



COUNTY GOVERNMENT OF NAKURU

DEPARTMENT OF HEALTH
SERVICES

DRAFT HEALTH SECTOR REPORT

2024



MTEF 2025/26 - 2027/28

Table of Contents

ABBREVIATIONS.....	4
Executive Summary	8
CHAPTER ONE:.....	11
CHAPTER TWO.....	18
1. Administration and Planning.....	18
1.1 Health information System (HIS).....	18
1.2 Human Resource for Health (HRH)	20
1.5 Health Infrastructure.....	28
2. Public Health Services	29
2.1 Environmental and Sanitation programme.....	29
2.5 Disease Surveillance	36
2.10 Community Health Services	47
Strengthening CHU Functionality.....	47
2.12 Nutrition Services	56
2.13 HIV/AIDS Program	58
2.14 Tuberculosis program.....	62
Key Activities and Achievements during the period under review included: ...	63
3. Medical Services.....	70
3.1 Provision of Essential services.....	71
The chart below shows the ten leading cancer morbidity attend in the period between 2022 - 2024 in the oncology centre	78
3.5 Non-Communicable Diseases Program	78
2.1 Review of Sector Programmes/Sub-Programmes/projects-Delivery of Outputs/ KPI/ targets	86
2.2.1 Analysis of Programme expenditures	101
2.2.2 Analysis of Programme expenditures by economic classification.....	103

2.2.3 Analysis of Capital Projects	106
CHAPTER THREE	109
3.1.2 Programmes, Sub-Programmes, Expected Outcomes, Outputs, and Key Performance Indicators for the Sector	112
3.2.1 Sector/Sub Sector Recurrent (see Table 5a on presentation of the information)	123
3.2.2 Sector/Sub Sector Development (see Table 5b on presentation of the information)	124
3.2.3 Programmes and sub-programmes Resource Requirement (2023/24 – 2025/26 (see Table 6a on presentation of the information)	124
3.2.4 Programmes and sub-programmes Resource Allocation (2023/24 – 2025/26 (see Table 6b on presentation of the information)	127
3.2.5 Programmes and sub-programmes Economic classification. (See Table 7 on presentation of the information)	129
CHAPTER FOUR.....	147
CHAPTER FIVE.....	149
CHAPTER SEVEN	154
Summary of Human Resource Requirements	176
Proposed Projects FY2025/2026	184

ABBREVIATIONS

ACF	Active Case Finding
AIDS	Acquired Immune Deficiency syndrome
AMREF	African Medical & Research Foundation
ANC	Ante Natal Clinic
ANC	Ante Natal Care
ART	Anti-Retroviral Therapy
ARVs	Antiretroviral Virus
AYFS	Adolescent and Youth Friendly Services
AYSRH	Adolescent and Youth Sexual Reproductive Health
CAWP	County Annual Work plan
CECM	County Executive Committee Member of Health
CHAI	Clinton Health Access Initiative
CIDP	County Integrated Development Plan
CMLAP	County Measurement Learning & Accountability
COH	Chief Officer of Health
COG	Council Of Governors
CTRH	County Teaching and Referral Hospital

DANIDA	Danish International Development Agency
DQA	Data Quality Audit
EMR	Electronic Medical Records
ENT	Ear Nose and Throat
EPI	Expanded Programme on Immunization
FBO	Faith Based Organizations.
FIF	Facility Improvement Fund
FY	Financial Year
GBV	Gender Based Violence
HFMC	Health Facility Management Committee
HHA	Health Heart Africa
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Head Quarters
ICT	Information Communication Technology
ICU/HDU	Intensive Care Unit/ High Dependent Unit
IHRIS	Integrated Human Resource Information System
IPC	Infection Prevention and Control

KEMSA	Kenya Medical Supplies Authority
KMTC	Kenya Medical Training College
KRCS	Kenya Red Cross Society
LLITNS	Long Lasting Insecticide Treated Nets
MDR TB	Multi - Drug Resistance Tuberculosis
MES	Managed Equipment Service
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NCDs	Non-Communicable Diseases
NHSSP	National Health Sector Strategic Plan
NCTRH	Nakuru County Teaching & Referral Hospital
ODF	Open Defecation Free
OPD	Outpatient Department
PGH	Provincial General Hospital
PHEOC	Public Health Emergency Operation Center
PMCTC	Prevention of Mother to Child Transmission
RH	Reproductive Health
SAGAS	Semi-Autonomous Government Agencies

SARS	Severe Acute Respiratory Syndrome
SDGs	Sustainable Development Goals
TB	Tuberculosis
THS-UC	Transforming Health Systems for Universal Care
TT	Tetanus Toxoid
ULTS	Urban Led Total Sanitation
UNICEF	United Nations International Children Educational Fund
USAID	United States Aid for International Development
WASH	Water Sanitation and Hygiene

Executive Summary

During the review period from FY 2021/22 to FY 2023/24, Nakuru County's Health Sector made significant strides in improving healthcare delivery while addressing persistent challenges. Aligned with Kenya's commitment to Universal Health Coverage (UHC) and guided by Vision 2030, the Presidential Bottom-Up Economic Transformation Agenda (BETA) Plan, and the Governor's Manifesto, the sector focused on delivering quality, equitable, and accessible healthcare services.

Key achievements include the automation of 11 sites with the KEMR Plus system, which enhanced operational efficiency, and the recruitment of 146 healthcare staff across all cadres, strengthening the workforce. Twelve integrated supervisory visits were conducted, improving oversight, while sanitation initiatives resulted in 96% of households having functional toilets. Schools across the county achieved 100% functional handwashing facilities, contributing to improved hygiene standards. Additionally, food handler examinations increased by 30%, reaching 20,775 individuals, and generated a revenue growth of 34%, totaling Ksh. 12 million.

Reproductive health services also recorded notable progress, with 74% of Women of Reproductive Age (WRA) accessing family planning services, largely due to the uptake of Long-Acting Reversible Contraceptives (LARCs). Cervical cancer screening coverage increased to 36%, and a Youth-Friendly Centre was operationalized in Njoro Sub-County. Child health outcomes improved with Vitamin A supplementation coverage reaching 97%, while HIV prevalence reduced from 3.5% to 3.3%.

Non-Communicable Disease (NCD) services were significantly expanded, diagnosing and managing 36,055 diabetes and 70,126 hypertension cases, including in remote areas. Partnerships with organizations such as Healthy

Entrepreneurs and Medtronic Labs enabled the training of Community Health Promoters (CHPs) in early detection and referrals, ensuring better disease management. The establishment of patient support groups, guided by a Standard Operating Procedure (SOP), further enhanced the management of chronic diseases.

In mental health services, the county made substantial progress by expanding admitting units, outpatient clinics, and outreach programs. Over 7,671 new mental health cases were managed, and public education campaigns reached 1,500 community members. Additionally, more than 1,000 CHPs and 200 healthcare workers received training, reducing stigma and improving mental health literacy. Vulnerable populations, including flood survivors and healthcare workers, were supported through mental health and psychosocial support (MHPSS) initiatives.

Rehabilitation and disability services also saw significant advancements. The county provided over 100 mobility devices, 40 prosthetic devices, and specialized therapeutic services for children with disabilities. Disability assessments categorized over 2,000 individuals, and 65 CHPs were trained to promote early detection and intervention. Accessibility audits ensured that Level 4 facilities adhered to disability inclusion policies, furthering equitable healthcare access.

Despite these achievements, the sector faced persistent challenges, including insufficient staffing, issues with drug procurement and recurring stockouts, and delays in fund disbursement, which impacted service delivery. Budget absorption rates declined over the review period, from 86% in FY 2021/22 to 74% in FY 2023/24, reflecting financial constraints.

To address these challenges and sustain progress, the sector has identified key strategies for the next Medium-Term Expenditure Framework (MTEF) period. These include implementing a comprehensive health staff establishment plan to recruit,

promote, and retain skilled healthcare workers, expanding health infrastructure, and strengthening management systems. Other priorities include enhancing primary care networks, maternal and child health, disease surveillance, sanitation, reproductive health, HIV & TB prevention, mental health awareness, and chronic disease management. Improving drug supply chain management and diagnostic services will also remain a focus.

In conclusion, Nakuru County's Health Sector has demonstrated its commitment to improving healthcare delivery and advancing UHC. Through strategic planning, resource mobilization, and collaboration with stakeholders, the sector is poised to overcome challenges and achieve sustainable progress. Its vision remains firmly rooted in providing equitable, inclusive, and accessible healthcare for all.

CHAPTER ONE:

1.0 INTRODUCTION

The Sector report has been prepared to offer a comprehensive view of the department's performance during the Medium-Term Expenditure Framework (MTEF) spanning from FY 2021/22 to FY 2023/24, while also outlining its future plans for the MTEF period from FY 2025/26 to FY 2027/28. This report encompasses details regarding the department's financial allocations, spending patterns, and notable accomplishments across its diverse programs and sub-programs. Furthermore, it sheds light on the obstacles affecting the sector and presents recommended strategies for addressing these challenges.

1.1 Background

Kenya aims to achieve Universal Health Coverage (UHC) to ensure all citizens can access healthcare services without financial hardship. This goal aligns with Kenya's Vision 2030, the Presidential Bottom-up Economic Transformation Agenda (BETA) Plan, and the Governor's Manifesto, which outline the nation's development agenda. The County Government of Nakuru is focused on strengthening the health sector to provide quality health services. The County Health Sector's responsibilities, as outlined in the Fourth Schedule, Part 2 of the Constitution of Kenya (2010) and Executive Order No. 1 of 2023, include overseeing critical functions. These responsibilities involve managing county health facilities and pharmacies, providing ambulance services, promoting primary health care, regulating food-related businesses, managing cemeteries, funeral parlors, and crematoria, and ensuring proper removal and disposal of medical waste.

To bolster the Health Sector's endeavors, the Kenyan government has developed a framework of Policies, Acts, and Regulations. These encompass the Kenya

Health Policy 2014-2030, advocating for principles of equity, a people-centered approach, active participation, multisectoral collaboration, efficiency, and social accountability in healthcare delivery. The Primary Health Care Act, 2023, the Digital Health Act, 2023, the Facility Improvement Financing Act, 2023, and the Social Health Insurance Act, 2023, together create a legal and institutional foundation indispensable for the successful implementation of Universal Health Coverage.

The County Health Sector comprises three Directorates, each with distinct mandates. The Administration and Planning Directorate oversees the sector's overall operations, ensuring effective coordination and functionality. The Public Health and Sanitation Directorate focuses on preventive and promotive health services, prioritizing public well-being. The Medical Services Directorate is responsible for curative and rehabilitative services, addressing health needs and facilitating recovery.

The Health Sector operates through three comprehensive programs:

- Administration and Planning
- Preventive and Promotive Health Services
- Curative and Rehabilitative Services

This approach forms the core of Nakuru County's efforts to provide quality healthcare services and advance the cause of Universal Health Coverage, ensuring the health and prosperity of its residents.

The Health Sector comprises a total of 222 healthcare facilities distributed across various levels of care. Among these, 1 facility operates at Level V, offering advanced and specialized healthcare services. Additionally, 16 facilities are classified as Level IV, providing a high standard of care, albeit less comprehensive than Level V facilities. A further 32 facilities function at Level III, delivering a broad

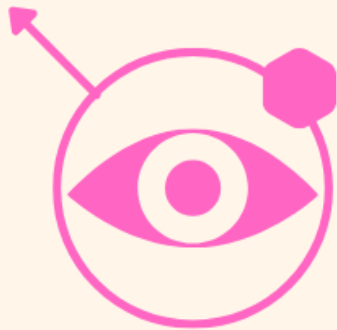
range of healthcare services to their communities. The majority, 173 facilities, are categorized as Level II, serving as primary care centres addressing essential health needs within their local areas.

The healthcare system in Nakuru County serves not only its residents but also those from neighboring counties. In the Financial Year 2023/24, the Department of Health Services recorded a substantial number of patient interactions. Specifically, there were 6,004,353 outpatients who sought medical attention, alongside 122,989 admissions to healthcare facilities during this period. This data underscores the significant demand for healthcare services and the volume of patient care provided within the region's healthcare facilities.

Our Mission and Vision

Vision

A Healthy County



Mission

To Provide Intergrated Health Services for all



Strategic Goals/Objectives of the Sector

- To Eliminate Communicable Conditions
- To Halt and reverse the rising burden of non-communicable conditions
- To reduce the burden of violence and injuries
- To Minimize exposure to health risk factors
- To provide essential health services
- To strengthen collaboration with health-related sectors

1.3 Strategic Goals/Objectives of the Sector

1. To Eliminate Communicable Conditions
2. To Halt and reverse the rising burden of non-communicable conditions
3. To Minimize exposure to health risk factors
4. To provide essential health services
5. To strengthen collaboration with health-related sectors

1.4 Sector and its Mandate

In order to promote access to quality health care services in the county the department will fulfill the following.

- a) Ensure quality of health services
- b) Promoting access to health services throughout the County
- c) Ensure efficiency is at the core of its health department and services
- d) Address discrimination of marginalized areas and vulnerable groups

1.5 Role of Sector Stakeholders

The department of Health Services works with a large network of partners and stakeholders in a bid to strengthen inter-sectoral collaboration. These partners include National Government Ministries and Agencies, Non-Governmental Organizations (NGOs), Private and Faith Based Organizations (FBO), Program implementing Partners, Institutions of higher learning and medical training as well as Community Based Organizations.

The table below provides a breakdown of stakeholders and the role they play in the implementation of health programmes.

Stakeholder	Role
Ministry of Health	Providing policy direction, standard, training & Regulatory functions and National Referral Services
Ministry of Interior	Coordination of community engagement and mobilization for health-related initiatives.
Council of Governors	Coordination and linkage of the two levels of government
County Assembly	Legislation and oversight
NGOs,CBOs, FBO & Private Sector	Bridging technical and financial gaps in the health sector. Supplement government effort through provision of health care services
National AIDS and STI Control Programme (NASCO) National Syndemic Diseases Control Council (NSDCC)	Address HIV/AIDS Issues, training and policy directions. Oversees intervention, Monitoring and Evaluation of HIV/AIDS activities.
Development Partners (USAID, DANIDA, UNICEF, Amref, WHO, World Bank, Nutrition International etc)	Bridge the gap in budgetary allocations and provide technical support
Health Facility Boards & Committees	Create a link between the department/ health facilities and the community.

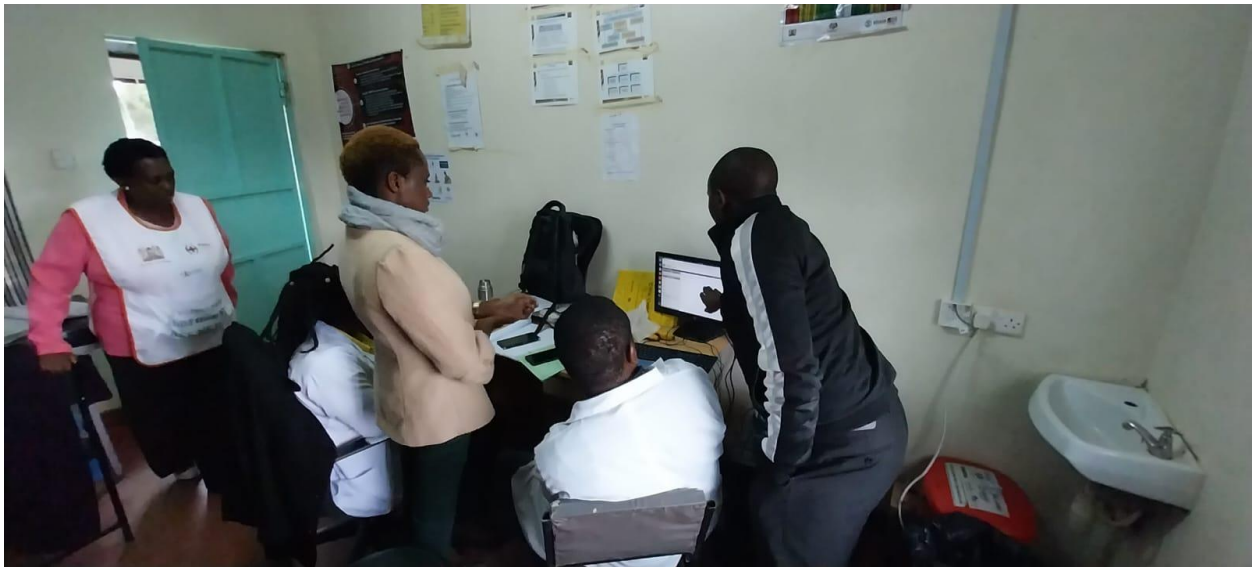
Stakeholder	Role
Semi-Autonomous Government Agencies (SAGAs) (Universities, KMTTC, KEMRI)	Capacity building of Human Resource for Health, Research & innovations
Kenya Medical Supplies Authority (KEMSA)	Supply Health Products & Technologies
Social Health Authority (SHA)	Provide Social Health Insurance
Local Community	Participate in decision making, ownership and involvement of development projects; participate in diseases prevention and promotion; management of health facilities

CHAPTER TWO

2.0 PROGRAMME PERFORMANCE REVIEW FOR THE MTEF PERIOD 2021/22-2023/24

1. Administration and Planning

1.1 Health information System (HIS)

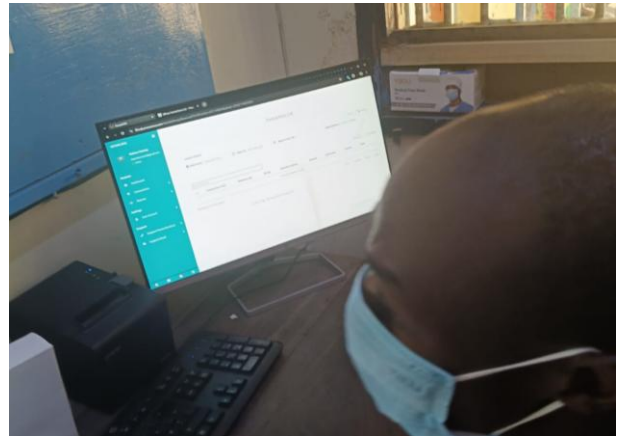


The Health Information sub-program holds a crucial role in ensuring comprehensive data availability for monitoring and evaluating healthcare activities across facilities. The primary objective is to achieve complete and reliable monthly operational health facility reports, targeting an increase from 98% to 100%.

The journey towards health service automation began in 2020, involving a comprehensive assessment of Electronic Medical Records (EMR) and ICT status within the county. Subsequently, an automation roadmap report was developed, guiding the strategy for implementation, equipment distribution, and deployment of necessary hardware and software across targeted health facilities. Training programs involving 31 County Technical Officers (CTOS) were conducted to

enable healthcare providers to utilize the KEMR Plus Software effectively.

During the review period, the department had targeted to implement the automation process in eight healthcare facilities, including Mirugi Kariuki, Kiptangwany, Keringet, Soin, Langalanga, Bondeni, Mangu, and Elburgon Hospitals.



By the end of the 2023/2024 financial year, the County managed to expand its Kenya Electronic Medical Records system (KEMR Plus) to cover a total of 11 sites. The additional 3 sites was as result of Primary Care Network implementation in Bahati sub county hospital which brought into board Bahati rural health center, Ruguru dispensary and Kabatini health centre

Currently, the ongoing automation in these facilities stands at 75%, with the remaining 25% involving system implementation in Maternal and Child Health (MCH), Maternity, In-patient, and Morgue Modules. The department has also installed Local Area Network (LAN) infrastructure in these eight facilities, as well as in NCTRH, Naivasha, and Gilgil Hospitals. Furthermore, three facilities now have National Fibre Optic Backbone Infrastructure (NOFBI) for internet connectivity.

Additionally, the department, in collaboration with USAID Tujenge Jamii (UTJ), installed KEMR at 89 Comprehensive Care Centres (CCCs) to enhance HIV patient data management and overall facility efficiency.

Moreover, through a partnership with the Ministry of Health (MOH), the Electronic Community Health Information System (e-CHIS) has been implemented. This application is utilized by Community Health Promoters (CHPs) in their daily tasks, including household registration, assessments, WASH services, etc., and has been installed in 3,306 smartphones, significantly improving data management at the

community level.

The Department of Health services has successfully implemented a Smart Primary Care Network in Bahati sub-county, enhancing the delivery of healthcare services. Three facilities—Bahati Rural Health Centre, Ruguru Dispensary, and Kabatini Health Centre are equipped with adequate ICT resources to manage patients referred from the community using the Electronic Community Health Information System (E-CHIS). These facilities are integrated with the Kenya EMR+ system, enabling efficient tracking and management of patient data, ensuring seamless continuity of care and improving overall healthcare service delivery.

1.2 Human Resource for Health (HRH)

In the financial years 2022/2023 and 2023/2024, the Department of Health, Nakuru, made notable strides in managing its Human Resource for Health (HRH), despite ongoing challenges impacting workforce stability and service delivery. In FY 2022/2023, the department managed a workforce of 3,082 individuals, which expanded to 3,446 in FY 2023/2024, reflecting an 11.8% growth. 1,749 employees are on permanent and pensionable terms in FY 2023/2024. Key contract categories included hospital-specific contracts with 795 employees, county contracts engaging 448, USAID Tujenge Jamii (UTJ) contracts employing 274, and Universal Health Care initiatives contributing 183 specialized roles. Partnerships like Danida, Global Fund, and World Vision continued to supplement project-specific staffing needs.

The department also enhanced its focus on youth engagement through internships. In FY 2022/2023, 400 youths were progressively enrolled in internship programs, a figure that rose to over 600 in FY 2023/2024. This significant increase highlighted the department's commitment to capacity-building and creating pathways for young professionals to gain valuable healthcare experience while addressing immediate workforce shortages.

Recruitment and absorption efforts further Strengthen the department's capacity. In FY 2022/2023, 96 healthcare workers were recruited, though this was insufficient to meet the annual shortfall of 815 staff members across all cadres. FY 2023/2024 saw targeted actions, including the recruitment of 50 healthcare workers across various cadres in June 2024 and the absorption of 186 healthcare workers from earlier cohorts—134 from 2016 and 52 from 2020—into permanent roles in February 2024. These measures demonstrated a commitment to both addressing immediate needs and securing long-term workforce stability.

Promotions, essential for workforce motivation and career progression, faced persistent fiscal challenges. In FY 2021/2022, only 247 out of 1,579 eligible staff received promotions, while FY 2022/2023 saw progress with 644 out of 1,576 eligible staff promoted. However, in FY 2023/2024, planned promotions were deferred due to unforeseen statutory deductions, including the Housing Levy and increased NSSF contributions, further constraining efforts to recognize and reward deserving staff.

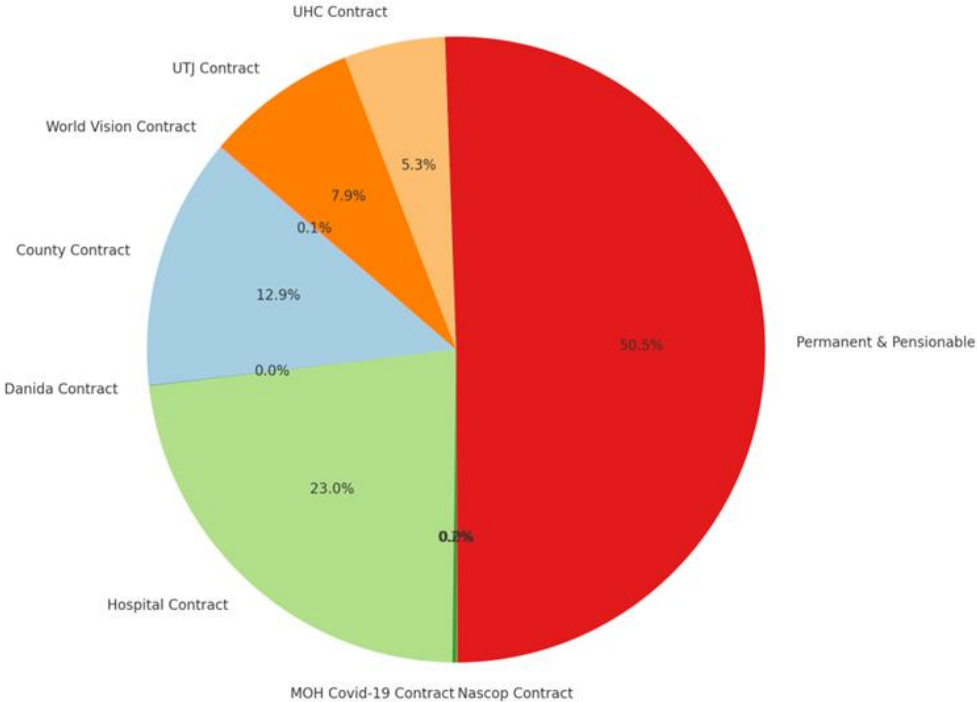
Training and development initiatives remained a priority, with comprehensive programs rolled out in both years. In FY 2022/2023, induction programs and skill enhancement for supervisory roles laid the foundation for expanded efforts in FY 2023/2024. During this period, 30 County Health Management Team (CHMT) members, 33 Sub-County Health Management Team (SCHMT) members, and 69 Health Management Team (HMT) members participated in induction programs. Newly appointed Hospital Boards in Gilgil and Naivasha also received targeted training, while Senior Leadership Development Programs (SLDP) equipped teams with advanced management skills. The department workforce includes a total of 132 Persons with Disabilities (PWD), showcasing the Department's commitment to inclusivity and diversity within its human resource framework.

Despite these efforts, the department continues to face a staffing deficit of 815 healthcare workers annually, placing substantial pressure on the existing

workforce. Budget constraints persist, hindering recruitment, promotion, and training initiatives. In FY 2023/2024, new statutory deductions compounded these challenges, delaying critical HR actions. Nevertheless, the department's consistent expansion and development of its workforce, alongside increased youth internship opportunities, reflect a commitment to addressing both immediate and long-term healthcare service needs. Overcoming these systemic challenges will require enhanced funding, streamlined processes, and innovative strategies to sustain and stabilize the healthcare workforce in Nakuru County. The pie chart and table below shows the distribution of staff per terms of engagement.

Distribution of staff per terms of Engagement

Workforce Distribution by Terms of Employment (Excluding Red Cross & Global Fund) - Department of Health, Nakuru, 2023/2024



Terms of Employment	Number of Employees
County Contract	448
Danida Contract	1
Global Fund Contract	2
Hospital Contract	795
MOH Covid-19 Contract	8
Nascop Contract	1
Permanent & Pensionable	1,749
Red Cross Contract	1
UHC Contract	183
UTJ Contract	274
World Vision Contract	4
TOTAL	3,446

1.3 Leadership and Governance

Over the fiscal years 2021/2022, 2022/2023, and 2023/2024, Nakuru County's Directorate of Administration and Planning within the Department of Health implemented several key initiatives to enhance leadership and governance across health facilities:

1.3.1 Health Facility Management Committees (HFMCs) and Boards:

Establishment and Strengthening: over the past years, the department has ensured involvement of the community in managing and running health services in the county. In the year 2020/2021, the department appointed and gazetted Hospital Management Committees and Health Facilities Management Committees (HFMC) and subsequently trained all members on their roles and responsibilities to enhance their capacity in resource mobilization and oversight. The committees are supposed to serve for a period of 3 years and to hold meetings on a quarterly basis to assess progress in service delivery and to approve

the hospital expenditure work plan. The committees ensure that the community is involved in the hospital decision making forum and also to mobilize the community to utilize services.

In the financial year 2022/2023 the department appointed and gazetted Hospital Management Committees for Gilgil and Naivasha Sub County Hospitals following a public outcry on the quality of services in the two hospitals and the two teams were taken through induction. This has restored public confidence and this has seen improved utilization of the services. After the lapse of the tenure for the other committees in the financial year 2023/2024, we appointed and gazetted Hospital management Committees for eleven (11) hospitals and they were subsequently inducted in December 2023. The remaining committees are in the process of their appointment to ensure that the department complies with the legal requirement of having all management committees in place and inducted in their roles and responsibilities.



CECM Health during the induction session at NCRTH

1.3.2. Stakeholder Engagement

The department has partnered with various development partners to implement various programs and projects in the department. In order to proper coordination of all partners the department established a partners management committee to oversee and ensure that all partners engaged are operating within the legal requirements and also to align partners activities with the department annual and strategic. goals. During the period under review the department has ensured that all stakeholders are brought together through the bi annual stakeholders forum.

The forum provides them with an opportunity to share their performance in project and program implementation and also to meet and share ideas with each other. The department also uses the forum to present performance in service delivery

and to identify areas that are not performing well for partner support and also to ensure all stakeholders activities are aligned with the department priorities.

1.3.3 Supervisory Visits

The department conducted 12 integrated support supervision across all 16 hospitals throughout the review period, ensuring comprehensive oversight and guidance. Quarterly supervision visits were scheduled to cover all areas of the county, including Level 2 and Level 3 facilities as well as community units. To streamline this process, the county was divided into three regions, with each region supervised by a team led by a directorate. This zoning approach allowed the teams to visit all facilities within their designated areas and provide targeted support to sub-county teams.

During the visits, the supervision teams utilized the Kenya Quality Health Management Tool, which was customized to address the specific needs of the department. Structured feedback was provided to facility staff at the end of each visit, and an action plan was developed to guide and monitor the implementation of agreed actions. Reports from these visits were disseminated to departmental leadership to inform priority setting and resource allocation for facility support.

This supervision exercise is an ongoing process aimed at ensuring the continuous provision of quality healthcare in all facilities, including community units. By maintaining regular oversight and feedback, the department strives to strengthen healthcare delivery and address emerging challenges effectively.

1.3.4. Annual Work Plans

The department has ensured development of the Annual Work Plan by all planning units is done right from the community level to ensure all activities are aligned with the department priorities. Annual Work Plan guides the department

activities and resource allocation of health facilities. The plan also guides the department in partners engagement and resource mobilization.

These plans were aligned with the county's health objectives and were reviewed on a quarterly basis to assess progress and make necessary adjustments, ensuring strategic alignment and effective resource utilization.

1.4 Research and Development

Over the past three years, Nakuru County's Department of Health has significantly advanced its commitment to evidence-based healthcare by increasing the frequency and accessibility of health research forums. During the 2021/2022 fiscal year, the department organized four research reviews and dissemination forums, aligning with its initial targets. This number doubled to eight in FY 2022/2023, reflecting a growing emphasis on collaborative research and data-driven decision-making. The 2023/2024 fiscal year marked a pivotal shift with the introduction of virtual meetings, enabling monthly forums on the first Tuesday of each month, thereby surpassing the target with a total of twelve sessions.

These forums have facilitated the dissemination of critical research findings, directly influencing health policies and interventions. For instance, discussions on maternal and child health led to the implementation of targeted programs aimed at reducing infant mortality rates. Additionally, forums addressing non-communicable diseases resulted in enhanced screening and management protocols for conditions such as diabetes and hypertension. The virtual format has broadened participation, allowing healthcare professionals from various sub-counties, Partners local/global and students in learning institutions to contribute insights, thereby enriching the collective knowledge base.

The strategic increase in research forums underscores Nakuru County's dedication to fostering a culture of continuous learning and improvement within its health

sector. By leveraging technology and promoting regular knowledge exchange, the county has strengthened its capacity to respond to emerging health challenges effectively. This approach not only enhances service delivery but also ensures that health interventions are grounded in the latest research and best practices, ultimately improving health outcomes for the county's residents.

1.5 Health Infrastructure

Health infrastructure forms a fundamental pillar of health service delivery and is one of the eight policy orientations outlined in the Kenya Health Policy, 2014-2030. The policy aims to establish a network of functional, efficient, and sustainable health infrastructure to enable effective healthcare service delivery for all.

During the period under review, upgrading of health infrastructure increased from the FY 2022/23 where three (3) health facilities were achieved with more achievements noted in the FY 2023/24 where seven (7) were upgraded against a target of six (6) health facilities, these were Lare health center, Githioro Health center, Mangu Dispensary maternity, Sumeek dispensary maternity, Kipsyenan dispensary outpatient block , Ngecha dispensary outpatient block and Mwiciringiri dispensary outpatient block and Majani Mingi dispensary outpatient block.

Improvements of infrastructure in Level 4 hospitals also made great strides, with completion statuses as follows: The completion of ultra-modern outpatient department (OPD) blocks at Nakuru County Referral and Teaching Hospital (NCRTH) and Naivasha Sub-County Hospital, Maai Mahiu Phase II at 45%, Gilgil Maternity Phase 1 at 94%, Njoro OPD/IPD at 83%, Molo OPD/IPD at 88%, and Olenguruone Level 4 Hospital Phase II at 53% and Mai Mahiu Phase 1 new OPD/IPD at 100%. Additionally, in the FY 2023/24, two new projects for Level 4 hospitals were initiated, namely, the inpatient and outpatient blocks at Subukia

Level IV Hospital, which are 88% complete, and the Mother-Baby Wing at Bahati Sub County Hospital, which has reached 55% completion funded by Kingdom Seekers Fellowship. Langa Langa Sub- County hospital benefited from a major infrastructure rehabilitation.

In tandem with these projects, 48 dispensaries were partly completed during the review period. These facilities are being prioritized for equipping and human resource deployment to facilitate operationalization and ensure they become fully functional.

The county has emphasized the completion and operationalization of ongoing projects as a priority. To support this goal, it has engaged the National Government for grants and is collaborating with various partners to identify modes of equipping these facilities effectively. These efforts align with the broader objective of enhancing access to quality healthcare services by ensuring that health infrastructure supports service delivery comprehensively.

2. Public Health Services

2.1 Environmental and Sanitation programme.

The Environmental and Sanitation Program plays a crucial role in promoting public health through improved hygiene practices, waste management, and access to sanitation facilities. The percentage of schools with functional handwashing facilities in FY 2021/22 was 82%. This figure has gradually increased to 100% in the FY 2023/24. Enhanced hand hygiene has contributed to successful prevention of Water, Sanitation, and Hygiene (WASH)-related infections such as Covid - 19 in the recent past and currently MPOX.

In addition, the number of health facilities with medical waste incinerators increased from one to two, facilitated by the donation of a medical waste transportation truck and an incinerator by the Ministry of Environment. This development ensures proper healthcare waste management, thereby improving

infection prevention and control (IPC) measures and occupational health and safety (OHS) in workplaces.



County Health Care Waste Management Truck

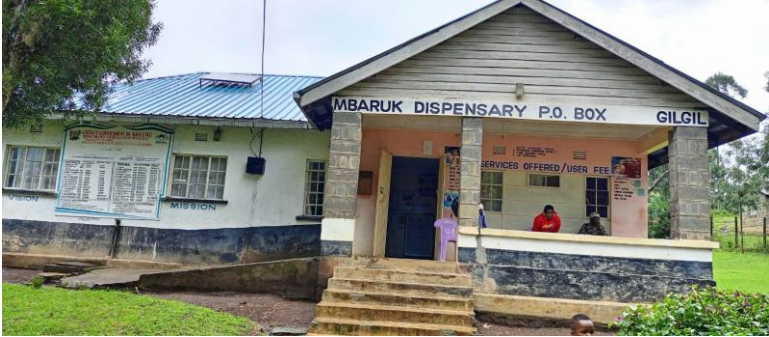
The percentage of households with functional toilets rose from 92% in FY 2021/22 to 96% in 2023/24, leading to increased latrine coverage. This progress was driven by the rise in certification of open defecation-free (ODF) villages to 140 in 2021/22, 472 in 22/23 and 320 in 23/24. As a result, the incidences of WASH-related diseases have significantly decreased. The County, in collaboration with its partners, aims to achieve ODF status by 2024. To ensure that the sanitary facilities are kept in a clean state the department developed Standard Operating Procedures for cleaning and disinfection of public toilets.

The Department of Health is implementing Climate Change mitigation measures. The main activity in the department has been planting of trees and fruit trees for improved dietary diversity, planting of healing gardens (flowers) for beautification and mental well-being. Solarization in the health facilities for lighting, digitization and cold chain maintenance for preservation of vaccines. In FY 2021/22 430 fruit

trees were planted in the County public health facilities. FY 2022/23 360 Fruit trees planted. In FY 2023/24 the department enhanced tree planting, healing gardens and solarization. During this year the department planted 345 fruit trees, 1265 tree seedlings, Healing gardens in 11 Level 4 and 5 hospitals and solarization in 5 health facilities.



Avocado tree in NCRTH



Solarization in Health Facility

2.2 Food Safety

Food safety is a critical aspect of public health, preventing foodborne illnesses and reducing the burden on healthcare systems. In the financial year 2021/2022, the County's Food Safety Unit conducted medical examinations for 16,000 food handlers to assess their fitness for handling food in establishments, generating Ksh 9,325,220 in revenue. Over three years, there was a steady increase in the number of food handlers examined and certified, rising to 18,074 in 2022/2023 and 20,775 in 2023/2024, marking a 30% increase. Correspondingly, revenue from these activities grew by 34%, reaching Ksh 12,464,935 by 2023/2024.

Similarly, inspections and licensing of food-related businesses generated Ksh 23,584,535 in 2021/2022. By 2023/2024, this revenue had increased by 36% to Ksh 32,185,650, highlighting the growing emphasis on compliance and safety standards in food establishments.

To further enhance food safety, the County established a Public Health Food Laboratory in 2023/2024 to monitor the safety of food consumed in the region.

The successful launch of laboratory marks a significant milestone in advancing health and safety standards within our community, the achievement was made possible through the invaluable support of the Global Alliance for Improved Nutrition (GAIN) through financial support, technical expertise, capacity building and advocacy. The laboratory was set up through the renovation of an existing space, including the installation of worktops, drainage systems, shelves, and general repairs. Equipment was provided with the support of AGRiFI and Jomo Kenyatta University of Agriculture and Technology (JKUAT). In its first year of operation, the laboratory analyzed 146 food samples collected from schools, hospitals, cereal stores, and posho mills, enabling timely corrective actions to safeguard public health.

Enforcement of public health laws was carried out consistently, complemented by awareness campaigns targeting food handlers and business operators. Capacity-building initiatives included the training of 30 public health officers in food fortification to enhance compliance efforts. Four officers were further trained as food safety trainers, who cascaded training to 1,213 food business operators and vegetable vendors. These sessions aimed to equip vendors with the knowledge and skills to ensure that food reaches consumers in a safe condition.

2.3 School health

School health programme is a comprehensive need-based services rendered to pupils, students, teachers and non-teaching staff to promote, protect their health, prevent and control diseases and maintain health which is anchored on 8 thematic areas as per the National School health policy 2018. Value and life skills, Gender issues, child rights protection and responsibilities, special needs, disability and rehabilitation, water sanitation and hygiene, Nutrition, Disease prevention and control, school infrastructure and environmental safety.

In FY 2021/2022, 82% of schools had functional handwashing facilities, a figure that declined to 68% in FY 2022/2023 due to reduced urgency following the decline in COVID-19 cases. However, by FY 2023/2024, all schools achieved 100% functional handwashing facilities as a result of formation or strengthening of health clubs marking a significant milestone. The emphasis on hand hygiene has contributed to effective prevention of COVID-19 and other WASH-related infections.

Over the three years, notable achievements in school health included the formation and strengthening of 269 school health clubs and the training of 2,350 learners and teacher patrons on their roles and responsibilities within these clubs. A total of 4,466 handwashing facilities were installed in public schools, and 1,247 schools were inspected for public health compliance. Additionally, 161,679

learners and teachers were sensitized on school WASH practices, promoting hygiene and sanitation awareness across institutions.

The School Health Program has also seen success in implementing all-inclusive WASH initiatives, supported by climate-resilient infrastructure. A key example is Rurii Comprehensive School in Kiamaina Ward, Bahati Sub-County, which serves 1,330 learners. With support from Finish Modial, USAID Tujenge Jamii, VEI, Water Worxs and the Department of Health, the school constructed a 52-door sanitary block, improving sanitation for learners and teachers. The facilities include bathrooms for girls to manage menstruation effectively and toilets designed for individuals with special needs. Additionally, the sanitary facilities are connected to a biogas system that produces clean energy for cooking, reducing reliance on firewood and promoting sustainability.

Another notable initiative is the Uji Program, implemented under the leadership of Her Excellency, the Governor of Nakuru County. This program provides well-balanced and nutritious porridge to all children in public Early Childhood Development Education (ECDE) schools. The initiative has led to improved school enrollment, attendance, and cognitive development. The Department of Health has been instrumental in designing the program and continues to monitor the safety and quality of the porridge provided through the school health program.

2.4 Neglected Tropical Disease (NTD)

Neglected tropical diseases (NTDs) are a significant public health challenge, disproportionately affecting populations living in poverty. These diseases impose severe human, social, and economic burdens on affected communities. Interventions targeting NTDs align with the vision of universal health coverage,

often adopting grassroots approaches to reach the poorest and most marginalized populations effectively.

The Department has implemented various programs aimed at eliminating cases of Cutaneous Leishmaniasis, controlling bed bug infestations, and reducing soil-transmitted helminths (STH), particularly among school-going children. These initiatives combine treatment, preventive measures, and community engagement to combat these diseases.

For Cutaneous Leishmaniasis, the Department focuses on treating cases and conducting internal residual spraying (IRS) to eliminate sandflies, the primary disease vector. Over the last three financial years, a total of 90 cases were recorded and successfully treated. Specifically, 18 cases were addressed in FY 2021/2022, 28 in FY 2022/2023, and 44 in FY 2023/2024. Simultaneously, IRS interventions benefitted 2,259 households in Gilgil sub-counties, with 1,091 households covered in FY 2021/2022, a sharp decline to 26 households in FY 2022/2023, and a significant increase to 1,142 households in FY 2023/2024.

Efforts to control bedbug infestations were also undertaken during FY 2021/2022, targeting households in Nakuru East and Nakuru West. A total of 685 households benefited from spraying activities aimed at eradicating the pests and improving living conditions. However, no similar interventions were recorded in subsequent years, suggesting a need to evaluate the sustainability of this initiative.

In addressing soil-transmitted helminths, the Department carried out extensive deworming campaigns targeting school-going children. Over three years, more than 1 million children were dewormed. Specifically, 359,264 children received treatment in FY 2021/2022, 450,549 in FY 2022/2023, and 243,469 in FY 2023/2024. While the numbers peaked in FY 2022/2023, a notable decline in FY 2023/2024 raises concerns about potential gaps in coverage or resource allocation.

These interventions have significantly contributed to reducing the burden of NTDs within the community. However, some challenges remain. The decline in IRS efforts during FY 2022/2023 requires further investigation to ensure consistent vector control. Similarly, the drop in deworming numbers in FY 2023/2024 highlights the need for a sustained approach to resource distribution and outreach. Additionally, the bedbug control program appears to have been a one-time intervention, and its long-term impact or need for expansion should be assessed.

2.5 Disease Surveillance

The Disease Surveillance Sub-Program plays a critical role in monitoring, detecting, and responding to public health threats to safeguard the well-being of the population. Through systematic data collection, analysis, and timely interventions, this sub-program ensures that potential outbreaks are identified early and managed effectively.

To enhance surveillance sensitivity, event-based surveillance was expanded from six (6) Level IV health facilities to eleven (11) facilities. A weekly epidemiological bulletin was introduced and disseminated consistently to provide regular feedback across all operational levels. Weekly surveillance and emergency response meetings were also conducted. These efforts led to a steady increase in reported signals, from 4,329 in FY 2021/2022 to 5,523 in FY 2023/2024, with average verification rates improving from 87% to 91% and a 100% response rate achieved during the same period.

Under the Integrated Disease Surveillance and Response (IDSR) framework, 350 disease surveillance sites continued weekly reporting to monitor epidemic-prone and vaccine-preventable diseases. Reporting rates improved from 91% in FY 2021/2022 to 96% in FY 2023/2024, supported by ICAP and the provision of airtime and internet bundles by the

Department of Health. These enhancements ensured timely detection, notification, and response to outbreaks within 48 hours of notification.

Surveillance efforts for measles and poliomyelitis, diseases targeted for elimination and eradication, were intensified. The number of samples sent to the national measles and polio laboratory increased from 34 in FY 2021/2022 to 48 in FY 2023/2024 for measles, and from 27 to 33 for polio over the same period. Weekly Active Case Search (ACS) was conducted in 67 high-priority facilities, with searches increasing from 1,534 in FY 2021/2022 to 1,742 planned searches in FY 2023/2024, 1,664 (96%) of which were completed, reflecting an improvement from 88% to 96%.

2.6 Reproductive Health

The Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Program aims to improve health outcomes across the county by ensuring equitable access to quality reproductive health services. The program focuses on critical areas such as family planning, maternal and newborn care, adolescent health, and cervical cancer prevention. Through targeted interventions, partnerships, and capacity building, the program addresses key health challenges and strengthens service delivery.

In the financial year FY 2021/2022, the percentage of women of reproductive age (WRA) receiving family planning services increased from 55% in FY 2021/2022 to 66% in FY 2022/2023. This percentage further improved to 74% in FY 2023/2024 which also surpassed that year's target of 70%, this was attributed to an increase in health facilities offering Long-Acting Reversible Contraceptives (LARCs) from 321 in FY 2021/2022 to 472 in FY 2023/2024; targeted outreach/inreach services,

intensified mentorship on LARCs, and the introduction of new modern contraceptive commodities such as the Hormonal Intrauterine Device (MIRENA) and the DMPA Subcutaneous (DMPA-SC). Sub-county mentors and healthcare providers were trained on these methods, and other FP innovations including self-injection of DMPA-SC which was introduced to enhance self-care, expand contraceptive options, and reduce cost of revisits. These expanded the contraceptive method choices. In addition, the department also adopted the Optimizing Pharmacy Channels (OPC) approach to enhance access to short-term family planning methods. Twenty-one community pharmacies were identified, and pharmacists were trained to provide family planning services and also improve contraceptive continuity, referrals for long-term methods, and reporting of FP services in the county.

Skilled Birth Attendant (SBA) delivery rates increased to 88% in FY 2021/2022, exceeding the target of 75%. However, this rate declined to 82% in FY 2022/2023 and 79% in FY 2023/2024; To address this, the department has intensified awareness creation and community sensitization campaigns through community dialogues, facility maternity open days, community/household visits and referral for SBA at childbirth. In addition several quality of care initiatives have been initiated through establishment of facility Quality improvement Teams (QITs) and Maternity work improvement teams (WITs), Facility signal functions strengthening, EMONC assessments and mentorship to improve the quality of maternity care thus encourage more mothers utilizing SBA at childbirth.

Attendance of the recommended four antenatal care (ANC) visits decreased from 56% in FY 2021/2022 to 53% in FY 2023/2024, against a target of 60%. Despite this decline the department achieved the first ANC attendance target of 90% by promoting early ANC initiation at or before 12 weeks, which increased from 15% in FY 2022/2023 to 18% in FY 2023/2024. SMS reminders for follow-up appointments and reporting early warning signs of complications were introduced to improve

engagement and care-seeking behavior among the antenatal mothers.

The Cervical Cancer Program aims to prevent deaths from cervical cancer through use of optimal screening tests and treatment devices. Cervical cancer screening uptake reached 30% in FY 2021/2022 from 15% the previous financial year, this further improved to 36.1% in FY 2022/2023 and 36% in FY 2023/2024; this did not meet the review period target of 50%. To address this stagnation and increase the number of facilities conducting screening the department in collaboration with Clinton Health Access Initiative (CHAI) trained 26 TOTs on the screen-and-treat module, who in turn scaled up training and mentorship of 346 HCWs from 160 facilities including laboratory personnel from Nakuru CTRH. To promptly treat cervical pre-cancer lesions, additional ablation and excision devices were received from CHAI; 40 Thermo Ablators (TA) Devices received were distributed across the county, 7 LEEP (Loop Electrosurgical Excision procedure) devices placed in 7 Level 4 facilities and 11 HCWs trained on LEEP. 1 additional Colposcopy (Diagnostic assistive) Device was placed at the Nakuru CRTH. 2 additional Laboratories were activated to provide Human Papillomavirus (HPV) testing and handling of cancer specimens in Naivasha and Molo Sub-County Hospitals.

A significant milestone in RMNCAH during the period under review was the conclusion of the World Bank-supported Transforming Health Systems for Universal Care Project (THS-UCP) on June 30, 2023. The project supported RMNCAH activities and health system strengthening initiatives. Nakuru County remains committed to sustaining the gains achieved through this investment.

2.7 Adolescent and Youth Friendly Services

Adolescents and youth make up a significant portion of Nakuru County's population, presenting unique health needs, particularly in sexual and reproductive health (SRH). To address these needs, the county has prioritized

Adolescent and Youth-Friendly Services (AYFS), which offer tailored, confidential, and non-judgmental healthcare for individuals aged 10–24. Provision of these services has evolved over the past three fiscal years. In FY 2021/2022, four facilities were able to offer AYFS in a standalone model, significantly below the target of 11. This shortfall was largely due to limited space within the facilities, which led to the integration of the Services with the others in the remaining health facilities. The services offered in the facilities were Reproductive and

mental health services. Despite these challenges, the department of health ensured that adolescents and young people continued to have access to essential services in a more integrated approach. This effort allowed for continued support, although the standalone model remained a key goal for future expansion.

A key area of focus was addressing the alarmingly high rates of teenage pregnancies, which stood at 12.8% according to the Kenya Health Information System (KHIS). In response, a range of targeted interventions were implemented to tackle not only the immediate causes of adolescent pregnancies but also the broader social determinants that contribute to these issues. The county intensified efforts to create a supportive environment that empowers young people to make informed decisions about their health and future. In particular, the *Binti Shujaa* model, designed to provide social support and healthcare services to adolescent girls who are pregnant or have given birth, was strengthened through partnership with USAID Tujenge Jamii (UTJ). Approximately 300 girls were reached some returned to school and others were trained and linked to an Income Generating activity. Contraceptives counseling and provision of services was available in all health facilities and 92010 were reached. Post Abortal care services were offered to 216 adolescents aged between 10-19years (KHIS)

Community engagement played a central role in these efforts. Community Health Promoters (CHPs) and local leaders were actively involved in dialogues

and outreach activities, ensuring that adolescent girls and boys received accurate, age-appropriate information about sexual and reproductive health, including contraception, the risks associated with early pregnancies, and the importance of healthy relationships. Moreover, adolescents had access to confidential counseling and contraception services without fear of judgment, which helped foster trust and empower them to make informed choices about their sexual health

In FY 2022/2023, although the number of standalone AYFS facilities remained at four, the department made progress in improving the capacity of healthcare providers. A total of 25 health workers from level 2 and 3 facilities were trained in the provision of Adolescent and Youth-Friendly Services. This training focused on equipping healthcare providers with the skills needed to offer high-quality, youth-friendly care in a supportive, non-judgmental, and confidential environment. Teenage pregnancy rate during this period was 12.5% from KHIS, this was a slight decrease from the previous Financial Year. This drop was as a result of intensified health awareness creation in schools and the uptake of contraceptives also improved to 96302 clients. PAC was offered to 218 adolescents (KHIS)

In FY 2023/2024, a new youth-friendly center was operationalized in Njoro Sub County Hospital. In addition to expanding service delivery points, the Department of Health conducted a family planning sensitization targeted at adolescent and youth champions. These 60 champions were trained to serve as peer educators, responsible for peer-to-peer education, referrals, and linkages to services. In collaboration with DSW, the county also trained 20 peer educators, 20 Community Health Promoters (CHPs), and 10 youth leaders in Njoro and Gilgil sub-counties on Sexual Reproductive Health and Rights (SRHR). This capacity-building initiative aimed to empower youth leaders to raise awareness, correct misconceptions, and promote healthy sexual and reproductive behaviors. Furthermore, youth targeted outreach and in-reach activities, such as mobile

clinics and community-based sessions in institutions of higher learning were conducted to improve access to mental health and sexual and reproductive health services, including family planning, HIV prevention, and menstrual health management, ensuring a more comprehensive approach to AYSRH across the county. As a result of the employed interventions, the teenage pregnancy rate in this period of review remained at 12.5%, the uptake of contraceptive services increased to 125,492 and 184 adolescents were provided with PAC(KHIS).The program remains committed to improving health outcomes for adolescents and youth across the county.

2.8 Gender-based Violence

The Department of Health Services made significant strides in Gender-Based Violence response and management during the FY 2021/2022 period, with an increase of GBV stand-alone clinics from 1 to 4. The previous FY 2020/2021 period saw a downward trend in the reporting rate of GBV cases at 52.5%. This was attributed to the introduction and use of the new GBV MOH reporting tools without tools orientation and training. To scale up meticulous data capture and strengthen the uptake of GBV services in the county, the department embarked on capacity building of staff. With benefit from National Aids and STI Control Council's (NASCOP) support from Global Fund, seven (7) healthcare workers were trained as trainers of Trainees (TOTs) for a comprehensive gender-based violence package of care. The Healthcare Workers were drawn from level 4 and 5 hospitals, Decentralized Training center (DTC) and the Department of health Headquarter.

In the FY 2022/2023 and FY 2023/2024 period, the Department achieved significant progress that saw a switch from a GBV stand-alone clinic model of service delivery to integration in all other health facility service delivery points, thereby enhancing the quality of care provided to clients. These efforts involved targeted training, technological advancements, community engagement, and

multi-sectoral collaboration.

In the same period, the department had targeted to capacity build 100 health care workers in GBV comprehensive package of care. However, due to the limited resources, and with the support of USAID Tujenge Jamii (UTJ), the department managed to trained 75 healthcare workers (HCWs) on a comprehensive package of care for managing sexual and gender-based violence (SGBV) survivors, aiming to ensure high-quality service delivery. Simultaneously, 90 out of the targeted 300 community health promoters (CHPs) were sensitized on identifying and referring of GBV survivors. These initiatives were supported by key partners such as USAID Tujenge Jamii (UTJ) and Onyx who facilitated the training. Tools for SGBV documentation were also disseminated to facilities, and data review meetings were conducted, complemented by mentorship and support supervision for two quarters.

Building on this foundation, the FY 2023/2024 period focused on improving clinical management of GBV. The department, with support from Physicians for Human Rights (PHR), trained and mentored 22 HCWs on GBV documentation and management. Although this fell short of the target of 50 HCWs for the period, the training enhanced provider skills in delivering sensitive and effective care. This period also saw the introduction of a digital/online application, termed **MediCapt** at Molo sub-county Hospital. This was first successfully piloted in Nakuru County Teaching and Referral Hospital (NCTRH) and Naivasha Sub- County Hospital before being adopted in Molo Sub- County Hospital. The MediCapt application facilitates secure documentation of survivor data, forensic evidence collection, and legal processes, streamlining service delivery and enabling survivors to access justice effectively.

Service delivery outcomes during FY 2023/2024 were notable. NCTRH managed 5,892 GBV cases, while Naivasha Sub- County Referral Hospital handled 2,340 cases, providing comprehensive medical, psychological, and legal support

through their Gender-Based Violence Recovery Centers (GBVRCs). Additionally, 90 CHPs in Kuresoi North and South were further sensitized on GBV prevention, identification, and referral, addressing cultural barriers and ignorance that had previously hindered reporting. This effort resulted in a 100% increase in GBV reporting rate in the Kenya Health Information System (KHIS).

To ensure quality service delivery, data review meetings were held, and mentorship and supervision efforts were intensified. Collaboration with community leaders and stakeholders during county-level multi-sectoral committee meetings also enhanced gender inclusivity at service delivery points. These efforts emphasized equity in health services and improved survivor access to care and justice.

This coordinated approach highlights the department's commitment to addressing GBV through capacity building, technology, community involvement, and partnerships, ultimately creating a more responsive and equitable department's healthcare system.

2.9 Immunization

The immunization program in Nakuru County is a critical public health initiative aimed at preventing Vaccine-Preventable Diseases (VPDs) and improving health outcomes across the population. It focuses on providing routine childhood immunizations, introducing new vaccines such as the HPV vaccine for cervical cancer prevention, and integrating COVID-19 vaccinations into routine services.

During the Financial Year 2021/2022, the Department of Health reported suboptimal immunization coverage, with fully immunized child coverage at 90%. Specifically, the proportion of infants vaccinated with DPT-HepB+Hib 1 (Pentavalent 1) stood at 89%, DPT-HepB+Hib 3 (Pentavalent 3) at 86%, and Measles-Rubella 1 vaccine at 90%. These figures fall short of the WHO-

recommended 95% coverage needed to achieve herd immunity. The shortfall was primarily attributed to disruptions caused by the COVID-19 pandemic.

During the Financial Years 2021/2022 to 2023/2024, the Department of Health implemented several measures to address suboptimal immunization coverage. In 2021/2022, the fully immunized child coverage was at 90%, with DPT-HepB+Hib 1 (Pentavalent 1) at 89%, DPT-HepB+Hib 3 (Pentavalent 3) at 86%, and Measles-Rubella 1 at 90%, all falling short of the WHO-recommended 95% coverage for herd immunity. These gaps were largely attributed to disruptions caused by the COVID-19 pandemic.

To combat these challenges, the department accelerated initiatives to promote the uptake of routine Expanded Program on Immunization (EPI) vaccines and newly introduced vaccines. Routine vaccination services were offered daily from Monday to Friday, with extended hours and outreach services, including weekends and public holidays, to meet the needs of working parents and special populations. Facilities providing maternity services ensured BCG and Birth OPV vaccinations were available seven days a week. Emergency vaccines, such as anti-rabies and anti-snake venom, were made accessible round-the-clock in hospitals and health centers, with dispensaries and private clinics supplementing availability during working hours.

All government-supported vaccines were provided free of charge, except for vaccines for travelers. Vaccination services adhered to a first-come, first-served principle, with clients served within 20 minutes of arrival at public health facilities. Enhanced defaulter tracing was implemented using the MOH 525 register and collaboration with community health promoters to minimize dropouts. Stockout management was improved through immediate client referrals to alternative facilities and consistent vaccine redistribution by sub-county EPI logisticians.

Outreach immunization activities were expanded in FY 2022/2023 to improve

access for clients in hard-to-reach areas. These activities were conducted monthly, incorporating active defaulter tracing and community dialogue days. Immunization was also integrated into the school health program, vaccinating 58,188 girls (32%) with the first dose of HPV and 30,058 girls (28.1%) with the second dose. COVID-19 vaccinations were included in routine immunizations, achieving full vaccination for 815,949 individuals (62.7% of the target population).

Despite these efforts, routine childhood vaccination coverage reached 83%, below the 95% national target. Challenges included prolonged stockouts of vaccines like Rotavirus, inadequate cold chain equipment, and staff shortages at lower-level facilities.

Significant progress was recorded in FY 2023/2024, with coverage improvements in all antigens. The county received recognition for attaining the highest Pentavalent 3 coverage at 91%. To enhance vaccine storage, the National Vaccine and Immunization Program supplied 60 new cold chain units, including solar-powered units, and established a walk-in cold room in Molo Sub-County with support from the Aga Khan University Hospital, benefiting Molo, Kuresoi North, and Kuresoi South sub-counties. The Chanjo ELMIS system was implemented to strengthen supply chain management and reduce vaccine wastage.

Community engagement played a critical role in improving vaccine uptake. Awareness campaigns, integrated outreach programs, and flexible service options, such as evening and weekend appointments, addressed misconceptions and increased accessibility. Mobile clinics supported by USAID Tujenge Jamii extended services to remote areas. Continuous training of healthcare providers ensured adherence to updated immunization guidelines and enhanced parent-provider communication.

Under the global "Big Catch-Up" initiative launched in April 2023, the department aims to vaccinate 34,000 unvaccinated or under-vaccinated children by

December 2025. This initiative seeks to restore immunization levels affected by the pandemic, prevent vaccine-preventable diseases, and strengthen routine immunization systems for sustainable health outcomes.

As of FY 2023/2024, coverage for Pentavalent 1 was at 89%, Pentavalent 3 at 86%, and Measles-Rubella 1 at 86%, reflecting slight improvements but still below the WHO target of 95%. Continued efforts, including collaboration with private and faith-based facilities and targeted capacity-building initiatives, are essential to achieve optimal immunization coverage.

2.10 Community Health Services

Community Health Services (CHS) play a critical role in achieving Universal Health Coverage (UHC) through the implementation of Primary Health Care (PHC). This approach emphasizes health education, preventive care, and effective referrals to health facilities, ensuring access to quality health services at the household level.

During the financial years 2021/22 and 2022/23, the establishment of CHUs was hindered by limited funding. In 2021/22, only two CHUs were formed against a target of 30, while in 2022/23, only 10 CHUs were established out of the planned 80. Despite these challenges, partner support, particularly through USAID Tujenge Jamii, enabled the operationalization of additional CHUs. By the end of this period, the number of functional CHUs reached 317, exceeding the target of 252. This progress contributed to an increase in reporting rates, although it fell short of the broader target of 360 functional CHUs.

Strengthening CHU Functionality

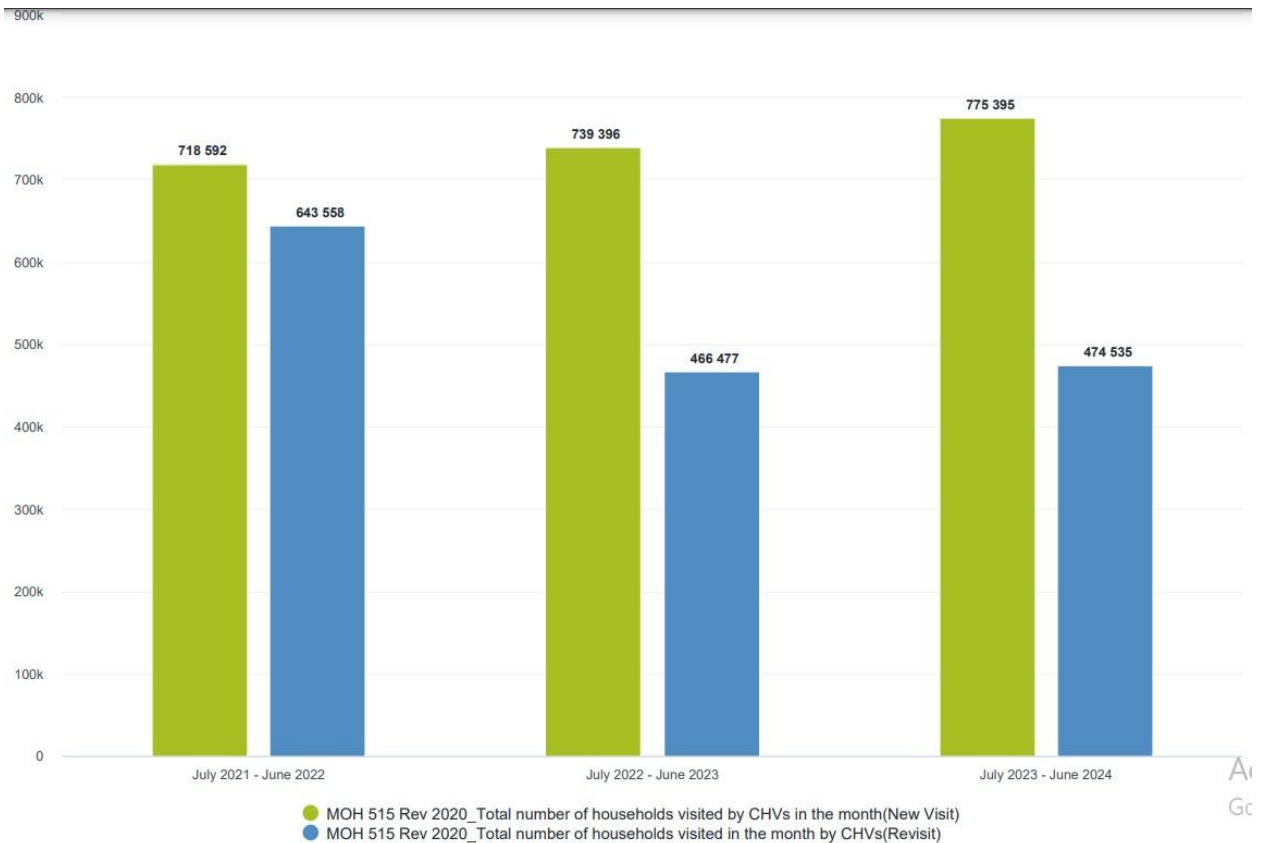
Efforts were directed at improving CHU functionality in alignment with the

Community Health Strategy Policy (2020–2025). The following activities took place;

1. **Trained Community Health Committees (CHCs):** By FY 2023/24, the governance structure for CHCs had expanded to 297 committees, meeting at least quarterly to support community health activities.
2. **Trained Community Health Volunteers (CHVs) and Assistants (CHAs):** A total of 3,891 Community Health Promoters (CHPs) were identified, with 3,091 trained in six essential modules, including reproductive health, water, sanitation, and hygiene (WASH), tuberculosis, non-communicable diseases, rehabilitation, nutrition, first aid, and community reporting. The need for basic and refresher training remains a priority for future capacity building.
3. **County Coordination of CHS Activities:** The county maintained a structured community health system, with a designated county coordinator overseeing and leading CHS activities effectively.
4. **Supportive Supervision:** Regular interactions occurred across community service delivery levels; however, supervision lacked structure and formal tools to track progress. This gap highlights the need for a more organized supervision framework.
5. **Adequate Reporting and Referral Tools:** While sub-county coordinators had sufficient reporting tools, there was a shortage of tools for CHPs and CHAs during the period under review. In FY 2023/24, digital reporting was introduced, and 3,306 CHPs were equipped with mobile phones and whitelisted URLs to facilitate online reporting. This system allows data to be viewed on dashboards across all levels, from CHPs to the national level.
6. **Household Visits by CHVs and CHAs:** CHPs made quarterly household visits to achieve their targets, including annual visits to new households and revisits for case follow-ups. Initially, these activities relied on manual reporting until the first three quarters of FY 2022/23. In the final quarter of that year, the digital reporting system was rolled out, focusing on registering

households afresh. By FY 2023/24, CHPs had improved their proficiency in the digital system, leading to an increase in both new visits and revisits.

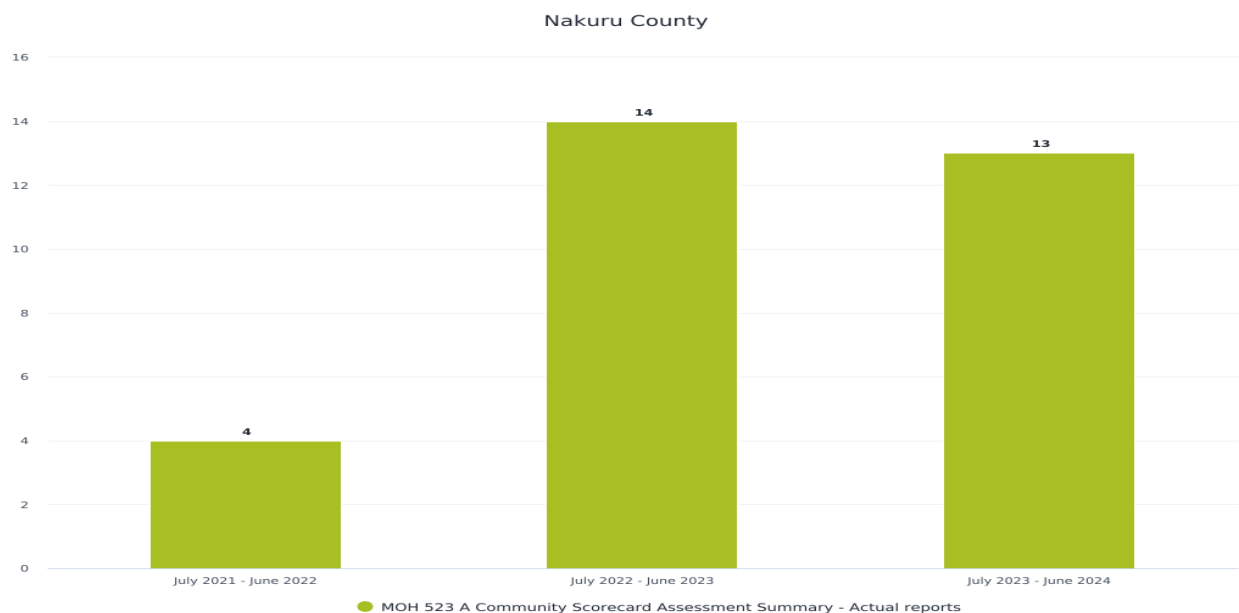
The graph below shows the number of households visited by CHPs from July 2021 to June 2024



7. Availability and Use of Feedback Mechanism: To enhance accountability and community engagement, feedback mechanisms such as the Community Scorecard were introduced. This tool allows community members to provide input on the quality of health services delivered. Sub-County Health Management Teams (SCHMTs) received training on

implementing the scorecard, enabling them to gather and analyze feedback effectively.

The initiative, supported by the African Leaders Malaria Alliance (ALMA), saw four facilities reporting their scorecard findings in FY 2021/22. Additionally, USAID Tujenge Jamii significantly contributed to the implementation, facilitating scorecard feedback in 14 facilities and 13 facilities in subsequent reporting periods. This progress underscores the growing adoption of structured feedback mechanisms to inform service improvements and foster dialogue between health providers and the communities they serve.



8. Functional Health Information System (HIS) Structure: In FY 2021/22 and FY 2022/23, community health reporting relied on a manual system aligned with MOH-prescribed guidelines. CHPs used the **MOH 513** household registers to document household visits and services offered, while daily activities were recorded in the **MOH 514** service logbook. Supervisors at the

CHU level summarized this data using the **MOH 515** form, which was then submitted to sub-county offices for entry into the Kenya Health Information System (KHIS). This data was accessible to county and national teams for monitoring and evaluation. The **MOH 516** chalkboard, a visual tool displaying health indicators at the community level, was used to inform dialogue days and assess the community's health status. This system remained operational until the third quarter of FY 2022/23, when the **Electronic Community Health Information System (eCHIS)** was introduced as part of the **National Community Health Digitization Strategy (2020–2025)**. The eCHIS transitioned reporting from manual to digital, streamlining data collection and enhancing real-time reporting capabilities. Initially, CHPs faced challenges due to insufficient supplies and tools, such as MUAC tapes, which limited their effectiveness during household visits. Documentation continued to rely on manual MOH registers, which were inadequate to manage the growing number of CHPs.

In FY 2023/24, the introduction of the eCHIS significantly improved reporting efficiency. The National Government provided smartphones to 3,306 CHPs, enabling digital reporting and ensuring data accuracy.

9. Availability of Community Health Supplies and Commodities: CHVs were rebranded as **Community Health Promoters (CHPs)** and equipped with comprehensive supply kits, enhancing their ability to deliver services effectively during household visits. Alongside the distribution, CHPs received targeted training on **Non-communicable diseases (NCDs)** and **integrated community case management (iCCM)**. This training aimed to optimize the effective use of the kits during household visits. Capacity-building sessions further reinforced the CHPs' skills in NCD management and iCCM, ensuring they could utilize the kits efficiently to deliver quality healthcare services at the community level.



H.E The Governor, Susan Kihika Kitting the CHPs at the ASK Showground

10. Registration of CHUs in the Master Community Health Unit List (MCHUL): In compliance with national requirements, all Community Health Units (CHUs) must be registered in the Master Community Health Unit List (MCHUL) and linked to a health facility. To date, 93% of CHUs in the county have been successfully registered with MCHUL numbers, facilitated by the Health Records and Information Office. This achievement reflects significant progress in aligning CHUs with national health system standards.

Community Health Unit (CHU) Meetings and Activities

CHUs conduct quarterly **dialogue days** as open forums where community members engage in discussions about their health status. These discussions are guided by the **MOH 516 chalkboard**, which displays basic health indicators and highlights the performance of the linked health facility. During these sessions,

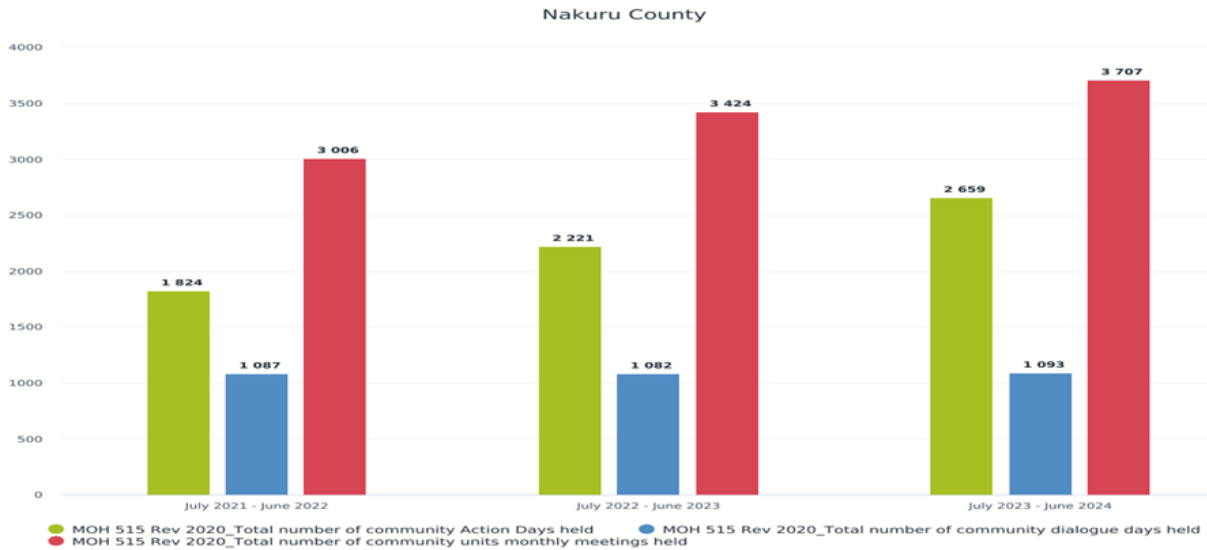
community members collaboratively develop action plans to address identified health challenges. Actions may include activities such as organizing community health promotion days, constructing latrines, delivering health talks in schools, or conducting outreach services.

Additionally, CHUs hold **health action days** on a monthly basis to implement the planned activities. Household registration exercises, aimed at maintaining updated data and ensuring all households are reached, are conducted at least once every six months. These structured meetings and activities foster community involvement and promote proactive health interventions.



Dialogue day in Nessuit health Centre

This initiative included the facilitation of **3,262 community dialogue sessions, 6,704 health action days**, and **10,137 monthly review meetings**. The achievements of these activities are detailed in the attached figure, derived from KHIS MOH 515 reports, which provides a comprehensive overview of the progress made.



In FY 2021/22, **2,572 Community Health Promoters (CHPs)** received a monthly stipend of Ksh. 2,000. By mid-FY 2023/24, the National and County Governments implemented an equitable payment structure, increasing the stipend to **Ksh. 5,000** and extending it to **3,306 CHPs**, leading to an increased departmental budget allocation.

Healthy Entrepreneurs (HE) partnered with the department to train **861 Community Health Promoters (CHPs)** in entrepreneurial skills across various sub-counties, transforming them into Community Health Entrepreneurs (CHEs). CHEs deliver health education and products, promoting economic empowerment while improving service delivery, including reducing the burden of non-communicable diseases like diabetes and hypertension.

Key support areas included:

1. Training on social entrepreneurship.
2. Providing health products for water treatment, nutrition, malaria prevention, and pregnancy testing.
3. Mapping pregnant women for early ANC visits.
4. Loaning phones and starter kits, with replenishment through product

orders.

In FY 2023/24, CHPs actively participated in tree-planting events, though detailed reporting on their involvement was not documented.

2.11 Primary Health Care (PHC)

Primary Health Care (PHC) emphasizes preventive and promotive health services to ensure overall well-being and address minor ailments at the lower level. Minor ailments were treated at level 2 and 3 health facilities.

Health promotion was achieved through various platforms, including radio and TV talk shows, community forums, Agricultural Society of Kenya (ASK) shows, and the commemoration of health days. These activities aimed to educate and engage the public, including patients and clients visiting health facilities.

The following programs were implemented as part of Primary health care activities, Management of minor ailments at level 2 and 3 facilities, Environmental health and sanitation, Immunization, Nutrition, Health promotion, Reproductive health services including family planning, Antenatal care, Referrals from the Community to the health facilities, Prevention of HIV and Tuberculosis

During the financial year 23/24 county had three Master TOT in Primary Care Networks trained by the National Team. The National team gave technical guidance during the establishment process of the PCNs while USAID Tujenge Jamii partnered with the department of Health and provided financial support. The achievements of the establishment is as below:-

	SENSITIZATION ON PCN			
SUBCOUN	MDT	HCWS	HUBS	CHPs
Naivasha	21	47	1	390
Gilgil	19	30	2	310
Bahati	13	30	1	250
East	23	47	2	240
West	20	75	2	420
Njoro	12	73	1	275
Molo	20	43	2	280
Kuresoi So	25	35	2	240
Kuresoi No	22	50	1	261
Subukia	21	31	2	270
Rongai	17	60	1	370
	213	521	17	3306

2.12 Nutrition Services

Good nutrition is a prerequisite for human development, survival, and well-being. Optimal nutritional status at conception and during pregnancy is critical to maintaining the mother's health and in ensuring healthy growth and development for the foetus. Nakuru County has made significant strides in the reduction of malnutrition among children under 5 years with stunting levels reducing from 27.6% in 2014 to 18.5% in 2022 (KDHS). Capacity building of health care workers and community health promoters on maternal infant and young child nutrition has equipped them to provide the community with practical knowledge on how to improve their diets and reduce malnutrition.

In the 3 years under review the department has been implementing the Baby Friendly Community Initiative (BFCl) with the aim of promoting healthy diets for pregnant & breastfeeding women as well as children under 5 years. During this period, 18 community units were trained on BFCl and subsequently 79 mother-to-

mother support groups were formed. This contributed to the gradual increase in exclusive breastfeeding rates from 86% in FY 2021/22 to 90% in FY 2022/23, however there was a decline to 87% in FY 2023/24 against a target of 90%. Working mothers with limited maternity leave days as well as teenage mothers' return to school have been some of the factors contributing to this decline.

Micronutrient deficiencies compromise children's immune system and increase their vulnerability to illnesses such as diarrhea, measles and respiratory infections. One of the micronutrient deficiency control strategies that the department implements is vitamin A supplementation plus deworming twice a year for children 6-59 months. The vitamin A supplementation coverage has steadily increased from 86% in FY 2021/22 to 93% in FY 2022/23 and 97% in FY 2023/24 against a target of 90%. This achievement can be attributed to the adequate supply of Vitamin A capsules, sustained efforts to strengthen routine supplementation in health facilities and support for outreach services to early childhood development (ECD) centers and households. During the period under review, the department sensitized 600 ECD teachers on the Ministry of Health vitamin A supplementation and deworming guidelines 2022 to increase demand for the services within the ECDs.

The National policy on Iron Folic Acid Supplementation (IFAS) for pregnant women recommends that all pregnant women should receive IFAS daily for the duration of pregnancy as one of the anemia prevention strategies. The department targeted to provide IFAS to 90% of women attending antenatal care clinics. This target was not achieved with 89%, 81% and 69% of women receiving IFAS in FYs 2021/22, 2022/23 and 2023/24 respectively. The decline in this indicator was due to inadequate and erratic supply of IFAS to health facilities.

Obesity and overweight as a result of unhealthy diets and physical inactivity are the major risk factors for a majority of NCDs that are prevalent in the county. According to KDHS 2022, 51% of women of reproductive age (10-49 years) and

21% of adult men are either overweight or obese. Among adolescents 10-19 years 27% are either overweight or obese. These grim statistics call for increased focus on interventions to promote healthy diets and physical activity in the county.

2.13 HIV/AIDS Program

The HIV/AIDS response is dynamic, with the epidemic's patterns evolving over time. In FY 2022/2023, Nakuru County recorded a reduction in HIV prevalence from 3.5% in 2021 to 3.3%. Among individuals aged 15 years and above, annual new infections decreased to 1,165 from 1,256. However, new infections among children aged 0 to 14 years increased from 241 to 282. Mother-to-child transmission (MTCT) rates declined slightly, from 11% to 10.7%. Despite these improvements, further efforts and resources are required to strengthen programs for Prevention of Mother-to-Child Transmission (PMTCT) and adolescent-focused initiatives to address new infections and the triple threat of adolescent pregnancy, gender-based violence, and HIV.

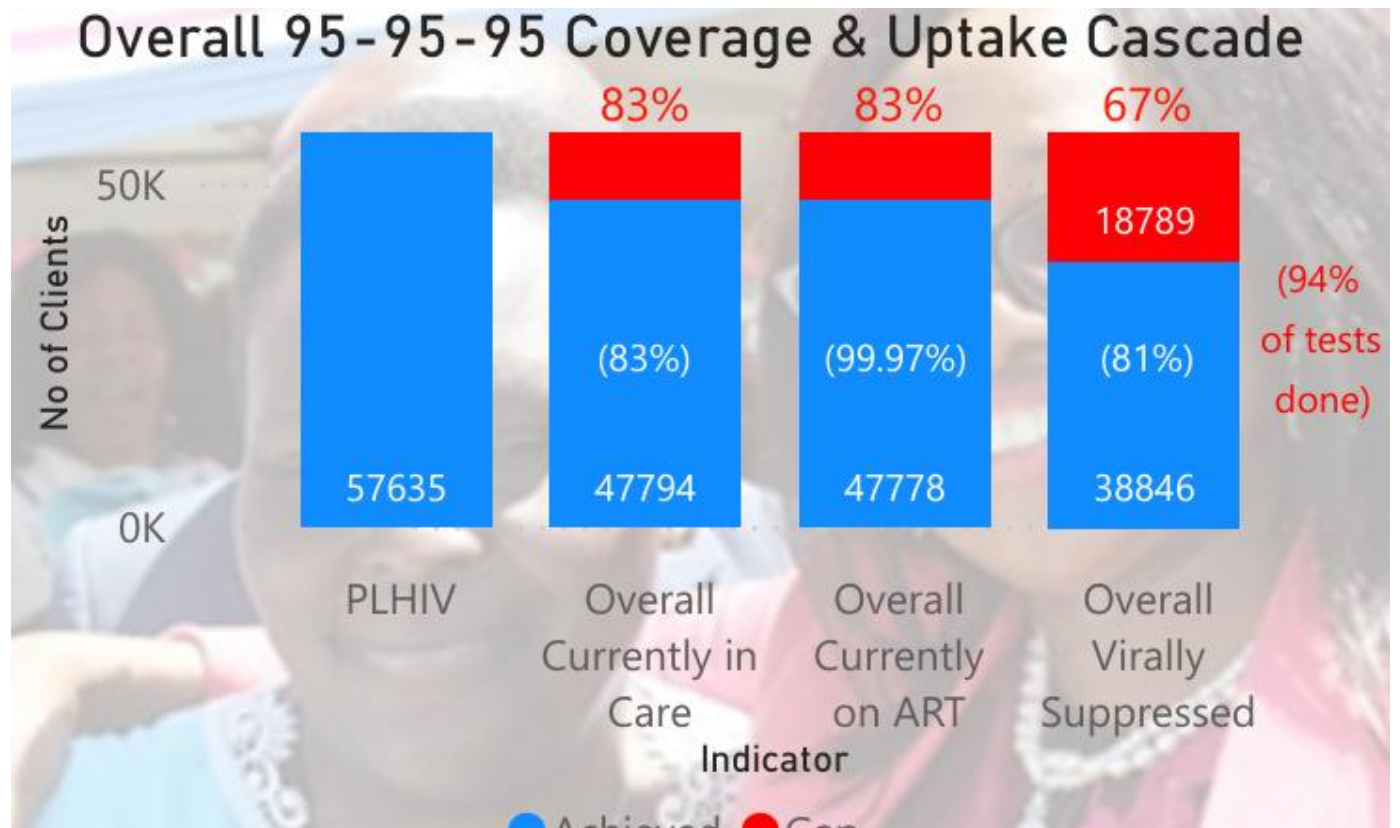
In FY 2022/2023, AIDS-related deaths decreased from 1,187 to 1,109. Naivasha and Nakuru West sub-counties reported the highest number of new infections, making them priority areas for prevention interventions. The infections span various populations, including pregnant and breastfeeding women, adolescents, young people, and key populations, highlighting a mixed transmission pattern. Prevention strategies, coupled with enhanced HIV testing services, are critical to identify those infected, initiate them on antiretroviral therapy (ART), and achieve viral suppression.

Antiretroviral Therapy (ART) coverage has gradually increased, from 81% in FY 2022/2023, to 83% in FY 2023/2024. However, this remains below the national target of 95%. Factors contributing to the lower coverage include stigma, non-

disclosure, peer influence among adolescents, societal behaviors, limited knowledge of HIV prevention, and erratic commodity supply. Addressing these barriers requires sufficient resource allocation and tailored community engagement.

During FY 2023/2024, the program recorded great performance in providing preventive ARVs to HIV-positive mothers in all sub-counties. Njoro, Nakuru North, and Nakuru West surpassed the 95% target national threshold. However, challenges remain in identifying mothers who do not visit health facilities. Only 66% of the estimated 2,634 HIV-positive mothers were identified, signaling gaps in outreach efforts.

The program aims to scale up ART coverage across all the sub-counties to improve PMTCT outcomes, and enhance prevention efforts through targeted interventions, resource mobilization, and collaborative support across different populations. These efforts are critical to achieving epidemic control and sustaining progress in HIV/AIDS management.



Data showing improved ART coverage for FY 2023/2024.

During the review period, the availability of test kits enabled testing and identification of individuals living with HIV, facilitating effective linkage to care and increasing the number of people on ART relative to the estimated population of people living with HIV. Retention rates for individuals on ART improved from 74% to 81%. However, viral suppression among those on ART decreased slightly from 95% to 94%. This reduction was influenced by a changing denominator of people on ART and new policy guidelines that adjusted the frequency of viral load testing for specific populations, including children, adolescents, and pregnant and breastfeeding women. Key activities undertaken to achieve these outcomes included :

To enhance the management of HIV care and reduce AIDS-related mortalities, specific training programs were conducted during the review period by training

of 40 Medical Doctors and Consultants on ART Guidelines and 110 Healthcare Workers on Advanced HIV Disease (AHD). This was Conducted in three centers of excellence namely Molo, Naivasha, and Bahati sub-county hospitalsthis training targeted reducing AIDS-related mortalities.

These capacity-building efforts were integral to improving service delivery and ensuring comprehensive care for individuals at various stages of HIV management.



Advanced HIV training class of Health care workers at Molo SCH.

Scale-Up of Digitization Through Electronic Medical Records (EMR) with the number of facilities utilizing EMR systems increasing from 68 in 2022/2023 to 81 in 2023/2024. This expansion improved point-of-care data collection and reporting, enabling more accurate and timely management of client records. Digitization facilitated better tracking of patient outcomes and streamlined data reporting processes.

Regular Review of Complicated Cases and Mentorship of Healthcare Workers: Through county and regional HIV Technical Working Groups, complex cases were regularly reviewed. These sessions also included mentorship for healthcare workers, which enhanced their capacity to manage clients in care effectively. This collaborative approach contributed to improved client outcomes and strengthened overall service delivery.

Strengthened public-private partnerships with implementing partners and stakeholders in the HIV program have significantly reduced the financial burden by aligning HIV activities with the Health Department's annual work plan. Despite this, there remains a funding gap for HIV initiatives. USAID Tujenge Jamii, the primary care and treatment partner, has been instrumental in supporting human resources for HIV programming, prevention, care, and treatment, as well as contributing to overall health system strengthening. Furthermore, the introduction of subaward funding and the County-led model of HIV programming has contributed to improved program indicators by enhancing local capacity and ensuring more effective implementation. However, securing continued funding and sustaining partnerships remains crucial for further progress.

Continuous support supervision and mentorship in the review period has contributed to better continuous service delivery.

2.14 Tuberculosis program

Nakuru County is identified among the top 5 high-burden Counties for tuberculosis (TB) in Kenya, exhibiting a current Case Notification Rate (CNR) of 151 per 100,000 population compared to the national target of 426 per 100,000.

In the year 2021, the county notified 2,767 patients with a 6.4% pediatric contribution rate. A screening rate of 67.5% and a presumptive rate of 5.3% emphasized the need for increased activities in TB screening and quality of care. Treatment outcomes included 86.7% Treatment Success Rate, a Cure Rate of 68%, Death Rate of 7.3% and Loss-To-Follow-Up Rate of 4.8%.

In the financial year 2022/23, the county reported 3,812 patients with drug-susceptible TB (DSTB). The treatment outcomes for this period include an 86% Treatment Success Rate, falling short of the 92% target, a Cure Rate of 71% against a target of 90%, a Death Rate of 6% still exceeding the 5% target, and a Loss-To-Follow-Up Rate of 7% compared to the target of 4% (an increase from previous

year).

Throughout 2023 and into early 2024, Nakuru County's TB control program has made considerable strides in TB prevention, diagnosis, and treatment, overcoming several operational challenges such as funding constraints and commodity shortages. A range of initiatives, including targeted outreach, drug redistribution, digital enhancements in diagnostics, and capacity-building among healthcare providers, have significantly strengthened the program's reach and effectiveness.

In 2023, the program achieved a total DSTB case notification of 3,554, with a pediatric case rate of 9%, being an improvement from previous years, and a HIV co-infection rate of 24.8%. Death Rate at 7% and Loss-To-Follow-Up Rate of 6%. The DRTB notification rate was 27 cases, with a majority presenting Rifampicin resistance.

Challenges in Q1 and Q2 of 2023/2024, primarily related to delayed approvals, funding constraints, and unavailability of mobile X-ray units, were later mitigated by increased virtual CMEs and adaptive resource utilization.

Key Activities and Achievements during the period under review included:

1. Improved Diagnostic Capacity: Through partnerships with the National TB Program (NTP), Amref, and Qure.ai, Nakuru County Referral and Teaching Hospital and Naivasha Sub-County Hospital received two digital chest X-ray machines enhanced with AI for accurate and efficient TB diagnostics. This integration of Computer Aided Design (CAD) represents a step forward in TB case identification and diagnostic productivity.
2. Enhanced Community Engagement: The program expanded its community advocacy and awareness efforts, involving Community Health Promoters (CHPs) and conducting numerous community dialogues, radio

talks, and health talks to address TB prevention, symptoms, and treatment. These efforts helped dismantle myths and increased community involvement in TB control.

3. **Drug Distribution and Treatment Success Rate:** Rationalized distribution of anti-TB drugs ensured steady availability across facilities, achieving an 86% Treatment Success Rate (TSR). Proactive interventions aim to increase this rate to 95% by 2027, focusing on patient follow-ups and consistent HPT and laboratory supplies. The county also initiated a scale-up of Tuberculosis Preventive Therapy (TPT) among household contacts and high-risk groups.
4. **Training and Capacity Building:** Extensive Continuous Medical Education (CME) sessions, both online and in-person, kept healthcare workers updated on the latest in TB care. Notably, the program rolled out shorter-term regimens for pediatric TB and Drug-Resistant TB (DRTB), including the BPaL/M regimen. Quarterly performance reviews and technical working groups analyzed data to inform action plans, further bolstering training effectiveness.
5. **Targeted Outreach and Support Supervision:** The county conducted TB outreach activities across all 11 sub-counties, achieving detection and treatment targets. County and sub-county TB support supervisions surpassed expectations, with assistance from partners like CHS and USAID Tujenge Jamii (UTJ).
6. In February 2024, a Continuous Quality Improvement (CQI) initiative (RRI) focusing on active case finding, HIV testing, contact management, and TPT initiation led to 85% target achievement. Following its success, a dedicated RRI will focus on improving TPT uptake.

To achieve more favorable outcomes in subsequent years, the county endeavors to allocate more funding to the TB program to enable implementation of activities such as community advocacy, health promotion, screenings, prevention modalities and 100% treatment initiation and completion. As the community

needs to be sensitized on early diagnosis and adherence to TB medication, the health care workers also require constant training.

Nakuru County witnesses few cases of leprosy. All cases notified so far in the period between 2021 and 2023 are multibacillary and 5 in total.

2.15 Health Promotion

Health promotion activities support disease prevention, health awareness, access to services, and utilization for better health. Advocacy, Communication, and Social Mobilization (ACSM) initiatives focus on educating communities to take responsibility for their health and participate in disease prevention and preparedness at the community level.

The decentralization of health day commemorations to sub-counties has increased the number of events held. From the targeted four commemorations in 2021/2022, the number grew to seven in 2022/2023 and further to 17 in 2023/2024. This reflects the impact of decentralizing health promotion efforts in involving more communities.



World contraception day commemorated at Langa Langa sub county hospital on 26th Sept. 2023 at Nakuru East.



Commemoration of world TB day at St Gerald catholic church, Bahati Sub county on 24th march 2024(left). Health education and TB screening for workers at Subati flowers (right)

Innovative strategies for integrating health day commemorations with intensified activities beforehand have greatly enhanced their impact. During the 2023/2024 health day commemorations, community TB screening efforts engaged 240 individuals, providing both health messages and screening services. The results of the screening were as follows:

- **Total Screened:** 240
- **Total Presumptive Cases Identified:** 91
- **Total X-rays Conducted:** 91
- **Abnormal X-rays:** 14
- **Suggestive (SG) X-rays:** 5
- **Total Sputum Samples Collected and Tested:** 13
- **Total Bacteriologically Confirmed Cases:** 0

The enthusiasm and commitment of program officers have also played a key role in ensuring each commemoration day is effectively marked.

Media engagement has been another critical factor in the success of these activities. Local media entities, in collaboration with implementing partners such as USAID Tujenge Jamii, have provided and sponsored airtime to highlight emerging health issues. The strong relationship between the media and the

Department of Health Services has enabled the department to leverage these platforms effectively.

In 2023/2024, the department achieved 34 radio and TV interviews or shows, with USAID supporting 16 of these, averaging four per quarter. In 2022/2023, 22 interviews or shows were conducted, while 24 were recorded in 2021/2022. This consistent media presence has played a vital role in raising awareness and promoting health initiatives across the community.



Radio talk show on postpartum family planning (right) and on different methods of family planning(left)

Household health messaging has seen significant improvement, increasing from 61% in 2021/2022 to over 85% in 2023/2024. This progress is largely attributed to the efforts of motivated Community Health Promoters (CHPs), who have intensified their household visits following the introduction of stipends in 2022.

Additionally, the use of digital messaging in health facilities, where clients receive important health information while waiting for services, has further enhanced outreach. Health education talks conducted by healthcare workers at service delivery points have also contributed to the increased dissemination of health messages within the community. Together, these initiatives have strengthened health awareness and engagement at the household and community levels.

Health Days Commemorated 2021/2022 to 2023/2024

Financial Year	Date	Health Day Commemorated	Venue	Remarks
2021/2022				COVID 19 -Pandemic hindered the commemorations.
2022/2023	14th March 2023	World Kidney Day	NCTRH	Theme: Kidney health for all
	24 th March 2023	World TB Day	Naivasha	Theme: Yes, we can end TB
		Menstrual Hygiene Day	Molo & Elburgon	Theme: Making menstruation a normal fact of life by 2030
	19th May 2023	Global Handwashing Day	Nakuru East Sub-County	Theme: Unite for universal hand hygiene.
	15th October 2022	World Toilet Day	Nakuru West Sub-County	Theme: Making the invisible visible
	1 st December 2022	World AIDS day.	Commemorated in all Sub-counties	Theme:Equalize!
2023/2024	1st -7th August 2023	World Breast Feeding Week	Njoro Sub- County	Had all SCHMT represented at Njoro. Theme: Enabling breastfeeding: Making a difference for working parents.
	26th September 2023	World Contraceptive Day	Langalanga Sub-County Hospital	The National Government Ministry of Health commemoration was done at Nakuru and Sub-counties had minor commemorations. theme:the power of options”
	9 th September 2023	World Physiotherapy Day	NCTRH	This day was commemorated for the first time in Nakuru Theme: Arthritis: Prevention and management.
	10th September 2023	World suicide prevention day.	Nyayo Gardens	The event was organised in partnership with Midrift Hurrinet Theme: Creating hope through action
	10th October 2023	World Mental Health Day	Marked in all Sub-Counties	Theme: Mental health is a universal human right.
	15th October 2023	Global Handwashing Day	Kisulisuli Primary School	This commemoration also happened in all Sub-counties Theme: Clean hands are within reach
	1st - 31st October 2023	World Breast Cancer Month	NCTRH	Build-up activities continued throughout the month and culminated in a walk. Theme: Keeping her in the picture
	17th November 2023	World Prematurity Day	NCTRH	An awareness walk was done Theme: Small actions, BIG IMPACT: Immediate skin-to-skin care for every baby, everywhere

Financial Year	Date	Health Day Commemorated	Venue	Remarks
	14th November 2023	World Diabetes Day	Marked in all Sub-Counties	Nakuru north and Njoro was supported by Meditronic Lab Theme: Equitable access to essential care.
	1st Dec 2023	World AIDS Day	Kuresoi South and Keringet Primary school	Build up activities to schools and youth groups took place in all sub counties Theme: Let Communities lead.
	24th March 2024	World TB Day	Nakuru North St Gerald Catholic Church	TB screening in Nakuru East, Nakuru North and Nakuru West Theme: Yes, We can end TB
	17th March 2024	World Bipolar Day	St Marys' Pastoral Centre	The Day was organized and commemorated in collaboration partners Theme: #Bipolar strong
	14th March 2024	World Kidney Day	NCTRH	NCD screening was supported by Meditronic lab Theme: Kidney Health for all: advancing equitable access to care and optimal medication practice
	24th April 2024	World Immunization Week	NCTRH	Review of immunization performance indicators meeting was done in all sub counties members Theme: Humanly possible: saving lives through immunization
	13th -19th May 2024	Mental Health Awareness Month	St Paul University	Mental Health counselling services for one week climaxed by a mental health walk. Theme: It's time to prioritize mental health in the workplace.
	28th May 2024	Menstrual Hygiene Day	Gilgil sub county	Mini celebrations happened in all sub counties. Distribution of sanitary towels, soap and boxers took place in all Sub-Counties. Theme: Together for A #period friendly world
	7th June 2024	World Food Safety Day	Public Health offices	Launch of Food Safety Lab. Theme: Food safety; Prepare for the Unexpected.

2.15 MALARIA

Nakuru County is classified as a low malaria transmission area, with a prevalence rate of less than 1%. The malaria program in the county focuses on three key activities: case management, surveillance, and advocacy, communication, and health education.

Over the past four years, malaria cases have been steadily declining. In 2020, 15,306 cases were reported, which rose slightly to 16,782 in 2021 before dropping to 14,079 in 2022 and further decreasing to 11,488 in 2023. This downward trend highlights the progress made in controlling malaria within the county.

In 2023/2024, the National Malaria Program conducted a vector surveillance to determine if the newly emerging *Plasmodium stephensi* was present in the county. The findings confirmed that this vector is not present in Nakuru. Additionally, a malaria case management mentorship program was carried out in 55 health facilities across the county with support from the National Malaria Program. These efforts have strengthened the capacity of healthcare workers and contributed to improved malaria management and prevention.

3. Medical Services

Medical Services play a crucial role in the provision of essential health services. Its functions are aligned with national health policies and the overall goal of improving healthcare delivery and health outcomes among the population its core functions are curative and rehabilitative services anchored on provision of effective patient management, quality accessible customer centered services in all the health facilities. The department aims to enhance healthcare delivery and improve health outcomes for the population.

3.1 Provision of Essential services

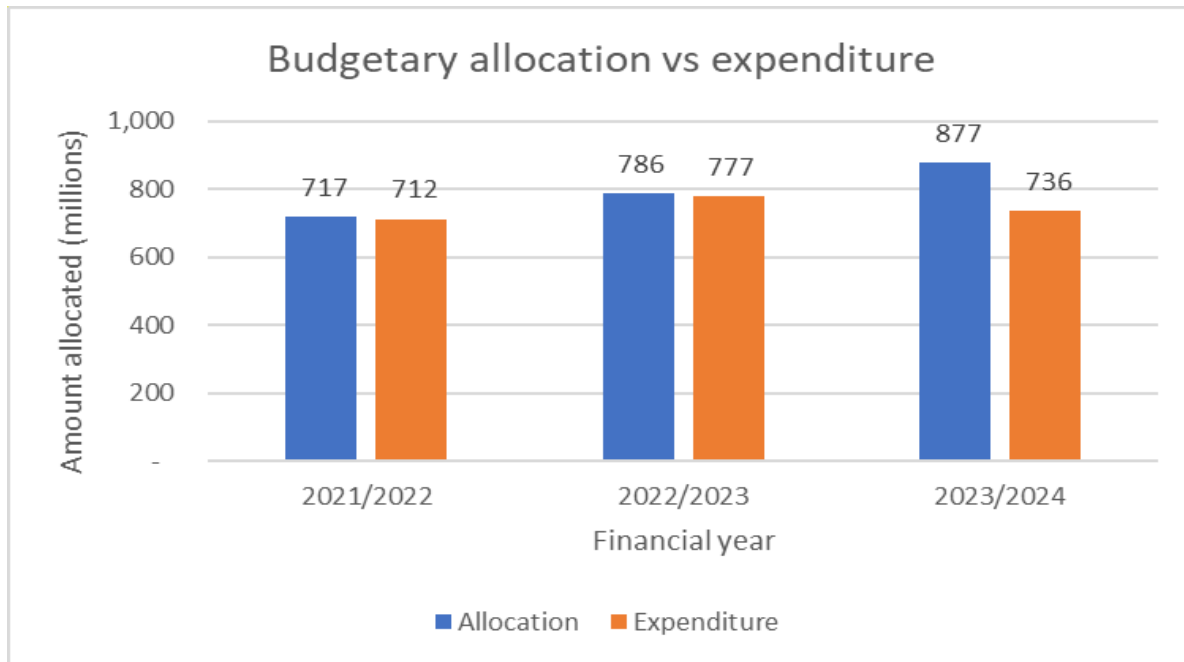
Nakuru County continues to serve as the Regional Referral Hub for the South Rift Region and beyond having been the Provincial Headquarters before devolution. During the FY 2022/23, the department recorded a total of 5,841,512 million facility visits and 135,688 admissions. In FY 2023/24 the department recorded a total of 6,004,353 facility visits and 122,989 admissions. The OPD visits increased by 3% and the admissions decreased by 9%. The increase in outpatient visits led to the decline in admissions which shows that PHC has been strengthened. This is a significant increase and an indicator of the client's confidence and quality of care. A total of 2 new facilities were operationalized predominantly level 2 facilities, increasing access to health care and ensuring that the County edges towards the World Health Organization's recommendation for a health facility within 5 KM radius. New units were also started and expanded, these include Vascular and plastic surgery units at the NCRTH with highly specialized medical camps for cataract surgery, pediatric and plastic surgery organized and ophthalmology services introduced in Gilgil and Bahati sub county hospitals. Dental services were also strengthened with the introduction of dental services in Subukia and Lare health Centre. The department received specialized doctors who had been on study leave. This enabled the citizens of Nakuru to access services previously sought in Nairobi and abroad locally.

3.2 Health Products and Technologies

Health Products and Technologies (HPT) are key enablers of health service delivery and include medical drugs, vaccines, non-pharmaceuticals, laboratory and x-ray supplies used in the diagnosis, treatment and prevention of various medical conditions. For that reason, they should always be available in sufficient quantities and at the right time.

During the period under review, the total expenditure on medical drugs and non-

pharmaceuticals increased from 711,718,607 in the financial year 2021/22 to 777,290,975 in FY 2022/23. The expenditure however dropped to 735,608,853 in FY 2023/24 since a significant portion of the budget was used in settling pending bills.



Graph comparing allocation for pharmaceuticals and non-pharmaceuticals with expenditure.

It is worth noting that expenditure on medical drugs and non-pharmaceuticals in all the three financial years fell below the projected annual requirement of 1,586,832,309.

In order to ensure the efficient management and use of HPT, the department through the Health Products and Technologies Unit (HPTU) carried out a number of activities aimed at strengthening the supply chain management system. One key intervention was to build the capacity of 60 healthcare workers on health products and technologies management through a 5-day classroom training. The training imparted practical skills on health products selection, quantification, inventory management, rational use and pharmacovigilance to various

members of the county and sub-county health management teams together with representatives from level 3 and 4 facilities.

The department also undertook a rigorous quantification exercise with a view of coming up with estimates for all health products and technologies required to provide health services across all levels of care. The exercise involved the collection of consumption data for HPT and the generation of forecasted needs using computer algorithms. The forecast results aided the department to come up with an advocacy package that was used to lobby for increased budgetary allocation for HPT at the County Assembly. As a result of the advocacy, the budgetary allocation for HPT increased from 1 billion in the financial year 2023/2024 to about 1.2 billion in FY 2024/2025.

As a way of continuously monitoring the availability, distribution and use of HPT, the department held four county Commodity Security Technical Working Group (CSTWG) meetings whose main aim was to review stock status of various HPT across the county and to come up with interventions to address existing supply chain gaps. In order to make the CSTWG meetings more impactful, similar meetings were held at the sub-county level from the second quarter of the financial year. These meetings were followed up with supportive supervision visits to verify and address supply chain gaps in various facilities. In total, 440 visits were made to the various facilities across the county.

To ensure equitable distribution of HPT in the county, the department carried out quarterly redistribution of HPT. The redistribution involved the movement of HPT from one facility to another and from the county store to the facilities. This intervention greatly reduced the interruption of services by minimizing stock outs and wastage in the form of expiries.

3.3 Laboratory Services

The Laboratory Services Unit has made steady progress in disease diagnosis and surveillance of diseases of public health importance during the review period. This was made possible through continuous support by the department.

The operationalization of two level 2 Laboratories Kabati (Naivasha), Karate (Gilgil) in FY 2021/22 is indicative of the commitment and passion the department has in supporting diagnostic services in the County.

The implementation of quality management systems has resulted in the ISO 15189 accreditation of three public laboratories and one faith-based laboratory in FY 2021/2022, enhancing the credibility of laboratory services within the County. However, due to the high costs associated with maintaining ISO accreditation, the unit, with support from USAID Tujenge Jamii (UTJ), initiated the adoption of the Laboratory Continuous Quality Improvement (LCQI) framework in late FY 2023/24 (planning of the activities) as a more sustainable alternative for quality monitoring. The LCQI activities and results will be shared in the the review of the current FY 2024/25

To improve access to diagnostic services, the unit identified spoke facilities FY 2021/22 where samples are collected and transported by contracted riders to Level 4 hub laboratories within the county. These laboratories either process the samples locally or facilitate their transportation to National Referral Laboratories. In FY 2022/24 efforts to enhance diagnostic capacity included equipping low-volume Level 4 facilities, such as Mirugi Kariuki and Elburgon Hospitals, with hematology and biochemistry analyzers. This

expanded the range of tests available and improved the quality of care to clients.

3.4 Cancer Services

Cancer control is structured along a continuum that includes prevention, early detection, treatment, survivorship, and palliative care. It is estimated that 30–50% of cancers can be prevented by avoiding risk factors and implementing evidence-based prevention strategies, such as vaccination and the treatment of precancerous lesions. However, not all cancers are preventable or detectable through screening. For these cases, early diagnosis plays a critical role in improving survival rates and addressing social and outcome inequalities.

Nationally, cancer ranks as the third leading cause of death after infectious and cardiovascular diseases. In 2022, the annual cancer incidence was estimated at 44,726 cases, with 29,317 deaths reported (GLOBOCAN, 2022). Among men, the most prevalent cancers are prostate, esophageal, and colorectal cancers, while in women, breast, cervical, and esophageal cancers are the most common.

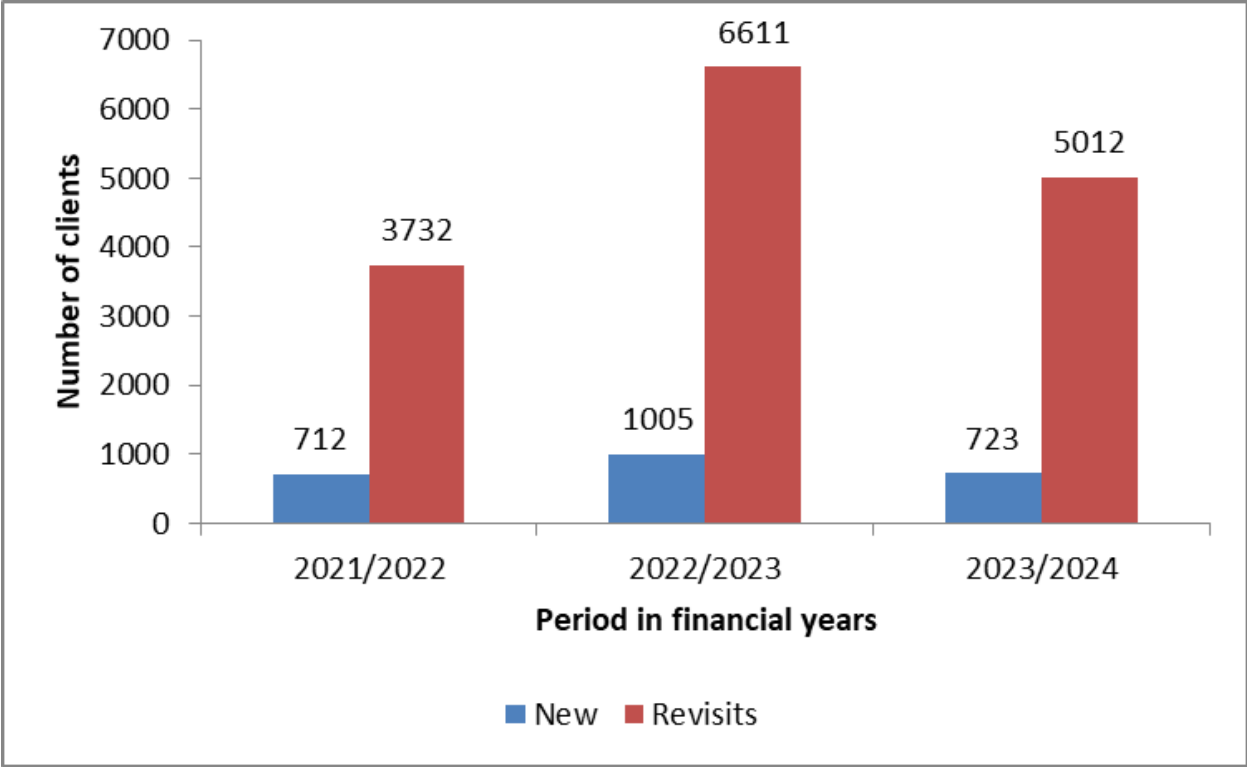
Screening is a key intervention for early detection and timely management. Routine cervical cancer screening is conducted in health facilities for women aged 25–49 years using the Visual Inspection with Acetic Acid (VIA) method or cytology, while Pap smear testing is performed for women aged 45 years and above. Integrated screening services for both breast and cervical cancer are provided, alongside prostate cancer screening for men. Detected precancerous lesions are treated, and cases requiring further intervention are referred for specialized care. The screen-triage-and-treat strategy, which allows for efficient management within a single visit, is being implemented. Cases suspected of cancer after screening are immediately referred for senior review by oncologists for diagnosis and treatment.

The county is strengthening cancer screening services by building the capacity of healthcare providers and ensuring a consistent supply of commodities, particularly for HPV testing, which is recommended as the primary screening method for cervical cancer. During FY 2023/2024, accelerated outreaches supported by partners were conducted in all 11 sub-counties to enhance access to screening and complement the routine integrated screening services provided in health facilities.

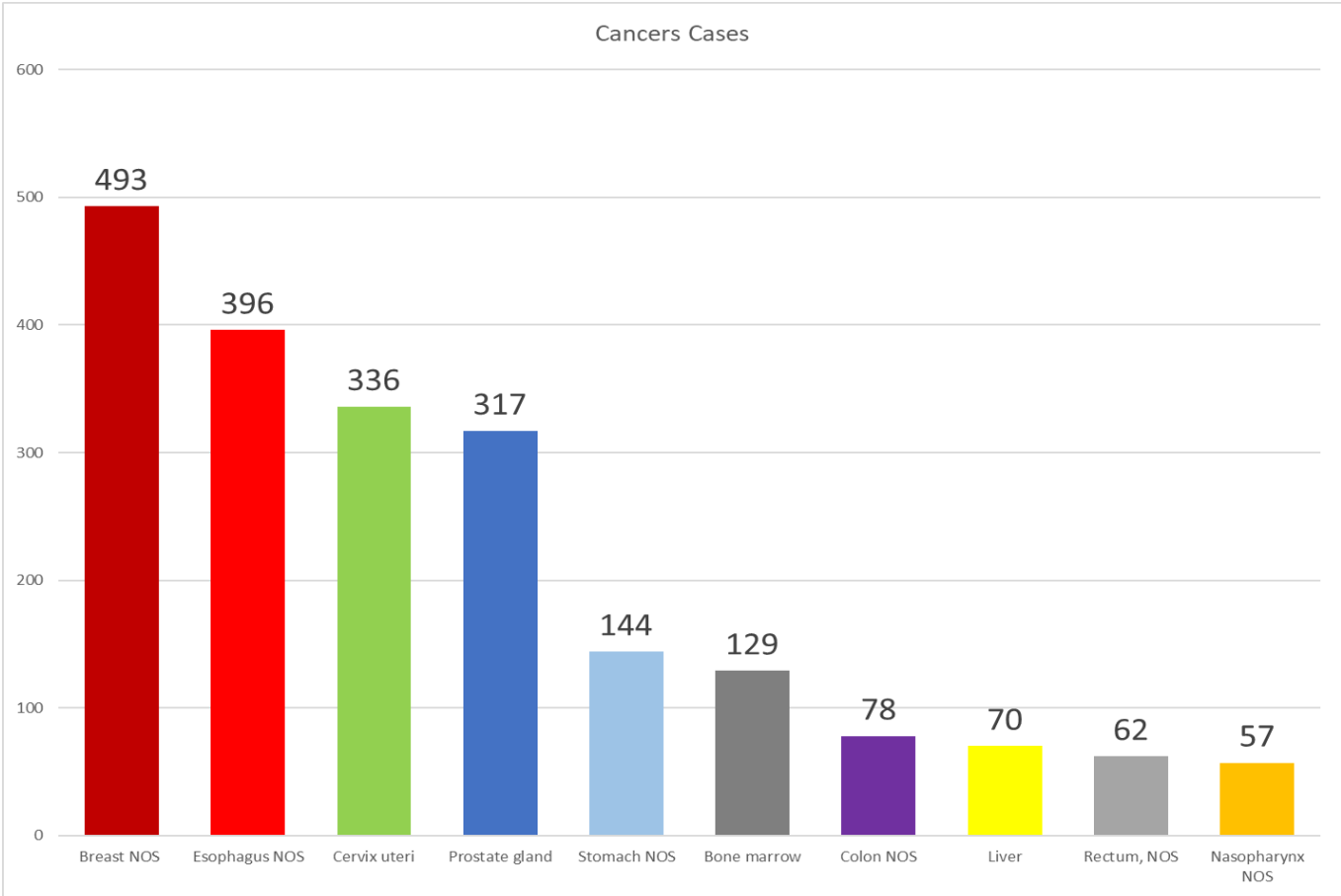
On treatment, the county provides comprehensive cancer care and management services, including palliative care. The Regional Cancer Centre at the Nakuru County Teaching and Referral Hospital (NCTRH), commissioned on 6th June 2022, has served over 5,000 clients from within and beyond the county. The centre offers a full range of oncology services, including screening, chemotherapy, radiotherapy, and palliative care, which commenced in FY 2023/2024. Surgical services for cancer patients are also available at Nakuru Level 5 Hospital.

The establishment of the Regional Cancer Centre has significantly improved access to essential cancer treatments, reducing the need for patients to travel to distant facilities. By providing services locally, the centre ensures timely initiation of treatments, which is essential for improving patient outcomes. The centre's impact extends to the provision of comprehensive oncology services, contributing to the overall management and control of cancer in the region.

The graph below provides a breakdown of the new and revisit for cancer patients for the last 3 financial years.



The chart below shows the ten leading cancer morbidity attend in the period between 2022 - 2024 in the oncology centre



3.5 Non-Communicable Diseases Program

The Non-Communicable Disease Program has significantly expanded its screening efforts, encompassing various conditions like cancers, hypertension, and diabetes, reaching even the most remote areas. In the financial year 2020/2021, the program diagnosed and treated a total of 40,311 diabetes patients.

Similarly, in FY 2021/2022, the cumulative count of patients diagnosed and under treatment for hypertension stood at 57,465. This number surged to 60,625 in FY 2022/23 from 57,465 recorded in FY 2021/22. During the FY 2023/2024, a total of 36,055 Diabetes and 70,126 Hypertension were diagnosed and managed. The substantial rise in patient numbers is largely attributed to the digitalization of

healthcare facilities, enabling more efficient data capture and comprehensive tracking of individuals requiring medical attention for these conditions. Majority of these patients are managed at level 4 and the bulk are managed at the Diabetes Centre of excellence at the Nakuru level 5 Hospital.

During the FY 2023/2024, we had partnerships with, Health entrepreneurs, Medtronic labs, AMREF has supported the County in training CHP's on NCD Module. Those who have been trained are CHPs in Bahati, Njoro, Rongai, Kuresoi North and Kuresoi South. They are now able to test Clients for blood sugar and measure Blood pressure to rule out Hypertension. Those with raised readings are referred to the nearest link facility for confirmation of diagnosis and treatment

Support groups are an integral part of chronic disease management. Towards the end of FY 2023/2024, a standard operating procedure (SOP) was developed by a team appointed at CHMT to guide Multidisciplinary teams (MDT's) in formation of patient support groups linked to their nearest spoke or Hub.

Following the completion of this SOP, data of non-communicable diseases (NCD's) from Bahati, Gilgil and Nakuru Teaching and Referral Hospitals were cleaned and these patients were linked to the nearest Public Health facility based on their residence. These data linked 1046 and 3125 patients to Gilgil and Bahati Primary care networks (PCN) respectively.

3.6 Mental Health

The Mental Health Program is essential for the overall well-being of the population. As a vital component of the Department of Health, the mental health program plays a crucial role in promoting mental well-being, preventing mental disorders, and ensuring access to necessary care.

In the past three years, Nakuru County has expanded its mental health services, including two admitting units at the Nakuru County Referral and Teaching Hospital (NCRTH) and the Gilgil Sub-County Hospital. The county also operates mental health outpatient clinics in Naivasha and Molo Sub-County Hospitals. Psychological counseling services are offered at NCRTH and Bondeni Sub-County Hospital. Additionally, other facilities across the country without specialized mental health clinics provide integrated mental health service ensuring that individuals receive continuity of care.

During the financial year 2021 to 2022, a total of 5,970 new cases of mental health illnesses were recorded. These cases were primarily treated at NCRTH and Gilgil Hospital, with additional cases being seen at various facilities across the county.

In the financial year 2022 to 2023, there were 8,143 new cases of mental health conditions recorded. This increase was largely attributed to community sensitization campaigns that raised awareness about mental health and helped reduce stigma, encouraging more people to seek treatment at healthcare facilities. A key development during this period was the appointment of a Mental Health Coordinator, which strengthened the program's leadership, particularly in the aftermath of the COVID-19 outbreak. The pandemic caused widespread anxiety, stress, depression, and burnout among the population, leading to a significant increase in the demand for mental health services. Healthcare workers (HCWs) were trained in Psychological First Aid (PFA) and Problem Management Plus (PM+) to better address these mental health challenges, with support from the Mid-Rift Hurinet Organization. Additionally, recognizing the impact on HCWs as frontline workers, self-care sessions were provided, along with psychosocial support for those affected by the pandemic.

In the financial year 2023 to 2024, a total of 7,671 new cases of mental health conditions were recorded, reflecting a decrease of 5.7% from the previous year. This decline is a clear indication of the effectiveness of mental health campaigns

at the community level. Promotive and preventive mental health programs have started to show positive results, with awareness campaigns encouraging individuals to prioritize their mental health.

A key factor in this success were the various awareness campaigns, including Mental Health Awareness Month in May, World Mental Health Day in October, and Suicide Prevention Awareness Month in September 2023. The program also continued its mental health outreach clinics in Gilgil Sub-County, with support from Kamili Organization, conducting 24 clinics in 2023 and 12 clinics from January to June 2024.

In addition to expanding services, the program focused on capacity building by training over 1,000 Community Health Promoters (CHPs) to address common mental health issues and sensitizing 200 healthcare workers through Continuous Medical Education (CME). Public education efforts reached more than 1,500 community members, which helped increase mental health literacy and reduce stigma. The program also conducted wellness sessions for over 500 healthcare workers, focusing on self-care, stress management, and burnout prevention. Furthermore, the program provided mental health and psychosocial support (MHPSS) to flood survivors in the Mai Mahiu area, Naivasha Sub-County, continuing its efforts to support vulnerable populations.

The Mental Health Program has made significant progress over the past three years, improving leadership, service delivery, public education, and community outreach. These efforts have enhanced access to mental health services, raised community awareness, and reduced stigma. The program remains committed to further improving mental health outcomes across the county.

3.7 Medical Social Work Services

The Medical Social Work function entails support services to curative/hospital

based, primary, preventive and promotive programs and activities; Medical social work services are vital and specifically focus on protecting the most vulnerable in the society and supporting children and families in need of psychosocial assistance.

In the FY 2021/2022, 2022/2023 and FY 2023/2024 the following medical social work services were offered to a total of 116,736 patients in Nakuru County as shown in the table below.

S.NO	INDICATOR	FY 2021/2022	FY 2022/2023	FY 2023/2024
1.	Psychosocial counseling	8484	9253	10005
2	Adolescent issues	1688	2235	1833
3	Psychosocial and economic assessment	5428	6203	6869
	Amount of FIF Waived KSH	146,235	318,839	214,249
4	Social investigations	9364	6099	6093
5	Psychosocial rehabilitations	397	2863	401
6	Alcohol & drug use	3333	3397	2352
7	Outreach services/health education	8719	12363	4153
8	Mental illness	1119	2039	2046
	TOTAL	38,532	44,452	33,752

Socio - Economic assessments inform the waivers. The waived amount in the FY 2022/2023 was considerably high at Ksh.318,839 compared to FY 2023/2024 which was at Ksh.214,249. Waiver is a reducing indicator and the achievement is attributed to NHIF uptake as a result of health education services offered to the patients at the waiting bay and a rule introduced by the waiver committee -that waiver is approved only after the patient has enrolled in NHIF. There was also the introduction of a debtor's sheet, where the patient pays at least half the bill and the Medical social workers do follow- up for the payment of the balance as per the agreement in the debtor sheet.

Medical social work services are key in ensuring holistic health care, unfortunately

the services are offered in only 4 facilities that have trained medical social workers. In other facilities some services are provided by nurses but not captured in MOH 711. Medical social work services run through the following programs – HIV, GBV, TB, NCDs, Mental health, community strategy, PCN, OVC. AYSRH and Cancer management

In the financial year 2023/2024, through the support of UTJ 22 adherence counselors were trained on medical social work intervention in health care management. The objective of the training was to capacity build the adherence counselors to provide medical social work services through integration of services initiative. Medical social work support supervision was done in the following 11 health facilities and a long side medical social work service registers were distributed – (Olenguruone, Keringet, Molo, NCTRH, Gilgil, Naivasha, Langalanga, Subukia, Mirugi Kariuki Kabarak, Njoro), this program was supported by UTJ.

3.8 Rehabilitative Services

Rehabilitation and assistive technology plays an essential role in the healthcare continuum, promoting recovery and enhancing quality of life for individuals who require long-term care and support. Rehabilitation services help patients regain functional abilities after injury, surgery, or illness, while assistive technology offers tools and devices that enable individuals to perform tasks and activities that might otherwise be impossible due to physical, cognitive, or sensory impairments. Together, these services are vital for empowering individuals, fostering independence, and ensuring equitable access to opportunities for all members of the community, including those with disabilities.

Over the last three budget cycles, rehabilitation and assistive technology services in Nakuru County have had limited budgetary allocation, resulting in a significant gap in the healthcare sector. The absence of dedicated resources for these services in previous budgets has led to significant unmet needs. Despite

challenges in budgetary allocation the following activities were achieved with support from partners:

1. Accessibility and Staff Training; All Level 4 facilities (NCRTH, Bahati, Naivasha, Gilgil, Olenguoreni, Molo) were audited and certified as accessible. Staff across all facilities were trained on the latest guidelines in seven domains of disability (physical, mental, visual, hearing, progressive, dermatological, maxillofacial). Policies were implemented to support disability inclusion, including tax waivers and extended service periods for qualifying staff with disabilities.

2. Assistive Technology Distribution; Over 100 wheelchairs and mobility devices were provided to Persons with Disabilities (PwDs), facilitated by Hope Mobility and Lions Club Nakuru. An additional 40 clients received lower-limb prosthetic devices, supported by the Hindustan Foundation.

3. Neurodevelopmental Therapeutic Services for Children; Approximately 200 children with neurodevelopmental conditions (final number pending verification) are receiving therapeutic services at Association of Person with Disability Kenya (APDK) located in NCRTH, Block 4. This is a collaborative initiative supported by the National Council of Person with Disability (NCPwD) and APDK. Children with Congenital Talipes Equinovarus (CTEV) are receiving care at NCRTH, supported by Hope Walk

4. Routine Disability Assessment and Categorization; Weekly assessments and categorization of persons with disabilities (PwDs) were carried out, with over 2,000 PwDs assessed and categorized across seven disability domains. Support for categorization was provided at five primary facilities. Since the decentralization of the Director General's authority to sign within the Ministry of Health, 19,000 persons with disabilities (PwDs) have been assessed and categorized through the Department of Health Nakuru County.

5. Early Detection and Identification of Disabilities in Children; Sensitization training for 65 Community Health Practitioners (CHPs) was conducted, covering 11 sub-counties. This ongoing initiative aims to enhance early detection and intervention for children with disabilities.

6. Rehabilitation and Awareness Initiatives; Celebrated World Physiotherapy Day, featuring a radio talk on MBCI to promote awareness of rehabilitation services. Conducted a radio talk show with Radio Amani to reach a broader audience regarding disability awareness and available services.

By strategically investing in these areas, the county can ensure that all residents have access to comprehensive, integrated healthcare that supports both their medical recovery and Quality of life. The inclusion of these services will not only enhance the quality of care but also provide individuals with the tools they need to live independently and participate fully in society.

3.9 Facility Improvement Fund (FIF)

There was an improvement observed in revenue collection over the analyzed financial years. In FY 2021/22, revenue collected totaled Ksh 1,550,628,478 and slightly dipping to Ksh 1,519,271,411 in FY 2022/23. During the year 2023/24 revenue collected was Ksh 1,468,498,216. This key achievement was spearheaded by the Directorate of Medical Services. These funds were subsequently reinvested into the facilities to ensure continuous quality improvement in adherence to FIF regulations. There is an ongoing initiative to further enhance this revenue collection trend.

2.1 Review of Sector Programmes/Sub-Programmes/projects-Delivery of Outputs/ KPI/ targets

Table 1: Sector Programme Performance Reviews

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
PROGRAMME 1: ADMINISTRATION AND PLANNING									
SP 1.1: Health Information	Improve quality of data for decision making	Number of quarterly Review meetings	4	4	4	4	4	4	Target achieved. This activity was done in collaboration with partners
		Number of health facilities implemented with EMR at the CCC	17	36	20	26	8	20	Target achieved. 20 facilities were equipped with desktop computers and installed with Tibu system to aid in patient data management in the Chest clinics
		Number of health facilities using open source electronic medical records	7	10	10	7	9	11	Target met through strong collaboration between Health IT, and Kabarak University
	Improved data management and documentation	M&E tools available at all levels (annually)	541	541	543	541	541	429	Activity was done through collaboration with National Government, County Government of Nakuru

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									and Partners
SP 1.2: Leadership and Governance	Health facilities with functional Health center committees	No of Health facilities with HFMC/Boards	211	100	100	209	211	100	All hospitals and health facilities have HFMC and Hospital Management committee
	Improve in sectoral Collaborations	No of stakeholders' meetings held bi-annually	2	2	2	1	2	1	Target not achieved. This is due to the Genz Protest; the second stakeholders Forum did not take place planned.
	Improved health service provision at all levels of service delivery	Number of quarterly support supervision	4	4	4	4	4	4	Target achieved, proper coordination and availability of resources enabled support supervision
	Proper prioritization of planned activities within the work plan	Number of comprehensive County Annual work plan	1	1	1	1	1	1	The department developed a comprehensive Annual work plan
	Revenue Enhancement	Amount of Revenue collected	1,400,000,000	1,300,000,000	1,700,000	1,550,628,478.35	1,519,361,041	1,468,498,216	Target not achieved, late disbursement by NHIF hindered the achievement of this target

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
SP 1.3: Human resource for health	Enhanced managerial and leadership skills among health workers in managerial levels	Number of health workers in charge of various department trained	56	15	50	9	110	216	Target achieved. Partners supported training of technical staff
	Improve staff performance and motivation	Number of staff promoted	1579	1576	100	96	462	0	Inadequate budgetary allocation
	Increase the number of health workers	Number of health workers recruited.	815	247	200	247	-	50	Inadequate budgetary allocation hindered recruitment of staff
SP 1.4: Research and development	Enhanced evidence-based intervention	Number of health forums held to share findings/information	6	4	5	5	8	13	Target achieved and surpassed. This was enabled by frequent online meetings.
SP 1.5: Health Infrastructure & Development	Increased access to Health care services	Number of facilities upgraded	1	1	6	0	3	7	Target achieved, procurement process was fast-tracked
		Number of facilities issued with new equipment	15	8	-	15	4	-	New equipments worth 32 million were procured during the review period and all the 15 level 4 hospitals were issued with assorted medical equipments
		No. of new facilities operationalized	15	8	15	15	0	2	The operationalization of new health facilities

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									was not fully actualized as planned due to delays occasioned by lack of HRH.
PROGRAMME 2: PREVENTIVE AND PROMOTIVE HEALTH SERVICES									
SP 2.1 Primary health care	Improve maternal health services	Percentage of pregnant women attending at least 4 ANC visit	55	58	60	57	56	53	Target not achieved. This could be attributed to most mothers initiating their first ANC clinic late in pregnancy.
	Improved family planning uptake	Percentage of WRA women receiving family planning services	53	55	70	55	66	74	This achievement was made possible through heightened integrated outreach/inreaches and increased number of facilities offering LARC
	Improved uptake of skilled delivery	Percentage of deliveries conducted by skilled attendants	75	89	90	88	82	79	The department conducted awareness creation, community sensitization campaigns, and CHP community/household mapping and referrals for SBA.
	Community units established	Number of community health units (CHU) established	30	80	0	2	10	0	Target not achieved. The plan was to strengthen the existing

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									CHUs
	Functional community Health Units	Number of functional community health units	200	252	349	252	317	389	There was an increase of strengthened CHUs by ensuring they are functional following the community health strategy policy 2020-2025.
	Increased no. of CHVS receiving stipends	Number of CHVs receiving stipends	2600	3600	3620	2572	3173	3306	Increase of CHPs stipends from ksh.2000 ksh 2500 to equalize with National amount affected the county budget on increasing CHPs to be paid stipends
	Increase community health units reporting	Number of CHUS reporting	260	360	349	257	317	385	Community health reporting changed to digital reporting making it easier to have all CHPs report using a smartphone which was delivered by the Government talk about e-CHIS
SP 2.2: Environmental Health and Sanitation programme	Increase number of households sensitized to have functional toilets	Percentage of households with functional toilets	96	94	96	92	92	96.2	The overachievement was as a result of partners' support in training of artisans and CHPs by creating demand and supply for sanitation systems at

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									rural, urban and peri-urban areas
		No. of public toilets constructed in the markets, highway and urban areas	20	-	9	4	0	2	The construction of new sanitation facilities has been left to be done by relevant departments.
	Increase number of schools sensitized to have hand washing facilities	Percentage of school with functional hand washing facilities	85	86	1983	82	68	1983	The improvement was as a result of strengthening of school health clubs and training of learners and Teachers.
	Improved Medical waste Management	Number of health facilities with medical waste incinerators	2	2	3	2	0	0	The incinerators in use are Naivasha Level 4 and Nakuru County Referral and Teaching Hospital. Facilities transport the waste from the Sub county to the two facilities for incineration.
	Increase number of open defecation free villages	Number of villages certified to be open defecation free (Number)	300	200	290	140	472	320	The target was surpassed as a result of accelerated Community Led Total Sanitation processes by use of follow-up mandona strategy at the household level. Also close monitoring

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									of the process through real-time CLTS Dashboard.
SP 2.3 Human Resource	Enhanced managerial and leadership skills among health workers in managerial levels	No. Of health workers in charge of various departments trained.	119	-	50	13	-	216	The target was surpassed. Two hundred and sixteen (216) healthcare workers of various cadres and leadership levels underwent training on supervisory skills, a senior management course, and the Strategic Leadership and Development Program
SP 2.4: Disease surveillance and emergency response	Increase case detection and response	Percentage of cases detected and investigated (100%)	100	100	100	100	100	100	Target achieved as planned with all the reported outbreaks being detected and responded to within 48 hours. This was possible through implementation of the 7-1-7 approach to outbreak investigation and response
SP 2.5: Health Promotion services	Increase population reached with health messages	Percentage of population reached with health messages (50%)	100	100	100	90	90	85.5	This was enabled through the implementation of CHPs stipend in 2022 Roll out of the Primary Health Care

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									programme and submission of non-communicable diseases screening kits motivated the CHPs to increase their house visits.
	Increase population aware of risk factors to health	Number of advocacy/commemorations of health days observed	100	6	12	40	7	17	Commemoration Days were being done at the Sub-County level where they were integrated with other ongoing activities. Support from implementing partners enabled accelerated activities prior to and during the commemoration day, like outreaches or media engagement.
SP 2.6: HIV/TB	Increased No of people reached with HIV Response services.	Percentage of people reached with HIV information; Identified HIV positive through Testing.	90	90	95	80	81	83	Target not achieved.HIV related stigma,risky behaviours, largely contributed to low performance.. The program is working on strategies towards improved performance to achieve the target.

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
	Increased No of people reached with TB Messages and services	Percentage of people reached with TB information, Identified TB positive through screening and Testing.	89	60	100	85	58	119	The program was able to secure a mobile chest X Ray machine from the National TB Program with assistance from partners on separate occasions to aid in the mass screening with x ray and testing.
SP 2.7: Nutrition Services	Increased advocacy for maternal, infant and young child nutrition	Percentage of children 0-6 months exclusively breastfed	90	90	90	86	90	87	Exclusive breastfeeding rates improved from a baseline of 85%. Behavior change communication strategies such as the baby friendly community initiative have been instrumental in changing how infants are fed in the 1st 6 months.
	Prevention, control and management of micronutrient deficiencies	% of children 12-59 months supplemented with Vitamin A	80	85	90	81	93	97	Target surpassed due to sustained efforts to strengthen routine supplementation in health facilities and support for outreach services to early childhood

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									development centers and households.
		% of pregnant women receiving iron and folic acid supplementation	90	90	90	89	81	69	IFAS supplementation for pregnant women improved in the 1st year, thereafter a decline has been experienced due to inadequate supply of iron folic acid tablets in health facilities
		Percentage of stunted children under 5 years	20	25	9	27.6	18.5	18.5	Reduced stunting levels can be attributed to strengthened community nutrition programs targeting improved nutrition practices of pregnant & lactating women and children less than 5 years. Target not achieved due to the chronic nature of stunting.
SP 2.8: Reproductive Health Programme	Increase uptake of cervical cancer screening	Percentage of women of reproductive age screened for cervical cancer	15	40	50	30	36.1	36	This was achieved through improved service documentation and reporting, increased number of facilities offering screening services and heightened community

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									awareness, inreach and outreach services.
	Increased number of facilities offering reproductive tract cancer screening services	Number of health facilities offering screening of reproductive tract cancers	276	-	301	272	532	466	To increase the number of facilities offering screening of reproductive tract cancers 346 HCWs from 160 facilities including laboratory personnel from Nakuru CTRH were trained.
	Increased number of health facilities offering cryotherapy services	Number of health facilities offering cryotherapy/Thermo-ablation services	21	-	27	20	25	30	Additional ablation and excision devices were received; 40 Thermo Ablators (TA)Devices distributed in 35 health facilities, 7 LEEP devices placed in 7 Level 4 facilities and 11 HCWs trained on LEEP. Facilities without treatment devices are linked to the existing devices for both client and specimen referrals.
	Increased uptake of Family Planning services	Percentage of women of reproductive age receiving family planning commodities	70	-	70	66	74	74	Percentage of WRA receiving family planning services target was achieved through increased

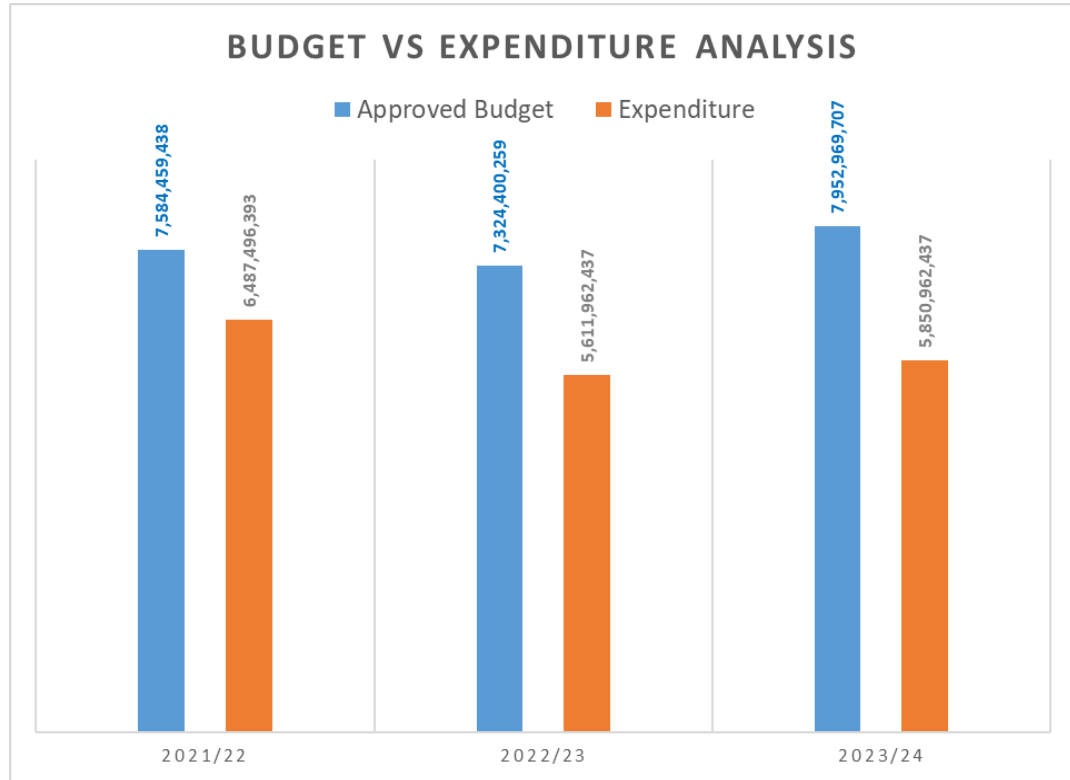
Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									number of facilities offering LARCs, increased outreach and inreach services, mentorship on LARCs, and supportive supervision at all levels.
		Number of health facilities offering long acting reversible contraceptives (LARCS)	321	-	321	460	472	523	This was achieved through training of HCWs, continuous mentorship on LARCs and supportive supervision that improved skills and confidence of HCWs to offer LARCs
	Increased uptake of health services by youth	No. of Youth Friendly Centres established in Sub County hospitals	5	-	11	4	4	4	The target was not achieved due to infrastructural challenges though services were offered in integration
	Increased uptake of services by sexual and gender-based violence survivors	No. of gender-based violence centers established in health facilities	2	-	11	1	2	290	During the implementation period, towards the end of FY 2023, the department targeted integration of Gender-based violence services in all health facilities and at all service delivery points, giving an

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
									increase of health facilities offering GBV services to 290.
SP 2.9: Vaccines and immunization programme	Increase the number of children reached with immunization services.	% of children fully immunized.	95	92	95	90	83.5	82	The sub optimal coverage could be attributed to frequent stock out of antigens and also the community misconception on vaccine safety .
PROGRAMME 3: CURATIVE SERVICES									
SP 3.1: Provision of essential services in all levels	Improved deliveries by skilled attendants	Percentage of pregnant mothers delivering at health facilities (%)	75	89	90	88	82	79	Target not achieved. The department is conducting awareness creation Skilled Birth Attendance
	Availability of tracer drugs in all health facilities	Percentage of health facilities without tracer commodities for more than one week	-	-	50	-	60	55	There was a significant reduction in the stockout rate from 60% in the FY 2022/23 to 55% in the FY 2023/24 attributable to a more regular quarterly supply of health products and technologies

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2021/22	2022/23	2023/24	2021/22	2022/23	2023/24	
SP 3.2: Elimination of Communicable and None communicable diseases	Increase Number of HIV positive pregnant mothers receiving Preventive ARVS	Percentage of HIV positive pregnant Mother receiving preventive ARVS	100	96	100	99	98.7	99	There was an increased proportion of Mothers on preventive ARVs following a Rapid response initiative to reduce missed opportunities at every service delivery point for pregnant and breastfeeding mothers.
	Increase in numbers of TB Patients with comprehensive TB Services.	Percentage of TB patients successful completing treatment	90	70	95	85	86	86	The treatment success rate (86%) was not achieved in the last financial year and otherwise stagnated. This was due to the high default rate on treatment and the program witnessed drug stock outs which led to inconsistent supplies and follow ups.

2.2 Expenditure Analysis

During the reviewed periods, the budget absorption rates demonstrated notable variations: FY 2021/22 stood at 86%, FY 2022/23 decreased to 77% and FY 2023/24 decreased to 74%. The decreased absorption rate in FY 2023/24 is primarily attributed to late exchequer releases and delayed disbursements. The graph besides shows the analysis of budget allocation versus the expenditure.



2.2.1 Analysis of Programme expenditures

Table 2: Programme/Sub-Programme Expenditure Analysis

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	APPROVED BUDGET			ACTUAL EXPENDITURE		
Programme/Sub-programme	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
PROGRAMME 1: Administration and Planning						
Sub-Programme 1: Health information	111,970,436	17,485,667	21,379,000	17,292,206	6,164,442	8,869,141
Sub-Programme 2: Leadership and governances	425,760,541	491,925,865	574,586,167	405,493,123	356,247,411	292,176,601
Sub- Programme 3: Human Resource for health	194,729,016	3,929,490,192	3,683,811,741	184,691,317.25	3,444,836,845	3,622,840,372
Sub-Programme 4: Research and Development	2,500,000	2,500,000	2,500,000	748,000	573,440	914,445
Sub- Programme 5: Health Infrastructure	29,400,000	10,833,333	12,250,000	8,744,529.65	220,000	1,136,332
TOTAL PROGRAMME 1	764,359,993	4,452,235,057	4,294,526,908	616,969,176	3,808,042,137	3,925,936,890.94
PROGRAMME 2: Health Preventive and Promotive services						
Sub- Programme 1: Primary Health Care	477,563,074	623,226,371	611,281,405	221,754,563.20	244,973,355	211,025,240.90
Sub-Programme 2: Environmental and Sanitation Programme	3,150,000	2,000,000	2,000,000	2,599,390	687,500	35,000
Sub-programme 3: Human resource	1,510,739,524	17,049,940	17,049,940	1,311,321,393	3,984,337	6,363,492.25
Sub- Programme 4: Diseases	1,997,550	1,897,550	1,997,550	1,381,276	520,830	99,360

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Programme/Sub-programme	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2021/22	2022/23	2023/24	2021/22	2022/23	2023/24
Surveillance and emergency response						
Sub- Programme 5: Health Promotive Services (ACSM)	1,740,000	1,000,000	1,000,000	1,006,000	471,600	331,750
Sub- Programme6: HIV	2,300,000	2,000,000	2,000,000	1,904,625	1,636,580	1,836,917.25
Sub- Programme7: Nutrition	20,000,000	29,980,932	24,961,109	10,012,468	26,906,673	5,278,772.45
Sub- Programme8: Reproductive Health	1,750,000	1,750,000	1,250,000	1,357,005	-	-
Sub- Programme9: Immunization	2,500,000	1,825,775	1,596,425	2,397,719	489,600	1,224,962
TOTAL PROGRAMME	2,021,740,148	680,730,568	663,136,429	1,553,734,439	279,670,475	226,195,494.85
PROGRAMME 3: Health Curative and Rehabilitative Services						
Sub-Programme 1: Provision of Essential Health Services in all Levels	2,222,537,135	1,866,807,231	2,382,056,941	1,903,284,567	1,201,822,422	1,185,111,917.52
Sub-Programme 2: Elimination of communicable and non-communicable diseases	2,200,000	2,200,000	2,200,000	1,981,050	-	262,500
Sub- Programme 3: Human resource	2,573,622,163	322,427,403	611,049,429	2,411,527,161	322,427,403	512,921,378.83
TOTAL PROGRAMME	4,798,359,297	2,191,434,634	2,995,306,370	4,316,792,778	1,524,249,825	1,698,295,796.35
GRAND TOTAL	7,584,459,438	7,324,400,259	7,952,969,707	6,487,496,393	5,611,962,437	5,850,428,182.14

2.2.2 Analysis of Programme expenditures by economic classification

Table 3: Programme Expenditure Analysis by Economic Classification

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	APPROVED BUDGET			ACTUAL EXPENDITURE		
Economic Classification	2021/22	2022/23	2023/24	2020/21	2022/23	2023/24
PROGRAMME 1: ADMINISTRATION AND PLANNING						
Current Expenditure:						
2100000 Compensation to Employees of Employees	194,729,016	3,923,427,552	3,661,054,503	182,713,317.25	3,441,455,005	3,606,877,981.94
2200000 Use of Goods and Services	526,091,139	514,265,699	595,015,167	421,565,452.65	358,980,903	301,045,742
2400000 Interest Payments	-	-	-	-	-	-
2600000 Current Grants and Other Transfers	10,150,000	225,000	950,000	3,900,000	-	-
2700000 Social Benefits	3,989,838	6,062,640	22,757,238	-	4,092,840	15,962,390
3100000 Acquisition of Non-Financial Assets	29,400,000	8,254,166	14,750,000	8,790,406	3,513,390	6,493,800
4100000 Acquisition of Financial Assets	-	-	-	-	-	-
4500000 Disposal of Financial Assets	-	-	-	-	-	-
Capital Expenditure						
Acquisition Of Non-Financial Assets	-	-	-	-	-	-
Capital Grants To Governmental	-	-	-	-	-	-

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2021/22	2022/23	2023/24	2020/21	2022/23	2023/24
Agencies						
Other Development	-					
TOTAL PROGRAMME 1	764,359,993	4,452,235,058	4,294,526,908	616,969,175.90	3,808,042,137	3,925,936,890.94
PROGRAMME 2: HEALTH PREVENTIVE AND PROMOTIVE SERVICES						
Current Expenditure:						
2100000 Compensation to Employees	1,510,739,524	17,049,940	17,049,940	1,311,399,393.17	3,984,337	7,689,117.66
2200000 Use of Goods and Services	26,049,494	21,743,930	30,375,266	23,693,366.50	17,758,562	8,041,204.54
2400000 Interest Payments	-	-			-	
2600000 Current Grants and Other Transfers	-	-			-	
2700000 Social Benefits	-	-			-	
3100000 Acquisition of Non-Financial Assets	-	-			-	
4100000 Acquisition of Financial Assets	-	-			-	
4500000 Disposal of Financial Assets	-	-			-	
Grants And Other Transfers	-	-			-	
Capital Expenditure						
Acquisition Of Non-Financial Assets	330,908,361	497,162,725	561,297,838	29,970,393.05	152,229,155	170,222,690.20

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	APPROVED BUDGET			ACTUAL EXPENDITURE		
Economic Classification	2021/22	2022/23	2023/24	2020/21	2022/23	2023/24
Capital Grants To Governmental Agencies	154,042,770	144,773,973	54,413,385	188,671,286.35	105,698,421	40,242,482.45
Other Development	-	-				
TOTAL PROGRAMME 2	2,021,740,149	680,730,568	663,136,429	1,553,734,439.07	279,670,475	226,195,494.85
PROGRAMME 3: HEALTH CURATIVE AND REHABILITATIVE SERVICES						
Current Expenditure:						
2100000 Compensation to Employees	2,573,622,163	322,427,403	611,049,429	2,413,227,161.26	322,427,403	512,242,753.40
2200000 Use of Goods and Services	1,103,671,385	1,205,707,582	1,330,785,131	1,260,794,189.46	1,117,369,573.27	1,045,252,170.46
2400000 Interest Payments	-	-				
2600000 Current Grants and Other Transfers	-	-				
2700000 Social Benefits	-	-				
3100000 Acquisition of Non-Financial Assets	68,888,665	23,152,068	16,138,451	65,700,550.05	9,516,554	15,992,671
4100000 Acquisition of Financial Assets	-	-				
4500000 Disposal of Financial Assets	-	-				
Capital Expenditure						
Acquisition Of Non-Financial Assets	291,350,080	69,383,201	249,551,418	153,297,872	-	63,417,238.80

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2021/22	2022/23	2023/24	2020/21	2022/23	2023/24
Capital Grants To Governmental Agencies	760,827,005	570,764,380	787,781,941	423,773,005.90	74,834,782.37	61,741,962.55
Other Development	-	-				
TOTAL PROGRAMME 3	4,798,359,297	2,191,434,633	2,995,306,370	4,,316,792,778.67	1,524,249,825	1,698,295,796.35
GRAND TOTAL	7,584,459,438	7,324,400,259	7,952,969,707	6,487,496,393.67	5,611,962,437	5,850,779,182.00

2.2.3 Analysis of Capital Projects

During the reviewed period, 72 projects were completed, while 38 remained ongoing. Additionally, 12 projects had not yet commenced, and 60 were in the tendering phase. However, two projects were stalled. Appendix 1 provides a detailed description of each project and their respective statuses.

2.3 Review of Pending Bills

The total Pending bill for both Recurrent and Development as at 30th June 2024 was Ksh 814,388,251.88.

The surge in pending bills at Level IV and Level V healthcare facilities in the past Financial Years is attributed to the engagement of contracted hospital staff funded from the Facility Improvement Fund (FIF) kitty. Unfortunately, the lack of timely replacements for these contractual staff has intensified pressure on existing human resources, impeding the seamless operation of these healthcare facilities. The influx of contracted staff, while addressing immediate staffing needs, has led to significant financial repercussions, contributing to a substantial backlog of pending bills and adversely affecting the overall functionality of healthcare facilities.

Furthermore, the challenges have been exacerbated by the COVID-19 pandemic. The provision of increased free services during the pandemic, coupled with a surge in the usage of essential commodities, has strained available resources. Additionally, the heightened inflation has further impacted the costs of these commodities, contributing to the accumulation of high pending bills. To address these multifaceted challenges, a strategic and sustainable approach to staffing, resource allocation, and financial management is imperative to ensure the continued delivery of quality healthcare services within the county.

2.3.1 Recurrent Pending Bills

S/NO	As at 30/06/2021	As at 30/06/2022	As at 30/06/2023	As at 30/06/2024
	72,893,061.45	184,778,627.00	667,204,681	810,545,532.88

2.3.2 Development Pending Bills

S/N O	As at 30/06/2021	As at 30/06/2022	As at 30/06/2023	As at 30/06/2024
	23,842,818.75	30,789,394.16	6,712,045	3,842,719

CHAPTER THREE

3.0 MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2025/26 – 2027/28

3.1 Prioritization of Programmes and Sub-Programmes

The prioritization of projects and programs aligns with the CIDP 2023-2027 and the ADP 2024/25.

The table below provides a detailed breakdown of the programs, sub-programs, and their respective objectives in line with the strategic direction set by the planning documents.

3.1.1 Programmes and their Objectives

Programme	Sub-Programme	Objective
Administration and Planning	1.1 Health Information	To improve efficiency and effectiveness in the delivery of quality Health care services
	1.2 Leadership and Governance	
	1.3 Human Resource for Health	
	1.4 Research and development	
	1.5 Health Infrastructure and Development	
Preventive and Promotive Health Service	2.1 Primary Health Care	To reduce disease burden associated with environmental health risk factors and unhealthy lifestyle.
	2.2 Environmental & Sanitation programme	
	2.3 Human Resource	
	2.4 Disease Surveillance & Emergency Response	
	2.5 Health Promotive Service	
	2.6 HIV& TB	
	2.7 Nutrition	
	2.8 Reproductive Health Programme	
	2.9 Vaccines & Immunization	
Curative and Rehabilitative Service	3.1 Provision of essential services in all	To provide essential quality health Services that are
	3.2 Elimination of Communicable & Non-Communicable Diseases	

In the 2024/25–2026/27 MTEF period, the Sector will implement the following key priorities;

1. Enhanced Health Infrastructure and Management; Improve management and quality of medical records through integrated Electronic Medical Records (EMR) systems; Improve access to quality health services by operationalizing new health facilities, renovating existing ones, and expanding healthcare infrastructure.

2. Human Resource Development; Enhance human resource productivity by training healthcare workers, recruiting, and promoting staff; Implement performance contracts and appraisal systems to monitor staff performance.

3. Evidence-Based Intervention and advocacy; Promote evidence-based intervention through regular health forums and public health awareness campaigns.

4. Primary Care Networks and Social Welfare; Establish Primary Health Care Networks (PCNs) and Community Health Units (CHUs) to strengthen primary care services; Form support groups for patients with chronic diseases and provide health insurance for indigent households.

5. Disease Surveillance and Sanitation; Enhance disease surveillance and reporting, aiming for rapid detection and response to outbreaks; Focus on improved sanitation and hygiene through initiatives such as school health clubs, public toilets, and open defecation-free (ODF) villages.

6. Maternal and Child Health; Improve maternal and reproductive health through increased ANC visits, skilled deliveries, and family planning services; Enhance child health and nutrition by promoting exclusive breastfeeding and nutrition supplementation.

7. HIV & TB Prevention, Awareness, and Treatment; Strengthen support for people living with HIV/AIDS (PLHIV) and the Prevention of Mother-to-Child Transmission (PMTCT) program; Monitor and achieve HIV viral suppression rates; Focus on TB prevention, detection and treatment, ensuring timely diagnosis and successful treatment completion.

8. Supply of Medications and Diagnostic Services; Allocate sufficient resources to drugs and non-pharmaceuticals to ensure an adequate supply; Upgrade laboratories and facilities to meet ISO standards and enhance diagnostic, testing, and surgical services.

9. Healthcare Support Services and Emergency Response; Establish blood donation and transfusion centers, gender-based violence (GBV) clinics, rehabilitative centres and funeral homes in health facilities; Improve emergency response with the acquisition of Advanced Cardiac Life Support (ACLS) ambulances and ambulance dispatch centers;

10. Oncology Services and Chronic Disease Management; Screen women for cervical cancer and ensure access to oncology services; Establish palliative care centers and provide care for chronic diseases such as diabetes and hypertension, advocate for mental health awareness, prevention of mental health conditions, and ensure that individuals affected by mental health disorders receive treatment without facing stigmatization or discrimination.

These strategies and priorities collectively aim to enhance healthcare services, improve access to quality care, and promote public health in the county.

3.1.2 Programmes, Sub-Programmes, Expected Outcomes, Outputs, and Key Performance Indicators for the Sector

Table 4: Programmes, Sub-Programmes, Expected Outcomes, Outputs and Key Performance Indicators for the Sector

Sub Programme	Delivery Unit	Key Output	Key indicator performance	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28
Programme Name: Administration, planning and support services									
Objective: To implement and enact evidence-based policies that relates to resource mobilization, planning and strengthening health care									
Outcome: Effective and efficient service delivery to clients and stakeholders									
1.1 Health Information Systems	Directorate of Administration and Planning	Improved management and quality of medical records	Proportion of facilities using integrated EMR	20	39	14	27	53	100
			Quarterly data quality audits	4	-	4	4	4	4
1.2 Leadership and Governance		Improved management and governance of health facilities	Proportion of health facilities with HFMC/Boards	100	100	100	100	100	100
			Number of stakeholders' meetings held	2	1	2	2	2	2
			Quarterly integrated supervisory visits	4	4	4	4	4	4
			Annual work plan	1	1	1	1	1	1
			Strategic plan developed	1	-	-	-	-	-
			Quarterly M&E field visits	4	4	4	4	4	4
			Enhanced Asset	Number facilities with	25	-	30	35	40

Sub Programme	Delivery Unit	Key Output	Key performance indicator	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28
		management	assets valued						
			Number of health facilities with title deeds	57	-	92	127	162	197
1.3 Human Resource for Health		Improved human resource productivity	Number of health workers trained on professional short courses	50	216	193	193	193	193
			Number of staff recruited	200	50	907	907	907	907
			Number of staff promoted	100	0	1576	1997	2000	2000
			Compensation to employees	5.5	4.1	4.5B	5.5B	6.1B	6.7B
			Implementation rate for performance contracts (PC) and Performance Appraisal System (PAS)	100	100	100	100	100	100
1.4 Research and development		Enhanced evidence-based intervention	Number of health research forums held	5	13	4	4	4	4
1.5 Health Infrastructure		Improved access to quality health services	Number of new health facilities operationalized	15	1	3	3	2	2
			Number of new level IV health facilities constructed	-	-	1	1	1	1

Sub Programme	Delivery Unit	Key Output	Key performance indicator	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28
			Number of health facilities renovated	6	6	6	11	11	11
			Number of health facilities and cemeteries with perimeter wall	2	-	5	8	11	14
			Number of health facilities with functional ICT infrastructure	10	-	23	46	70	100
			Proportion of health facilities with a master plan	15	-	30	45	60	75
			Level IV facilities' functional optimality rapid evaluation conducted	-	-	-	1	-	-
Programme Name: Preventive and promotive services									
Objective: To reduce disease burden associated with environmental health risk factors and unhealthy lifestyle									
Outcome: Reduced preventable conditions and lifestyle diseases									
2.1 Primary health care		Enhanced primary care networks	Number of Primary Health Care Networks established	2	16	2	2	2	3
			Number of CHPs receiving stipends	3620	3306	3700	3780	3860	3940
			Number of functional CHUs	319	389	378	386	394	402

Sub Programme	Delivery Unit	Key Output	Key performance indicator	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28	
			Number of new CHUs established	8	11	8	8	8	8	
			PCNs' functionality rapid evaluation conducted	-	-	-	1	-	-	
		Enhanced welfare	social	Number of support groups for patients with chronic diseases formed	2	-	2	2	2	3
				Number of indigent households with health insurance cover	45,150	-	47,407	49,778	52,267	54,880
				Number of indigent patients benefiting from medical waivers	5,319	-	5,212	5108	5,055	5,006
		Increased awareness	health	World health day commemorated	12	17	1	1	1	1
				Percentage of households sensitized	100	70.5	84	86	89	91
		Improved access to Mental Health & Psychosocial Support		Number of health facilities offering mental health and psychosocial support (MHPSS) Services	3	1	3	3	3	4
				Number of health service workers sensitized on mental health Gap intervention programme	120	20	40	40	40	-
		Improved uptake of		Number of Health care	-	-	-	3,000	3,000	-

Sub Programme	Delivery Unit	Key Output	Key performance indicator	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28
		Adult Vaccination	workers vaccinated against Hepatitis B, Influenza						
		Improve disease surveillance and reporting	Percentage of outbreaks detected and reported within 48hrs of notification	100	-	100	100	100	100
		Improved sanitation and hygiene	Number of new school health clubs formed/reactivated	300	-	300	300	300	300
			Number of new public toilets constructed	9	2	5	5	5	5
			Acreage of cemetery land purchased	20	-	40	10	10	10
			Number of new infection prevention and control (IPC) /Safety Committees formed/operationalized	10	-	10	10	10	9
			Number of new villages certified to be open defecation free (ODF)	290	320	200	180	150	136
			Percentage of households with functional toilets	96	96.2	94	95	95	95
			Number of schools with functional hand washing facilities	1983	1983	3,156	3,336	3,496	3,621

Sub Programme	Delivery Unit	Key Output	Key performance indicator	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28
2.2 Reproductive Health			Number of new health facilities equipped with modern incinerators	3	-	3	3	2	2
			Number of households sprayed for Neglected Tropical Disease (NTD) vectors	8,000	-	8,000	8,000	8,000	8,000
		Improved maternal and reproductive health	Percentage of pregnant women attending at least Four ANC visits	60	53	65	70	75	80
			Percentage of deliveries conducted by skilled health workers	90	79	93	95	98	100
			Percentage of women of reproductive age receiving family planning commodities	70	74	75	78	80	85
			Number of health facilities offering long-acting reversible contraceptives (LARCS)	321	523	472	479	486	493
			Percentage of fully immunized children	95	82	96	98	100	100
			Percentage of girls 10-14 years vaccinated with HPV vaccine	55	-	58	60	65	70
		Improved child health and nutrition	Percentage of children 6-59 months receiving	90	97	85	90	93	95

Sub Programme	Delivery Unit	Key Output	Key performance indicator	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28	
2.3 HIV & TB Control			Vitamin A supplements							
			Percentage of pregnant women receiving iron folic acid supplements	90	69	87	90	93	95	
			Percentage of children 0-6 months exclusively breastfed	90	87	70	75	80	85	
			Percentage of children less than 5 years who are underweight	9	18.5	7	6	5	4	
		Improved prevention, awareness, treatment	HIV and	Number of active support groups for people living with HIV/AIDs (PLHIV)	44	53	74	85	96	107
				Percentage of HIV/AIDs positive pregnant mothers on PMTCT programme	100	99	98	98	99	99
				HIV/AIDs viral-suppression rate	94	95	95	95	95	95
		Improved detection treatment	TB and	Proportion of patients diagnosed with TB and put on treatment	100	100	100	100	100	100
				Percentage of TB patients completing treatment successfully	86	86	87	88	89	90
				Number of screenings done in congregate	220	-	231	242	253	264

Sub Programme	Delivery Unit	Key Output	Key performance indicator	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28
			setting groupings						
Programme Name: Curative and Rehabilitative Services									
Objective: To provide essential quality health services that is affordable, equitable, accessible, and responsive to client needs									
Outcome: Improved quality of curative healthcare									
3.1 Provision of essential services in all levels		Improved supply of drugs and non-pharmaceuticals	Amount expended for procurement of drugs and non-pharmaceuticals (in Millions)	877,412,296	735,608,853.50	1319	1,545.4	1,817	2,143.1
			Percentage of Health facilities stocked out of tracer Medical drugs	50	55	50	45	40	35
			Percentage of Health facilities stocked out of tracer Non-pharmaceuticals	50	50	45	40	35	30
		Improved Diagnostic, testing, treatment, and surgical services	Number of laboratories upgraded to meet required ISO-standards	3	3	2	2	2	3
			Number of Level IV & V facilities with functional X ray services	11	-	13	15	17	17
			Number of dental units operationalised in health facilities	2	-	2	2	2	2
			Number of Sub-County	6	-	7	8	9	10

Sub Programme	Delivery Unit	Key Output	Key performance indicator	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28
			hospitals with functional theatres						
		Improve Healthcare support services	Number of blood donation and transfusion centres established	2	-	2	1	1	1
			Number of facilities with functional funeral homes	-	-	2	2	4	3
		Strengthen GBV Response and management	Number of health facilities with functional GBV clinics	3	-	3	3	3	3
		Improved emergency response	Number of functional Advanced Cardiac Life Support (ACLS) ambulances acquired	2	-	2	2	2	2
3.2 Elimination of Communicable and Non-communicable diseases		Increased uptake of oncology services	Percentage of women of reproductive age screened for cervical cancer	50	36	45	50	55	60
			Number of patients accessing oncology services	1,500	-	2,100	2,700	3,700	4,700
		Improved chronic disease management and access to care	Number of operational palliative care centres	2	-	2	2	2	2
			Proportion of population with diabetes cases newly diagnosed and linked to care	2.18	-	2.41	2.64	2.86	3.09

Sub Programme	Delivery Unit	Key Output	Key performance indicator	Target 2023/24	Actual Achievement 2023/24	Baseline 2024/25	Target 2025/26	Target 2026/27	Target 2027/28
			Proportion of population with hypertensive cases newly diagnosed and linked to care	4.09	-	4.31	4.54	4.77	5.00

3.1.3 Programmes by Order of Ranking

1. Administration and planning
2. Preventive and Promotive services
3. Curative and Rehabilitative services

3.2 Analysis of Resource Requirement versus allocation by Sector/Sub Sector:

For the financial year 2025/26, there is a projected requirement of Ksh 9,527,621,618, in contrast to the allocated resources of Ksh 7,796,037,878. Moving forward to the financial year 2026/27, the anticipated requirement increases to 10,324,313,466, while the allocated resources amount to Ksh 8,575,571,667. In the subsequent financial year, the projected resource requirement stands at 11,356,744,812, with an allocation of Ksh 9,433,128,833. To address the financial deficit, the department aims to engage development partners for additional support.

3.2.1 Sector/Sub Sector Recurrent (see Table 5a on presentation of the information)

Table 5a: Analysis of Resource Requirement versus Allocation – Recurrent

ANALYSIS OF RECURRENT RESOURCE REQUIREMENT VS ALLOCATION								
		Approved	REQUIREMENT			ALLOCATION		
Sector Name	Economic Classification	2024/25	2025/2026	2026/2027	2027/28	2025/2026	2026/2027	2027/28
Vote and Vote Details 4565	Current Expenditure							
	2100000 Compensation to Employees	4,555,353,714	5,900,510,000	6,490,561,000	7,139,617,100	4,272,903,460	4,700,193,806	5,170,213,187
	2200000 Use of Goods and Services	2,199,580,590	2,777,992,634	2,899,721,583	3,189,693,742	2,642,122,076	2,906,334,284	3,196,967,713
	2400000 Interest Payments	-	-	-	-	-	-	-
	2600000 Current Grants and Other Transfers	1,700,000	3,300,000	3,630,000	3,993,000	1,265,000	1,391,500	1,530,650
	2700000 Social Benefits	104,586,417	11,000,000	12,100,000	13,310,000	7,335,794	8,069,374	8,876,311
	3100000 Acquisition of Non-Financial Assets	52,033,882	92,919,080	102,210,988	112,432,087	74,808,988	82,219,887	90,441,876
	4100000 Acquisition of Financial Assets	-	-	-	-	-	-	-
	4500000 Disposal of Financial Assets	-	-	-	-	-	-	-
TOTAL		6,913,254,604	8,785,721,714	9,508,223,571	10,459,045,929	6,998,435,319	7,698,208,851	8,468,029,736

3.2.2 Sector/Sub Sector Development (see Table 5b on presentation of the information)

Table 5b: Analysis of Resource Requirement versus Allocation – Development

ANALYSIS OF DEVELOPMENT RESOURCE REQUIREMENT VS ALLOCATION								
		APPROVED	REQUIREMENT			ALLOCATION		
Sector Name	Description	2024/25	2025/2026	2026/2027	2027/28	2025/2026	2026/2027	2027/28
Vote and Vote Details 4565	Non-Financial Assets	401,621,247	340,864,194	374,950,613	412,445,675	236,551,279.80	260,206,407.78	286,227,049
	Capital Transfers Govt. Agencies	494,340,100	401,035,710.30	441,139,281.03	485,253,209.13	561,051,279.80	617,156,407.78	678,872,049
	Other development	-	-	-	-	-	-	-
TOTAL		895,961,347	741,899,904	816,089,894	897,698,884	797,602,560	877,362,816	965,099,097

3.2.3 Programmes and sub-programmes Resource Requirement (2023/24 – 2025/26 (see Table 6a on presentation of the information)

Table 6a: Analysis of Resource Requirement by Programmes and Sub-Programmes

ANALYSIS OF PROGRAMME RESOURCE REQUIREMENT (AMOUNT KSH MILLIONS)									
	2025/2026			2026/2027			2027/28		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
PROGRAMME 1: ADMINISTRATION AND PLANNING									
S.P 1.1: Health information	44,852,145	-	44,852,145	49,337,359	-	49,337,359	54,271,095	-	54,271,095

ANALYSIS OF PROGRAMME RESOURCE REQUIREMENT (AMOUNT KSH MILLIONS)									
	2025/2026			2026/2027			2027/28		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
S.P 1.2: Leadership and governances	301,032,499	-	301,032,499	331,135,749	-	331,135,749	364,249,324	-	364,249,324
S.P 1.3: Human Resource for health	5,594,160,000	-	5,594,160,000	6,153,576,000	-	6,153,576,000	6,768,933,600	-	6,768,933,600
SP 1. 4: Research & Development	4,950,000	-	4,950,000	5,445,000	-	5,445,000	5,989,500	-	5,989,500
S.P 1.5.Health Infrastructure	11,964,197	340,864,194	352,828,391	13,160,617	374,950,613	388,111,230	14,476,679	412,445,675	426,922,353
TOTAL PROG 1	5,956,958,841	340,864,194	6,297,823,035	6,552,654,725	374,950,613	6,927,605,338	7,207,920,197	412,445,675	7,620,365,872
PROGRAMME 2: PREVENTIVE AND PROMOTIVE HEALTH SERVICES									
SP 2.1 Primary health care	77,973,673	63,570,513	141,544,186	85,771,040	69,927,564	155,698,604	94,348,144	76,920,320	171,268,464
SP 2.2: Environmental and Sanitation programme	12,197,959	-	12,197,959	13,417,755	-	13,417,755	14,759,531	-	14,759,531
SP 2.3: Human resource for health	41,800,000	-	41,800,000	45,980,000	-	45,980,000	50,578,000	-	50,578,000
SP 2.4: Disease surveillance and emergency response	3,338,775	-	3,338,775	3,672,653	-	3,672,653	4,039,918	-	4,039,918
SP 2.5: Health Promotive service	2,640,000	-	2,640,000	2,904,000	-	2,904,000	3,194,400	-	3,194,400
SP 2.6: HIV/AIDS & TB	8,360,000	-	8,360,000	9,196,000	-	9,196,000	10,115,600	-	10,115,600

ANALYSIS OF PROGRAMME RESOURCE REQUIREMENT (AMOUNT KSH MILLIONS)									
	2025/2026			2026/2027			2027/28		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
SP 2.7: Nutrition	16,632,000	-	16,632,000	18,295,20076	-	18,295,200	20,124,720	-	20,124,720
SP 2.8: Reproductive Health Programme	10,175,000	-	10,175,000	11,192,500	-	11,192,500	12,311,750	-	12,311,750
SP 2.9: Vaccine and Immunization	10,282,491	-	10,282,491	11,310,740	-	11,310,740	12,441,814	-	12,441,814
TOTAL PROG 2	183,399,898	63,570,513	246,970,411	201,739,888	69,927,564	271,667,452	221,913,877	76,920,320	298,834,197
PROGRAMME 3: CURATIVE AND REHABILITATIVE SERVICES									
SP 3.1: Provision of essential services in all levels	2,365,742,975	337,465,197	2,703,208,173	2,446,246,959	371,211,717	2,817,458,676	2,690,871,655	408,332,889	3,099,204,543
SP 3.2: Elimination of Communicable and Non-communicable diseases	4,070,000	-	4,070,000	4,477,000	-	4,477,000	4,924,700	-	4,924,700
SP 3.3: Human resource for health	275,550,000	-	275,550,000	303,105,000	-	303,105,000	333,415,500	-	333,415,500
TOTAL PROG 3	2,645,362,975	337,465,197	2,982,828,173	2,753,828,959	371,211,717	3,125,040,676	3,029,211,855	408,332,889	3,437,544,743
TOTAL VOTE	8,785,721,714	741,899,904	9,527,621,618	9,508,223,571	816,089,894	10,324,313,466	10,459,045,929	897,698,884	11,356,744,812

3.2.4 Programmes and sub-programmes Resource Allocation (2023/24 – 2025/26 (see Table 6b on presentation of the information))

Table 6b: Analysis of Resource Allocation by Programmes and Sub-Programmes

ANALYSIS OF PROGRAMME EXPENDITURE RESOURCE ALLOCATION (AMOUNT KSH MILLIONS)									
	2025/26			2026/27			2027/28		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
PROGRAMME 1: ADMINISTRATION AND PLANNING									
S.P 1.1: Health information	23,516,900	-	23,516,900	25,868,590	-	25,868,590	28,455,449	-	28,455,449
S.P 1.2: Leadership and governances	222,009,610	-	222,009,610	244,140,571	-	244,140,571	268,554,628	-	268,554,628
S.P 1.3: Human Resource for health	4,286,908,159	-	4,286,908,159	4,715,598,974	-	4,715,598,974	5,187,158,872	-	5,187,158,872
SP 1. 4: Research & Development	2,200,000	-	2,200,000	2,420,000	-	2,420,000	2,662,000	-	2,662,000
S.P 1.5: Health Infrastructure	6,600,000	236,551,280	243,151,280	7,260,000	260,206,408	267,466,408	7,986,000	286,227,049	294,213,049
TOTAL PROG 1	4,541,234,668	236,551,280	4,777,785,948	4,995,288,135	260,206,408	5,255,494,543	5,494,816,949	286,227,049	5,781,043,997
PROGRAMME 2: PREVENTIVE AND PROMOTIVE HEALTH SERVICES PROGRAMME									
SP 2.1 Primary health care	59,871,020	236,551,280	296,422,300	65,858,122	260,206,408	326,064,530	72,443,934	286,227,049	358,670,983
SP 2.2: Environmental and Sanitation	6,325,000	-	6,325,000	6,957,500	-	6,957,500	7,653,250	-	7,653,250

ANALYSIS OF PROGRAMME EXPENDITURE RESOURCE ALLOCATION (AMOUNT KSH MILLIONS)

	2025/26			2026/27			2027/28		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
programme									
SP 2.3: Human resource for health	-	-	-	-	-	-	-	-	-
SP 2.4: Disease surveillance and emergency response	2,197,305	-	2,197,305	2,417,036	-	2,417,036	2,658,740	-	2,658,740
SP 2.5: Health Promotive service	1,100,000	-	1,100,000	1,210,000	-	1,210,000	1,331,000	-	1,331,000
SP 2.6: HIV/AIDS	4,730,000	-	4,730,000	5,203,000	-	5,203,000	5,723,300	-	5,723,300
SP 2.7: Nutrition	11,682,000	11,000,000	22,682,000	12,850,200	12,100,000	24,950,200	14,135,220	13,310,000	27,445,220
SP 2.8: Reproductive Health Programme	5,775,000	-	5,775,000	6,352,500	-	6,352,500	6,987,750	-	6,987,750
SP 2.9: Vaccine and Immunization	6,875,000	-	6,875,000	7,562,500	-	7,562,500	8,318,750	-	8,318,750
TOTAL PROG 2	98,555,325	247,551,280	346,106,605	108,410,858	272,306,408	380,717,266	119,251,944	299,537,049	418,788,992
3: CURATIVE AND REHABILITATIVE SERVICES									
SP 3.1: Provision of essential services in all levels	2,356,225,326	313,500,000	2,669,725,326	2,591,847,858	344,850,000	2,936,697,858	2,851,032,644	379,335,000	3,230,367,644
SP 3.2: Elimination of Communicable and	2,420,000	-	2,420,000	2,662,000	-	2,662,000	2,928,200	-	2,928,200

ANALYSIS OF PROGRAMME EXPENDITURE RESOURCE ALLOCATION (AMOUNT KSH MILLIONS)									
	2025/26			2026/27			2027/28		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Non-communicable diseases									
SP 3.3: Human resource for health	-	-	-	-	-	-	-	-	-
TOTAL PROG 3	2,358,645,326	313,500,000	2,672,145,326	2,594,509,858	344,850,000	2,939,359,858	2,853,960,844	379,335,000	3,233,295,844
TOTAL VOTE	6,998,435,319	797,602,560	7,796,037,878	7,698,208,851	877,362,816	8,575,571,667	8,468,029,736	965,099,097	9,433,128,833

3.2.5 Programmes and sub-programmes Economic classification. (See Table 7 on presentation of the information)

Table 7: Programme and Sub-Programmes Allocation by Economic Classification

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
PROGRAMME 1: Administration and Planning						
Current Expenditure:						
2100000 Compensation to Employees	5,583,160,000	6,141,476,000	6,755,623,600	4,272,903,460	4,700,193,806	5,170,213,187
2200000 Use of Goods and Services	333,749,195	367,124,114	403,836,526	238,486,510	262,335,161	288,568,677

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION

Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
2400000 Interest Payments	-	-	-			
2600000 Current Grants and Other Transfers	-	-	-			
2700000 Social Benefits	11,000,000	12,100,000	13,310,000	7,335,794	8,069,374	8,876,311
3100000 Acquisition of Non-Financial Assets	29,049,646	31,954,610	35,150,072	22,508,904	24,689,794	27,158,774
4100000 Acquisition of Financial Assets	-	-	-			
4500000 Disposal of Financial Assets	-	-	-			
Capital Expenditure	-	-	-			
Acquisition Of Non-Financial Assets	340,864,194	374,950,613	412,445,675	236,551,280	260,206,408	286,227,049
Capital Grants To Governmental Agencies	-	-	-			
Other Development	-	-	-			
TOTAL PROGRAMME 1	6,297,823,035	6,927,605,338	7,620,365,872	4,777,785,948	5,255,494,543	5,781,043,997
SUB PROGRAMME 1.1: Health Information System						
Current Expenditure:						
2100000 Compensation to Employees					-	
2200000 Use of Goods and Services	23,942,499	26,336,749	28,970,424	11,966,900	13,163,590	14,479,949
2400000 Interest Payments			-	-	-	
2600000 Current Grants and Other Transfers			-	-	-	

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
2700000 Social Benefits			-	-	-	
3100000 Acquisition of Non-Financial Assets	20,909,646	23,000,610	25,300,672	11,550,000	12,705,000	13,975,500
4100000 Acquisition of Financial Assets				-	-	
4500000 Disposal of Financial Assets				-	-	
Capital Expenditure						
Acquisition Of Non-Financial Assets				-	-	
Capital Grants To Governmental Agencies				-	-	
Other Development						
SUBTOTAL SP 1.1	44,852,145	49,337,359	54,271,095	23,516,900	25,868,590	28,455,449
SUB PROGRAMME 1.2: Governance and Leadership						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	297,842,499	327,626,749	360,389,424	219,919,610	241,911,571	266,102,728
2400000 Interest Payments				-	-	
2600000 Current Grants and Other Transfers				-	-	
2700000 Social Benefits				-	-	
3100000 Acquisition of Non-Financial Assets	3,190,000	3,509,000	3,859,900	2,090,000	2,229,000	2,451,900

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION

Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
4100000 Acquisition of Financial Assets				-	-	
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets				-		
Capital Grants To Governmental Agencies				-		
Other Development				-		
SUBTOTAL SP 1.2	301,032,499	331,135,749	364,249,324	222,009,610	244,140,571	268,554,628
SUB PROGRAMME 1.3: Human Resource						
Current Expenditure:						
2100000 Compensation to Employees	5,583,160,000	6,141,476,000	6,755,623,600	4,272,903,460	4,700,193,806	5,170,213,187
2200000 Use of Goods and Services						
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits	11,000,000	12,100,000	13,310,000	7,335,794	8,069,374	8,876,311
3100000 Acquisition of Non-Financial Assets				6,668,904	7,335,794	8,069,374
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 1.3	5,594,160,000	6,153,576,000	6,768,933,600	4,286,908,159	4,715,598,974	5,187,158,872
SUB PROGRAMME 1.4: Research Development						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services						
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	4,950,000	5,445,000	5,989,500	2,200,000	2,420,000	2,662,000
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION

Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 1.4	4,950,000	5,445,000	5,989,500	2,200,000	2,420,000	2,662,000
SUB PROGRAMME 1.5: Health Infrastructure Development						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	11,964,197	13,160,617	14,476,679	6,600,000	7,260,000	7,986,000
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets	340,864,194	374,950,613	412,445,675	236,551,280	260,206,408	286,227,049
Capital Grants To Governmental Agencies						
Other Development						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
SUBTOTAL SP 1.5	352,828,391	388,111,230	426,922,353	243,151,280	267,466,408	294,213,049
PROGRAMME 2: PREVENTIVE AND PROMOTIVE HEALTH SERVICES						
Current Expenditure:						
2100000 Compensation to Employees	41,800,000	45,980,000	50,578,000	-	-	-
2200000 Use of Goods and Services	130,173,439	143,190,783	157,509,861	93,880,325	103,268,358	113,595,194
2400000 Interest Payments						
2600000 Current Grants and Other Transfers	3,300,000	3,630,000	3,993,000	1,265,000	1,391,500	1,530,650
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	8,126,459	8,939,105	9,833,015	3,410,000	3,751,000	4,126,100
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies	63,570,513	69,927,564	76,920,320	247,551,280	272,306,408	299,537,049
Other Development						
TOTAL PROGRAMME 2	246,970,411	271,667,452	298,834,197	346,106,605	380,717,266	418,788,992
SUB PROGRAMME 2.1: Primary Health Care						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	73,587,214	80,945,935	89,040,529	58,441,020	64,285,122	70,713,634
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	4,386,459	4,825,105	5,307,615	1,430,000	1,573,000	1,730,300
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies	63,570,513	69,927,564	76,920,320	236,551,280	260,206,408	286,227,049
Other Development						
SUBTOTAL SP 2.1	141,544,186	155,698,604	171,268,464	296,422,300	326,064,530	358,670,983
SUB PROGRAMME 2.2: Environmental Health and Sanitation						
Current Expenditure:						
2100000 Compensation to Employees						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
2200000 Use of Goods and Services	5,157,959	5,673,755	6,241,131	3,080,000	3,388,000	3,726,800
2400000 Interest Payments						
2600000 Current Grants and Other Transfers	3,300,000	3,630,000	3,993,000	1,265,000	1,391,500	1,530,650
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	3,740,000	4,114,000	4,525,400	1,980,000	2,178,000	2,395,800
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 2.2	12,197,959	13,417,755	14,759,531	6,325,000	6,957,500	7,653,250
SUB PROGRAMME 2.3: Human Resource						
Current Expenditure:						
2100000 Compensation to Employees	41,800,000	45,980,000	50,578,000	-	-	-
2200000 Use of Goods and Services						
2400000 Interest Payments						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 2.3	41,800,000	45,980,000	50,578,000	-	-	-
SUB PROGRAMME 2.4: Disease Surveillance						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	3,338,775	3,672,653	4,039,918	2,197,305	2,417,036	2,658,740
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 2.4	3,338,775	3,672,653	4,039,918	2,197,305	2,417,036	2,658,740
SUB PROGRAMME 2.5: Health Promotions						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	2,640,000	2,904,000	3,194,400	1,100,000	1,210,000	1,331,000
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION

Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 2.5	2,640,000	2,904,000	3,194,400	1,100,000	1,210,000	1,331,000
SUB PROGRAMME 2.6: HIV						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	8,360,000	9,196,000	10,115,600	4,730,000	5,203,000	5,723,300
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
SUBTOTAL SP 2.6	8,360,000	9,196,000	10,115,600	4,730,000	5,203,000	5,723,300
SUB PROGRAMME 2.7: Nutrition services						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	16,632,000	18,295,200	20,124,720	11,682,000	12,850,200	14,135,220
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies				11,000,000	12,100,000	13,310,000
Other Development						
SUBTOTAL SP 2.7	16,632,000	18,295,200	20,124,720	22,682,000	24,950,200	27,445,220
SUB PROGRAMME 2.8: Reproductive Health						
Current Expenditure:						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION

Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
2100000 Compensation to Employees						
2200000 Use of Goods and Services	10,175,000	11,192,500	12,311,750	5,775,000	6,352,500	6,987,750
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 2.8	10,175,000	11,192,500	12,311,750	5,775,000	6,352,500	6,987,750
SUB PROGRAMME 2.9: Immunization						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	10,282,491	11,310,740	12,441,814	6,875,000	7,562,500	8,318,750
2400000 Interest Payments						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION

Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 8	10,282,491	11,310,740	12,441,814	6,875,000	7,562,500	8,318,750
PROGRAMME 3: HEALTH CURATIVE SERVICES						
Current Expenditure:						
2100000 Compensation to Employees	275,550,000	303,105,000	333,415,500	-	-	-
2200000 Use of Goods and Services	2,314,070,000	2,389,406,686	2,628,347,355	2,309,755,241	2,540,730,766	2,794,803,842
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	55,742,975	61,317,273	67,449,000	48,890,084	53,779,093	59,157,002

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies	337,465,197	371,211,717	408,332,889	313,500,000	344,850,000	379,335,000
Other Development						
TOTAL PROGRAMME 3	2,982,828,173	3,125,040,676	3,437,544,743	2,672,145,326	2,939,359,858	3,233,295,844
SUB PROGRAMME 3.1: Essential Health Services						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	2,310,000,000	2,384,929,686	2,623,422,655	2,307,335,241	2,538,068,766	2,791,875,642
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	55,742,975	61,317,273	67,449,000	48,890,084	53,779,093	59,157,002
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies	337,465,197	371,211,717	408,332,889	313,500,000	344,850,000	379,335,000
Other Development						
SUBTOTAL SP 3.1	2,703,208,173	2,817,458,676	3,099,204,543	2,669,725,326	2,936,697,858	3,230,367,644
SUB PROGRAMME 3.2: Elimination of Non-Communicable Diseases						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	4,070,000	4,477,000	4,924,700	2,420,000	2,662,000	2,928,200
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	REQUIREMENT			ALLOCATION		
	2025/26	2026/27	2027/28	2025/26	2026/27	2027/28
Other Development						
SUBTOTAL SP 3.2	4,070,000	4,477,000	4,924,700	2,420,000	2,662,000	2,928,200
SUB PROGRAMME 3.3: Human Resource						
Current Expenditure:						
2100000 Compensation to Employees	275,550,000	303,105,000	33,415,500	-	-	-
2200000 Use of Goods and Services						
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets						
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 3.3	275,550,000	303,105,000	33,415,500	-	-	-
TOTAL	9,527,621,618	10,324,313,466	11,356,744,812	7,796,037,878	8,575,571,667	9,433,128,833

CHAPTER FOUR

4.0 CROSS-SECTOR LINKAGES

The following are the ministries that need to linkage with the county health sector.

SNO	SECTORS	AREA OF LINKAGES WITH THE HEALTH SECTOR
1.	Public Administration and National/Inter County Relation	Resource allocation and financial technical guidelines and support, Policy development and guidelines on human resource management, Provides the overall oversight role to the department and come up with legislations which governs operations, Provides policy guidelines, trainings and funding National programs (HIV, TB, Immunizations,) Civil Registration of Vital Statistics and cancer center.
2.	Education	Advocacy and implementation of health policy. School health program and dissemination of health messages.
3.	General Economics and Commercial Affairs	Sanitation in markets and trading centres,
4.	Agriculture, Rural and Urban Development	Housing standards, Titling of health facility land and Purchase of land for health facilities Coordinate activities that foster food security

SNO	SECTORS	AREA OF LINKAGES WITH THE HEALTH SECTOR
		and nutrition
5.	Energy Infrastructure and ICT	Project design, BQ preparation, projects supervision Strengthening of information communication technology
6.	Environment Protection Water and Natural Resources	Support in provision of water and management of solid waste.
7.	Social Protection	Addressing issues of gender intersects with critical aspects of healthcare, including nutrition, reproductive health, gender-based violence prevention, and the establishment of youth-friendly facilities to promote holistic well-being among diverse populations.

CHAPTER FIVE

5.0 EMERGING ISSUES AND CHALLENGES

5.1 EMERGING ISSUE

- Emerging and re-emerging disease outbreaks which had not been planned for e.g. Covid19, H1N1, SAS and Cholera.
- Effects of climate change and unpredictable weather conditions
- Increased Recurrent pending bills in healthcare facilities
- Reduced budgetary support from donors and partners e.g DANIDA
- Effects of transitioning from NHIF to SHIF
- Co-financing of the stipends to CHPs with the National Government
- Increasing new HIV infections among the youths and key population.
- Transition from Donor funding to self-reliance e.g DANIDA
- New Variants of Communicable diseases e.g H1N1, MDR TB and XDR TB
- Increasing burden of injuries e.g., Motor bike crashes and domestic injuries and ethnic unrest.
- Increase in Mental-Health Issues, GBV, self-harm, suicide and drug abuse.

5.2 CHALLENGES

The Health Sector has made great progress towards the realization of the County Health goals and objectives. The sector focuses to reduce inequalities in health care services and reverse the downward trend in health-related outcomes in the County. Despite the progress made, there still exist significant variations between the targets set out and achievements made so far. This section discusses some of the key challenges: -

- Inadequate budgetary allocation for implementation of health projects and programs.
- Delayed procurement process that hampered installation of ICT

infrastructure in additional PCN Sites in Bahati sub-county. (Nyonjoro and Kiwamu HC)

- Frequent shortages and erratic supply of critical commodities, including antigen stocks, Family Planning (FP) commodities (e.g., implants, COCs), HIV testing kits, viral load PPT, CD4 cartridges, drugs for managing opportunistic infections (e.g., amphotericin B), GeneXpert cartridges, falcon tubes, TB patient packs, and male condoms for the Key Vulnerable Populations (KVP) program.
- Prolonged stockouts of essential TB management tools, such as TB reporting tools/registers and post-rape care kits for forensic specimen collection.
- Limited skills in Emergency Obstetric and Newborn Care (EmONC) and comprehensive reproductive health services.
- Insufficient human resources across various levels of healthcare, particularly in mental health, environmental health, and community health services.
- High staff turnover, impacting the consistency of care.
- Delays in the disbursement of Linda Mama Funds and financial constraints affecting service delivery.
- Limited engagement in Chiefs' Barazas and low participation of the private sector in TB Active Case Finding.
- Inadequate data collection and reporting, particularly in mental health indicators.
- Vast terrain challenges and inadequate human resources hindered service reach to marginalized communities.
- Inadequate chemicals and drugs for the prevention and control of Neglected Tropical Diseases, along with a shortage of seedlings for environmental beautification and lengthy legal processes during prosecutions.

- Insufficient Community Health Promoters (CHPs) to cover all households and inadequate stipends for those working.
- Lack of capacity building for most Community Health Committees, affecting their ability to support health initiatives effectively.
- The occurrence of disasters and disease outbreaks presented significant challenges, disrupting regular healthcare operations and resource allocation.
- The Kenya Medical Supplies Authority (KEMSA) had a low supply fill rate, leading to insufficient and delayed delivery of essential medical supplies and commodities.

CHAPTER SIX

6.0 CONCLUSION

In conclusion, the Nakuru County Health Sector has made significant strides in improving the well-being of its residents, demonstrating a strong commitment to advancing Universal Health Coverage (UHC) and addressing the diverse healthcare needs of the population. Investments in infrastructure, workforce development, and community engagement have led to enhanced service delivery and better health outcomes across various programs, including reproductive health, mental health, non-communicable diseases, and rehabilitation services.

During the review period, notable achievements were recorded, including improved sanitation, increased access to essential healthcare services, and the operationalization of innovative programs. These accomplishments reflect the dedication of healthcare professionals and the effectiveness of collaborative efforts between the County Government and its partners. The County has also established clear priorities for the next Medium-Term Expenditure Framework (MTEF) period, focusing on strengthening health systems, improving access to primary healthcare, and promoting health equity.

Despite these achievements, the report highlights persistent challenges such as staffing shortages, recurring drug stockouts, and financial constraints, which continue to hinder optimal service delivery. Addressing these challenges requires a proactive, solution-oriented approach, including robust resource mobilization, strategic planning, and the implementation of innovative solutions.

As Nakuru County moves forward, it is well-positioned to capitalize on its strengths and overcome existing challenges. By leveraging innovation, fostering strategic partnerships, and maintaining adaptability, the County can continue to enhance the resilience, responsiveness, and equity of its healthcare system. This report

highlights the importance of sustained collaboration, community engagement, and strategic preparedness in building a healthcare system that delivers quality, accessible, and inclusive services to all residents.

CHAPTER SEVEN

7.0 RECOMMENDATIONS

In view of challenges and emerging issues the sector recommends the following measures to enhance delivery of quality Healthcare Service to the public and for effective implementation of the Flagship Projects and other programmes

- Allocate sufficient funding to the Department of Health Services to implement planned activities effectively, ensuring that financial constraints do not hinder progress.
- Enhance workforce capabilities by conducting regular support supervision, training, knowledge transfer, mentorship, and on-the-job training (OJT) to maintain a skilled and competent workforce.
- Conduct regular quarterly or bi-annual review meetings to ensure that programs and projects remain focused on their goals and adjust strategies as needed.
- Ensure the timely disbursement of funds to support the smooth execution of health programs and prevent delays in project implementation.
- Procure adequate Health Products and Technologies (HPTs) to prevent stockouts and ensure continuous availability of essential medical supplies and equipment.
- Develop and implement contingency plans for unforeseen emerging issues, such as disasters and disease outbreaks, to ensure a rapid and effective response.
- Increase budgetary allocation and human resources for health services, to improve access to quality health care.
- Address the erratic supply of essential commodities, such as GeneXpert cartridges, testing kits, and patient packs, and strengthen TB and HIV services by ensuring continuous supply and adequate reporting tools.
- Expand the number of Community Health Providers (CHPs) and ensure

adequate stipends and capacity building for Community Health Committees (CHCs) to enhance community health service delivery.

- Increase private sector involvement in Active Case Finding for TB and other health initiatives to boost detection and treatment rates.
- Improve the collection and reporting of health indicators, especially in mental health, to better assess and address healthcare needs at the community level.

REFERENCES

- *Constitution of Kenya 2010*
- *County Budget Review and Outlook Paper (2023)*
- *County Integrated Development Plan (2023-2027)*
- *Approved Estimates 2021/22*
- *Approved Estimates 2022/23*
- *Approved Supplementary I 2023/24*
- *County Annual Development Plan 2023/24*
- *County Annual Development Plan (2022/23)*
- *County Annual Development Plan (2021/22)*
- *National and County Health Sector Service Plans (NHSSP III/CHSSP)*
- *Kenya Health Policy 2014-2030*
- *Kenya AIDS Strategic Framework II (2020/21-2024/25)*

Sector Working Group

No	Name	Designation	Role
1.	Dr. John Murima	Chief Officer Medical Services	Chairperson
2.	Joyce Ncece	Chief Officer Public Health Services	Member
3.	Fionah Macharia	Economist	Sector Convener
4.	Dr. Joy Mugambi	County Director Health Administration and Planning	Sector Co-Convener
5.	Elizabeth Kiptoo	County Director Public Health Services	Member
6.	Dr. Daniel Wainaina	County Director Medical Services	Member
7.	Dr. Neimah Barasa	CTLC	Member
8.	Dr. Kevin Awere	CPHARM	Member
9.	Dominic Mburu	CHAO	Member
10.	Wendy Tirop	CCNO	Member
11.	Gerald Maina	CHIC	Member
12.	Lydia Nyaga	CMHC	Member
13.	Calvin Momanyi	DCHAU	Member
14.	Ben Lugah	CMAC	Member
15.	Rose Wangeci	Office Administrator	Member
16.	Mucheru Elisha	CHRH	Member
17.	Beatrice Wairimu	Budget Officer	Member
18.	Chiuri Stephen	CMLT	Member
19.	Gachomba George	CPHO	Member
20.	Christine Kihara	CNUT	Member
21.	Racheal Kiuna	CASCO	Member
22.	Elen Ngware	CHPO	Member
23.	Grace Wangechi	CICT	Member
24.	Donald Ngetich	Accountant	Member
25.	Ruth Magak	Communication Officer	Member
26.	Macloud Ndua	Administrator	Member
27.	David Mwangi	Procurement Office	Member

APPENDIX I

ANALYSIS OF PERFORMANCE OF CAPITAL PROJECTS (2023/2024)

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
DANIDA Capital Transfers to Health Centres and Dispensaries	HQ	19,115,250	19,115,250	-	-	-	Enhanced primary health care services	Ongoing
Nutrition International	HQ	12,500,000	10,000,000	3,447,013	-	-	Enhanced nutrition services	Ongoing
Conditional Fund for Leasing of Medical Equipment	HQ	124,723,404	124,723,404	124,723,404	-	-	Enhance diagnostic accuracy, improve patient care outcomes	Complete
Other Developments - (FIF Facilities)	HQ	158,734,837	158,734,837	-	5	-	Increased infrastructure for service delivery	Ongoing
Purchase of medical and dental equipment (FIF)	HQ	115,000,000	115,000,000	76,381,394	65	-	Enhanced dental health care services	Ongoing
Purchase of plant and machinery (FIF)	HQ	50,000,000	50,000,000	692,500	6	-	Enhanced essential health care services	Ongoing
Construction of Buildings - (FIF)	HQ	175,000,000	175,000,000	3,321,916	11	-	Enhanced health care services	Ongoing
Operationalization and Equipping of Hospitals	HQ	112,161,850	112,161,850	27,024,982	24	-	Enhanced essential health care services	Tendering
DANIDA Capital Transfers to Health Centres and Dispensaries	HQ		20,903,541	20,375,931	20,375,931	-	Enhanced primary health care services	Ongoing
Nutrition International Grant	HQ		1,831,759	1,831,759	1,831,759	-	Enhanced nutritional services	Complete
World Bank Transforming Health Systems for Universal Care (THS-UC)	HQ		62,835	-	-	-	Enhanced primary health care services	Complete

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Operationalization and Equipping of Outpatient complex - PGH (FIF)	HQ	-	-	-	10	-	N/A	Vired
Other Developments - (FIF Facilities)	HQ	-	-	-	13,765,470	-	N/A	Vired
Purchase of medical and dental equipment (FIF)	HQ	-	-	-		-	N/A	Vired
Purchase of plant and machinery (FIF)	HQ	-	-	-		-	N/A	Vired
Construction of Buildings - (FIF Facilities)	HQ	-	-	-		-	N/A	Vired
Purchase of medical and dental equipment (PGH OPD, Naivasha, Gilgil maternity, Elburgon Maternity and County food Lab)	HQ	52,161,850	112,161,850	-		-	Enhanced essential health care services	Tendering
Counterpart funding - DANIDA	HQ	14,895,000	14,895,000	13,765,470		-		Ongoing
Upgrading of Molo Sub County Hospital	HQ	44,600,200	150,095,777		86	7/5/2021		Ongoing
Construction of a Level IV Hospital in Rongai Sub County	HQ	50,000,000	50,000,000	-	10	28/6/2024	Increased access to essential health care services	Ongoing
Purchase of land and Construction of a Level IV Hospital in Kuresoi North Sub County	HQ	50,000,000	50,000,000	-	20	28/6/2024	Increased access to essential health care services	Ongoing
Fencing of Annex hospital land	HQ	30,000,000	29,799,710		10	22/7/2024	Increased security of the facility infrastructure	Ongoing

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Completion of Elburgon Subcounty hospital	HQ	6,600,000	-	-	10	-	Increased access to maternal services	Tendering
Construction of Njoro Level 4 Hospital	HQ	30,000,000	30,000,000	-	86	28/12/2020	Increased access to essential health care services	Ongoing
Construction of OPD at Olenguruone Subcounty hospital	HQ	15,000,000	-	-	10	-	Enhanced access to outpatient services	Tendering
Completion of Maai Mahiu Hospital	HQ	44,951,418	44,951,418	-	10	28/06/2024	Increased access to essential health care services	Ongoing -
Purchase of generators for alternative power source in Keringet, Bondeni, Langalanga and Njoro facilities	HQ	12,000,000	12,000,000	12,000,000	100	16/4/2024	Continuous supply of power during power outages thus enhanced provision of critical healthcare services	Complete
Construction of an Ablution block at Subukia National Shrine	HQ	5,000,000	4,892,395	4,405,856	100	13/2/2024	Provision of appropriate sanitary services	Complete
Completion of a surgical ward at Olenguruone Hospital	HQ	6,000,000	-	-	10	-	Increased access to critical care services	Tendering
Construction Of a Mortuary at Bahati Sub-County Hospital	Bahati	5,000,000	-	-	-	-	Provision of proper body storage services	Yet to start
Construction Of Septic Tank at Dundori Health Center	Dundori	1,700,000	1,700,000	1,700,000	100	04/03/2024	Improved liquid waste management services	Complete
Construction Of Ablution Block at Dundori Health Centre	Dundori	800,000	800,000	536,500	100	04/03/2024	Improved liquid waste management services	Complete
Equipping Of Kiwamu Health Center	Dundori	1,000,000	-	-	10	-	Increased access to primary health care services	Tendering
Renovation And Equipping of Ruguru Dispensary Maternity	Kabatini	2,500,000	1,436,780	-	10	03/06/2024	Increased access to maternal health services	Awarded

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Construction Of Burning Chamber, Ash Pit and Elevated Water Stands at Muriundo Dispensary	Kabatini	1,000,000	955,804	955,804	100	04/03/2024	Increased sanitation services	Complete
Completion Of Engashura Health Centre at Kiamaina sub location	Kiamaina	1,800,000	1,800,000	-	10	03/06/2024	Increased service delivery points	Ongoing
Rehabilitation of Murunyu Health Centre	Lanet/Umoja	1,000,000	960,271	960,271	100	04/03/2024	Increased access to primary health care services	Complete
Equipping Of Murunyu Health Center & Construction Staff Toilet, Waiting Bay and Tanks	Lanet/Umoja	3,000,000	-	-	10		Increased access to primary health care services	Tendering
Repairs And Renovation at Kongasis Health Center	Eburru/Mbaruk	1,000,000	991,589	991,589	100	04/03/2024	Increased access to primary health care services	Complete
Construction Of Thugunui Dispensary Toilet	Eburru/Mbaruk	850,000	765,000	-	30	16/4/2024	Improved sanitation services	Ongoing
Purchase and Installation of Power Backup at Kiambogo Health Centre	Elementaita	500,000	499,370	-	10	04/03/2024	Improved power supply during outages	Re-tendered
Electricity Connection, Wiring of Three Units and Completion of Drainage and Plumbing at Muthaiti Dispensary	Elementaita	750,000	746,770	746,770	100	04/03/2024	Improved sanitation services	Complete
Partition Of Rooms and Equipping with Furniture of Old Maternity Block at Miti Mingi Dispensary	Elementaita	500,000	-		10	-	Improved medical furniture thus enhancing better maternal health services	Tendering
Fencing Of Cemetery Public Toilet in Gilgil	Gilgil	500,000	483,850	435,465	100	04/03/2024	Secured cemetery	Complete

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Construction Of Kikopey Dispensary (Lab)	Gilgil	3,000,000	3,000,000	-	-	-	Increased diagnostic services	Tendering
Construction Of a Chain Link Fencing with Concrete Poles 400 metre-Karati Health Center	Malewa West	1,500,000	1,499,900	1,304,913	100	04/03/2024	Improved security to the facility	Complete
Renovation -Fencing of Fallen Stone Fence (Small Section) Stones Available at Kasarani Dispensary	Malewa West	500,000	470,900	-	100	04/03/2024	Improved security to the facility	Complete
Fencing Of Githirika Dispensary	Nyota	500,000	463,350	442,284	100	04/03/2024	Improved security to the facility	Complete
Construction Of Sasumua Dispensary Toilets	Nyota	800,000	758,480	758,480	100	04/03/2024	Increased access to sanitary services	Complete
Completion Of Kapkores Dispensary	Keringet	750,000	708,350	637,515	100	04/03/2024	Increased access to primary health care services	Complete
Construction Of Male Ward Keringet Hospital	Keringet	1,800,000	1,787,570	-	20	16/04/2024	Increased access to inpatient services	Ongoing
Equipping Of Female/Male Ward Keringet Hospital	Keringet	728,000	-	-	10	-	Increased access to inpatient services	Tendering
Equipping Of Kiplemeiywo Dispensary	Kiptagich	1,000,000	-	-	10	-	Enhanced access to health services	Tendering
Completion Of Kepkosigen Dispensary	Tinet	700,000	697,800	697,800	100	04/03/2024	Increased access to primary health care services	Complete
Equipping Of Karandit Dispensary	Tinet	1,500,000	1,500,000	-	10	-	Enhanced access to health services	Tendering

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Equipping Of Kapket Maternity	Tinet	1,500,000	1,500,000	-	10	-	Enhanced access to health services	Tendering
Renovation Of Segut Dispensary	Mariashoni	700,000	660,000	-	65	16/4/2024	Enhanced access to primary health services	Ongoing
Construction Of Sanitary Facility at Segut Dispensary	Mariashoni	1,000,000	1,000,105	-	60	16/04/2024	Increased access to sanitary services	Ongoing
Construction Of a Chain link Fence at Kapsinendet and Segut Dispensaries	Mariashoni	2,000,000	1,926,280	1,926,280	100	04/03/2024	Increased security to the facility	Complete
Construction Of Kibunja Dispensary	Molo	3,873,974	3,873,974	-	10	3/6/2024	Increased access to primary health care services	Ongoing
Buying of Fabricated four 40ft containers to be used as a Dispensary at Kamere	Olkaria	3,000,000	3,000,000	-	-	-	Increased access to primary health care services	Yet to Start
Construction Of an insulator at Nyamathi Dispensary	Hells Gate	600,000	545,600	545,600	100	04/03/2024	Proper medical waste management	Yet to Start
Fencing Of Nyamathi Dispensary	Hells Gate	600,000	555,900	445,750	100	04/03/2024	Enhanced security to the facility	Complete
Rehabilitation of Karagita dispensary	Hells Gate	1,400,000	1,400,000	-	-	-	Enhanced access to primary health care services	Yet to Start
Construction Of an insulator at Karagita Dispensary	Hells Gate	-	-	-	-	-	Proper medical waste management	Vired
Construction Of an Insulator at Kijani Dispensary	Hells Gate	-	-	-	-	-	Proper medical waste management	Vired

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Equipping Of Mwicirigiri Dispensary and Construction of a Water Tank	Hells Gate	3,000,000	3,000,000	-	10	-	Enhanced access to primary health care services	Tendering
Renovation, Equipping and Operationalization of Kayole Dispensary Laboratory	Lake View	1,200,000	1,053,100	947,790	100	04/03/2024	Enhanced access to primary health care services	Complete
Upgrading of Munyu Health Centre phase I	Naivasha East	10,000,000	10,000,000	-	10	03/06/2024	Enhanced access to primary health care services	Ongoing
Construction Of Staff Houses at Munyu Dispensary	Naivasha East	1,594,529	1,556,950	-	15	04/03/2024	Enhanced access to primary health care services	Ongoing
Equipping of Mwega and Sulmac dispensary	Naivasha East	1,000,000	-	-	10	-	Enhanced access to primary health care services	Tendering
Completion and equipping of Kiambogo Dispensary	Naivasha East	1,500,000	-	-	25	-	Enhanced access to primary health care services	Tendering
Renovation Of Sision Dispensary Staff Houses	Naivasha East	1,000,000	980,810	-	85	04/03/2024	Enhanced access to primary health care services	Complete
Equipping Of Kabati Laboratory	Viwandani	1,500,000	-	-	10	-	Enhanced diagnostic services	Tendering
Equipping Of Langalanga Hospital	Flamingo	2,000,000	-	-	10	-	Enhanced critical care services	Tendering
Completion Of Muguga Dispensary and Construction of a Perimeter Wall	Nakuru East	3,700,000	3,635,655	3,635,655	100	04/03/2024	Enhanced access to primary health care services	Complete
Construction Of Perimeter Wall at Mirugi Kariuki Sub County Hospital	Nakuru East	2,000,000	1,922,825	283,119	100	04/03/2024	Enhanced security to the facility	Complete

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Purchase Of Benches for Lanet Health Centre Waiting Bay and construction of a shade	Nakuru East	500,000	-	-	10	-	Enhanced access to primary health care services	Tendering
Construction Of Perimeter Wall at Barut Dispensary	Barut	3,100,000	2,914,272	2,622,935	100	04/03/2024	Enhanced security to the facility	Complete
Construction Of Chain Link Fence & Construction of Gate at Burgei Dispensary	Barut	639,133	598,142	520,384	100	04/03/2024	Enhanced security to the facility	Complete
Installation Of Electricity at Burgei Dispensary	Barut	300,000	300,000	-	-	-	Enhanced access to primary health care services	Ongoing Awaiting KPLC
Renovation of Mwariki Dispensary	Barut	1,000,000	949,740	-	10	03/06/2024	Enhanced access to primary health care services	Ongoing-10%
Renovation Of Rhonda Clinic Maternity Wing and installation of cabros	Kaptembwo	2,000,000	1,833,800	-	100	04/03/2024	Enhanced access to primary health care maternal services	Complete
Construction of a six door Modern toilet at Industrial area clinic	London	1,400,000	-	-	-	-	Improved access to sanitary services	Yet to Start
Renovation of the Industrial Area Clinic	London	1,400,000	-	-	-	-	Enhanced access to primary health care services	Yet to Start
Construction Of a Laboratory at Industrial Area Clinic	London	-	-	-	-	-	Improved diagnostic services	Vired
Renovation Of Public Toilets at North Cemetery & Installation of Water Tank 10,000litres	London	600,000	-	-	-	-	Improved access to sanitation services	Yet to Start
Refurbishment/ And Equipping of Nakuru West Health Center	Shabab	1,500,000	968,650	-	10	28/6/2024	Enhanced access to primary health care services	Ongoing

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Purchase Of Physiotherapy Equipment for PLWD At Nakuru West Health Center	Shabab	350,000	-	-	10	-	Enhanced access to physiotherapy health care services	Tendering
Installation of Perimeter Wall at Nessuit Health Centre	Nessuit	2,000,000	1,891,050	1,701,945	100	04/03/2024	Improved security to the facility	Complete
Completion of Perimeter wall, installation of Electricity and Pipping of Njokerio Dispensary	Njoro	6,000,000	3,640,290	-	65	13/2/2024	Improved security to the services	Ongoing
Rehabilitation of Piave Dispensary	Njoro	5,000,000	5,000,000	-	10	03/06/2024	Enhanced access to primary health care services	On-going
Equipping of a Laboratory at Ol-Rongai Dispensary	Menengai West	2,000,000	-	-	10	-	Enhanced diagnostic services	Tendering
Renovation and equipping of a Laboratory at Ol-rongai Dispensary	Menengai West	-	-	-	-	-	Enhanced diagnostic services	Vired
Construction of a laboratory room at Ogilgei Health center	Mosop	1,400,000	-	-	10	-	Enhanced diagnostic services	Tendering
Equipping of Ngondu Dispensary	Mosop	1,900,000	-	-	10	-	Enhanced access to primary health care services	Tendering
Construction of a laboratory room at Lelechwet Dispensary	Mosop	1,530,000	-	-	10	-	Enhanced diagnostic services	Tendering
Construction Of a Waiting Bay, 4-Door Toilet and Renovation of Losibil Dispensary	Soin	2,000,000	1,909,650	-	100	04/03/2024	Enhanced access to primary health care services	Complete
Construction Of a Maternity Wing at Kapsetek Dispensary	Soin	3,900,000	3,550,395	-	10	28/6/2024	Enhanced access to maternal services	Ongoing

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Fencing Of Majani Mingi Dispensary	Soin	700,000	693,854	-	55	16/4/2024	Enhanced security to the facility	Ongoing
Renovation of Subukia Level IV Hospital	Subukia	3,300,000	-	-	-	-	Enhanced infrastructure improvement	Yet to Start
Refurbishment Of Sidai Dispensary	Subukia	1,200,000	1,156,450	-	25	04/03/2024	Enhanced access to primary health care services	Ongoing
Purchase Of Dental Equipment for Subukia Level IV	Subukia	-	-	-	-	-	Enhanced access to dental services	Vired
Renovation Of Wei Dispensary	Waseges	1,200,000	1,097,950	-	10	28/06/2024	Enhanced access to primary health care services	On-going
Counterpart funding – DANIDA	HQ	822,309	29,970,000	822,309	822,309		Enhanced access to primary health care services	Complete
Upgrading of Molo Sub County Hospital	HQ	47,454,757	150,095,777	22,355,082	86	26/04/2021	Enhanced access to specialized services	Ongoing
Construction of Njoro Level 4 Hospital	HQ	38,469,166	148,902,024	10,563,817	84	28/12/2020	Enhanced access to specialized services	On-going
Construction of Lare Health Centre	HQ	6,858,950	7,000,000	6,858,950	100	31/3/2023	Enhanced access to specialized services	Complete
Completion of Elburgon Subcounty hospital	HQ	4,000,000	-	-	10	-	Enhanced access to specialized services	Tendering
Construction of OPD at Olenguruone Subcounty hospital	HQ	10,000,000	100,000,000	-	10	-	Enhanced access to specialized services	Yet to Start
Gilgil hospital-wiring and generator	HQ	8,226,894	4,000,000	7,015,555	100	31/5/2023	Enhanced access to specialized services	Complete

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Other Development (HQ) Equipping new facilities	HQ	17,162,579	100,000,000	16,430,900	10	-	Enhanced access to specialized services	Complete
Purchase of Equipment for Naivasha Mortuary	HQ	8,500,000	6,500,000	-	20	31/05/2023	Enhanced access to specialized services	Ongoing
Completion of acquisition, installation and commissioning of a 2000 litre/pm oxygen plant in PGH	HQ	7,020,117	125,834,075	7,020,107	100	7/1/2021	Enhanced access to specialized services	Complete
Construction of Mauche Hospital	HQ	10,000,000	10,000,000	-	10	16/4/2024	Enhanced access to essential health care services	Ongoing
Completion of ICU/HDU unit in Naivasha Sub County Hospital	HQ	8,553,468	15,000,000		88	29/2/2022	Enhanced access to critical health care services	Ongoing
Completion of Outpatients complex (PGH)	HQ	8,112,539	760,879,085	7,342,792	100	4/5/2022	Enhanced access to essential health care services	Complete
Construction of Maternity at Gilgil sub county Hospital	HQ	4,284,697	4,186,150	-	10	28/6/2024	Enhanced access to maternal health care services	Ongoing
Construction of OPD at Olenguruone Sub County Hospital	HQ	19,988,315	100,000,000	11,420,030	55	15/06/2022	Enhanced access to essential health care services	Ongoing
Purchase and supply of a modern mortuary refrigerator at County Public Mortuary and Olenguruone Sub County Hospital Mortuary	HQ	9,000,000	9,000,000		20	31/05/2023	Enhanced access to essential health care services	On-going
Completion of Githiorio Health Centre	HQ	1,958,781	35,000,000	1,782,256	100	2/8/2022	Enhanced access to primary health care services	Complete
Purchase of medical and dental equipment (PGH)	HQ	5,589,642	-	-	100	-	Enhanced access to essential dental health care services	Tendering

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Completion of outpatient block at Elburgon Sub County hospital	HQ	2,187,912	38,075,070	-	100	6/18/2019	Enhanced access to essential maternal health care services	Complete
Renovation works at Kabatini Dispensary in Kabatini Ward	HQ	490,105	500,000	490,105	100	26/05/2023	Enhanced access to primary health care services	Complete
Fencing of Barnabas IDP dispensary in Eburru/Mbaruk Ward	HQ	499,400	500,000	499,400	100	26/05/2023	Enhanced security to the facility	Complete
Purchase of Medical Equipments & dental Equipment for various new health centres (HQ)	HQ	6,109,472	-	-	10	-		Tendering
Refurbishment of Health Buildings – Others	HQ	1,657,080	-	1,176,794	10	-		Tendering
Construction and equipping of laboratory and and connection to power Simboiyon health centre in Waseges Ward	HQ	699,850	700,000	629,865	100	26/05/2023	Enhanced diagnostic services	Complete
Fencing of Bahati Health Centre	Bahati	3,889,132	4,000,000	3,316,491	100	31/5/2023	Increased security to the facility	Complete
Completion of Bahati Health Centre Kitchen	Bahati	1,000,000	987,100	-	10	28/06/2024	Enhanced access to essential health care services	Ongoing
Purchase and installation and commissioning of a digital X-Ray machine for Bahati Sub-County hospital	Bahati	5,000,000	5,000,000	4,913,793	100	10/30/2022	Enhanced access to critical diagnostic health care services	Complete
Purchase of 10,000 litres plastic tank and other water connections at Kiwamu Health Centre	Dundori	490,100	500,000	-	100	31/5/2023	Enhanced access to essential health care services	Complete

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Construction of septic tank and drainage works at Githioro Health centre	Dundori	1,049,618	5,000,000	1,049,618	100	13/4/2021	Increase proper liquid waste management	Complete
completion of mugwathi Githioro dispensary	Dundori	1,508,138	20,000,000	1,508,138	100	28-02-2020	Enhanced access to primary health care services	Complete
Construction of Giachonge Dispensary (outpatient and toilet)	Dundori	1,135,129	4,000,000	-	92	29/6/2020	Enhanced access to sanitary services	Ongoing
Construction of MCH at Kiwamu Health Centre	Dundori	1,288,168	6,000,000	-	100	26/1/2022	Enhanced access to primary health care services	Complete
Renovation of Murunyu dispensary and construction of public toilet and perimeter wall	Lanet Umoja	2,506,689	-	-	10	-	Enhanced access to sanitary services	Tendering
Construction of Echariria dispensary staff house (one unit)	Eburru/Mbaruk	1,488,170	-	-	10	-	Enhanced access to essential health care services	Tendering
Renovation of Mitimongi Dispensary staff house	Elementaita	780,197	800,000	665,224	100	5/4/2022	Enhanced access to primary health care services	Complete
Construction of a public toilet at Elementaita trading centre	Elementaita	999,266	1,000,000	-	10	17/6/2022	Improved access to sanitary services	Stalled
Kiambogo dispensary refurbishment - refurbishment and equipping of kiambogo dispensary	Elementaita	727,214	4,500,000	-	100	28/11/2018	Enhanced access to primary health care services	Complete
Completion of fence and construction of waiting bay at Karura Dispensary	Gilgil	1,000,000	-	-	10	-	Enhanced access to primary health care services	Tendering
Improvement of laboratory, maternity block and equipping of Karati dispensary.	Malewa West	1,997,800	2,000,000	1,997,525	100	31/5/2023	Enhanced access to diagnostic health care services	Complete

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Equipping of Maternity Ward at Total Health Center	Kamara	3,000,000	-	-	10	-	Enhanced access to essential maternal health care services	Tendering
Murinduko Dispensary-Maternity Wing - On Going	Kiptororo	948,599	3,200,000	948,599	100	16/11/2020	Enhanced access to essential maternal health care services	Complete
Equipping of Gacharage Dispensary	Sirikwa	1,500,000	-	-	10	-	Enhanced access to primary health care services	Tendering
Renovation of outpatient wing Chepakundi Dispensary	Amalo	1,170,040	1,200,000	1,141,943	100	31/5/2023	Enhanced access to primary health care services	Complete
Olenguruone Sub County Hospital water project-sub tank harvesting	Amalo	-	-	-	-	-	Enhanced access to essential health care services	Vired
Construction of staff quarters at Silibwet Dispensary	Keringet	1,794,270	2,000,000	-	15	31/5/2023	Enhanced access to primary health care services	Stalled
Construction of Kapsimbeiywa Outpatient Dispensary	Keringet	3,739,074	3,900,000	3,674,607	100	31/5/2023	Enhanced access to primary health care services	Complete
Completion of Kapbarus Dispensary and Construction of Pit Latrine	Keringet	999,800	1,000,000	-	55	3/1/2022	Enhanced access to sanitary services	Ongoing
Completion of Female Ward at Keringet Sub County Hospital	Keringet	997,090	1,000,000	-	20	3/1/2022	Enhanced access to essential health care services	Ongoing
Construction of Taita maternity	Tinet	1,998,335	-	-	10	0	Enhanced access to essential maternal health care services	Tendering
Construction of kabongoi dispensary	Tinet	2,408,155	2,408,155	-	50	26/5/2021	Enhanced access to primary health care services	Ongoing
Construction of Chemaner male ward	Tinet	1,080,862	2,360,000	733,372	100	25/5/2021	Enhanced access to essential health care services	Complete

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Completion of Elburgon Subcounty hospital	Elburgon	4,000,000	-	-	10	0	Enhanced access to essential maternal health care services	Yet to Start
Construction of Kapsita Dispensary	Elburgon	2,000,000	2,000,000	-	100	21/3/2017	Enhanced access to essential health care services	Complete
Construction of Modern Shed with Concrete seats at Molo Cemetery	Molo	2,500,000	-	-	-	-	Enhanced access to primary health care services	Tendering
Construction of Dispensary Mwiciringiri in Hells Gate Ward	Hells Gate	2,776,958	6,000,000	2,359,547	100	31/5/2023	Enhanced access to primary health care services	Complete
Equipping of Ngondi Dispensary laboratory	Maiella	1,500,000	-	-	10	-	Enhanced access to primary health care services	Tendering
Construction of Ndabibi Health Centre staff quarters	Maiella	1,216,776	3,500,000	978,678	100	2/28/2022	Enhanced access to primary health care services	Complete
Expansion of Kipkonyo Health Centre	Maiella	2,936,060	-	-	10	2/28/2022	Enhanced access to primary health care services	Tendering
Construction of Muraigushu Dispensary	Naivasha East	3,500,000	-	-	10	-	Enhanced access to primary health care services	Tendering
Construction of Munyu Dispensary Laboratory	Naivasha East	668,400	1,500,000	668,400	100	31/3/2023	Enhanced access to primary health care services	Complete
Construction of Sulmac Dispensary toilets and laboratory	Naivasha East	2,788,205	-	-	10	-	Enhanced access to sanitary services	Tendering
Fencing of Sision Dispensary and Maternity	Naivasha East	925,800	1,000,000	789,483	100	31/3/2023	Enhanced security services	Complete
Construction of Mwega dispensary and Toilet	Naivasha East	2,998,150	3,000,000	2,798,021	100	2/28/2022	Enhanced access to primary health care services	Complete

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Fencing and equipping of Hopewell dispensary	Viwandani	5,000,000	-	-	-	-	Enhanced security services	Yet to Start
Beautification, fencing, water connection and levelling of Kabati Cemetery	Viwandani	5,000,000	-	-	-	-	Enhanced access to primary health care services	Yet to Start
Construction of four sanitation blocks at Kivumbini I & II estate	Kivumbini	1,408,217	10,000,000	-	100	2/2/2021	Enhanced access to sanitation services	Complete
Completion of Menengai Dispensary Maternity building	Menengai	4,761,165	5,000,000	4,761,165	100	31/5/2023	Enhanced access to maternal health care services	Complete
Construction of Maternity wing at Menengai Health Centre	Menengai	2,867,983	3,500,000	-	100	2/2/2020	Enhanced access to maternal health care services	Complete
Construction of Perimeter wall at Kigonor Dispensary	Barut	2,000,000	-	-	10	-	Enhanced security to the facility	Tendering
Construction of water tank and piping at Lalwet Dispensary	Kapkures	1,000,000	-	-	10	-	Enhanced access to primary health care services	Tendering
Construction of one storey building at Rhonda Maternity (to include pharmacy, laboratory, Dental and outpatient section)	Kaptembwo	13,694,820	15,000,000	12,774,820	100	22/6/2023	Enhanced access to essential health care services	Complete
Construction of patient's toilet at FITC Dispensary	London	1,000,000	961,380	-	20	16/4/2024	Enhanced access to sanitary services	Ongoing
Upgrading and equipping of Mutarakwa Health Facility and Maternity section	Kihingo	3,500,000	3,000,000	-	10	03/06/2024	Enhanced access to maternity health care services	Ongoing
Renovation of Kihingo centre toilet structure	Kihingo	594,009	586,600	-	20	16/4/2024	Enhanced access to sanitation services	Ongoing

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Construction of Pit Latrines at Kianjoya and Likia Dispensaries	Mau Narok	1,197,370	1,244,806	1,197,370	100	31/3/2023	Enhanced access to sanitation services	Complete
Completion of Taita Health Centre	Mauche	10,000,000	18,366,594	-	10	16/4/2024	Enhanced access to primary health care services	Ongoing
Construction of Toilet at Mosop Dispensary	Mauche	504,500	565,427	504,400	100	31/5/2023	Enhanced access to sanitation services	Complete
Renovation and Equipping of an Outpatient hospital block at Nessuit Health centre	Nessuit	2,000,000	1,886,025	-	15	16/4/2024	Enhanced access to primary health care services	Ongoing
Construction of Kamungei Dispensary	Menengai West	3,614,260	4,000,000	-	10	31/5/2023	Enhanced access to primary health care services	Awarded
Completion of Mang'u maternity	Menengai West	1,999,824	2,000,000	1,999,824	100	3/9/2021	Enhanced access to maternal health care services	Complete
Maternity Wards Menengai Dispensary - On Going	Menengai West	1,247,916	2,247,896	-	100	7/15/2019	Enhanced access to maternal health care services	Complete
Completion and Equipping of Ngecha Dispensary	Mosop	2,783,571	3,000,000	2,783,571	100	31/3/2023	Enhanced access to primary health care services	Complete
Construction of Maternity Block at Sumeek Dispensary	Mosop	2,752,510	3,000,000	2,752,510	100	31/3/2023	Enhanced access to maternal health care services	Complete
Renovation Works at Ogilgei Health Centre	Mosop	980,751	1,200,000	-	100	31/3/2023	Enhanced access to primary health care services	Complete
Rongai -Turi Dispensary works: Construction of a toilet, Fencing the Compound, Electricity Connection and Shelves Reinforcement	Mosop	1,790,020	1,800,000	-	85	31/3/2023	Enhanced access to primary health care services	Ongoing

PROJECT DESCRIPTION	LOCATION	BUDGET ALLOCATION	CONTRACT SUM	ACTUAL PAYMENT TO DATE	COMPLETION STAGE (%)	CONTRACT DATE	SPECIFIC NEEDS TO BE ADDRESSED BY THE PROJECT	PROJECT STATUS
Roret dispensary equipping	Mosop	500,000	-	-	10	-	Enhanced access to primary health care services	Tendering
Construction of 3 no. consultation rooms and 4 no. door pit latrine in Ngondi dispensary	Mosop	1,666,523	1,665,000	-	100	3/9/2021	Enhanced access to primary health care services	Complete
Construction and equipping of new Outpatient Block at Kipsyenan Dispensary	Soin	4,921,335	5,000,000	4,921,711	100	31/3/2023	Enhanced access to primary health care services	Complete
Electricity Installation Set Kobor Dispensary	Solai	300,000	300,000	-	40	-	Enhanced access to primary health care services	Ongoing Awaiting Kplc
Purchase and supply of a power generator of Subukia	Subukia	-	-	-	-	-	Enhanced access to primary health care services	Vired
Connection of water and electricity to Kahuti Dispensary	Waseges	1,000,000	1,000,000	-	10	-	Enhanced access to primary health care services	Ongoing
Construction and equipping of laboratory and power at Olgilgei Dispensary and fencing and renovation	Waseges	1,000,000	700,000	-	10	-	Enhanced access to primary health care services	Ongoing

Note: All HQ and Ward projects contained in the Supplementary II FY. 2023/2024 capital budget.

APPENDIX II

Summary of Human Resource Requirements

Directorate	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2024	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2024/25	2025/26	2026/27	2027/28
	CECM Health Services	1	1	1			
Health Services	Chief Officers	2	2	2			
Health Services	Chief Medical Specialist	5	0	0			
Health Services	Senior Medical Specialist	20	11	11			
Health Services	Medical Specialist I	40	24	24			
Health Services	Medical Specialist II	80	67	67	4	4	5
Health Services	Medical Officer/ Senior Medical Officer	160	43	43	15	25	25
Health Services	Chief Dental Specialist	1	0	0			
Health Services	Senior Dental Specialist	3	2	2			
Health Services	Dental specialist 1	6	3	3			
Health Services	Dental specialist 11	11	10	10			
Health Services	Dental Officer/ Senior dental officer	22	1	1	5	5	7
Health Services	Chief Dental Technologists	1	0	0			
Health Services	Chief Dental Technologists	2	1	1			
Health Services	Deputy Chief Dental Technologists	4	2	2			
Health Services	Senior Dental Technologists	8	1	1			
Health Services	Dental Technologists I	13	0	0			
Health Services	Dental Technologists III/ Dental Technologists II	25	0	0			
Health Services	Chief pharmaceutical specialist	1	0	0			
Health Services	Senior pharmaceutical specialist	7	2	2			
Health Services	Pharmaceutical specialist 1	14	10	10			
Health Services	Pharmaceutical specialist 11	28	26	26			
Health Services	Pharmacist/ Senior Pharmacist	55	5	5	10	15	15
Health Services	Senior Principal Pharmaceutical Technologist	1	0	0			
Health Services	Chief Pharmaceutical Technologists	3	1	1			

Directorate	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2024	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2024/25	2025/26	2026/27	2027/28
Health Services	Senior Pharmaceutical Technologists	7	8	8			
Health Services	Senior Pharmaceutical Technologists	14	8	8			
Health Services	Pharmaceutical Technologists I	28	3	3	5	5	
Health Services	Pharmaceutical Technologists III	55	39	39			
Health Services	Deputy Director Medical laboratory services	1	0	0			
Health Services	Senior Assistant Director, Medical Laboratory Services	3	0	0			
Health Services	Assistant Director, Medical Laboratory Services / Principle Medical Laboratory Technologist 1	8	1	1			
Health Services	Principal Medical Laboratory Officer/ Principle Medical Laboratory Technologist	22	9	9			
Health Services	Senior Medical Laboratory Officer/ Senior Medical Laboratory Technologist/ Senior Medical Lab Technician I	44	25	25			
Health Services	Medical Laboratory Officer/ Medical Laboratory Technologist I/ Senior Medical Technician II	88	59	59			
Health Services	Medical Laboratory Technician III/II/I and medical technologist III and II	176	43	43	15	15	15
Health Services	Deputy Director Clinical Services	1	0	0			
Health Services	Senior Assistant Director, Clinical Services	6	0	0			
Health Services	Principal registered clinical officer 1/ Assistant Director, Clinical services	12	3	3			
Health Services	Principal registered clinical officer II /Principal Clinical officer	23	20	20			

Directorate	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2024	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2024/25	2025/26	2026/27	2027/28
Health Services	Chief registered Clinical officer/Chief Clinical officer	45	51	51			
Health Services	Registered clinical officer I/ Senior registered clinical officer/ Clinical officer / Senior Clinical Officer	90	90	90			
Health Services	Registered Clinical Officer III/ Registered clinical officer II	180	62	62			
Health Services	Deputy Director Nursing Services	1	0	0			
Health Services	Senior Asst. Director	25	0	0			
Health Services	Nursing Services						
Health Services	Asst. Director, Nursing Services/ Senior Principal Registered Nurse	50	1	1			
Health Services	Principal Nursing Officer/Principal Registered Nurse	200	49	49			
Health Services	Chief Nursing Officer/Chief Registered Nurse	400	159	159			
Health Services	Nursing Officer I/ Registered Nurse I/ Senior Enrolled Nurse II	800	424	424			
Health Services	Enrolled Nurse III and II/ Registered Nurse III /	1600	517	517	135	150	150
Health Services	Principal Orthopaedic Trauma Technologist	1	1	1			
Health Services	Chief Orthopaedic Trauma Technologist	5	0	0			
Health Services	Senior Orthopaedic Trauma Technologist	5	2	2			
Health Services	Senior Orthopaedic Trauma Technologist	9	7	7			
Health Services	Orthopaedic Trauma Technician III,II/ Orthopaedic Trauma Technologist II and I	33	2	2			
Health Services	Senior Assistant Director, Medical engineering Services	1	0	0			
Health Services	Senior Principal medical engineering Technologist/ Assistant Director, Medical engineering services	2	0	0			

Directorate	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2024	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2024/25	2025/26	2026/27	2027/28
Health Services	Principal Medical engineer/Principal medical engineering technologist.	4	8	8			
Health Services	Chief Medical engineering technologist/Chief medical engineer	7	15	15			
Health Services	Medical engineer/ Senior medical engineer/Medical engineering technologist I/senior medical engineering technician	15	9	9			
Health Services	Medical engineering technician III and II/ Medical engineering technologist I	30	2	2			
Health Services	Deputy Director, Medical Social Worker	1	0	0			
Health Services	Senior Asst. Director medical Social Worker	2	0	0			
Health Services	Principal Assist. Medical Social Worker/Principal medical social worker	4	1	1			
Health Services	Chief Assistant, Medical Social Worker/Chief medical social worker	8	1	1			
Health Services	Senior Assistant medical social worker /senior Medical Social Worker I	15	2	2			
Health Services	Assistant medical social worker III and II/ Medical Social Worker II	30	2	2			
Health Services	Senior Assistant Director, Health Records & Information Management	1	0	0			
Health Services	Assistant Director Health Records and Information Management	2	0	0			
Health Services	Principal Health Records and Information Management/Asst. Principal Health Records and Information Management Officer	3	2	2			
Health Services	Chief Health Records & Information Management /Asst. chief Health Records and Information Management Officer	6	12	12			
Health Services	Senior Health Records & Information Management Officer/Asst. senior Health Records and	11	5	5			

Directorate	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2024	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2024/25	2025/26	2026/27	2027/28
	Information Management Officer						
Health Services	Health Records & Information Management Officer/ Asst. Health Records and Information Management Officer I/Health Records and Information Management Officer	28	3	3			
Health Services	Health Records & Information Management Assistant III and II/Assistant Health Records & Information Management Officer III	55	13	13	10	10	10
Administration & Planning	Chief Health Administrative Officer	1	0	0			
Administration & Planning	Senior Deputy Chief Health Administrative Officer	1	1	1			
Administration & Planning	Deputy Chief Health Administrative Officer	2	0	0			
Administration & Planning	Assistance Chief Health Administrative Officer	3	3	3			
Administration & Planning	Senior Health Administrative Officer	5	1	1			
Administration & Planning	Health Administrative Officer I	10	3	3			
Administration & Planning	Health Administrative Officer III	20	0	0	5	6	5
Health Services	Senior Asst. Director, Radiographer Services	1	0	0			
Health Services	Asst. Director Radiographer Services	1	0	0			
Health Services	Principal Radiographer	3	7	7			
Health Services	Chief Radiographer	4	4	4			
Health Services	Senior Radiographer	8	2	2			
Health Services	Radiographer I	16	2	2			
Health Services	Radiographer III /Radiographer II	32	10	10			

Directorate	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2024	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2024/25	2025/26	2026/27	2027/28
Public Health & Sanitation	Assistant Director, Health Promotion Officer	1	0	0			
Public Health & Sanitation	Chief Health Promotion Officer/ Chief Assistant Health Promotion Officer	2	0	0			
Public Health & Sanitation	Senior Assistant Health Promotion Officer	3	0	0			
Public Health & Sanitation	Health Promotion Officer I	5	0	0			
Public Health & Sanitation	Assistant Health Promotion Officer II	10	0	0			
Public Health & Sanitation	Assistant Health Promotion Officer III	15	0	0			
Health Services	Senior Assistant Director Nutrition and Dietetics	1	1	1			
Health Services	Asst Director Nutrition and dietetics	2	0	0			
Health Services	Principal Nutrition and	4	5	5			
Health Services	Dietetics officer/ Principal Nutrition and Dietetics Technologist						
Health Services	Chief Nutrition and dietetics officer/ Chief Nutrition and dietetics Technologist	8	6	6			
Health Services	Senior Nutrition and Dietetics Technologist 1 / Technician/ Nutrition and dietetics Officer	30	14	14			
Health Services	Nutrition and dietetics technician III , II and I /Nutrition and dietetics Technologist III and II	60	6	6	10	12	15
Public Health & Sanitation	Senior Assistant Director Community Health Services	1	0	0			
Public Health & Sanitation	Assistant Director Community Health Services	0	0	0			
Public Health & Sanitation	Principal Community Health Officer/ Principal Assistant Community Health Officer	0	0	0			
Public Health & Sanitation	Chief Community Health Officer/Chief Assistant Community Health Officer	6	0	0			

Directorate	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2024	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2024/25	2025/26	2026/27	2027/28
Public Health & Sanitation	SCHO/SACHO	7	5	5			
Public Health & Sanitation	CHO II/ ACHO II/CHA I/ CHO I/ SCHA/ ACHO I	16	16	16			
Public Health & Sanitation	CHA III /ACHO III/CHA II	7	7	7			
Public Health & Sanitation	Deputy Director Public Health	1	0	0			
Public Health & Sanitation S	Senior Assistant Director Public Health	5	1	1			
Public Health & Sanitation	Assistant Director Public Health	11	0	0			
Public Health & Sanitation	Principal Public Health Officer/ Principal Assistant Public Health Officer	21	12	12			
Public Health & Sanitation	Chief Public Health Officer/Chief Assistant Public Health Officer	42	51	51			
Public Health & Sanitation	Public health officer/Senior public health officer/Assistant Public Health Officer I/Senior Public Health Assistant	83	84	84			
Public Health & Sanitation	Public Health Assistant III , II and I /Assistant Public health officer III and II	165	42	42	15	10	10
Public Health & Sanitation	Principal Assistant community oral health officer	1	4	4			
Public Health & Sanitation	Chief Assistant community oral health officer	3	0	0			
Public Health & Sanitation	Senior Assistant community oral health officer	6	2	2			
Public Health & Sanitation	Assistant community oral health officer I	11	1	1			
Public Health & Sanitation	Assistant community oral health officer III	22	0	0			
Public Health & Sanitation	Senior farewell home Superintendent	1	0	0			

Directorate	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2024	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2024/25	2025/26	2026/27	2027/28
Public Health & Sanitation	Farewell Home Superintendent	2	0	0			
Public Health & Sanitation	Farewell Home Assistant I/Mortician I	4	0	0			
Public Health & Sanitation	Farewell Home Assistant I/Mortician II	6	2	2			
Public Health & Sanitation	Farewell Home Assistant II/Mortician III	12	2	2	3	2	3
Public Health & Sanitation	Mortuary Attendant III/ Mortuary Attendant IIb/ Farewell Home Assistant III	24	0	0			
Administartion & Planning	Principal Ambulance Driver	12	0	0			
Administartion & Planning	Chief Ambulance Driver	23	0	0			
Administartion & Planning	Senior Ambulance Driver	45	0	0			
Administartion & Planning	Ambulance Driver I	80	0	0			
Administartion & Planning	Ambulance Driver III/ Ambulance Driver II	190	29	29	10	15	15
Health Services	Principal EMTA advanced	1	0	0			
Health Services	Chief EMT Advanced	2	0	0			
Health Services	Senior EMT Advanced I	5	0	0			
Health Services	Senior EMT Basic/EMT Advanced I	10	0	0			
Health Services	EMT Basic I /EMT Advanced II	20	0	0			
Health Services	EMT-Basic III/EMT Basic II/EMT Advanced III	40	0	0	10	10	10
	Total	5,803	2,193	2,193	252	284	285

Proposed Projects FY2025/2026

Project Code (IFMIS)	Project Description	Sub County	Ward	Est cost of Project or Contract Value (a)	Timeline		Allocation for 2025/26 Budget	
					Start Date	Expected Completion Date	Equitable	Conditional Grant
	Programme: Health Curative and Rehabilitative Services							
	Sub Programme: Essential Health Services							
	Purchase of Medical and Dental equipment	HQ	HQ	100,000,000	2025/26	2025/26	100,000,000	
	Purchase of Plant and machinery	HQ	HQ	50,000,000	2025/26	2025/26	50,000,000	
	Construction of a Level IV Hospital in Rongai Sub County Phase II	HQ	HQ	100,000,000	2025/26	2025/26	100,000,000	
	Construction of a Level IV Hospital in Kuresoi North Sub County Phase II	HQ	HQ	100,000,000	2025/26	2025/26	100,000,000	
	Completion of Maai Mahiu Hospital (Auxiliary works, Perimeter wall, Morgue, Laundry, Kitchen & Storm water drainage)	HQ	HQ	35,000,000	2025/26	2025/26	35,000,000	
	Construction of Olenguruone Level IV hospital Phase II	HQ	HQ	100,000,000	2025/26	2025/26	100,000,000	
2220204	Conversion of staff quarters residential unit to 6 body unit mortuary	Bahati	Bahati	5,000,000	2025/26	2025/26		5,000,000
	Proposed Construction of 8 door Ablution block	Bahati	Bahati	1,000,000	2025/26	2025/26		1,000,000
3111101	Purchase of medical and dental equipment (1 dental chair) at Gilgil	Gilgil	Gilgil	600,000	2025/26	2025/26		600,000
3111101	Purchase of medical and dental equipment (1 dental chair) at Keringet	Kuresoi South	Keringet	500,000	2025/26	2025/26		500,000
3111120	Purchase of plant, machinery & equipment (HBA1C machine) at Olenguruone	Kuresoi south	Amalo	200,000	2025/26	2025/26		200,000
3111120	Purchase of plant, machinery & equipment (Bio Chemistry Machine) at Olenguruone	Kuresoi south	Amalo	1,500,000	2025/26	2025/26		1,500,000
2220205	Phase 2 Kitchen Renovation at Olenguruone	Kuresoi south	Amalo	500,000	2025/26	2025/26		500,000
3110504	Construction of a Patient toilet at Molo Sub County Hospital	Molo	Molo	2,000,000	2024/25	2025/2026		2,000,000
3110504	Construction of 2 2-door pit latrines (M/F) at Elburgon	Molo	Elburgon	500,000	2025/26	2025/26		500,000
3110599	Fencing of the facility and gate	Molo	Elburgon	1,000,000	2025/26	2025/26		1,000,000
	Rehabilitation of the Facility Borehole	Molo	Elburgon	1,500,000	2025/26	2025/26		1,500,000
3111101	Purchase of medical and dental equipment (3 dental chairs) at Naivasha	Naivasha	Biashara	6,000,000	2025/26	2025/26		6,000,000

Project Code (IFMIS)	Project Description	Sub County	Ward	Est cost of Project or Contract Value (a)	Timeline		Allocation for 2025/26 Budget	
					Start Date	Expected Completion Date	Equitable	Conditional Grant
3111101	Purchase of medical and dental equipment (assorted medical equipment) at Naivasha	Naivasha	Biashara	5,000,000	2025/26	2025/26		5,000,000
3111120	Purchase of plant, machinery & equipment (laundry Machine) at Naivasha	Naivasha	Biashara	5,000,000	2025/26	2025/26		5,000,000
3111120	Purchase of plant, machinery & equipment (3 ICU bed) at Naivasha	Naivasha	Biashara	600,000	2025/26	2025/26		750,000
2220205	Rehabilitation of the kitchen building at Naivasha	Naivasha	Biashara	5,000,000	2025/26	2025/26		5,000,000
	Relocation of OPD gate at Naivasha	Naivasha	Biashara	600,000	2025/26	2025/26		600,000
3111101	Purchase of medical and dental equipment (assorted medical equipment) at Langalanga	Nakuru East	Flamingo	200,000	2025/26	2025/26		200,000
3111120	Purchase of plant, machinery & equipment (digital Ultrasound machine) at Mirugi	Nakuru East	Flamingo	1,200,000	2025/26	2025/26		1,200,000
3111120	Purchase of plant, machinery & equipment (26 patient bedside lockers) at Langalanga	Nakuru East	Flamingo	1,000,000	2025/26	2025/26		1,000,000
3111120	Purchase of plant, machinery & equipment (an autoclave machine) at Langalanga	Nakuru East	Flamingo	500,000	2025/26	2025/26		500,000
3111120	Purchase of plant, machinery & equipment (resuscitairre) at Langalanga	Nakuru East	Flamingo	800,000	2025/26	2025/26		800,000
3110504	Construction of triage and waiting bay at Bondeni	Nakuru East	Biashara	1,500,000	2025/26	2025/26		1,500,000
3110504	Construction of a generator shade at Langalanga	Nakuru East	Flamingo	300,000	2025/26	2025/26		300,000
3110504	Construction of generator shed at Bondeni	Nakuru East	Biashara	1,100,000	2025/26	2025/26		1,100,000
3111002	Purchase of ICT Equipment and network at Bondeni	Nakuru East	Biashara	800,000	2025/26	2025/26		800,000
3110599	Construction of a perimeter wall and razor wire at Langalanga	Nakuru East	Flamingo	1,200,000	2025/26	2025/26		1,200,000
3110504	Installation of solar panels at Mirugi	Nakuru East	Flamingo	300,000	2025/26	2025/28		300,000
3110599	3 phase electricity installation at Langalanga	Nakuru East	Flamingo	450,000	2025/26	2025/26		450,000
2220205	Renovations of walkways at Bondeni	Nakuru East	Biashara	2,000,000	2025/26	2025/26		2,000,000
3111101	Purchase of medical and dental equipment (3 Anaesthetic machines, 2 Diathermy machines, 3 Sunction machines, 1 Theatre table, Small equipment, 4 Dialysis machines, 1 Ultrasound machine) at PGH	Nakuru West	London	25,000,000	2025/26	2025/26		25,000,000
3111101	Purchase of medical and dental equipment at Annex	Nakuru West	London	8,000,000	2025/26	2025/26		8,000,000
3111120	Purchase of plant, machinery & equipment (Mortuary Freezer) at PGH	Nakuru West	London	11,000,000	2025/26	2025/26		11,000,000
3111002	Purchase of ICT equipment at PGH Annex	Nakuru West	London	720,000	2025/26	2025/26		720,000

Project Code (IFMIS)	Project Description	Sub County	Ward	Est cost of Project or Contract Value (a)	Timeline		Allocation for 2025/26 Budget	
					Start Date	Expected Completion Date	Equitable	Conditional Grant
3111002	Purchase of computers at NCTRH	Nakuru West	London	4,000,000	2025/26	2025/26		4,000,000
3111106	Purchase of fire extinguisher at Annex	Nakuru West	London	200,000	2025/26	2025/26		200,000
3111001	Purchase of Medical furnitures at PGH Annex	Nakuru West	London	1,500,000	2025/26	2025/26		1,500,000
2210201	Rehabilitation of Plant, Machinery and Equipment at PGH Annex	Nakuru West	London	710,430	2025/26	2025/26		710,430
2220203	Rehabilitation of Medical and Dental Equipment at PGH Annex	Nakuru West	London	4,932,000	2025/26	2025/26		4,932,000
2220205	Rehabilitation of buildings at PGH Annex	Nakuru West	London	7,000,000	2025/26	2025/26		7,000,000
3110504	Solarization of maternity borehole at NCTRH	Nakuru West	London	1,900,000	2025/26	2025/26		1,900,000
3110504	Solarization of inpatient borehole at NCTRH	Nakuru West	London	2,230,000	2025/26	2025/26		2,230,000
2220205	Refurbishment of patient toilets at NCTRH	Nakuru West	London	7,200,000	2025/26	2025/26		7,200,000
2220205	Refurbishment of Margaret Kenyatta Mother Baby Unit (by Nest 360) at NCTRH	Nakuru West	London	17,173,144	2025/26	2025/26		17,173,144
2220201	Major plant service (CT Scan, MRI, X-ray, Oxygen plant) at NCTRH	Nakuru West	London	9,800,000	2025/26	2025/26		9,800,000
2220210	Rehabilitation of ICT equipment and Networks at NCTRH	Nakuru West	London	5,200,000	2025/26	2025/26		5,200,000
2220205	Piping oxygen from plant to Nyayo wards at NCTRH	Nakuru West	London	4,400,000	2025/26	2025/26		4,400,000
3111101	Purchase of medical and dental equipment (1 X-ray machine) at Njoro	Njoro	Njoro	5,000,000	2025/26	2025/26		5,000,000
3111120	Purchase of plant, machinery & equipment (Full haemogram machine) at Njoro	Njoro	Njoro	1,500,000	2025/26	2025/26		1,500,000
2220205	Renovation of incinerator at Njoro	Njoro	Njoro	400000	2025/26	2025/26		400000
	Rehabilitation of Njoro SC Hospital (Removal of asbestos and Re-roofing)	Njoro	Njoro	1,500,000	2025/26	2025/26		1,500,000
3111120	Construction of an incinerator at Soin SC Hospital	Rongai	Soin	3,500,000	2025/26	2025/26		3,500,000
3110599	Construction of a perimeter wall at Soin SC Hospital	Rongai	Soin	4,000,000	2025/26	2025/26		4,000,000
3110599	Construction of a perimeter fence Subukia SC Hospital	Subukia	Subukia	2,000,000	2025/26	2025/26		2,000,000
3110599	Construction of a perimeter fence at Kabazi SC Hospital	Subukia	Kabazi	1,000,000	2025/26	2025/26		1,000,000
2220205	Renovation of old OPD at Subukia SC Hospital	Subukia	Subukia	1,500,000	2025/26	2025/26		1,500,000
	SUB TOTAL			664,215,574			485,000,000	179,365,574
	Programme: Preventive and Promotive Health Services							
	Sub Programme: Primary Health Care							

Project Code (IFMIS)	Project Description	Sub County	Ward	Est cost of Project or Contract Value (a)	Timeline		Allocation for 2025/26 Budget	
					Start Date	Expected Completion Date	Equitable	Conditional Grant
	Construction of Kabatini Health Center Maternity block in Kabatini Ward	Bahati	Kabatini	8,500,000	2025/26	2025/26	8,500,000	
	Construction of Olepolos dispensary OPD in Eburru Mbaruk Ward	Gilgil	Eburru-Mbaruk	6,000,000	2025/26	2025/26	6,000,000	
	Construction of Engashura Health Center Maternity block in Kiamaina Ward	Bahati	Kiamaina	8,500,000	2025/26	2025/26	8,500,000	
	Renovation of Sirikwa Health Center in Sirikwa Ward	Kuresoi North	Sirikwa	10,000,000	2025/26	2025/26	10,000,000	
	Completion of Mauche Health Centre	Njoro	Mauche	17,000,000	2025/26	2025/26	17,000,000	
	Construction and equipping of a Maternity in Turi	Njoro	Turi	13,000,000	2025/26	2025/26	13,000,000	
	Construction of a perimeter wall and two operating theatres at Elburgon Level IV hospital	Molo	Elburgon	15,000,000	2025/26	2025/26	15,000,000	
	Construction of a Perimeter wall at Elburgon Level IV Hospital	Molo	Elburgon	8,000,000	2025/26	2025/26	8,000,000	
	Renovation of Dundori Health Centre In patient ward	Bahati	Dundori	6,000,000	2025/26	2025/26	6,000,000	
	SUB TOTAL			92,000,000			92,000,000	
	TOTAL			756,215,574			577,000,000	179,365,574