellence in liver and bone marrow transplantation, sports medicine, reproductive health (IVF) as well as healthcare training, research and innovation are being set up.



182 to 888.

Since the **FY 2019/2020** the Hospital has completed the construction and equipping of both the Zarina Merali Surgical Day Care and renal unit upgrade. Similarly, the hospital has expanded the Critical Care Units from **65** in the **FY 2018/19** to **101** in the **FY 2021/22**. In response to COVID-19 pandemic, the Hospital also increased the oxygen access points from

On the patient care front, KNH has established a diagnostic and reporting centre which incorporates a medical teleconferencing facility and artificial intelligence tele-radiology center which enables relay of radiological images from referring hospitals. In turn, the images are read, interpreted and reported back timely for clinical decision making.

In the FY 2019/20 the Hospital conducted 41 outreaches, 163 in 2020/21 and 177 in the FY 2021/22 to improve management of patients before referral and conduct general public awareness. A total of 101 county referring facilities were visited and the health care workers sensitized accordingly. In the period under review, a total of 8,113 clients were reviewed and screened and 1,201 cases referred for specialized treatment. In addition, a total of 5,917 members of the public received IEC materials and COVID-19 vaccination.



2. Mwai Kibaki Hospital (Formerly KNH-Othaya)

Mwai Kibaki Hospital formerly KNH Othaya was handed over to KNH management and was fully operationalized in FY 2021/22. To date, a total of 121,349 patients have received specialized healthcare services in the facility. In the period under review, new services have been introduced and some of the existing services expanded including a private wing, ECG services, family planning, Covid – 19 Antigen test & physiotherapy gymnasium services, plastic & reconstructive surgery and laparoscopic surgery.

In line with Universal Health Coverage aspirations, the hospital conducted twelve (12) medical camps and outreaches covering the Mount Kenya region and its environs. A total of 22 facilities were visited and sensitization on improving case management for referrals was undertaken. During the period, a total of 1,911 clients were reviewed and screened and some cases referred for specialized treatment. In addition, a total of 3,553 members of the public received IEC materials and COVID-19 vaccination.

The hospital renovated the Critical Care Unit (CCU) and expanded its capacity from 6 to 21 beds. In addition, Mwai Kibaki Hospital partnered with Safaricom Foundation to renovate and equip the New-Born Unit. The renovated facility has 16 beds and four (4) maternal HDU beds.

To meet the rising demand for CCU, Mwai Kibaki Hospital in-conjunction with AMREF Health Africa and the Rockefeller Foundation acquired and installed a 3000-litres bulk liquid oxygen tank. On average, 35 patients used oxygen per day in the facility. In addition, the tank has provided a seamless supply of oxygen to COVID-19 patients in the Hospital.

3. Mama Margaret Uhuru Hospital (MMUH)



Mama Margaret Uhuru Hospital (MMUH) is a level six Teaching and Referral Hospital. It is a 350-bed capacity.

Presidential Launch of the Mama Margaret Uhuru Hospital

4. Moi Teaching And Referral Hospital (MTRH)

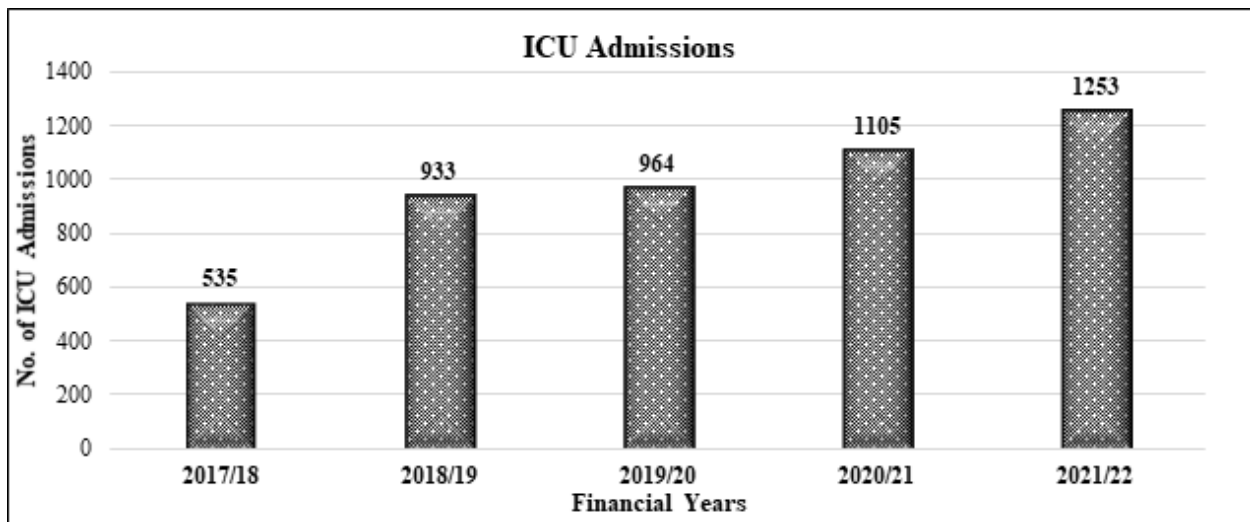
MTRH acquired and installed Linear Accelerator (LINAC) and Brachytherapy machines to increase access in cancer care services.

Since operationalization, over 15,000 external beam radiotherapy sessions and over 170 brachytherapy sessions have been done. In addition, the hospital has established a state of the art data centre with an advanced firewall for big data security, intelligent switches, high-capacity backup infrastructure as well as servers.

Further MTRH has acquired Pressure Swing Adsorption Plant (PSA)/Oxygen generating Plant (OGP) producing a combined 2,000 litres per minute (LPM) oxygen from 2x1,000 LPM plants. This supported case management of COVID-19 and other cases requiring oxygen. It is the single largest oxygen generating plant in a hospital setup within the East and Central Africa region. MTRH has 120 -150 patients on piped oxygen across the hospital.



MTRH ICU capacity increased from 6 in FY 2017/18 to the current 62 beds ICU Capacity in 2022, which has enhanced access to the provision of specialized health care services at MTRH and reduced patient referrals to private facilities. The figure below shows the number of ICU admissions that has increased from 535 in FY 2017/18 to 1,253 in FY 2021/22.



During FY 2021/22, MTRH carried out specialised surgeries including: 18 kidney transplants compared to 6 done in FY 2020/21 and 16 transplants done in FY 2019/20; 16 corneal transplants were carried out and 6 in the FY

2020/21; 3,118 minimally invasive surgeries compared to 2,226 in FY 2020/21 and 1,839 in FY 2019/20; amongst others. The demand for minimally invasive surgeries continues to increase hence the need for additional specialized healthcare workers and modernization of medical equipment including Laparoscopic Towers, Cardiac Catheterization Laboratory, Expansion of Theaters and ICU facilities.

Achievements are due to continued screening & recruitment of patients from the clinics and wards as well as investment in specialized HRH and medical equipment. A total of 16,935 dialysis sessions were carried out in 2021/2022 FY compared to 13,633 and 12,544 in FY 2020/21 and FY 2019/20 respectively.



Construction and Equipping of Biosafety Laboratory (BSL 2) and Isolation Centre/Wards at MTRH: The new World Bank Isolation Unit and BSL II Laboratory were funded by the World Bank through the MOH under the East Africa Public Health Laboratory Network Project. Since its operationalization in November 2020 the project has strengthened

the provision of diagnostic services with over 1.2 million tests carried out annually. The laboratory is the regional testing centre for COVID-19 and other infectious diseases.

MTRH runs a College of Medicine that trains human resources for health that currently offers 17 training courses accredited by the relevant regulating authorities - Ministry of Education, Science and Technology; the Kenya National Examination Council (KNEC); the Technical and Vocational Education and Training Authority (TVETA) and the Kenya National Qualifications Authority (KNQA). The courses being offered are regulated by the relevant regulating authorities. Through PPP the National Treasury and Planning has approved enhancement of the learning environment to be implemented at a cost of KSh. 947 million.

5. Kenyatta University Teaching Referral And Research Hospital (KUTTRH)



Official Commissioning of IMIC HE Uhuru Kenyatta

The Integrated Molecular Imaging Center (IMIC) and IMIC Hospitality Centre at KUTRRH were officially commissioned in October 2021 making it the only public facility that offers PET/CT services. The centre is equipped with technologies that help in early diagnosis and management of cancer and has successfully carried out 1,169 PET/CTs scans and 171 PSMA

scans.

The MOH officially commissioned a 20,000-litres liquid oxygen tank that was donated through the Ministry of Health by the World Bank. Currently, KUTRRH has four (4) oxygen plants which produce 2400 litres per minute cumulatively. With this increased capacity KUTRRH is supporting 5 facilities.



Delivery of 20,000 - litre liquid Oxygen tank at KUTRRH

Kenyatta University Teaching Research and Referral Hospital (KUTRRH) operationalized the Cardiology Unit and performed 13 open heart surgeries during the period under review. The heart unit has an automated Catheterization Laboratory, commonly known as a Cath lab.



Cardiac Catheterization Laboratory

The Hospital operationalized pediatric heart surgeries in May 2022 and has undertaken 5 procedures.



KUTRRH has eight (8) theatres of which five (5) are operational. Currently, the hospital is carrying out an average of fifty (50) surgical cases per week. During the



period under review, a total of 762 minimally invasive surgeries were carried out mainly in general surgery. The hospital has embraced technology through the purchase of highly specialized equipment which ensures faster recovery of patients with minimal scarring.

As a center of excellence in cancer care KUTRRH attained yet another milestone by installing the brachytherapy machine for treatment of cancer patients. Currently, an average of four (4) patients receive brachytherapy daily at the hospital. During the year under review, a total of 395 brachytherapy sessions were carried out.

KUTRRH has one LINAC Equipment for radiotherapy treatment. During the year under review, a total of 55,296 sessions of radiotherapy and chemotherapy were carried out. Out of this, 16,363 were radiotherapy. The increased radiotherapy sessions carried out is a result of having a third shift thereby increasing the number of patients attended daily from 70 to 100. This has pushed the available equipment and resources to the maximum capacity with an average of 70 patients waiting in the queue. The waiting time is currently 3 to 4 weeks.



KUTRRH is working towards operationalization of Cyberknife equipment. It is currently under installation.

KUTRRH operationalized the 15 bed neonatal intensive care unit to serve the maternity ward. This is in addition to the 72 ICU & HDU beds operationalized in the year 2020/21.



The Hospital Clinical Research Support Committee approved 18 research studies in the year 2021/22. Of the approved studies, six commenced implementation. In addition, the Hospital received a grant of KES 446 million NIHR Oesophageal Cancer Research Grant which will be carried out in collaboration with University of Manchester.

KUTRRH established the Institute of specialized Nursing in the year 2021/22 with two initial programs accredited by the Nursing Council of Kenya (NCK) in September 2021. A total of 45 students were enrolled in the year.

During the year 2021/22, KUTRRH was accredited by the College of Surgeons for East, Southern and Central Africa, a training centre for surgeon fellows. 2 doctors were enrolled in the program.

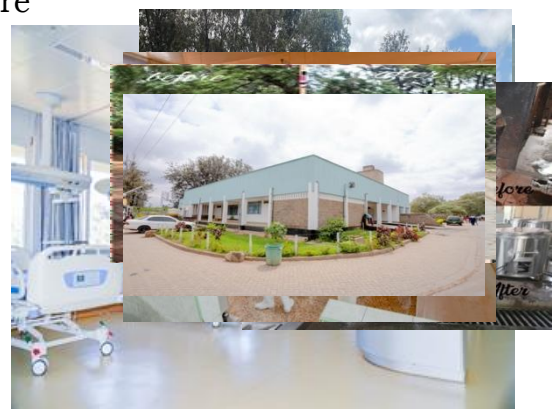
6. Gatundu Level 5 Hospital

KUTRRH was mandated to enhance service delivery at Gatundu Level V Hospital through the signing of a Memorandum of Understanding between the Ministry of Health, KUTRRH and the County Government of Kiambu on 10th September 2020. In the year 2020/21, the facility was given a facelift and this led to an increase in number of patients seeking healthcare. The number of patients served in 2021/22 was 128,400 which was an increase from 106,987 in 2020/21. This has created a need for expansion of the physical infrastructure.

7. Mathari Teaching And Referral Hospital(MNTRH)



A total of 4 wards were refurbished and given facelift including wards and perimeter wall, waiting bay, walkways and ablution block. This resulted in patient growth by 25 % to a bed occupancy of 189,182 for FY 21/22. ALOS also



decreased significantly to 48 days from the previous 55 days. A customer satisfaction survey done showed an average improvement of rating in the quality of services offered and overall experience in the hospital. The number of outpatients attended to by both specialized and non-specialized clinics grew by 16 % from the previous years to 254,933.

8. Spinal Injury Hospital

During the period under review spine services were boosted by purchase of spine implants and spine operation sets which were able to operate on 180 spine cases and 160 patients on plastic surgeries to do wound flaps in FY 2021/22.



During the reviewed period the hospital underwent major renovation which has enhanced conducive environment for inpatients and staff.



Before



After

The in-patients receiving spine services decreased to 204 in FY 2021/22 from 219 and 190 in FY 2020/2021, FY 2019/20 respectively as a result of ward renovations which reduced the bed capacity. The average length of stay was reduced to 83 days from 84.2 days, 90 day in FY 2020/21, FY 2019/20 respectively. This was achieved due to availability of specialized drugs, non-pharmaceutical and equipment.

The hospital acquired laboratory, MRI, CT scan equipment coupled with consultant doctors who ran specialized clinics to attend to spine referral cases hence increased access to spine services. Spine patients with sciatica, herniated or bulging discs, pinched nerves, and degenerative disc disease benefit from traction therapy by relieving pressure that causes pain in patients with spine injuries. This treatment is included with other forms of therapy as part of a total care in physiotherapy department of which in the FY 2021/22 19,044 treatments were offered to spine patients.

During the FY 2020/21 a total of 106 patients were reintegrated back to the society.

Sub-Programme 2.2: Health Infrastructure and Equipment

1. Managed Equipment Service (MES)

The MES is a 7 year contract that provides selected hospitals with a fully integrated and sustainable access to, theatre services, central sterile services, dialysis, ICU and radiology services

Table 7: Scope of Managed Equipment Services

98	<ul style="list-style-type: none"> ● 98 x-ray units
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	<ul style="list-style-type: none"> • 98 ultrasound units • 50 mammography units • 49 OPG units
115	219 Theatres
118	120 CSSD Units
14	14 ICU each with 6 ICU and 3 HDU beds

Major Benefits Realized Under MES projec

Uninterrupted service due to an uptime of more than 95%. In the period under review, the major activity was contract management including monitoring equipment functionality. Specialized training for health workers was also sustained to optimize utilization of the equipment. The contractual guaranteed equipment uptime was consistently achieved at between 90%-98%.

2. Portable Medical Clinics To Support UHC

Ministry of Health entered into an overarching Intergovernmental Participatory Agreement with the respective County Governments to provide a framework of collaboration and ensure the operations of the 100 mobile clinics beyond the three years of National Government support.



3. Infrastructure Support To Kigumo Hospital

Upgrading of Kigumo Hospital to level4 is ongoing and is expected to be completed December 2022.

4. East Africa Kidney Institute (EAKI) Centre Of Excellence



EAKI infrastructure complex during bank mission in Feb 2022

The East Africa Kidney Institute, a centre of excellence in renal care, training and research has been set up in Kenya as part of the East African Community's objective of development of relevant and highly skilled workforce in biomedical sciences to meet the EAC immediate labour market needs and support EAC's free labour market protocols. It is envisioned that EAKI will also attract medical tourism from the region and beyond. The construction of the EAKI complex is at 51% completion as at 30th June 2022.

On the training component, the project has trained health workers in various cadres: Preceptorship (177), Diploma (65), Masters in renal nursing (5), Fellowship in Nephrology (8) and PhD (3). In addition, the project supported Annual Scientific conferences in regards to urology and nephrology professionals (Kenya Association of Urology Surgeons and Africa Nephrology Nurses Association) where research papers were presented.

Urological surgical camp was conducted on 20th-23rd February, 2022 held in Laikipia County where 13 patients were beneficiaries.

5. Establishment Of Cancer Center At Kisii Level 5 Hospital

The Kisii cancer centre is an ongoing project whose scope entails construction of two (2) bunkers, installation of one (1) cobalt 60 machine, one (1) Linear Accelerator, two (2) Operation theatres, six (6) bed ICU, twenty bed wards, four consultation rooms, reception area, support facilities and trained staff (10% of the project cost is for training of the specialized staff). Overallly the project implementation is at 10% as at June 2022.

6. Establishment of Regional Cancer Centres In Nakuru, Mombasa And Garissa

The ministry in collaboration with the 3 counties established fully operational radiotherapy centres. Nakuru and Mombasa are fully operational. Each centre

is equipped with state of the art linear accelerator, CT stimulator and brachytherapy machines.

7. Health Sector Equalization Fund Projects

The ministry of health identified 12 marginalised counties to benefit from equalization fund. The counties are Isiolo, Marsabit, West Pokot, Turkana, Wajia, Lamu, Taita Taveta, Kwale, Narok, Garissa and Mandera. Between December 2017 and May 2019, 84 projects were approved for funding. Five of those projects targeted medical training colleges while 79 focused on improvement of existing health facilities for better service delivery.

The status of the 84 projects approved for funding was as follows:

- 34 projects were practically complete;
- 39 projects were at various stages of completion averaging 65%
- 11 projects had not commenced.

Sub-Programme 2.3: Health Products and Technologies

1. Health Products and Technology (DHPT)

Technical assistance and capacity building for Counties on Health Supply Chain

All HPT policy documents and guidelines were converted into virtual learning content embedded in the virtual academy for access by healthcare workers. In the FY 2021/22, an integrated HPT supply chain curriculum for a harmonized and standardized capacity building of health workers was developed. A total of 60 TOTs from the counties were trained in April 2022 out of the target of 240 set to be finalized in subsequent FY 2022/23.

Increased availability of health products & Technology

(i) Quantification of HPT by all counties

The quantification of HPT was done for each of the 47 county governments, all 6 national referral facilities, and the strategic programs as per the Supply Chain Strategy 2020-2025. Further, a national forecasting and quantification report was consolidated to inform national public sector HPT needs. The total Public Sector HPT aggregated need for FY 2021/22 was Ksh 92,628,284,304 in the three (3) year quantification report. This forms the first scientific establishment of national HPT needs, and a critical resource mobilization tool for HPT in Kenya.

(ii) HPT consumption reporting and data visibility

At least 61 tracer HPT consumption data comprising 22 medicines, 23 medical supplies, 14 laboratory and 2 radiology products are reported on a monthly basis from the public health facilities. Intensive support to counties saw

reporting rates improve from 0% in March 2021 to the current overall reporting rate of 86% with timely reporting at 77% as of June 2022.

(iii) Strengthen local procurement through the Buy Kenya Build Kenya Initiative

The collaboration across sectors in the implementation of the Big 4 Agenda saw the Ministry of Trade and the Ministry of Health develop a preferential Master Roll 1 of 2022. The list, which is in use by all MOH SAGAS and MDAs contains among others, essential HPT for local procurement in Kenya in the spirit of Buy Kenya Build Kenya so as to build the local capacity and improve the balance of trade in favor of Kenya.

(iv) Incentives towards local manufacturing and affordability of HPT

The high cost of health care and particularly that of health products and technologies remain unaddressed to ensure sustainable implementation of Universal Health Coverage (UHC). Among the cost drivers for HPT are the taxation regimens. A taxation report was developed under the Medicines Affordability and Pricing Advisory Committee to inform tax incentives for HPT towards affordability and enhancement of local manufacturing of HPT. This, together with concerted efforts of the COVID-19 Task Force contributed to exemption of taxes for various HPT and manufacturing equipment under the Finance Act 2022 which is benefiting local manufacturers.

(v) Roll out of COVID-19 Vaccines and logistics management

There was a successful roll of COVID-19 vaccines following the establishment of the COVID-19 vaccines procurement and logistics committee in March 2021 under the leadership of MOH to support the COVID-19 Taskforce in the procurement, distribution, and logistics management of COVID-19 vaccines. A micro planning tool was developed to support COVID-19 deployment which facilitated planning by the healthcare facilities in the 47 counties.

Enhanced governance for HPT.

(i) HPTs Governance Units at the County level

In FY 2021/22, provision of policy direction and governance of HPT and HPT services, in line with Government Policies and Regulations, saw the establishment of multidisciplinary Health Products and Technologies (HPT) Units in all 47 Counties by the end of May 2022 to strengthen efficient and multidisciplinary management of HPT. In addition, five (5) counties have anchored their HPT Units in their County Health Act/legislations by end June 2022, namely Vihiga, Machakos, Makueni, Kilifi, and Taita Taveta.

(ii) Regulatory capacity enhancement in support of local production initiatives

The opportunity for COVID-19 manufacture through Biovax and Moderna facilities presented a need for growth of our regulatory capacities. The regulator, Pharmacy and Poisons Board embarked on Level 3 maturity level capacity building and assessment under the WHO Global Benchmarking Tool (GBT).

(iii) Strengthening Traditional and Alternative Medicine as a key component of our healthcare delivery system.

In FY 2021/2022 stakeholders validation of the development of draft traditional and alternative medicine policy together with a draft traditional health practitioner’s bill was done. A total of 40 TAM practitioners were registered and or licenses renewed. Additionally, twenty herbalists were trained on Intellectual Property (IP) Rights.

2. Kenya Medical Supplies Authority

In the FY 2021-2022 KEMSA managed to procure health products and technologies (HPTs) worth KSh.26.972 Billion out of which KSh.6.636 Billion being procurement of KEMSA Sales items and KSh.20.335 Billion being procurement of program items.

During the period under review the Authority implemented Electronic Proof of Delivery (e-POD) Used in making deliveries to the respective health facilities and data sent to KEMSA servers electronically to confirm the deliveries. The Authority also made Last Mile Delivery of Quality HPTs to 8,799 Health Facilities.

Table 8: Distribution of HPTs

Financial Year	Total Value	KEMSA EMMS(KSh.)	Programs (KSh.)	Totals (KSh.)
2019-20	Total Commodity Value	11,956,113,932	25,691,698,383	37,647,812,315
2020-21	Total Commodity Value	8,245,609,962	21,444,688,359	29,690,298,321
2021-22	Total Commodity Value	6,636,627,027	20,335,659,587	26,972,286,614

The KEMSA LMIS system was also enhanced with an order tracking and ticketing module. This development has provided visibility of order progress information to Counties. In addition, the electronic proof of delivery (e-POD) mobile application was rolled out to both Internal and third-party transporters. These initiatives and developments have eased access to information to Counties, health facilities and the Authority.

The order fill rate in the FY 2019/20, 2020/21 and 2021/22 stood at 69%, 54% and 50% respectively against a target of 90%, while that of programs stood at 90%, 94%, and 77% respectively against a target of 98%. In addition to the above KEMSA managed to fulfil EMMS orders and program orders as shown in table below.

Table 9: EMMS orders and Program Orders

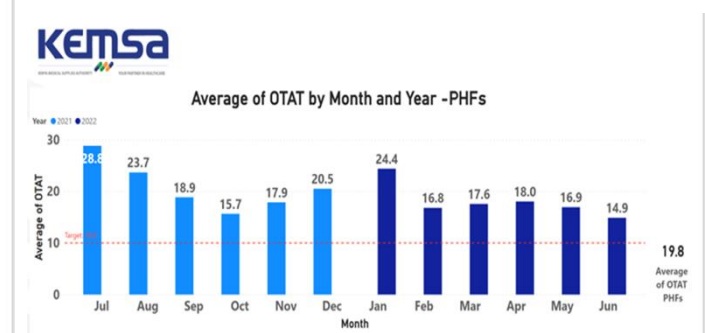
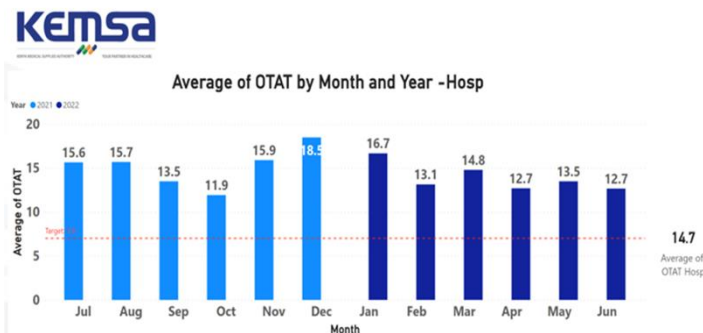
Category of Order fill rate	FY 2019/20	FY 2020-2021	FY 2021-2022

Order fill rate for KEMSA EMMS	69%	54%	50%
Target for KEMSA EMMS	90%	90%	90%
Order fill rate for Programmes EMMS (HIV, TB, FP, Malaria)	90%	94%	77%
Target for Programmes EMMS (HIV, TB, FP, Malaria)	98%	98%	98%

The order turnaround for Hospitals in the FY 2019/20, 2020/21 and 2021/22 stood at 12.3 days, 12.6 days and 14.7 respectively against a target of 7 days, while that of Primary Health Facilities (PHFs) stood at 17.5 days, 18.1 days and 19.8 Days respectively against a target of 10 days during the same period. The performance for the year was below that target due various factors which includes;

- Delays in payments by counties has disrupted the cash cycle conversion hence the Authority is not able to pay its suppliers on time which in turn affects delivery lead times and order fill rate.
- Lack of order scheduling and queue management system
- Uncertainty due to ongoing reforms.
- Bad terrain in hard to reach areas/regions.
- Insecurity.

The order turn around trends during the period is as shown in the diagrams below:



**Warehousing
Construction of the National Commodities Storage Centre (KEMSA Supply Chain centre)**

KEMSA embarked on the construction of a National Commodity storage centre which is aimed at improving access to essential medicines, by ensuring regular, shorter supply chains and continuous availability of medicines in the public health facilities, improving responsiveness during diseases outbreaks and



Fig 01- Dock Area-Warehouse entry and front Facade



Fig 02-Commodity Storage Centre +Driveway

The completion rate as at the end of FY 2021/22 was at 91%. During the FY 2019/2020 KEMSA upgraded its Kisumu warehouse into a Regional Distribution Center (RDC) and launched operations to serve 19 counties in the western Kenya Region.

During the FY 2020/21 the authority, in a bid to improve its services and operational efficiency, has embarked in a business process re-engineering process through the KEMSA reforms.

Sub-Programme 2.4: National Blood Transfusion Services

1. Kenya National Blood Transfusion Services

KNBTS currently operates six regional and 44 satellite centres. During the period under review (FY 2019/2020), 3 satellites were set up in Homabay, Makueni, and Kwale while one satellite was set up in Kajiado in FY 2020/21. In FY 2021/2022, 14 county-based blood banks (satellites) were set up in the country, making a 46% increase from 30 in FY 2020/21 to 44 currently. The satellites were established in; Baringo, Elgeyo Marakwet, Samburu, Isiolo, Laikipia, Nyandarua, Nyamira, Mandera, Tana river, Muranga, Tharaka Nithi, and Kirinyaga counties. Tigoni and Makindu satellites were set up in Kiambu and Makueni counties respectively.

In the FY 2020/21, 178,246 units were collected, translating to 33.7% of the country's minimum blood needs. In the FY 2021/22, an increase of 53% was realized with 273,349 blood units collected and processed. In FY 2020/21 the proportion of the blood collected and converted to components increased to 75% as compared to 60% in FY 2019/20. Out of the 273,349 units collected in FY 2021/22, 57% were converted into various components. Cumulatively, 348,566 patients were served, translating to 69% of the country's annual minimum blood needs.

Storage and Freezing capacity were expanded by 80% from approximately 35,000-unit storage capacity in FY 2020/21 to 63,000-unit capacity across 38 counties in FY 2021/2022. In the FY 2020/21, the Sector also acquired specialised blood component preparation equipment which was placed in satellites across 8 counties including 1 blood grouping machine. This investment increased national Blood Safety testing capacity from 1,500 to

2,500 daily tests (or 650,000 annual tests capacity over 260 working days); Blood grouping capacity increased from 1,500 to 2,600 daily tests in FY 2021/2022. A 90% drop in turn-around-time from blood donation to results confirmation was experienced across transfusing hospitals in Kenya thus ensuring timely access to safe blood and products. 8 blood bank refrigerators and 8 blood freezers; 8 refrigerated centrifuges, 4 platelet apheresis machines, and 8 platelet agitators were acquired in FY 2020/2021.

During the FY 2021/2022, 6 haematology analyzers; 5 refrigerated centrifuges for blood products preparation; 10 sample centrifuges, 10 platelet agitators; 18 automated plasma extractors, and 12 vehicles were acquired and distributed to different counties across the country.



Blood collection Trends over time

The KNBTTS initiated a strengthened Quality Assurance and Hemovigilance system for blood safety and efficacy and Transplant of Human Derived medical products. Two regional testing laboratories were accredited under ISO 15189 making a total of five (5) in FY 2021/22. The number of registered transfusing facilities in the KNBTTS database stood at 498 in FY 2021/2022 up from 450 in FY 2020/2021.

In FY 2021/22, one policy was developed and six regulations standards , approved and launched to be applied across the country.

A track and trace system (Damu-KE) for human-derived medical products was developed in collaboration between the Ministry of Health and ICT and securely hosts all Kenyan blood bio-data in line with the Data Protection Act. In FY 2021/22, the system was launched and deployed in 6 Regional Blood Transfusion Centers, two satellite centres, and three transfusing facilities. Donor Self-registration for all Kenyans as donors is currently available with 25,240 blood donors registered online at the end of FY 2021/22

The Department Organised the first Blood Transfusion and Transplant Conference for Africa attended by over 700 people from Kenya and the region.

2. Forensic and Pathology Services

In the financial year 2021/22, the State Department managed to perform 780 autopsies, 235 court expert opinions have been done, Interpreted 10% of the pathology results for clinical decisions against a target of 40%. The variation is due to the fact that linkage with clinical teams in the counties is weak in that some counties do not have pathologists such as Elgeyo market, Kilifi, Garrissa, and Narok among others.

In line with supporting administration of justice as a result of court orders 25 exhumations were performed. Also, at the National cancer reference laboratory, a cancer diagnosis for 30 patients was done by FY 2021/22 despite this function being done by 1 pathologist at the ministry.

Radiology and diagnostic imaging

During the period under review (FY 2021/2022), the Radiography bill was signed into law December 2021 and the current state is to operationalize and implement.

Ophthalmic/Eye Health

The National Eye Health Strategic Plan 2020/25 was developed in the period under review. Accreditation and establishment of Moi Teaching and Referral Hospital as an additional Ophthalmology training Centre through collegiate programmes was done and about 1.5 million doses of Zithromax for trachoma were distributed, in collaboration with NTD Unit.

Orthopaedic Trauma

Development of Orthopaedic Trauma Registers (MOH 274) was started in FY 2019/2020 and completed in FY 2020/21. The Register is a data quality management and collection tool which will assist managerial decision making, staff rationalisation, and coming up with an indicator such as clubfoot management in Kenya among others.

Clinical Services

Operationalization of the Health and Wellness Center through an expanded range of services was done in the FY 2021/22 to offer and cater for emergencies in line with the Health and Wellness centre at the Ministry of Health, a TWG and draft zero guidelines was developed. These guidelines will inform the mainstreaming and operationalization of these wellness centres to all public service institutions and ministries to mitigate the service needs especially among civil servants.

Technical assistance to counties was also done by holding the Annual meeting with county frontline health care workers theme roles in Universal Health Care. This contributed towards coordination of key health care personnel that play a major role in primary health care in Kenya. All counties were well reached out by the FY 2021/22.

Rehabilitative Services

In the FY 2021/22, the Rehabilitative services supported the National Council for Persons with disability in the process of registration of Persons with disability and the KRA in the process of vetting PWDs who had applied for tax exemption. The Disability Medical Assessment, Categorization Guidelines and the Rehabilitation and Assistive Technology Strategy 2021-2026 was also done and the Disability Assessment Committee that was formed was sensitised.

Further, Disability Medical Assessment was decentralised to the counties to ease the process of assessment and registration of PWDs.

In FY 2021/22, The establishment of a National Assistive Technology Centre of Excellence was initiated in JKUAT and is currently ongoing. In line with this the Disability classification tool was reviewed and 7 tools were formed namely: Physical Disabilities Assessment Tool, Visual Impairment Assessment Tool, Hearing Assessment Tool, Speech, Language Communication, and Swallowing Disability tool, Assessment Tool for Mental Health Disorders/ Intellectual Disabilities and Autism Spectrum Disorders, Progressive Chronic Disorders Assessment Tool for and Oral and Dental Disabilities Assessment Tool.

Sub-Programme 2.5: Social Protection in Health

Universal Health Coverage

The sector paid premiums for one million poor households, who are currently on a social health insurance nested in NHIF, to the tune of six billion Kenyan shillings. The sector continues to pay for 8,550 healthcare workers employed on a 3-year contract to serve the primary level facilities. The 90,000 community health volunteers trained under the UHC program continue offering services to the community.

The country has identified and adopted a primary healthcare approach using a primary care networks model to deliver UHC with 11 counties having set up PCNs lead by the team of 50 family physicians from Cuba and those locally trained. The PCNs are in varying levels of implementation, with the main challenge being the modes of financing of the PCNs to facilitate the logistics of movements from the hubs to the spokes and communities, by the multidisciplinary teams.

Several policies, legal framework and strategies have been developed and launched including the UHC policy, primary healthcare strategic framework, health financing strategy, Kenya quality Model for Health and UHC roadmap. The sector is also implementing the NHIF and KEMSA reforms.

Through collaboration with health enabler ministries, 241 health facilities were connected to electricity; 94 facilities are at various stages of connection to water - 21 facilities complete, 47 facilities above 50% completion, 26 facilities

below 50% completion; 18 facilities are connected to LAN; 406 KM roads to health facilities have been upgraded. These investments have improved service delivery and coverage leading to an attainment of an overall UHC service coverage index of 79%, which is good progress in the journey towards universal health coverage for all.

National Health Insurance Fund

In the FY 2021/22, the Fund registered 1.5 New Members bringing the total membership to 15.5 Million Kenyans and active Membership of 6.7M. During the FY 2021/22 a total of 1.3 members were registered under the informal sector and .2 M members registered in the formal sector. The Funds membership has grown over the years with the current number of members as at 30th June 2022 being 15.517 Million as illustrated in the table below;

Table 12: current number of members

SECTORS	2020/21	2021/22	GROWTH
Formal Sector	4,645,981	4,821,632	175,651
Informal Sector	9,295,817	10,637,602	1,341,785
TOTAL	13,941,798	15,459,234	1,517,436

Revenue collection

In FY 2021/22, the fund collected Kes 80,439,890,204 against a target of Kes 90,565,150,598 which translates to an 89% performance. The target was not achieved due to macro-economic factors in the country which caused companies to downsize, reduce salaries and some to close. The informal sector has also faced financial challenges caused by the poor economic conditions thus making it difficult for members of this sector to make their voluntary contributions to the fund and adverse selection. However, compared to last FY 2020/21, there is growth in revenue of 29% from kes 60b to kes 80b in FY 2021/22.

Table 13: Revenue Collected:

INCOME	FY 2020/21	FY 2021/22	Variance	% Change
Contributions to the Fund				
Member Contributions	31,621,331,719	34,343,560,126	2,722,228,407	9%
Premiums - Negotiated Schemes	22,588,141,491	35,137,382,617	12,549,241,126	56%
Premiums - Sponsored Programs	1,617,820,000	4,868,400,000	3,250,580,000	201%
Funds received - Linda Mama	4,948,139,361	4,493,259,781	-454,879,580	-9%

			0	
Total contributions	60,775,432,571	78,842,602,524	18,067,169,953	30%
Other income				
Investment Income	1,373,686,725	1,597,287,680	223,600,955	16%
Total Income	62,149,119,296	80,439,890,204	18,290,770,908	29%

Benefits Utilisation

Claims paid out in the NHS, managed schemes, sponsored programmes and Linda mama amounted to KSh. 28.89 billion, Ksh 36.83 B, Ksh 1.12 B and ksh 4.49 B respectively.

Table 14: Benefits Utilisation (KSh.)

Benefits paid out	FY 2020/21	FY 2021/22	% Change
National Scheme	25,074,215,568	28,891,960,517	15%
Managed schemes	18,800,145,969	36,834,826,878	96%
Sponsored programs	320,155,582	1,121,537,932	250%
Linda Mama	4,847,639,233	4,493,259,781	-7%
TOTAL	49,042,156,352	71,341,585,108	45%

National Scheme Benefits

Total benefits paid out under the National Health Scheme (NHS) for FY 2021/22 were Kes 28.9 billion for which inpatient, outpatient specialised packages claims amounted to Ksh 5.8 b, Ksh 4.9 b and Ksh 18.1 b respectively.

Amendment of the NHIF Act 1998

During the period under review NHIF embarked on the amendment of the NHIF Act 1998 which was assented on 10th January 2022 and the commencement date was 28th January 2022. The amended act will assist to enable the realisation of UHC by making the fund a strategic purchaser of health services with a sustainable revenue base.

Sponsored programmes

The government of Kenya through the ministry of health sponsors a number of members through Health Insurance Subsidy (HISP-OVC), Older Persons & Persons with Severe Disability (OPPSD) Scheme and Linda Mama Programme.

a. Health Insurance Subsidy (HISP-OVC) Programme

NHIF rolled out HISP in 2014 targeting beneficiaries of the Orphans and Vulnerable Children Cash Transfer Program implemented by the State Department for Social Protection. Currently, there are 181,968 households registered and covered by NHIF. For the FY 2021/22, the Ministry of Health indicated that there is additional funding to cover 72,400 OVC households.

The State Department for Social Protection through the Ministry of Health shared the datafile of 72,400 HHs with NHIF which were subjected to IPRS verification and subsequently registered. Thus, 254,368 OVC households are covered as at 30th June 2022. A total of KSh. 368,775,878 was paid out as benefits for beneficiaries of the program as at 30th June 2022

b. Older Persons & Persons with Severe Disability (OPPSD) Scheme

NHIF obtained the data of the 16,800 HHs from the State Department for Social Protection which was verified using IPRS and auto registered in June 2022. Thus, the total number of HHs covered under this program is 58,800 HHs as at 30th June 2022. A total of KES 105,084,107 was paid out as benefits for members of the scheme on 30th June 2022.

c. Linda Mama Programme

Free Maternity service is a managed funds scheme where NHIF administers the program by receiving funds from the Government of Kenya through the Ministry of Health (MOH), registering eligible women, contracting facilities and reimbursing the providers for services rendered.

During the period under review, there were a total of 1,186,004 registered expectant mothers, a slight increase compared to the same period last financial year 2022/22 which had 1,153,988 registered expectant mothers.

The table below shows the utilisation of the Linda Mama scheme since inception and the achievement has been tremendous over the time.

Table 16: utilisation of the linda mama scheme (KSh.)

	As at 30th June 2017	As at 30th June 2018	As at 30th June 2019	As at 30th June 2021	As at 30th June 2021	As at 30th June 2022
Budget/Target	2,250,000,000	3,848,000,000	3,898,000,000	3,898,000,000	4,098,000,000	4,098,000,000
Balance B/fwd.	0	373,747,692	1,698,019,343	527,046,256	2,564,562,271	-2,383,577,090
Funds transferred to NHIF	400,000,000	2,961,525,853	2,000,000,000	6,079,570,000	0	8,196,000,000
Total funds available	400,000,000	3,335,273,545	3,698,019,343	6,606,616,256	2,564,562,271	5,812,422,910
Benefits						
Inpatient	-	291,600	409,350,835	916,033,053	1,312,328,570	974,591,394

Caesarean Section	5,526,000	198,695,425	416,724,020	482,602,251	711,534,353	707,304,151
Normal Delivery	2,894,500	1,402,218,705	2,046,261,027	2,196,770,409	2,332,660,545	2,423,021,134
Ante-Natal		14,817,275	229,297,566	381,686,463	528,633,291	491,762,727
Post-Natal	-	1,494,997	22,942,330	41,397,009	62,982,602	62,931,846
Administrative costs	17,831,808	19,736,200	46,397,309	23,564,800	-	0
Sub-total	26,252,308	1,637,254,202	3,170,973,087	4,042,053,985	4,948,139,361	4,659,611,252
Balance C/fwd.	373,747,692	1,698,019,343	527,046,256	2,564,562,271	2,383,577,090	1,152,811,658

Review of the Regulations implementing the NHIF Act 2022

Following the enactment of the NHIF (Amendment) Act, 2022, there was a need to develop regulations to guide the implementation of the Act. The Principal Secretary for Health appointed a Technical Working Group on 14th January 2022 to draft Regulations on the NHIF Amendment Act, 2022.

The TWG drafted five (5) sets of Regulations namely:

- NHIF Beneficiary Identification Regulations 2022
- NHIF Member Registration Regulations 2022
- NHIF Contributions Regulations 2022
- NHIF Empanelment & Contracting Regulations 2022
- NHIF Benefits & Claims Regulations 2022

Implementation of the Regulations implementing the NHIF Act were stopped following a court order. This has slowed the process of operationalizing the Act.

Public Participation

To enhance transparency and accountability and in compliance with the national values and principles of governance, NHIF commenced public participation on the draft regulations on 24th February 2022.

During the period under review, a flurry of engagements and public participation activities in support of NHIF transformation have been undertaken. These include but not limited to the following: -

- Stakeholder engagement on the reviewed benefit package for 2022/2024 contracting cycle. This is to inform the design and implementation of the UHC benefit package while ensuring sustainability. The main stakeholders who have been involved are Government Level 6 and 5 hospitals, Kenya Medical Association, KMPDU, CHAK, RUPHA, KFBHSC, KAPH, SUPKEM, KCCB, COTU, FKE, Council of Governors,

Parliamentary committee, High-cost Private hospitals, NHIF staff among others.

- NHIF opened up for public participation of the draft regulations on 24th February 2022. Since then, the Fund has conducted countrywide engagements and has received submissions from members of the public and stakeholders. Among the stakeholders who have participated include; Ministries and their State Agencies, Workers Unions, the Parliamentary Health Committees (both National Assembly and Senate), Development Partners, County Governments, Healthcare providers, Healthcare Professional Associations, Patient Support Groups, Health Care Provider Regulatory Bodies, Religious Groups, Civil Society Groups, Media, Employer Associations and Community Based Health Insurance Schemes (CBHIS), and NHIF staff.

Mid Term Review of the Strategic Plan 2018-2022

NHIF in the FY 2021/22 Carried out a mid-term review of the Strategic Plan 2018-2022 due to the dynamic nature of the NHIF environment. Some of the key elements that necessitated the Mid-term Review of the Strategic plan 2018-2022 were Amendment of the NHIF act, focus on UHC and the HEFREP report. The review was carried out with input from both internal and external stakeholders.

Biometric registration and electronic claim (E-Claim) management



*Biometric
Registration*

During the period under review NHIF implemented the e claim system to enhance efficiency in the claims process by reducing the turnaround time of processes, reducing instances of fraud, abuse & wastage and enhancing customer experience. During the period under review 2,189 (Government 352, Private, Faith Based 235) healthcare facilities have been connected to the e-claim platform.

The e-claim system enables Health care Facilities to identify our beneficiaries biometrically and submit paperless claims. This is tabulated below showing the progress

PROGRAMME 3: HEALTH RESEARCH AND DEVELOPMENT

The objective of this programme is to increase capacity and provide evidence for policy formulation and practice guidelines. It has two sub programmes as shown below;

Sub – Program 3.1. Pre-service and In-Service Training

1. Kenya Medical Training College

During the period under review, KMTC achieved the following: introduced three (3) new courses, specifically, Speech therapy, sign language, and Point of care ultrasound in obstetrics for Nurse Midwives. It also reviewed curricula to reflect emerging health needs. Additionally, the College initiated the process of registering the database of graduates with the Kenya National Qualifications Authority. Moreover, the College embarked on harnessing innovativeness and creativity; leveraging on E-learning; setting up an E-library system; and digital repositories to ensure continuity of teaching and learning. These interventions made the college to be named among the top 100 best institutions in ICT innovation in Africa at the 13th edition of the Africa CIO100 Awards.



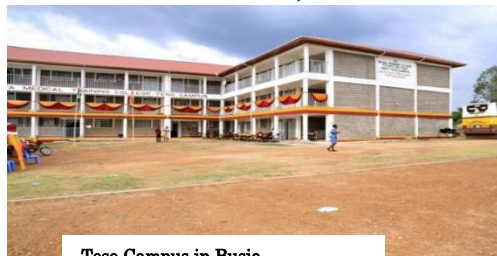
KMTC staff receiving CIO100 Award on behalf of the College

Further the College launched a state-of-the-art simulation laboratory. The Laboratory provides quality simulation inter-professional experience training for critical care health workers and trainees. Finally, the college enrolled airway kits, and other devices, accessories, and consumables that help simulate a real clinical environment.



Launch of Simulation Laboratory by Ag. Director General for Health

In the FY 2021/22, the college enrolled 21,700 students against a target of 16,800. This was due to an increase in infrastructural development which introduced more training opportunities in Teso, Transmara, Chemolingot, Shianda Mumias ,Ndhiwa Kangema and Othaya campuses which are at an



Teso Campus in Busia County(Completed).



Navakholo campus(Completed)



Kangema Campus at an advanced stage of development

Sub – Program 3.2: Health Research

1. Kenya Medical Research Institute

During the review period, KEMRI developed four hundred and twenty-four (424) new research proposals covering national health research priority areas and conducted research studies which resulted in publication of one thousand one hundred and sixty-five (1,165) research papers in peer review journals. These research findings have contributed to the development of innovative research products, increased scientific knowledge and provides a repository of scientific reference materials for formulation of evidence-based policies. KEMRI developed and submitted to the Ministry of Health sixty-eight (68) policy briefs which have informed review of disease management in the country.

The Institutes' scientists also presented four hundred and nineteen (419) peer reviewed scientific abstracts in national and international conferences and scientific forums. Rapid situation analysis on population needs for Universal Health Coverage in government selected Pilot Counties, Kenya. Other UHC research related activities were conducted on human food security and nutrition and Health Systems. During the period the Institute undertook research to develop Foods and Recipe lists to be used in development of retention and yield factors for standard recipes during the food consumption survey.

It developed and continues to manage Health and Demographic Surveillance Systems (HDSS) targeting population dynamics, validating National census/demographic Health Surveys, health facility utilisation, evaluation of new health interventions and priority diseases monitoring within Kisumu, Siaya, Homabay and Kilifi Counties. The HDSS is also used in monitoring the COVID 19 transmission dynamics and evaluation of the impact of COVID 19 vaccination.

It continues to monitor the trends in disease causing organisms and their vectors in relation to climate change. KEMRI has developed models to predict and monitor malaria outbreaks, allowing the identification of possible epidemics. The institute with University of Liverpool collaborated to form Clean Air Africa (CAA) in which they will capacity building in climate change and a Centre of excellence in air pollution.

The Institute during the period of review developed Health Products and Technologies (HPT): Drug, Vaccine, Diagnostics, Discovery, Development and Clinical trials as follows:



A cloud-based product/technology to support Maternal and child healthcare in Kenya and the region. The product, developed in partnership with Kwale County piloted a digital version of the mother-child booklet that nurses and clinicians can now use to enter medical records instead of the traditional paper booklets and will be used for neonatal vaccination tracking in Kenya.



• In November 2021 the HPV Vaccine – Single-dose HPV vaccine research findings were presented in Toronto, Canada and the same was adopted for roll out by WHO in April 2022.



- Several COVID 19 vaccine candidates are being evaluated across KEMRI Centres.
- Control Human Malaria Infection (CHMI) studies are ongoing for disease characterization and early vaccine and drug candidate evaluation.
- Malaria drug discovery by mining existing chemical libraries (360 compounds evaluated)
- **Ebola vaccine:** Phase two proof of concept trial showing that the vaccine candidate was efficacious was completed. Phase three was not done since the epidemic was contained.
- **HIV:** A Phase 3b, randomised, open-label study of the antiviral activity and safety of dolutegravir compared to lopinavir/ritonavir both administered with dual nucleoside reverse transcriptase inhibitor therapy in HIV-1 infected adult subjects with treatment failure on first line therapy. Dolutegravir Has now been adopted in the country as 2nd line treatment for HIV.
- **TB:** A Phase IIB, Double-blind, randomised placebo-controlled study to evaluate efficacy, safety and immunogenicity of GSK biologicals' candidate tuberculosis (TB) vaccine GSK 692342 against TB disease in healthy adults aged 18-50 years living in a TB endemic region. The study is now complete and showed promising results and it was the 1st vaccine trial in TB.
- KEMRI during the period under review, translated 20 policies and guidelines into policy/evidence-based briefs



Product development and Innovations

- The COVID-19 PCR kit is now fully registered with the Pharmacy and Poisons Board after an evaluation.

- It developed a malaria diagnostic kit (Plasmocheck) and PCR testing kit, validated which was launched during 12th KASH Conference, February 2022.
- It won the adjudicators award for diagnostic Innovation, PlasmoCheck- Malaria rapid test kit, Virus Transport Media (VTM) and KEMCov -19 COVID -19 PCR test kit at the Africa Public Service Day, 10 years And Beyond event
- Viral transport media developed, and 32,463 pieces distributed to health facilities.
- Produced 157,861 units of bleach (TBCide) and supplied to KEMSA and other health facilities.
- Produced 292,971 units of Sanitizers (KEMRUB).
- Obtained accreditation by KENAS (ISO17043) for COVID-19 Proficiency Testing and so far, 16 laboratories have been registered.



- Conducted an evaluation of a Loop-mediated isothermal amplification (LAMP) assay for COVID-19 detection; results shared with the sponsors, the Bill and Melinda Gates Foundation.
- Development and Evaluation of Helicase Dependent Isothermal DNA Amplification Method as Point-of-Care Diagnosis of Wuchereria bancrofti. Results published in Journal of Parasitology Research.

Laboratory services

- KEMRI offered 634,685 specialised laboratory services including Viral Load testing which covers 75% of all National tests, COVID -19 tests, genome sequencing, PCR- Early Infant Diagnosis of HIV, HIV/Rapid Test and DNA tests in FY 2021FY2021/22.

Center of Excellence for Stem cells Research, Synthetic Biology and Regenerative medicine:

The Institute in FY 2021/22 established laboratory infrastructure and equipment for stem cell research was procured and already in use. The institute also developed and implemented seven research studies on Stem Cell

Natural Products:

Manufacture of pharmaceuticals through Public Private Partnership Initiative and development of indigenous technologies for manufacture of niche products

- Formulation of authenticated herbal remedies for management of cancer and jigger eradication is complete. The product (Tungicide) is available for final clinical evaluation for Tungiasis (jigger infection).
- Formulation of a remedy for management of COVID 19 from Zedupex. Research results are available for formulation.
- Development of therapeutic and supplemental foodstuffs to prevent and treat malnutrition; Ujiplus – A third clinical trial of Ujiplus, a fortified herbal formulation among children infected with Schistosomiasis in Mbita, Homabay county was initiated in effort to boost the elimination of roundworms and hookworms in children in July 2021.

Accreditations

The Institute continues to maintain the following accreditations:

- WHO accreditation (CVR-EPI LABS polio/measles),
- Microbiology & Clinical Research Labs (CAP) (KEMRI/WRP Kericho),
- Seeking re-certification for ISO 15189:2012 (Medical laboratory (CVR, CGHR-TB/HVR/DLSP)),
- ISO 9001:2015 (QMS Requirements KEMRI),
- Certified Clinical, Microbiology & Immunology labs (GCLP), CGMRC Kilifi, CGHR Kisumu, CCR Kombewa/Kondele/Kericho
- ISO/IEC 17043:2010 General Requirements for Proficiency Testing (Production)
- Seeking re-certification for ISO 13485 (Medical devices (Production)).
- KEMRI is also pursuing ISO 15189:2012 Medical Laboratory certification for CCR, ESACIPAC, CVR HIV lab, KEMRI/RTCP - FACES, CGHR Malaria lab, CMR.
- Kericho Clinical Research laboratory accredited by the College of American Pathologists [2008].

Technical assistance

KEMRI researchers assigned to various units within the MOH to support strategic initiatives and departments e.g., Kenya Medical Laboratory Technicians & Technologists Act, Micronutrient Forum, Infant and young child feeding, Tobacco control Board, National Public Health Laboratory, COVID-19 task force, COVID-19 vaccine deployment, National Immunization Technical Advisory Group (NITAG), National Laboratory Technical Advisory Committee (NLTAC), Kenya Coordinating Mechanism for Global Fund

Research Capacity Building

. KEMRI Graduate School

KEMRI Graduate School Nairobi continued enrollment and training of research scientists with a total of 28 PhD and 60 Master's degree scientists enrolled during the FY 2021/2022.

- KEMRI and Japan International Corporation Agency (JICA) launched a project that will enhance research capabilities in Kenya and on the African Continent. The KEMRI JICA Technical Corporation Project (TCP) aims at strengthening institutional research capacity for the improvement of human research capabilities in the region.
- KEMRI partnered with Smile Train to offer a one-of-a-kind research methodology training for medical professionals drawn from 6 Central and Eastern African countries in February 2022.
- KEMRI trained Thirty -four (34) personnel on Evidence based decision making training.
- KEMRI trained a total of 24 Kenya and international personnel on Research Methodology. Trainees were drawn from Kenya, Ethiopia, Uganda, Democratic Republic of Congo and Rwanda.
- KEMRI Kisumu (CCR) Malaria Diagnosis Center (MDC) trained a total of 51 Kenyan and International personnel on entomology. Trainees were drawn from Kenya, Tanzania, Burundi, Rwanda, Sudan, Nigeria, South Sudan and Ghana.

b) East and Southern Africa Centre of International Parasite Control (ESACIPAC)

KEMRI has continued to conduct studies related to parasite control in East and Southern Africa. During the reporting period, 18 researches were conducted. They also built the capacity and offered technical support for NTDs control and elimination in the region- Ghana, Tanzania, Mozambique, and Mali.

They also established new partnerships such as with Monash University and AMREF-Kenya for a potential innovation, “Cranky Uncle” a mobile-based game for increasing vaccine demand and acceptance in the region and maintained existing partnerships with JICA, PCD, Taskforce for Global Health, FIND, University of Berkeley, University of California, Los Angeles, EDCTP- Ethiopia, Mozambique and Spain, Sight Savers, Sabin Vaccine Institute Washington DC, Freie University Berlin, Germany.

ESACIPAC trained students from local universities through internships and attachment, supervision of postgraduate students at MSc and PhD level- 2 students, one MSc and one PhD supervised by ESACIPAC scientists successfully graduated at JKUAT in June 2022 and Meru University of Science and Technology (MUST) in May 2022 respectively. One Masters student has recently secured the KEMRI Internal Research Grant to conduct her research

project. Five students are at various levels, 3 are undertaking their PhD studies and 2 their MSc degree studies.

One of ESACIPAC's Senior scientists received recognition from KEMRI Board of Directors and Management as 20 Top principal investigators with the highest funding in the last 3 years.

3. KENYA BIOVAX INSTITUTE LTD

The Government of Kenya has committed to build its own capacity for the production of human vaccines, as a long-term measure to ensure Kenya becomes self-sufficient in its vaccine needs. The COVID-19 pandemic catalysed the urgency for this initiative; hence, the Government called for accelerated efforts towards this endeavour and gave a directive to venture into local production. In this regard, the Kenya Biovax Institute Limited was incorporated in September 2021 and mandated to manufacture, package and commercialise specialised health products and technologies including vaccines, therapeutics and other biomedical products.



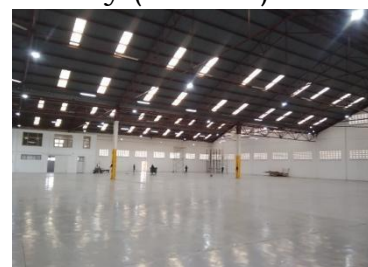
This initiative was justified following a feasibility study and analysis of the Kenyan Pharmaceutical Sector Profile that revealed that local manufacturers satisfy less than 30 percent of the domestic market and the urgent need for the country to increase pharmaceutical production scope and efficiencies. Local manufacturing would shorten lead times and thus enhance access to healthcare products and technologies.

The establishment of the Institute aims to achieve the following objectives for Kenya and the region:

- Assured access and availability with self-reliance and self-sufficiency post-GAVI/UNICEF graduation and dwindling donor-financing to promote life for under-5, adolescent and maternal 5 populations
- Pandemic preparedness to ensure availability of specialised health products and technologies including vaccines and biomedical products for national health security
- Assured access and availability with self-reliance and self-sufficiency post-GAVI/UNICEF graduation and dwindling donor-financing to promote life for maternal and under-5 populations
- Position Kenya as the biotechnology hub in the region to promote scientific research and development, innovation and support commercialisation of research institutions outputs
- Reduce overall expenditure on health and redirect resources to other critical development areas in the in the long-run

The Institute has been able to achieve the following milestones:

- Developed and implemented the foundational organisational framework activities including receiving PC 7A classification by SCAC in March 2022; the recruitment of the CEO was initiated in January 2022 and substantively took office in June 2022; developing the corporate brand strategy and identity; HR Instruments approved by both SCAC and PSC in April 2022 – with an approved establishment of 174 staff and corporate identity,
- Procurement of Turn-key contractor and GMP consultancy for a fully-fledged integrated modular sterile drug producing facility with in-licensing and technology transfer that was initiated in January, 2022. Contracts signed in August 2022;
- Lease agreement with the Kenya Medical Supplies Authority (KEMSA) for occupation of two warehouses processing underway with expansion plans expected to be undertaken within two years; and
- Phase 1 Refurbishment of the facility at Embakasi Warehouses including external works, roofing and internal painting initiated in April 2022, currently at 90% completion rate as at June 2022 and has been finalised



With support from the Ministry of Health, key personnel were tasked to support the operationalization of the Institute. However, due to lack of full-time staff; the Institute has faced some challenges in administrative processes that has led to a delay in project execution. Kenya Biovax Institute projects to begin production by 2024 as it seeks to ensure availability and accessibility of quality and affordable specialised health products and technologies within the region.

PROGRAMME 4: GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES

The objective of this programme is to strengthen Governance and leadership in the State Department. It has three sub programmes as shown below;

Sub-Programme 4.1: General Administration & Human Resource Management and Development

In the year FY 2021/22, the Health Sector in collaboration with the State Department for Public Service undertook a workload/workforce analysis to determine optimal staffing levels and ensure smooth operationalization in service delivery in the Sector. This was aimed at strengthening the institutional framework for administration and implementation of policies and programmes under the Ministry.

The Sector undertook Institutional reforms in Mathari National Teaching and Referral Hospital, KNRA, Kenya Biovax Institute; NHIF and KEMRI for purposes of realigning them to the specific institutional mandate. The HR instruments are at different stages of completion.

Due to a series of industrial unrests which have adversely affected service delivery, the Sector came up with an alternative dispute resolution mechanism that has improved the relationship between the Sector and the various health workers Unions thus averting pending strikes.

The Sector trained three hundred (300) officers in various disciplines, additionally, six hundred and sixty (660) officers were trained in development programmes restructured to enable development of skills on Change Management, Conflict Resolution, Public Relations and Customer Care. The Sector also developed internship policy and enabling guidelines to provide policy direction on eligibility and streamline the management of the Internship program.

The Sector through the PSC recruited six hundred and five (605) health care workers for a period of three years (3) years. An additional three hundred and twenty-nine (321) health workers were contracted through the COVID-19 Health Emergency Response Project (CHERP) supported by the World Bank in 2021 and eight one (81) contracted under Agency Francaise De Development (AFD).

Sub-Programme 4.2. Finance and Planning

The Sector undertook Public Expenditure Tracking Survey (PETS) as part of its overall public expenditure management. PETS are meant to provide information on availability of drugs and medical supplies, and to identify key challenges faced by facility and managers in accessing and utilising funds.

In the 2021/22 FY the department of planning developed 9 policy briefs :NHA Policy Brief on Financial Flows, Diarrhoea brief (Diarrhoea in the 21st century, Retracing the missed opportunities,) UHC Policy Brief, Injuries policy brief (Are Injuries injuring the Health Sector? Analysis of financial burden), Kenya Sustainability Policy brief, NCD Policy brief, TB Policy brief (Business unusual: Funding to find the Missing Cases), Revised maternal policy brief, NHA Policy brief on Malaria, NHA Policy brief on HIV (Dwindling Dollars, Persistent Challenge: A Relook at Financing of the HIV Response in Kenya). It also developed 4 Reports on Capital projects. The Sector also undertook the development of Capital Projects Monitoring and Evaluation Tool and also did an analysis on National and County budget Allocations.

Sub-Programme 4.3. Health financing & Relations

The sector launched and disseminated the Kenya Health Financing Strategy 2020-2030 as well as Developed the Facility Improvement Fund and Governance Guidelines. There was also Initiation of process to development of a health-care financing curriculum targeting decision makers at national and county level and health-care providers in Kenya.

In addition to the three projects approved in FY 2018/19, the sector mobilised an additional KSH 4.5 Billion from the Sports, Arts and Social Development Fund(SASDF); to support capital/infrastructure projects thereby enabling realisation of UHC. The projects are as follows:-

Table 10: Project approved by SASDF board FY2021/22

	Institution-FY 2021/22	Project Title
1	Ministry of health	Presidential Directive-Construction and equipping of eight health facilities in seven counties.
2	Ministry of Health	Presidential Directive-ALMA Support of Malaria Initiatives
3	Kenyatta National Hospital	Expansion of specialised health services.
4	Moi Teaching and Referral Hospital	Establishment of a cardiac catheterization laboratory.
5	Kenya Medical Research Institute	Establishment of a cancer genomic laboratory.
6	Kenyatta National Hospital	Establishment of an in-vitro fertilisation(IVF) centre of excellence
7	Kenyatta University Teaching Referral and Research Hospital	Establishment of a robotic stereotactic radiosurgery.
8	Kenyatta National Hospital	Operationalize and equip Mama Margaret Uhuru Hospital(MMUH) as a Level Six (6)-Specialized Hospital

Table 11: The status of implementation of the three projects (FY18/19) was as follows:-

	Project	Project deliverables	Status of the projects
1	Completion of the national cancer radiotherapy treatment decentralisation project.	Purchase of three radiotherapy machines for Nakuru, Mombasa and Garissa.	90% Complete
2	Replacement of obsolete equipment and the equipping	Operational surgical day care centre and	70% Complete

	of the surgical centre day-care centre at the Kenyatta National Hospital.	installation of obsolete equipment.	
3	Operationalization of the Portable Medical Clinics.	One-hundred portable medical clinics fully operational across the forty-seven counties	50% Complete

KNH received funding from the Sports, Arts and Social Development Fund to finance the replacement of obsolete equipment in the Hospital and equipping the Zarina Merali Daycare Surgical Center. In Particular, the Hospital was able to procure and Install two steam boilers as well as replace the dilapidated steam condensate reticulation system. In addition, the hospital was able to replace old and obsolete equipment, such as the Brachytherapy for radiation therapy.

The Zarina Merali Daycare Surgical Center was equipped with procurement of an additional laparoscopy tower and other theatre medical equipment that has facilitated the full operationalization of the centre.

During the reporting period 46 meetings were held mainly being those of WHO and East Africa Community for purposes of Covid-19 pandemic preparedness and response. Kenya also participated in all the meetings of the WHO governing bodies, World Health Assembly and the Executive Board.

During the reporting period, the Sector participated in negotiating for the new global fund grant that was successfully approved.

Through the partnership framework, the governing Structures were activated. Partners continue to support Interagency Coordinating committees meetings as part of the framework roll out of the partnership framework.

STATE DEPARTMENT FOR STANDARDS AND PROFESSIONAL MANAGEMENT

PROGRAMME 1: HEALTH POLICY, STANDARDS AND REGULATIONS

The objective of this programme is to strengthen policy and regulation for effective delivery of quality healthcare services. It has two sub-programmes as follows;

Sub-Programme 1.1 -Health Policy

The Sector is in the process of finalising the e-Health Bill in line with the Health Act 2017 which aims to strengthen the regulatory framework for health information systems.

To implement the Health Act, 2017 Section 105, the Sector embarked on the development of a comprehensive, integrated national health information system. The Digital Health Platform (DHP), which is an end-to-end facility-wide

solution that captures patient-level data and enables longitudinal management and referral of patients across facilities. It will improve accountability, monitor commodity usage at facilities and provide a platform for telemedicine and telehealth. Moreover, it will improve the monitoring of UHC implementation and access to quality health care services. The Chanjo System for monitoring of the COVID-19 vaccination and the Blood Management Information System (BMIS) modules of the DHP have been rolled out, while outpatient, inpatient and specialised clinic modules are being piloted. The pilot project for telemedicine between Kenyatta National Hospital and Isiolo County has been completed and the project is ready to scale up.

The Sector developed the National Community Digitization Strategy 2020-2025 which provides a digitization blueprint that will support a comprehensive approach to community health service delivery, enhancing quality community health service delivery through a digital solution.

During the period under review, the Sector developed the National E-health Policy, the Research for Health (R4H) Policy Framework (2018-2030) & Research for Health Priorities (2018-2023) were also developed. The Research for Health Technical Working Group (TWG) was formed following the requirements of the MOH Partnership Framework.

The Sector invested in the enhancement of the Kenya Health Information Systems (KHIS 2) and the Kenya Master Health Facility List (KMHFL) to enable automated indicator reporting, data analytics and visualisation. To maximise these capacities, health care workers were trained to utilise the enhanced capabilities for local planning. To standardise reporting on cause of death, the State Department rolled out training on ICD 11 for clinicians and hospital coders in all counties.

To take stock of progress against priority targets in the sector, a mid-term review of the health sector's strategy was undertaken. Results from this review will inform the next health sector strategic plan, and the Medium-Term Plan (MTP IV). Further, the State Department collaborated with the Kenya National Bureau of Statistics (KNBS) to implement the Kenya Demographic and Health Survey (KDHS). This survey is critical in informing progress in the health sector over the last 5 years and forward planning towards achieving sector targets.

Sub-Programme 1.2 – Standards, Regulations and Professional Management

Antimicrobial resistance (AMR) is emerging as a global public health concern and poses a huge threat to the practice of modern medicine and effective response to infectious diseases. During the period under review (FY 2019/20-2021/22), the State Department strengthened the capacity of seventeen (17) public health laboratories to detect and report on antimicrobial resistance. Multisectoral AMR coordination structures have also been established at both national and county levels to oversee the implementation of the AMR National Action Plan and Policy with an aim to reduce morbidity and mortality due to resistant microorganisms.

The Sector is implementing a robust Infection Prevention and Control (IPC) program. Within the period FY 2019/20-2021/2022, key policy documents on IPC were developed including the National Infection Prevention and Control Policy (2021), the National Infection Prevention and Control Strategic Plan (2021-2025) and the National Infection Prevention and Control in the context of Covid-19, (2021). The Ministry, in collaboration with implementing partners, also strengthened the management, leadership, and governance of IPC services through establishment and strengthening Infection Prevention and Control (IPC) Committees both at the National and county levels.

A Quality-of-Care Certification Framework that defines the process of ensuring delivery of quality health services to the Kenyan population was developed and launched in March 2020. Within the period under review, all 47 counties were trained on Kenya Quality Model for Health (KQMH) and can assess quality of care using the KQMH tool. To ensure institutionalisation of quality improvement initiatives in provision of health services within the counties, three quality of care coaches in each county have been identified and capacity built. Quality Improvement Teams have been set up in the counties and health facilities and are continuously mentored in continuously improving the quality of health care. One hundred and forty (140) county health inspectors from all counties were also trained to assess health facilities on compliance to quality and patient safety standards using Joint Health Inspection Checklist.

The Norms and Standard for health Service delivery was finalised in 2021/22 FY. Other key Norms and Standards/Guidelines are under development e.g., the Norms and Standards on Leadership and Governance, Clinical Guidelines and the Kenya Essential Package for Health. During the period under review,

the MOH ISO 9001:2015 QMS document was reviewed (quality objectives, opportunities and risk registers) and 22 internal ISO auditors trained during the last quarter of 2021/22 FY.

The Health Act, which is the overarching legislation in the health sector, was enacted in 2017, with an aim to establish a unified health system, to coordinate the inter-relationship between the national government and county government health systems and to provide for regulation of health care service, health care service providers, health products and health technologies. Some of the institutions provided for in the Health Act have been established and the process of their operationalization is ongoing including the Kenya Health Professions Oversight Authority and the Kenya Health Human Resource Advisory Council. Development of Legislations and Regulations provided under the Health Act is ongoing through coordination by relevant delivery units e.g., E-Health Bill, Traditional and Alternative Medicine Practitioners Bill.

Kenya Health Human Resource Advisory Council (KHHRAC)

In the financial years 2019/2020 and 2020/2021 the Council developed the necessary human resource instruments for its establishment including the Organisational Structure, Career Progression Guidelines, Human Resource Policy and Procedure Manual and the Salary Structure. In addition, the Council made initial steps in the establishment of National Health Workforce Accounts (NHWA) and held three regional training sessions for county officers on integrated human resource information system (iHRIS).

In the financial year 2021/2022 made further progress in the establishment of NHWA enabling the Ministry of Health to report for the first time on the NHWA platform and make health workforce data available for decision-making. The same period saw the development of the job description for the positions outlined in the council organisation structure.

Kenya Medical Practitioners And Dentists' Council (KMPDC)

The Council, in consultation with the State Department of Public Service (SDPS), developed Human Resource Policy Instruments i.e. Human Resource Policies and Procedures Manual, Career Guidelines for Staff and Organization Structure, Staff Establishment and Grading Structure which were approved in April 2021 which were adopted and commenced the implementation in July 2021.

- The council continued registering and licensing practitioners and Health Facilities and publishing the registers of local and foreign licensed medical and dental practitioners and Community Oral Health Officers (COHO) to enable the public to verify genuine practitioners and duly registered and licensed health facilities.
- It also continued regulating the training of all medical, dental practitioners and COHOs with its associates conducted regular inspections of training institutions in Kenya in order to ascertain whether or not they meet the minimum requirements to train residents in general surgery and other specialties.
- In February 2021, it inspected and approved 36 College of Surgeons of East & Central Africa (COSECSA) sites which are aimed at advancing education, training, standards, research and practice in surgical care in the country. ECSACOP sites inspected and approved 5 sites for training. It also inspected and approved 5 CANECSA sites to offer training and help increase the number of Anesthesiologist specialists in the region.
- Automated most of the business processes in all departments to improve the speed and quality of services delivered to the public. It managed to carry out inspections of over 75 Internship and Specialists training centres, Health facilities throughout the country to ensure compliance to standards of health and training facilities with an aim of enhancing quality health services.
- In addition the council reviewed a number of regulations namely;
 - Reviewed Cap 253 Act and Medical Practitioners and Dentists Institutions Amendment Rules to align operation towards the execution of the Council's mandate including introducing penalty on unregistered persons and facilities illegally in business of providing health services.
 - Reviewed internship guidelines to incorporate community and rural health experience for Medical and dental Officer Interns to enhance UHC delivery.
 - Reviewed Medical Practitioners and Dentists (Fitness to practise) rules to ensure compliance with the set standards.

Since the first COVID 19 case was reported in March 2020, the Council was intensely involved in verifying the readiness of the health facilities nationally, to handle the pandemic. It was responsible for identifying suitable isolation and quarantine facilities and successfully spearheaded two Technical Assistance teams in July 2020 and July 2021, comprising of over 400 multi-disciplinary teams, to achieve verification of over three hundred (300) isolation facilities in

the forty-seven (47) counties and highlighted the strengths and opportunities which can be optimised to improve the management of the pandemic and the overall health sector in general.

The Kenya Health Professions Oversight Authority (KHPOA)

In the period under review, KHPOA developed human resource instruments and were approved by the State Corporations Advisory Committee (SCAC). The developed human resource instruments include: Organization, Grading and Staffing Structure; Career Progression Guidelines; and Human Resource Policy and Procedures Manual.

In addition, the Authority developed job descriptions in line with the 2021/22-2024/25 Remuneration Review Cycle for the Public Sector. It was categorised by the State Corporation Advisory Committee (SCAC) as an Oversight/Regulatory state corporation; category PC6B and the board was inaugurated in July 2022.

Further, they developed four regulations as provided in the Health Act, Section 48(2) as follows:

- the manner and form of coordinating joint inspections with all regulatory bodies;
- the procedure for receipt and facilitation of the resolution of complaints from patients aggrieved parties and regulatory bodies;
- the manner of monitoring the execution of respective mandates and functions of regulatory bodies recognized under an Act of Parliament;
- the mechanisms for arbitration of disputes between statutory regulatory bodies, including conflict or dispute resolution amongst Boards and Authorities; and
- mechanisms to ensure that the necessary standards for health professionals are not compromised by the regulatory bodies.

Under promotion of improved access and service delivery, the Authority coordinated joint inspection of 13,476 health facilities for compliance in service delivery during the period 2019-2022. It trained 141 county health inspectors in improved quality of care; developed checklists for inspection of training institutions and internship hospitals; inspected 28 internship training hospitals for compliance of standards during the FY 2021 /2022 and developed and printed 10,000 copies of joint inspection book for compliance in service delivery

In facilitating fair and just processes of handling and resolving complaints and disputes (Rights to health), the authority facilitated resolution of 30 complaints

from patients and aggrieved parties; developed draft guide in complaint handling, complaint lodging form, complaints register, Complaint Assessment Matrix, complaint handling processes and disputes register. With regards to health professionals mapping, they completed 11 regulated and 31 unregulated cadres and developed a database of 8 unregulated health professionals



Nursing Council Of Kenya (NCK)

The Council made the following achievements based on the planned outputs / services for 2019/20 – 2021/22 budget.

Implemented an online extermination module which has seen an increase in the number of students undertaking the examination. Over the period under review the Council conducted nine (9) Nurses & midwives licensure examinations, where a total of 24,235 nurses and midwives were examined with a pass rate of 75% distributed as follows; 4,628, 7,189 and 12,418 for FY 2019/2020, 2020/2021, and 2021/2022 respectively.

Registered 18,255 nurses and midwives as follows: 7,367; 4,650; and 6,238 for FY 2019/2020, 2020/2021 and 2021/2022 respectively. Out of over approximately 100,000 registered nurses & midwives, approximately 47,000 nurses and midwives renew their licences annually which translates to about 50%.

The Council developed 6 training guidelines, approved 86 curricula; and reviewed 18 training guidelines to meet the highly dynamic health environment in terms of emerging and re-emerging conditions, technological advancements, era of an informed clientele, explosion of information and innovations.

UK-KENYA Bilateral Agreement (BLA)

In the FY 2021/2022 the Kenyan government signed an MOU with the UK government. The BLA targets to send 2,000 nurses & midwives in the UK, so far 17 nurses have been exported to the UK (13 and 4 nurses under cohort 1 and cohort 2 respectively). The programme is supported by the Ministry of Health in collaboration with other stakeholders.

National Quality Control Laboratory (NQCL)

National Quality Control Laboratory (NQCL) is mandated to test all Medical drugs and devices that are both imported and manufactured in the country. According to the reports for financial year 2021/2022, 486 medical drugs were

tested forming 69.4 percent of the total sample. Additionally, 2 medical devices were tested that form 10 percent of the targeted sample. Out of the total drugs tested, 19 failed to comply with the standards. NQCL has acquired land and developed a strategic plan.

Sub-Programme 1.3 Health Sector Coordination

The Sector held three Health Sector Intergovernmental Consultative Forums that brought together National and County Governments for consultation on health matters. The main focus was on Universal Health Care, COVID-19 pandemic, and sharing of best practices on emergency response and preparedness and blood transfusion framework.

Other stakeholder fora included 46 meetings held mainly being those of WHO and East Africa Community. The East Africa Community regional meetings increased drastically during the period, due to discussions on Covid-19 pandemic preparedness and response. Kenya also participated in all the meetings of the WHO governing bodies, World Health Assembly and the Executive Board. During the reporting period, negotiation meetings for the Global fund grant were done resulting in the grant approval.

The partnership framework was in place and the governing Structures activated. The framework encourages partnerships based on mutual accountability, benefit and learning. Partners supported Interagency Coordinating committees meetings as part of framework roll out.

ANNEX 4A. REVIEW OF PROGRAMME PERFORMANCE FOR FY 2019/20-2021/22

STATE DEPARTMENT FOR MEDICAL SERVICES

Table 2. 1: Analysis of Programme targets and actual targets.

Programme 1: Preventive, promotive and Reproductive, Maternal, Neonatal, Child & Adolescent Health (RMNCAH)

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Targets			Achieved Targets			Reason for variance
				2019/20	2020/21	2021/22	2019/20	2020/21	2021/22	
Programme Outcome: Increased access to quality promotive and preventive health care										
SP 1.1 Communicable disease control	NACC	HIV Prevention and Management Services	Number of adolescents and young people reached with HIV prevention and SRH information in Millions	1.5 M	1.2 M	350,000	304,676	294,096	723,755	The reported numbers include the targeted populations reached through partnership and collaboration with media houses whose social and digital media platforms attract many youths.
			Number of men reached with integrated information package on HIV prevention and SRH	420,000	605,000	300,000	414,980	226,021	361,176	The performance was due to community outreaches to engage men especially as Male champions in targeted counties and resumption of community mobilisation e.g. boda boda and

									fisher folk outreaches	
			Number of PLHIV networks sensitised on Non-Communicable Diseases	30	30	150	30	150	205	The target was surpassed as we supported the NEPHAK AGM which brought PLHIV drawn from the whole country which increased the number.
			Number of condom dispensers installed in non-health settings	300	610	1000	545	921	3,800	Target was surpassed due to opening of bars and lodgings (which formed over 84% of the identified points during mapping) after lifting of the COVID19 restrictions
			Number of condoms distributed in non-health settings (Millions)	15	13	20	10	40.4	6.5	Target not achieved due to national and global supply chain challenges of essential commodities including condoms.
			Number of people reached with HIV prevention and messages via different platforms (Millions)	20	10	26	10	25	51.1	The overall target was surpassed because of the community radio campaigns and media coverage throughout the year.

			Number of counties reached through Beyond Zero medical safaris clinics	10	7	3	5	3	9	Target was surpassed due to identification of additional counties including taking advantage of the FISTULA campaigns and services
			Number of MDAs reporting on Maisha Certification system	287	300	320	287	303	305	Inconsistent and late reporting by MDAs affected the reporting average for all the 4 quarters
			Number of MDAs sensitised on Maisha Certification system	N/A	N/A	320	N/A	179	305	The reporting MDAs were sensitised online as well as one interactive sessions to support online reporting
			Mother To Child New HIV Infections Transmission rate	N/A	8.3	10.8	N/A	11.5	9.7	The country managed to decrease the number of Mother to child HIV transmission rates and gradually getting to the global target of less than 5%
			Number of Health and HIV prevention Programmes incorporated and implemented.	50	40	85	50	83	59	The indicator was surpassed owing to the number of projects integrating HIV projects given

										the requirements under the EMCA 1999. The increased development by the government in line with the big 4 agenda and devolution have increased the roads network undertaken by KERRA and KURRA within counties as well as urban areas.
			Number of thematic modules introduced into the Situation Room	3	4	4	3	4	4	4 modules introduced in the Situation Room (Data, skilled deliveries, KP and ANC)
			Number of organisations reporting through the CAPR system	1,625	1,650	1,700	1,625	1,654	1,247	Reporting rates are sub-optimal throughout the year due to some organisations missing in the KHIS although they do submit the manual reports. There is need to establish a clean inventory of organisations for CAPR reporting and assign them reporting rights

			Number of Civil Society Organizations (CSOs) sensitised on Community Aids Program Reporting System (CAPR) reporting	N/A	900	950	N/A	937	1,247	in KHIS The reporting organisations were provided with one Technical support at regional level through the office of the regional HIV coordinators
	NASCOP	HIV Prevention and Management Services	Number of people Currently on ART	1,150,926	1,254,800	1,254,840	1,150,926	1,253,420	1,291,110	The target surpassed due to implementation of test and treat strategy for clients who test HIV positive, MOH and partners efforts in minimising likelihood of Loss to Follow Up (losing clients initiated to ART due to various reasons) and deaths.
			Number of targeted HIV tests amongst high-risk populations	11,245,432	8,686,470	8,234,360	11,245,432	4,964,180	4,012,635	Delayed procurement and distribution of HIV rapid test kits to the service delivery points.
			Number of HIV Positive Identified	171,832	182,410	189,390	171,832	126,040	103,154	Delayed procurement and distribution of HIV rapid test kits to the service delivery

			Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	N/A	N/A	9.6	N/A	N/A	10.8	points. The variance is attributed to ANC coverage, testing rates, enrolment to HAART, adherence and EID testing for children. There was a stock out of commodities for testing.
			Percentage of HIV pregnant women who received HAART in ANC, PNC and Labor and Delivery	93	94	95	93	93	93	The variance is due to women opting out of treatment for various reasons. A lot of effort in both the public and private sector is needed to change behaviour.
	TB Programme	TB Prevention and Curative Services	Number of TB cases notified (All forms)	107,883	112,800	100,617	107,883	73,777	82,517	The deviation is mainly attributed to the effects of the COVID-19 pandemic (reduced access to health services, stigma among patients with respiratory symptoms, and reluctance by health workers to attend to patients with respiratory

										symptoms for fear of COVID-19 infection).
			Number of MDR-TB cases notified	800	800	1,036	800	924	736	The decline in drug resistant TB cases is attributed to shortage of diagnostic commodities (Gene Xpert cartridges, culture and Drug susceptibility testing)
			Proportion of successfully treated TB cases (all forms of TB)	90	90	90	90	85	84	The decline in treatment success rate is attributed to the effects of the COVID-19 pandemic, which was at its peak in 2020.
			Proportion of Multi drug resistant TB successfully treated	43	70	78	43	79	77	High mortality rate due to severe acute malnutrition, and advanced HIV disease.
			Number of people in contact with TB patients who began preventive therapy identified	N/A	N/A	8,632	N/A	N/A	8,221	This was likely due to stock outs of Rifampentin/Isoniazid in most counties for more than 4 months of the period under review
	National Malaria	Malaria Prevention	Number of Artemisinin	6.7	6.8	7	6.7	5.8	5	This is attributed to

	Programme	and Curative Services	Combination Therapy (ACTs) doses distributed to public health facilities(millions)							stock outs of medicines during the first quarter.
			Proportion of suspected cases tested (microscopy or Rapid Diagnosis kit)	90%	95	100	90%	67	84	Due to limited commodities on testing especially in the first quarter.
			Proportion of Confirmed Malaria Cases treated	70%	80	100	70%	92	97	The gap is mainly due to lack of medicines for those who were tested.
			Number of Routine Long Lasting Insecticidal Nets distributed(millions)	1.7	1.7	2.2	1.7	1.42	1.47	Availability of LLINs was delayed due to logistic arrangements in the first quarter.
			Institutional framework for Malaria Youth Army developed	0	0	1	0	0	0	This has not been done due to lack of resources to facilitate the processes.
			Proportion of Larval breeding habitats identified and appropriately managed	0	0	90	0	0	75	The activity started late and the spraying window (dry season) elapsed before the target was achieved.
SP 1.2 Non-Communicable diseases	Cancer Programme	Cancer Prevention Services	Number of women of reproductive age screened	369,380	369,380	400,000	369,380	328,852	670,019	Target surpassed due to increased screening uptake as a

prevention and control										result of scale up program in 25 counties through integration with capacity building and provision of pre-cancer treatment equipment
			Number of Primary health care workers trained	N/A	500	2800	N/A	2,600	6,300	Target surpassed due to the deployment of e-learning platforms for training primary health care workers on MOH Virtual Academy and m-Saratani mobile and use of Train-the-Trainer approach for skills based training per sub county.
		Comprehensive regional cancer centres established	Number of regional cancer centres	3	3	3	3	3	3	The 3 cancer centres are now complete.
	National Cancer Institute Kenya	Cancer information platforms established in national and county levels	Number of cancer registry hubs established	N/A	12	17	N/A	13	21	The target was surpassed because a facility cancer registry is a mandatory requirement before a centre

										is designated.
		Cancer Prevention and Control Stakeholders engaged	Number of counties engaged on resource allocation and prioritisation for cancer prevention and control	15	15	20	15	19	19	The target was not achieved because Nairobi county was not available for the meeting as planned
			Number of people reached with cancer Prevention & Control messages	2,000,000	5,000,000	8,000,000	2,000,000	5,810,591	14,000,000	The target was surpassed because the Institute leveraged on various media including mainstream media; vernacular FM stations and HUDUMA to educate the public
			Number of ministries departments and agencies trained to implement workplace cancer prevention and control programs	N/A	8	12	N/A	9	6	The target was not met due to delayed disbursement of funds and lack of adequate number of officers to facilitate the engagements
		Cancer care centres certified	Number of cancer care centres certified	N/A	N/A	20	N/A	N/A	58	The target was surpassed due to an increase in demand for designation by the cancer treatment facilities. This

										was as a result of an MOU between NHIF and NCI-Kenya where NHIF included accreditation by NCI-Kenya as a requirement for all treatment centres prior to accreditation by NHIF
	Division of Mental Health	Health Care Workers Trained on Mental Health and psychosocial support	Number of Healthcare Workers trained	10,000	10,000	10,000	N/A	900	786	The target was not achieved due to inadequate funding
		Community Health Workers trained on mental health Interventions	Number of community health workers trained	N/A	N/A	500	N/A	N/A	120	The target was not achieved. However there was support from the Kenya Red Cross to train 120 community health workers from 4 counties.
	Non-Communicable Diseases (NCD)Prevention and Control Unit	TOTs trained on Diabetes and Cardiovascular Diseases prevention and management	Number of TOTs trained	500	500	1500	500	498	87	This target was not achieved because inadequate funds to train the additional TOTs
	Nation	STEPWISE		1	1	1	1	0	0	This target was

		NCDs STEPWISE Survey conducted	survey report							not achieved because inadequate funding
		Diabetes and hypertension curative services	Number of diabetes patients receiving treatment	100,000	100,000	150,000	100,000	113,099	142,223	This target was not achieved because the funding was inadequate.
			Number of hypertensive patients receiving treatment	150,000	150,000	250,000	150,000	186000	240000	This target was not achieved because of inadequate funding.
		Community Health Volunteers trained on Diabetes and CVDs prevention and control	Number of Community Health Volunteers trained	285	285	400	285	232	1151	The target was surpassed because the program leveraged on the training of CHVs under UHC and the Division of Community Health Services
	Violence and Injuries Prevention and Control Division	TOTs trained on trauma prevention and care	Number of TOTs trained	50	75	100	50	0	50	This target was not achieved because of inadequate funds to train the additional TOTs
		Community Health Volunteers trained on prevention and control of violence and injury	Number of CHVs trained	N/A	0	1500	N/A	500	0	This target was not achieved because of inadequate funding
	Tobacco Control Division	TOTs trained to train Health	Number of TOTs trained	100	100	250	100	100	250	

		Care Workers on implementation of Tobacco Control Act and Cessation Guidelines								
		Tobacco control and enforcement officers trained	Number of Public Health Enforcement officers trained	300	300	400	300	100	300	This target was not achieved because of inadequate funding.
		Tobacco cessation clinics established	Number of Tobacco cessation clinics	5	5	4	5	4	4	The target was achieved through integration of tobacco cessation to existing health services
		Persons sensitised on Tobacco control intervention	Number of people sensitised	N/A	N/A	0.5M	N/A	N/A	500	The target was not achieved due to inadequate resources though visits were done in 11 counties
	Geriatrics Medicine	Functional workplace wellness programme established at Ministry of Health	Number of functional workplace wellness programs	1	1	1	1	0	0	This target was not achieved because of inadequate funding
		Guidelines on Physical Activity, Healthy Aging and Older	Guideline on Physical Activity, Healthy Aging and Older Persons developed and	0	1	0	0	0	1	The guideline development process is completed.

		Persons developed and disseminated	available								
		Rapid geriatric assessment (RGA) conducted on Geriatric patients	Number of RGAs conducted	200	200	1000	200	0	1200	Target was surpassed through training of CHVs	
SP 1.3- Radiation Safety and Nuclear Security	Kenya Nuclear Regulatory Authority	Nuclear Safety Regulations developed	Number of regulations developed	N/A	6	4	N/A	4	4	Draft regulations are ready	
		Technical Guidelines developed	Number of technical guidelines developed	8	8	4	8	6	4	The guidelines need to be updated in line with the Nuclear Regulatory Act	
		Chemical Biological Radiological Nuclear and Explosives (CBRNe)SOPs reviewed	Number of CBRNe SOP's documents reviewed	N/A	N/A	2	N/A	N/A	2		
		Persons trained on incidents involving CBRNe materials	Number of persons trained on incidents involving CBRN materials	2	2	45	2	2	45		
		Strategic Goods Control (SGC) Bill, 2021 developed	STC draft Bill	1	1	1	1	1	1	1	The Bill has been forwarded to Cabinet
			Number of SGC Regulations developed	N/A	N/A	1	N/A	N/A	1		Draft regulations ready

		Facilities inspected and licensed on radiation protection	Number of facilities inspected and licensed	N/A	4210	5000	N/A	2277	4200	Target was not achieved due to budgetary constraints
		Radio-analysis of consumer goods and motor vehicles certificates issued	Number of radio-analysis certificates. issued on foods, food related raw materials & environmental samples	N/A	40,000	80,000	N/A	37,484	79,000	The target was not achieved due to slight reduction in imports of concern hence drop in number of samples
			Number of radio-analysis certificates. issued on imported used motor vehicle units	N/A	80,000	90,000	N/A	86,790	92,000	The target was surpassed due to increase in number of radio analysis certificates issued as a result of increased efficiency of the Kentrade Single Window System
SP 1.4 Reproductive Maternal Neonatal Child and Adolescent Health - Nutrition-(RMNCAH-N)	Department of Family Health	Family Planning Services	Proportion of Women of reproductive age receiving FP commodities	45%	50	50	45%	43	52.4	There was a deliberate effort to increase uptake of COC (Combined Oral Contraceptive).
		Maternal Neonatal and Child Health Services	Proportion of pregnant women attending at least 4 ANC visits	90%	60	57	90%	52.1	52.8	The target was not achieved due to adoption of 8 antenatal care contacts that had not been fully rolled out and therefore FANC training and TA's on

									Antenatal care services were put on hold.	
			Proportion of women receiving post-natal care within 2-3 days of delivery	52	52	50	52	12	12	The target was not achieved owing to data quality issues identified and audit recommended.
			Number of MCH books distributed in Millions	2.2	2.2	0	2.2	0	0	The target was not achieved owing to inadequate resources to print booklets.
			Facility based maternal mortality rate per 100,000 deliveries	100	100	103	100	103	110.3	The target set was not met because of an incomplete audit cycle, where recommendations made during audits are not actioned due to inadequate funds/resources.
			Number of facilities based neonatal deaths per 1000 live births	12	12	23	12	23	9.3	The target is a reducing one hence training of HCW on early essential newborn care, development of comprehensive newborn care protocols, scale up of use of CHX 7.1% Diguconate gel for umbilical cord care and

										scale up of use of Kangaroo Mother Care for management of pre-term % Low Birth Weight babies aided it.
			Proportion of Vitamin A Supplementation (VAS) coverage	62	62	80	62	82	86	The achievement was above the target as a result of external financing (UNICEF, NI and HKI) and better facilitation in utilisation of community health structures in VAS delivery.
			Number of Pre-school and school going children dewormed in Millions	6	6	6	6	2.6	5.4	Target was not met due to inadequate commodities
	Division of National Vaccines and Immunization program	Vaccines and Immunization Services	Proportion of fully immunised children (Proxy Penta 3)	84	84	84	84	84	88	Target surpassed due to targeted campaigns.
Proportion of Health Facilities with Functional Cold Chain Equipment			90	90	92	90	88	88	The target was not achieved owing to delayed deployment of equipment from the Cold Chain Equipment Optimization Platform.	
Number of Covid 19 vaccines doses			9	9	37.6	9	1.4	19	The target was not met due to reduced uptake	

			administered(millions)							of vaccine thus low risk perception as Covid-19 prevalence rates fall
			Proportion of fully immunised adults	17	17	100	17	1.4	32	The target was not met due to reduced uptake of vaccine thus low risk perception as Covid-19 prevalence rates fall
SP 1.5 Environmental Health	Water Sanitation and Hygiene	Villages certified as open defecation free	Proportion of Villages certified as open defecation free	20,000	20,000	25,000	20,000	20,240	23,492	Target was not achieved due to a budget shortfall from UNICEF.
	Food Safety and Quality Control	National Integrated food safety surveillance system developed and established	Percentage of Integrated food safety surveillance system developed	N/A	N/A	100	N/A	N/A	20	Target was not achieved due to budget cuts.
	Division of Waste management, Pollution Control, and Climate Change	Medical waste microwaves installed and commissioned	Number of medical waste microwaves installed and commissioned	10	10	11	10	11	11	
		Health care workers trained on medical waste management	Number of healthcare workers trained	600	600	600	600	600	140	Target was not achieved owing to partners changing priorities during COVID- 19 pandemic.
Occupation	Health	Number of	15	15	15	15	0	5	The target was	

	al Health and Safety	committees in National and County referral hospitals established	county referral health facilities with trained safety and health committees							not achieved due to budget cuts.
		Health care workers trained on occupational health safety	Number of healthcare workers trained	N/A	N/A	300	N/A	N/A	30	The target was not achieved due to partner scaling down support to only 5 counties.
	Port Health Services	Border Health Capacity Discussion Guide (BHCDG) implemented in Point of Entry's (POEs)	Number of Points of Entry (POEs) implementing BHCDG	3	3	3	3	0	3	
		Standard Operating Procedures guidelines for epidemic response developed	Number of Standard Operating procedures developed and validated	N/A	N/A	15	N/A	8	15	
	Vector and Vermin Control	Spray operators trained in vector and vermin control	Number of County spray operators trained	N/A	N/A	94	N/A	22	45	The target was not achieved due to inadequate financial resources.
	Tobacco control Board	Tobacco Control Policy developed	Tobacco control policy document	N/A	N/A	1	N/A	N/A	0	The target was not achieved owing to the expiry of the term of 4th Board
	Instrument	Number of	4	4	3	4	1	0	The target was	

		s to operationalize tobacco control fund developed	instruments to operationalize the fund developed							not achieved since three documents (Fund Regulations , fund structure and staff establishment for the fund) are not yet to be finalised.
SP 1.6. Disease Surveillance and Response	Division of Disease Surveillance and Epidemic Response	Trainers of Trainers (TOTs) Trained on the Revised IDSR technical guidelines	Number of TOTs Trained	N/A	200	335	N/A	200	0	TOT did not take place because IDSR guidelines to be used were not published
		Suspected non-polio Acute flaccid paralysis case detected per 100,000 population	Acute flaccid paralysis case detection rate	N/A	N/A	2.3	N/A	N/A	4.06	Target surpassed due to technical support from WHO
		Community Event Based Surveillance (CEBS) in counties established	Number of Counties with Functional CEBS	N/A	5	5	N/A	5	8	Target surpassed due to organised groups which were not anticipated
		Event Based Surveillance established in Hospitals.	Number of Hospitals with Functional Event Based Reporting System	N/A	N/A	6	N/A	N/A	61	Target surpassed as a result of health facilities embracing EBS

	Division of Health Emergencies and Disaster Management	Ambulance drivers trained and certified in Emergencies and Disaster Management	Number of ambulance drivers trained and certified	N/A	N/A	250	N/A	N/A	0	The target was not met due financial resource constraints
	Public Health Emergency Operation Centre	Awareness on COVID-19 situation in the country created	Number of SITREPS disseminated	N/A	N/A	52	N/A	N/A	364	The target was surpassed owing to well organised forums.
		Travellers tracked using COVID-19 Jitenge App	Number of travellers tracked through the Jitenge app.	N/A	N/A	100,000	N/A	N/A	100,000	
		Vulnerability and risk analysis mapping conducted	Risk Assessment report	N/A	N/A	1	N/A	N/A	0	The risk assessment report has not been finalised.
		Healthcare managers trained on Public Health Emergency Management (PHEM)	Number of managers trained	N/A	N/A	100	N/A	N/A	40	The target was not achieved due to budget cuts.
		Simulation of public health emergency exercises at national level conducted	Number of simulation exercises conducted	N/A	N/A	2	N/A	N/A	0	The target was not achieved due to COVID 19 restrictions.
	Public Health	Public Health	Number of counties with	16	16	11	16	17	18	Target was surpassed owing

	Emergency Management Operations Centre	Emergency Operations Centers established	established Public Health Emergency Operations Centers								to synergy between National and County government through COG
	Field Epidemiology & Laboratory Training Program (FELTP)	Health Care workers trained	Number of FELTP residents trained	20	20	20	20	20	20		
Number of healthcare workers trained on epidemiology short course			N/A	N/A	70	N/A	N/A	70			
Number of health care workers trained in public health management for Action			N/A	N/A	5	N/A	N/A	7	Target was surpassed due to Adequate support		
Division of Vector Borne & Neglected Tropical Diseases	People treated for Lymphatic Filariasis (LF), Trachoma, bilharzia, and intestinal worms	No. of people treated for Lymphatic Filariasis (Millions)	3.8	3.9	2.5	3.8	4.02	30	Target was surpassed following search for treatment from surrounding Sub counties		
		Number of people treated for trachoma (Millions)	1.2	1.7	1.5	1.2	0.9	2.05	Target was surpassed as a result of accelerated elimination in 4 Sub counties where treatment was two times in the year		
		Number of people treated for Bilharzia and intestinal worms. (Millions)	N/A	N/A	4	N/A	2.1	10.5	Region targeted for treatment is usually the coast. It was up scaled to Western region (Total people		

										treated, 3.5 for bilharzia and 7 million for intestinal worms)
		Health care workers trained on diagnosis, treatment and reporting of leishmaniasis	Number of healthcare workers trained	N/A	N/A	50	N/A	N/A	89	Target was surpassed due to increased outbreaks of leishmaniasis. The trained included (57 Health Records and Information Officers, 9 Pharmacists and 23 clinicians)
		Technical assistance to counties on response to outbreaks neglected tropical diseases provided	Number of counties supported	N/A	N/A	3	N/A	N/A	2	Target was not achieved since two technical assistance was provided for the outbreak of leishmaniasis in Mandera and West Pokot counties only.
	Division of Zoonotic Diseases	Staff trained on Rabies and Brucellosis	Number of health care workers trained on Rabies	N/A	N/A	50	N/A	0	28	The achieved targets fell below the planned targets due to budget cuts.
Number of Health care workers trained on Brucellosis			N/A	N/A	50	N/A	0	75	The target was surpassed as a result of support from partners (WSU and ILRI) to train healthcare workers on brucellosis.	
Technical assistance		Number of counties	N/A	N/A	3	N/A	0	3		

		to Counties for priority outbreak prone zoonotic diseases provided	supported							
	Division of Global Health Security	National Public Health Institute /Centre for Diseases Control (NPHI/CDC) established	NPHI/CDC Established	N/A	N/A	1	N/A	0	1	
		Healthcare workers trained on International Health Security	Number of health workers trained	N/A	N/A	50	N/A	0	0	The target was not achieved owing to budget cuts.
	Department of Laboratory Services	Laboratory diagnostic capacity for priority diseases expanded	Number of laboratories with expanded capacity to conduct testing of at least 5 priority diseases	13	13	23	13	13	27	Target was surpassed as a result of support from CHAI for capacity building of Laboratory officers in county referral hospitals in cancer screening and diagnosis.
		Oncology laboratory capacity increased for cancer sample analysis	Number of cancer samples analysed	N/A	N/A	3000	N/A	2000	4822	The achieved targets exceeded the planned targets due to support from the national Cancer Control Program which

										launched a cervical cancer screening rapid initiative funded by CHAI within Nairobi and nearby counties
		COVID-19 tests conducted	Number of COVID-19 tests conducted (Millions)	N/A	N/A	1,900,000	N/A	N/A	1,375,986	The target was not achieved due to reduced COVID-19 test demand.
SP 1.7 Primary Health Care	Health Promotion division	Health promotion guidelines (IES materials, advocacy, BCC) developed	Number of Guidelines developed	3	3	1	3	0	0	The target was not met due to inadequate resources to complete the guidelines.
	Community Health division	Functional Community health units (CHUs) established	Number of functional CHUs	9513	9513	8663	9513	8663	8772	The target was surpassed as a result of most Community Health Units (CHUs) were uploaded on the Kenya Master community health Unit listing and more CHUs were established
		Collection and reporting of community health data strengthened	Number of counties using e-CHIS to collect and report data on KHIS	0	0	5	0	0	2	The target was not met due to inadequate resources to roll out to 7 additional counties that have been oriented and trained on the

										eCHIS.
	Primary Health Services Division	Primary care networks operationalized	Number of hospitals accredited as hubs for the PHC Networks	100	100	47	100	2	7	The target was not met due to inadequate resources limited the ability to roll out to all 47 counties.
Number of counties with functional primary care networks (PCNs)			47	47	12	47	1	7	The target was not met due to inadequate resources limited the ability to roll out beyond the 7 counties supported by partners.	
Level 4- Sub-County PHC referral hospital fully equipped as hubs for the PHC Networks (47) as per IGA		Number of level 4- Sub-County hospitals equipped	N/A	N/A	2	N/A	0	2	The Hubs (level 4) in Isiolo and Kisumu were equipped.	

Programme 2: National referral and specialised services

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Targets			Achieved Targets			Reason for variance
				2019/20	2020/21	2021/22	2019/20	2020/21	2021/22	
Programme Outcome: Increased access and range of quality specialised health care services										
S.P 2.1 National Referral &	Kenya National Hospital	Specialised health care services	Number of Heart surgeries done	80	15	35	47	32	46	The target was met owing to establishment

Health Services										nt Cardiothoracic Critical Care Unit dedicated for heart surgery patients as well as acquisition of additional specialised equipment				
	Number of Other Cardiothoracic surgeries conducted	0	48	7	56	24	10	3	61	1	93	42	11	Target was surpassed as a result of acquisition of specialised equipment
	Number of Kidney Transplants conducted		22		25		15		15		7		16	Target surpassed due to operationalization of Human leukocyte antigen (HLA) as well as annual kidney transplant project
	Number of minimally invasive surgeries done	00	2,6	49	4,8	56	5,7	37	3,6	32	5,2	44	6,0	The increase is attributed to the acquisition of five additional Laparoscopic towers and

										full operationalization of day care centre
			Number of patients undergoing specialised Burns treatment (OBD)	1 59	5 57	4 54	3 52	4 53	3 55	Target not achieved due increased county investment on burns management thus a workload shift from KNH.
			Number of cancer patients on (Chemotherapy and radiotherapy)	46,000	48,113	41,970	47,994	39,971	38,639	The target was not met as a result of operationalization of regional and national cancer centres had led to reduction of cancer patients
		Health Research disseminated	Number of new Research Projects disseminated	15	16	17	16	16	18	The target has been met due to the hospital having expanded the knowledge repository and provided a platform for

										research mentorship program.
		Average waiting time for specialised diagnostic and treatment services reduced	ALOS for trauma patient's (days)	A N/	32	36	A N/	1 39.	7 39.	The target was not met hence the hospital has initiated RRI for reduction of ALOS and allocation of additional specialised dedicated theatre
			Average waiting time (days) for radiotherapy	A N/	20	20	A N/	21	5 17.	Target surpassed due to introduction of specialised radiotherapy teams and strict adherence to NHIF booking.
			Average waiting time (days) for chemotherapy	A N/	A N/	18	A N/	21	14	Target surpassed due to introduction of additional 4 satellite chemotherapy centres
		Outreaches conducted	Number of outreaches conducted	65	70	61	34	4 34	1 38	Target surpassed due to adoption of a virtual conferencing model and

										creating a multidisciplinary team of facilitators.
		Mentorship and preceptorship for specialised health personnel conducted	Number of staff under preceptorship	A N/	A N/	50	A N/	A N/	53	Target achieved. Conducted three preceptorship sessions targeting new recruits.
			Number of Youth Internships/Industrial Attachment/Apprenticeship provided	50 1,8	50 1,6	18 1,8	11 1,6	31 1,7	04 19	Target surpassed due to introduction and expansion of additional specialised services.
	Kenya National Hospital - Othaya	Specialised health care services	Number of minimally invasive surgeries done	6 74	98 13	68 1,4	8 67	98 1,3	98 1,6	Target surpassed due to introduction of laparoscopic tower leasing model and operationalization of two theatres
			Average waiting time for chemotherapy services (days)	A N/	15	14	A N/	12	7	Target was met due to acquiring and installing additional five chemotherapy chairs as well as

										training nurses on specialised oncology.				
			Number of dialysis sessions conducted	A	N/ 0	55	6	85	A	N/ 8	77	25	4,0	The target was surpassed as a result of operationalization of the facility 24/7 renal unit operations and acquisition of additional dialysis machines.
			Average length of stay for orthopaedics surgery (days)	A	N/ 15	14	A	N/ 12	8	17.	Target not achieved due to influx of accident related cases requiring specialised surgical procedures.			
			Number of specialised clinics	6	9	18	10	16	21	Surpassed due to training of more specialists, implementation of doctor weekly visitation model and acquisition of specialised surgical equipment.				
			Number of	N/	N/	2	N/	N/	7	Target				

			screening sessions for NCDs	A	A		A	A		was surpassed owing to training of more specialists, implementation of doctor weekly visitation model.
		Policies and strategies developed	Number of Policies developed	A	N/A	5	A	N/A	7	Target surpassed. KNH Othaya now known as Mwai Kibaki Hospital (MKH) has domesticated 7 key policies from KNH Main.
			Number of strategies developed	A	N/A	0	A	N/A	1	The Hospital Strategy developed and approved for implementation.
	Moi Teaching and Referral Hospital	Average length of stay reduced	Average Length of Stay for Orthopaedic Surgery (Trauma Patients) Days	12	12	12	11	12	3	11. Achievement due to timely specialised diagnostic services, adoption of 24 hrs. Theatres operations, consistent supply of

										drugs and non-pharmaceuticals
			Average Length of Stay for Pediatric Burns Patients(days)	1 34.	1 34.	1 34.	7 36.	23 31.	6 30.	Achievement due to timely interventions to patients (Consultant's daily ward rounds), availability of drugs/supplies, and timely discharges.
		Specialized Healthcare Services	Number of Kidney Transplants undertaken	15	16	17	16	8	18	Achievement due to continued screening & recruitment of patients from the Clinics and Wards as well as investment in Specialized HRH and Medical Equipment.
			Number of Minimally Invasive Surgeries	50 2,1	50 2,1	00 2,5	39 1,8	26 2,2	18 3,1	Achievement due to the continuous training of staff and investment in modern theatre

									equipment	
			Number of Patients receiving oncology services- Consultations & Treatment	16, 024	16, 024	17, 130	17, 106	16, 395	17, 536	Achieve ment due to the specialised training of staff as well as the availability of drugs and other essential supplies.
			Number of Open-Heart Surgeries conducted	39	39	40	33	8	56	Achieve ment due to continuous investment in specialised Human Resources for Health (HRH), modern equipment, drugs, and supplies.
			Number of patients receiving external beam radiotherapy services	A N/ A	A N/ A	0 42	A N/ A	A N/ A	10 004	Achieve ment attributed to scheduling of patients, timely treatment planning and maintenance of equipment.
			Number of patients receiving Brachytherapy	A N/ A	A N/ A	36	A N/ A	A N/ A	1 13	Achieve ment attributed to scheduling

			services							of patients, timely treatment planning and maintenance of equipment.
			Number of Corneal Transplants conducted	13	13	14	20	9	16	Achievement is attributed to the availability of highly trained staff, modern equipment, adequate drugs, and essential supplies.
			Number of Hemodialysis Sessions for Children done	50	50	00	50	83	00	Achievement is attributed to the availability of highly trained staff, modern equipment, adequate drugs, and essential supplies. MTRH is the only Public Hospital in Kenya doing Children's Haemodialysis.
			Number of Cardiothoracic	20	45	0	29	7	6	The achievement

			Surgeries done							was realized due to the availability of Specialized staff, well-equipped theatres, and Intensive Care Unit/ Cardiac Care Unit.	
		Health Research disseminated	Number of Research Papers on Health Disseminated	12	12	22	12	12	21	Achievement is due to the MTRH Intra-Mural research fund.	
		Multidisciplinary Consultations Conducted	Number of Multi-disciplinary Consultations with Counties	50	52	77	52	57	86	MTRH carried out specialised medical outreaches in the 22 Counties in Western Region. This was done in partnership with the County Health Services.	
		Youth internships/ Industrial attachments/Apprenticeships provided	Number of Youth Internships/Industrial Attachment/Apprenticeship	90	2,5 80	3,3 90	3,3 85	2,7 22	2,8 08	3,5 08	Achievement was as a result of easing of COVID 19 restrictions that allowed more intake.
	Kenya	Specialised Health	Number of	2	2	4	2	0	13	The	

	a University Teaching, Referral and Research Hospital	care Services	Open-Heart Surgeries done							target was exceeded due to increase in demand and the Hospital engaged more specialists.
			Number of Kidney transplant undertaken	3	3	0	3	0	0	There were no cases undertaken in 2021/22. Operationalization of kidney transplantation is planned for 2022/23
			Number of minimally invasive surgeries done	0 50	0 50	0 12	0 50	60	2 76	The target was met due to The hospital operationalized more theatres and engaged more professionals hence the exceeding of the target.
			Number of sessions of chemotherapy and radiotherapy Treatment given	14, 700	14, 700	17, 000	14, 700	17, 339	24, 181	Achievement was due to the Hospital introducing three shifts for radiotherapy thereby

									servicing more patients.							
			Number of Hemodialysis Sessions conducted	11	9,4	11	9,4	00	7,0	11	9,4	37	6,0	11,802	Achievement was as a result of the Hospital carrying out 3 shifts for dialysis sessions thereby servicing more patients	
			Number of PET Scan examinations done	A	N/	A	N/	00	3,0	A	N/	A	N/	69	1,1	Target was not met due to PET/CT Services were started in January 2022 hence the numbers are for half year
			Number of SPECT CT-Scan examinations done	A	N/	A	N/	0	75	A	N/	A	N/	0		Target was not achieved since SPECT/CT Services did not start in the period under review.
			Number of Brachytherapy sessions conducted	A	N/	A	N/	0	90	A	N/	A	N/	5	39	Target was not met due to brachytherapy services started in October 2021. The demand was

										low at the beginning.				
			Number of specialised Gynecology procedures conducted	0	20	0	20	0	34	0	0	4	17	The target was not met due to operationalization of Specialized Gynecology Services in the middle of the year.
		Average waiting time for specialised diagnostic and treatment services reduced	Average waiting time (days) for radiotherapy	21	21	17	21	17	14					Achievement was due to the hospital introducing additional shift to reduce backlog
			Average waiting time (days) for Chemotherapy	21	21	17	21	17	7					Achievement was due to the hospital introducing additional shift to reduce backlog
			Average turnaround time for oncology patients (hours)	2	2	2	2	2	2					
			ALOS for orthopaedic patients' (days)	A	N/	A	N/	15	A	N/	A	N/	16	The hospital did not meet the target due to the complicated nature of most cases

			ALOS (days) for elective general surgery patients	7	7	7	7	7	7	referred. Acquisition of laparoscopic equipment that aided in timely surgeries
		Studies & Research conducted	Number of research conducted & completed	2	2	2	2	1	6	Achievement is due to the Hospital escalating research activities through collaborations and exceeding the target.
		Medical Outreach and mentorship conducted	Number of Medical Outreaches and Mentorships conducted	8	8	13	8	4	10	The target was not met due to constraints of COVID 19
		Youth internships/ Industrial attachments/Apprenticeships provided	Number of Youth Internships/Industrial Attachment/Apprenticeship	0 50	0 50	0 25	0 50	0 21	3 13	Target was not met due to the Hospital not taking medical interns but engaged attachments and interns for other programs .
		Diagnosis and Cancer Treatment Facilities Developed	Percentage of completion of Integrated Molecular Imaging Center	0 10	0 10	0 10	0 10	95	0 10	The centre was completed and Officially

			(construction and equipping)							commissioned by the President in October 2021		
			Percentage of completion for the expansion of the Cancer Center (Manu Chandaria Comprehensive Cancer Care Center)	A	N/ A	N/ A	60	A	N/ A	N/ A	40	Target not met due to construction that is currently ongoing. There were delays in the procurement process.
			Percentage of procurement, installation, and operationalization of CyberKnife completed.	A	N/ A	N/ A	70	A	N/ A	N/ A	60	The target was not met due to procurement of equipment that will be delivered in September 2022. The bunker where it will be installed is complete
	Math	Policies, Standards and Regulations developed to operationalize MNTRH	Number of policies developed	A	N/ A	N/ A	1	A	N/ A	0	0	The target was not met due to change in priorities
	National Teaching and Referral Hospital		Number of standards and regulations developed	A	N/ A	N/ A	1	A	N/ A	0	1	Developed HR instruments for transition to SAGA, which has now been

										approved by the Full Board
	Specialised mental health services	Number of patients receiving in-patients specialised mental health services.	24 6,729	24 6,729	25 9,066	24 6,729	18 3,262	18 9,182		Target was not met due to closure of some wards for renovation
		Number of patients receiving out-patient specialised mental health services	28 2,842	28 2,842	29 6,985	28 2,842	25 2,180	25 4,913		Target was not met due to slow recovery post COVID 19
		ALOS for civil psychiatric in-patients	42	42	55	42	64	48		Achievement is due to Improvement in quality of care, facilities and treatment
		Number of community mental health outreaches conducted for early detection and treatment	A N/ A	A N/ A	2	A N/ A	0	16		Improvement in quality of care – facilities and treatment
		Number of clients assessed for mental status	A N/ A	A N/ A	60 0	A N/ A	33 8	40 7		Target was surpassed due to recovery post COVID 19
		Number of forensic clinics to prisons conducted	A N/ A	A N/ A	16	A N/ A	0	0		Target was not met due to inadequate

										psychiatrists for both in-hospital and out-hospital clinics
		Sub-specialized mental health practitioners trained	Number of sub-specialized mental health practitioners trained	A N/	A N/	4	A N/	0	0	Target was not due to Inadequate psychiatrists for both in-hospital and out-hospital clinics
		Mentorship and preceptorship for specialised mental health personnel conducted	Number of Youth Internships/Industrial Attachment/Apprenticeship	A N/	A N/	1,300	A N/	1,180	3,020	Target was surpassed due to influx of post Covid interns and students
		Scientific conferences facilitated	Number of staff facilitated for scientific conferences	A N/	A N/	100	A N/	0	52	Target was not met due to inadequate funding.
		Abandoned patients waived	Number of patients waived	A N/	A N/	180	A N/	22	358	Achievement due to improvement in funding for clinical services
		Patients Re-integrated into the community	Number of re-integrated patients into the community	96	96	90	96	103	280	Achievement was due to improvement in funding for clinical services
		Studies and Research conducted	Number of research conducted on behavioural	A N/	A N/	1	A N/	0	0	Target not met due to focus shifted to

			health system needs							clinical services.						
Spinal Injury	Specialised spinal services	Number of in-patients receiving spinal services	0	19	0	19	6	22	0	19	9	21	4	20	Target not met due to the ward renovation the bed capacity was affected because the ward were closed for renovation	
		Number of out-patients receiving spinal services	53	13	53	13	20	18	53	13	54	17	26	21	Modern diagnostic equipment and consultants increased access to specialised spine services	
		Average Length of Stay (days) for Spinal patients		90		90	7	83.		90		2	84.		84	Achievement was due to purchase of specialised drugs, spine implants, and diagnostic equipment. MRI,CT SCAN enhanced quality treatment
		Number of orthopaedic spine surgeries	A	N/	A	N/	6	15	A	N/	A	N/	0	18	Achievement was due to procurement of spine sets	

										and implants and consultants enabled the hospital to achieve its target
			Number of Plastic surgeries	A N/	A N/	2 15	A N/	A N/	0 16	Achievement was due to availability of consultants to do wound flaps.
			Number of Patients re-integrated	A N/	A N/	0 19	A N/	A N/	6 10	Target not achieved due to ward renovation which led to a reduction to half capacity
SP 2.2 Health Infrastructure and Equipment	Health Infrastructure Management	Managed Equipment Services	Number of Public hospitals with MES equipment	8 11	8 11	8 11	8 11	8 11	8 11	
		Kisii level 5 cancer centre constructed	Percentage of Completion rate	20	20	30	20	10	15	Project at award level
		East African Centres of excellence for skills & Tertiary Education	Percentage completion rate of construction works	75	75	75	22	36	51	The contractor has been experiencing a cash flow crisis. Several variations that have cost implications. Slow funds disbursement

										t causing delay in construction especially procurement of infrastructure equipment					
		Number of Health Workers trained in renal specialties	7	28	7	28	2	29	7	28	7	28	0	Target was not met due to no more training being undertaken	
		Kigumo Hospital upgraded to level 4 status		Percentage of Completion rate	20	20	50	20	10	20				The target was not met due to little progress carried out and 2 certificates not yet honoured	
		Regional Cancer Centre in Meru established		Percentage of Completion rate	A	N/	A	N/	20	A	N/	A	N/	0	The project was deferred so that Nakuru, Mombasa and Garissa can be completed
		UHC portable medical clinics		Number of the functional Portable medical clinics	0	10	0	10	0	10	2	24	24	The target was not met due to counties taking long to give list of prequalified contractors to be awarded the	

										construction works
		Equalization funds health projects	Percentage of the projects completed	A	N/ A	0	0	0	0	The project has encountered legal related issues
		UHC level 3A health facilities	Number of health facilities completed	A	N/ A	50	A	N/ A	0	The project commenced at the end of fiscal year
		Regional Cancer Centre in Kakamega established	Percentage of Completion rate	A	N/ A	20	A	N/ A	0	The project was deferred so that Nakuru, Mombasa and Garissa can be completed
		Establishment of Mental hospital at Ngong	Completion rate of the new mental hospital established at Ngong	A	N/ A	1	A	N/ A	0	The project is at the design stage. Groundbreaking was done. Concept note has been developed,
SP 2.4 National Blood Transfusion Services	National Blood Transfusion Service, Tissue and Human Organ Transplant	Blood transfusion services	Number of blood units Collected	50 0,000	50 0,000	40 0,000	10 0,108	17 8,249	27 3,349	Effects of Covid 19; inadequate human resource and lack of vehicles for use in donor mobilisation and collection.
			Percentage	85	85	87	85	75	57	Most of

			of whole blood units collected and converted to components							the newly established sites had not begun component preparation as they awaited training and availability of component separation equipment.						
			Number of transfusing facilities under Hemovigilance surveillance	0	35	0	35	0	45	0	35	2	26	8	49	The implementation of the Inter-Governmental framework for Coordination of Blood Service management led to an increase in the number of facilities reporting
			Number of Kenya National Blood Transfusion Sites (KNBTS) supplied with specialised commodities and equipment		25		25		35		25		28		48	There was need to equip the additional satellites which were established in the period under review
			Number of New blood collection centres	A	N/	A	N/		15	A	N/	A	N/		14	Delay by county in identification of the site

			established							for 1 satellite
Forensic and Pathology services	Forensic services	Number of Clinical and forensic autopsies performed	A N/	A N/	75	A N/	A N/	78	0	Increase in demand for forensic autopsies to be performed
		Number of Expert opinions given	A N/	A N/	23	A N/	A N/	23	5	Increase in cases requiring forensic Expert opinions
		Number of exhumations performed for medical forensics	A N/	A N/	20	A N/	A N/	18		Due to Inadequate forensic HRH, Some exhumations are done by counties without involving divisions forensic services
		Number of Criminal related death scenes viewed.	A N/	A N/	25	A N/	A N/	15		Lack of PPEs, Forensic medical equipments, Transportation logistics ,Delayed coordination by stakeholders due to logistics
	Histology and Pathology services	Number of Histo-cytopathology examination for cancer diagnosis	A N/	A N/	40	A N/	A N/	30		Inadequate human resource, PPEs and Specialised

			carried out							forensic supplies
			Percentage of interpreted pathology results for clinical decisions	A N/	A N/	40	A N/	A N/	10	Linkage with clinical teams in counties is weak especially counties that do not have pathologist Elgeyo Marakwet, Kilifi Garissa.
	Pharmacy Services	Proper quantification of Health Products and Technologies conducted	Percentage of Counties with quantification data for HPTs	A N/	A N/	79	A N/	A N/	10	The first national wide forecasting and quantification (F&Q) of HPT needs was conducted for all 47 county governments, all the six national referral facilities, and the strategic programs culminating in a national F&Q report.
	Nursing services	Nursing policy 2021-2030 developed	Nursing policy developed	A N/	A N/	1	A N/	A N/	1	
		Nursing Health legislation enacted	Draft Nurses act CAP 257	A N/	A N/	1	A N/	A N/	0	The target was

			presentation to parliament health committee							not met due to inadequate Budgetary allocations
		Critical care services	Number of nurses sponsored for critical care services	A N/	A N/	15	A N/	A N/	20	The target was not met due to inadequate Budgetary allocations
Opthalmic Eye Health	Comprehensive Ophthalmic centres established	Number of new ophthalmic training Centres	A N/	A N/	1	A N/	A N/	1	Achieved at MTRH	
		Number of New Centers offering Diabetic eye care	A N/	A N/	5	A N/	A N/	3	Equipment are in procurement processes for Thika L5, Embu and Meru level5 only.	
		Number of Centers offering Refractive and Low Vision Services	A N/	A N/	15	A N/	A N/	0	Target not met due to inadequate Budgetary allocations	
	Eye health infrastructure upgraded	Number of eye Health Facilities Rehabilitated	A N/	A N/	10	A N/	A N/	0	Target not met due to inadequate Budgetary allocations	
		National Eye Drop Production upgraded to Good Manufacturing and Production Standards (GMPS)	A N/	A N/	1	A N/	A N/	0	Target not met due to recommendation from PPB to drop it as it's a regulatory	

										function. However MOH to work on Contract manufacturing
Oral health services	Oral health policy developed	Oral health policy in place	A N/	A N/	1	A N/	A N/	1		
	Guidelines and safety protocols for oral health services developed	Guidelines for oral health developed	A N/	A N/	1	A N/	A N/	1		
Rehabilitative and Physiotherapy Services	Disability classification tools reviewed	Number of disability classification tools reviewed	A N/	A N/	1	A N/	A N/	7	1 tool was reviewed and out of the one tool 5 were formed (Physical disability, visual impairment, maxillofacial, hearing, speech & language and communication, progressive disorders and mental intellectual disabilities)	
	Guidelines for disability assessment developed	Guideline for disability assessment in place	A N/	A N/	1	A N/	A N/	1		
Division of traditional and	Policy guidelines regulatory framework for traditional and	Traditional & Alternative Policy guideline developed	A N/	A N/	1	A N/	A N/	0	Draft in place and ongoing	

	alternative medicine	alternative medicine (TAM) established	Number laws/Regulations developed	A N/	A N/	1	A N/	A N/	1	Draft TAM Bill in place
	Clinical Services	Guidelines for the Health and Wellness Centre developed	Guideline for operationalization of Wellness Centre developed	A N/	A N/	1	A N/	A N/	0	Draft in place and ongoing
		Health & wellness centre for staff mainstreamed to all MDAs	Number of Health and wellness Health care setups in MDAs	A N/	A N/	22	A N/	A N/	1	Target not met however TWG guidelines finalised that will inform mainstreaming
	Orthopaedics and Trauma Unit	Health Legislation on Orthopedics & Trauma developed	Orthopaedics & Trauma Act Developed	A N/	A N/	1	A N/	A N/	0	Target was not met as a result of no stakeholders engagement.
	Radio logy & Medical Diagnostic Services	Radiographers Health legislation developed	Radiographers Act in place	A N/	A N/	1	A N/	A N/	1	
		Radiographers sensitised on safety and operation of imaging equipment.	Number of Radiographers sensitised.	A N/	A N/	50	A N/	A N/	30	Target not met due to inadequate funding
	Division of Health Products and Technologies	Health Facilities with the capacity to deliver oxygen	Number of Health facilities with the capacity to deliver oxygen	79	79	31	79	5	0	Target not met due to delay in procurement was experienced
SP 2.3 Health	Kenya Medical	Health Products & technologies availed	Percentage of order fill rate	90	90	90	90	54	50 %	The performance

Products & Technologies	Supplies Authority		for HPTs							was affected by stock outs of various HPTs that suppliers have delayed to deliver
			Order turnaround time(days) PHFs	10	10	10	10	18.8	19.8	Delays in payments by counties and lack of order scheduling and queue management system..
			Order turnaround time(days) Hospitals	7	7	7	7	12.6	14.7	
	National Commodities Storage(supply chain) centre established	% completion rate (Initial Contract)	90	90	90	90	84.14	91	The project was delayed because funds were not available as per the budget estimates.	
		% completion rate (remeasured Contract)	A	N/A	10	A	N/A	72	The Completion of the National Commodities Storage Centre was delayed by 117 weeks due to contract variations and other additional works. The revised completion	

											date of the project is December 2022
SP. 2.5 Social Protection in Health	UHC Secretariat	Population service Coverage	Service Coverage Index	86	86	92	86	83	86	This was affected by COVID-19	
			Number of Households Covered under UHC Scheme (Millions)	1	1	1.5	1	0	1	The resources provided for was not adequate to cover 1.5million households	
		Service Access increased	Service Access Index	82	82	92	82	75	83	Inadequate community mobilisation	
	NHIF	Reduced financial barriers to access to healthcare	% Population with social Health Insurance	89 %	89 %	62 %	89 %	46 %	55 %	Target not achieved due to adverse selection in the informal sector as well as difficult economic times brought about by the Covid-19 pandemic	
			Number of indigents accessing healthcare through HISP	253,400	253,400	253,400	253,400	253,400	253,400		
			Number of elderly & persons with severe disabilities accessing healthcare	58,800	58,800	58,800	58,800	58,800	58,800		
			Number of elderly	N/A	N/A	484,086	N/A	N/A	0	The 484,086	

			persons accessing Inua Jamii Subsidy program							members were registered but the premiums were not received from the exchequer
			Number of mothers accessing healthcare services through the Linda mama program	1,2 31,200	1,2 31,200	1,2 31,200	1,2 31,200	1,1 63,712	1,1 86,004	The target was based on the number of deliveries in a year. However, we fell short of the target by 3% due to the fact that some mothers delivered using other insurance covers
			Average claims processing period (days)	30	30	27	30	27	23	Introduction of the E-Claim processing system led to a lower processing period

Programme 3: Research and development

Program me	Deli very Unit	Key Output	Key Performance Indicators	Planned Targets			Achieved Targets			Reason for variance
				201 9/20	202 0/21	202 1/22	201 9/20	202 0/21	202 1/22	
Programme Outcome: Increased capacity and provide evidence for policy formulation and practice										
SP:3.1 Pre-service and In-service Training	Ken ya Medical Training College	Health Professionals certified	Proportion of health professionals(cohort) certified	100	96	97	95	95	96	Discontin uation of students, natural attrition, inability to attain

										academic requirements for progression.
	Students enrolled for training	Number of students enrolled	12,046	12,692	16,800	14,403	17,241	21,700	Target surpassed due to increase in infrastructural development and double cohort in the year under review.	
	Community Health Workers Trained (Chews and Chas)	Number of Chews trained	2,400	90	57	80	66	57	Target achieved and going forward the course has been discontinued by the regulatory authority hence no further target.	
		Number of CHAS trained	800	400	600	599	938	700	Target surpassed as more counties, donors and the National Government came on board for sponsorship.	
	Health Professional training curriculum reviewed	Number of curriculums reviewed	30	11	6	23	1	10	Target surpassed due to emerging issues in the market that necessitated fast tracking of more curriculums.	

		Students attached to the primary health facilities	Number of students attached to the primary health facilities	35,49	26,04	04,00	02,65	293	08,00	The target surpassed due to inclusion of nursing and clinical medicine students on board.
		Evidence based Internal policies developed	Number of evidence-based policies	24	12	8	14	10	8	.
SP 3.2 Research and Development	Kenya Medical Research Institute	Policy briefs developed	Number of policy briefs	10	10	14	10	48	18	The Institute achieved its target for FY 2021/22. The pick of policy briefs in previous year was because of COVID 19 pandemic and that there was high demand and resources were available.
		Research protocols approved	Number of New research protocols approved	125	125	224	125	162	143	There is a positive incremental progress despite not reaching the set numerical targets, this is because of focus on high priority, high impact team driven research initiatives as

										opposed to individual protocols in keeping with global health research trends.
			Number of ongoing Research Projects	405	405	410	405	520	522	This is the cumulative number of ongoing multi-year projects including the new ones formulated within the reporting period.
		Research Findings Disseminated	Number of research Papers published	310	310	325	310	446	432	The number of publications are significantly higher than the target, maintaining the positive trends over the last three years in the medium term.
			Number of research Abstracts presented	135	135	200	135	93	174	The targeted abstracts for FY 2019-21 were not realized due travel restriction arising from COVID 19 pandemic. The activities

										picked up in FY 2021/22 when COVID 19 protocols were relaxed.
			Number of Scientific & Health Conferences held	1	1	1	1	1	3	The Conferences include annual KASH, Miraa Scientific Conference, and EAHSC
		Quality diagnostic and specialised laboratory services	Number of Diagnostic kits produced	698,617	698,617	770,000	698,617	698,613	286,664	The relative deduction is due to reduced demand of our flagship products (kemrub, Tbcide).
			Number of Specialized laboratory tests conducted in Millions	1.2	1.2	1.63	1.2	1.34	638,427	The decrease was due to reduced demand of COVID 19 testing numbers.

Programme 4: General Administration, planning and support services

Program me	Deliver y Unit	Key Output	Key Performance Indicators	Planned Targets			Achieved Targets			Reason for variance
				20 19/20	20 20/21	20 21/22	20 19/20	20 20/21	20 21/22	
Programme 4: Administrative and support services										
SP4.1: General Administration & Human Resource Management and	General administrati on	Information Security Management System (ISMS) policy and procedures developed and	Number of audits conducted to monitor ISMS implementatio n	N/ A	N/ A	2	N/ A	N/ A	2	

Development	implemented										
	Employee work environment survey conducted	Percentage of feasible employee work environment survey findings and recommendations implemented	A	N/ A	N/ A	50	A	N/ A	N/ A	0	No findings or recommendations implemented since the survey was not conducted.
	Workplace policies on gender mainstreaming, HIV/AIDS workplace, road safety mainstreaming, disability mainstreaming and alcohol and drug abuse developed	Number of policies developed	A	N/ A	N/ A	2	A	N/ A	N/ A	2	HIV/AIDS and Road Safety mainstreaming policies developed.
	Sensitization of staff on HIV Prevention and NCDs; citizen service delivery charter/process; resolution of public complaints; Alcohol and drug abuse; disability, gender, road safety mainstreamed	Number of Staff Sensitized on each package	A	N/ A	N/ A	500	A	N/ A	N/ A	250	Staff from different directorates sensitised on HIV Prevention and NCDs; citizen service delivery charter/process; resolution of public complaints; Alcohol and drug abuse; disability, gender mainstreaming and road safety mainstreaming

	ICT Services	Staff(office rs) computer ratio improved	Ratio of staff to computers and laptops	N/A	N/A	1.30:1	N/A	1.34:1	1.25:1	There was no funding allocation to procure the computers.
	Human Resource Management & Development division	HealthCare workers recruited	Number of health care workers recruited	9,308	9,308	1,159	9,308	8,706	605	514 Covid-19 specialists declined the offer of appointment
		Health care workers trained in different specialities across the country	Number of Health workers trained	130	130	261	130	121	228	Target not met due to inadequate funding
SP4.2: Finance and planning	Finance division	Absorption of financial resources allocated	Absorption Rate	100	100	100	100	89	93.7	Lack of exchequer at the closure of the financial year
		Collection of public health sector financial resources increased	Total AIA collected by the Ministry (KSh. Billions)	10.8	10.8	16	10.8	14.8	17.3	Increased reporting rate for donor funded projects.
		Quarterly budget performance reports submitted	Number of budget reports submitted	4	4	4	4	4	4	Target was achieved in the plan period
	Central Planning & Projects Monitoring Unit	Policy briefs developed	Number of policy briefs	1	1	4	1	2	9	Policy briefs were prepared in line with the National Health Accounts finding for (FY 16/17 - 18/19)

										which prioritised specific programmes and diseases
		Capital projects monitored	Number of capital projects monitoring progress reports	A N/	A N/	2	A N/	A N/	4	Reports for the projects done in each quarter.
		National and County Budget Analysis conducted	Number of National and County Budget Analysis	1	1	1	1	1	1	The department carried out a national and county budget analysis and generated a report that was published.
SP4.3: Health Financing and Relations	Division of Healthcare Financing	Health Financing strategy developed	Health Financing strategy in place	A N/	A N/	1	A N/	A N/	1	Kenya Health Financing Strategy 2020-2030 finalised and officially launched in February 2022 as part of UHC Scale up
		County Health Management teams (CHMT) sensitised on the Health financing strategy	Number of County Health Management teams (CHMT) sensitised	A N/	A N/	0	A N/	A N/	8	8 CHMTS sensitised in 4th Quarter of 2021/22

STATE DEPARTMENT OF STANDARDS AND PROFESSIONAL MANAGEMENT

Programme 1: Health Policy, Standards and Regulations

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Targets			Achieved Targets			Reason for variance
				2019/20	2020/21	2021/22	2019/20	2020/21	2021/22	
Programme Outcome: Strengthened Health Policy, Standards and Regulations										
SP 1.1: Health Policy	Department of Health Policy and Research Development	UHC policy 2020-2030 disseminated	Number of dissemination fora on final UHC policy 2020-2030	N/A	N/A	2	N/A	N/A	2	Target achieved, dissemination done.
		Policy on transfer of facilities from County to National Government developed	Policy making guideline on transfer of facilities from County to National Government	N/A	N/A	1	N/A	N/A	1	Committee already in place and an outline of the policy has been developed.
		Policy making guidelines finalised	Proportion of Policy making guideline document developed	100%	75%	100%	50%	50%	50%	Draft policy making guideline in place, awaiting internal and external validation from stakeholders.
		Health policies approach mainstreamed into all sectors	% of sector policies with health component	N/A	50%	70%	N/A	70%	70%	No new policies developed .
		Research findings disseminated	Number of fora held to disseminate research findings	N/A	N/A	3	N/A	N/A	3	Conducted 3 Webinars, 2 to disseminate evidence and policy briefs developed after the Post KASH 2021 conference and 1 to disseminate

										Survey results conducted on Covid-19 vaccination.
		National Health Research Committee (NHRC) Operationalized	Number of NHRC fora held	N/A	N/A	2	N/A	N/A	1	NHRC committee is yet to be gazetted hence no meeting has been conducted, follow up ongoing.
		Health Technology Assessment (HTA) mechanisms established	% HTAs mechanisms established	N/A	N/A	75%	N/A	N/A	70%	Draft framework for the HTA in place. Internal validation done by HTA TWG members.
		Sensitization on the Kenya Health and Research Observatory conducted	Number of sensitization fora conducted	N/A	N/A	5	N/A	N/A	0	Target was not met because the webinar was postponed.
		Usage of Kenya Health Research Observatory tracked	Number of people using the KHRO	600	600	1000	600	560	800	The target was not achieved though there is an increase from previous year.
		UHC implementation assessment	Number of UHC implementation assessment reports	1	1	1	1	0	0	The target was not achieved due to inadequate budget.
	Department of Monitoring & evaluation and health Informatics	Harmonised health facility assessment (HHFAs) conducted	HHFAs report in place	N/A	N/A	1	N/A	N/A	0	The target was not achieved due to inadequate budget.
		Country burden of disease	Assessment report	1	1	1	1	0	0	The target was not achieved

		assessment conducted								due to inadequate budget.
		Kenya Demographic and Health Survey (KDHS) conducted	KDHS report	1	1	1	1	0	0	The target was not achieved because the data collection for the KDHS began in January 2022, and ended in July 2022. The preliminary report is expected in December 2022.
		COVID-19 impact assessment carried out	Impact assessment report	N/A	N/A	1	N/A	N/A		The target was not achieved due to inadequate budget.
		Kenya Health Information System (KHIS) upgraded	Percentage of KHIS upgraded	75	75	100	75	100	100	The KHIS was recently upgraded to Version 2.3.5 in FY 2020/2021 and the upgrade will occur when there is need.
		Health sector Data centre completed and operationalized	Percentage of data centre completed and operationalized	80	80	100	80	95	100	Target achieved, the MOH National Health Data Centre is fully operational.
		Standardised Electronic Health Records (EHR) /ERP (end-end digital)	Percentage of Standardised EHR-(ERP) completed.	100	100	100	100	50	90	Target not achieved since the testing phase in the identified

		platform)system developed								testing facilities/sites still ongoing.
		End to end digital health platform modules completed	Proportion of modules developed	N/A	20%	100%	N/A	35%	70%	Target not achieved since the specialised clinic modules are still being developed.
SP1.2 Standards, Regulations and Professional Management	Division of Patient and Healthcare Worker Safety	Health Facilities with Antimicrobial Resistance laboratory Services	Number of facilities with laboratory capacity to detect and report on Antimicrobial Resistance	12	12	17	12	11	17	Target was achieved.
		Infection Prevention and Control (IPC) Mainstreamed in Training Institutions	Number of Training Institutions with IPC Mainstreamed	30	30	15	30	0	1	Target not achieved due to insufficient funding.
		Patient Safety and Quality of care Policy disseminated in counties	Number of counties implementing Patient Safety Policy	N/A	N/A	15	N/A	N/A	0	The Policy was finalised towards the end of FY 2021/22.
	Division of Norms and Standards	Norms and Standards on Leadership/Governance and Health Service delivery finalised	Number of finalised Norms and Standards	N/A	1	1	0	0	1	Target not achieved due to delayed funding
	Division of Legislation/Regulation	Health Act, 2017 operationalized	Number of Bills /Regulations developed to operationalize the Health Act, 2017	4	4	3	4	2	2	Target not achieved due to insufficient funding and challenges with stakeholder buy-in.
	ISO-Secretariat	MOH-ISO 9001:2015	Approved ISO 9001:2015	1	1	1	1	0	0	Review of MOH QMS document

		Quality Management System document approved	QMS Document							not achieved due delayed procurement of a consultant.
		Implementation of ISO 9001:2015 QMS assessed	Number of ISO 9001:2015 internal audits conducted	2	2	3	2	0	0	ISO internal audits not done due to delay in funding for training internal auditors.
	Division of Quality Assurance	Technical assistance on quality improvement provided electronic Kenya Quality Model for Health(eKQMH)	Number of Counties implementing eKQMH	15	15	30	15	8	47	Target surpassed due to availability of extra funds through resource mobilisation from the Global fund.
		Quality of Care Certification Framework implemented	Number of Health facilities assessed and certified using Quality of Care Certification Framework	20	20	50	20	6	50	Target achieved
	Kenya Health Professionals Oversight Authority	Quality improvement and compliance to norms and standards enforced.	Number of health facilities inspected for quality improvement and compliance to standards	3000	3000	1500	3000	1176	809	The target was not achieved due to inadequate funding
			Number of training institutions assessed for	40	40	40	40	0	0	The target was not achieved due to inadequate

			compliance to norms and standards							funding
			Number of internship hospitals assessed for compliance to norms and standards	40	40	40	40	0	28	The activity was set to take place in two phases. Phase I was conducted in Dec 2021. There was inadequate funding for the second phase
		Database of unregulated health professionals developed	Database of unregulated health professionals	N/A	N/A	8	N/A	N/A	8	Target was achieved
		Duplicate Register of health professionals developed	Duplicate Register of regulated health professionals	N/A	N/A	2	N/A	N/A	0	Technical Services and ICT Infrastructure for development of a Duplicate register was not procured due to inadequate funding
		Health facilities gazetted	Number of health facilities gazetted	1000	1000	700	1000	691	0	List of health facilities for gazettelement prepared and submitted for Gazettelement
		M&E for regulatory bodies conducted	Approved M&E framework	1	1	1	1	0	0	Professional services for development of an M&E framework was not procured due to

										inadequate funding
		Number of regulatory bodies submitting prescribed reports	4	4	5	4	0	0		This activity was dependent on Professional services for development of an M&E framework and tools for reporting
		Complaints from patients, aggrieved parties and regulatory bodies handled	40	40	100	40	100	100		Target was achieved
		Health facilities graded based on implementation of quality of care indicators	200	200	120	200	0	0		Target not met due to inadequate funding
	Kenya Health Human Resources Advisory Council	Career Progression Guidelines finalised	1	1	1	1	0	1		Document developed and shared with SCAC
		Human Resource Policies and Procedures Manual finalised	1	1	1	1	0	1		Document developed and shared with SCAC
		Salary Structure completed	1	1	1	1	0	1		Document developed and shared with SCAC
		Uniform norms and standards of a master register for all health professionals developed	N/A	N/A	1	N/A	1	0.5		Draft uniform norms and standards for master register were developed but have to go through stakeholder validation

										before they can be implemented
		Master register for all health professionals maintained	Master register for all health professionals developed	1	1	1	1	0	0.5	Draft uniform norms and standards for master register were developed awaiting stakeholder validation
		Mapping of medical specialists in the Country conducted	Report on medical specialists in the Country mapped	1	1	1	1	1	1	The final draft of the report was shared with the Ministry of Health for further guidance
		National Health Workforce Accounts (NHWA) in the Country implemented	Number of counties trained to implement the NHWA	18	18	43	18	18	43	The council received extra support from WHO and PFMR and was able to surpass the target
			Number of faith based and private health facilities implementing NHWA	N/A	N/A	10	N/A	N/A	0	The data sharing agreement has not been finalised to enable the private sector and FBO to share their data with the reporting unit
		Undertake training in the counties on Workload Indicators of Staffing Need	Number of Counties trained on Workload Indicators of Staffing Need	N/A	N/A	3	N/A	N/A	9	The council received extra support from WHO and PFMR and was able to surpass

	(WISN).	(WISN)								the target
	Operationalization of the Council	Number of Council members and staff capacity built	N/A	N/A	24	N/A	N/A	12		All the 12 staff members deployed to the council underwent capacity building
Kenya Medical Practitioners and Dentist Council	Medical and dental students indexed	Number of students indexed	1,342	1,342	1,300	1,342	1,329	463		The function was transferred to Commission of University Education(CUE) hence the variance
	Medical, dental and COHOs practitioners registered and licensed	Number of practitioners registered.	1,300	1,300	1,300	1,300	1,258	1,136		Target was not achieved due to delay in posting of medical and dental Officer interns
		Number of practitioners licensed.	11,345	11,345	10,400	11,345	11,327	10,031		Target was not achieved due to non-renewal of practitioners licence.
	Medical & Dental schools, Medical & Dental internship centres and specialist training centres inspected	Number of Medical, dental internship and specialist training Centres inspected.	47	47	47	47	40	67		The target surpassed efficiency in undertaking inspections.
	Existing and new college of Surgeons of East, Central and Southern Africa(COSECESA) ,Health facilities and Family	Number of existing colleges, health facilities and family medicine training sites	0	0	2500	0	0	2,911		The target surpassed efficiency in undertaking training site inspections.

		medicine training sites inspected	inspected.							
		New Health Institutions and health facilities registered and licensed	Number of new health institution and health facilities registered and licensed	6227	6227	7,000	6227	5277	7,050	The target was surpassed owing to the increase of new health institutions to undertake licensing..
	Nursing Council of Kenya	Nursing and midwifery students indexed	Number of students indexed	N/A	N/A	3,500	N/A	2,714	5,852	The target was surpassed mainly because the Council fully automated its indexing system. secondly due to Covid 19 decreasing levels more students were able to turn up for indexing
		Eligible candidates examined for nursing licensure examination	Number of eligible candidates examined	N/A	N/A	8,000	N/A	7,205	12,418	The target was surpassed mainly because the Council fully automated its examination system hence reducing the turnaround time. secondly due to Covid 19 decreasing levels more students were able to turn up for exams
		Nurses and Midwives Registered	Number of nurses and midwives	N/A	N/A	8,857	N/A	4,533	6,238	The target was not achieved due to

			registered							inadequate financial budget
		Renewed licences for Nurses and midwives	Number of Nurses and Midwives license renewed	N/A	N/A	60,000	N/A	55,160	45,994	Target not achieved due to inadequate awareness among nurses and midwives. Inadequate collaboration from all stakeholders
		Health facilities for clinical placements inspected	Number of health facilities inspected	N/A	N/A	150	N/A	50	152	The indicator was achieved because of adequate allocation
		Private practice regulations for nurses and midwives developed	Number of private practice regulations developed	N/A	N/A	1	N/A	N/A	1	The regulation were developed and are at the AG office for review before gazettelement
		Nursing and midwifery training guidelines reviewed	Number of reviewed guidelines	N/A	N/A	4	N/A	3	4	This was achieved by increased AIA
	National Quality Control Laboratory	Access to quality drugs and medical devices	Proportion of medical drugs tested for quality and safety of the citizens	100%	100%	100%	84.30%	35.60%	69.40%	lack of enough staff, Chemicals/reagents, standards and also obsolete.
Proportion of medical devices tested for quality and safety of the citizens			100%	100%	100%	70%	32%	10%	Lack of enough staff, Chemicals/reagents, standards and also obsolete.	
Proportion of GMP (good			N/A	N/A	50%	N/A	N/A	0%	This was because of lack	

			manufacturing practices) surveys done on manufactures of drugs and medical devices in a year.							of funds at NQCL
SP 1.3 Health Sector Coordination	Directorate of Health Sector Coordination & Intergovernmental Affairs	Intergovernmental Health System Policy Issues discussed	Number of Health Sector Intergovernmental Consultative Fora held	4	4	4	4	3	3	Achieved 3 instead of 4 due to budgetary constraints
		Kenya Health Sector Fora held to discuss achievements and challenges in the sector.	Number of Kenya Health Sector Fora held	1	1	1	1	0	0	The Kenya Health Sector fora were not held due to budgetary constraints
	Division of International Health Relations	Regional and International Meetings and Travels Coordinated	Number of Coordination Meetings held	30	30	30	30	10	46	More than 30 meeting held due pandemic preparedness and response
	Division of Partnership Coordination	Partnership & Coordination Framework Operationalized	Number of ICC (Interagency Coordination Committee) meetings held	20	20	10	20	5	10	Target was achieved since all 10 meetings were held.
	Global Fund Kenya Coordinating Mechanism (KCM) Secretariat	Global Fund Activities coordinated	Number of Review Meetings held	20	20	15	20	5	15	Achieved. The reporting period coincided with negotiation period which had many review meetings
		Capital projects monitored	Number of capital	N/A	N/A	2	N/A	N/A	4	Reports for the projects done

			projects monitoring progress reports							in each quarter.
		National and County Budget Analysis conducted	Number of National and County Budget Analysis	1	1	1	1	1	1	The department carried out a national and county budget analysis and generated a report that was published.

ANNEX 4B: ANALYSIS OF EXPENDITURE TRENDS FOR THE FY 2019/20-2021/22

Analysis of expenditure trends for Health Sector

This section analyses trends of approved budget and the actual expenditures. Table 2.2 shows that the approved estimates for the Health Sector was KSh 130.5 billion in 2021/22, KSh 120.9 billion in 2020/21 and Ksh.119.3 billion. The corresponding actual expenditures were at KSh 108.5billion, KSh 105.8 billion and KSh 110.1 billion for FY 2019/20, FY 2020/21 and FY 2021/22 respectively. This represents Budget absorption rates at 91% , 87% and 84% FY 2019/20, FY 2020/21 and FY 2021/22.

Table 2. 2: Analysis of Health Sector Budgetary Trends 2019/20-2021/22

VOTE By Economic Classification	Approved Estimates (KSh) Million			Actual Expenditures (KSh) Million		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Total Recurrent	76,097	68,034	66,661	71,219	64,169	66,633
% of Total	64%	56%	51%	66%	61%	61%
Total Development	43,197	52,864	63,809	37,285	41,609	43,456
% of Total	36%	44%	49%	34%	39%	39%
Total Expenditure	119,294	120,898	130,469	108,504	105,778	110,088

Analysis of expenditure trends for State Department Of Medical Services

The table 2.2.1 shows that the approved estimates for State Department of Medical Services was KSh 129.9 Billion in 2021/22, KSh 120.6 billion in 2020/21 and Ksh.119.3 Billion in 2019/20. The corresponding actual expenditures were at KSh 108.5 Billion, KSh 105.5 Billion and KSh 109.4 Billion for FY 2019/20, FY 2020/21 and FY 2021/22 respectively. This represents Budget absorption rates at 91%, 87% and 84% FY 2019/20, FY 2020/21 and FY 2021/22.

Table 2.2.1: Analysis of State Department Budgetary Trends 2019/20-2021/22

VOTE By Economic Classification	Approved Estimates (KSh) Million			Actual Expenditures (KSh) Million		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Total Recurrent	76,097	67,720	65,972	71,219	63,860	65,944
% of Total	64%	57%	55%	60%	54%	55%

Total Development	43,197	52,864	63,809	37,285	41,609	43,456
% of Total	36%	44%	53%	31%	35%	36%
Total Expenditure	119,294	120,584	129,781	108,504	105,469	109,400
% Absorption				91%	87%	84%

Analysis of expenditure trends for State Department for Standards and Professional Management

Table 2.2.2 shows that the approved estimates for the state department of health standards and professional management were at KSh 689.34 million in 2021/22, and KSh 313.98 million in 2020/21. The corresponding actual expenditures were at KSh 689.35 million and KSh 308.61 million for FY 2021/22 and FY 2020/21 respectively. This represents Budget absorption rates at 100% for both FY 2020/21.

Table 2.2.2: Analysis of of State Department Trends 2019/20-2021/22

VOTE Economic Classification	By	Approved Estimates (KSh) Million			Actual Expenditures (KSh) million		
		2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Total Recurrent		0	313.98	689.34		308.61	689.35
% of Total		0%	100%	100%	0%	100%	100%
Total Development		0	0	0	0	0	0
% of Total		0%	0%	0%	0%	0%	0%
Total Expenditure		0	313.98	689.34		308.61	689.35

Analysis of Recurrent Trends for Health Sector

As shown in table 2.3, recurrent approved estimates were Ksh 76.1 billion in 2019/20, Ksh. 68 Billion in 2020/21 and Ksh 67 billion in FY 2021/22. The Recurrent budget decreased from 64% in 2019/20 to 51% in 2021/22 of the total approved budget which represents a 14% reduction . For the FY 2021/22 approved recurrent budget comprised 76% of grant transfers, 21% of compensation to employees and 4% of the other recurrent.

Table 2. 3: Analysis by category of expenditure: Recurrent (KSh Million)

Budget Category	Approved budget allocation			Actual expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	76,097	68,034	66,661	71,221	64,169	66,632
AIA	14,971	16,233	18,448	13,417	14,421	18,370
NET	61,126	51,801	48,213	57,804	49,748	48,262
Compensation to Employees	8,904	13,264	13,743	8,091	13,264	13,742
Transfers	65,102	52,840	50,391	61,424	49,026	50,386
Other	2,091	1,930	2,527	1,704	1,879	2,504

Recurrent						
Insurance Costs	2	2		2	1	
Utilities	112	113		112	110	
Rent	11	11		11	11	
Contracted Professionals (Guards & Cleaners)	57	58		57	56	
Others	1,909	1,745	2,527	1,522	1,701	2,504

Analysis of Recurrent Trends for State Department for Medical Services

Table 2.3.1 shows that the recurrent approved estimates for the State Department was Ksh 76.1 Billion in 2019/20, Ksh. 67.7 Billion in 2020/21 and Ksh 65.9 Billion in FY 2021/22.

Table 2.3.1: Analysis by category of expenditure: Recurrent (KSh Million)

Budget Category	Approved budget allocation			Actual expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	76,097	67,719	65,972	71,219	63,861	65,944
AIA	14,971	16,233	18,448	13,417	14,421	18,370
NET	61,126	51,486	47,524	57,802	49,440	47,574
Compensation to Employees	8,904	13,239	13,718	8,091	13,243	13,717
Transfers	65,102	52,653	49,841	61,424	48,839	49,836
Other Recurrent	2,091	1,827	2,413	1,704	1,779	2,391
Insurance Costs	2	2		2	1	
Utilities	112	109		112	108	
Rent	11	3		11	3	
Contracted Professionals (Guards & Cleaners)	57	56		57	55	
Others	1,909	1,657	2,413	1,522	1,612	2,391

Analysis of Recurrent Trends for State Department for Standards and Professional Management

As shown in table 2.3.2, recurrent approved estimates was Ksh 313.9 Million in 2020/21 and Ksh. 689.3 Million in 2021/22 with no Development approved budget.

Table 2.3.2: Analysis by category of expenditure: Recurrent (Ksh Millions)

Budget Category	Approved budget allocation			Actual expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	0	314	689		309	689
AIA						

NET	0	314	689,34		309	689
Compensation to Employees		25	25		21	25
Transfers		187	550		187	550
Other Recurrent		103	114		100	114
Insurance Costs	0	-		-	-	
Utilities	0	4	3	-	2	2
Rent	0	8	3	-	-	3
Contracted Professionals (Guards & Cleaners)	0	2	5	-	1	3
Others	0	89	103	-	98	3

Analysis of Development Trends for Health Sector

The government increased the allocation to the development vote from KSh.43.2 billion in FY 2019/20 to KSh.63.8 billion in 2021/22 as shown in table 2.4. This is due to government prioritisation of the Health Sector towards achievement of UHC and also strengthened efforts towards the management of COVID-19 pandemic. The Actual expenditure also increased from Ksh.37.3 billion to KSh.43.5 over the same period. However, the absorption rates for the development budget remained low at 68% and this is mainly due to non-disbursement of funds from some of the development partners.

Table 2. 4: Analysis by category of expenditure: Development (KSh Million)

Category	Approved budget allocations			Actual expenditure		
	2019/21	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	43,197	52,864	63,809	37,283	41,609	43,456
GOK	26,892	32,007	35,479	25,545	28,902	29,406
Loans	10,773	11,005	19,524	8,035	7,585	10,442
Grants	5,532	9,852	8,805	3,703	5,122	3,608
Local AIA	-	-	-	-	-	-
Other Development						

NB: All the Health Sector development expenditure remained in the State Department of Medical Services

PROGRAMME AND SUB-PROGRAMME EXPENDITURE ANALYSIS FOR HEALTH SECTOR

This section shows the breakdown of approved and actual expenditures in FY 2019/20, FY2020/21 and FY 2021/22 disaggregated in terms of programmes and sub programmes. As shown in table 2.5, for programme 1 the absorption rates declined from 93% to 51% in the review period. In programme 2, the absorption rates remained high at 95% in FY 2021/22. Also in Programme 3, the absorption remained high at 99% in FY 2021/22. Absorption rates in programme 4 and programme 5 were at 93% and 91% in FY 2021/22 respectively.

Table 2. 5: Analysis by category of expenditure: Programmes (KSh Million)

Programme	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Programme 1 - Preventive, Promotive and Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)						
SP1.1 -Communicable disease prevention	4,364	6,367	6,391	3,218	5,581	3,774
SP1.2 - Non-communicable disease prevention & control	423	367	535	420	333	394
SP1.3 - Radioactive Waste Management	142	142	235	88	142	235
SP1.4- RMNCAH	1,357	8,047	7,648	2,654	4,445	3,232
SP1.5 Environmental Health	61	66	128	57	146	75
SP1.6 Disease Surveillance and Response	3,432	13,516	15,139	2,640	5,485	7,772
Total Expenditure Programme 1	9,779	28,505	30,077	9,077	16,132	15,482
Programme 2 - National Referral and specialised Services						
SP2.1 - National Referral Services	29,324	33,095	37,098	28,682	31,883	35,887
SP2.2 -Specialized Medical Equipment	6,205	6,205	7,205	6,189	6,195	7,205
SP2.3 - Free Primary Healthcare	8	8		4	8	
SP2.4 - Forensic and Diagnostics	658	1,705	1,988	346	1,035	985
SP2.5 - Health Products and Technologies	4,864	3,692	3,990	2,871	3,817	3,933
Total Expenditure Programme 2	41,059	44,705	50,281	38,092	42,938	48,010
Programme 3 - Health Research and Development						
SP3.1 - Pre-Service and In-Service Training	7,955	7,130	7,860	6,288	5,850	7,760
SP3.2 - Research & Innovations	2,615	2,643	3,493	2,527	2,701	3,461
Total Expenditure Programme 3	10,570	9,773	11,353	8,815	8,551	11,221
Programme 4 - General Administration & Support Services						

SP 4.1 - General admin	7,234	6,117	6,574	6,842	6,088	6,570
SP4.2 - Finance and planning	980	1,866	1,527	780	1,193	963
Total Expenditure Programme 4	8,214	7,983	8,102	7,622	7,281	7,534
Programme 5 - Health Policy, Standards and Regulations						
SP5.1 -Health Policy	37,356	14,759	17,748	33,189	17,436	16,629
SP5.2 -Social Protection in Health	11,162	14,216	12,504	10,764	12,598	10,810
SP5.3 -Health Standards and Regulations	1,154	957	406	945	843	401
Total Expenditure Programme 5	49,672	29,932	30,657	44,898	30,877	27,840
Total Expenditure Vote	119,294	120,898	130,469	105,778	105,778	110,088

Programme and Sub-Programme expenditure analysis for State Department for Medical Services

Table 2.5.1: Analysis by category of expenditure: Programmes (KSh Million)

Programme	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Programme 1 – Preventive, Promotive and Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)						
SP1.1 -Communicable disease control	4,364	6,367	6,391	3,218	5,581	3,774
SP1.2 - Non-communicable disease prevention & control	423	367	535	420	333	394
SP1.3 - Radiation Safety and Nuclear Security	142	142	235	88	142	235
SP1.4- Reproductive, Maternal, Neonatal, Child and Adolescent Health	1,357	8,047	7,648	2,654	4,445	3,232
SP1.5 Environmental Health	61	66	128	57	146	75
SP1.6 Disease Surveillance and Response	3,432	13,516	15,139	2,640	5,485	7,773
Total Expenditure Programme 1	9,779	28,505	30,076	9,077	16,132	15,483
Programme 2 - National Referral and specialised Services						
SP2.1 - National Referral & Health Services	29,324	33,095	37,098	28,682	31,883	35,887
SP2.2 -Health Infrastructure and Equipment	6,205	6,205	7,205	6,189	6,195	7,205
SP2.3 - Free Primary Healthcare	8	8		4	8	
SP2.4 - National Blood Transfusion Services	658	1,705	1,988	346	1,035	985
SP2.3 - Health Products and Technologies	4,864	3,692	3,990	2,871	3,817	3,934
SP 2.5. Social Protection in Health						

Total Expenditure Programme 2	41,059	44,705	50,281	38,092	42,938	48,011
Programme 3 - Health Research and Development						
SP3.1 - Pre-Service and In-Service Training	7,955	7,130	7,860	6,288	5,850	7,760
SP3.2 - Health Research	2,615	2,643	3,493	2,527	2,701	3,461
Total Expenditure Programme 3	10,570	9,773	11,353	8,815	8,551	11,221
Programme 4 - Administrative & Support Services						
SP 4.1 - General administration & Human Resource Management and Development	7,234	6,117	6,574	6,842	6,088	6,571
SP4.2 - Finance and planning	980	1,866	1,527	780	1,193	963
SP4.3 - Health Financing and Relations						
Total Expenditure Programme 4	8,214	7,983	8,101	7,622	7,281	7,534
Programme 5 - Health Policy, Standards and Regulations						
SP5.1 -Health Policy	37,356	14,445	17,059	33,189	17,127	15,940
SP5.2 -Social Protection in Health	11,162	14,216	12,504	10,764	12,598	10,810
SP5.3 -Health Standards and Regulations	1,154	957	406	945	843	401
Total Expenditure Programme 5	49,672	29,618	29,969	44,898	30,568	27,151
Total Expenditure Health Vote	119,294	120,584	129,780	108,504	105,470	109,400

Programme and Sub-Programme expenditure analysis for State Department for Standards and Professional Management

Table 2.5.2: Analysis by category of expenditure: Programmes (KSh Million)

Expenditure Classification	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Programme 5 - Health Policy, Standards and Regulations						
SP5.1 - Health Policy		314.0	689.3		308.6	689.4
Total Expenditure Programme 1		314.0	689.3		308.6	689.4
Total Expenditure Vote		314.0	689.3		308.6	689.4

BREAKDOWN OF RECURRENT VERSUS DEVELOPMENT TRENDS FOR HEALTH SECTOR FY 2019/20- 2021/22

Table: Analysis by category of expenditure: Economic classification (KSh Million)

Expenditure Classification	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Programme 1: Preventive and Promotive Health	9,779	28,505	30,077	9,077	16,132	15,482
Current Expenditure	5,492	5,149	3,077	4,568	5,115	3,069
Compensation to Employees	672	3,872	1,667	703	3,872	1,667
Use of Goods and Services	454	236	231	297	227	227
Subsidies						
Current Govt Agencies	4,366	1,041	1,179	3,568	1,016	1,175
Social Benefits						
Other Expense						
Non-financial Assets						
Capital Expenditure	4,287	23,356	27,000	4,509	11,017	12,414
Compensation to Employees			17			15
Use of Goods and Services	628	4,639	4,611	1,748	984	1,141
Subsidies						
Capital Govt Agencies	3,299	18,256	22,131	2,401	9,582	11,018
Non-financial Assets	360	461	240	360	451	240
Programme 2: National Referral and specialised Services	41,059	44,705	50,281	38,092	42,938	48,010
Current Expenditure	31,821	34,792	37,524	29,546	34,020	37,620
Compensation to Employees	843	1,122	1,152	631	1,122	1,152
Use of Goods and Services	333	600	640	263	605	637
Subsidies						
Current Govt Agencies	30,539	32,922	35,631	28,546	32,146	35,737
Social Benefits	100	100		100	100	
Other Expense						
Non-financial Assets	6	48	102	6	47	94
Capital Expenditure	9,238	9,913	12,757	8,546	8,918	10,391
Compensation to Employees						
Use of Goods and Services	6,548	7,068	8,355	6,522	7,059	7,872
Subsidies						
Capital Govt Agencies	1,780	1,348	1,943	1,759	1,602	1,486
Non-financial Assets	910	1,497	2,459	265	257	1,032
Programme 3: Health Research and Development	10,570	9,773	11,353	8,815	8,551	11,221
Current Expenditure	9,797	9,140	10,066	8,042	7,863	10,061
Compensation to Employees	132	58		99	58	

Use of Goods and Services						
Subsidies						
Current Govt Agencies	9,665	9,082	10,066	7,943	7,805	10,061
Social Benefits						
Other Expense						
Non-financial Assets						
Capital Expenditure	773	633	1,288	773	688	1,160
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital Govt Agencies	601	360	1,136	601	436	1,009
Non-financial Assets	172	273	151	172	252	151
Programme 4: General Administration & Support Services	8,214	7,983	8,102	7,622	7,281	7,534
Current Expenditure	7,732	6,738	7,042	7,247	6,766	7,044
Compensation to Employees	6,496	5,900	5,382	6,162	5,900	5,382
Use of Goods and Services	833	744	1,018	711	714	1,020
Subsidies						
Current Govt Agencies	394	94	636	366	152	636
Social Benefits						
Other Expense						
Non-financial Assets	9		5	8		5
Capital Expenditure	482	1,245	1,060	375	515	491
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital Govt Agencies	482	1,245	1,060	375	515	491
Non-financial Assets						
Programme 5: Health Policy, Standards and Regulations	49,672	29,932	30,657	44,898	30,877	27,840
Current Expenditure	21,255	12,215	8,952	21,816	10,406	8,839
Compensation to Employees	761	2,312	5,541	496	2,312	5,541
Use of Goods and Services	431	271	508	399	257	499
Subsidies	20,038			20,901		
Current Govt Agencies		9,601	2,880		7,808	2,776
Social Benefits						
Other Expense						
Non-financial Assets	25	31	22	20	29	22
Capital Expenditure	28,417	17,717	21,705	23,082	20,471	19,001

Compensation to Employees						
Use of Goods and Services	232	697	1,420	191	795	1,366
Subsidies						
Capital Govt Agencies	27,709	16,972	19,305	22,416	19,612	16,671
Non-financial Assets	476	48	980	475	64	964
Total Expenditure for the programme	119,294	120,898	130,469	108,504	105,778	110,088

Breakdown Of Recurrent Versus Development Trends for State Department for medical services

Table 2.5: Analysis by category of expenditure: Economic Classification (Ksh Millions)

Expenditure Classification	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Programme 1: Preventive, Promotive and Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)	9,779	28,505	30,077	9,077	16,132	15,483
Current Expenditure	5,492	5,149	3,077	4,568	5,115	3,069
Compensation to Employees	672	3,872	1,667	703	3,872	1,667
Use of Goods and Services	454	236	231	297	227	227
Subsidies						
Current Govt Agencies	4,366	1,041	1,179	3,568	1,016	1,175
Social Benefits						
Other Expense						
Non-financial Assets						
Capital Expenditure	4,287	23,356	27,000	4,509	11,017	12,414
Compensation to Employees			17			15
Use of Goods and Services	628	4,639	4,611	1,748	984	1,141
Subsidies						
Capital Govt Agencies	3,299	18,256	22,131	2,401	9,582	11,018
Non-financial Assets	360	461	240	360	451	240
Programme 2: National Referral and specialised Services	41,059	44,705	50,281	38,092	42,938	48,011
Current Expenditure	31,821	34,792	37,524	29,546	34,020	37,620
Compensation to Employees	843	1,122	1,152	631	1,122	1,152
Use of Goods and Services	333	600	640	263	605	637
Subsidies						
Current Govt Agencies	30,539	32,922	35,631	28,546	32,146	35,737
Social Benefits	100	100		100	100	
Other Expense						
Non-financial Assets	6	48	102	6	47	94
Capital Expenditure	9,238	9,913	12,757	8,546	8,918	10,391
Compensation to Employees						
Use of Goods and Services	6,548	7,068	8,355	6,522	7,059	7,872
Subsidies						
Capital Govt Agencies	1,780	1,348	1,943	1,759	1,602	1,486
Non-financial Assets	910	1,497	2,459	265	257	1,032
Programme 3: Health Research and Development	10,570	9,773	11,353	8,815	8,551	11,221
Current Expenditure	9,797	9,140	10,066	8,042	7,863	10,061
Compensation to Employees	132	58		99	58	
Use of Goods and Services						
Subsidies						

Current Govt Agencies	9,665	9,082	10,066	7,943	7,805	10,061
Social Benefits						
Other Expense						
Non-financial Assets						
Capital Expenditure	773	633	1,287	773	688	1,160
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital Govt Agencies	601	360	1,136	601	436	1,009
Non-financial Assets	172	273	151	172	252	151
Programme 4: Administrative & Support Services	8,214	7,983	8,102	7,622	7,281	7,535
Current Expenditure	7,732	6,738	7,042	7,247	6,766	7,044
Compensation to Employees	6,496	5,900	5,382	6,162	5,900	5,382
Use of Goods and Services	833	744	1,018	711	714	1,020
Subsidies						
Current Govt Agencies	394	94	636	366	152	636
Social Benefits						
Other Expense						
Non-financial Assets	9		5	8		5
Capital Expenditure	482	1,245	1,060	375	515	491
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital Govt Agencies	482	1,245	1,060	375	515	491
Non-financial Assets						
Programme 5: Health Policy, Standards and Regulations	49,672	29,618	29,967	44,898	30,568	27,150
Current Expenditure	21,255	11,901	8,262	21,816	10,097	8,149
Compensation to Employees	761	2,287	5,516	496	2,291	5,516
Use of Goods and Services	431	173	397	399	161	388
Subsidies	20,038	-	-	20,901	-	-
Current Govt Agencies	-	9,414	2,330	-	7,621	2,226
Social Benefits	-	-	-	-	-	-
Other Expense	-	-	-	-	-	-
Non-financial Assets	25	26	19	20	25	19
Capital Expenditure	28,417	17,717	21,705	23,082	20,471	19,001
Compensation to Employees						
Use of Goods and Services	232	697	1,420	191	795	1,366
Subsidies						
Capital Govt Agencies	27,709	16,972	19,305	22,416	19,612	16,671
Non-financial Assets	476	48	980	475	64	964
Total Expenditure for the programme	119,294	120,584	129,780	108,504	105,470	109,400

Breakdown Of Recurrent Versus Development Trends for state department standards and professional management

Table 2.5: Analysis by category of expenditure: Economic Classification (Ksh Millions)

Expenditure Classification	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Programme 1: Health Policy, Standards and Regulations		313.98	689.34	-	308.61	689.35

Current Expenditure						
Compensation to Employees		24.55	25.23		21.35	25.23
Use of Goods and Services		97.7	110.75		96.33	110.79
Subsidies						
Current Govt Agencies		186.85	550		186.85	550
Social Benefits						
Other Expense						
Non-financial Assets		4.87	3.35		4.06	3.3
Capital Expenditure						
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital Govt Agencies						
Non-financial Assets						
Total Expenditure for the programme		313.98	689.34		308.61	689.35

EXPENDITURE ANALYSIS BY PARASTATALS

Kenyatta National Hospital (KNH)

Table 2. 6: Analysis of recurrent Budget for semi-autonomous Government Agencies (SAGA) in KSh. Million

Economic Classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/2022
Gross	14,407	14,474	15,202	15,457	16,784	18,327
AIA Internally Generated Revenue	5,382	5,093	5,382	6,282	7,403	8,507
NET Exchequer	9,025	9,381	9,820	9,175	9,381	9,820
Compensation to Employees	10,804	10,223	11,484	11,540	12,333	13,042
Other Recurrent	3,603	4,251	3,718	6,622	6,747	6,556
Insurance	13	8	11	7	7	3
Utilities	600	679	438	596	611	642
Rent	0	0	0	0	0	0
Contracted Professionals (Guards, Cleaners etc)	66	98	121	72	70	103
Others	2,924	3,466	3,148	5,947	6,059	5,808
Deficit	0	0	0	-2,705	-2,296	-1,271

During the year under review, there was a shortfall of personnel emoluments as result of inadequate funding compared to the requirement. This was occasioned by normal annual increments on basic salary, review of leave allowance as approved by SRC , staff promotions and replacements as well as increased staff medical cost arising from COVID-19 related complications. The Deficit in FY 2021/22 is attributed to provision of indigent bills and losses arising from medical service contracts.

Kenyatta National Hospital – OTHAYA

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh.Millions)

Economic Classification	APPROVED BUDGET			ACTUAL		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	650	760	800	538	967	1,117
AIA - Internally Generated Revenue	0	0	40	38	207	357
NET - Exchequer	650	760	760	500	760	760
Compensation to Employees	353	510	579	45	500	550
Other Recurrent	297	250	221	493	467	565
Insurance	0	0	0	0	0	8
Utilities	3	17	26	3	17	34
Rent						

Contracted Professionals (Guards, Cleaners etc.)	0	10	18	0	10	22
Others	294	223	177	490	440	501
Deficit	0	0	0	0	0	2

The increase in AIA is attributed to expansion of services and increase of patients. As a result the cost of recurrent expenditure increased proportionately.

Moi Teaching and Referral Hospital (MTRH)

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	10,219	10,751	11,205	10,422	11,471	11,546
AIA	3,049	2,703	3,434	3,252	3,423	3,775
NET	7,170	8,048	7,771	7,170	8,048	7,771
Compensation to Employees	7,170	8,155	8,104	7,225	8,298	8,571
Transfers						
Other Recurrent	3,049	2,596	3,101	3,139	3,173	2,975
of which						
Insurance	289	308	326	289	308	314
Utilities	133	122	149	133	122	152
Rent	2	1	3	2	1	1
Contracted Professionals (Guards, Cleaners etc)						
Others	2,625	2,153	2,580	2,715	2,730	2,465
Gratuity		12	43		12	43
Deficit/Surpluses						

During the period under review there was an increase of KSh.341 Million in actual AIA generated. This is attributed to the continued implementation of efficiency measures, Internal Controls Measures and the expanded provision of specialised healthcare services. However, 20% of the generated income (about KSh.600 million) was not collected because of credits and waivers to indigent clients during the period.

In Compensation of Employees, there was a huge budget shortfall of KSh. 800 Million due to inadequate funding leading to unpaid payroll obligations and growth in pending bills. Further, all Supplementary Allocations were not made to recur in subsequent financial years budgets hence wrong baselines and persistent shortfalls.

Due to inadequate funding for PE and uncollected revenue from AIA, MTRH has accumulated pending bills of KSh.1.07 billion on account of suppliers and KSh.438 million on account of unremitted payroll obligations as at 30.06.2022

Kenyatta University Teaching Referral And Research Hospital

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019 /20	2020 /21	2021 /22	2019 /20	2020 /21	2021 /22
Gross	1 2,74	1 2,90	3 4,29	4 2,66	2 3,53	2 4,46
AIA	288	750	1,70	211	1,38	1,86
NET	3 2,45	1 2,15	3 2,59	3 2,45	1 2,15	3 2,59
Compensation to Employees	907	1,38	2,14	516	1,53	2,17
Transfers						
Other Recurrent of which	5 1,54	4 1,26	2 2,15	922	6 1,99	5 2,28
Insurance	103	174	216	78	35	204
Utilities	154	148	154	36	126	156
Rent						
Contracted Professionals (Guards, Cleaners etc)	36	185	258	47	91	224
Others	2 1,25	757	4 1,52	761	4 1,74	1 1,70
Deficit/Surplus						

AIA was budgeted at KSh.1.7B but the hospital collected KSh.1.8B for FY 2021/22. This was mainly attributed to the influx in Covid-19 cases in the first quarter of the year. The revenues however stabilised after the reduction in Covid-19 cases. The hospital also operationalized specialised clinics and other clinical areas such as the Integrated Molecular Imaging Center which also contributed to the growth in AIA.

Other Recurrent expenses also grew from the budgeted KSh.2.1M to KSh. 2.2M in the FY 2021/2022. This was due to the growth in patient numbers during the year as articulated above.

Gatundu Level V Hospital

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019 /20	2020 /21	2021 /22	2019/ 20	2020/ 21	2021/22
Gross		493	574		253	324
AIA		240	250			
NET		253	324		253	324
Compensation to Employees		68	93		35	32
Transfers						
Other Recurrent		425	481		218	232
of which						
Insurance						

Utilities			1		0.2	0.44
Rent						
Contracted Professionals (Guards, Cleaners etc)						2
Others					218	230
Deficit/Surpluses		425	480			

AIA collection is still a function of the County Government. The implementation of the MOU is still ongoing and the issue of AIA collection is being addressed. The onboarding of staff from Gatundu Level V Hospital to KUTRRH is Work in Progress and this will increase the PE budget absorption once the exercise is complete

Mathari National Teaching And Referral Hospital

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget			Actual Expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	711	911	1,199	711	911	1,199
AIA - Internally Generated Revenue	60	120	150	60	120	150
NET - Exchequer	651	791	1,049	651	791	1,049
Compensation to Employees	439	512	589	439	512	589
Other Recurrent						
Insurance						
Utilities	23	40	51	23	40	51
Rent						
Contracted Professionals (Guard, Cleaners etc.)	30	42	46	30	42	46
Others	159	197	363	159	197	363

MNTRH budget is an itemised budget under the ministry of health. Figures allocated and utilised were equal

Kenya Medical Research Institute (KEMRI)

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019 /20	2020 /21	2021 /22	2019 /20	2020 /21	2021 /22
Gross	3,32	2,49	2,78	2,87	2,67	2,82
	3	3	7	6	1	3
AIA -	562	130	184	157	300	220
NET - Exchequer	2,76	2,36	2,60	2,71	2,37	2,60

	1	3	3	9	1	3
Compensation to Employees	2,574	1,920	2,342	2,152	1,999	2,431
Other Recurrent	750	573	445	724	672	660
Insurance	11	12	16	11	10	17
Utilities	79	105	110	88	92	112
Rent & Rates	2	2	2	2	2	2
Contracted Professional (Guards & Cleaners)	61	64	64	61	63	55
Others	597	390	252.5	562	505	474

In the FY 2020/21 and FY 2021/22, the actual expenditure in PE was attributed to the implementation of SRC job evaluation phase II for recruitment of 65 employees to help in UHC and Covid-19 management.

Deficit in FY 2021/2022 is attributed to increased PE due to Court order dated 14 October cause no 37 of 2010 which ordered reinstatement of 34 employees. In the FY 2021/22, there was an increase in AIA by KSh. 36M from the budgeted amount of KSh. 184M. The growth was attributed to sale of sanitizers during the epitome of the pandemic. This trajectory is however not sustainable considering there are currently many players manufacturing the same products

Kenya Medical Training College (KMTTC)

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	7,356	6,589	7,179	6,423	5,813	8,345
AIA	3,832	3,640	3,640	3,399	2,864	4,806
NET	3,524	2,949	3,539	3,024	2,949	3,539
Compensation to Employees	3,524	4,155	4,279	3,495	4,093	4,118
Transfers						
Other Recurrent	3,832	2,434	2,900	3,428	1,720	4,227
<i>of which</i>						
<i>Insurance</i>	530	632	700	491	542	403
<i>Utilities</i>	191	222	164	143	113	154
<i>Rent</i>	31	4	4	4	2	3
<i>Contracted Professionals (Guards, Cleaners etc)</i>	297	300	350	234	288	307
<i>Others</i>	2,783	1,276	1,682	2,556	775	3,360
Deficit/Surplus						

The College surpassed the AIA target in Financial Year 2021/2022 due to infrastructural development and double cohort in the year under review as a recovery strategy from the effects of COVID-19 pandemic. Further, the resultant growth aided the settlement of pending bills that had accrued from FY 2020/21 amounting to KSh.900 Million which formed first charge thus the

actual for Operations and maintenance grew proportionately in relation to the budget for the year under review.

Kenya Medical Supplies Authority (KEMSA)

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	3,102	3,285	3,027	3,035	3,282	3,083
AIA	2,712	3,160	2,927	2,644	3,157	2,983
NET	391	125	100	391	125	100
Compensation to Employees	1,136	1,268	1,256	1,083	1,264	1,224
Transfers						
Other Recurrent	1,966	2,017	1,770	1,951	2,018	1,860
<i>of which</i>						
<i>Insurance</i>	93	159	150	92	159	150
<i>Utilities</i>	22	18	15	21	19	14
<i>Rent</i>	185	217	88	181	217	86
<i>Contracted Professionals (Guards, Cleaners etc)</i>	197	146	199	197	146	199
<i>Others</i>	1,470	1,477	1,319	1,459	1,477	1,411
Deficit/Surplus						

In FY 2021/22 KEMSA gross expenditure was 2% higher than the allocation from KSh. 3.027 Billion to KSh.3.083 Billion due to distribution costs that were accrued in FY 2020/21 as a pending bill. In FY 2021/22 the Authority earned AIA of KSh.2.983 billion representing a decline of 5% compared to prior year due to exit by USAID, slow operations from other Development partners and due losses made from sale of medical commodities.

During the period under review there was an increase of 3% in Other recurrent expenditure from KSh.1.951 Billion in FY 2019/20 to KSh.2.018 Billion in FY 2020/21. The decline of 8% in other recurrent expenditure in FY 2021/22 is attributed to cost cutting initiatives implemented through the ongoing reforms and savings realized from rental expenditure.

National Health Insurance Fund (NHIF)

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	73,19	67,13	90,56	60,82	62,14	85,71
AIA	73,199	67,132	90,565	60,824	62,149	85,716
NET	9	2	5	4	9	6
Compensation to Employees	4,782	5,234	5,083	4,911	5,211	5,037
Transfers						
Other Recurrent	68,416	61,898	81,110	55,913	56,938	80,679

<i>of which</i>						
<i>Insurance</i>	54	25	31	17	21	27
<i>Utilities</i>	20	20	15	17	13	15
<i>Rent</i>	248	233	286	229	239	257
<i>Contracted Professionals (Guards, Cleaners etc)</i>	121	102	123	112	98	98
<i>Others (Members Benefits)</i>	59,815	56,555	76,886	54,362	54,061	67,950
<i>Others (Use of Goods)</i>	2,767	2,358	3,769	2,175	2,048	2,623
Deficit/Surplus	5,391	2,607	4,372	(999)	458	9,710

In FY 2021/22, the Fund had projected to collect revenue amounting to KSh. 90.5 billion but missed on the target and collected KSh. 85.7 billion reflecting a performance of 95%. The slight negative variance was attributable to the underperformance in the informal sector of the national scheme due to adverse selection of the members under this sector and the difficult economic times as a result of the Covid-19 pandemic. The pandemic led to job losses or reduced income among the members thus causing low retention of members in the formal and informal sector. The fund missed the target in national scheme contributions alone by KSh. 6.9 billion.

In FY 2021/22, total member benefits paid out amounted to 67.9 billion compared to a budget of Kes 76.8 billion representing a performance of 88%. Compared to premiums and contributions for the year, the benefit payout ratio stood at 83% slightly below the projected payout ratio of 85%. Benefits paid out in the last three years amount to Ksh. 54.3 billion in 2019/20, Ksh. 54.6 billion in FY 2020/21 and Ksh. 85.7 billion in FY 2021/22.

N/B: The annual financial statements for FY 2021/22 are unaudited

National Aids Control Council (NACC)

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019 /20	2020 /21	2021 /22	2019 /20	2020 /21	2021 /22
Gross	833	722	747	833	722	747
AIA						
NET	833	722	747	833	722	747
Compensation to Employees	492	517	549	463	502	501
Transfers						
Other Recurrent	332	426	189	329	466	246
<i>of which</i>						
<i>Insurance</i>	8	9	2	6	7	4
<i>Utilities</i>	2	4	4	4	4	10
<i>Rent</i>	70	72	71	65	70	78
<i>Contracted Professionals (Guards, Cleaners etc)</i>	12	16	6	12	14	13

Others	241	326	107	243	370	141
Deficit/Surplus						

In FY 2021/22, the National AIDS Control Council was allocated KSh.747 million recurrent grant representing a 3% increase in allocation compared to KSh. 722 Million allocated in 2020/21. The Council received all the allocated monies through quarterly conditional grants. NACC successfully utilised allocated GOK funds to cater for administrative and programmatic activities, classified as others, with 100% absorption rates reported in FY 2021/22.

National Cancer Institute

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	14	80	120	13.7	74.8	120
AIA	-	-	-	-	-	-
NET	14	80	120	13.7	74.8	120
Compensation to Employees						
Transfers						
Other Recurrent	14	80	120	13	75	120
<i>of which</i>						
<i>Insurance</i>						
<i>Utilities</i>						
<i>Rent</i>						
<i>Contracted Professionals (Guards, Cleaners etc)</i>						
<i>Others</i>	14	80	120	13.7	74.8	120

In FY 2021/22, the National Cancer Institute of Kenya was allocated KSh.120 million as a recurrent grant representing a 33% increase in allocation compared to KSh.80 million allocated in 2020/21. NCI-Kenya successfully utilized allocated GOK funds to cater for administrative and programmatic activities, classified as others, with 100% absorption rates reported in FY 2021/22.

Kenya Nuclear Regulatory Authority

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/2022
Gross	-	119	241	-	113	254
AIA	-	22	100	-	16	119
NET	-	97	141	-	97	135
Compensation to Employees	-	-	22	-	-	18
Transfers						
Other Recurrent		119	219		113	236

of which						
Insurance		0	2	-	0	1
Utilities	-	7	6	-	8	5
Rent	-	-	21	-	-	16
Contracted Professionals (Guards, Cleaners etc)		5	5	-	4	5
Others		107	187	-	101	210
Deficit/Surplus						

The first grant disbursed to KENRA was in the FY 2020/21. There was a reduction in AIA collections due to Covid-19 pandemic.

KENRA being a specialised agency, a big percentage of its expenditures are spent on procurement of specialised goods and services as shown in the table. There was an under expenditure during FY 2020/21 as a result of delay in disbursement of the fourth quarter grant, which came in July 2021.

Biovax Institute

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019/20	2020 /21	2021 /22	2019 /20	2020 /21	2021 /22
Gross	-	-	100	-	-	20
AIA						
NET			100			20
Compensation to Employees			3			
Transfers						
Other Recurrent			97			20
of which						
Insurance						
Utilities						
Rent						
Contracted Professionals (Guards, Cleaners etc)			97			20
Others						
Deficit/Surplus						

The low absorption in the recurrent budget was as a result of delays in the approval of the Institutes HR tools that resulted in the postponement of the recruitment of staff. The SCAC approvals have since been obtained and the recruitment is in its final process.

Kenya Medical Practitioners and dentist council

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22

Gross	381	720	747	303	701	747
AIA	381	331	247	303	311	247
NET	-	390	500	-	390	500
Compensation to Employees	89	155	220	89	153	200
Transfers						
Other Recurrent	292	565	526	214	547	546
<i>of which</i>						
<i>Insurance</i>	8	15	17	7	14	17
<i>Utilities</i>	2	2	2	1	2	2
<i>Rent</i>						
<i>Contracted Professionals (Guards, Cleaners etc)</i>	2	2	3	1	2	3
<i>Others</i>	280	546	505	205	529	525
Deficit/Surplus						

The Council was directed to waive Registration and Annual license fees charged to all County facilities. The Council was also directed by the Senate to establish presence (Regional Offices) in all 47 counties to enhance regulation towards the achievement of UHC. The AIA realized for the FY 2021/22 was KSh.247 Million which was a drop from the previous year's average collection of KSh.311 Million. This affected the discharge of KPMDC mandate. This trend in drop of AIA is likely to continue as the directive to waive Registration and Annual license fees is still in force.

Nursing Council of Kenya

Table 2.6 Analysis Of Sagas Recurrent Budget Vs Actual Expenditure (Ksh. Millions)

Economic classification	Approved budget allocation			Actual expenditure		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Gross	270	355	425	280	296	416
AIA	270	355	346	280	296	337
Net	-	-	79	-	-	79
Compensation to employee	87	104	109	81	91	111
Transfers	-	-	-	-	-	-
Other recurrent of which	183	251	316	200	205	305
<i>Utilities</i>	13	13	17	12	12	17
<i>Rent</i>						
<i>Insurance</i>	10	11	13	9	11	11
<i>Subsidy</i>						
<i>Gratuity</i>	11	10	12	9	11	12
<i>Contracted cleaners and guard services</i>	1.5	2	2.5	2	2	2
<i>Others specify (for core mandate)</i>	147	215	272	167	170	261

Variation in FY 2021-2022 is because of the revolving funds advanced to meet ongoing recruitment of health workers under Kenya-UK bilateral agreement expected to end FY 2022-2023. Variation in FY 2020/2021 is a result of the failure to meet A in A target as a result of Covid-19 pandemic

Note: For the SAGAs, they reported over expenditure of AIA is as a result of difference in reporting since the SAGAs use Accrual International Public Sector Accounting Standards (IPSAS) whilst the Ministry uses IPSAS cash accounting for budgeting.

ANNEX 4D: REVIEW OF PENDING BILLS

The Tables below present a summary of pending bills by nature and type during the period under review. In the FY 2021/22, the Health sector had total pending bills amounting to KSh. **67,314** Million comprising KSh. **7,312** million due to lack of liquidity and KSh. **60,002** million due to lack of budgetary provision.

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

ENTITY	Due to Lack of Liquidity			Due to Lack of Budgetary Provision		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
MOH	416	45	5,009	66,312	32,985	40,890
KMTC	482	482	100	3,342	4,143	2,270
KEMRI	312	312	339	1,834	1,721	2,087
KNH	662	766	1112	11597	10997	10236
MTRH	442	442	438	509	513	1,077
KEMSA	0	0	0	2,920	2,920	3,442
NCK	3	6	10	0	0	0
MNTH	0	0	175	0	0	0
Spinal Hospital	0	0	129	0	0	0
TOTAL	2,317	2052.81	7,312	86,514	53,279	60,002

Further, the details for the pending bills can be summarised in the table below;

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

Type/Nature	Due to Lack of Exchequer			Due to Lack of Provision		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
RECURRENT	1,282	1,259	895	82,988	49,065	59,952
Compensation for employees	1,242	1,242	854	23,378	2,678	15
Use of Goods and Services	40	17	41	31,678	17,789	5,330
Social Benefits				26,972	25,076	13,021
Other Expenses		-		960	3,522	41,586
DEVELOPMENT	1,035	794	6,417	3,526	4,214	50
Acquisition of Non-Financial Assets	1,035	794	6,288			
Use of Goods and Services			129			
Other - CDC Debts				3,526	4,214	50
Total pending bills	2,3	2,0	7,3	86,	53,	60,

	17	52	13	514	279	002
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Ministry Of Health

The total pending bills at the Ministry's headquarters as per the end of the **FY 2021/22** amounted to KSh.45,899.79 million comprising KSh.40,891.37 in recurrent vote and **KSh.5,008.42 million** in development vote.

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

Type/Nature	Due to Lack of Exchequer			Due to Lack of Provision		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Recurrent		11	1	62,970	28,842	40,890
compensation for employees				23,378	2,678	
Use of Goods and Services	37	11	1	26,451	12,690	
Social Benefits				12,181	11,233	
Other Expenses				960	2,241	40,890
Development		34	5,008	3,342	4,143	
Acquisition of Non-Financial Assets	379	34	5,008	-		
Use of Goods and Services						
Other - CDC Debts				3,342	4,143	
Total pending bills	416	45	5,009	66,312	32,985	40,890

Kenya Medical Supplies Authority

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

	Due to Lack of Exchequer			Due to Lack of Provision		
	2019/2020	2020/2021	2021/2022	2019/2020	2020/2021	2021/2022
1. Recurrent						
Compensation of Employees	-	-		-	-	15
Use of goods and services	-	-		2,920	2,920	3,427
Social benefits	-	-		-	-	-
Other expense	-	-		-	-	-
2. Development						
Acquisition of Non-financial assets	-	-		-	-	-
Use of goods and services	-	-		-	-	-
Other Specifics	-	-		-	-	-
Total Pending bills	-			2,920	2,920	3,441

KEMSA pending bill was Ksh 3.4 Billion that relates to Supplier pending bills of medical commodities and officers on half pay.

Kenya Medical Research Institute

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

Type/Nature	Due to lack of Exchequer			Due to lack of Provision		
	2019/ 20	2020/ 21	2021/ 22	2019/ 20	2020/ 21	2021/ 22
1.Recurrent	292	292	292	1,650	1,650	2,037
Compensation of Employee	292	292	292			
Social benefits-pension				1,650	1,650	2,037
Other expenses	-	-	-			
2.Development	20	20	47	184	71	50
Acquisition of non-financial assets (Development grant)	20	20	47			
Others specify (CDC vendors and debts)				184	71	50
Total Pending Bills	312	312	339	1,834	1,721	2,087

Under recurrent, the pending bill was due to capitation for two months not remitted to KEMRI in the Financial year 2017/18 (139M) and 2018/19 (153M) KEMRI has Retirement Benefits scheme (DB) which was established in 1983 with actuarial valuation deficit of **KSh. 2.037 Million** as at 30th June 2021. The Institute has not been able to settle outstanding benefits amounting to Kes 587.7 Million. As a result, retirees have taken the Institute to court demanding payment of their benefits.

Under development, the pending bill refers to a development grant of Ksh. 20 Million not remitted to KEMRI in the FY 2017/18 and 27 Million in the FY 2021/22.

The Institute committed to pay vendor debts and the interest that accrued over the years following the collapse of the CDC/Kisumu CoAg in 2015.

Kenyatta National Hospital

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

Type/Nature	Due to lack of Exchequer				Due to lack of Provision			
	2018 /19	2019 /20	2020 /21	2021 /22	2018 /19	2019/20	2020/21	2021/22
1. Recurrent								
Compensation of employees	124	124	124	124		-	-	

Use of goods and services			0			1,346	753	826
Social Benefits -NSSF	-	-				215	191	167
Social Benefits - Pension Deficit	-	-				10,036	8,772	7,111
Tax Liability							81	696
2. Development			0					
Acquisition of non-financial assets	538	538	642	988		-	-	-
Total Pending Bills	662	662	766	1112	0	11,597	9,797	8,800

Use of goods and services pending bills are as a result of unsettled invoices that are delayed by the resultant non collection of service to indigent patients. The NSSF contribution pending bills is a result of arrears for the period July 1991 to November 2009 when the Minister had not given express authority for exemption in contribution. The hospital has been including this amount in the budget for funding and to date it has remained unfunded.

The Defined Benefits (DB) scheme for KNH has a deficit of **KSh.7.111 billion as at 30th June 2022**, arising from the actuarial valuation for the closed-to-new-member scheme.

Tax Liability of KSh. 81 Million is Interest payable to Kenya Revenue Authority (KRA) arising from tax penalty and interest following an in-depth audit in 2014. The hospital paid the principle amount and has sought the National Treasury waiver of interest. In addition, tax demand by KRA for Corporation tax KSh.615 million, arising for rental income and interest earned, for which the hospital had treated as tax exempt as per Income Tax Act.

Kenya Medical Teaching College

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2019/ 20	2020/ 21	2021/ 22	2019/ 20	2020/ 21	2021/ 22
Recurrent						
Compensation of employees	384	384	-			
Use of good and services				452	913	-
Social Benefits NSSF				730	730	730
Social benefits Pension deficit				1,200	1,540	1,540
Provision for CBA from 1 st July 2014 (@240M P.A.)				960	960	-

Development						
Acquisition of non-financial assets	98	98	100			
Use of goods and services						
Total Pending Bills	482	482	100	3,342	4,143	2,270

The college has converted its staff pension scheme from Defined Benefit (DB) to Defined Contribution (DC) pension scheme in accordance with treasury circular No. 18/2010 of 24.11.2010. The DB scheme was frozen as at 30.06.2013. Members who were 45 years and above had the option of their benefits being retained in the scheme without freezing.

Service from 1.7.2013 is accrued in a separate defined contribution scheme (DCS) except for those members who were retained in the DBS. The college has been remitting pension to the DB and DC schemes.

The actuarial valuation for the scheme as at 30.06.2017, conducted by the consultants revealed a pension deficit of **KSh. 1,540,000,000** that has to be re-paid within a period of six years. The board has constituted a committee to consider modalities of settling the deficit.

The College was allowed to operate a pension scheme with effect from 1st January 2002 following the Retirement Benefits Authority's (RBA) registering a contributory Staff Retirement Scheme. All the staff became members of the Scheme and their NSSF contributions were stopped. However, the Minister for Labour, through a Notice to all Employers stressed that following the Kenya Gazette Notice No. 159 of 30th October 2009, it is now mandatory for all employers to remit contributions to NSSF. No employer is exempted from the provisions of the NSSF Act on the strength of having an in-house occupational pension scheme.

Exemption may only be granted by the Minister for Labour on the recommendations of the NSSF Board of Trustees where an employer operates a universal national scheme that offers benefits comparable to NSSF and that the NSSF is such a scheme. Consequently, the College remitted NSSF contributions for all its staff with effect from 1st April 2011. The outstanding contributions for the period commencing 1/1/2002 to 31st March 2011 amounting to KSh. 60 million has been cleared. However, NSSF has since levied KSh.730 million, being penalties on late payment

Moi Teaching & Referral Hospital

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

Type	Due to lack of Exchequer			Due to lack of Provision		
	2019/ 20	2020/ 21	2021/ 22	2019/ 20	2020/ 21	2021/ 22
1. Recurrent						
Compensation of employees	442	442	438			
Use of Goods and Services				509	513	1,077

Social Benefits e.g. NHIF, NSSF						
Other expense						
2. Development						
Acquisition of non-financial assets						
Use of goods and services						
Others -specify						
Total Pending Bills	442	442	438	509	513	1,077

Mathari Teaching & Referral Hospital

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
RECURRENT						
compensation for employees						
Use of Goods and Services			30			
Social Benefits						
Other Expenses						
DEVELOPMENT						
Acquisition of Non-Financial Assets			145			
Use of Goods and Services						
Others – Specify						
Total pending bills			175			

Spinal Injury Hospital

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
1.RECURRENT						
compensation of employees						
Use of Goods and Services e.g. utilities, domestic Or foreign travel etc.						
Social Benefits e.g. NHIF,NSSF						
Other Expenses						
2. DEVELOPMENT			12			
Acquisition of Non-Financial Assets			9.4			

Use of Goods and Services			12 9.4			
Others – Specify						
Total pending bills			12 9.4			

Nursing Council of Kenya

Table 2.8. Summary of Pending Bills by nature (Ksh Million)

TYPE/NATURE	Due to lack of exchequer			Due to lack of provision		
	2019/ 2020	2020/ 2021	2021/ 2022	2019/ 2020	2020/ 2021	2021/ 2022
1. Recurrent	3.4	5.6	10			
Compensation of employees	-	-	-	-	-	-
Use of goods and services e.g. utilities, domestic or foreign travel etc.	3.4	5.6	9.89	-	-	-
Social benefits e.g. NSSF, NHIF,		-	-	-	-	-
Other expenses	-	-	-	-	-	-
2. Development	-	-	-	-	-	-
Acquisition of non-financial assets	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Others specify	-	-	-	-	-	-
Total pending bills	3.4	5.6	10	-	-	-

ANNEX 4E SUMMARY OF COURT AWARDS

O	N	Details of Court Awards	Date of Award	AMOUNT (SHS)	Payment to date
	1	DR. SAMUEL KABERERE NJENGA -VS- AG& PS File No. 450/2011	2011	1,427,538	None
	2	VULCAN LTD VS. AG File No.NRBI HCCC 1361/2000	2000	1,000,000,000	751,461,684
	3	ABEDNEGO OCHOLA V AG File No.KSM H/C , MISC CIV APP NO' 86/2013	2013	612,032	None
	4	FARAM E.A. LTD VS THE AG & 2 OTHERS File No.HCC AT NAIROBI NO. 245 OF 2013	2013	190,813,115	None
	5	SIMON KAMAU NJOROGE VS. PRINCIPAL SECRETARY File No.411/2014	2014	169,999	None
	6	ELDORET CHILDRENS CASE EUNIFER JEROTICH VS. DAVID KIBIWOTT File No.44/2004	2004	144,000	None
	7	DR.LAWRENCE NJOGU CHEGE VS THE ATTORNEY GENERAL File No.372/2016	2016	219,748	None
	8	SUSAN WAMAITHA KAMAU VS PRINCIPAL SECRETARY MINISTRY OF HEALTH File No.NRBI HC JR NO. 173 OF 2016	2016	63702.4 (accrued interest)	None
	9	CAROLINE WAMAITHA(SUING THROUGH NEXT OF FRIENDS) ESTHER NJOKI WANJIRU V MURIGI CHEGE, MOH MARAGWA DISTRICT HOSPITAL & AG File No.PMC AT KANDARA CIVIL CASE NO 188 OF 2015	2015	1,363,118	None
0.	1	EQUIP AGENCIES LTD VS. AG File No.MILIMANI HCCC 55 /2017 FORMERLY (1459/1999)	1999	1525000000 (as per 15th July 2019 letter)	None
1.	1	MAGGY AGULO CONSTRUCTION CO. LIMITED VS. MINISTRY OF PUBLIC HEALTH AND 4 OTHERS File No.HIGH COURT KAKAMEGA CIVIL SUIT NO. 01 OF 2017	2017	42,447,990	None
2.	1	IN THE MATTERS OF ARBITRATION BETWEEN MELLECH ENGINEERING & COOSTUCTION LTD AND HENRY M. JACKSON FOUNDATION & ANOTHER	2017	1,032,500	None
3.	1	UNITED MEDICAL SUPPLIES VS THE AG File No.HIGH COURT SUIT AT NAIROBI NO. 2332 OF 1995	1995	17839728834 (Proposed amount as at end April, 2019)	None
4.	1	PETER BUTALIU SABWAMI VS ARCHDIOCESE OF NAIROBI KENYA ,DR. LILIAN WANGU & DR MUCHAI GACHOGO File No.HCC NO 399 OF 2010	2010	5,045,879	None

5.	1	UASIN GISHU MEMORIAL HOSPITAL VS MOI TEACHING & REFERAL HOSPITAL BOARD, MOH AND THE AG File No.CIVIL APPEAL AT NRB NO 184 OF 2012	2012	1,738,630,267	None
6.	1	ELIZABETH AWINO ONYANGO VS CABINET SECRETARY, MIN OF HEALTH & 2 OTHERS File No.MISC CIV SUIT NO 391 OF 2013	2013	244,839	None
7.	1	KEVIN MUZINDI WAMBUGU VS THE HON. ATTORNEY GENERAL File No.NAIROBI CMCC NO. 11160 OF 2004	2004	244,730. As at 21st December 2012	None
8.	1	ROCKEY AFRICAN LIMITED File No.HCCC 1361 OF 2000	2000	1,869,390,102	None
9.	1	EMMANUEL MUNENE -VS- THE ATTORNEY GENERAL & HYLINE MEMBA File No.CMCC NO. 1558 OF 2013	2013	12,204,618	None
0.	2	EUROTECH INTERNATIONAL - V- THE ATTORNEY GENERAL File No.HCCC NO. 1460 of 1999	1999	2,250,000,000.00 (proposed claim and interest)	None
1.	2	ROSE MUMBI MUTURI VS. DIRECTOR NATIONAL YOUTH SERVICE, ATTORNEY GENERAL & ANOTHER File No.THIKA CMCC NO. 820 OF 2012	2012	615,788	None
2.	2	YUNITA AKUNGU VS TEDDY OKUKU OPIYO & HON. ATTORNEY GENERAL File No.MBITA PMCC NO. 14 OF 2015	2015	832,188	None
3.	2	ANTHONY SAA MWATEBWE VS FRANKLIN MWAMBENI & THE HON. ATTORNEY GENERAL File No.KILIFI SPMCC 349 OF 2018	2018	5,178,924	None
4.	2	EUGENE REEKSTING VS THE HON. ATTORNEY GENERAL File No.NAIVASHA HCCC NO.8 OF 2019(FORMERLY NAKURU HCCC NO. 25 OF 2013)	2013	3,893,309	None
5.	2	EMMANUEL ODUMO VS THE HON. ATTORNEY GENERAL File No.BUSIA CMCC NO. 9 OF 2018	2018	427,314	None
6.	2	KENYA NATIONAL UNION OF NURSES VS THE PERMANENT SECRETARY MINISTRY OF HEALTH & 2 OTHERS File No.NAIROBI ELRC CAUSE NO. 1116 OF 2012	2012	385,164	None
7.	2	REPUBLIC VS PRINCIPAL SECRETARY MINISTRY OF HEALTH & THE HONOURABLE ATTORNEY GENERAL Ex parte GEOFFREY	2017	127,995	None

	GATWAI MWANGI File No.NAIROBI HIGH COURT JUDICIAL REVIEW MISC. APPLICATION 202 OF 2017			
8.	2 EMMANUEL MUNENE(A minor suing through mother and next friend CHRISTINE NTHOKI MUANGE) VS THE HON. ATTORNEY GENERAL & 2 OTHERS File No.MOMBASA CMCC 1558 OF 2013	2013	17,046,364	None
9.	2 FARAM E.A LIMITED VS HON. ATTORNEY GENERAL AND ANOTHER File No.NAIROBI HIGH COURT COMMERCIAL CASE NO. 103 OF 2018	2018	33,555,476	None
0.	3 BENARD WASONGA VS AG File No.SRMCC No. 250/08	2008	153,072	None
1.	3 MICHAEL N. SIMIYU V A.G File No.Nairobi 3/16	2016	462,500	None
2.	3 ELIZABETH GATHONI MITEY File No.Nairobi 98/15	2015	727,750	None
3.	3 JAPHET MURIUKI V AG File No.MERU CMCC No. 232A/011	2011	738,210	None
4.	3 KIMEU MUSYOKI File No.13/16	2016	926,856	None
5.	3 SIMON MUTHUMA NGANGA File No.421/18	2018	1,255,189	None
6.	3 ELISHA OKINYO OGOLA VS AG File No.17/11	2011	1,976,770	None
7.	3 SEKUNDU MURIIRA IBAYA VS DR. NGATIA & 3 OTHERS File No.MERU CMCC 190/2016	2016	7,158,000	None
8.	3 ELRC CAUSE NO. 37(N) OF 2010. AGNES MUTHONI & 34 OTHERS VS KEMRI	18th October 2021	KSh.214,833,04 4 (Being Arrears payable from 2009 to @ 2022)	KSh.27,863,66 5 (Salary Paid from 1st December 2021 to 30th June 2022)
9.	3 CIVIL SUIT NO 2473 OF 1998 BETWEEN GERRISHON KAMAU KIRIMA V/S ATTORNEY GENERAL OF THE REPUBLIC OF KENYA	25th September 2007	53,363,161	31st March 2022
			56,648,394,65	
			1	

ANNEX 4C: ANALYSIS OF PERFORMANCE OF CAPITAL PROJECTS (KSH. MILLION)

No.	Project Code & Project Title	Total Estimated Cost of Project or Contract Value (a)	Estimated Cost of the Project (Financing)		Timeliness		FY 2019/2020				FY 2020/21				FY 2021/22				Remarks			
			Local	Foreign	Start Date	Exp Completion Date	Approved Go K Budget	Approved Foreign Financed Budget	Actual Cumulative Expenditure to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved Go K Budget	Approved Foreign Financed Budget	Actual Cumulative Expenditure to 30th June 2021	Completion stage as at 30th June 2021 (%)	Approved Go K Budget	Approved Foreign Financed Budget	Actual Cumulative Expenditure to 30th June 2022	Outstanding Balance as at 30th June 2022		Completion stage as at 30th June 2022 (%)		
																					KSh.	Million
	1081101600 Wajir District Hospital	1,000	50	0.00	75	1/7/12	13/21	00	0	0	0	0	0	0	0	0	0	0	The project was cancelled by the donor			
	1081101700 KNH Burns and Paediatrics Centre	1,459	482	977.00	1,334	3/18	20/25	75	70	05	13	50	044	9	1	50	28	334	125	4	2	Delayed payment from the donor resulting in withdrawal of the contract from the site. KNH has engaged the National Treasury to devise

																				a mechanism to unlock the stalemate. This affected the project absorption at 4.3% of the allocated funds.			
10811018	00 National Commodities Warehousing Center (KEMSA)	,978	,005	3.10	972	6/01/2018	0/9/2023	63	2	,984	.02	75	3	7	7	33	3	,667	11	3	2	9	The new supply chain centre will ensure that medical supplies are handled effectively and efficiently country wide. This will improve access to essential medicines by ensuring regular, shorter supply chains and continuous availability

																				ty of medicines in the public health facilities. The Cumulative expenditure includes an AIA of KSh.267 M		
10811021	00 East Africa Public Laboratory Networking Project	,486		3,486.00	/11/10	/3/20		53	4,486	30	10			-	0	-	-	-	-	0	The project was completed	
10811025	00 East Africa's Centre of Excellence for Skills & Tertiary Education	,674	34	340.00	/18/16	/18/25	0	802	401	822	0	5		,314	6	300	60	9,866	1,808	1	5	The project is on establishment of a regional (EA) centre of excellence in Urology and Nephrology having absorbed 47.6% in the period under review
10811027	00 Rongai Hospital Project	,800	00	1,500.00	/9/15	/9/21		0	5	-	0				0	-	-	-	-	0	The project was cancelled	

																				, funds were not disbursed from GAVI			
	10811037 00 Clinical Waste Disposal System Project(Phase II)	,316	20	1,196.04	/1/21	7/25	6	-	-	-	0	-	-	-	0	-	00	200	2,116	15	1	The project aims to reduce exposure to health risks for 15 counties. First disbursement being the advance payment guarantee	
0	10811040 00 Clinical Laboratory and Radiology Services Improvement	,052		1,052.00	/7/16	1/23	6	0	9	2	28			34	5	1	5	00	553	599	43	5	The project was for equipping 42 hospitals with laboratory equipment and it is on course. Procurement done, awaiting installation of equipment in the sites having absorbed 3.7% of the

																				donor AIA allocated					
1	10811041 00 Expansion of Ileho Health Centre (KIDDP).	3		.10	43	7	7		0	3	3	70			3	4	00	1		-	-	0	The project was complete d		
2	10811044 00 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	9,5 02	9, 50 2			7	7		,20 6	3,06 7	.59	41	,20 5		6,46 8	4	8	5	,20 5		2,67 3	5	2 6	6 6	Und er the MES project, 5 contract ors were contract ed to provide specialis ed services for theatre, renal and radiology . The contract s are expiring on varied dates ranging from Decembe r 2022 and May 2023.The e survey of MES equipme nt conduct ed between May- June 2022

																				recommen ded for a 3 year extensio n of the MES contract
3	10811045 00 Free Maternity Program (Strategic Intervention)	0,0 88	0, 08 8		/10 /13	7 /10 /25		,09 8	6,24 3	.44	,09 8		4,43 9	9 4	,09 8		8,53 7	1,55 1	5 5	Funds disburse d to NHIF to facilitate Linda mama Program me as strategic intervent ion.
4	10811048 00 Modernise Wards & Staff house- Mathari Teaching & Referral Hospital	,65 0	,6 50		/30 /13	7 /30 /25	6 15		45 1	8. 79		45 1	9 9	00 3		36 2	,414 1	4 4	1 1	The project has renovate d 4 wards, equipe d the kitchen, created a new abolutio n block, pathway s and loading and offloadin g bays after consumi ng 30.5% of the funds
5	10811049 00 Construct a Wall, renovation &	91	91		/30 /14	7 /30 /26	6 5		9 2	4		9 2	4 4	00 1		3 7	19 7	7 9	9	The project is on- going for

	Procure Equipment at National Spinal Injury Hospital																		procurement of Medical Equipment to support spine services by reducing the waiting time for the patients to access spine surgeries and reduce the average length of stay in the hospital. Spine rehabilitation processes include reintegrating the patient back to the community of which the procurement of the van will be done to enhance this.					
6	00 10811051	,39	,3		/7/ 2	/7/ 2	75	-	21	7	9	00	6	,158	4	1	00	6	,541	1	6	8	1	The funds

	Procurement of Equipment at the National Blood Transfusion Services	6	96		15	25															were used to procure reagents for testing of donated blood; and were distributed to the 6 Regional blood transfusion centres. Additionally, component preparation equipment were procured and distributed to Eldoret, Nairobi, Kisumu, Mombasa RBTC and Kisii Satellite. Auxiliary equipment for component preparation were procured and distributed to all
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																			the 49 KNBTS blood establish ments following an absorpti on of 63.8% of the allocated funds
7	10811052 00 Procurement of Anti TB Drugs Not covered under Global fund Tb programme	0,6 78	0, 67 8		8 /13 /14	8 /13 /25	01		6 78	6	2 00	8 78	8	2 00		8 78	9 ,800	8	The program continue s to provide access to diagnost ic TB services, holistic quality of care, and TB preventi on in the general populati on through free access to first line TB treatmen t across the country.I n the FY 2021/22 , funds were not disburse d to KEMSA to procure

																				first line TB medicines due to lack of exchequer	
8	10811053 00 Procurement of Family Planning & Reproductive Health Commodities	2,215	2,215		/13/14	/13/26	45		11	3	59		,052	9	63		,488	1	1	2	The program aims to ensure the availability of family planning commodities of reproductive age using a modern contraception for prevention of unplanned pregnancies. In the FY 2021/22, 50% of the funds were disbursed.
9	10811055 00 (Vaccines and Immunizations)	1,487	1,487		/2/16	/2/25	48		,441	6	,913		,391	0	,300		,691	7	5	3	This program aims to improve the immunisation coverage

																				of children by procuring, distributing, maintenance of the quality chain equipment and vaccines commodities across the country. In FY 2021/21, all the funds were fully utilised	
0	10811055 02 Acquisition of Covid - 19 Vaccines	6,963	6,963		1/21	7/25				0	645			63			2,008	1,495	12	1	Funds to procure COVID 19 vaccines to support the accelerate the vaccination programme
1	10811055 03 COVID - 19 Vaccine Acquisition & Development-KEPSA	100	100		1/22	6/22				0				100				100		0	Being funds from the private sector to support against

																				COVID 19 in the country. Funds were not utilised due to the fact that the vaccine supply had improved and therefore the Ministry did not procure	
2	10811057 00 Construction of buildings- Tuition blocks at KMTC	,80 0	,8 00		2 1/9 /20 17	3 0/0 6/2 025	11	2	-	1 ,005	56	4	6	5 69	3 2	3 28	1	6 97	1 ,104	3 9	Funds for completion of tuition blocks in various established KMTC campuses which include; Siaya, Mathare, Migori, Kaptum o, Makindu , Gatundu , Mutomo, Kuria, Nyamache, Othaya and Kwale
	10811058				4	1	3	-	9	41	4			1	5	3		1	5	7	To

3	00 Construction and equipping of laboratory and class rooms KMTC	,32 5	,3 25		/3/ 18	8/9 /20 25	30		46		19		,365 9	54		,819 06	8	equip campuse s with various laborato ry equipme nt and classroo ms material s in Nairobi, Makueni , Muranga , Kwale, Kombewa, Chuka, Kisii, Manza, Mosoriot , Potrietz, Tana River, Wajir, Lodwar and Isiolo having absorbe d 81% of the funds.							
4	10811061 00 Establishing of Regional Cancer Centres	,00 0	,0 00		/7/ 16	/30 /25	00		76	6	8	80	2	60	8	1	1	50	3	94	9	7	2	1	The project is on a phased establish ment of regional cancer treatment centres . The 1st phase covered

																				Garissa, Mombasa and Nakuru, which were completed in June 2021. Currently two centres of Mombasa and Nakuru are operationalized. The second phase covers Kakamega and Meru starting in the FY 2023/24					
5	10811064 00 Completion and Equipping Day-care Centre - KNH	78	78	0.00	10	5/2/16	1	2/8/20	1	0	52	2	67	26	78	3	00	1	-	-	0	The project was completed and operationalized			
6	10811070 00 Cancer & Chronic Disease Management Centre - MTRH	,843	,393	0.00	45	/7/13	1	/7/26	6	50	3	00	8	43	44	44	,088	9	04	,192	1	6	5	6	To procure two Radiotherapy Machines (2 Linear Accelerators with 3D Conform

																				ational Treatment Unit, CT Simulator, Treatment Plan and all other accessories)								
7	10811071 00 Construction and Equipping Children Hospital-MTRH	,080	30	0.00	25	1/14	6/30	7	3	-	88	2	27	4	1	16	3	9	2	20	1	36	4	44	6	0	4	To equip the children hospital with medical equipment for the Pediatric Burns Unit, ICU, HDU and Theatre
8	10811072 00 Equipping Maternity Unit(Mother & Baby Unit)	50	50			1/10	6/30			-	-	0				0	2	6	0	3		0	5	00	3	4	1	To equip the maternity unit with equipment for the delivery rooms, maternity theatre, Maternity ICU & HDU and Equipment for

																				the neonatal unit (Nursery).			
9	1081107300 Expansion and Equipping of ICU-MTRH	84	84		7/1/15	6/6/26	4		49	31	9		98	1	4	6		14	70	2	4	To equip the unit with ICU & HDU beds complete with cardiac monitors, defibrillators, suction machines and syringe pumps	
0	1081107500 Situation Room for Real Time Data & Information on HIV & AIDS - NACC	91	91		7/09/2016	30/3/26	8		55	17	3		97	1	2	6		73	18	6	1	3	Provision real-time data to help the national and county governments achieve their Fast-Track targets of ending the AIDs epidemic .It serves to bridge data and decision-making to improve

																				the health outcomes of many vulnerable people infected or affected by the AIDS epidemic					
1	10811079 00 Construction and upgrading of KEMRI Laboratories (Nairobi, Kwale, Busia)	35	35		7 /1/ 16	7 /1/ 25	3	3	24	1	19 .52	8	2	53	1	4	2	5	5	80	1	4	8	2	Funds for upgrading research laboratories out of which thirty (30) labs are accredited. Forty-seven (47) labs require upgrading to international standards in order to provide reliable quality data and enhance biosecurity levels. In FY 2021/22, 49% of the funds

																				were disburse	
2	10811094 00 Rollout of Universal Health Coverage	00, 00 0	00 ,0 00		/10 /18	7 /26	7 08	2,0	1,45 9	11 .46	,29 0		9,16 6	9 1	,76 5		6,88 0	3,12 0	7 2	2	Fun ds geared for universa l healthca re indexing ,and improvin g accessibi lity and affordabi lity of healthca re in the country
3	10811095 00 Construction of a Cancer Centre at Kisii Level 5 Hospital	,28 0	80	2, 000,0	/10 /16	8 /24	8 0	3 80	1 0	2 0.	0 87		1 5	2 0	3 30	5 11	1 ,169	2 5	5	The project has been delayed by the requirem ent under the loan terms for MoH to get a no objection to impleme ntation processe s which take long to obtain.C urrently designs have been complete d and	

																				approved and a tender for construction has been advertised. Absorption was at 10.3% of the allocated funds	
4	10811102 00 Support to Universal Health Care in the Devolved system in Kenya	,192		3,192.00	/2/17	/30/21	,423		,24170		529	,193300	1							0	The project was completed
5	10811103 00 Transforming Health Systems for Universal care Project	5,290		,290.00	/15/16	/30/23	,084		,37737			0,686	28		,459	4,340	509			69	Funds to support all counties in the health systems strengthening, procurement of family planning commodities and capacity building having an absorption of 81%
6	10811107 00 Strengthening of Cancer	,000	,000		3/8/2018	/9/25	25		86196	4		312	140		713	,6291				91	Phase one of the project

	Management at KNH																		is completed, equipping and operationalization of phase 1 ongoing						
7	10811108 00 Research and Development - KEMRI	,400	,400		/1/14	/1/25	72		06	9	14	51		,057	7	1	51		,208	1	5	9	1	Funding to address national research needs in Non-Communicable diseases, drug discovery and vaccine development, neglected diseases and emerging and re-emerging diseases	
8	10811113 00 Special Global Fund HIV Grant KEN-H-TNT-(GLOBAL FUND)	3,120		130	/1/18	/30/22	6		,050	1	,374	49		2,920	8	9		6	2,946	1	74	1	9	9	The programme aims to increase access to ARVs and awareness creation to prevent spread

																				of HIV/AIDS. The Main grant activities ended in June, 2021 with closure processes by DEC 2021		
9	10811114 00 Special Global Fund Malaria Grant KEN-M-TNT- (GLOBAL FUND)	,60 0		3, 600.00	/1/ 18	1 /6/ 22		55	7 ,390	2 66	00	8	,400	3 4	9		75	1 ,400	3 00	2 4	9	Programme seeks interventions towards control of Malaria scourge by enhancing availability of diagnosis and treatment services, and investment in prevention. The Main grant activities ended in June, 2021 with closure processes

																			by DEC 2021, all key activities were complete d within schedule		
0	10811115 00 Special Global Fund TB Grant KEN-T- TNT-(GLOBAL FUND)	,05 2		5, 052.00	/1/ 18	1 6 /30 /22		60	8 202	1 24			,032	5 00	1		2 032	5 0	2 00	1 00	Programme for enhanci ng the quality of TB services in the country through capacity develop ment, strengt hening HRH in the counties , updating of treatmen t guideline s and policies, and M&E. The Main grant activities ended in June, 2021 having paid all outstand ing

																				pending bills by Dec 2021		
1	10811119 00 PHG-Case Study on Integrated Delivery of Selected NCD-MTRH	50		25 0.00	1 0/1 /19	6 /30 /22		50	50	1 60			92	1 7 7		8	5 50	2	-	1 00	The project is complete to carry out research on 4 NCDs (diabetes, cervical cancer, breast cancer and hypertension) in two counties (Busia & Trans Nzoia	
2	10811176 00 Beyond Zero Campaign-NACC	66	66		1 /6/ 16	3 0/0 6/2 023	5		06	1 19	4	2	30	1 3 2	0	5	80	1	86	3	3 2	Funds for Country's (MTCT) rate, maternal and child health care indicators to ensure reduction of mother to child transmission through prevention, increase

																				access and sustaining treatment						
3	10811178 00 Health Sector Support to Universal Health Coverage	,000	,000		7/19	6/22				0.00	,000		,986	7	3			,000		,263	,737	6	6	PFR budgetary support from JICA for roll-out and scale up of Universal Health Coverage. The project in the FY 2021/22		
4	10811179 00 Reconstruction of drugs Rehabilitation centre at Coast General Hospital	0	0		1/07/2019	0'06/2021	0	2		2.11	8		0	2	1								0	0	The project was completed	
5	10811180 000 Construction of a hospital in Kiyawara- Kieni East	0	0		1/07/2019	0'06/2021	0	3		9.1	64.73	1		0	3	1								0	0	This project is stalled due to a site dispute in Kieni constituency. The matter is being handled by the Public Works
6	10811181 00 Integrated	,38	,3		7/7	1/6/				0.00	,08		,083	2	8									0	0	Funds were

	Molecular Imaging Centre	3	83		20	24					3								utilised to construct and equip the Integrated Molecular Imaging Center to offer specialised diagnostic and treatment services to Cancer Patients	
7	10811182 00 Kenya COVID-19 Emergency Response Project	5,240	,000	12,240.00	/1/20	/30/24		,310	00	42.			,399	900	4,632	5,983	2,257	0	2	Funds to Prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness having absorbed only 26.3% of the funds

8	10811182 03 COVID 19 Vaccines Programme	3,4 00		13 ,400.0 0	/7/ 21	1 /30 /23	6			-	0. 00			-	0			,80 0	,189 3	0,21 1	4 2	Fun ds to accelerat e COVID - 19 vaccinati on program me under the World bank Project
9	10811186 00 Infrastructural Support to Kigumo Hospital	00	00		/7/ 20	1 /30 /23	6			-	0. 00	0	5	0	5	3	1	00	22 1	78 2	0 3	The project is to upgrade Kigumo hospital to offer specialis ed treatmen t services and skilled healthca re services. The contract was awarded in June, 2021
0	10811188 00 renovation & Improvement for Gatundu Level 5 Hospital	70	70		/7/ 20	1 /30 /23	6			-	0. 00	00		00	1	3	1	76 2	76 3	94 3	9 4	Ren ovation and Improve ment of facilities was complete d. Constru ction of the

																				second tower comprising an Accident & Emergency Center, Outpatient Clinics, Pharmacy, Radiology, Plaster Room, Laboratory and wards is in progress	
1	1081118900	0	0		1/21	1/21				0.00	0								0	The project is yet to start due to land disputes in the proposed site	
2	1081119000	0	0		7/20	30/23				0.00	0					0		0	4	0	Funds were to procure ten Customised Ambulances for COVID-19 Response. To be considered in FY 2022/23 Supplementary

																				Estimate s	
3	10811191 00 Supply of Medical Equipment and Associated Services	,11 8		4, 118.00	/1/ 21	1 3 0/6 /20 24			-	0. 00			,330 1 2 3		,39 8	2 3 3	,033	,085	1 4 7	Fun ds towards rehabilit ation of the maternal and baby care units at MTRH and to support COVID- 19 Emergen cy Respons e having consume d 71% of the allocated funds.	
4	10811192 00 GESDeK COVID Response Project	,86 0		3, 860.00	/1/ 21	1 3 0/6 /20 24			-	0. 00			17 8 1 2		75 9	1 1	,093	,767	2 8 2	Fun ds geared towards control and preventi on of COVID- 19- 19 in the country having consume d 28.3% of the funds	
5	10811201 00 Monitoring and Evaluation of KIDDP Projects	0	0		/1/ 21	1 3 0/6 /20 21			-	0. 00			0 1 7 9						-	0	The project was complete d

6	10811930 Special Global Fund HIV Grant NFM3-NASCOP	8,441	5,906	2,535.00	/7/21	1/30/24				0.00				0	,200	10	17	7,724	3	The program aims to increase access of ARVs and awareness creation to prevent spread of HIV/AIDS having an absorption of 41.9%. The GoK component was not disbursed partially due to exchequer issues	
7	10811194 Special Global Fund Malaria Grant NFM3 - DOMC	,021	,400	2,621.00	/7/21	1/30/24				0.00				0	00	837	8	,386	75	1	Progamme seeks interventions towards control of Malaria scourge by enhancing availability of diagnosis and treatment

																			t services, and investment in prevention at 84.6% absorption level. The GoK allocation is for contracted preventive services through KEMSA and they are ongoing	
8	10811195 00 Special Global Fund TB Grant NFM3	,39 8	,3 98		1 /7/ 21	6 /30 /24			-	0. 00			-	0		,06 0	47 8	,551 1	5 3	Programme for enhancing the quality of TB services in the country through capacity development, strengthening HRH in the counties, updating of treatment guidelines and

																				<p>policies, and M&E at 80% absorption level. These funds also cater for RSSH components of GF Grant</p>			
9	10811196 00 Procurement of Cyberknife Radiotherapy Equipment for KUTRRH	85	85			1/7/21	6/30/24			0.00				0	50	3	50	3	35	3	1	5	<p>Funds to procure a stereotactic radiosurgery treatment technology for patients with inoperable/tumours in the Kenya</p>
0	10811198 00 9TH GoK/ UNFPA County Programmes	,500		3,500.00		1/7/21	6/30/24			0.00		,100	1,100	1	3		,096	1,100	,400	2	1	3	<p>Funds to support procurement of family planning commodities in the country</p>
1	10811199 00 Primary Health Care in the Devolved	,670		1,670.10		7/1/21	6/30/24			0.00				0			34	26	,344	1	0	2	<p>Funds to cater for level II</p>

	Context																			and III public hospitals and National Level activities having consumed 75% of the allocated funds			
2	10811200 Supply of Medical Equipment for Covid - 19	,000		1,000.00	/1/22	1/30/22				0.00				0				,000	1,000	-	00	1	Funds to support COVID 19 interventions that were transferred to Crown Agents
3	10811202 00 Infrastructure Support to Diff Hospital in Wajir	0	0		/7/21	1/6/20/22				0.00				0	0					0	5	0	Funds for infrastructure support at Different Hospital in Wajir. These funds were not disbursed in the FY 2021.22 due to exchequer issues
4	10811203 00 Human Vaccine Production (KBVI)	,400	,400		/1/22	1/30/25				0.00				0	00				00	4	6	6	Funds for refurbishment and

																				operatio nalizatio n of the BIOVAX warehou se in Embaka si	
5	10811204 00 Neuropsychiatr ic National Teaching & Referral Hospital	0,0 00	0, 00 0		1 /1/ 22	6 /30 /25				0. 00				0	4		00	4	9	4	Con struction of a new mental hospital to offer specialis ed psychiat ry services and training for mental health
6	10812050 00- Construction of New Level III Hospitals	,10 0	,1 00		1 /1/ 22	6 /30 /25				0. 00				0	5		00	5	2	6	1 Funds to undertake the Presiden tial Directive of construc ting 50 new level III hospitals in line with third financial stimulus program me targeting strategic intervent ions

7	10811206 00 Infrastructure Support to Narok Hospital	00	00		/1/ 22	1 /30 22	6			-	0. 00				0	2		2	-	00	1	Funds to improve infrastructure support at Narok Hospital
8	10811207 00 Refurbishment /Renovation of Infrastructure - KNH	,05 9	,0 59		/1/ 22	1 /30 26	6			-	0. 00				0	50		50	1	7	2	Funds for renovation and rehabilitation of Tower Block; civil, electrical, replacement of plumbing system and installation of the solar system, fresh piping for medical gases, mechanical ventilation, structured cabling, power backup, and power protection system, replacement of old and

																				obsolete service lifts and replacement of obsolete equipment and working tools.
9	10811208 00- Expansion of Comprehensive Cancer Centre - KUTRRH	00	00		1 /1/ 22	6 /30 /22				0. 00	00		1 00	3 3	00		1 00	2 00	3 3	The oncology extension building will have additional beds, doctors and nurses offices and patient consultation rooms to meet the demand for oncology services in the hospital. Construction of the centre is ongoing

CHAPTER THREE: MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD

This chapter discusses the prioritization of programmes and sub-programmes for the Financial Year 2023/24 and the Medium-Term Budget as guided by the Medium Term Plan of the Kenya Vision 2030, the Health Sector Strategic Plan (KHSSP), the UHC agenda, regional and global commitments.

3.1 PRIORITIZATION OF PROGRAMMES AND SUB-PROGRAMMES

The Sector is committed to translating the Government priorities to realize the constitutional right to health by ensuring Universal Health Coverage (UHC).

3.1.1. Programmes and their Objectives

Sector will implement the following 5 programmes and sub programmes in the Financial Years FY 2023/24-2025/26 which are in line with the priorities mentioned above:

Programmes and their Strategic Objectives

Table 3.0.1: Programmes and their Strategic Objectives

Programme	Programme objectives
Programme 1: Preventive, Promotive and RMNCAH Services	To prevent occurrence of diseases by increasing access to quality Promotive and Preventive health care services
Programme 2: National Referral and Specialized Health Services	To increase access and range of quality specialized healthcare services
Programme 3: Health Research and Development	To increase capacity and provide evidence for policy formulation and practice guidelines
Programme 4: General Administration and Support Services.	To strengthen Governance and leadership in the sector
Programme 5: Health Policy, Standards and Regulations	To strengthen policy and regulation in the Health Sector for effective delivery of UHC

Programmes and Sub-programmes

Table 3.0.2: Programmes and Sub-programmes

Programme	Sub Programmes
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STATE DEPARTMENT FOR MEDICAL SERVICES

<p>P1.Preventive, Promotive and RMNCAH</p>	<ul style="list-style-type: none"> ● SP 1.1 Communicable Disease Control ● SP1.2 Non-Communicable diseases prevention and control ● SP1.3 Radioactive Waste Management ● SP1.4 RMNCAH ● SP1.5 Environmental Health ● SP1.6 Disease surveillance ● SP1.7 Primary healthcare
<p>P2.National Referral &Specialized services</p>	<ul style="list-style-type: none"> ● SP2.1 National Referral Health Services ● SP2.2 Specialized Medical Equipment ● SP2.3 Health products and Technologies ● SP2.4 National Blood Transfusion Services ● SP2.5 Social protection
<p>P3.Health Research and Development</p>	<ul style="list-style-type: none"> ● SP3.1 Pre-Service and In-Service Training ● SP3.2 Health Research
<p>P4.General Administration & Support Services</p>	<ul style="list-style-type: none"> ● SP4.1 General Administration and Human resource management and development ● SP4.2 Finance and planning ● SP 4.3 Health financing relations

STATE DEPARTMENT FOR STANDARDS AND PROFESSIONAL MANAGEMENT

P1. Health Policy, Standards and Regulations.

- SP1.1 Health Policy
- SP1.2 Standards, Regulations and Professional Management
- SP1.3 Health Sector Coordination
- SP1.4 General Administration and Human resource management and development
- SP1.5 Finance and Planning

3.1.2. Programmes /Sub Programmes, Outcomes, Outputs and KPIs

STATE DEPARTMENT FOR MEDICAL SERVICES

Table 3.1: Programmes /Sub Programmes, Outcomes, Outputs and Key Performance Indicators

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
Programme 1: Preventive, promotive and RMNCAH									
Programme Outcome: Increased access to quality promotive and preventive health care									
SP 1.1 Communicable disease control	NACC	HIV Prevention and Management Services	Proportion of new HIV infections among adolescents and young people (10- 24 Years)	N/A	N/A	25	50	75	80
			Number of condoms distributed in non-health settings	2,000,000	6,451,258	6,500,000	6,600,000	6,700,000	6,800,000
			Mother to child transmission Rate (MTCT)	10.80%	9.70%	9.20%	8.30%	6.60%	5.00%
			Proportion of counties visualizing real time HIV and Health Dashboards through Situation Room for decision making	100%	N/A	50%	60%	70%	80%
			Proportion of implementing partners reporting on HIV management and prevention interventions	100%	N/A	50%	65%	85%	100%
	NASCOP	HIV Prevention and Management Services	Number of people Currently on ART	1,254,841	1,291,110	1,287,891	1,319,871	1,353,450	1,387,029
			Percentage of newly identified HIV positive and breastfeeding women initiated on highly	87.50%	88.30%	88.20%	88.80%	89.40%	90.00%

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			active antiretroviral therapy						
	TB Programme	TB Prevention and Curative Services	Number of TB cases notified (All forms)	100,617	82,517	99,226	97,203	94,287	89,573
			Proportion of successfully treated TB cases (all forms of TB)	90	84	90	90	90	90
	Malaria Programme	Malaria prevention and control services	Malaria incidence per thousand population	85	84	80	75	64	52
			Proportion of Confirmed Malaria Cases treated (%)	100	97	100	100	100	100
			Proportion of mosquito breeding habitats identified and appropriately managed	90	75	90	90	90	90
SP 1.2 Non-Communicable diseases prevention and control	National Cancer Control Programme	Cancer Prevention and Control Services	Number of women of reproductive age screened for cervical cancer	400,000	670,019	500,000	700,000	750,000	800,000
			Proportion of those with pre-cancerous lesions or invasive disease receiving treatment	30%	26%	30%	35%	40%	45%
			Proportion of health facilities providing cancer screening and early diagnosis services	N/A	N/A	25%	30%	40%	50%
			Proportion of eligible people screened for colorectal cancer (people aged 45-75 years)	N/A	N/A	1%	15%	20%	30%
		Regional cancer centers	Number of cancer patients receiving	N/A	N/A	9,686	12,634	14,740	16,846

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		established and functional	radiotherapy services						
			Proportion of the essential cancer medicines available at cancer centers	20%	16%	20%	30%	40%	50%
			Number of cancer centres established	3	3	4	5	5	6
	National Cancer Institute Kenya	Cancer data and research to inform policy and practice	Number of policy briefs generated from cancer data and research	N/A	N/A	N/A	2	4	5
		Public education in cancer prevention and control	Number of people reached with cancer Prevention & Control messages	8,000,000	14,000,000	15,000,000	30,000,000	35,000,000	45,000,000
		Partnerships in cancer prevention and control	Proportion of counties with county specific cancer control frameworks	N/A	N/A	10%	55%	100%	-
			Number of MDAs trained to implement workplace cancer prevention and control programs	9	12	34	59	87	117
		Quality assurance in cancer care services	Proportion of cancer treatment facilities that have met the minimum standards of care	19%	57%	77%	87%	95%	100%
		Division of Mental Health	Effective management of mental health within the Counties	Number of counties supported to develop mental health action plans	2	2	2	4	4
	Number of counties supported to develop mental health promotion and prevention			N/A	N/A	2	8	16	24

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			programme.						
	Non-Communicable Diseases (NCD) Prevention and Control Unit	Diabetes and hypertension curative services	Number of diabetes patients receiving treatment	150,000	142,223	226,310	250,000	300,000	320,000
			Number of hypertensive patients receiving treatment	250000	240000	300000	350000	500000	700000
	Violence and Injuries Prevention and Control Division	Trauma registry established	Percentage completion of Trauma registry	10%	10%	50%	75%	100%	100%
	Tobacco Control Division	Tobacco control and enforcement services	Number of Enforcement officers trained	400	300	500	300	300	300
			Graphic Health Warnings and Plain packing implemented	N/A	50%	100%	50%	100%	50%
	Geriatrics Medicine	Geriatrics services	Proportion of counties with HCPs trained on integrated care of older persons.	0	0	5%	10%	15%	30%
			Percentage completion of Parkinson's Disease registry	5%	5%	50%	75%	100%	
SP 1.3- Radiation Safety and Nuclear Security	Kenya Nuclear Regulatory Authority	Nuclear safety assurance	Proportion of Nuclear power programme development evaluation and decision	0	0	5%	10%	15%	20%
			Cumulative Proportion of nuclear siting regulations developed	0	0	20%	30%	60%	100%
		Strengthened nuclear security and safety	Cumulative percentage of enforcement officers trained on nuclear	5%	5%	10%	20%	40%	50%

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			security						
			Cumulative percentage of nuclear security detection architecture developed	3%	5%	20%	50%	70%	100%
			Proportion of category I and II radiation facilities complying with physical protection measures	50%	50%	100%	100%	100%	100%
		Safe radiation free environment	Percentage of environmental projects complying with radiation safety guidelines	10%	10%	20%	40%	80%	100%
			Percentage of radio analysis tests performed on imported goods	50%	50%	50%	70%	90%	100%
			Percentage of radiation workers captured under the national dose register	10%	10%	20%	50%	80%	100%
			Number of radiation dose inter-comparison exercises conducted	1	1	2	3	3	3
		Quality assurance in applications of radiation	Percentage of radiation facilities inspected	80%	80%	90%	100%	100%	100%
			Percentage of radiation facilities licensed	60%	60%	70%	80%	90%	100%
SP 1.4 Reproductive Maternal Neonatal	Department of Family Health	Family Planning Services	Proportion of Women of reproductive age receiving FP commodities	50	52.4	55	53	55	56

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
Child and Adolescent Health		Maternal Neonatal and Child Health Services	Proportion of pregnant women attending at least 4 ANC visits	57	52.8	61	65	69	74
			Proportion of women receiving post-natal care within 2-3 days of delivery	50	12	54	58	62	66
			Proportion of mothers delivered by Skilled Birth Attendant	84	79.5	86	88	90	92
			Facility based maternal mortality rate per 100,000 deliveries	103	110.3	100	97	94	91
			Facility based neonatal deaths per 1000 live births	11	9.3	9	8	7	6
			Number of Pre-school and school going children de-wormed in Millions	6	5.4	6	6	6	6
	Division of Nutrition and Dietetics Services	Malnutrition prevention & Nutrition promotion services	Proportion of children 6-59 months who received 2 doses of Vitamin A Supplementation (VAS)	80	86	80	86	86	86
			Number of children 6-23 months receiving Micronutrient Powders (MNPS)	N/A	N/A	218,977	240,875	264,963	291459
			Number of healthcare workers trained on high impact nutrition interventions	1323	1276	800	950	1100	1150

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			Number of community health volunteers trained on key nutrition practices at critical stages in the life cycle	6000	5865	6000	6500	6500	70000
		Effective treatment for malnourished children under 5 years of age, pregnant and lactating women	Treatment cure rate of acutely malnourished children 6-59 months	80%	83%	83%	84%	85%	85%
			Treatment cure rate of acutely malnourished pregnant and lactating women	100%	86%	90%	90%	92%	95%
		Nutrition policies, legislations, strategic plans and guidelines developed and disseminated	Number of Policies, guidelines, strategic plans and legislations developed and disseminated	5	3	7	3	2	2
	Division of National Vaccines and Immunization program	Vaccines and Immunization Services	Proportion of fully immunized children under 1year (Proxy Penta 3)	84	88	86	89	90	90
			Proportion of Health Facilities with Functional Cold Chain Equipment	92	88	88	90	92	92
			Proportion of fully immunized adults with Covid19 vaccine	100	32	32	100	100	100
SP 1.5 Environmental Health	Division of Water Sanitation and Hygiene	Sanitation and hygiene practices improved	Proportion of Villages certified as open defecation free	31	29	29	37	49	55
			Proportion of	N/A	25	25	35	45	60

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			population accessing safely managed sanitation facilities						
	Division of Food Safety and Quality Control	Food safety and quality control strengthened	Proportion of foods complying with food safety and control requirements	N/A	85	85	87	90	94
	Division of Waste management, Pollution Control, and Climate Change	Waste management and climate change mitigation measures enhanced	Proportion of health facilities with installed and compliant waste treatment and disposal system	N/A	N/A	50	60	70	80
			Proportion of health facilities reporting on greenhouse gas emissions	N/A	N/A	0	20	40	60
	Occupational Health and Safety Division	Occupational Health and Safety standards implemented	Proportion of healthcare facilities implementing occupational health and safety standards	15	5	5	10	15	20
			Proportion of healthcare workers exposed to work place occupational health hazards	N/A	N/A	5	3	2.5	1
	Port Health Services Division	Port Health Services improved	Number of travellers screened for notifiable diseases	N/A	N/A	7,361,622	8,097,784	8,907,562	9,798,318
			Number of travellers issued with vaccination certificates as per travel requirements	N/A	N/A	249,600	272,600	302,000	330,000
			Number of tonnes of cargo cleared as per health requirements at POEs	N/A	N/A	1,460,000	1,606,000	1,766,600	1,943,200

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			Number of conveyances inspected and issued with disinfection/disinsection certificates	N/A	N/A	265,000	292,522	321,674	354,000
	Vector and Vermin Control Division	Vector and vermin infestations control services enhanced	Number of POEs capacity build to undertake vector and vermin control services	N/A	N/A	10	20	25	36
SP 1.6 Disease Surveillance and Response	Division of Disease Surveillance and Response	Reduction of mortality and morbidity due to public health emergencies	Acute flaccid paralysis case detection rate	2.3	4.06	2.5	3	3	3
			Number of counties with functional Community Events Based Surveillance (CEBS)	5	8	8	15	12	10
			Number of hospitals with Functional Events Based Reporting System	2	62	62	80	100	120
			Sub County weekly epidemic reporting Rates	80	72	72	80	80	80
	Division of Health Emergencies and Disaster Management		Number of counties with functional command and control centres linked to ambulance dispatch	N/A	1	1	15	18	13
			Number of centres for management of CBRN Incidents established	N/A	5	15	12	15	0
	Public Health Emergency Operations		Proportion of Public Health Emergencies responded to.	52	62	62	68	75	80

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
	Centre								
	Field Epidemiology & Laboratory Training Program (FELTP)		Number of FELTP students who have graduated	20	20	20	20	20	20
	Division of Vector Borne & Neglected Tropical Diseases	People treated for Lymphatic filariasis (LF), Trachoma, bilharzia, and intestinal worms	Number of people treated for Lymphatic filariasis (Millions)	2.5	4.07	1.6	0	0	0
Number of people treated for trachoma (Millions)			1.5	2.05	1.4	1	0.5	0	
Number of people treated for Bilharzia. (Millions)			N/A	3.5	3.5	4	4.5	5	
Number of people treated for intestinal worms. (Millions)			4	7	7	8.3	9	10	
	Division of Zoonotic Diseases	Surveillance of Zoonotic diseases	Number of people diagnosed with Rabies and Brucellosis	N/A	10	10	9	7	5
			Number of counties supported to investigate and respond to priority zoonotic diseases	3	3	4	4	4	4
	Division of Global Health Security	National Public Health Institute /Centre for Diseases Control (NPHI/CDC) established	Number of regulations developed on NPHI/CDC operationalized	N/A	0	1	1	1	1
			Number of reports developed	N/A	0	1	1	1	1
	Department of Laboratory Services	Testing capacity of laboratory network for	Proportion of national and county reference laboratories able to conduct	31	31	31	62	81	100

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		referral services expanded	molecular testing for emerging and re-emerging diseases						
		Molecular testing capacity for High risk HPV Established	Number of High risk HPV tests performed	3,000	4,822	4200	4850	5000	5200
			Proportion of laboratories with capacity to conduct molecular testing of High risk HPV	N/A	9.1	9.1	11.1	15	20
		COVID-19 tests performed	Number of COVID-19 tests performed	1,900,000	1,375,986	1,200,000	1,000,000	800,000	500,000
		Surveillance of contaminants in foods and Water carried out	Proportion of mycotoxin tests on foods complying with food safety standards	N/A	86	86	87	88	89
			Proportion of tests (Flouride, Nitrates and sulfates) on water complying with standards	N/A	80	80	82	84	86
		Food fortification monitoring conducted	Proportion of tests on maize and wheat flour complying with food fortification standards	N/A	38	38	40	45	50
	Kenya National Public Health Institute	Kenya National Public Health Institute operationalized	Human Resource Instruments Developed	N/A	N/A	0	1	0	0
			Number of key personnel recruited	N/A	N/A	0	10	25	50
		Field response Missions conducted	Proportion of public health emergencies responded to	N/A	N/A	0	100	100	100
			Number of regional emergency operations centers established	N/A	N/A	11	7	12	17
			Number of surge	N/A	N/A	100	150	200	250

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26	
			health care workers trained on emergency response							
SP 1.7 Primary Health Care	Health Promotion Division	Health promotion guidelines (IES materials, advocacy, BCC) developed	Number of Guidelines developed	3	3	1	1	1	1	
		Community health services	Number of counties implementing community scorecard	N/A	N/A	15	25	35	47	
			Number of CHVs equipped with kits	N/A	N/A	25,000	50,000	75,000	100,000	
			Number of counties using e-CHIS to report	5	30	30	47	47	47	
	Primary Health Services Division	Primary care networks operationalized	Number of target hospitals accredited as hubs for the PHC Networks	47	6	94	141	141	141	
			Number of counties with functional primary care networks (PCNs)	12	6	27	35	47	47	
			Number of level 4-Sub- County hospitals equipped as hubs for PHC networks	2	0	8	24	47	47	
	Programme 2: National Referral Facilities and Specialized services									
	Programme Outcome: Increased access and range of quality specialized health care services									
S.P 2.1 National Referral & Health Services	Kenyatta National Hospital	Specialized health care services	Number of Heart surgeries done	150	326	359	395	434	478	
			Number of other cardiothoracic surgeries conducted	1024	1142	1142	1192	1250	1301	
			Number of Kidney Transplants	25	7	15	20	25	30	

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			conducted.						
			Number of minimally invasive surgeries done	5,756	6,044	6,044	6,144	6,244	6,344
			Number of patients undergoing specialized Burns treatment (OBD)	561	553	553	570	587	604
			Number of oncology sessions on (Chemotherapy and radiotherapy)	41,970	39,971	40,171	40,372	40,574	40,776
		Health Research disseminated	Number of briefs to inform national policy	1	2	2	3	5	7
		Average waiting time for specialized diagnostic and treatment services reduced	Average Length of Stay (ALOS) for trauma patients (days)	36	39.7	38.7	37	35	32
			Average waiting time for kidney transplant (days)	90	90	90	80	70	60
			Average waiting time (days) for radiotherapy	11	17.5	17.5	17.3	17	16.8
			Average waiting time (days) for chemotherapy	18	14	14	13.5	12	10.5
		Multidisciplinary Outreaches Conducted	Number of Multidisciplinary Outreaches with Counties	379	61	381	381	390	397
	Mwai Kibaki Hospital	Specialized health care services	Number of minimally invasive surgeries done	746	1398	1468	1541	1618	1699
			Number of NCD screening sessions	104	104	104	130	163	196
			Number of specialized clinics available in the	18	21	21	23	24	26

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			facility						
			Average length of stay for trauma patient (days)	15	17.8	17.8	17.3	17.1	16.7
			Number of oncology sessions on (Chemotherapy and radiotherapy)	N/A	943	943	1056	1320	1650
		Health Research disseminated	Number of briefs disseminated to inform national policy	N/A	N/A	N/A	1	2	3
		Multidisciplinary Outreaches Conducted	Number of Multidisciplinary Outreaches with Counties	20	22	25	27	29	31
	Mama Margaret Uhuru Hospital	Specialized healthcare services	Number of new specialized clinics established	3	3	3	4	6	8
Number of minimally invasive surgeries done			N/A	N/A	N/A	104	110	121	
Number of oncology sessions on (Chemotherapy and radiotherapy)			N/A	N/A	N/A	52	57	63	
Health research disseminated		Number of briefs to inform national policy	N/A	N/A	N/A	1	2	3	
Multidisciplinary Outreaches Conducted		Number of Multidisciplinary Outreaches with Counties	13	12	12	14	16	18	
	Moi Teaching and Referral Hospital	Reduced Average Waiting Time for Treatment and Specialized Diagnostic	Average Length of Stay for Orthopedic Surgery (Trauma Patients) Days	12	11.7	11.5	11.4	11.3	11.2
			Average Length of Stay for Pediatric Burns Patients(days)	34.1	31.8	31.5	31.2	31.1	30.9

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		Services	Average waiting time (days) for Radiotherapy	14	13	12	11	10	9
		Specialized Healthcare Services	Number of Kidney Transplants undertaken	12	14	15	16	17	18
			Number of Minimally Invasive Surgeries	2,500	2,718	2,750	2,800	2,850	2,900
			Number of Chemotherapy sessions done	16,145	16,670	16,816	16,850	16,870	16,890
			Number of Open-Heart Surgeries conducted	17	12	23	25	27	30
			Number of External Beam Radiotherapy Sessions.	420	10004	10050	10100	10150	10200
			Number of Brachytherapy Sessions	36	131	135	137	139	141
			Number of Corneal Transplants conducted	9	9	10	11	12	13
			Number of Hemodialysis Sessions for Children.	1,900	2,132	2,150	2,170	2,200	2,250
			Number of Briefs to inform National Policy	250	333	345	355	365	375
			Health Research disseminated	Number of Research Papers Published	22	21	22	25	27
		Number of Briefs to inform National Policy		1	3	3	4	5	6
		Multidisciplinary Outreaches Conducted	Number of Multi-disciplinary Outreaches with Counties	20	22	25	27	29	31
	Kenyatta University Teaching,	Specialized Health care Services	Number of Open Heart Surgeries conducted	4	13	24	30	36	42

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
	Referral and Research Hospital		Number of Kidney Transplants conducted	0	0	10	15	25	40
			Number of minimally invasive surgeries conducted	120	762	850	1000	1250	1350
			Number of patients on Hemodialysis	2400	2,556	2750	2900	3000	3100
			Number of patients receiving chemotherapy & radiotherapy treatment	13200	14272	14500	14900	15100	15300
			Number of specialized Gynecology procedures conducted	340	174	1000	1200	1400	1600
		Reduced Average Waiting Time for Treatment and Specialized Diagnostic Services	Average waiting time (days) for radiotherapy	17	18	16	14	12	10
			Average waiting time (days) for Chemotherapy	17	7	7	6	6	5
			ALOS for orthopedic patients' (days)	15	16	15	14	12	11
			ALOS (days) for surgery patients (days)	7	8	7	7	6	6
		Studies & Research conducted	Number of research conducted & completed	2	4	5	6	7	8
		Cancer Diagnosis & Treatment Services Provided	Number of PET Scan examinations conducted	1000	1169	4000	4500	5000	5500
			Number of SPECT CT-Scan examinations conducted	N/A	N/A	500	1000	1500	2000
			Number of	N/A	N/A	400	600	800	1200

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			Stereotactic Radiosurgeries conducted						
			Number of Brachytherapy sessions conducted	900	395	800	900	1000	1200
	Mathari National Teaching and Referral Hospital	Policies, Standards and Regulations developed to operationalize MNTRH	Number of instruments developed	4	4	2	3	3	3
		Specialized mental health services	Re-admission Rate (proportion of patients readmitted in a year)	N/A	N/A	0.5	0.4	0.3	0.3
			Average Length of Stay for inpatient (Days)	55	48	48	45	40	30
			Number of weekly community mental health outreaches conducted	100	84	100	100	100	100
			Percentage of patients in need of forensic services attended to	60	48	2	80	90	100
			Outpatient utilization rate (number of visits per person per year)	N/A	N/A	N/A	3	4	5
			Abandoned Patients Re-integrated into the community	Proportion of patients re-integrated into the community	80	70	85	90	95
		Studies and Research conducted	Number of research conducted on behavioural health system needs	5	10	15	20	25	30
		Spinal Injury Hospital	Specialized spine services	Out-patient spine services utilization	NA	NA	1	1.5	2

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			rate						
			ALOS for spine patients (days)	83.7	84	83.2	83.2	83	83
			Average waiting time for spine services(days)	NA	NA	270	210	180	150
			Proportion of patients re-integrated into community	NA	NA	50	60	80	100
SP 2.2. Health Infrastructure and Equipment	Health Infrastructure Management	MES Equipment installed and offering essential and critical health care services	Percentage of Public hospitals equipped with MES equipment achieving an uptime of 95%	100	100	100	100	100	100
		Kisii level 5 cancer center constructed	Percentage of completion rate	30	5	35	65	85	100
		East African Centres of excellence for skills & Tertiary Education established	Completion rate on construction works	75	51	51	75	85	100
		Kigumo Hospital upgraded to level 4 status	Completion rate of the upgrading works	50	18	50	78	82	100
		Regional cancer centres in kakamega and meru established	Completion rate of establishing the cancer centres	20	0	40	60	80	100
		UHC mobile portable clinics established	Number of mobile portable clinics completed	100	24	30	36	N/A	N/A

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		MOH equalization funds projects	Number of MOH equalization funds projects completed	84	34	50	39	11	11
		Assistive technology centre of excellence constructed	Completion rate of technology centre of excellence	N/A	N/A	25	50	75	100
		Construction and equipping of the state of the Art quality testing laboratory	Completion rate of the testing laboratory	N/A	N/A	5	20	50	100
SP 2.3 Health Products & Technologies	Division of Health Products and Technologies	Health products and technologies policies and guidelines developed (2 policies- National Pharmaceutical Policy and The HPT Donations Policy)	Percentage completion of development of the National Health Products and Technologies Policy	N/A	N/A	N/A	22%	47%	100%
			Proportion of donations made through the HPT donations portal	N/A	N/A	N/A	35%	50%	80%
			Proportion of Counties with HPT guidelines & strategies disseminated	N/A	N/A	55%	70%	85%	100%
		Technical assistance and capacity building to counties	Proportion of functional County Health Products and Technologies Units	N/A	N/A	50%	100%	0%	0%
			Proportion of staff capacity built on HPT supply chain management	240	10%	43%	76%	100%	N/A
		HPT Price transparency	HPT pricing reference database developed	50%	4%	28%	52%	76%	100%

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		Local manufacturing for HPT fast-tracked	Local manufacturing roadmap implemented	N/A	N/A	40%	60%	80%	100%
		Scaling up capacity by health facilities to produce oxygen	Number of health facilities with oxygen machines delivered and commissioned	15	0	10	10	10	1
	Kenya Medical Supplies Authority	Health Products & technologies availed	Percentage of order fill rate for HPTs	90	50	90	90	90	90
			Order turnaround time(days) PHFs	10	19.8	10	10	10	10
			Order turnaround time(days) Hospitals	7	14.7	7	7	7	7
			Percentage of last mile deliveries made to health facilities	100	99.3	100	100	100	100
		National Commodities Storage(supply chain) center established	% completion rate (Initial Contract)	90	91	97	100	N/A	N/A
			% completion rate (remeasured Contract)	100	71.6	100	100	N/A	N/A
		Equipping, Warehouse Layout, Automation & Operationalization of the New Warehouse	% of completion of operationalization	N/A	N/A	46.40	64.27	82.13	100.00
		Expansion and Operationalization of Kisumu Regional Distribution Centre	%ge of completion	N/A	N/A	50	70	100	N/A
		Expansion and Operationalization of Mombasa Regional Distribution Centre	%ge of completion of	N/A	N/A	N/A	50	70	100

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		Mombasa Regional Distribution Centre							
		Establishment of Meru/Isiolo Regional Distribution Centre	%ge of completion	N/A	N/A	N/A	N/A	20	50
			Meru/Isiolo Regional Distribution Centre						
		Fencing and Operationalization of Eldoret Depot	%ge of completion	N/A	N/A	N/A	N/A	100	N/A
			Eldoret Regional Distribution Centre						
SP 2.4 National Blood Transfusion Services	National Blood Transfusion Service, Tissue and Human Organ Transplant	Blood transfusion services	Number of blood and blood components availed for transfusion	400,000	273,349	400,000	450,000	500,000	550,000
			Number of KNBTTs establishments with capacity to collect blood	35	48	55	60	65	70
			Number of transfusing facilities using Damu KE platform for Accountability and Traceability of blood and blood products	N/A	N/A	250	350	450	550
		Registration of Transfusing facilities	N/A	N/A	160	360	560	600	
	Forensic and Pathology services	Forensic services for administration of justice	Proportion of Clinical and forensic autopsies performed	100%	100%	100%	100%	100%	100%
			Proportion of Expert opinions given	100%	100%	100%	100%	100%	100%
			Proportion of exhumations performed for medical	100%	100%	100%	100%	100%	100%

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			forensics						
			Proportion of Criminal related death scenes viewed.	100%	100%	100%	100%	100%	100%
		Histology and Pathology services	Percentage of Histocytology examination for cancer diagnosis carried out	40%	60%	60%	70%	80%	100%
			Proportion of scientific interpretations of pathology results for clinical decisions	40	10	10	10	10	15
	Pharmacy Services	Quality Health Products and Technologies services	Number of essential HPT lists reviewed	N/A	N/A	3	2	N/A	N/A
			Proportion of essential HPT lists Disseminated to counties	N/A	N/A	30%	70%	100%	N/A
			Pharmaceutical care services strategy developed	N/A	N/A	0%	60%	100%	N/A
	Nursing services	Critical care services	Number of nurses sponsored for critical care services training	150	20	200	250	300	350
	Ophthalmic Services	Expanding specialized eye care services	Number of New Diabetic eye care centers established in 10 facilities	5	1	3	6	9	10
			Number of Centers offering Refractive Low Vision Services	15	0	5	10	15	N/A
		Eye health infrastructure upgraded	Number of eye Health Facilities Rehabilitated	10	0	2	4	8	10
	Oral health services	Dental amalgam phase down	National plan developed for amalgam phase down	1	0	1	1	N/A	N/A

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			Number of amalgam phase down tools developed	9	0	4	4	4	1
	Rehabilitative Services	Counties supported to implement the Disability Medical Assessment and Categorization Guidelines	Proportion of counties supported to implement Disability Medical Categorization	N/A	N/A	10	20	30	42
		Operationalize National Assistive Technology (AT) Centre of Excellence	Number of AT policies developed	N/A	N/A	2	3	1	N/A
	Division of traditional and alternative medicine	Policy guidelines and regulatory framework for traditional and alternative medicine (TAM) services established	Percent completion of the Traditional & Alternative Medicine Policy guideline	50%	40%	60%	90%	100%	0%
			Percent completion of the Traditional and alternative medicine Bill	50%	30%	40%	60%	80%	100%
	Clinical Services	Operationalization of Health and wellness center	Approved guideline for operationalization of Wellness Centre	1	0	1	N/A	N/A	N/A
		Health & wellness center for staff mainstreamed to all MDAs	proportion of Health and wellness centers mainstreamed into MDAs	22	1	21	40	60	100
	Orthopedics and Trauma Unit	Health Legislation on Orthopedic	% completion of Orthopedics & Trauma bill	N/A	N/A	40%	60%	80%	100%

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		Trauma Technologist and Technician Bill							
	Radiology & Medical Diagnostic Services	Operationalization of Radiographers act	Of implementation of the Radiographers Act	N/A	N/A	30%	60%	90%	100%
SP2.5. Social Protection in Health	UHC Secretariat	Population service Coverage	Service coverage index	92	80.7	85	88	90	92
			Number of Households Covered under UHC Scheme (Millions)	1.5	1	1.5	2.5	3.6	5.3
		Service Access increased	Service Access Index	92	83	85	88	90	92
	Division of Health-Care Financing	Facility Improvement Fund (FIF) Guideline disseminated to County Health Management Teams	Number of Counties sensitized on FIF guideline.	N/A	N/A	15	15	17	N/A
		Standard county Facility Improvement Fund Bill developed	Standard Facility Improvement Fund bill developed and shared with Counties	N/A	N/A	N/A	1	N/A	N/A
		Capacity building of 100 health care providers in Health care financing and strategic purchasing for health care	Number of health care providers trained in strategic purchasing for health care services	N/A	N/A	N/A	50	100	N/A

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		services							
	NHIF	Reduced financial barriers to access to healthcare	Number of indigent accessing UHC government sponsored scheme (Millions)	1	1	1.5	2.5	3.6	5.3
			% indigent Population with social Health Insurance	62%	55%	72%	75%	79%	84%
			Number of indigents on HISP	253,400	253,400	253,400	354,760	496,664	695,330
			Number of elderly & persons with severe disabilities accessing healthcare	58,800	58,800	58,800	58,800	82,320	115,248
			Number of elderly persons accessing Inua Jamii Subsidy program	484,086	0	677,720	948,808	1,328,331	1,859,664
			Number of mothers accessing healthcare services through the Linda mama program	1,231,200	1,186,004	1,285,720	1,285,720	1,414,292	1,697,150
			Average claims processing period (days)	27	23	27	21	18	14
Programme 3: Research and Development									
Health workers and professionals trained									
SP:3.1 Pre-service and In-service Training	Kenya Medical Training College	Health workers and professionals trained	Proportion of health professionals(cohort) certified	97	96	98	98	99	99
			Number of students enrolled	16,800	21,700	18,250	18,750	19,250	19,750
			Number of CHAS trained	600	700	1,000	1,200	1,350	1,500
			Number. of students attached to the primary health	4,000	8,000	10,000	12,000	7,500	8,000

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			facilities						
			Number of evidence-based policies developed	8	8	9	10	11	12
SP 3.2 Research and Development	Kenya Medical Research Institute	Research protocols approved	Number of New research protocols approved	224	162	178	194	210	226
			Number of ongoing Research Projects	520	522	500	550	600	650
		Research Findings Disseminated	Number of research Papers published	350	432	475	485	495	505
			Number of research Abstracts presented	166	174	191	196	201	210
			Number of Scientific & Health Conferences held	2	3	4	4	4	4
			Number of Evidence briefs developed	14	18	15	16	17	18
			No. of Students enrolled Msc& PhDs	60	88	60	60	60	60
		Research and innovation	Number of Diagnostic kits produced	768,471	499,433	293,000	313,510	335,456	358,939
			Number of Specialized laboratory tests conducted	1,629,082	638,427	563,242	559,242	555,242	551,242
			Partnerships & Collaborations established	44	44	86	86	88	90
	completed capital projects	Completion rate	100	55	100	100	100	100	
	Kenya Biovax Institute	Human vaccine Fill and Finish facility established	Percentage completion rate of human vaccine fill-and-finish facility	N/A	N/A	50	100	N/A	N/A
		Human vaccine bulk production facility	Percentage completion rate of human vaccine bulk production facility	N/A	N/A	N/A	N/A	40	100

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		established							
		Vaccine Research & Development centre established	Percentage completion rate of Research & Development centre	N/A	N/A	N/A	10	50	100
		Technology transfer of HPTs acquired	Number of technology transfers agreements	N/A	N/A	1	2	1	2
		Locally manufactured HPTs	Number of locally manufactured HPTs	N/A	N/A	N/A	1	3	4
		Personnel trained in specialised HPTs manufacturing and management	Proportion of personnel trained in specialised HPTs manufacturing and management	N/A	N/A	100	100	100	100
		Staff recruited	Proportion of staff recruited	6	6	13	15	29	23
		Quality Management Systems established	Percentage completion rate of quality management systems established	N/A	N/A	50	100	N/A	N/A
		Partnerships & Collaborations established	Number of partnerships and collaborations	N/A	N/A	4	6	10	10
Programme 4: General Administration, Planning and Support Services									
Programme Outcome: Strengthen Governance and Leadership in the State Department									
4.1 General Administration	General Administration Services	Coordination of support services	Number of workplace policies developed and implemented	2	2	5	5	5	5
			Proportion of complaints addressed within 21 days from lodge	N/A	N/A	N/A	100%	100%	100%
			Client satisfaction index	N/A	N/A	N/A	80%	80%	90%

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		Coordination of Donations	Guideline for donations management developed and implemented	N/A	N/A	1	1	1	1
	ICT Services	ICT networking and equipment provided	Ratio of staff to functional computers/laptops	N/A	N/A	3:01	2:01	1:01	
			Proportion of institutions with functional LAN and WAN	N/A	N/A	N/A	50%	75%	100%
	Human Resource Management & Development division	Capacity building of health care workers	Number of health care workers recruited	1119	605	0	146	34	54
			Number of health care workers placed on internship.	9500	4165	9500	4500	5000	5500
			Percentage of in-post employees trained	6%	10%	15%	22%	33%	55%
		Operational efficiency in state corporations under Ministry of Health	Percentage of state corporations Organization structures reviewed.	N/A	N/A	15%	74%	100%	N/A
	Technical Services	Kenya Health Sector directors caucus operationalised	Proportion recommendations implemented	N/A	N/A	100%	100%	100%	100%
		Regional and International health governance forums facilitated	Proportion of Resolution implemented	N/A	N/A	100%	100%	100%	100%
		Health statistics	Number of publications on	N/A	N/A	2	2	2	2

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		published	Medically Certified Cause of Death (MCCoD) statistics						
			Publish annual health statistics	N/A	N/A	1	1	1	1
SP4.2: Financing and planning	Finance division	Coordination of budget preparation and reporting	Percentage of allocated funds utilized as per plan	100%	93.70%	100%	100%	100%	100%
			Number of quarterly budget reports submitted	4	4	4	4	4	4
		Collection of public health sector financial resources increased	Total AIA collected(KSH.B)	16	17.3				
	Central Planning & Projects Monitoring Unit	Coordination of national development	Number of policy briefs prepared	4	9	9	10	10	10
			Number of capital projects monitored for progress	2	4	4	4	4	4
			Number of Counties trained on planning, budgeting and M & E	47	20	47	47	47	47
			Number of SAGAs and regulatory bodies sensitized on planning, budgeting and M & E	15	7	15	15	15	15

STATE DEPARTMENT FOR STANDARDS AND PROFESSIONAL MANAGEMENT

Table 3.1: Programmes /Sub Programmes, Outcomes, Outputs and Key Performance Indicators

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target (2024/25)	Target (2025/26)
Program name: Health Policy, Standards and Regulations									
Programme Outcome: Strengthened Health Policy, Standards and Regulations									
SP 1.1: Health Policy	Department of Health Policy	Policies developed	Number of policies developed	N/A	N/A	0	1	1	1
	Department of Health Informatics	End-to-end Digital Health Platform implemented	Proportion of level 4 public health facilities equipped with ICT infrastructure	N/A	N/A	10	20	30	40
			Proportion of level 4,5,&6 public health facilities implementing the digital health platform	N/A	N/A	20	40	60	80
		Health databases migrated to the National Health Data Centre	Proportion of health databases migrated to the National Health Data Centre	N/A	N/A	30	60	100	100
SP1.2 Health Standards and Regulation	Division of Patient and Healthcare Worker Safety	Anti-Microbial Resistance (AMR) surveillance system strengthened	Number of medical laboratories with capacity to detect and report on Antimicrobial Resistance	17	17	21	25	29	34

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		Health facilities with capacity to report on Infection Prevention and Control (IPC) indicators	Proportion of health facilities (level 4-6) reporting on IPC indicators through KHIS	N/A	N/A	10	25	50	100
	Division of Norms and Standards	Health Norms and Standards/Guidelines developed	Number of Norms and Standards developed	1	1	1	1	1	1
			Number of Guidelines developed	1	0	1	1	1	1
	Division of Legislation/Regulation	Coordination of Health Act, 2017 operationalized	Number of Bills /Regulations developed	3	2	2	2	2	2
	Division of Quality Assurance	Quality of Care Certification Framework implemented	Proportion of inspected health facilities that are compliant to Kenya Quality Model for Health (KQMH) standards	N/A	N/A	45	50	55	60
		Kenya Quality of Healthcare Authority established	Kenya Quality of Healthcare Authority in place	N/A	N/A	0	1	0	0

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target (2024/25)	Target (2025/26)
	Kenya Health Professions Oversight Authority	Compliance to set norms and standards of training and health care services	Proportion of health facilities compliant to norms and standards of healthcare delivery	13	7	20	50	80	100
Proportion of training institutions compliant to norms and standards of training			33	23	50	50	80	100	
Proportion of internship training hospitals compliant to set norms and standards			25	20	50	75	85	100	
Proportion of health facilities graded based on implementation of quality of care indicators			20	0	20	40	60	80	
Competent Health Professionals		Proportion of health professionals in the duplicate register with valid practice licence	N/A	N/A	50	60	80	100	

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			Number of unregulated health professionals registered	N/A	N/A	500	1500	2500	4000
		Patient Complaints and Disputes from Regulatory Bodies and Aggrieved Parties resolved	Proportion of complaints and disputes received and handled	100	100	100	100	100	100
	Kenya Health Human Resource Advisory Council (KHHHRAC)	Master register for all health practitioners developed and maintained	Percentage uniform norms and standards for master register for all health practitioners developed	50	20	N/A	50	95	100
			Percentage master register for all health practitioners developed	30	10	N/A	30	50	65
		National Health Workforce Accounts (NHWA) in the County implemented	Percentage of counties implementing iHRIS	25	100	N/A	45	60	75
			Percentage of counties implementing the NHWA	100	75	N/A	80	85	90
			Percentage of faith based and private health facilities implementing	10	0	20	5	7	8

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target (2024/25)	Target (2025/26)
			NHWA						
		Training on Workload Indicators for Staffing Needs (WISN) done	Number of Counties trained on WISN	3	12	20	30	35	40
			Number of Counties where WISN has been carried out	N/A	12	N/A	20	30	35
		Policies on management of healthcare workers developed	Percentage completion of Framework for Management of Specialist Healthcare Workers	N/A	N/A	50	90	95	100
			Percentage completion of Kenya Health Workforce Migration Policy	N/A	N/A	50	90	95	100
		Kenya National Healthcare Workforce Commission established	Percentage completion of legal notice on establishment of the Kenya National Healthcare Workforce Commission	N/A	N/A	80	95	100	N/A

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			Percentage implementation of legal notice on establishment of the Kenya National Healthcare Workforce Commission	N/A	N/A	80	90	95	100
			Percentage completion of Draft Parliamentary Bill on Kenya National Healthcare Workforce Commission	N/A	N/A	50	80	90	100
	Kenya Medical Practitioners and Dentist Council	Competent Health Professionals	Number of Medical and dental Officer Interns placed	1,300	668	900	995	1,000	1,100
			Number of newly registered practitioners	1,300	1,136	1,193	1,253	1,316	1,382
			Number of practitioners licensed.	10,400	10,031	11,224	12,477	13,793	15,175
		Compliance to set standards of training and healthcare services	Proportion of Medical, dental internship and specialist training Centres inspected.	100	76	100	100	100	100

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target (2024/25)	Target (2025/26)
			Number of compliance inspections carried out	100	52	100	100	100	100
			Proportion of determined malpractice cases	N/A	N/A	75	85	90	95
	Nursing Council of Kenya	Competent health professionals	Proportion of nurses and midwives with valid practising licence	100	50	55	58	60	62
Number of eligible candidates examined			8,000	12,418	9,500	9,800	10,000	10,500	
Number of nurses and midwives newly registered			8,857	6,238	7,600	8,330	8,700	9,450	
Compliance to set standards of training institutions and health facilities		Proportion of training institutions that are compliant to set norms and standards	100	80	100	100	100	100	
		Number of health facilities compliance inspections carried out	200	235	235	300	400	500	

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
		Career growth and development	Number of nurses and midwives exported to work in UK Under the UK -Kenya BLA	200	17	450	450	450	450
	National Quality Control laboratory	Access to Quality drugs and medical devices	Proportion of medical drugs tested for quality ,for safety of citizens	100	69.4	75	80	85	95
Proportion of medical devices tested for quality , for safety of citizens			100	10	50	65	80	90	
Proportion of GMP (good manufacturing practices) surveys done on manufacturers of drugs and medical devices that did not meet the standards in a year.			50	0	50	80	90	100	
	Tobacco Control Board	Reduction in tobacco and nicotine related diseases	Number of Policies, strategies and guidelines developed and disseminated	3	2	2	5	5	5

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
			Number of tobacco control policy briefs developed	8	3	3	5	5	6
			Number of public health facilities capacity built to offer tobacco cessation and rehabilitation services	N/A	N/A	0	5	15	15
	Kenya Board of mental health	Improved quality of mental health care in the country	Number of mental health units inspected against WHO Quality Rights standards	4	4	1	5	10	15
SP 1.3 Health Sector Coordination	Directorate of Health Sector Coordination & Intergovernmental Affairs	Intergovernmental coordination	Number of intergovernmental participatory agreement signed	1	1	1	1	1	2
		Kenya Health Sector Fora held to discuss achievements and challenges in the sector.	Number of Kenya Health Sector Fora held	1	0	1	1	1	1
	Division of International Health Relations	Diplomatic health relations	Number of countries with health related MOUs with Kenya	4	4	4	4	4	4

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target (2024/25)	Target (2025/26)
	Division of Partnership Coordination	Partnership & Coordination Framework Operationalized	Proportion of Counties implementing the partnership framework	50	50	100	100	100	100
		Kenya – Cuba Doctors partnership	Number of Cuban in Kenyan hospitals	83	83	83	83	83	83
		Global Fund Kenya Coordinating Mechanism (KCM) Secretariat	Global Fund Activities coordinated	Quarterly Kenya coordinating mechanism meetings with the GF funded programs	4	4	4	4	4
SP1.4: General Administration & Human Resource Management and Development	General Administration Services	Coordination of support services	Number of workplace policies developed and implemented	2	2	5	5	5	5
			Proportion of complaints addressed within 21 days from lodge	N/A	N/A	N/A	100	100	100
			Client satisfaction index	N/A	N/A	N/A	100	100	100
		Coordination of Donations	Guideline for donations management developed and implemented	N/A	N/A	1	1	1	1

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target 2024/25	Target 2025/26
	ICT Services	ICT networking and equipment provided	Ratio of staff to functional computers/laptops	N/A	N/A	03:01	02:01	01:01	
			Proportion of institutions with functional LAN and WAN	N/A	N/A	N/A	50%	75%	100%
	Human Resource Management & Development division	Capacity building of health care workers	Number of health care workers recruited	1119	605	0	146	34	54
			Number of health care workers placed on internship.	9500	4165	9500	4500	5000	5500
			Percentage of in-post employees trained	6	10	15	22	33	55
		Operational efficiency in state corporations under Ministry of Health	Percentage of state corporations Organization structures reviewed.	N/A	N/A	15	74	100	N/A
	Technical Services	Kenya Health Sector directors caucus operationalised	Proportion recommendations implemented	N/A	N/A	100	100	100	100
		Regional and International health governance forums facilitated	Proportion of Resolution implemented	N/A	N/A	100	100	100	100

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target (2024/25)	Target (2025/26)
SP1.5: Financing and planning Services	Finance division	Coordination of budget preparation and reporting	Percentage of allocated funds utilized as per plan	100	93.7	100	10	100	100
			Number of quarterly budget reports submitted	4	4	4	4	4	4
		Collection of public health sector financial resources increased	Total AIA collected(KSH.B)	16	17.3				
	Central Planning & Projects Monitoring Unit	Coordination of national development	Number of policy briefs prepared	4	9	9	10	10	10
			Number of capital projects monitored for progress	2	4	4	4	4	4
			Number of Counties trained on planning, budgeting and M & E	47	20	47	47	47	47
		Comprehensive Kenya Health Information System on UHC implemented	Proportion of counties that have implemented the Information System on UHC	N/A	N/A	30	50	70	100
			Proportion of KHIS uptime in a month	100	100	100	100	100	100

	Delivery Unit	Key Output	Key Performance Indicators	Target 2021/22	Actual Achievement 2021/22	Target (Baseline) 2022/23	Target (2023/24)	Target (2024/25)	Target (2025/26)
		Health statistics published	Number of publications on Medically Certified Cause of Death (MCCoD) statistics	N/A	N/A	2	2	2	2
			Publish annual health statistics	N/A	N/A	1	1	1	1
		Health Household Expenditure Utilization Survey (HHEUS) undertaken	Health Household Expenditure Utilization Survey (HHEUS) in place	0	0	N/A	1	N/A	
		National Health Accounts	National Health Accounts in place	1	1	1	1	1	1
		Health Facility Assessment Survey	Health Facility Assessment Survey in place	1	1	1	1	1	1

3.1.3. Programmes by Order of Ranking

For allocation of resources, the five programmes in the sector will be prioritized according to their impact towards the population health and well-being. The programmes as ordered per their rank are as follows;

1. Preventive, Promotive and RMNCAH Services
2. Health Policy, Standards and Regulations
3. National Referral and Specialized Health Services
4. Health Research and Development
5. General Administration and Support Services

3.1.4. Resource Allocation Criteria

The following will be considered during the allocation of resources to the various programmes:

a) Recurrent Expenditure

- i. These estimates are based strictly on staff members who in-post. The Estimates were guided by the allocation for the FY 2022/23 approved estimates and in some cases the actual expenditures on the compensation of employees for the FY 2021/22;
- ii. These estimates also factor in wage drifts of 3 percent in order to cater for (promotions and annual growth).
- iii. The Estimates also take into account recruitment which was factored in the middle of implementation of the FY 2022/23 if any
- iv. The Estimates take into account the recruitment of interns
- v. Employer NSSF Contribution for employees on contract
- vi. Estimates for registered CBAs
- vii. These estimates are based strictly on staff members who in-post. The Estimates were guided by the allocation for the FY 2022/23 approved estimates and in some cases the actual expenditures on the compensation of employees for the FY 2021/22;
- viii. These estimates also factor in wage drifts of 3 percent in order to cater for (promotions and annual growth).
- ix. The Estimates also take into account recruitment which was factored in the middle of implementation of the FY 2022/23 if any
- x. The Estimates take into account the recruitment of interns

- xi. Employer NSSF Contribution for employees on contract
- xii. Estimates for registered CBAs

b) Development Expenditure

- 1) Provision for the ongoing projects/policies;
- 2) New priorities in accordance with the fifth Administration
 - Universal Health Coverage
 - Co-funding of strategic programmes for HIV, TB, Malaria, family planning, nutrition, immunization
 - Integration of Health Information Management Information System
 - Seed fund for strategic health programmes
- 3) Provision for the new policies/ Presidential Directives where possible;
- 4) Provision for the defined conditional grants;
- 5) provision for the ongoing Big Four projects;
- 6) Consideration of Counterpart funding;
- 7) Provision for the Development Partner projects requirements based on the Estimates submitted by the RMD;
- 8) Government flagship projects;
- 9) Linkage of the projects with the MTP priorities; and
- 10) Provision for the pending bills

3.2. ANALYSIS OF SECTOR RESOURCE REQUIREMENTS VS ALLOCATIONS

Table 3.1: Sector & Sub-Sector Recurrent Requirements/Allocations (Amount KSh. Million)

Economic Classification	Baseline Estimates 2022/23	REQUIREMENT			ALLOCATION		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	68,503	117,685	140,886	161,737	80,375	83,512	87,719
AIA	19,665	23,729	24,969	26,273	25,185	25,286	26,420
NET	48,838	93,956	115,918	135,464	55,190	58,226	61,300
Compensation to Employees	13,535	25,653	37,421	47,935	14,125	14,549	14,986
Transfers, Grants and Subscription	52,544	83,776	93,086	104,453	63,221	65,793	69,461
Other Recurrent	2,424	8,255	10,380	9,350	3,028	3,169	3,272
<i>of Which</i>	-	-	-	-	-	-	-
<i>Utilities</i>	227	247	269	293	247	269	293
<i>Rent</i>	39	43	47	51	43	47	51
<i>Insurance</i>	-	-	-	-	-	-	-
<i>Subsidies</i>	-	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-	-
<i>Contracted Guards and Cleaners services</i>	92	100	109	119	100	109	119
<i>Others .</i>	2,066	7,865	9,954	8,886	2,638	2,744	2,809
STATE DEPARTMENT FOR STANDARDS AND PROFESSIONAL MANAGEMENT							
Economic Classification	Baseline Estimates 2022/23	REQUIREMENT			ALLOCATION		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	5,017	16,671	28,945	39,867	6,609	6,820	7,093
AIA	293	841	881	924	838	887	938
NET	4,724	15,830	28,064	38,943	5,771	5,933	6,155
Compensation to Employees	3,765	13,368	25,188	35,747	4,438	4,450	4,462
Transfers, Grants and	796	1,561	1,699	1,826	1,515	1,614	1,875

Other Recurrent	456	1,742	2,058	2,294	656	756	756
of Which							
Utilities	79	86	94	102	86	94	102
Rent	22	24	26	28	24	26	28
Insurance							
Subsidies							
Gratuity							
Contracted Guards and Cleaners services	25	27	30	32	27	30	32
Others .	330	1,605	1,908	2,130	519	606	593
STATE DEPARTMENT FOR MEDICAL SERVICES							
Economic Classification	Baseline Estimates 2022/23	REQUIREMENT			ALLOCATION		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	63,486	101,014	111,941	121,871	73,766	76,692	80,626
AIA	19,372	22,888	24,088	25,349	24,347	24,399	25,482
NET	44,114	78,126	87,854	96,522	49,419	52,293	55,144
Compensation to Employees	9,770	12,285	12,232	12,188	9,687	10,099	10,523
Transfers, Grants and Subscription	51,748	82,215	91,387	102,627	61,707	64,180	67,587
Other Recurrent	1,968	6,513	8,322	7,056	2,372	2,413	2,516
of Which							
Utilities	148	161	175	191	161	175	191
Rent	17	19	21	23	19	21	23
Insurance							
Subsidies							
Gratuity							
Contracted Guards and Cleaners services	67	73	80	87	73	80	87
Others .	1,736	6,261	8,046	6,756	2,119	2,138	2,216

Table 3.2: Sector & Sub-Sector Development Requirements/Allocations (Amount KSh. Millions)

Category	Approved Estimates 2022/23	REQUIREMENTS			ALLOCATIONS		
		2023/24	'2024/25	2025/26	2023/24	2024/25	2025/26
Gross	54,016	104,298	95,290	80,818	73,636	80,574	86,048
GOK	33,646	78,921	78,782	72,618	40,024	44,613	47,884
Loans	12,613	14,244	11,577	2,500	23,112	18,691	928
Grants	7,758	11,133	4,931	4,200	10,500	17,270	37,236
Local AIA							

STATE DEPARTMENT FOR MEDICAL SERVICES

Category	Approved Estimates 2022/23	REQUIREMENTS			ALLOCATIONS		
		"2023/24	'2024/25	"2025/26	"2023/24	'2024/25	"2025/26
Gross	54,016	104,098	95,090	80,618	73,286	80,074	85,248
GOK	33,646	78,721	78,582	72,418	39,674	44,113	47,084
Loans	12,613	14,244	11,577	2,500	23,112	18,691	928
Grants	7,758	11,133	4,931	4,200	10,500	17,270	37,236
Local AIA							

STATE DEPARTMENT FOR STANDARDS AND PROFESSIONAL MANAGEMENT

Category	Approved Estimates 2022/23	REQUIREMENTS			ALLOCATIONS		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	-	200	200	200	350	500	800
GOK	-	200	200	200	350	500	800
Loans							
Grants							
Local AIA							

Table 3.3: Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Requirements (Amount KSh. Million)

STATE DEPARTMENT FOR MEDICAL SERVICES												
Programme Details	Approved Estimates 2022/23			'2023/24			'2024/25			'2025/26		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 1 - Preventive, Promotive and RMNCAH												
SP1.1 - Communicable Disease Control	1,178	6,792	7,970	1,549	21,317	22,866	1,908	16,066	17,974	2,279	9,176	11,455
SP1.2 - Non Communicable diseases prevention and control	289	3,821	4,110	553	3,920	4,473	887	3,409	4,296	1,196	2,200	3,396
Sub-Programme 1.3 : Radiation Safety and Nuclear Security	180	-	180	413	-	413	421	-	421	433	-	433
SP1.4 - RMNCAH	143	22,913	23,055	146	11,449	11,595	149	10,253	10,402	152	10,285	10,437
SP1.5 - Environmental Health	385	80	465	2,894	2,254	5,148	3,117	2,027	5,144	2,700	2,025	4,725
SP1.6 - Disease Surveillances	18	9,256	9,274	3,783	21,811	25,594	4,909	15,127	20,036	3,768	3,200	6,968
SP1.7 - Primary Health Care	-	-	-	2,881	-	2,881	3,088	-	3,088	3,219	-	3,219
Total Expenditure Programme 1	2,193	42,861	45,054	12,219	60,751	72,969	14,478	46,882	61,360	13,748	26,886	40,634
Programme 2 - National Referral & Specialised services												

SP2.1 - National Referral Health Services	37,160	2,882	40,041	50,223	13,640	63,863	53,320	6,325	59,645	57,596	3,530	61,126
SP2.2 - Specialized Medical Equipment	-	6,296	6,296	-	7,812	7,812	-	7,205	7,205	-	7,205	7,205
SP2.3 - Health Products and Technologies	2,478	428	2,906	4,983	1,429	6,412	5,180	-	5,180	5,381	-	5,381
Sub-Programme 2.4 : National Blood Transfusion Services	258	-	258	516	3,424	3,940	664	2,812	3,476	821	-	821
SP2.5- Social Protection	6,984	-	6,984	13,339	22,714	36,053	16,554	30,086	46,640	21,122	37,393	58,515
Total Expenditure Programme 2	46,879	9,606	56,485	69,060	49,019	118,079	75,718	46,428	122,146	84,920	48,128	133,048
Programme 3 - Health Research and Development												
SP3.1 - Pre-Service and In-Service Training	7,859	636	8,495	10,035	672	10,707	11,235	302	11,537	12,128	-	12,128
SP3.2 - Health Research	2,991	913	3,904	5,126	5,090	10,216	6,046	4,040	10,086	6,794	1,604	8,398
Total Expenditure Programme 3	10,850	1,549	12,399	15,161	5,762	20,923	17,281	4,342	21,623	18,922	1,604	20,526
Programme 4 - Administrative & Support Services												

SP 4.1 : General Administrati on & Human Resource Managemen t and Developmen t	2,650	-	2,650	3,765	-	3,765	3,763	-	3,763	3,695	-	3,695
SP 4.2 : Finance and Planning	873	-	873	765	-	765	654	-	654	537	-	537
SP 4.3 : Health Financing Relations	42	-	42	44	-	44	46	-	46	49	-	49
Total Expenditur e Programme 4	3,564	-	3,564	4,574	-	4,574	4,464	-	4,464	4,280	-	4,280
TOTAL VOTE	63,486	54,016	117,502	101,014	115,532	216,546	111,941	97,652	209,593	121,871	76,618	198,489
STATE DEPARTMENT FOR STANDARDS AND PROFESSIONAL MANAGEMENT												
Programme Details	Aproved Estimates 2022/23			'2023/24			'2024/25			'2025/26		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 5- Health Policy, Standards and Regulations.												
SP 5.1 : Health Policy	3,285	-	3,285	3,589	200	3,789	3,711	200	3,911	3,837	200	4,037
SP 5.2 : Standards Regulations and Professional Managemen t	1,180	-	1,180	2,519	-	2,519	2,862	-	2,862	3,134	-	3,134
SP 5.3 : Health Sector Coordinatio	552	-	552	502	-	502	533	-	533	560	-	560

n												
SP 5.4 General Administrati on and Human Resource Managemen t and Developmen t				9,999	-	9,999	21,761	-	21,761	32,241	-	32,241
SP 5.5 Finance and Planning				63	-	63	77	-	77	95	-	95
Total Expenditur e Programme 1	5,017	-	5,017	16,671	200	16,871	28,945	200	29,145	39,867	200	40,067
TOTAL HEALTH SECTOR	68,503	54,016	122,519	117,685	115,732	233,417	140,886	97,852	238,738	161,737	76,818	238,555

Table 3.4: Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Allocation (Amount KSh. Million)

STATE DEPARTMENT FOR MEDICAL SERVICES												
Programme Details	Approved Estimates 2022/23			'2023/24			'2024/25			'2025/26		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 1 - Preventive, Promotive and RMNCAH												
SP1.1 - Communicable Disease Control	1,178	6,792	7,970	1,268	8,515	9,783	1,548	9,265	10,813	1,548	6,119	7,667
SP1.2 - Non Communicable diseases prevention and control	289	3,821	4,110	360	3,115	3,475	362	2,150	2,512	390	800	1,190
Sub-Programme 1.3 : Radiation Safety and Nuclear Security	180	-	180	274	-	274	279	-	279	314	-	314
SP1.4 - RMNCAH	143	22,913	23,055	143	11,886	12,029	159	18,598	18,757	159	32,219	32,378
SP1.5 - Environmental Health	385	80	465	1,156	456	1,612	1,360	290	1,650	1,439	721	2,160
SP1.6 - Disease Surveillance	18	9,256	9,274	152	17,798	17,950	254	15,904	16,158	304	9,825	10,129
SP1.7 - Primary Health Care	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditure Programme 1	2,193	42,861	45,054	3,352	41,770	45,122	3,961	46,207	50,168	4,153	49,684	53,837
Programme 2 - National Referral & Specialised services												

SP2.1 - National Referral Health Services	37,160	2,882	40,041	43,327	5,142	48,469	44,864	4,709	49,573	46,801	3,311	50,112
SP2.2 - Specialized Medical Equipment	-	6,296	6,296	-	7,470	7,470	-	7,060	7,060	-	6,450	6,450
SP2.3 - Health Products and Technologies	2,478	428	2,906	3,990	310	4,300	4,097	350	4,447	4,357	-	4,357
Sub-Programme 2.4 : National Blood Transfusion Services	258	-	258	258	1,000	1,258	258	1,200	1,458	258	1,350	1,608
SP2.5- Social Protection	6,984	-	6,984	6,901	15,908	22,809	7,105	18,986	26,091	7,358	22,311	29,669
Total Expenditure Programme 2	46,879	9,606	56,485	54,475	29,830	84,305	56,323	32,305	88,628	58,774	33,422	92,196
Programme 3 - Health Research and Development												
SP3.1 - Pre-Service and In-Service Training	7,859	636	8,495	8,763	586	9,349	9,263	302	9,565	9,863	450	10,313
SP3.2 - Health Research	2,991	913	3,904	3,457	1,100	4,557	3,445	1,260	4,705	3,625	1,692	5,317
Total Expenditure Programme 3	10,850	1,549	12,399	12,220	1,686	13,906	12,708	1,562	14,270	13,488	2,142	15,630
Programme 4 - Administrative & Support Services												

Sub-Programme 4.1 : General Administration & Human Resource Management and Development	2,650	-	2,650	2,790	-	2,790	2,770	-	2,770	3,282	-	3,282
Sub-Programme 4.2 : Finance and Planning	873	-	873	873	-	873	873	-	873	873	-	873
Sub-Programme 4.3 : Health Financing Relations	42	-	42	56	-	56	56	-	56	56	-	56
Total Expenditure Programme 4	3,564	-	3,564	3,718	-	3,718	3,699	-	3,699	4,211	-	4,211
TOTAL VOTE	63,486	54,016	117,502	73,766	73,286	147,052	76,692	80,074	156,766	80,626	85,248	165,874

STATE DEPARTMENT FOR STANDARDS AND PROFESSIONAL MANAGEMENT

Programme Details	Approved Estimates 2022/23			'2023/24			'2024/25			'2025/26		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total

Programme 1- Health Policy, Standards and Regulations.

SP 5.1 : Health Policy	3,285	-	3,285	4,055	350	4,405	4,055	500	4,555	4,055	800	4,855
SP 5.2 : Standards Regulations and Professional	1,180	-	1,180	1,676	-	1,676	1,776	-	1,776	2,038	-	2,038

Management												
SP 5.3 : Health Sector Coordination	552	-	552	678	-	678	689	-	689	700	-	700
SP 5.4 General Administration and Human Resource Management and Development				150	-	150	208	-	208	197	-	197
SP 5.5 Finance and Planning				50	-	50	92	-	92	103	-	103
Total Expenditure Programme 1	5,017	-	5,017	6,609	350	6,959	6,820	500	7,320	7,093	800	7,893
TOTAL HEALTH SECTOR	68,503	54,016	122,519	80,375	73,636	154,011	83,512	80,574	164,086	87,719	86,048	173,767

Table 3.5: Programmes and Sub Programmes by Economic Classification (Amount KSh.Million)

STATE DEPARTMENT FOR MEDICAL SERVICES							
Economic Classification	Approved Estimates 2022/23	RESOURCE REQUIREMENT			RESOURCE ALLOCATIONS		
		2023/24	2024/25	'2025/26	2023/24	2024/25	'2025/26
Programme 1: Preventive, Promotive and RMNCAH							
Current Expenditure	2,193	12,219	14,478	13,748	3,352	3,961	4,153
Compensation to Employees	654	3,374	3,475	3,580	654	654	654
Use of Goods and Services	274	3,488	4,940	3,577	374	384	404
Grants and other Transfers	1,264	4,328	4,986	5,722	2,324	2,923	3,095
Other Recurrent	-	1,029	1,077	870	-	-	-
Capital Expenditure	42,861	60,751	46,882	26,886	41,770	46,207	49,684
Acquisition of Non-Financial Assets	2,758	621	571	822	-	-	-
Capital transfers to Govt Agencies	33,989	58,792	44,933	24,645	41,731	46,167	49,643
Other Development	6,114	1,338	1,378	1,420	39	40	41
Total Expenditure for Programme 1	45,054	72,969	61,360	40,634	45,122	50,168	53,837
Sub-Programme 1.1 : Communicable Disease Control							
Current Expenditure	1,178	1,549	1,908	2,279	1,268	1,548	1,548
Compensation to Employees	175	180	186	191	175	175	175
Use of Goods and Services	101	150	435	698	101	101	101
Grants and other Transfers	902	1,218	1,287	1,390	992	1,272	1,272
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	6,792	21,317	16,066	9,176	8,515	9,265	6,119
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	6,792	21,317	16,066	9,176	8,515	9,265	6,119
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	7,970	22,866	17,974	11,455	9,783	10,813	7,667
Sub - Programme 1.2 : Non Communicable diseases prevention and control							
Current Expenditure	289	553	887	1,196	359.9	361.9	389.9
Compensation to Employees	142	147	151	155	142.2	142.2	142.2
Use of Goods and Services	7	62	68	77	7.2	7.2	7.2
Grants and other Transfers	140	344	669	964	210.5	212.5	240.5
Other Recurrent	-	-	-	-	-	-	-

Capital Expenditure	3,821	3,920	3,409	2,200	3,115.0	2,150.0	800.0
Acquisition of Non-Financial Assets	2,459	621	571	822	-	-	-
Capital transfers to Govt Agencies	100	2,000	1,500	-	3,115.0	2,150.0	800.0
Other Development	1,262	1,299	1,338	1,378	-	-	-
Total Expenditure for the sub-programme	4,110	4,473	4,296	3,396	3,474.9	2,511.9	1,189.9
Sub-Programme 1.3 : Radiation Safety and Nuclear Security							
Current Expenditure	180	413	421	433	274.0	279.0	314.0
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	180	413	421	433	274.0	279.0	314.0
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	180	413	421	433	274.0	279.0	314.0
Sub-Programme 1.4 : RMNCAH							
Current Expenditure	143	146	149	152	142.5	158.5	158.5
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	101	104	107	110	100.5	100.5	100.5
Grants and other Transfers	42	42	42	42	42.0	58.0	58.0
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	22,913	11,449	10,253	10,285	11,886.0	18,598.0	32,219.0
Acquisition of Non-Financial Assets	45	-	-	-	-	-	-
Capital transfers to Govt Agencies	20,003	11,449	10,253	10,285	11,886.0	18,598.0	32,219.0
Other Development	2,865	-	-	-	-	-	-
Total Expenditure for the sub-programme	23,055	11,595	10,402	10,437	12,028.5	18,756.5	32,377.5
Sub-Programme 1.5 : Environmental Health							
Current Expenditure	385	2,894	3,117	2,700	1,155.6	1,359.6	1,438.6
Compensation to Employees	337	347	358	368	337.0	337.0	337.0
Use of Goods and Services							

	48	1,770	1,834	1,278	47.6	47.6	47.6
Grants and other Transfers	-	777	925	1,054	771.0	975.0	1,054.0
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	80	2,254	2,027	2,025	456.0	290.0	721.0
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	80	2,254	2,027	2,025	456.0	290.0	721.0
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	465	5,148	5,144	4,725	1,611.6	1,649.6	2,159.6
Sub-Programme 1.6 : Disease Surveillance and Response							
Current Expenditure	18	3,783	4,909	3,768	152.0	254.0	304.0
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	18	1,250	2,234	1,116	118.0	128.0	148.0
Grants and other Transfers	-	1,533	1,642	1,838	34.0	126.0	156.0
Other Recurrent	-	1,000	1,034	815	-	-	-
Capital Expenditure	9,256	21,811	15,127	3,200	17,798.0	15,904.0	9,825.0
Acquisition of Non-Financial Assets	254	-	-	-	-	-	-
Capital transfers to Govt Agencies	7,014	21,772	15,087	3,159	17,759.2	15,864.1	9,783.9
Other Development	1,988	39	40	41	38.8	39.9	41.1
Total Expenditure for the sub-programme	9,274	25,594	20,036	6,968	17,950.0	16,158.0	10,129.0
Sub-Programme 1.7: Primary Health Care							
Current Expenditure	-	2,881	3,088	3,219	-	-	-
Compensation to Employees	-	2,700	2,781	2,864	-	-	-
Use of Goods and Services	-	152	263	300	-	-	-
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	-	29	44	55	-	-	-
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	-	2,881	3,088	3,219	-	-	-
Programme 2: National Referral & Specialised services							
Current Expenditure							

	46,879	69,060	75,718	84,920	54,475	56,323	58,774
Compensation to Employees	6,154	5,639	5,689	5,736	6,071	6,464	6,377
Use of Goods and Services	675	719	935	1,229	689	758	841
Grants and other Transfers	39,592	62,682	69,074	77,934	47,107	48,493	50,948
Other Recurrent	457	20	21	21	607	607	607
Capital Expenditure	9,606	49,019	46,428	48,128	29,830	32,305	33,422
Acquisition of Non-Financial Assets	815	-	-	-	-	-	-
Capital transfers to Govt Agencies	3,577	38,390	36,411	40,923	22,968	25,205	25,922
Other Development	5,214	10,629	10,017	7,205	6,862	7,100	7,500
Total Expenditure for the Programme	56,485	118,079	122,146	133,048	84,305	88,628	92,196
Sub-Programme 2.1 : National Referral Health Services							
Current Expenditure	37,160	50,223	53,320	57,596	43,327	44,864	46,801
Compensation to Employees	862	304	313	322	862	1,103	862
Use of Goods and Services	604	295	407	542	618	635	618
Grants and other Transfers	35,236	49,624	52,600	56,732	41,239	42,518	44,713
Other Recurrent	457	-	-	-	607	607	607
Capital Expenditure	2,882	13,640	6,325	3,530	5,142	4,709	3,311
Acquisition of Non-Financial Assets	815	-	-	-	-	-	-
Capital transfers to Govt Agencies	2,067	13,640	6,325	3,530	5,142	4,709	3,311
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	40,041	63,863	59,645	61,126	48,469	49,573	50,112
Sub-Programme 2.2 : Specialized Medical Equipment							
Current Expenditure					-	-	-
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	-	-	-	-	7,470.0	7,060.0	6,450.0
Acquisition of Non-Financial Assets	6,296	7,812	7,205	7,205	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	1,608.0	1,160.0	300.0
Other Development	1,082	607	-	-	5,862.0	5,900.0	6,150.0
Total Expenditure for the sub-programme	5,214	7,205	7,205	7,205	7,470.0	7,060.0	6,450.0

Sub-Programme 2.3: Health Products and Technologies							
Current Expenditure	2,478	4,983	5,180	5,381	3,990.0	4,097.0	4,357.0
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	100	150	200	-	-	-
Grants and other Transfers	2,478	4,883	5,030	5,181	3,990.0	4,097.0	4,357.0
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	428	1,429	-	-	310.0	350.0	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	428	1,429	-	-	310.0	350.0	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	2,906	6,412	5,180	5,381	4,300.0	4,447.0	4,357.0
Sub-Programme 2.4 : National Blood Transfusion Services							
Current Expenditure	258	516	664	821	257.6	257.6	257.6
Compensation to Employees	255	391	536	689	254.5	254.5	254.5
Use of Goods and Services	3	124	128	132	3.0	3.0	3.0
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	-	3,424	2,812	-	1,000.0	1,200.0	1,350.0
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	3,424	2,812	-	1,000.0	1,200.0	1,350.0
Total Expenditure for the sub-programme	258	3,940	3,476	821	1,257.6	1,457.6	1,607.6
Sub-Programme 2.5 : Social Protection							
Current Expenditure	6,984	13,339	16,554	21,122	6,900.7	7,105.1	7,358.3
Compensation to Employees	5,037	4,944	4,839	4,725	4,954.1	5,106.5	5,259.7
Use of Goods and Services	68	200	250	355	68.4	120.4	220.4
Grants and other Transfers	1,878	8,175	11,444	16,021	1,878.2	1,878.2	1,878.2
Other Recurrent	-	20	21	21	-	-	-
Capital Expenditure	-	22,714	30,086	37,393	15,908.0	18,986.0	22,311.0
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	22,714	30,086	37,393	15,908.0	18,986.0	22,311.0

							0
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	6,984	36,053	46,640	58,515	22,808.7	26,091.1	29,669.3
Programme 3: Health Research and Development							
Current Expenditure	10,850	15,161	17,281	18,922	12,220	12,708	13,488
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	10,850	15,161	17,281	18,922	12,220	12,708	13,488
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	1,549	5,762	4,342	1,604	1,686	1,562	2,142
Acquisition of Non-Financial Assets	456	-	-	-	-	-	-
Capital transfers to Govt Agencies	1,093	5,762	4,342	1,604	1,686	1,562	2,142
Other Development	-	-	-	-	-	-	-
Total Expenditure for the Programme	12,399	20,923	21,623	20,526	13,906	14,270	15,630
Sub-Programme 3.1 : Capacity Building & Training (Pre-Service and In-Service)							
Current Expenditure	7,859	10,035	11,235	12,128	8,763.0	9,263.0	9,863.0
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services							
Grants and other Transfers	7,859	10,035	11,235	12,128	8,763.0	9,263.0	9,863.0
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	636	672	302	-	586.0	302.0	450.0
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	636	672	302	-	586.0	302.0	450.0
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	8,495	10,707	11,537	12,128	9,349.0	9,565.0	10,313.0
Sub-Programme 3.2 : Health Research & Innovations							
Current Expenditure	2,991	5,126	6,046	6,794	3,457.0	3,445.0	3,625.0
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	2,991	5,126	6,046	6,794	3,457.0	3,445.0	3,625.0
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure							

	913	5,090	4,040	1,604	1,100.0	1,260.0	1,692.0
Acquisition of Non-Financial Assets	456	-	-	-	-	-	-
Capital transfers to Govt Agencies	457	5,090	4,040	1,604	1,100.0	1,260.0	1,692.0
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	3,904	10,216	10,086	8,398	4,557.0	4,705.0	5,317.0
Programme 4 - Administrative & Support Services							
Current Expenditure	3,564	4,574	4,464	4,280	3,718	3,699	4,211
Compensation to Employees	2,962	3,272	3,069	2,873	2,962	2,980	3,492
Use of Goods and Services	547	1,248	1,339	1,349	687	649	649
Grants and other Transfers	42	44	46	49	56	56	56
Other Recurrent	14	9	10	10	14	14	14
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the Programme	3,564	4,574	4,464	4,280	3,718	3,699	4,211
Sub-Programme 4.1 : General Administration & Human Resource Management and Development							
Current Expenditure	2,650	3,765	3,763	3,695	2,789.7	2,770.3	3,282.4
Compensation to Employees	2,118	2,533	2,440	2,363	2,118.0	2,136.5	2,648.7
Use of Goods and Services	523	1,223	1,313	1,322	662.6	624.6	624.6
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	9	9	10	10	9.1	9.1	9.1
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	2,650	3,765	3,763	3,695	2,789.7	2,770.3	3,282.4
Sub-Programme 4.2 : Finance and Planning							
Current Expenditure	873	765	654	537	872.8	872.8	872.8
Compensation to Employees	844	740	628	510	843.6	843.6	843.6
Use of Goods and Services	25	26	26	27	24.8	24.8	24.8
Grants and other Transfers	-	-	-	-	-	-	-

Other Recurrent	4	-	-	-	4.4	4.4	4.4
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	873	765	654	537	872.8	872.8	872.8
Sub-Programme 4.3 : Health Financing Relations							
Current Expenditure	42	44	46	49	55.9	55.9	55.9
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	42	44	46	49	55.9	55.9	55.9
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	42	44	46	49	55.9	55.9	55.9
TOTAL HEALTH VOTE	117,502	216,546	209,593	198,489	147,052	156,766	165,874
STATE DEPARTMENT FOR STANDARDS AND PROFESSIONAL MANAGEMENT							
Economic Classification	Approved Estimates 2022/23	RESOURCE REQUIREMENTS			RESOURCE ALLOCATIONS		
					2023/24	2024/25	'2025/26
Programme 1 .Health Policy, Standards and Regulations							
Current Expenditure	5,017	16,671	28,945	39,867	6,609	6,820	7,093
Compensation to Employees	3,765	13,368	25,188	35,747	4,438	4,450	4,462
Use of Goods and Services	432	1,566	1,853	2,061	581	662	648
Grants and other Transfers	796	1,561	1,699	1,826	1,515	1,614	1,875
Other Recurrent	24	176	204	233	75	94	108
Capital Expenditure	-	200	200	200	350	500	800
Acquisition of Non-Financial Assets	-	200	200	200	350	500	800
Capital Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure Programme 1	5,017	16,871	29,145	40,067	6,959	7,320	7,893

Sub-Programme 1.1 : Health Policy							
Current Expenditure	1,180	3,589	3,711	3,837	4,055	4,055	4,055
Compensation to Employees	252	3,373	3,474	3,578	4,045	4,045	4,045
Use of Goods and Services	118	191	207	224	-	-	-
Grants and other Transfers	786	15	20	25	10	10	10
Other Recurrent	24	10	10	10	-	-	-
Capital Expenditure	-	200	200	200	350	500	800
Acquisition of Non-Financial Assets	-	200	200	200	350	500	800
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	1,180	3,789	3,911	4,037	4,405	4,555	4,855
Sub-Programme 1.2 : Standards Regulations and Professional Management							
Current Expenditure	1,180	2,519	2,862	3,134	1,676	1,776	2,038
Compensation to Employees	252	260	268	276	30	31	32
Use of Goods and Services	118	713	915	1,057	118	118	118
Grants and other Transfers	786	1,546	1,679	1,801	1,505	1,604	1,865
Other Recurrent	24	-	-	-	24	24	24
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme 1.2	1,180	2,519	2,862	3,134	1,676	1,776	2,038
Sub-Programme 1.3 : Health Sector Cordination							
Current Expenditure	552	502	533	560	678	689	700
Compensation to Employees	238	245	252	260	363	374	385
Use of Goods and Services	315	257	281	300	315	315	315
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-

Total Expenditure for the sub-programme 1.3	552	502	533	560	678	689	700
Sub-Programme 1.4 General Administration and Human Resource Management and Development							
Current Expenditure	-	9,999	21,761	32,241	150	208	197
Compensation to Employees	-	9,490	21,194	31,633	-	-	-
Use of Goods and Services	-	354	387	402	114	160	142
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	-	155	180	207	36	48	55
Capital Expenditure							
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme 1.4	-	9,999	21,761	32,241	150	208	197
Sub-Programme 1.5 Finance and Planning							
Current Expenditure	-	63	77	95	50	92	103
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	51	63	79	35	70	74
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	-	12	14	16	15	22	29
Capital Expenditure							
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme 1.5	-	63	77	95	50	92	103
TOTAL Expenditure	5,017	16,871	29,145	40,067	6,959	7,320	7,893

3.3. Analysis of Recurrent Resource Requirement vs Allocation for SAGAS (Amount KSh. Million)

STATE DEPARTMENT FOR MEDICAL SERVICES

I. KENYATTA NATIONAL HOSPITAL

**Table 3.6: Analysis of Recurrent Resource Requirement vs Allocation for SAGAS
(Amount KSh. Million)**

Economic Classification	Approved Budget	REQUIREMENT			ALLOCATION		
	2022/23	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	18,092	21,282	21,977	22,697	19,745	21,301	21,535
AIA	7,651	7,804	7,960	8,119	7,804	7,960	8,119
NET	10,441	13,478	14,017	14,578	11,941	13,341	13,416
Compensation to Employees	12,936	13,478	14,017	14,578	13,478	14,017	14,578
Other Recurrent	5,156	7,804	7,960	8,119	6,267	7,284	6,957
Insurance	760	778	798	818	778	798	818
Utilities	655	688	722	758	688	722	758
Rent	-	-	-	-	-	-	-
Subscriptions to International Organizations	0	0	0	0	-	-	-
Subscriptions to Professional Bodies					-	-	-
Contracted Professional (Guards & Cleaners)	114	120	126	132	120	126	132
Gratuity							
Others	3,627	6,218	6,315	6,411	4,681	5,639	5,249
Total Vote	18,092	21,282	21,977	22,697	19,745	21,301	21,535

II. KENYATTA NATIONAL HOSPITAL -Mwai KIBAKI

Economic Classification	Approved Budget	REQUIREMENT			ALLOCATION		
	2022/23	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	1,012	2,357	2,474	3,798	1,481	1,510	1,541
AIA	217	593	622	653	593	622	653
NET	795	1,764	1,852	3,145	888	888	888
Compensation to Employees	888	1,764	1,852	3,145	888	915	942
Other Recurrent	124	593	622	653	593	596	599
Utilities	36	37	39	41	37	39	41
Rent	-	-	-	-	-	-	-
Subscriptions to International Organizations							
Subscriptions to Professional Bodies							
Insurance	8	9	9	9	9	9	9
Subsidies							

Economic Classification	Approved Budget	REQUIREMENT			ALLOCATION		
	2022/23	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
<i>Gratuity</i>							
<i>Contracted Professional (Guards & Cleaners)</i>	23	24	25	27	24	25	27
<i>Gratuity</i>							
<i>Others</i>	57	522	548	576	522	522	522
Total Vote	1,012	2,357	2,474	3,798	1,481	1,510	1,541

III. MAMA MARGARET UHURU HOSPITAL

Economic Classification	Approved Budget	REQUIREMENT			ALLOCATION		
	2022/23	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	831	1,661	1,745	1,894	1,031	1,058	1,086
AIA	266	531	558	586	531	558	586
NET	565	1,130	1,187	1,308	500	500	500
Compensation to Employees	565	1,130	1,187	1,308	565	582	599
Other Recurrent	266	531	558	586	466	476	486
<i>Insurance</i>	-	-	-	-			
<i>Utilities</i>	11	12	12	13	12	12	13
<i>Rent</i>	-	-	-	-	-	-	-
<i>Subscriptions to International Organizations</i>							
<i>Subscriptions to Professional Bodies</i>							
<i>Contracted Professional (Guards & Cleaners)</i>	18	19	20	21	19	20	21
<i>Gratuity</i>							
<i>Others</i>	237	501	526	552	436	444	453
Total Vote	831	1,661	1,745	1,894	1,031	1,058	1,086

IV. MOI TEACHING AND REFERRAL HOSPITAL

Economic Classification	Approved Estimates 2022/23	REQUIREMENT			ALLOCATION		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	11,653	13,473	14,215	14,830	12,774	13,163	13,463
AIA	3,605	3,785	3,974	4,174	3,785	3,974	4,174
NET	8,048	9,688	10,241	10,656	8,989	9,189	9,289
Compensation to Employees	8,989	9,688	10,241	10,656	8,989	9,189	9,289
Other Recurrent	2,664	3,785	3,974	4,174	3,785	3,974	4,174
<i>Insurance</i>	359	394	434	477	394	434	477
<i>Utilities</i>	164	180	198	218	180	198	218
<i>Rent</i>	3	4	5	6	4	5	6
<i>Subscription to International Organization</i>							
<i>Subscription to</i>							

<i>Professional Bodies</i>							
<i>Contracted Professional (Guards & Cleaners)</i>							
<i>Gratuity</i>	12	18	24	32	18	24	32
<i>Others</i>	2,126	3,189	3,313	3,441	3,189	3,313	3,441
Total Vote	11,653	13,473	14,215	14,830	12,774	13,163	13,463

V. KENYATTA UNIVERSITY TEACHING, RESEARCH AND REFERRAL HOSPITAL

Economic Classification	Approved Estimates	REQUIREMENT			ALLOCATION		
	2022/23	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	3,829	7,344	8,078	8,886	4,855	4,986	5,146
AIA	1,236	1,869	2,000	2,160	1,869	2,000	2,160
NET	2,593	5,475	6,078	6,726	2,986	2,986	2,986
Compensation to Employees	1,612	3,905	3,962	4,036	2,544	2,620	2,698
Other Recurrent	2,217	3,439	4,116	4,850	2,311	2,366	2,448
<i>Insurance</i>	292	488	537	590	308	320	340
<i>Utilities</i>	216	238	286	343	238	243	276
<i>Rent</i>	-	-	-	-	-	-	-
<i>Subscriptions to International Organisations</i>	-	-	-	-	-	-	-
<i>Subscriptions to Professional Bodies</i>	25	28	33	40	28	33	35
<i>Contracted Professional (Guards & Cleaners)</i>	257	285	342	410	285	295	300
<i>Gratuity</i>	200	292	321	353	192	192	200
<i>Others</i>	1,227	2,108	2,597	3,114	1,260	1,283	1,298

VI. KENYATTA UNIVERSITY TEACHING, RESEARCH AND REFERRAL HOSPITAL-GATUNDU

Economic Classification	Approved Estimates	REQUIREMENT			ALLOCATION		
	2022/23	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	750	1,743	1,917	2,109	750	765	775
AIA	250	-	-	-	250	250	250
NET	500	1,743	1,917	2,109	500	515	525

Compensation to Employees	280	515	526	543	310	317	320
Other Recurrent	470	1,228	1,391	1,566	440	448	455
Insurance	30	33	36	40	33	34	36
Utilities	70	78	89	98	78	79	80
Rent	-	-	-	-	-	-	-
Subscriptions to international organisations							
Subscriptions to professional Bodies	1	2	4	5	2	4	5
Contracted Professional (Guards & Cleaners)	27	28	32	35	28	29	30
Gratuity	20	22	24	27	22	24	25
Others	322	1,065	1,206	1,361	277	278	279

VII. MATHARI NATIONAL TEACHING AND REFERRAL HOSPITAL

Economic Classification	Approved Estimates 2022/23	Requirement			Allocation		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	1,495	1,764	2,194	2,518	1,756	1,788	1,818
AIA	155	160	180	210	160	180	210
NET	1,340	1,604	2,014	2,308	1,596	1,608	1,608
Compensation to employees	710	869	1,048	1,270	869	896	921
Other recurrent	785	895	1,146	1,248	887	892	897
Insurance							
Utilities	65	70	82	93	32	33	35
Rent							
Subscription to international organisations							
Contracted professional (guards & cleaners)	48	52	57	60	60	65	68
OTHERS	672	773	1,007	1,095	795	794	794

VIII. NATIONAL AIDS CONTROL COUNCIL/NATIONAL SYNDROMIC CONTROL COUNCIL

Economic Classification	Approved Estimates, 2022/23	Requirement			Allocation		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	877	1218	1287	1391	947	1217	1217
AIA	0	0	0	0	0	0	0
NET	877	1218	1287	1391	947	1217	1217
Compensation to	570	593	616	678	593	616	678

Employees							
Other Recurrent	307	625	671	713	354	601	539
<i>Insurance</i>	45	54	60	63	54	60	63
<i>Utilities</i>	63	67	69	71	67	69	71
<i>Rent</i>	73	77	80	83	77	80	83
<i>International Subscription (GLIA)</i>	-	-	-	-			
<i>Contracted Professional (Guards & Cleaners)</i>	25	27	28	29	27	28	29
<i>Others</i>	101	400	434	467	129	364	293

IX. KENYA MEDICAL RESEARCH INSTITUTE

Economic Classification	2022/23	REQUIREMENTS			ALLOCATION		
	Approved Estimates	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	2,891	4,746	5,586	6,214	3307	3271	3271
A.I.A-Internally Generated Revenue	184	184	184	184	220	184	184
Net	2,707	4,562	5402	6,030	3,087	3,087	3,087
Compensation of Employees	2302	3,668	4,013	4,520	2713	2713	2713
Other Recurrent	589	1078	1573	1694	594	594	594
<i>Insurance</i>	16	25	30	35	16	16	16
<i>Utilities</i>	101	120	120	130	101	101	101
<i>Rent & Rates</i>	2	3	3	3	2	2	2
<i>Subscriptions to International Organizations</i>	3	5	5	7	3	3	3
<i>Contracted Professional (guards & cleaners)</i>	52	75	80	90	52	52	52
<i>Others</i>	420	850	1,335	1,429	420	420	420

X. KENYA MEDICAL SUPPLIES AUTHORITY

Economic classification	Approved Estimates 2022/23	Requirement			Allocation		
		2023-24	2024-25	2025-26	2023-24	2024-25	2025-26
Gross	4,741	4,884	5,031	5,181	4,884	5,031	5,181
AIA	4,621	3,545	3,678	3,787	4,464	4,611	4,761
NET	120	1,339	1,353	1,394	420	420	420
Compensation of Employees	1,276	1,339	1,353	1,394	1,339	1,353	1,394
Other Recurrent	3,465	3,545	3,678	3,787	3,545	3,678	3,787
of which:					0	0	0
<i>Utilities</i>	20	21	22	22	21	22	22
<i>Insurance</i>	165	170	175	180	170	175	180
<i>Rent</i>	43	45	46	47	45	46	47
<i>Subscriptions</i>	-	-	-	-	-	-	-

<i>to International Organisations</i>							
<i>Subscriptions to Professional Bodies</i>	4	5	5	5	5	5	5
<i>Contracted Professionals (Guards and Cleaners)</i>	125	129	133	137	129	133	137
<i>Gratuity</i>	-	-	-	-	-	-	-
<i>Other Recurrent</i>	3,108	3,175	3,297	3,396	3,175	3,297	3,396

XI. KENYA MEDICAL TRAINING COLLEGE

Economic Classification	Approved Estimates 2022/23	Requirement			Allocation		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	7,859	10,035	11,235	12,128	8,763	9,263	9,463
AIA	3,640	3,840	4,040	4,240	3,840	4,040	4,240
NET	4,219	6,195	7,195	7,888	4,923	5,223	5,223
Compensation to employees	4,315	5,515	6,515	7,208	4,519	4,723	4,927
Other Recurrent	3,544	4,520	4,720	4,920	4,244	4,540	4,536
Of which							
<i>Insurance</i>	600	660	700	730	660	700	730
<i>Utilities</i>	136	150	165	182	150	165	182
<i>Rent</i>	4	4	5	6	4	5	6
<i>Subscriptions to international Organisation</i>	0	0	0	0	0	0	0
<i>Subscription to professional bodies</i>	0	0	0	0	0	0	0
<i>Contracted Professional (Guards & cleaners)</i>	350	367	404	444	367	404	444
<i>Gratuity</i>	120	11	134	123	11	134	123
<i>Others</i>	2,334	3,328	3,312	3,435	3,052	3,132	3,051

XII. NATIONAL CANCER INSTITUTE OF KENYA

Economic Classification	2022/23 Approved Estimates	Requirements			Allocation		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	140	344	669	964	210	213	211
AIA	0	1	3	1	1	1	1
NET	140	344	666	964	209	212	210
Compensation to Employees	45	100	350	600	45	100	120
Other Recurrent	95	244	319	364	165	113	91
<i>Insurance</i>	-	2	4	5	2	8	9
<i>Utilities</i>	-	6	8	10	6	7	8
<i>Rent</i>	-	30	30	30	12	13	14
<i>Subscription to International Organization</i>	-	0	-	-	-	-	-

(GLIA)							
Contracted Professional	-	6	7	9	-	-	-
Others	95	200	270	310	146	86	61

XIII. NATIONAL HOSPITAL INSURANCE FUND

Economic Classification	2022/23	Requirement			Allocation		
	Approved Estimates	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	93,072	98,656	103,589	110,840	98,656	103,589	110,840
AIA	93,072	98,656	103,589	110,840	98,656	103,589	110,840
NET	-	-	-	-	-	-	-
Compensation to Employees	5,083	6,597	7,118	7,735	6,597	7,118	7,735
Transfers	-	-	-	-	-	-	-
Other Recurrent of which	82,469	87,358	91,745	98,118	87,358	91,745	98,118
Insurance	20	22	27	36	22	27	36
Utilities	9	14	16	19	14	16	19
Rent	294	294	299	302	294	299	302
Contracted Professionals (Guards, Cleaners etc)	123	135	135	137	135	135	137
Others (Members Benefits)	79,160	83,858	88,051	94,214	83,858	88,051	94,214
Others (Use of Goods)	2,863	3,035	3,217	3,410	3,035	3,217	3,410
Deficit/Surplus	5,520	4,701	4,726	4,987	4,701	4,726	4,987

XIV. KENYA NUCLEAR REGULATORY AUTHORITY

Economic Classification	BUDGET ESTIMATES	REQUIREMENTS			ALLOCATIONS		
	2022/23	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
EXPENDITURE ITEM							
Gross	245	413	421	433	274	284	295
AIA	100	100	105	110	100	105	110
Net	145	313	316	333	174	179	185
Compensation to Employees	22	179	185	190	29	30	31
Others	223	234	236	243	245	254	264
Insurance	4	5	5	5	8	8	8
Utilities	7	9	9	10	9	9	10
Rent	22	24	25	25	24	25	25
Subscription to international organisations	-	-	-	-	-	-	-
Contracted professional (guards & cleaners)	21	27	28	29	24	25	26
Others	169	169	169	174	180	187	195

XV. KENYA BIOVAX INSTITUTE LTD

Economic Classification	Approved Estimates 2022/23	REQUIREMENTS			Allocation		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	100	380	460	580	150	174	174
AIA	-	-	-	-	-	-	-
NET	100	380	460	580	150	174	174
Compensation to	50	146	219	306	80	100	100

Employees							
Other Recurrent	50	234	241	274	70	74	74
Insurance					1	1	1
Utilities					3	3	3
Rent	23	24	24	25	24	24	25
International Subscription (GLIA)							
Contracted Professional (Guards & Cleaners)					4	4	4
Others	27	210	217	249	39	38	37

XVI. NATIONAL PUBLIC HEALTH INSTITUTE

Economic Classification	Baseline Estimates 2022/23	REQUIREMENT			ALLOCATION		
		2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS		1,533	1,642	1,838	34	126	126
AIA							
NET		1,533	1,642	1,838	34	126	126
Compensation to Employees		34	103	367	34	126	126
Other Recurrent		1,499	1,539	1,471	-	-	-
Insurance		50	60	70	-	-	-
Utilities		25	35	50	-	-	-
Rent		-	-	-	-	-	-
Subscriptions		-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)		5	5	5	-	-	-
Others		1,420	1,440	1,347	-	-	-

STATE DEPARTMENT FOR STANDARDS AND PROFESSIONAL MANAGEMENT

I. KENYA MEDICAL PRACTITIONERS AND DENTISTS' COUNCIL

Economic Classification	2022/23	Requirement			Allocation		
	Approved Estimates	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
GROSS	729	868	913	944	865	875	885
AIA	269	355	365	375	355	365	375
Net	460	513	548	569	510	510	510
Compensation to Employees	295	341	376	394	341	375	394
Other Recurrent	434	527	538	550	524	500	491
of which							
<i>Insurance</i>	20	22	22	23	21	22	23
<i>Utilities</i>	3	4	4	4	4	4	4
<i>Rent</i>	12	13	13	14	12	13	14
<i>Subscriptions to International Organization</i>	1	1	1	1	1	1	1
<i>Contracted Professional</i>	3	3	3	3	3	3	3
<i>Gratuity</i>	3	3	4	4	3	4	4
<i>Others</i>	392	483	492	503	480	453	442

II. NURSING COUNCIL OF KENYA

Economic Classification	Approved Estimates 2022/2023	REQUIREMENT			ALLOCATION		
		2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	390	568	646	727	518	546	577
AIA	340	418	446	477	418	446	477
Net Exchequer	50	150	200	250	100	100	100
Compensation to Employees	105	116	139	153	116	139	153
Other Recurrent	285	452	507	574	402	407	424
<i>Insurance</i>	15	25	28	32	25	28	32
<i>Utilities</i>	12	18	20	22	18	20	22
<i>Rent</i>	-	-	-	-	-	-	-
<i>Subscriptions to International Organization</i>	-	-	-	-	-	-	-
<i>Contracted Professional (Guards & Cleaners)</i>	3	4	5	5	4	5	5
<i>Others</i>	255	405	454	515	355	354	365

UNFUNDED PRIORITIES FOR FY 2023/24

Allocation to Fifth Administration Priorities

Programme	Requirements			Allocation		
	FY 2023/24	FY 2024/25	FY 2025/26	FY 2023/24	FY 2024/25	FY 2025/26
Establishment of a National Fund for chronic and catastrophic illness and injuries not covered by insurance companies to be funded by insurance levy and Government e.g. cancer, pandemics	700	5,000	5,000	300	500	500
Matching of stipend for 90,000 Community Health Volunteers recruited by County Governments	2,700	2,700	2,700			
Support for recruitment of 20,000 Human Resources for Health	10,439	11,704	21,194			
Elimination of malnutrition within 5 yrs.	500	700	1,000	100		
Universal Health Coverage	36,053	46,640	58,515	11,810	14,973	16,149
Co-funding of strategic programmes for HIV, TB, Malaria, family planning, nutrition, immunization	20,000	20,000	20,000	5,000	5,000	5,000
Integration of Health Information Management Information System	2,000	2,000	2,000	350	350	350
Production of Health Products and Technologies- Kenya BioVax Institute	700	1,000	1,700	500	500	500

Other Unfunded priority areas

Recurrent Budget	
1. Personnel Emoluments - MOH	
Category	2023/24
Recruitment of 20,000 HCWs* 6,600 Phase I	10,017,066,600
Recruitment of CHVs and CHAs*	2,700,000,000
Absorptions- The Global Fund (TB, HIV, Malaria and RSSH programs) *	147,569,520
20 CDC COWAG staff to be absorbed by National Government	21,366,000
Total	12,886,002,120

2. Operations and Maintenance

- I. Operations & Maintenance not provided for Kenya Hospital Authority Trust fund-**KSh.300 million**
- II. Boards expenses underfunded for KHPOA-**KSh.10 million**
- III. Inadequate allocations to executes mandate for institutions under the Ministry **KSh.350 million**
- IV. Inadequate funds to purchase Orthopedic spine beds
- V. Inadequate budgetary provisions to carry out capacity building and support supervision to counties and national hospitals
- VI. Funding to establish workload indicator for staffing needs (WISN)-**KSh.164Million**
- VII. Inadequate funds to maintain cold chain in regional depots (electricity bills and diesel in case of power outages)
- VIII. Inadequate funds to cater for pending bills- **KSh.5billion** as of September 2022
- IX. Base line surveys for nursing quality care and referral systems
- X. O&M funds needed for the proposed establishment of Health Services Commission- **KSh.285 million**
- XI. Port Health Services Cross Border Collaboration **KSh.50 million.**
- XII. Climate Change and health (COP 26)- **KSh.100 million**
- XIII. Food Safety and Quality Control- **KSh.20 million**

3. Current Grant Transfers

	SAGA	Unfunded	Remarks
1	Kenyatta national Hospital	1,537	PE shortfall
2	Moi Teaching & Referral Hospital	699	Operations & Maintenance
3	Kenya Medical Training College	1,476	Operations & Maintenance
4	Kenyatta University Teaching & Research Hospital	700	Operations & Maintenance
5	Kenya Medical Research Institute	1,475	Shortfall for Research Activities
6	Kenya Medical Supplies Authority	893	PE shortfall
7	Mama Margaret Uhuru Hospital	630	Operations & Maintenance
8	National Aids Control Council	271	Operations & Maintenance
9	Kenya Biovax Institute Limited	280	Operations & Maintenance
1	National Public Health Institute		Operations &

0		1,499	Maintenance
GRAND TOTAL		9,461	

4. Development Unfunded Priorities

- I. Procurement of Family Planning & Reproductive Health Commodities-
KSh.1.9 billion
- II. Procurement of Anti TB Drugs-**KSh.749 million**
- III. HIV Commodities **KSh.3.9 billion**
- IV. Malaria Commodities **KSh.3.6 billion**
- V. Implementation of high impact nutrition interventions across the life course and strengthening of multi-sectoral coordination and governance.
KSh.1.8 billion
- VI. Procurement of equipment at the National Blood Transfusion-**KSh.2.4 billion**
- VII. Establishment of Regional Cancer Center's **KSh.708 million**
- VIII. Rollout of Universal Health Coverage-**KSh.3.2 billion**
- IX. Upgrading of Port Health facilities for Disease and Environmental Surveillance in Kenya- **KSh.900 million**
- X. Construction of laboratory for National Quality Control Laboratory (NQCL)**KSh.10 billion**
- XI. Construction of New Level III Hospitals **KSh.500 million**
- XII. Construction and Equipping of Children Hospital at KUTRRH **KSh.5.8 billion**
- XIII. Digital Health Platform **KSh.650 million**

4.0 CHAPTER FOUR: CROSS-SECTOR LINKAGES, EMERGING ISSUES/ CHALLENGES

The purpose of this chapter is to highlight the linkages that exist within and without the health Sector, emerging issues and challenges that impact on the efficiency of operations aimed at attaining the best standards of healthcare in the country.

4.1 CROSS-SECTOR LINKAGES

The multi-sectoral approach in health care provision is critical in addressing the various social determinants of health that lie outside the control of the health system. It is therefore critical to maintain and enhance actions across multiple Sectors to ensure the gains made through expansion of healthcare services are not eroded.

In implementing its mandate, the health Sector interacts with key stakeholders outlined in the Health Sector Partnership Framework 2020-2030, resulting in optimal utilisation of resources and accountability. Kenya has a robust health system which has evolved over the years from a centralised system at independence, graduating to a decentralised and currently devolved system with Counties having the mandate of ensuring healthcare services are provided to all. Private health sector, Faith Based Organizations and Non-Governmental Organisations provide health services at delivery points that range from dispensaries to hospitals. Key MDAs have been identified as enablers for UHC, as they facilitate moving of services closer to the people, in the spirit of patient-centeredness. These include among others; the Roads, Water, Energy, and ICT.

There is also an increasing complexity of the government operations aimed at meeting the diverse needs of an ever growing population, who are living longer, thus more prone to non-communicable diseases. There are also more modern treatments and interventions that require advanced capacity to operate. The ever changing environment marked by globalisation, digitization and climate change are having direct impacts on health.

4.2 SECTORAL LINKAGES WITHIN THE SECTOR

The Kenya Health Policy (KHP) 2014-2030 provides a framework for attainment of the highest possible standards of health in a manner responsive to the health needs of the population. Further, the Health Partnership Coordination Framework guides collaboration activities within the Sector based on aid effectiveness principles. The Government has continued to invest in the health Sector to facilitate the well-being of its citizens by availing quality health care services closer to the people; ensuring sustainability of the Nation's human capital base required for sustainable economic growth. This is attained through a collaborative way by both the National and County Governments.

The collaboration is through policy and strategy formulation, planning, information sharing, legislation, resource mobilisation, programme

implementation, setting of standards, capacity building and monitoring and evaluation. The intra-sectoral linkage therefore enhances the realisation of the health sector mandate on rights to health for all Kenyans.

4.3 INTER SECTORAL LINKAGES AND STAKEHOLDERS

The Sector has categorised stakeholders with various roles under four groups:

1. State actors (Ministries, Departments and Agencies, County Governments)
2. Non-state actors (implementing partners (FBOs, NGOs, CSOs), Private sector)
3. External actors(Development partners)
4. Clients (individual, household, community)

The linkages/partnership with stakeholders mainly focuses on issues that impact and contribute to improved health care, quality of life and productivity leading to the country's economic growth. The various stakeholders play different roles which are complementary and synergistic at all levels of health care.

The various stakeholders in the Sector and their contribution to healthcare delivery are shown in the table below:

Sector	Area of Collaboration	Description	Gaps/Remarks
Energy, Infrastructure and ICT Sector	<i>Energy:</i> Connecting health facilities to electric power Last mile connectivity and affordable LPG	The energy sector plays a key role in the provision of a stable source of power which is crucial in health care provision in the Country. 241 facilities were prioritised of which 10 were completed, 91 in execution, 45 dropped off due to adequate supply or were earmarked for solar. Clean energy such as LPG and electricity reduce air pollution and in turn reduce respiratory diseases.	Connections to 95 health facilities are pending.
	Nuclear Power Programme	Development of regulations and review of pre-feasibility reports for nuclear power programmes. This will inform decisions on the health safety and viability of Nuclear power.	Complexity in Global regulation of Nuclear energy.
	<i>Infrastructure:</i> Access roads to health facilities	The State Department has substantially invested in road networks providing access to health care facilities. An assessment was conducted in the year under review and upgrade of 406 km of roads connecting to Level IV and some Level III health facilities.	The upgrading of roads has reduced time taken to reach the health facilities. Some access roads to health facilities are yet to be upgraded.
	<i>ICT</i>	The Ministry in collaboration with the Ministry of ICT undertook connectivity infrastructure at Afya House and in 18 Level 5 health facilities which included a Local Area Network (LAN) and links to the government National	The Ministry will leverage ICT for digital transformation in health service delivery.

		Optic Fiber Backbone Infrastructure (NOFBI). This infrastructure is set to support the digital health platform developed to support service delivery to citizens in public health facilities.	
Environmental Protection, Water and Natural Resources Sector.	<i>Water and environment:</i> Water supply to health facilities	Clean water, and a suitable environment ensures reduction in the incidence of waterborne diseases and other associated communicable conditions. The Ministry of Water carried out complete water connectivity to 21 facilities, 47 facilities are above 50% completion, 26 facilities below 50% completion and 3 facilities under assessment. Implementation of Kenya Environmental Policy envisions and motivates all Kenyans to improve their hygiene behaviour and environmental sanitation to free them from suffering ill health caused by poor sanitation.	Supply of clean water and proper management of waste continues to be a challenge to the community.
	Radiation safety	Radioactive materials have a wide application including health diagnostic and treatment equipment. The Ministry of Environment in collaboration with the sector implements radiation safety requirements to ensure safe use and disposal of radioactive materials.	There is need for enhanced radiation safety
Social Protection, Culture and Recreation sector	Labour	The Health Sector is working towards a healthy labour force in the country and to improve health labour relations. Further the labour sub-sector ensures that occupational health and safety guidelines and regulations are adhered to. The sector also contributes towards development and review of policies and legislation on labour laws.	Continued engagement should work to ensure labour related disputes do not hinder provision of health services.
	Sports	The sector through Sports Fund as an alternative platform of funding has been able to have infrastructure development and improvement. The fund has supported the construction of three Cancer centres Mombasa, Garissa and Nakuru. The State Department is also working with the sports sub-sector to promote sports medicine. Sports medicine will help to improve overall wellness, physical fitness, treatment, and prevention of injuries related to sports and exercise.	Strengthening of platforms for engagement
Public Administration and International relations Sector	The National Treasury	The funding levels and timely disbursement of funds highly determine the efficiency and effectiveness of running the sector. Foreign Aid assistance is a major boost in the achievement of the healthcare mandate.	Allocation of 15% of the budgets to health inline Abuja Declaration.
	Parliament	The National Assembly plays a key role in ensuring that the necessary	Tight Parliamentary

		legislations are enacted to enable the sector to effectively implement its mandate. In addition NA also plays a big role in determining allocation of resources to the State Department during the budgeting process.	calendar may lead to delays in promulgating laws and regulations
	Ministry of Foreign Affairs: Bilateral agreements	The sector has entered into a bilateral agreement between Kenya and several Countries i.e., South Africa; Cuba; United Kingdom of Great Britain and Northern Ireland among others to enhance cooperation in the sector in an effort by the Kenyan government to further improve quality and access to primary health care. The MoUs are on Cooperation in strengthening disease prevention, epidemic surveillance, preparedness, and control, and emergency health service; HR exchange, HR capacity building in medical training colleges under national government, Knowledge exchange on UHC and diseases of public health importance, Health Tourism; and Disease surveillance, response and control of emerging and re-emerging diseases.	MOUs on health cooperation signed for execution
Education Sector	Training institutions	The education sector programmes are geared towards improving efficiency in core service delivery of accessible, equitable and quality education and training. The sector plays a key role in health research which helps in the generation of new health interventions which are critical in the provision of solutions to existing and emerging health challenges. The national teaching and referral hospitals will continue to facilitate training of medical and paramedical students from public and private institutions.	Harmonise the different professional training curriculum across all health training institutions.
	School Health Programmes	The sector will continue to collaborate with the Education Sector in the provision of high health impact intervention including deworming and health education. The Teacher's reference manual on food and nutrition value was developed to promote healthy diets that ensure school children are well nourished and healthy thus able to learn and develop to their full potential.	The government will continue to strengthen the School Health Programme.
Governance, Justice, Law and Order Sector	State Department for Interior, State Law office and the Judiciary	The constitution of Kenya guarantees provisions on the right to the highest quality of healthcare and the sector will continue to provide service delivery as outlined in chapter four. The sector can help in deterring behaviours related to violence and injury; addressing the traumas that victims face and how those perpetuate crime and reducing adverse childhood	Existing laws provide the framework under which all collaboration of health matters across different sectors are handled.

		<p>experiences and psycho trauma.</p> <p>The sector will continue to implement the Health Act, 2017 and develop/review Health Bills to address the existing gaps and work closely with other government agencies in implementing the laws.</p>	
General Economic and commercial affairs	Industry	<p>The availability, accessibility, quality and pricing of medicines, vaccines and other health products and technologies (HPT) is a key component and challenge to the success of UHC. The Government has therefore committed to building its capacity for the production/ manufacturing of Health Products Technologies (HPTs) that will include human vaccines, therapeutics and biomedical products with the long term measure to become self-sufficient in pharmaceutical and vaccine needs.</p>	Promote locally generated products to transform the economy and solve HPTs issues.
		<p>The sector collaborates with KEBS on food fortification, particularly industrial level surveillance and enforcement.</p>	
Agriculture, Rural and Urban Development	Agriculture	<p>The sector is collaborating in implementation of agri-nutrition strategy in order to transform food systems to be more nutrition sensitised. It can make comprehensive approaches that put nutrition outcomes into account in the design and implementation of agricultural interventions to ensure that impacts on nutrition, especially on children remain positive and significant.</p> <p>Livestock systems, antibiotics use and antimicrobial resistance are closely linked. Interactions between human beings and animals can result in zoonotic diseases - one health approach is important in addressing these among other challenges.</p>	Strengthen agriculture sector to generate food surplus that contributes to national food security.
	Crop Improvement and Management to increase food security	<p>The use of biotechnology, in particular Genetically Modified Crops (GMCs), have proved to increase the maize yield through reducing yield losses caused by pests. The sector in collaboration with other stakeholders has developed a Monitoring Framework for BT Maize.</p>	Implementation of Monitoring Framework for BT Maize
County Governments	Health service delivery by National and County governments	<p>County governments are responsible for key healthcare service management in terms of planning, budgeting and financial management, human resources and the provision of emergency medicines and medical supplies.</p> <p>They form the link between the community as primary healthcare networks and referral to health facilities. Continued collaborative efforts between the two levels of</p>	Strengthen intergovernmental relations between the two levels of Government.

		governments such as the intergovernmental forum has resulted in improved coordination within the sector.	
Development Partners & Private Sector	Knowledge Transfer, Resource mobilisation	Development Partners have supported and collaborated with the Government to achieve the country's health agenda. They provide significant financial and technical investment as well as facilitate knowledge transfer and institutional capacity. Some of the programmes under donor support include: immunisation; nutrition; HIV, TB, Malaria, Research among others	Increase domestic funding and plan for transition to domestic financing as donors make plans to transit out.

4.4 EMERGING ISSUES

- Alarming and frequent climate change related calamities that pose a great risk to the state of public health in the country. The recent re-emergence of disease implicates the resilience of micro-organisms to climatic conditions. Further, drought persistence has led to increased cases of malnutrition as well as increase in WASH related diseases such as cholera, trachoma and vector borne diseases.
- The country is witnessing emergence of novel health products and technologies posing human capacity and regulatory challenges within the existing legislative framework.
- Rising cost of healthcare services making them unaffordable for many Kenyans.
- The Sector is positioning Kenya as a medical tourism hub by continuously expanding investments in provision of quality healthcare services through digitization of service delivery, adapting new technologies and innovations like telemedicine.
- Implementation of bio-security measures in various strategic Sectors and laboratories dealing with harmful biological materials.
- Development partners transition-external financial support to strategic disease programs has been steadily and rapidly reducing.
- The need to implement Community Event Based Surveillance to identify diseases and infectious outbreaks for early intervention.
- Investment in mental health disorders to reduce the burden and impact of mental health conditions.
- Implementation of substance use prevention, treatment and rehabilitative programs in the Country.
- Harmonisation of health related regulations and legislations in the Sector with other existing laws
- Programs like HIV, TB, Malaria, Family Planning, nutrition and immunization that currently rely heavily on donor funding are a cause for concern as the country is debased to Lower middle income status and therefore need to progressively increase the domestic allocations to cater for these programmes in order to maintain the gains made.

- The immunization programme for instance is entering into an accelerated transition phase and must be fully transitioned by 2027. This highlights the need to consider increasing budgetary allocations to ensure smooth delivery of services.

4.5 CHALLENGES

1. Inadequate human resources for health at the national and county levels for programmes based on the approved norms and standards.
2. Unpredictable/uneven supply of essential commodities (mainly, HIV, Malaria, TB and Nutrition, family planning and NCD commodities due to inadequate funding.
3. Prolonged drought in the ASALs areas has led to increased cases of malnourished children with triple burden of malnutrition (stunting, wasting or underweight), overweight/obesity, micro-nutrient deficiencies hence Inadequate Nutrition supplements and WASH related challenges.
4. Budgetary constraints as a result of emergencies and other competing priorities.
5. Low awareness of the benefit package among the beneficiaries and healthcare providers, with associated insurance apathy where Kenyans generally are reluctant to pay for an unforeseen occurrence and due to poverty levels.
6. KEMSA has had a decreasing order fill rate due to tied up revolving funds on debt by the counties at Ksh. 5.3 billion as at 30th June 2022 and stock at hand of Ksh. 5.8 billion. This therefore, has constrained the cash conversion cycle at the Authority resulting in inability to honour obligations on time. The long turnaround time in settlement of these amounts has further negatively affected the Authority's service delivery more so on the order fill rates due to delayed supplier payments for commodities supplied, due to pending bills.
7. Lack of integrated information systems to monitor real time service delivery including commodities, human resource, and insurance data leading to leakages
8. Overlapping and conflict of interest in research and service provision at the Counties leading to different stakeholders supporting the same service provision or programme.
9. Inadequate financing for mental health which hampers the implementation of key mental health policy documents.
10. Inadequate funding on blood donor mobilisation, collection, testing and retention of repeat voluntary non-remunerated donors towards achieving the country's annual blood needs of 500,000 units.

CHAPTER FIVE: CONCLUSION

The government has invested heavily to promote equitable, affordable and quality health care of the highest standard. The strategic interventions include delivery of UHC built on publicly financed primary healthcare, universal seamless health insurance system and allocation of resources to cover preventive, promotive, curative, rehabilitative, and palliative services.

During the period under review, 2019/20 to 2021/22, the sector realized significant achievements due to increased prioritisation and funding for health services. There have been considerable achievements in infrastructural development, equipping of health facilities with modern equipment, and qualified health personnel. Patient and health worker safety programmes have been implemented at all levels of healthcare to ensure provision of quality services and safety of the environment in which services are provided. The sector is also leveraging on improved ICT infrastructure and mobile penetration to digitise health services in public health facilities and adopt technologies such as telemedicine, m-health and e-health. There is also commendable progress in research and innovation with a number of locally manufactured HPTs such as Malaria rapid diagnostic tests that is key in embracing domestic resource mobilisation. The sector managed to achieve this by adopting multi-sector approaches.

Despite the achievements, the sector continues to face a number of challenges such as suboptimal human resources (including health services specialists) at the National and County levels, operational inefficiencies in supply chain management of HPTs, regulatory challenges for novel and re-emerging products, rising medical cost coupled with low insurance uptake. As a result, the sector has not effectively met the expectation of the populace.

To address these challenges and improve access to essential quality health services to underserved, marginalised, and vulnerable populations as envisioned in the UHC Policy, there is need to: enhance compliance to set health standards, improve multi-sectoral linkages and participation, embrace domestic resource mobilisation, invest in innovations and local manufacturing of health products and technologies, strengthen legislative and regulatory frameworks in the health sector, mainstream Health and HIV interventions, infrastructure development projects and enactment of HIV/AIDS & STI management legislations in counties. The government has prioritised preventive and promotive health interventions like outpatient and basic diagnostic services rather than curative.

The sector has taken into consideration the government key priorities and commits to implement these interventions. To this end the sector is going to use coordinated and sustained action across multiple sectors. The sector therefore

recognizes that multisectoral approaches are critical to addressing the determinants of health. It will partner with State and non-state actors (Ministries, Departments and Agencies), County Governments, FBO, NGOs, CSOs, private sector, external actors, and clients to achieve quality health care services. The multi-sectoral approach is considered as core practice and a logical means to addressing the many determinants of health that lie outside the control of the health system.

CHAPTER SIX: RECOMMENDATIONS

In order to realise the aspirations of the Constitution of Kenya, Vision 2030, Sustainable Development Goals (SDGs), Universal Health Coverage (UHC), and the government's agenda, the sector will continue to prioritise the investment in a healthier society that will contribute to the nation's productivity and prosperity. Therefore, the following recommendations were made;

- 1) Increase the sector's budgetary allocation to accelerate access to health services to attain Universal Health Coverage (UHC);
- 2) Consolidate all Government sponsored health insurance schemes to sustain progress towards UHC.
- 3) Scale up domestic resource mobilisation to address programmes heavily dependent on donor funding to enhance sustainability especially in HIV, TB, Malaria, Vaccines, Nutrition, and Reproductive, Maternal Neonatal, Child and Adolescent Health (RMNCAH), and Blood Transfusion Services.
- 4) Engage with the County Governments to ring-fence funds for healthcare from facility improvement funds.
- 5) Address the Human Resource for Health (HRH) inadequacies to strengthen capacity to support provision and access of high-quality health services.
- 6) Refocus attention on primary health care services to bring healthcare services closer to citizens and strengthen referral systems for efficient and responsive service delivery;
- 7) Increase investment in specialised medical care in the National Referral Hospitals
- 8) Equip health facilities and upgrade health infrastructure at all levels to improve on access to healthcare services;
- 9) Invest in local manufacturing of essential and specialised health products and technologies for national commodity security and surveillance;
- 10) Address supply chain inefficiencies to improve access to essential affordable commodities to all health facilities;
- 11) Invest in medical research, innovations and development in national health priority areas;
- 12) Digitization of health services, harmonisation, and integration of information systems to ensure efficiency in service delivery and portability of patient data;
- 13) Strengthen multilateral, multi-sectoral and partnerships approaches on health and nutrition service delivery to respond to emergencies, disasters and pandemics and ensure disease and nutrition surveillance mechanisms are enhanced.

- 14) In the next plan period, the Sector to focus on Preventive and Promotive Health & Nutrition through availing adequate resources to strengthen Primary Health Care Systems as the driver to attain UHC.