



COUNTY GOVERNMENT OF NAKURU

HEALTH SECTOR

HEALTH SERVICES

SECTOR REPORT

MTEF 2026/2027 – 2028/2029

JANUARY 2026

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ABBREVIATIONS

ADP	Annual Development Plan
AIDS	Acquired Immune Deficiency syndrome
AYFS	Adolescent and Youth Friendly Services
AYSRH	Adolescent and Youth Sexual Reproductive Health
CHPs	Community Health Promoters
CIDP	County Integrated Development Plan
EMR	Electronic Medical Records
FIF	Facility Improvement Fund
GBV	Gender Based Violence
HFMC	Health Facility Management Committee
HIV	Human Immunodeficiency Virus
ICT	Information Communication Technology
IPC	Infection Prevention and Control
IPD	Inpatient Department
KHIS	Kenya Health Information System
MTEF	Medium Term Expenditure Framework
NCDs	Non-Communicable Diseases
NCTRH	Nakuru County Teaching & Referral Hospital
ODF	Open Defecation Free
OPD	Outpatient Department
PCN	Primary Care Network
PHC	Primary Health Care
TB	Tuberculosis
UHC	Universal Health Coverage
WASH	Water Sanitation and Hygiene
WISN	Workload Indicator of Staffing Needs

EXECUTIVE SUMMARY

The Nakuru County Health Sector Report presents a comprehensive assessment of the department's strategic priorities, resource requirements, key achievements, and performance targets, aligned with the Medium-Term Expenditure Framework (MTEF), the County Integrated Development Plan (CIDP 2023–2027), and national health priorities, including the pursuit of Universal Health Coverage (UHC). Over the MTEF period 2022/23–2024/25, the Department of Health made substantial progress across administrative, preventive, promotive, curative, and rehabilitative service delivery. Key milestones include significant digital transformation through expanded Kenya EMR coverage in 14 facilities, reinforced data governance, and steady progress toward a fully automated Taifa Care System by 2027. Human resources capacity improved notably, with an 11.8% workforce increase, 256 staff transitioning to permanent terms, and 557 cadre upgrades. Health infrastructure also expanded, with upgraded hospitals, operationalization of over 10 dispensaries, and completion of more than 150 projects that strengthened facility readiness, water and sanitation systems, and energy resilience.

Primary Health Care (PHC) systems were strengthened through the full rollout of 16 Primary Care Networks (PCNs), enhanced governance structures, and 268 outreach activities that reached over 12,000 beneficiaries. Environmental health programmes achieved 90% Open Defecation Free (ODF) village coverage, improved water access, and enhanced waste management and infection prevention systems. The sector registered gains in adolescent sexual and reproductive health—reducing teenage pregnancy to 12.5%—and managed over 8,000 GBV cases while deploying MediCapt to strengthen forensic documentation. Immunization coverage improved to 87% (12–23 months), and community health services were bolstered by 3,193 active CHPs who facilitated over 816,000 household visits and 105,000 referrals. Nutrition outcomes similarly improved, with reductions in child malnutrition and strong performance in breastfeeding and Vitamin A supplementation. Major disease programmes also performed strongly, including HIV services achieving 95% viral suppression and 98.9% PMTCT coverage, and the TB programme screening 1.99 million people, detecting 3,270 cases, and maintaining an 84% treatment success rate. Mental health and rehabilitative services expanded outreach and access, benefitting thousands of vulnerable clients.

The financial performance over the period showed a moderate improvement. For the fiscal years 2022/23, 2023/24, and 2024/25, the approved budgets stood at Kshs 7,324,400,259, Kshs 7,952,969,707, and Kshs 8,617,475,248, respectively. In contrast, the actual expenditures amounted to Kshs 5,611,962,437, Kshs 5,850,428,182, and Kshs 6,469,608,366. The Department's budget absorption rates experienced slight fluctuations, reaching 77% in FY 2022/2023, then dipping a bit to 74% in FY 2023/2024, before seeing a small improvement to 75% in FY 2024/2025. This modest uptick in absorption during FY 2024/2025 can be attributed to better monitoring of expenditures, timely fund disbursements, and more effective implementation of planned health activities at both county and sub-county levels.

Despite these gains, the sector continues to face constraints including funding gaps, shortages in specialized staff, digital infrastructure limitations, and rising demand for advanced diagnostic and rehabilitative services—pressures compounded by population growth, NCD burden, and disparities in access to specialized care.

As we look towards the future, the strategic plan for the fiscal years 2026/27 to 2028/29 focuses on key investments in digital transformation, strengthening community health systems, expanding specialized and rehabilitative services, improving commodity and supply chain management, and fostering enhanced partnerships. The projected resource requirements for these fiscal years are Kshs. 10,324,313,466 for 2026/27, Kshs. 11,356,744,813 for 2027/28, and Kshs. 12,492,419,294 for 2028/29. In contrast, the allocations stand at Kshs. 7,788,157,120.18, Kshs. 8,566,972,832, and Kshs. 9,423,670,115 for the same period. This highlights a significant financing gap that needs to be addressed to achieve the planned outcomes. Ultimately, the Department remains committed to accelerating progress toward Universal Health Coverage through accessible, efficient, and high-quality health services. Through sustained investments, evidence-based planning, and strong collaborative partnerships, Nakuru County aims to build a resilient, people-centred, and equitable health system where no resident is left behind.

CHAPTER ONE

1.0 INTRODUCTION

This sub-sector report provides a comprehensive overview of the Department of Health's performance during the 2022/23–2024/25 Medium-Term Expenditure Framework (MTEF) period and outlines the department's strategic priorities, planned interventions, and resource requirements for the 2026/27–2028/29 MTEF cycle. The report presents detailed information on budget allocations, expenditure trends, and key achievements across the department's various programmes and sub-programmes, demonstrating progress in advancing equitable, accessible, and quality health services for the residents of Nakuru County. Additionally, the report highlights the existing challenges and constraints that have affected implementation efforts and service delivery during the reporting period and provides evidence-based recommendations aimed at strengthening performance, optimizing resource utilization, and enhancing health outcomes. The Department remains committed to promoting a responsive, efficient, and sustainable health system aligned with both county and national health priorities.

1.1 Background

Nakuru County continues to prioritize the strengthening of its health system to ensure equitable access to quality, affordable, and people-centered healthcare services, in alignment with the Kenya Health Policy (2014–2030), the Constitution of Kenya (2010), and the Nakuru County Integrated Development Plan (CIDP) 2023–2027. The Department of Health is mandated to provide leadership and coordination of health service delivery within the county through a network of primary, secondary, and referral health facilities. This mandate is executed through preventive, promotive, curative, rehabilitative, and palliative care interventions aimed at improving health outcomes and reducing the burden of disease.

Nakuru County is one of the most populous counties nationally, with growing demand for health services driven by rapid urbanization, population growth, and the increasing prevalence of non-communicable and lifestyle-related diseases. These demographic and epidemiological shifts have placed additional pressure on the existing health infrastructure and workforce, necessitating innovative solutions, increased investments, and enhanced efficiency in service delivery.

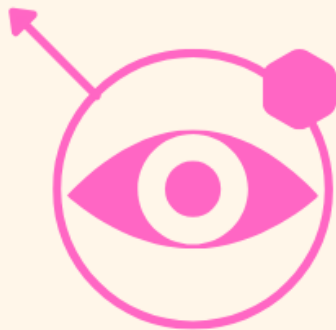
To respond effectively to these challenges, the county has undertaken deliberate efforts to expand infrastructure, strengthen commodity management systems, adopt technology-based innovations, and enhance partnership and resource mobilization mechanisms. Over the reporting period, the Health Department has implemented key interventions aimed at improving facility readiness, expanding specialized diagnostic and rehabilitative services, enhancing workforce capacity, and strengthening community health strategies.

The Department's initiatives are anchored on a sector-wide approach that emphasizes collaboration with national government agencies, development partners, civil society organizations, private sector stakeholders, and local communities. Through sustained investment and multi-stakeholder engagement, the County seeks to build a resilient health system capable of addressing both current and emerging health needs while contributing to the realization of Universal Health Coverage (UHC).

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

- i. To eliminate communicable conditions
- ii. To halt and reverse the rising burden of non-communicable conditions
- iii. To reduce the burden of violence and injuries
- iv. To minimize exposure to health risk factors
- v. To provide essential health services
- vi. To strengthen collaboration with health-related sectors

1.4 Sector and its Mandate

The County Health Sector is structured into three directorates—Administration and Planning, Public Health and Sanitation, and Medical Services—each with distinct mandates that collectively ensure efficient coordination of sector operations, delivery of preventive and promotive interventions, and provision of curative and rehabilitative healthcare services; these functions are implemented through three comprehensive programmes, namely Administration and Planning, Preventive and Promotive Health Services, and Curative and Rehabilitative Services.

To promote access to quality health care services in the County, the department will fulfill the following mandates:

- a) Manage county health facilities and pharmacies
- b) Manage ambulance services and referral system
- c) Promote primary health care
- d) License and control of undertakings that sell food to the public
- e) Manage cemeteries, funeral parlors and crematoria
- f) Manage medical waste removal and disposal

1.5 Role of Sector Stakeholders

The Department of Health Services collaborates with a broad network of partners, including National Government Ministries and Agencies, Non-Governmental Organizations (NGOs), Private and Faith-Based Organizations (FBOs), program implementing partners, institutions of higher learning and medical training, and Community-Based Organizations, to support the achievement of its strategic objectives and enhance the delivery of quality health services.

The table below provides a breakdown of stakeholders and their roles 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 mobilisation for health-related initiatives.
Council of Governors	Coordination and linkage of the two levels of government
County Assembly	Budget Approval, Legislation and Oversight
NGOs (HECTA, GAIN, Financing Alliance for Health), CBOs, FBO & Private Sector	Bridging technical and financial gaps in the health sector. Supplementing government effort through provision of health care services
National AIDS and STI Control Programme (NASCOP) 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.
Semi-Autonomous Government Agencies (SAGAs) (Universities, KMTC, KEMRI)	Capacity development 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	Rights holders who participate in decision making and takes ownership and involvement in development projects ; They participate in diseases prevention and promotion; management of health facilities

CHAPTER TWO

2.0 PROGRAMME PERFORMANCE REVIEW FOR THE MTEF PERIOD 2022/23-2024/25

The Programme Performance Review for the Medium-Term Expenditure Framework (MTEF) period 2022/23–2024/25 serves as a crucial assessment of progress and effectiveness across various programs aligned with governmental priorities and funding allocations. This chapter aims to evaluate the performance of these programs, considering their objectives, efficiency, and overall impact on targeted outcomes.

Programme: Administration and Planning

Sub Programme (SP) 1.1 Health Information System (HIS)

During the review period, the Department of Health made significant progress in strengthening health information management through the implementation of the Electronic Medical Records (Kenya EMR) system across 14 health facilities. In the Financial Year (FY) 2022/2023, the Kenya EMR software was successfully installed at Keringet Hospital, Soin Hospital, and Kiptangwany Health Centre. The following year, FY 2023/2024, the system was extended to additional facilities including Bondeni, Langalanga, Naivasha, Mirugi Kariuki, Mangu, Bahati Rural, Ruguri Dispensary, and Kiwamu Health Centre. In FY 2024/2025, the department further expanded coverage to Olenguruone Hospital, FITC, and KFA Dispensary, achieving three out of a target of fourteen facilities. The shortfall was primarily attributed to delays in the procurement of ICT infrastructure.

Data quality assurance remained a key priority during the period, with four planned data quality audits successfully conducted. These audits utilized data sourced from the Kenya Health Information System (KHIS), where health facilities consistently uploaded reports by the 15th of each month. Currently, the department is prioritizing the automation of health services across 220 facilities through the Taifa Care System, aimed at facilitating real-time data access to enhance evidence-based decision-making. Additionally, the department is in the process of procuring monitoring and evaluation tools to strengthen data quality management, while standard data collection and reporting tools have been distributed to all facilities. To promote accountability and performance tracking, four quarterly data review meetings were convened to assess progress against county health planning frameworks. Looking ahead, the department's long-term objective is to achieve a fully paperless health information system by

the end of 2027, thereby fostering a more efficient, transparent, and technology-driven health management environment across Nakuru County.

SP 1.2 Human Resource for Health (HRH)

During the MTEF period 2022/23–2024/25, the Department of Health, Nakuru County, made notable progress in strengthening its Human Resources for Health (HRH) management despite persistent fiscal and staffing challenges. The health workforce grew from 3,082 in FY 2022/2023 to 3,446 in FY 2023/2024, representing an 11.8% increase, driven by targeted recruitment, absorption of contracted staff, and internship programs aimed at addressing critical workforce gaps. The Department successfully transitioned 256 healthcare workers from contractual to permanent and pensionable terms, with the process for the 2020 cohort (188 staff) ongoing and expected to conclude in FY 2025/2026. Additionally, 557 hospital-based technical staff were upgraded from short-term to three-year contracts, improving job security, employee motivation, and service continuity.

Significant efforts were directed toward capacity building and professional development, with induction and leadership training conducted for CHMT, SCHMT, and HMT members, alongside training for newly constituted Hospital Boards in Gilgil and Naivasha. The Department also continued to uphold inclusivity, with 132 Persons with Disabilities (PWDs) serving within its workforce.

To address staffing deficits and optimize deployment, the Department initiated the Workload Indicator of Staffing Needs (WISN) tool, developed by the World Health Organization, to rationalize staff distribution across service delivery points. A total of 138 staff were redesignated in FY 2024/2025 to better align skills with departmental priorities, while 275 promotions were implemented and 265 additional promotions proposed for FY 2025/2026 to enhance staff motivation and career progression.

SP 1.3 Leadership and Governance

Leadership and governance in health refer to the strategic direction and management of a health system to ensure it effectively sets priorities, provides oversight, and holds all actors accountable for performance and results. This “stewardship” function is critical for a well-functioning health system, as it provides the framework within which all other system

components, such as service delivery, the health workforce, financing, and information systems, gravitate.

SP 1.3.1 Health Facility Management Committees (HFMCs) and Boards

To enhance governance and strengthen the management of health facilities across the county, the Department of Health Services undertook significant institutional reforms during the MTEF period. These efforts included the appointment and gazettelement of Hospital Management Committees (HMCs) for key facilities, beginning with Gilgil and Naivasha Sub-County Hospitals in FY 2022/2023—an intervention that responded to stakeholder concerns and led to restored public confidence and improved service utilization. In FY 2023/2024, the Department further expanded governance structures through the appointment and gazettelement of HMCs for an additional eleven Level 4 hospitals, accompanied by a comprehensive induction program to equip members with the skills and knowledge required for effective oversight, resource stewardship, and conflict-of-interest management. The remaining three facilities—Mirugi Kariuki, Bondeni, and Langalanga Sub-County Hospitals—are slated for appointment and gazettelement in the upcoming financial year, thereby completing the countywide establishment of strengthened facility governance mechanisms. To bring services closer to the citizens, the department opened and operationalized 11 health facilities, 1 health centre and 10 dispensaries during the FY 2024/2025.

Table 1.3 Newly operationalized Health Facilities that are yet to have their committees gazetted

NO.	FACILITY NAME	SUB COUNTY
1	NGONDU DISPENSARY	RONGAI
2	GACHARAGE DISPENSARY	KURESOI NORTH
3	GITHIMA DISPENSARY	KURESOI NORTH
4	KAPKOI TINET DISPENSARY	KURESOI NORTH
5	GACHARAGE DISPENSARY	KURESOI NORTH
6	BURGEI DISPENSARY	NAKURU WEST
7	MUGUGA DISPENSARY	NAKURU EAST
8	GITHIORO HEALTH CENTRE	BAHATI
9	KAPLEMEIYWO DISPENSARY	KURESOI SOUTH
10	GATUNDU MIRORENI	GILGIL
11	GITHIORO HEALTH CENTRE	BAHATI

This is in line with the WHO requirement of health access which provides for the government to ensure availability of a health facility within a 5km radius. The newly operationalized facilities are yet to have their committees gazetted and this will form the main activity in the next planning period.

SP 1.3.2. Stakeholder Engagement

To strengthen coordination, accountability, and alignment of partner support amid persistent resource constraints, the Department of Health has continued to engage stakeholders through its structured biannual Stakeholders' Forum. This platform brings together all development partners to review sector performance, harmonize priorities, and transparently disclose financial commitments, thereby promoting a unified and efficient approach to advancing health service delivery. In FY 2024/2025, the department convened the first biannual forum at the start of the financial year, providing an opportunity to assess progress and jointly set the strategic agenda for the period.

SP 1.3.3 Supportive Supervision

To strengthen quality of care and enhance oversight across all service delivery levels, the Department of Health intensified its integrated supportive supervision efforts throughout the review period. Quarterly supervision was conducted across all hospitals, primary healthcare facilities, and community units, guided by a zoned approach that divided the county into three regions supervised by directorate-led teams. Using the customized Kenya Quality Health Management Tool, teams provided structured feedback, developed actionable improvement plans, and submitted detailed reports to inform departmental decision-making, resource allocation, and priority setting.

In addition, the CECM instituted complementary impromptu supervision visits to reinforce accountability, recognize good practices, and address emerging administrative and technical challenges. Findings from these visits were consolidated into action plans monitored by the County Health Management Team. Collectively, these supervision mechanisms enhanced continuous quality improvement, strengthened facility management, and ensured proactive resolution of system issues affecting service delivery.

SP 1.3.4. Annual Work Plans/ Performance Contract

The department has successfully developed its Performance Contract/Annual Work Plan (AWP) for the fiscal years 2022/2023, 2023/2024, and 2024/2025. This comprehensive plan serves as a strategic blueprint intended to guide the implementation of various health programs and activities aimed at improving public health outcomes. The Performance Contract/Annual Work Plan not only outlines specific objectives and activities but also provides a structured framework for development partners. This framework is crucial for these partners to identify key priority areas where their contributions can be most effective and align their resources and efforts accordingly.

During the fiscal years 2023/2024 and 2024/2025, the health sector achieved notable performance scores of 78.4% and 65.3%, respectively. These scores reflect the sector's ongoing commitment to enhancing health service delivery and achieving the goals outlined in the AWP, highlighting both achievements and areas where further focus is needed for future improvement.

SP 1.4 Research and Development

During the 2022/2023–2024/2025 MTEF period, the Department of Health significantly strengthened its Research and Development (R&D) function as a key driver of evidence-based planning, improved governance, and enhanced health system performance. Guided by the Departmental Research Committee, the county expanded its oversight of research activities, ensuring that all studies were aligned with priority health needs and adhered to established regulatory standards.

As research activity increased—supported by growing partnerships with academic institutions, research bodies, and development partners—the department streamlined its governance mechanisms to improve efficiency and responsiveness. A major milestone was the institutionalization of monthly virtual research review forums in FY 2024/2025, which modernized the review process by accelerating proposal turnaround times, improving accessibility for researchers, strengthening monitoring of ongoing studies, and enhancing documentation and uptake of research outputs. This transition to a structured monthly review model has significantly improved oversight, ensured compliance, and deepened the integration of research evidence into county health planning, programming, and decision-making.

SP 1.4.1 Key Research Contributions to Policy and Service Improvement

Several high-impact studies reviewed during the period informed health financing reforms, quality improvement processes, and service delivery enhancements:

SP 1.4.1.1 Financial and Non-Financial Information Flow Study (IDInsight, 2024)

This study generated critical insights into how health facilities manage funds and report service data. The findings are informing improvements in budget absorption, facility expenditure reporting, and development of performance-based resource allocation frameworks.

SP 1.4.1.2 Health System Responsiveness Study (Journal of Public Health in Africa, 2023)

The study identified bottlenecks in patient experience, staff performance, and facility-level governance. Evidence generated supported the strengthening of patient feedback systems, mentorship for clinical staff, and improvements in respectful maternity care.

SP 1.4.1.3 ACTION III Trial (2022–2025)

Nakuru Level 5 Hospital served as one of the national implementation sites for this WHO-funded multi-country clinical trial evaluating optimal dosing of antenatal corticosteroids for late preterm births. While the final results are pending publication, interim findings have already informed enhancements to maternal and neonatal care pathways and updates to clinical protocols in participating facilities.

SP 1.4.1.4 Esophageal Squamous Cell Carcinoma (OSCC) Research Programme (NIHR)

Nakuru County partnered with KUTRRH, the University of Manchester, and national stakeholders on this multi-county study aimed at understanding the epidemiology and early detection pathways for oesophageal cancer—a major health burden in the Rift Valley. The county’s participation has strengthened referral pathways for suspected cases, enhanced local data availability, and informed planning for improved oncology diagnostics and services.

SP 1.5 Health Infrastructure

Health infrastructure development remained a core strategic focus for the Department of Health throughout the 2022/2023–2024/2025 MTEF period. This focus is aligned with the

Kenya Health Policy 2014–2030, CIDP II (2018–2022) transition projects, CIDP III (2023–2027), and the Annual Development Plans (ADP). Across the three years, the Department implemented critical infrastructure projects aimed at improving access, equity, efficiency, and overall resilience of the county health system.

SP 1.5.1 Major Flagship Projects

During the MTEF period, the County prioritized key flagship infrastructure projects to expand referral capacity and address service delivery gaps in underserved regions. The construction of the Kuresoi North Level 4 Hospital progressed significantly after its initiation in FY 2023/2024, reaching 34% completion by end of 2024/2025. Major works currently underway include structural construction, internal partitioning, installation of utilities, and development of clinical spaces. This facility is expected to strengthen referral services for Kuresoi North and neighbouring sub-counties. Similarly, construction of the Rongai Level 4 Hospital advanced to 44% completion as of FY 2024/2025, providing the foundation for expanded specialized and inpatient services in one of the fastest growing sub-counties. Additionally, Olenguruone Sub-County Hospital underwent key renovation works over 2022–2024 FY, including glazing, painting, and structural rehabilitation, leading to improved functionality, safety, and overall patient experience. These flagship infrastructure efforts demonstrate the department’s commitment to advancing health system capacity in alignment with the Nakuru County CIDP III goal of increasing service access and strengthening referral networks.

SP 1.5.2 Expansion and Strengthening of Primary Health Facilities (Ward Projects)

Throughout the MTEF period, the Department implemented numerous ward-based health infrastructure projects aimed at improving service readiness and enhancing the quality of primary health care across the 55 wards. In 2022/2023, the County completed multiple strategic rehabilitation projects targeting maternity units, OPDs, and service delivery blocks in several health facilities such as Njoro, Gilgil, Pipeline, Kongasis, Sirikwa, and Kasambara. The main works included water, sanitation, and solar facilities upgrades that improved reliability of essential services. In 2023/2024, additional works were done in the identified health facilities including the expansion of consultation rooms, construction of minor theatres, upgrading sanitation and water systems, improving staff housing, and fencing of vulnerable

facilities to enhance security. Significant progress was recorded in FY 2024/2025, during which eight key projects were completed, including ward-funded components of Rongai and Kuresoi North Level 4 Hospitals; the construction of new OPD and IPD blocks at Subukia Sub-County Hospital; the renovation of Murunyu OPD; the fencing of Mirugi Kariuki Hospital; renovations at Kahuti, Kirima, Tachasis, Rhonda, and Wei facilities; and the construction of new sanitation facilities at Nessuit Dispensary. These investments reflect the county's continued commitment to upgrading primary health infrastructure in line with CIDP and ADP priorities goals and objectives.

SP 1.5.4 Health Facility Solarization and Utility Integration

Over the MTEF period, the County continued to enhance service continuity in health facilities by upgrading utilities and promoting green energy solutions. Solar power systems were installed in at least 12 dispensaries and health centres, predominantly in remote areas where electricity supply was unreliable. Water supply improvements were undertaken in several facilities including Ndabibi, Tuiyotich, and Keringet, through borehole rehabilitation, piping upgrades, and installation of storage tanks. Standby power and backup systems were strengthened in selected sub-county hospitals to ensure uninterrupted service delivery in critical departments such as maternity, laboratory, and emergency units. These infrastructural upgrades contributed to improved operational efficiency and reduced service disruptions.

SP 1.5.5 Supervision, Monitoring, and Contract Oversight

To ensure effective oversight and timely completion of projects, the Department strengthened its supervision framework by appointing Sub-County Public Health Officers as project supervisors across all 11 sub-counties. This measure significantly improved real-time monitoring, contractor accountability, and adherence to project timelines. Throughout the MTEF period, more than 150 health infrastructure projects were closely supervised, with over 70% achieving full completion. Standardization of reporting tools, routine site inspections, and enhanced coordination between stakeholders contributed to improved project turnaround time and enhanced transparency in infrastructure implementation.

SP 1.5.6 Rapid Results Initiative (RRI) – Enhanced Project Completion Acceleration

To address challenges of delayed project implementation, the Department implemented Rapid Results Initiative (RRI) cycles during FY 2023/2024 and 2024/2025. The RRI approach targeted stalled or slow-moving projects by assigning dedicated officers and applying structured performance monitoring over a 100-day cycle. Across the two RRI cycles, more than 40 projects were successfully completed, including renovations, ward projects, and critical facility upgrades. This significantly increased overall project completion rates, improved facilities functionality, and enhanced the performance management culture within the infrastructure department. The RRI approach directly supported CIDP III objectives of improving public sector performance and accelerating service delivery outcomes.

SP 1.5.7 Progress on New Facility Operationalization

In line with the objective of reducing physical barriers to healthcare, the County made progress in operationalizing newly constructed health facilities across the MTEF period. More than 10 dispensaries including Mukunya, Waseges, Mwireri, Kiamaina, and others were equipped, staffed, and connected to essential utilities to enable commencement of services. The operationalization of these facilities improved geographic access to primary care services and contributed to reductions in patient travel time and congestion within high-volume facilities. Cumulatively, the health infrastructure investments undertaken over the 2022/2023–2024/2025 MTEF period resulted in improved facility readiness, enhanced access to both primary and referral services, and strengthened the capacity of the county health system to manage increasing demand for health services. Improved maternity units, expanded OPDs, enhanced water and sanitation systems, and upgrades in diagnostic equipment contributed to observable improvements in KHIS indicators such as increased facility deliveries, higher outpatient utilization, and improved immunization uptake. The expansion of Level 4 hospitals and the operationalization of new dispensaries have significantly strengthened referral pathways and reduced service congestion, while improved infrastructure has enhanced patient experience, staff motivation, and overall care quality.

SP 1.6 Primary Health Care

During the MTEF period, the County made significant progress in strengthening Primary Health Care (PHC) through the full rollout of the Primary Care Network (PCN) model. Following a

successful pilot in Bahati Sub-County in October 2023—establishing one smart PCN consisting of one hub, 25 spokes, and 39 community health units—the PHC approach was rapidly scaled across the remaining sub-counties. This resulted in the establishment and subsequent gazettelement of 16 operational PCNs countywide. In alignment with the Primary Health Care Act, 2023, the County instituted key governance structures, including the PHC Advisory Committee, PHC Technical Working Group, and PCN Committees for all networks. These structures provide technical guidance, oversight, and strategic direction for PHC implementation.

Operationalization accelerated in FY 2024/2025, with the 16 PCNs (comprising 16 hubs, 197 spokes, and 389 community health units) supporting multidisciplinary teams (MDTs) to conduct integrated inreaches and outreaches. These teams delivered specialized, preventive, and promotive services aimed at improving access, especially among vulnerable populations. Through 268 outreach and inreach activities, the MDTs reached 12,148 individuals with essential health services. Community dialogue days further strengthened PHC implementation by enabling communities and the Department of Health to jointly identify health needs and co-create solutions that guided MDT outreach planning. Additionally, patients living with non-communicable diseases were systematically mapped, linked to the nearest service delivery points, and enrolled in ongoing monthly follow-up care through MDT inreaches, enhancing continuity and quality of care.

Programme 2: Public Health Services

SP 2.1. Environmental and Hygiene Program

Over the 2022/2023–2024/2025 reporting period, the Department of Health significantly strengthened sanitation and hygiene governance through enhanced coordination mechanisms and inclusive, multi-sectoral engagement. The establishment of the Nakuru County Sanitation Technical Steering Committee (NACOSTEC) in FY 2022/2023 provided a structured platform for planning, aligning priorities, and coordinating WASH stakeholders. This progress was reinforced in FY 2023/2024 with the operationalization of the County-Wide Inclusive Sanitation (CWIS) Committee, which broadened governance to include non-state actors and private sector partners, thereby accelerating sanitation interventions across rural and peri-urban areas. By FY 2024/2025, the County convened a fully institutionalized multisectoral WASH forum with representation from 27 stakeholders, resulting in improved

collaboration, joint planning, and harmonized WASH action plans aligned with CIDP III, the ADP, and national public health standards. Collectively, these initiatives enhanced leadership, coordination, and the effective implementation of environmental health and hygiene interventions countywide.

SP 2.1.2 Public Sanitation

Over the 2022/2023–2024/2025 MTEF period, the Department of Health made significant progress in strengthening public sanitation standards across Nakuru County through enhanced compliance, standardized operational practices, and sustained capacity building. In FY 2022/2023, routine sanitation inspections were undertaken in markets, bus parks, and public institutions to identify gaps in cleanliness, maintenance, and water access, forming the basis for the development of standardised management tools. Building on these findings, the County drafted Standard Operating Procedures (SOPs) in FY 2023/2024 for the cleaning and disinfection of public sanitation blocks, health facilities, and schools, and initiated sensitization of sanitation proprietors, cleaners, and Public Health Officers (PHOs) on their practical application.

In FY 2024/2025, a comprehensive assessment of 18 public sanitation facilities informed the full adoption and implementation of the SOPs countywide. Cleaners were trained on proper sanitation and hygiene techniques and provided with starter kits comprising PPEs, detergents, disinfectants, and essential cleaning equipment. This structured and systematic approach resulted in marked improvements in hygiene conditions, reduced infection risks, and increased public confidence in shared sanitation facilities. The initiative also enhanced the technical capacity of PHOs, sanitation operators, and cleaning personnel, reinforcing the long-term sustainability and efficiency of public sanitation services.

SP 2.1.3 Access to Clean Water

Across the 2022/2023–2024/2025 MTEF period, the Department of Health made steady progress in enhancing access to safe water at both community and health facility levels, contributing significantly to improved public health outcomes. In FY 2022/2023, efforts focused on distributing household water treatment chemicals to water-scarce and cholera-prone areas, complemented by intensified safe water education delivered through Community Health Promoters (CHPs) and Public Health Officers (PHOs). In FY 2023/2024, the

Department broadened household demonstrations on water treatment and safe storage practices and undertook mapping of health facilities experiencing chronic water shortages to guide targeted interventions. These efforts culminated in FY 2024/2025 with the procurement and distribution of ten 2,500-litre water tanks to nine health facilities and the Maai Mahiu wellness site along the Northern Corridor. Beneficiary facilities included Maai Mahiu Health Centre, Gitare, Kiungururia, Lanet Health Centre, FITC Dispensary, Rongai Turi Dispensary, Rongai Health Centre, Sachangwan Health Centre, and Kamara Dispensary. These measures strengthened infection prevention and control (IPC) practices, reduced waterborne disease risks, and enhanced the operational readiness and resilience of health facilities, ensuring safer environments for patients, communities, and health workers.

SP 2.1.4 Achieving Open Defecation Free (ODF) Status

During the 2022/2023–2024/2025 reporting period, the County made substantial progress toward eliminating open defecation, reflecting the effectiveness of sustained community engagement and strengthened sanitation marketing initiatives. In FY 2022/2023, the Department intensified Community-Led Total Sanitation (CLTS) interventions, expanded village sanitation mapping, and enhanced household follow-up to accelerate latrine construction and consistent use. Building on this momentum, FY 2023/2024 saw the scale-up of sanitation marketing strategies that encouraged households to upgrade existing sanitation facilities and adopt improved technologies, supported by regular verification and certification processes to reinforce accountability. As a result, by FY 2024/2025, 90% of villages had attained Open Defecation Free (ODF) status, with countywide latrine coverage rising from 92% in 2022/2023 to 95% in 2024/2025. To sustain these gains, the Department implemented post-ODF interventions aimed at transitioning communities from “Bora choo” to “Choo bora,” fostering long-term adoption of improved sanitation systems and reducing environmental contamination.

SP 2.1.5 Infection Prevention and Control (IPC)

Over the 2022/2023–2024/2025 reporting period, the County significantly strengthened Infection Prevention and Control (IPC) measures at both community and facility levels, enhancing disease prevention, reducing transmission risks, and improving outbreak preparedness. In FY 2022/2023, the Department conducted routine facility IPC audits and

mentorship visits, focusing on environmental cleaning, hand hygiene, and proper waste segregation, while reconstituting IPC committees to reinforce compliance. Although COVID-19-era IPC standards proved difficult to sustain post-pandemic, the Mpox outbreak in FY 2023/2024 prompted expanded community sensitization in high-risk sub-counties and reinforced facility IPC audits aligned to national guideline standards. In FY 2024/2025, IPC measures were further intensified through the training of 45 Trainers of Trainers, who cascaded WASH and IPC training to over 1,000 healthcare workers and CHPs. Through extensive community engagement, CHPs reached 555,896 individuals and 121,017 households with targeted prevention messages. During the same period, four new IPC committees were established, 21 were revitalized, and 39 IPC champions were trained. Collectively, these efforts strengthened IPC compliance, improved community awareness, and bolstered the County's capacity for rapid and coordinated outbreak response.

SP 2.1.6 Menstrual Hygiene

Menstrual hygiene management (MHM) was progressively strengthened over the three reporting years through education, advocacy, and targeted support to vulnerable learners. In FY 2022/2023, Public Health Officers and CHPs conducted menstrual hygiene education during school health sessions, raising awareness on safe practices and reducing stigma across all the Public and Private schools in the county. In FY 2023/2024, the Department expanded partnerships with NGOs and school programs to support menstrual hygiene activities and incorporated MHM messaging into community dialogues and youth health programs. In FY 2024/2025, these efforts were accelerated through observance of Menstrual Hygiene Day, during which the County, with partner support, distributed sanitary pads, soap, panties, and storage boxes to vulnerable girls. These interventions improved menstrual hygiene practices, reduced menstruation-related absenteeism, strengthened self-confidence, and contributed to better learning outcomes and gender equality within schools.

SP 2.1.7 Climate Change

Over the 2022/2023–2024/2025 reporting period, the Department of Health intensified efforts to advance climate-resilient health infrastructure and environmentally sustainable waste management practices across the County. In FY 2022/2023, foundational actions—including facility greening pilots and assessments on energy efficiency, natural ventilation,

and environmental improvements—were initiated. These efforts were expanded in FY 2023/2024 through scaled-up greening initiatives, the incorporation of climate-smart design features in facility renovations, and enhanced awareness among health workers and communities on environmental sustainability. Significant progress was achieved in FY 2024/2025 with the planting of 2,896 fruit and ornamental tree seedlings across 27 health facilities and Nyayo Garden Park under the Healing Gardens Initiative, creating therapeutic environments that support patient recovery and staff well-being. The County also strengthened the use of non-burning medical waste technologies through a pooled waste collection and treatment system anchored at NCRTH, reducing emissions and enhancing compliance with national standards.

During the same period, the Department, in collaboration with the Department of Water, Environment and Natural Resources, advanced the Makaa Dot Com initiative, converting treated human waste into energy-efficient briquettes and promoting circular economy principles. Additionally, natural-light-infused infrastructure was enhanced through strengthened collaboration with the Department of Physical Planning, resulting in the integration of skylights and expanded windows in new and refurbished facilities, supported by routine site inspections to ensure adherence to green-building standards. Energy-efficient, low-emission kitchens were also installed at Olenguruone Sub-County Hospital and Nakuru Teaching and Referral Hospital, improving energy conservation, indoor air quality, and worker safety. Collectively, these interventions demonstrate the County's commitment to environmentally sustainable health systems and climate-smart service delivery.

SP 2.2 Food Safety

During the reporting period, the Department strengthened food safety and quality assurance systems through enhanced surveillance, expanded certification, and improved laboratory capacity. With support from MESPT, the County procured pesticide residue testing equipment, significantly boosting its capacity to detect chemical contamination in food products and enforce compliance with national food safety standards. This investment is expected to reduce public health risks associated with pesticide exposure and safeguard consumer health. The County recorded a notable rise in food handler examinations and certifications—from 20,775 in FY 2023/2024 to 28,388 in FY 2024/2025—representing a 36% increase. This growth translated into a 43% rise in revenue, reaching KSh. 34,469,550, underscoring the

heightened commitment to regulatory compliance among food establishments. Additionally, 8,900 food premises were inspected and licensed in adherence to public health regulations, ensuring improved hygiene, structural integrity, and operational standards across the sector. Food and water safety surveillance also expanded significantly, with the number of samples collected and analyzed increasing by 98%, from 146 in FY 2023/2024 to 290 in FY 2024/2025. Of these, 90.8% met national safety standards, reflecting the effectiveness of routine monitoring by the County Food Laboratory.

The Department further enhanced community and institutional safety by implementing the Kenya School Meals Food Safety and Quality Guidelines in 102 schools across five sub-counties and training 310 last-mile vendors on safe handling and storage of fresh produce. Capacity-building in 61 health facilities targeted key areas such as food fortification and the rollout of Kenya's food safety guidelines. Collectively, these interventions demonstrate the County's commitment to protecting public health through strengthened food safety governance and sustainable compliance systems.

SP 2.3 School Health

During the period under review the program focused on five key components of school health activities:

- Formation and reactivation of school health clubs as a key strategy to enhance social behavior change among learners. 563 school health clubs were formed and strengthened resulting in increased social behavior change among learners and the school communities.
- The provision of hand-washing facilities in schools was supported through both school-led initiatives and contributions from partners. Through the Department of Health Services and School WASH partners, a total of 300 hand washing facilities were installed, including 75 placed in special schools across the County. Additionally, several schools received rainwater harvesting tanks to improve water availability. Overall, 1,285 schools now have functional hand-washing facilities.
- Health education and hygiene promotion were strengthened through regular sensitization sessions conducted by Public Health Officers in their assigned schools. A total of 324,622 learners, teachers, and non-teaching staff were reached with key School WASH messages, including Mpox prevention and control. Additionally, 522

School Health Club patrons were trained on WASH, IPC, and proper cleaning and disinfection of school WASH facilities such as toilets and bathrooms, as well as their roles in strengthening and operationalizing School Health Clubs. A total of 145 school cleaners were also trained on effective cleaning and disinfection practices.

- Annual school sanitary inspections were carried out to assess whether learning environments meet the required public health standards. A total of 922 schools were inspected for public health compliance as part of the mandatory requirements for their registration as learning institutions.
- Implementation of the 2019 Food Safety School Meals Guidelines continued as part of efforts to strengthen school nutrition. To support this, the Department trained key school stakeholders on food safety across four sub-counties—Molo, Kuresoi North, Kuresoi South, and Nakuru West. The training targeted five representatives from each of the 40 participating schools, including members of the Board of Management, head teachers/principals, cooks, suppliers, storekeepers, and school caterers. The sessions emphasized the provision of safe food to learners along the entire value chain—from farm to fork—and clarified the roles and responsibilities of each stakeholder, including Public Health Officers, in ensuring food safety within schools.

SP 2.4 Neglected Tropical Disease (NTD)

The presence of Neglected Tropical Diseases (NTDs) in Nakuru includes cutaneous leishmaniasis, bedbug infestations, and soil-transmitted helminths. Cutaneous leishmaniasis is a significant public health concern affecting marginalized and impoverished communities. This condition is induced by the parasite *Leishmania tropica* and is transmitted through the bite of female phlebotomine sandflies. The habitats of sandflies are closely associated with rock hyraxes (Gitoore), which reside in rocky cliffs and dense vegetation. Risk factors for transmission include proximity to forested areas and engagement in activities such as charcoal production, beekeeping, hunting, and firewood collection. Furthermore, households situated near forests and those comprised of mud structures with cracks and crevices exhibit heightened vulnerability. Affected locations encompass Eburru, Gitare, Utut, JICA, Kambi Turkana, Kariandusi, and Njeru within Gilgil. Currently, cutaneous leishmaniasis is confined to Gilgil Sub County, as indicated by the disease surveillance system.

In 2019, the annual incidence of cases averaged 400; however, following the implementation of targeted intervention measures, this figure has declined to fewer than 100 cases per year. The reported trends for the past two years are as follows: in 2023/2024, there were 50 documented cases, while in 2024/2025, the number increased to 63 cases. Intervention strategies have included Annual Internal Residual Spraying (IRS) of dwellings. In the 2023/2024 cycle, 1,142 homes were treated (88% of the target) out of an objective of 1,300, whereas, in 2024/2025, 188 homes were treated (75% of the target) out of a goal of 250. Additionally, enhanced disease surveillance has been instituted to monitor the emergence of new cases and their potential spread to previously unaffected regions, thereby guiding subsequent actions. This surveillance has resulted in the identification and treatment of 113 cases over the two years. To bolster these intervention efforts, the department has acquired medications for treating cutaneous leishmaniasis as well as chemicals for the eradication of disease-carrying vectors.

SP 2.5 Disease Surveillance

Disease surveillance is a critical aspect of disease prevention in communities and serves to mitigate health impacts in healthcare settings. The department has developed a robust surveillance system that effectively detects, investigates, and responds to health events and emergencies in the County. In the fiscal year 2024/2025, the County successfully managed an Mpox outbreak, treating twenty-one confirmed cases and tracing one hundred and fifty-six contacts, all of whom were quarantined for twenty-one days. Of these contacts, only six developed the disease. Additionally, 1,798 healthcare workers received training to enhance their response to Mpox.

The County also reported a Measles outbreak, with sixteen confirmed cases from Njoro Sub-County, linked to recent incidents in Narok. A cross-border Technical Working Group (TWG) was formed to coordinate the response, which included an immunization campaign targeting under-immunized children through the Big Catch-Up (BCU) initiative. For both outbreaks, timely investigation and response were conducted, achieving a 100% score in investigating all outbreaks within 48 hours. Priority diseases were closely monitored, with all 352 health facilities submitting weekly reports. Case-based surveillance was performed for thirty-two suspected measles cases, and three instances of Acute Flaccid Paralysis were investigated and tested negative for poliomyelitis. Active Case Searches were conducted in 67 high-priority

facilities. Weekly disease surveillance meetings were held by the County Health Management Team (CHMT) to plan interventions for health events. Event-Based Surveillance (EBS) was enhanced, yielding 11,964 signals, with 11,450 verified for a 96% verification rate. This led to an increase in reported signals and improved verification rates, achieving a response rate of 100% during the review period.

SP 2.6 Reproductive Health.

Overview of Reproductive Health Services

Reproductive, Maternal, and Neonatal Health (RMNH) is a crucial aspect of health service delivery in Nakuru County, aimed at supporting families, women, and newborns throughout various stages of care. RMNH services are provided at all levels, including community outreach and health facilities. There are 556 health facilities offering reproductive health services, with 515 providing antenatal and postnatal care, 284 offering maternity services, and all 556 facilities offering family planning services, including long-acting reversible contraceptive methods at 532 facilities.

SP 2.6.1. Maternal and Newborn Health:

Nakuru County has 515 maternal and newborn care facilities across 11 sub-counties, including public, private, and faith-based services. Among these, 284 provide Basic Emergency Obstetric and Newborn Care (BeMONC), and 56 offer Comprehensive Emergency Obstetric and Newborn Care (CeMONC), which includes surgeries and transfusions. To enhance maternal and newborn health quality, the department trained 88 service providers in Emergency Obstetrics and Newborn Care (EmONC) and provided mentorship training. Additionally, to address obstetric emergencies, the use of Heat Stable Carbetocin was initiated to prevent postpartum haemorrhage, a major cause of maternal mortality in the region.

SP 2.6.2. Maternal and Perinatal Death Surveillance and Response (MPDSR)

To eliminate preventable maternal and newborn deaths, the department has enhanced the maternal and perinatal death surveillance and response (MPDSR) initiative by institutionalizing MPDSR committees at all levels of care, in accordance with the National MPDSR Guidelines (2016). Currently, efforts are underway to update committee representation in accordance with the Revised MPDSR Guidelines 2024. The committees are

tasked with examining recorded deaths, notifying relevant authorities of any maternal and perinatal deaths within 24 hours, and conducting mortality reviews within seven days of the occurrences. Audits are performed at both facility and sub-county levels and are presented in a weekly County MPDSR Review, feedback, and learning forum held virtually every Wednesday. The findings from these reviews are subsequently uploaded into the Kenya Health Information System (KHIS) monthly.

Discussions during these reviews focus on identifying the root causes of deaths, the factors contributing to these outcomes, gaps in the quality of care, and the responses implemented to address identified deficiencies across all care levels. The action points recommended from the MPDSR audits to improve maternal and newborn outcomes include the enhancement of blood transfusion services at Level 4 facilities, strengthening Group Antenatal Care, expanding access to obstetric point of care ultrasound (O-POCUS) in lower-level facilities, and improving neonatal care practices, such as ensuring thermal stability through Kangaroo Mother Care, space warmers, and newborn resuscitaires.

Nonetheless, the department continues to encounter challenges, including staff shortages, meeting the demand for blood and blood products, and inadequate skills in midwifery, obstetrics, and Emergency Obstetric and Newborn Care (EmONC). Additional emerging challenges encompass the management of mental health issues during the antenatal, intrapartum, and postpartum periods. Continuous mentorship, supportive supervision, and community outreach programs, including household visits and the referral of mothers and neonates for healthcare, remain critical interventions aimed at improving maternal and neonatal outcomes within the county.

SP 2.6.3. Collaborative Initiatives with Kingdom Seekers at Bahati Maternity

The Nakuru County Health Sector has partnered with Kingdom Seekers to enhance maternal and child health services at Bahati Maternity. Through this collaboration, key interventions have included:

- **Capacity Building:** Training of healthcare staff in emergency obstetric and neonatal care, infection prevention, and client-centered service delivery.
- **Infrastructure Support:** Upgrades to maternity wards, including installation of essential medical equipment and improved sanitation facilities to enhance patient care.

- **Community Outreach:** Joint health education campaigns focusing on antenatal care, safe delivery practices, nutrition, and immunization, targeting expectant mothers and young children in the Bahati area.
- **Resource Provision:** Supply of essential drugs, medical consumables, and maternity kits to support safe deliveries and improve maternal and neonatal outcomes.
- **Data and Monitoring Support:** Strengthening of health information systems to track maternal and child health indicators, enabling evidence-based planning and reporting.

SP 2.6.4. Family Planning

Family planning (FP) is essential for reproductive and maternal health, with efforts to increase FP uptake during the World Contraception Week on September 26, 2024. FP services are integrated into maternal and child health and post-abortion care, resulting in increased use of long-acting reversible contraceptives (LARCs). However, access to these services is hindered by erratic supply and occasional stockouts.

SP 2.6.5. Reproductive Tract Cancers:

Breast and cervical cancers are significant causes of cancer-related mortality in Nakuru County. In response, the Department of Health has enhanced efforts to address this issue by improving access to screening, early detection, and timely treatment services. The integration of reproductive tract cancers into Maternal and Child Health (MCH) and Family Planning (FP) services has increased accessibility and uptake, as evidenced by recent supervision and outreach reports.

Additionally, in January 2025, coinciding with Cervical Cancer and Breast Cancer Awareness Month, the Department launched accelerated awareness campaigns and screening services. Women identified with cervical precancerous lesions are treated on-site, while those suspected of having cervical cancer or breast lumps are referred for further evaluation and treatment at the Nakuru County Teaching and Referral Hospital's cancer centre. This comprehensive approach aims to reduce morbidity and mortality associated with reproductive tract cancers in the county.

SP 2.7 Adolescent and Youth Friendly Services

During the performance review period, the department ensured continued implementation of a wide range of Adolescent Youth Sexual Reproductive Health services in the community through the integrated MDTs and facility-based interventions across all eleven sub-counties. The activities are aimed at improving access to Sexual and Reproductive Health and Rights (SRHR) information and services among adolescents, youth, and the broader community.

Approach and strategy;

The interventions combined service delivery, health education, and behaviour change communication through peer educators and Community Health Promoters to build an informed and healthy community. Key activities included Market Outreaches at selected sites, which effectively brought SRHR services like family planning and counselling directly to the people.

SP 2.7.1 Adolescent and Youth Sexual Reproductive Health (AYSRH) Interventions;

In the fiscal year 2022/2023, while the number of stand-alone adolescent and youth friendly services (AYFS) facilities remained steady at four, the department achieved notable advancements in enhancing the competencies of healthcare providers. A total of 25 health workers from level 2 and 3 facilities participated in training tailored to deliver Adolescent and Youth-Friendly Services. This training successfully equipped healthcare providers with essential skills to offer high-quality, youth-friendly care in a supportive, non-judgmental, and confidential environment. The teenage pregnancy rate during this period was recorded at 12.5% by KHIS, indicating a slight reduction from the previous fiscal year. This positive change was driven by intensified health awareness initiatives in schools, along with an encouraging rise in contraceptive use, which reached 96,302 clients. Furthermore, 218 adolescents received post-abortion care (PAC), demonstrating a commitment to comprehensive reproductive health services.

In the fiscal year 2023/2024, a new youth-friendly center began operations at Njoro Sub County Hospital, expanding access to essential services. The Department of Health also executed a family planning sensitization program aimed at adolescent and youth champions, training 60 individuals to serve as peer educators, responsible for facilitating peer-to-peer education, referrals, and service linkages. Collaborating with DSW, the county provided

training for 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 seeks to empower youth leaders to raise awareness, address misconceptions, and promote healthy sexual and reproductive practices. Additionally, targeted outreach and in-reach activities for youth, including mobile clinics and community-based sessions in institutions of higher learning, were implemented to improve access to mental health and sexual and reproductive health services, such as family planning, HIV prevention, and menstrual health management. As a result of these concerted efforts, the teenage pregnancy rate remained at 12.5%, while the uptake of contraceptive services saw a significant increase to 125,492, and 184 adolescents benefited from post-abortion care (PAC). The program remains steadfast in its mission to enhance health outcomes for adolescents and youth throughout the county.

The Youth-Only Outreaches were successfully launched in Njoro and Egerton, creating welcoming environments for open discussions on SRHR, relationships, mental health, and decision-making. Youth participants were motivated to establish youth corners and discussion groups, promoting continuous peer learning and mutual support. The outreach initiatives reached 400 clients across various services, with a deliberate focus on engaging men and boys in SRHR conversations, thereby fostering a sense of inclusivity and shared responsibility. Our initial efforts took place in Njoro and Mauche Wards, where the primary goal was to cultivate mentorship of the boy child by adult males on reproductive matters, relationships, and life skills. Relevant topics included family planning, gender roles, GBV prevention, and health-seeking behaviors. The sessions witnessed encouraging participation, marking a significant step forward in increasing male involvement in SRHR activities, with a total of 590 men engaged.

SP 2.7.2 Youth-Led Dialogues;

Youth facilitators and peer educators held dialogues in Mau Narok, Mauche, and Kasarani wards to raise awareness about SRHR, address myths, and discuss health rights. These forums promoted experience sharing and peer learning. Community Health Promoters (CHPs) were onboarded to enhance mobilization, health education, and client referrals, strengthening the referral system for consistent client follow-up. Youth-friendly sites continue to offer services such as Sexual Reproductive Health counseling, contraceptive services, HIV testing,

and mental health screening.

SP 2.7.3 Youth Participation and involvement;

Youth attached to the sites also actively participate in field activities, supporting mobilization, creating awareness about available services, and encouraging other young people to establish youth corners and peer support groups. Increased community awareness and acceptance of sexual reproductive health and rights (SRHR) services improved male participation through men-only outreach initiatives. Enhanced youth engagement and ownership of SRHR spaces through the operational youth services in the health facilities, was achieved by a strengthened collaboration between CHPs, peer educators, and health facilities, ensuring improved referral and service delivery. Integration of additional services was enhanced to ensure holistic health coverage. Persistent misinformation about contraceptives and SRHR, parental negligence, and limited mentorship at home led to the high number of teenage pregnancies.

SP 2.7.4 Youth Friendly Services Public private partnership;

The YFS public-private partnership enhanced collaborations with stakeholders in education, social services, and development to tackle rising teenage pregnancies. Key actions included increasing youth-only outreach programs, investing in peer education and community awareness to correct misinformation, and establishing the Rhonda Health AYSRH site with necessary equipment and a trained service provider.

SP 2.8 Gender-Based Violence (GBV)

Gender-Based Violence (GBV) is a serious public health and social issue. When a survivor of GBV seeks help from our health facilities, they need compassionate and comprehensive care that addresses their medical, psychological and legal needs.

Approach and strategy;

During the review period (22/23, 23/24, 24/25), the Health Department aimed to strengthen its system for delivering high-quality, confidential services to survivors of gender-based violence (GBV). Key strategies included: Capacity building through training and mentorship for healthcare workers on managing GBV cases; Community linkage by sensitizing Community Health Promoters and leaders for early identification and referral of GBV cases; Establishing

safe and confidential spaces/clinics for GBV treatment.

SP 2.8.1 Capacity Building;

A total of 210 healthcare workers were trained in Comprehensive Clinical Management of Gender-Based Violence (GBV), focusing on medical treatment, psychological first aid, and legal documentation. This training addressed identified gaps in knowledge and skills, particularly in forensic evidence collection. As a result of these interventions, the reporting rate for GBV cases in the Kenya Health Information System increased by 99%, indicating improved access to health services for survivors and better documentation by staff.

SP 2.8.2 community linkage;

A total of 140 community health promoters, opinion leaders, chiefs, women representatives, and religious leaders were trained in the Community Own Resource Persons (CORPs) package. The training focused on early identification of Gender-Based Violence (GBV) cases, safe referral procedures, and connecting survivors to health facilities. CORPs and Community Health Promoters serve as the first point of contact in the community, enabling them to identify survivors early and guide them to professional care. This initiative improved support for GBV survivors and led to an increase in emergency signals, demonstrating proactive community engagement in identifying urgent cases.

SP 2.8.3 Establishment of safe and confidential infrastructure;

Three stand-alone GBV clinics were established at Nakuru County Teaching and Referral Hospital, Naivasha Sub-County Hospital, and Molo Sub-County Hospital. These clinics provide dedicated, confidential spaces for survivors, minimizing wait times and reducing the risk of re-traumatization. This setup ensures uninterrupted care and improves referral pathways for survivors.

SP 2.8.4 GBV Service Delivery;

During FY 2023/2024, notable service delivery outcomes included NCTRH managing 5,892 GBV cases and Naivasha Sub-county Referral Hospital handling 2,340 cases. Both provided comprehensive support through their Gender-Based Violence Recovery Centers (GBVRCs). Additionally, 90 Community Health Promoters (CHPs) in Kuresoi North and South were trained

on GBV prevention, leading to a 100% increase in GBV reporting in the Kenya Health Information System (KHIS).

SP 2.8.5 GBV survivor information capture and Documentation

The Department of Health Services is focused on improving the quality and accuracy of information and documentation for gender-based violence (GBV) survivors to strengthen healthcare and justice systems. Recently, they partnered with Physicians for Human Rights (PHR) to pilot MediCapt, a digital application designed for comprehensive evidence collection in sexual violence cases, which digitizes the Ministry of Health's Post-Rape Care Form. The pilot took place in four level 4 facilities, and 45 healthcare workers were trained on using MediCapt, covering topics like informed consent, forensic photography, and technology integration.

The training aimed to equip staff at Naivasha County Referral Hospital, Nakuru County Teaching and Referral Hospital, and Molo Sub-County Hospital with the necessary skills for effective use of the application, leading to improved documentation and engagement with GBV survivors. MediCapt enhances data security, preserves the chain of custody, and ensures standardized evidence capture. Its implementation has resulted in a noticeable increase in the number of GBV survivors accessing care at the piloted facilities.

SP 2.8.6 Stakeholder coordination and public awareness;

The text emphasizes the need for a coordinated community response to gender-based violence (GBV), highlighting the importance of identifying cases requiring urgent medical and legal support. It mentions the collaboration among health and county departments to observe the 16 Days of Activism Against Gender-Based Violence, which is a global campaign held annually from November 25th to December 10th to raise awareness and promote action against violence towards women and girls.

SP 2.9 Immunization

Immunization services in Nakuru County have made significant progress. About 87% of children aged 12-23 months are fully vaccinated. While this shows success in reaching many families, some sub-counties still have lower vaccination rates. There are ongoing challenges,

especially in low-income and crowded areas. Additionally, around 51,000 children remain unvaccinated or under-vaccinated since 2020.

Vaccination coverage for certain shots is high: BCG is at 99.5%, OPV0 is 97.6%, OPV1 is 98.7%, OPV2 is 96.6%, OPV3 is 90.5%, Penta 1 is 98.9%, Penta 2 is 96.6%, Penta 3 is 90.0%, and Measles is 83.4%. However, more work is needed to improve coverage for Measles 1 at 9 months and Measles 2 at 18 months. To address missed vaccinations, all facilities offer immunization every day from 8 AM to 5 PM, Monday through Friday, and 24/7 in facilities with maternity units to ensure newborns receive their first doses.

To find and help under-vaccinated children, staff are working closely with Community Health Promoters (CHPs) and Community Health Assistants (CHAs). They use a defaulter register to track missed vaccinations and encourage families to complete their schedules. Outreach programs and the Big Catch-Up initiative also aim to reach children who have not been vaccinated. To improve vaccine storage, 67 new cold chain units have been added. Regular checks on these units help ensure the vaccines stay effective and alert staff to any repairs needed.

Routine support visits happen every quarter to maintain quality services. In the last two quarters, staff checked data accuracy across all 11 sub-counties and visited immunization centers to offer support. Staff received training to help with planning and ordering vaccines accurately and on time, reducing stock shortages. Immunization services now also cover adults, starting with the HPV vaccine for girls aged 10-14 years to help prevent cervical cancer. This vaccine is given along with other shots in all facilities and through school health programs. Currently, HPV coverage is at 67%, while the goal is 90% to reach all eligible girls. The tetanus toxoid vaccine is regularly given to pregnant women. The county has also started providing flu vaccines to healthcare workers, with 9,500 workers vaccinated (97%). They are scheduled to receive a second dose in 2025. Overall, Nakuru County's immunization services have improved significantly due to strong programs and expansion. By the end of the review period, all new facilities were able to provide vaccination services.

SP 2.10 Community Health Services

Community Health Services (CHS) represent the first level of healthcare delivery (Level 1), focusing on preventing and promoting interventions delivered directly to households. Services are provided through Community Health Units (CHUs), each covering approximately 5,000

people or defined geographical areas (sub-counties). Each CHU comprises;-

- ✓ 10 Community Health Providers (CHPs) serving voluntarily.
- ✓ A Community Health Committee (CHC) that oversees planning and supervision.
- ✓ A Community Health Assistant (CHA) providing technical guidance and daily supervision.

Service Areas CHUs deliver are 17 core technical areas, including: Behaviour Change Communication; Early Childhood Development; Reproductive health; Newborn care; Child Health and immunization; Nutrition; Environmental Health; Home-Based Care; First Aid; Communicable; Non-Communicable Diseases; Mental Health and GBV; Care for Orphans, Vulnerable Group; Persons with Disabilities; Community-Based Surveillance; Health and Pandemic (HAP) Management; Referral Services, Each area is supported by technical officers for capacity building, supervision, and quality assurance.

Key Achievements (FY 2023–2024 and 2024-2025)

- Active Community Workforce: 3,193 CHVs engaged in household health promotion out of the total 3,306
- Stipends: Each CHV received Ksh. 2,000 monthly from the County Government as motivation, which increased to Ksh. 2500 from the County and KSh. 2500 from National.
- Training: 300 CHVs, 209 CHEWs, and CHAs trained on basic community health modules.
- Dialogue and Action Days: 1,088 dialogue days and 2,651 action days conducted, increasing to 1320 dialogue days and 3168 action days held respectively.
- Household Engagement: 774,588 household revisits conducted, with 106,937 referrals made, increasing to 816,987 households reached and 105,570 referrals made
- Digitization: Introduction of the eCHIS platform; 3,305 CHVs trained and issued with Android phones for electronic reporting.
- National Recognition: The President launched the rejuvenated Primary Health Care strategy and national stipend scheme (Ksh. 5,000 per CHP), cost-shared with counties. CHPs also received health kits from the National Government.
- Community Scorecards: Accountability assessments in Dundori Health Centre (70%), Kabatini Health Centre (69%), and Bahati Rural Dispensary (67%), covering nine performance indicators. The facilities currently have an improved workload.

- Social Health Insurance Authority (SHA): Establishment of SHA desks in health facilities to enhance registration and indigent support (12,618 indigents supported).
- Capacity Building: Enhanced technical knowledge on TB, mental health, WASH, reproductive health, NCDs, and rehabilitation.
- Rapid Results Initiative (RRI): Household registration improved from 47% to 54%, against a target of 60%.
- Economic Empowerment: CHPs established their SACCO and held their first AGM to promote financial sustainability.

SP 2.11 Nutrition Services

SP 2.11.1 Nutrition Situation

Good nutrition is essential for human development and well-being. In Nakuru County, malnutrition among children under 5 has decreased significantly, with stunting levels dropping from 27.6% in 2014 to 18.5% in 2022, wasting from 5% to 3%, and underweight from 10.1% to 9%. The department has implemented high-impact nutrition interventions and developed a County Multi-sectoral Nutrition Policy to enhance collaboration among key sectors for improving nutrition status.

SP 2.11.2 Maternal Infant & Young Child Nutrition Interventions

The department implemented the Baby Friendly Hospital Initiative (BFHI) at Nakuru County Referral and Teaching Hospital and Naivasha Sub-County Referral Hospital, resulting in 75% of newborns being breastfed within the first hour of birth in FY 2024/25, up from 56% in KDHS 2022. The Baby Friendly Community Initiative (BFCI) was also maintained, leading to an increase in exclusive breastfeeding rates from 86% in FY 2021/22 to 90% in FY 2022/23, followed by a decline to 87% in FY 2023/24 and a recovery to 90% in FY 2024/25, meeting the target. Factors such as limited maternity leave and teenage mothers returning to school contributed to the decline. To support breastfeeding, three lactation rooms were established in local hospitals, and partnerships resulted in additional lactation rooms in local farms.

SP 2.11.3 Micronutrient Deficiency Control

To effectively control and prevent micronutrient deficiencies, the department implements a biannual vitamin A supplementation program, accompanied by deworming for children aged

6 to 59 months, as well as iron folic acid supplementation (IFAS) for pregnant women and adolescent girls. The coverage of vitamin A supplementation has shown consistent improvement, increasing from 93% in the fiscal year 2022/23 to 97% in 2023/24, followed by 95% in 2024/25, surpassing the target of 90%. This progress can be attributed to the reliable supply of Vitamin A capsules, ongoing efforts to enhance routine supplementation within health facilities, and support for outreach services directed at early childhood development (ECD) centers and households. During the review period, the department successfully sensitized 600 ECD teachers regarding the Ministry of Health's vitamin A supplementation and deworming guidelines from 2022, thereby fostering increased demand for these services within ECDs.

In contrast, the department had set a target to provide IFAS to 90% of women attending antenatal care clinics; however, this target was not fulfilled. The percentage of pregnant women receiving IFAS was recorded at 81%, 69%, and 78% in the fiscal years 2022/23, 2023/24, and 2024/25, respectively. The decrease in this indicator is attributed to inadequate and inconsistent supplies of IFAS at health facilities.

SP 2.11.4 Obesity & Non-communicable disease Control

Obesity and overweight, driven by unhealthy diets and physical inactivity, are significant risk factors for non-communicable diseases (NCDs) in the county. The KDHS 2022 reports that 51% of women of reproductive age, 21% of adult men, and 27% of adolescents are overweight or obese. The department has trained 45 participants from various sectors on healthy diets and physical activity to share nutrition and lifestyle messages within the community. Additionally, the NCTRH has set up a weight management clinic to aid in NCD management and control.

SP 2.12 HIV/AIDS Management

The Department of Health is focused on increasing access to HIV prevention, care, and treatment services to achieve HIV epidemic control by 2030, aligning with global targets. Key strategies include community outreach, HIV prevention messaging, distribution of prevention methods (e.g., condoms, PrEP, PEP), and HIV testing services. They are enhancing care and treatment by linking individuals to life-saving antiretroviral therapy (ART) and providing comprehensive support, including mental health care, nutrition services, and screening for

non-communicable diseases. The Orphans and Vulnerable Children (OVC) program is actively engaged with stakeholders and undergoes quarterly Program Advisory Council reviews.

SP 2.12.3 Achievements.

The Department of Health provided preventive and promotive HIV services across all community units during outreach events and dialogues. These services were integrated into primary care networks (PCNs) as part of Primary Health Care (PHC). During the review period, several activities contributed to HIV programming indicators. Continuous Medical Education (CMEs) were conducted for healthcare workers across 11 sub-counties, and advanced technical assistance was given to the four centers of excellence. An advisory meeting was held to address issues affecting orphaned and vulnerable children. Key activities under the Performance Contract indicators for HIV management included targeted mentorship for certain health facilities, a working group meeting on Mother-to-Child Transmission of HIV prevention, multidisciplinary case review meetings, community awareness campaigns, outreach for key populations (Moonlight activities), and integrating HIV services into 173 out of 174 government facilities. These efforts resulted in significant achievements, including the formation of 344 HIV support groups, surpassing the annual target of 74, and a viral suppression rate of 95% among clients on ART, meeting the target. Additionally, 98.9% of HIV-positive mothers accessed PMTCT services, close to the 100% target. Children and adolescents living with HIV (CALHIV) received support from the OVC program, ensuring good viral load management. Quarterly performance meetings were held with partners and stakeholders. As a result, the issuance of birth certificates for children increased from 59% to 85% by the end of the review period.

SP 2.13 Tuberculosis

The county TB program recorded steady progress throughout the 2024/2025 financial year, achieving significant gains in TB case detection, treatment outcomes, and health system strengthening despite notable challenges such as funding cuts in key activities, diagnostic limitations in cases of sample networking, and commodity stock-outs.

At the onset of the year, the program had an induction of 5 newly onboarded Sub-County TB Coordinators, focusing on strengthening program coordination. The rollout of the new TIBU architecture intended to strengthen data management, improved data quality, case

surveillance, and reporting timeliness. The program also developed a County TB Strategic Plan, supported by the Clinton Health Access Initiative (CHAI). Continuous Quality Improvement (CQI) and Rapid Results Initiatives (RRIs) were implemented to enhance active case finding, HIV testing, contact management, and TB Preventive Therapy (TPT) uptake.

Across the year, the county maintained an average Treatment Success Rate (TSR) of 84%, a Cure Rate of 71%, Loss-to-Follow-Up (LTFU) of 6%, Death Rate of 8%, and Treatment Failure of 0.4%. These outcomes reflect sustained commitment by county teams to uphold patient-centered TB care, even amidst resource and partner support constraints. The program conducted 14 supportive supervision visits across various facilities in the 11 sub-counties, achieving 93% of its annual target, and oriented 121 healthcare workers on the new shorter pediatric TB regimen to improve treatment adherence and outcomes in children.

A total of over 1,992,695 individuals were screened for TB symptoms, giving a screening rate of 90%, which resulted in the identification, diagnosis and notification of 3270 TB cases. Bacteriological confirmation stood at 74.2%, while pediatric TB accounted for 11% of total notifications, both indicators achieving the national target of 70% and 10-15% respectfully. The TB/HIV co-infection rate averaged 23%, and 29 Drug-Resistant TB (DRTB) cases were reported during the year. All diagnosed patients were successfully linked to treatment, demonstrating strong community–facility collaboration and an effective patient-tracking mechanism.

To sustain community engagement after the exit of U.S. Government (USG) implementing partners, the program leveraged Sub-County TB Coordinators and Community Health Promoters (CHPs) to maintain follow-up, contact tracing, and defaulter management. A Rapid Results Initiative (RRI) on Defaulter and Contact Tracing was launched during the 2025 World TB Day commemorations, identifying and re-engaging 550 individuals (383 index cases and 167 defaulters) over a 100-day period. The county also conducted multiple community TB screening outreaches—particularly in hotspot areas and flower farms—achieving 100% linkage to care for all diagnosed patients.

To strengthen capacity for integrated care, 160 healthcare workers were trained on the Integrated Lung Health Curriculum, improving their ability to detect, diagnose, and manage TB and other chronic respiratory diseases. In addition, four new spirometers were distributed to priority facilities to support lung health integration and diagnosis.

SP 2.14 Health Promotion

Health Promotion plays a key role in the prevention of diseases at the community level, the consumption of health services, and ultimately getting the community and individuals to get into action in promoting their health. This is done through advocacy, communication and social mobilisation (ACSM) activities. Throughout the years, the target was surpassed in commemoration of health days due to concerted efforts and collaboration with all implementing. For health messaging, a lot has been done through the PHC networks, where the shifting of services to the community has made an impact. Support groups and outreaches have enabled an 88% achievement. Support from the county government contributed the highest percentage by providing human resources both at the facility and at the county level.

Programme 3: Medical Services

The Directorate of Medical Services is focused on several key goals, including improving access to drugs, diagnostics, and non-pharmaceuticals, and enhancing oncology, radiology, and laboratory services. They are ensuring reliable procurement and delivery of health products across all care levels. Strategic collaborations have led to the installation of a modern laboratory at NCRTTH and the creation of a robust referral mechanism. Additionally, an Intergovernmental Participation Agreement with the National Government will provide access to advanced radiological equipment. The department is expanding surgical facilities by opening new operating rooms in various locations, including NCRTTH, Gilgil, Bondeni maternity, and plans for additional theaters in Naivasha and Molo, among others.

SP 3.1 Provision of Essential services

Essential health services require an integrated approach that prioritizes accessibility, affordability, and quality. This encompasses primary healthcare as the first contact point, offering services like community visits, immunizations, maternal and child health, family planning, and common disease management. Secondary and tertiary care provide specialized treatments and emergency services, aiming for universal health coverage without financial hardship.

Recent developments include the introduction of the Liniac machine at the Regional Cancer Centre, which has increased the number of patients receiving radiotherapy to 60 daily, with additional services for chemotherapy and brachytherapy. The relocation of special clinics to a

new OPD block has reduced patient rescheduling and provided more comfortable consultation spaces for doctors. The department has also established 11 new facilities in areas such as North, Kuresoi South, Gilgil, Rongai, Njoro, and Nakuru East, expanded existing services, and opened a new maternity unit in Kiptangwany with 24 beds, along with a youth empowerment center in Njoro. These improvements include procuring medical equipment, staffing, and ensuring reliable electricity and water supply, with 10 facilities receiving solar-connected fridges to maintain the cold chain for medicines.

SP 3.1.1 Eye Services

Nakuru County has five sites providing eye services: Nakuru County Teaching and Referral Hospital (NCTRH), Naivasha Sub-County Referral Hospital (NSCRH), Molo Sub-County Hospital, Gilgil Sub-County Hospital, and Bahati Sub-County Hospital. NCTRH offers comprehensive eye care and serves as the referral center for the county's 11 sub-counties. NSCRH provides tertiary eye care, while Molo, Gilgil, and Bahati hospitals focus on primary eye care. The county is staffed by four ophthalmologists, five ophthalmic clinical officers, and eight ophthalmic nurses. In FY2023/2024, Bahati sub-county eye clinic was established for primary eye care. One cataract camp was conducted, serving 53 patients, and screening services were available at all five sites and through MDT outreach in Naivasha and Gilgil.

SP 3.2 Health Products and Technologies

SP 3.2.1. Health Products and Technologies Unit Operationalisation

During the reporting period, the Health Products and Technologies Unit (HPTU) achieved a key milestone in its institutional development through the establishment of a dedicated office space. This advancement significantly enhanced coordination and elevated the visibility of HPTU activities across the county. The unit coordinates, organizes, and provides oversight of all supply chain activities, ensuring alignment with county health priorities and operational standards.

SP 3.2.2 Commodity Financing and Distribution

A total of Ksh. 851.3 million was expended on medical drugs and non-pharmaceutical items, jointly financed by the Facility Improvement Fund (FIF) and the Department of Health Headquarters in the fiscal year 2024/25. This was a significant increase from the previous

years where 777.3 million and 734.6 million was expended in FY 2022/23 and 2023/24 respectively. These resources supported the procurement and countywide distribution of essential health commodities. As a result, the stockout rate of medicines reduced from 55% in FY 2023/24 to 45% in FY 2024/25.

SP 3.2.3. Strategic Program Support

In partnership with the national government, the county ensured the sustained availability of strategic program medicines to support family planning, HIV, malaria, and tuberculosis interventions. The HPTU played a central role in coordinating orders from health facilities across the county, consolidating demand and facilitating timely access to these critical commodities. This collaboration strengthened vertical program implementation and reinforced the county's commitment to universal health coverage.

SP 3.2.4. Primary Healthcare Support

As part of the county's commitment to strengthening primary healthcare, the HPTU supported the operationalization of Primary Care Networks (PCNs) by providing health products and technologies to multidisciplinary teams deployed to the community. These teams delivered integrated services at the household level, bridging facility-based care with community outreach.

SP 3.2.5. Stock Redistribution and Last-Mile Delivery

To mitigate shortages and reduce wastage, the county implemented a quarterly redistribution strategy, reallocating health products and technologies from central buffer stock to individual facilities. In addition, inter-facility transfers were conducted to move commodities from health facilities with surplus to those experiencing shortages, promoting equitable distribution and minimizing wastage. Last-mile delivery was strengthened through strategic partnerships with KEMSA and MEDS, ensuring timely supply to service points.

SP 3.2.6. Supportive Supervision and Capacity Building

To strengthen health products and technologies (HPT) management and enhance service delivery, the county conducted integrated supportive supervision across health facilities. Capacity building remained a central focus throughout the reporting period. A total of 40

healthcare workers received training in antimicrobial stewardship (AMS), equipping them to promote rational use of medicines and combat resistance. Additionally, 23 staff members were sensitized on the updated Kenya Essential Medicines List (KEML), ensuring alignment with national treatment guidelines. To support evidence-based prioritization, 183 personnel were trained on the HPT selection prioritization tool. Furthermore, 80 healthcare workers acquired comprehensive skills in HPT management, reinforcing operational efficiency and accountability at the facility level.

SP 3.2.7 Performance Review and Forecasting

The HPTU convened 11 data review meetings to assess performance, identify gaps, and guide strategic decision-making. Additionally, the department carried out a comprehensive quantification of health products and technologies covering the fiscal years 2023/24 to 2025/26, providing a multi-year outlook to support planning and resource mobilization.

SP 3.2.8 Standardization and Accountability

To promote consistency and accountability, the HPTU developed 19 Standard Operating Procedures (SOPs) covering critical aspects of HPT management. These SOPs were consolidated into a comprehensive handbook to support uniform implementation across all levels of care. The SOPs serve as a foundational framework for guiding routine operations, clarifying roles and responsibilities, and ensuring adherence to best practices. Their adoption is expected to reduce procedural variability, strengthen compliance, and enable systematic performance monitoring across facilities.

SP 3.3 Dental Health Services

During the reporting period, Nakuru County made significant progress in expanding access to quality oral health services. In July 2023, a new dental clinic at Njoro Sub-County Hospital was officially opened and operationalized, marking an important step toward improving dental care availability at the sub-county level. In March 2024, dental services were further enhanced at Lare Health Centre through the operationalization of a dental unit and installation of a new dental chair, supported by development partners. The launch included community sensitization activities focusing on oral hygiene, dental check-ups, and the provision of free dental services such as tooth extractions. Most recently, in July 2024, a dental clinic at

Subukia was operationalized, bringing the total number of functional dental clinics established during the reporting period to three. These investments demonstrate the county's continued commitment to strengthening oral health services and promoting preventive dental care across the population.

SP 3.4 Laboratory Services

The operations during the reporting period went on smoothly with the following achievements:

SP 3.4.1 Commodity management

In order to offer services efficiently, the Laboratory ensured the timely procurement and distribution of reagents and supplies. Commodities were distributed based on the Sub-county facilities' needs. Reagents worth 5.3 Million were procured and distributed across the Sub-Counties Laboratories. The services supported included antenatal screening and basic Laboratory investigations.

SP 3.4.2 Laboratory Continuous Quality Improvement Assessment

CMLC held an introductory physical meeting with all the eleven Sub County laboratory coordinators to discuss diagnostic challenges and strategizing on how to make improvements. Additionally, Laboratory continuous quality improvement assessment was done in the 14 level IV facilities and recommendations made on identified issues.

SP 3.4.3 Diagnostics Technical Working Group Meeting

Technical working group meetings were held with the partner supporting TB activities, where challenges affecting TB diagnosis were captured and a work plan was developed to address them. Notable challenges include but limited to reduced partner support for external quality assurance activities where it was agreed we need to ride on alternative support mechanism to perform these activities. The Laboratory technical staff were urged to work closely with the clinical team to improve TB screening and Laboratory testing to ensure early detection of TB.

SP 3.4.4 Laboratory Automation in Nakuru County Referral and Teaching Hospital

On the ELSMED project on Laboratory services improvement using the latest technology, the Laboratory leadership briefed the County leadership on the progress. Already, the equipment

is in use at the Nakuru Referral Hospital. The plan is to roll out the services to support the facilities within Nakuru to access specialised Laboratory services. By the end of the reporting period, backup installation is at an advanced stage and will be completed soon, which will support access to specialised services by the lower facilities.

SP 3.4.5 Sample Referral Networking

The laboratory department is also working on the Integrated sample referral system, which is an initiative supported by the National Government. The objective is to have Counties develop their operation plan to guide on sample referral networks. The benefits of sample referral networks include standardization of sample movements and preserving sample integrity to ensure quality results are achieved.

SP 3.4.6 Diagnostic Imaging Services

During the reporting period, diagnostic imaging services showed significant achievements, including the installation of a digital x-ray machine at Bahati Subcounty Hospital, which now serves about 350 patients monthly. An additional radiographer was assigned to enhance service delivery and workload distribution. While progress was made for a second x-ray machine in Keringet, it was not installed due to budget constraints. The digitization of the PGH Annex X-ray machine was completed, and another radiographer was also posted there. However, the department faces a shortage of human resources, which needs to be addressed for further improvements. To strengthen services, advanced equipment, including CT and MRI machines, is required in high-workload hospitals like Naivasha, Molo, and NCRTH. The department aims to provide high-quality diagnostic imaging services in the upcoming year.

SP 3.4.7 Cancer Services

The department has put strategies to enhance access to the health services addressing prevention and management of reproductive tract cancers, mainly focusing on cervical, breast and prostate cancers. During the period under review, several strategies and approaches were implemented that included prevention, early detection, and effective treatment. The facilities provided awareness and education through health education; Vaccination Programs also promoted vaccination against cancer-related viruses, such as the HPV vaccine for cervical cancer and the hepatitis B vaccine for liver cancer.

Improving cancer services is critical to enhancing patient outcomes, reducing disparities in care, and ensuring that all individuals have access to high-quality cancer screening, treatment and support. This was accomplished by integrating screening services into routine primary care delivery at all levels. This increased access to timely cancer screenings, treatment, and referrals for specialized care as necessary. The County offers a variety of treatment options for clients who have been diagnosed positive for any of the reproductive tract cancers. The treatment methods provided at primary health care facilities include thermo-ablation and cryotherapy. At the major hospitals, services offered include Chemotherapy, radiotherapy, and surgical treatment. The department has functional palliative care sites at both the county referral hospital and the Naivasha level 4 hospital; however, the focus is to integrate these services into the Cancer Centre.

On Screening and Early Detection, the department has implemented regular and accessible cancer screening, especially for breast, cervical, and prostate cancers, by training and equipping healthcare providers in all settings to conduct screenings, recognise early signs of cancer and commence treatment promptly. Integration of screening services into the Maternal Child Health clinics and other service delivery points within the facilities, also offering screening services as a component of the MDT outreaches, has increased accessibility. The county has established a chemotherapy unit that sees over 3000 patients on chemotherapy, and radiotherapy unit with two linac machines, and a brachytherapy machine. These offer comprehensive Cancer treatment services to patients at Nakuru County Teaching and Referral Hospital.

SP 3.4.8 Non-Communicable Diseases

The Department of Health has made significant progress in managing non-communicable diseases (NCDs) by supporting patient support groups throughout FY 2024/2025. A Standard Operating Procedure (SOP) was established to guide Multidisciplinary Teams (MDTs) in forming and managing these groups, successfully linking 1,046 patients to Gilgil Primary Care Network and 3,125 to Bahati Primary Care Network. A total of 12 support groups were formed, with ongoing MDT visits for drug refills and health education. Additionally, 23 new support groups were created across various sub-counties, focusing on medical support, patient education, and income-generating activities. By the end of the year, 39 NCD support groups were established, and MDTs conducted 32 outreach activities, enhancing patient satisfaction

and improving service delivery. AMREF Health Africa analyzed NCD data from specific sub-counties to guide future outreach efforts.

Table: Distribution of NCD Support Groups

S/No	Sub County	Number of NCD Support Groups
1.	Bahati	8
2.	Subukia	2
3.	Gilgil	6
4.	Nakuru East	0
5.	Nakuru West	2
6.	Rongai	7
7.	Molo	4
8.	Kuresoi North	0
9.	Kuresoi South	6
10.	Njoro	3
11.	Naivasha	1
Total		39

3.6 Mental Health

In FY 2024/2025, the Mental Health Program in Nakuru County focused on enhancing mental health outcomes through a comprehensive approach that included promotion, prevention, early treatment, and community-based support. Key priorities were improving mental health literacy, reducing stigma, and integrating mental health services into regular healthcare. Capacity building for healthcare workers and community health promoters was essential to effectively address mental health challenges among public sector workers, vulnerable groups, young people, and underserved communities.

3.6.1 Key Achievements

Over the past year, the program made significant progress in strengthening mental health systems, expanding access to services, and enhancing community involvement through three key areas:

- **Capacity Building:** Over 200 healthcare workers were trained in mental health skills, including Psychological First Aid and trauma-informed care. 34 workers were certified as Mental Health Trainers of Trainers, and Continuing Medical Education sessions were established for over 400 healthcare workers.
- **Service Delivery and Outreach:** Specialized mental health services were expanded through outreach clinics in underserved areas, providing assessments and treatment

to over 2,000 patients. The program also focused on youth-friendly services, reaching more than 1,000 young people.

- **Community Engagement and Awareness:** The program promoted mental health dialogue through public events and educational activities, reaching over 1,500 individuals. Initiatives in community spaces and support for vulnerable populations, including survivors of gender-based violence, were also strengthened.

3.7 Medical Social Work Services

The Medical Social Work (MSW) function provides essential support services across curative, primary, preventive, and promotive health programs, focusing on vulnerable populations, particularly children and families in need of psychosocial assistance. Key objectives include aligning MSW with institutional goals and addressing psychosocial factors affecting patients. In the Tuberculosis (TB) program, MSW mapped social support resources in Nakuru County to assist drug-resistant TB, lung disease, and leprosy patients, identifying 112 organizations for potential collaboration to improve treatment outcomes.

In the fiscal year 2024/2025, MSW services reached 46,040 patients in Nakuru County, including psychosocial counselling and social assessments, marking a 36% increase from the previous year due to additional staff. MSW successfully repatriated 8 long-term psychiatric patients to their families after more than a decade apart.

Socio-economic assessments led to waivers totaling Ksh. 64,158,415, influenced by the repatriation of patients and natural calamities. Despite the importance of MSW in holistic health care, services are currently available in only four facilities with trained social workers.

3.8 Rehabilitative Services

During the review period, the rehabilitative services program achieved the following milestones:

Comprehensive Assessment and Service Coverage

Nakuru County conducted a total of 4,818 disability assessments across all sub-counties, demonstrating the county's continued commitment to improving equitable access to quality rehabilitative and health services for persons with disabilities.

Enhancement of Diagnostic Capacity

The county received a colposcope from the National Council for Persons with Disabilities (NCPWD), a strategic investment that will enhance diagnostic precision and support skin cancer screening, thereby promoting equity and inclusivity in healthcare service delivery.

Digitization of Assessment Records (Christian Mission Blindness Donation):

Christian Mission Blindness donated two laptops and two scanners to the Department of Health, an investment that will facilitate the digitization of disability assessment records, enable faster uploads to the citizen portal, and significantly improve service delivery efficiency, particularly in rural and hard-to-reach areas.

Specialized ASD Services (NCRTH and APDK Collaboration):

Children with Autism Spectrum Disorder (ASD) continue to receive specialized therapeutic support at the Nakuru County Referral and Training Hospital through a collaborative partnership with the Association for the Physically Disabled of Kenya (APDK), with interventions tailored to individual needs to enhance developmental outcomes.

Multidisciplinary Rehabilitation Approaches

At Naivasha Sub-County Hospital, rehabilitation services have been strengthened through collaborative efforts between the Disability Rehabilitation and Integration Centre (DRIC) and the county physiotherapy team, ensuring holistic care and promoting the community integration of children with disabilities.

Free Countywide Rehabilitation Program

The county launched a free rehabilitation program for children with neurodevelopmental conditions, which has so far reached approximately 4,400 beneficiaries, with services delivered through selected Level 4 health facilities and special education units to enhance accessibility and continuity of care.

Capacity Building for Early Identification and Referral

A total of 311 Community Health Promoters (CHPs) were trained on early identification of developmental delays and the appropriate referral pathways for timely intervention, thereby strengthening community-based rehabilitation and contributing to improved childhood developmental outcomes.

Management of Congenital Talipes Equinovarus (CTEV)

Between July 2024 and June 2025, 1,391 children diagnosed with Congenital Talipes Equinovarus (CTEV) were managed at the Nakuru County Referral and Teaching Hospital,

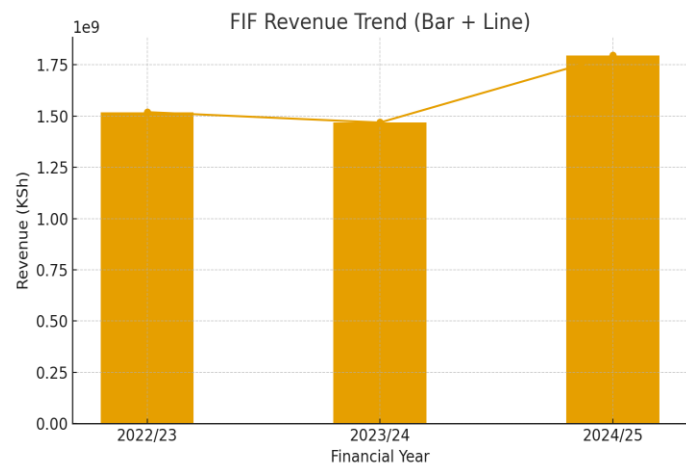
demonstrating the county’s proactive approach to pediatric rehabilitation and early corrective intervention.

Outreach and Provision of Assistive Devices

From May 20–22, 2025, the Department of Health, in partnership with the Association for the Physically Disabled of Kenya (APDK) and Hope Mobility–Kenya, conducted a free outreach at ACK Cathedral in Nakuru during which 350 mobility assistive devices were distributed, significantly enhancing mobility, independence, and quality of life for the beneficiaries.

3.9 Facility Improvement Fund (FIF)

Under the Facilities Improvement Financing (FIF) Act, 2023, reimbursements from health insurance schemes, including SHA, are recognized as a legitimate source of own-source revenue (OSR) for public health facilities. In Nakuru County, OSR performance has shown notable improvement over the reviewed financial years, with collections of KSh. 1,519,271,411 in FY 2022/23, a slight decline to KSh. 1,468,498,216 in FY 2023/24, and a subsequent increase to KSh. 1,795,775,199 in FY 2024/25. This upward trend was driven by the Directorate of Medical Services’ efforts to strengthen financial management and operational efficiency. The funds collected have been reinvested into county health facilities to support continuous quality improvement, in accordance with FIF regulations. Furthermore, initiatives are ongoing to sustain and enhance revenue collection. A total of 221 county health facilities are successfully enrolled in the SHA program. The county anticipates that this improved enrollment will result in increased funding at the facility level. It emphasizes that a higher uptake of SHA will allow these facilities to access additional resources essential for running their programs efficiently.



2.1 Review Of Sector Programmes/Sub-Programmes/Projects-Delivery Of Outputs/KPI/Targets

Table 1: Sector Programme Performance Reviews

This table shows the different sector programmes, sub-programmes, and projects that are currently active. It highlights their outputs, key performance indicators (KPIs), and targets.

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
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	These were achieved through support from County and supporting partners
		Number of health facilities implemented with EMR at the CCC	36	20	50	8	20	93	The department of health services worked closely with the supporting partners and National level through NASXOP to reach more facilities
		Number of health facilities using open source electronic medical records	10	10	14	9	11	3	Procurement of ICT Infrastructure for 8 sites was not completed by the end of FY 24/25
	Improved data management and documentation	M&E tools available at all levels (annually)	541	543	543	541	429	429	The remaining 14 facilities are the major hospital who are able to procure their tools on their own through FIF
	SP 1.2: Leadership and Governance	Health facilities with functional Health center committees	No of Health facilities with HFMC/Boards	211	100	219	211	100	193
Improve in sectoral Collaborations		No of stakeholders' meetings held bi-annually	2	2	2	2	1	1	The department was not able to conduct the second

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
									stakeholders forum due to lack of budgetary allocation.
	Improved health service provision at all levels of service delivery	Number of quarterly support supervision	4	4	4	4	4	4	The department undertook support supervision in all the 16 facilities and the eleven sub counties with the SCHMT supervising the PHC units including the community
	Proper prioritization of planned activities within the work plan	Number of comprehensive County Annual work plan	1	1	1	1	1	1	The department was able to prepare a comprehensive annual work plan to guide its activities and operations
	Revenue Enhancement	Amount of Revenue collected	1,300,000,000	1,700,000,000	1,880,210,000	1,519,361,041	1,468,498,216	1,795,775,199	90% achieved
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	15	50	75	110	216	63	85% target achieved in FY 24/25 ,Most departmental in-charges have been trained on Managerial skills
	Improve staff performance and motivation	Number of staff promoted	1576	100	1576	462	0	275	The target was not achieved because there was low budgetary allocation
	Increase the number of health workers	Number of health workers recruited.	247	200	907	-	50	224	The target was not achieved because there was low budgetary allocation
SP 1.4: Research and development	Enhanced evidence-based intervention	Number of health forums held to share findings/information	4	5	12	8	13	12	Monthly virtual meetings enhanced achievements
SP 1.5: Health Infrastructure & Development	Increased access to Health care services	Number of facilities upgraded	1	6	7	3	7	7	All the targeted 7 facilities were upgraded
		Number of facilities issued with new equipment	8	-	8	4	-	8	All the newly operationalized Facilities were equipped

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
		No. of new facilities operationalized	8	15	8	0	2	8	1-level 3 and 7- level 2 facilities operationalized
Programme 2: Preventive and Promotive Services									
SP 2.1 Primary health care	Improve maternal health services	Percentage of pregnant women attending at least 4 ANC visit	58	60	60	56	53	48	The 4th ANC coverage is still low and this is attributed to late initiation of ANC attendance. Through the community strategy the department is working towards household identification and referral pregnant mothers for 1st ANC at first trimester to improve the 4 ANC target in 2025/2026
	Improved family planning uptake	Percentage of WRA women receiving family planning services	55	70	70	43	56	58	This achievement stemmed from improved outreach efforts and more facilities providing long-acting reversible family planning methods in the county, though the overall target was not met.
	Improved uptake of skilled delivery	Percentage of deliveries conducted by skilled attendants	89	90	90	82	79	75	The department conducted awareness creation, community sensitization campaigns, and CHP community/household mapping and referrals for SBA. Training of HCWs on EmONC was done, Obstetrical safe surgery and quality assurance teams were formed to oversee the

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
									safe surgical procedures in the 5 major facilities.
	Community units established	Number of community health units (CHU) established	80	0	8	10	0	10	Established the CHU by remapping the exciting to conform to standards
	Functional community Health Units	Number of functional community health units	252	349	320	317	389	330	Inadequate resources to establish CHUs
	Increased no. of CHVS receiving stipends	Number of CHVs receiving stipends	3600	3620	3891	3173	3306	3306	Inadequate resources to pay stipends
	Increase community health units reporting	Number of CHUS reporting	360	349	320	317	385	330	All active CHUs are currently reporting
SP 2.2: Environmental Health and Sanitation programme	Increase number of households sensitized to have functional toilets	Percentage of households with functional toilets	92	94	95	93	94.6	95	Implementation of CLTS and support from partners led to realization of target
		No. of public toilets constructed in the markets, highway and urban areas	-	9	-	0	2	-	Lack of budgetary allocation for the contraction of Public Toilets in the Department.
	Increase number of schools sensitized to have hand washing facilities	Percentage of school with functional hand washing facilities	86	1983		68	1983	1285	Partner support and enhanced hygiene promotion coupled with training of school health patrons resulted in more schools having functional hand-washing facilities.
	Improved Medical waste Management	Number of health facilities with medical waste incinerators	2	3	0	0	1	0	New policy to move from Burn to non-burn technologies coupled with lack of budgetary allocation led to a paradigm shift from establishing Incinerators.

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
									One incinerator was constructed in Naivasha SCH through support by a partner.
	Increase number of open defecation free villages	Number of villages certified to be open defecation free (Number)	200	290	300	472	320	270	Availability of partner support led to achievement
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.	15	50	75	110	216	63	85% target achieved ,Most departmental incharges are have been trained on Managerial skills
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	Two main strategies Event Based Surveillance and Indicator based surveillance have been used in the county to ensure detection and response to all disease outbreaks within 48 hours.
SP 2.5: Health Promotion services	Increase population reached with health messages	Percentage of population reached with health messages (50%)	100	100	100	90	85.5	88	Implementation of PHC has played a key role in progressively increasing the target. Community outreaches and household visits by CHPs are the key drivers.
	Increase population aware of risk factors to health	Number of advocacy/commemorations of health days observed	6	12	8	7	17	12	Collaboration with implementing partners and decentralization of the commemorations to the subcounties helped in surpassing the target. 2023/2024 was exemplary. The subcounties even with very limited resources, made

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
									a commemoration of the days.
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	95	95	81	83	93	Target almost achieved. Concerted efforts on targeted testing put in place.
	Increased No of people reached with TB Messages and services	Percentage of people reached with TB information, Identified TB positive through screening and Testing.	60	100	100	58	119	90	For 2023/2024 was outreach data that surpassed targets of how many patients were seen In 2024/2025 90% achievement as per facility ACF data on TIBU
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	90	87	90	Achievement attributed to scale up of community engagement on maternal infant and young child feeding interventions
	Prevention, control and management of micronutrient deficiencies	% of children 12-59 months supplemented with Vitamin A	85	90	90	93	97	95	Target achieved. Consistent supply of commodities
		% of pregnant women receiving iron and folic acid supplementation	90	90	90	81	69	78	Target not achieved due to stock out of IFAS tablets
		Percentage of stunted children under 5 years	25	11	9	18.5	18.5	18.5	The indicator is measured at population level through KDHS conducted every 5 years.
SP 2.8: Reproductive Health Programme	Increase uptake of cervical cancer screening	Percentage of women of reproductive age screened for cervical cancer	40	50	50	36.1	36	59	This was achieved through improved service documentation and reporting, increased number of facilities offering screening services and heightened community

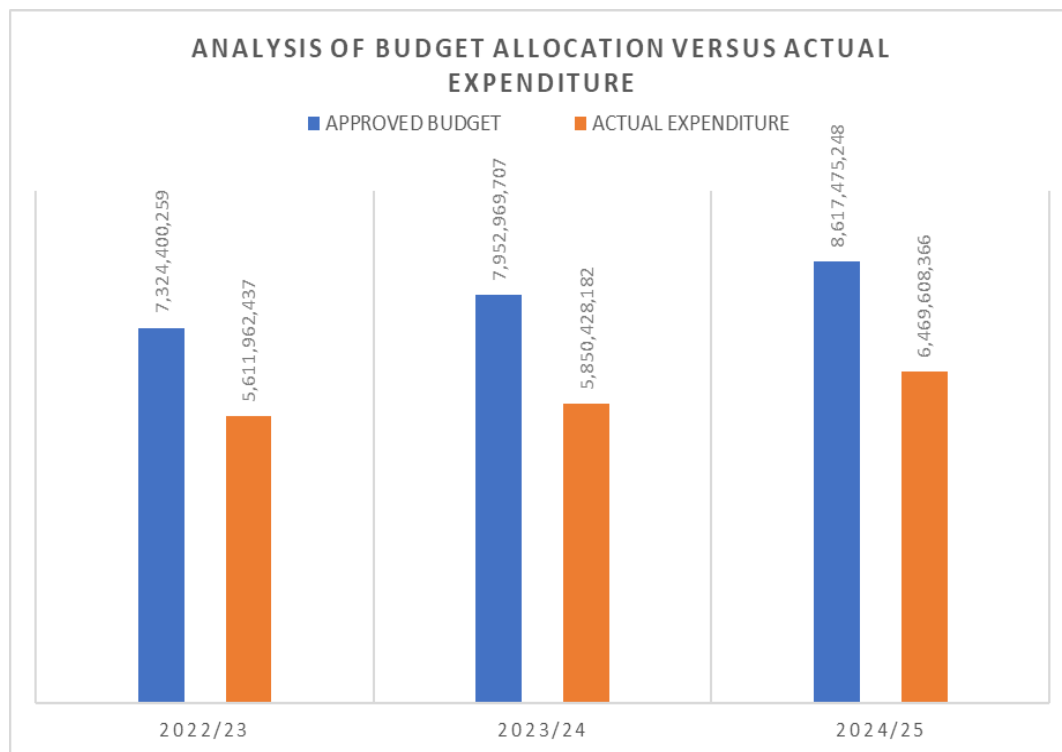
Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
									awareness, in-reach and outreach services.
	Increased number of facilities offering reproductive tract cancer screening services	Number of health facilities offering screening of reproductive tract cancers	-	301	350	532	466	466	To increase the number of facilities offering screening of reproductive tract was achieved through integration of services in all the facilities
	Increased number of health facilities offering cryotherapy services	Number of health facilities offering cryotherapy/Thermo-ablation services	-	27	27	25	30	30	Only 30 out of the screening facilities offer Cryotherapy services this due to staff capacity in terms of training and availability of trained personnel.however a number of facilities do thermoabulation as primary treatment option for suspicious lesions and referrals for cases that require more intervention.
	Increased uptake of Family Planning services	Percentage of women of reproductive age receiving family planning commodities	-	70	70	43	56	58	Percentage of WRA receiving family planning services target was achieved through increased number of facilities offering LARCs, increased outreach and in-reach services, mentorship on LARCs, and supportive supervision at all levels. Community awareness creation and sensitization was heightened through radio shows, community dialogues and advocacy activities during dialogue days.

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
		Number of health facilities offering long acting reversible contraceptives (LARCS)	-	321	400	472	523	532	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	-	11	11	4	4	7	The target still not achieved but good progress with support of development partners. Also integration of the AYSRH services is ongoing in most of the facilities with 4 level 3 having identified branded spaces.
	Increased uptake of services by sexual and gender-based violence survivors	No. of gender-based violence centers established in health facilities	-	11	3	2	5	5	We plan to scale up the establishment of one new GBV clinic with availability of financial resources.
SP 2.9: Vaccines and immunization programme	Increase the number of children reached with immunization services.	% of children fully immunized.	92	95	90	83.5	82	79	Undertaking active defaulter tracing to get the unvaccinated on-board all new facilities to provide Immunization services to increase access, implementing the Big catch up initiative.
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 (%)	89	90	90	82	79	75	The SBA uptake is still below the National target however the CHPs are working towards House hold identification and referral

Programme	Key Output	Key Performance Indicators	Planned Target			Achieved Targets			Remarks
			2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
	Availability of tracer drugs in all health facilities	Percentage of health facilities without tracer commodities for more than one week	-	50	70	60	55	45	Target missed due to inadequate budgetary allocation
	Improved Diagnostic, testing, treatment, and surgical services	Number of Level IV & V facilities with functional X ray services	9	13	2	0	1	1	Achieved installation of a digital X-ray machine at Bahati Sub-County hospital The second target missed due to a lack of budgetary allocation.
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	96	100	100	98.7	99	98	Target almost achieved; the few missed opportunities are being tracked and addressed.
	Increase in numbers of TB Patients with comprehensive TB Services.	Percentage of TB patients successful completing treatment	70	95	86	86	86	84.3	High death rate and LTFU hampered the TSR Amplified contact and defaulter tracing efforts continue as well as priority given to early diagnosis and treatment initiation. NB: TSR calculated previous cohort that completed treatment in Q2 2024/2025

2.2 Expenditure Analysis

The approved budgets for the FYs, 2022/23, 2023/24 and 2024/25 were Kshs 7,324,400,259, Kshs 7,952,969,707, and Kshs 8,617,475,248 respectively; compared to actual expenditures of Kshs 5,611,962,437, Kshs 5,850,428,182 and Kshs 6,469,608,366. The Department's budget absorption rates exhibited minor fluctuations, recording 77% in FY 2022/2023, declining slightly to 74% in FY 2023/2024, and improving marginally to 75% in FY 2024/2025. The modest increase in absorption in FY 2024/2025 is attributed to strengthened expenditure monitoring, timely disbursement of funds, and enhanced implementation of planned health activities at both county and sub-county levels. *The graph below shows the analysis of budget allocation versus actual expenditure.*



2.2.1 Analysis of Programme expenditures

The table below presents an analysis of programme expenditure trends across the Health Sector for the financial years 2022/23 to 2024/25. It compares the approved budgets with the actual expenditures for each programme and sub-programme under the three major sectoral areas: Administration and Planning; Preventive and Promotive Health Services; and Curative and Rehabilitative Services. This analysis highlights expenditure performance, absorption rates, and funding gaps across key service delivery components such as human resources for health, primary health care, disease surveillance, essential health services, and infrastructure. The comparison provides insights into resource utilization efficiency, priority areas of spending, and the financial pressures influencing programme implementation during the period under review.

Table 2: Programme/Sub-Programme Expenditure Analysis

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	APPROVED BUDGET			ACTUAL EXPENDITURE		
Programme/Sub-programme	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
PROGRAMME 1: Administration and Planning						
Sub-Programme 1.1: Health information	17,485,667	21,379,000	11,800,000	6,164,442	8,869,141	3,245,767
Sub-Programme 1.2: Leadership and governances	491,925,865	574,586,167	720,743,733	356,247,411	292,176,601	488,185,691
Sub- Programme 1.3: Human Resource for health	3,929,490,192	3,683,811,741	4,029,026,658	3,444,836,845	3,622,840,372	3,497,423,149
Sub-Programme 1. 4: Research and Development	2,500,000	2,500,000	3,500,000	573,440	914,445	645,525
Sub- Programme 1.5 Health Infrastructure	10,833,333	12,250,000	9,800,000	220,000	1,136,332	4,042,024
TOTAL PROGRAMME 1	4,452,235,057	4,294,526,908	4,774,870,391	3,808,042,137	3,925,936,891	3,993,542,156
PROGRAMME 2: Health Preventive and Promotive services						
Sub- Programme 2.1: Primary Health Care	623,226,371	611,281,405	741,523,655	244,973,355	211,025,241	53,465,221
Sub-Programme 2.2: Environmental and Sanitation Programme	2,000,000	2,000,000	2,100,000	687,500	35,000	1,008,070
Sub-programme 2.3: Human resource	17,049,940	17,049,940	225,039,940	3,984,337	6,363,492	66,238,750
Sub- Programme 2.4: Diseases Surveillance and emergency response	1,897,550	1,997,550	1,000,000	520,830	99,360	802,400
Sub- Programme 2.5: Health Promotive Services (ACSM)	1,000,000	1,000,000	1,000,000	471,600	331,750	893,530
Sub- Programme 2.6: HIV	2,000,000	2,000,000	2,000,000	1,636,580	1,836,917	457,000
Sub- Programme 2.7: Nutrition	29,980,932	24,961,109	28,810,236	26,906,673	5,278,772	13,179,193

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	APPROVED BUDGET			ACTUAL EXPENDITURE		
Programme/Sub-programme	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Sub- Programme 2.8: Reproductive Health	1,750,000	1,250,000	1,250,000	-	-	1,250,000
Sub- Programme 2.9: Immunization	1,825,775	1,596,425	2,000,000	489,600	1,224,962	1,244,100
TOTAL PROGRAMME	680,730,568	663,136,429	1,004,723,831	279,670,475	226,195,495	138,538,264
PROGRAMME 3: Health Curative and Rehabilitative Services						
Sub-Programme 3.1: Provision of Essential Health Services in all Levels	1,866,807,231	2,382,056,941	2,174,602,677	1,201,822,422	1,185,111,918	1,798,976,878
Sub-Programme 3.2: Elimination of communicable and non-communicable diseases	2,200,000	2,200,000	2,300,000	-	262,500	-
Sub- Programme 3.3: Human resource	322,427,403	611,049,429	660,978,348	322,427,403	512,921,379	538,551,069
TOTAL PROGRAMME	2,191,434,634	2,995,306,370	2,837,881,025	1,524,249,825	1,698,295,796	2,337,527,947
GRAND TOTAL	7,324,400,259	7,952,969,707	8,617,475,248	5,611,962,437	5,850,428,182	6,469,608,366

2.2.2 Analysis of Programme expenditures by economic classification

The table below provides a detailed breakdown of Health Sector expenditure across the three major programmes—Administration and Planning, Preventive and Promotive Health Services, and Curative and Rehabilitative Services—for the financial years 2022/23 to 2024/25. It compares approved budget allocations with actual expenditures by economic classification, including compensation to employees, use of goods and services, social benefits, grants, and acquisition of non-financial assets.

This analysis highlights key spending patterns, absorption rates, and variances between planned and actual expenditures, offering insights into operational efficiency, resource utilization, and priority investment areas across the sector. The expenditure trends also reflect the county's fiscal commitment to service delivery, health workforce strengthening, infrastructure development, disease control, and overall system performance during the review period.

Table 3: Programme Expenditure Analysis by Economic Classification

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
PROGRAMME 1: ADMINISTRATION AND PLANNING						
Current Expenditure:						
2100000 Compensation to Employees	3,923,427,552	3,661,054,503	3,956,173,718	3,441,455,005	3,606,877,982	3,497,423,149
2200000 Use of Goods and Services	514,265,699	595,015,167	724,268,733	358,980,903	301,045,742	477,880,424
2400000 Interest Payments						
2600000 Current Grants and Other Transfers	225,000	950,000	375,000			345,000
2700000 Social Benefits	6,062,640	22,757,238	72,852,940	4,092,840	15,962,390	13,868,291
3100000 Acquisition of Non-Financial Assets	8,254,166	14,750,000	21,200,000	3,513,390	6,493,800	4,025,292
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies						
Other Development						
TOTAL PROGRAMME 1	4,452,235,058	4,294,526,908	4,774,870,391	3,808,042,137	3,925,936,891	3,993,542,156
PROGRAMME 2: HEALTH PREVENTIVE AND PROMOTIVE SERVICES						
Current Expenditure:						
2100000 Compensation to Employees	17,049,940	17,049,940	225,039,940	3,984,337	7,689,118	66,238,750
2200000 Use of Goods and Services	21,743,930	30,375,266	21,673,325	17,758,562	8,041,205	5,655,100
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	497,162,725	561,297,838	704,551,164	152,229,155	170,222,690	35,914,873
Capital Grants To Governmental Agencies	144,773,973	54,413,385	53,459,403	105,698,421	40,242,482	30,729,541
Other Development						
TOTAL PROGRAMME 2	680,730,568	663,136,429	1,004,723,831	279,670,475	226,195,495	138,538,264
PROGRAMME 3: HEALTH CURATIVE AND REHABILITATIVE SERVICES						
Current Expenditure:						
2100000 Compensation to Employees	322,427,403	611,049,429	619,501,797	322,427,403	512,242,753	538,551,069

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
Economic Classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
2200000 Use of Goods and Services	1,205,707,582	1,330,785,131	1,434,417,674	1,117,369,573	1,045,252,170	1,282,753,194
2400000 Interest Payments						
2600000 Current Grants and Other Transfers			250,000			249,080
2700000 Social Benefits			41,476,551			38,866,026
3100000 Acquisition of Non-Financial Assets	23,152,068	16,138,451	21,249,329	9,516,554	15,992,671	15,703,860
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets	69,383,201	249,551,418	150,483,106		63,417,239	126,207,388
Capital Grants To Governmental Agencies	570,764,380	787,781,941	570,502,568	74,834,782	61,741,963	335,197,330
Other Development						
TOTAL PROGRAMME 3	2,191,434,633	2,995,306,370	2,837,881,025	1,524,249,825	1,698,295,796	2,337,527,947
GRAND TOTAL	7,324,400,259	7,952,969,707	8,617,475,248	5,611,962,437	5,850,779,182	6,469,608,366

2.2.3 Analysis of Capital Projects

In the FY 24/25, the health sector implemented 193 projects. At the end of the financial year, a total of 80 projects were completed, while 58 projects remained ongoing. In addition, 34 projects were yet to commence, 15 were in the tendering phase, and 6 projects were stalled. Total approved development budget for the department amounted to Kshs. 1,478,996,240, with Ksh. 531,628,959 expenditure made in the financial year. (see Appendix 1 and Appendix 2 on presentation of the information)

2.3 Review of Pending Bills

As of 30th June 2025, the total amount of pending bills was Ksh. 1,213,915,122.13, which included eligible pending bills of Ksh. 726,317,435.32 and ineligible pending bills of Ksh. 487,597,686.81. The department has developed a plan to clear the eligible pending bills based on an analysis of aging. Additionally, the department has received Ksh. 77 million from the debt resolution management under the Department of Finance to aid in settling these eligible pending bills. Regarding the ineligible pending bills, the department is addressing the concerns raised by the audit committee for pending bills. Once these concerns are addressed, the committee will be invited to confirm the documentation and facilitate the transition from ineligible to eligible status for payment.

The Department of Health has achieved significant advancements in addressing pending bills through prioritized budget funding, reinforced commitment controls, enhanced verification processes, and better cash flow management. Historically, pending bills have accumulated due to delays in exchequer payments, budget constraints, inefficiencies in procurement, and increasing costs for essential health goods and services. Ongoing fiscal discipline and improved planning are anticipated to continue reducing pending liabilities.

2.3.1 Recurrent Pending Bills

S/NO	As at 30/06/2022	As at 30/06/2023	As at 30/06/2024	As at 30/06/2025
	184,778,627.00	667,204,681	810,545,532.00	1,057,901,024.23

2.3.2 Development Pending Bills

S/NO	As at 30/06/2022	As at 30/06/2023	As at 30/06/2024	As at 30/06/2025
	30,789,394.16	6,712,045	3,842,719	156,014,097.90

CHAPTER THREE

3.0 MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2026/27 – 2028/29

This chapter outlines our priorities and financial strategies that will guide the development and enhancement of healthcare services over the next three years. Recognizing the evolving healthcare needs of our population, we aim to establish a resilient system that not only addresses current challenges but also anticipates future demands.

3.1 Prioritization of Programmes and Sub-Programmes

The prioritization of projects and programs align with the CIDP 2023-2027 and the ADP 2026/27

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	

Programme	Sub-Programme	Objective
Curative and Rehabilitative Service	2.8 Reproductive Health Programme	
	2.9 Vaccines & Immunization	
	3.1 Provision of essential services in all	To provide essential quality health Services that are affordable, equitable, accessible and responsive to client needs.
	3.2 Elimination of Communicable & Non-Communicable Diseases	
	3.3 Human Resource	

Over the 2026/27–2028/29 MTEF period, Nakuru County’s health sector will focus on expanding infrastructure, strengthening service delivery systems, and improving health outcomes across all levels of care. By 2029, the County aims to have fully integrated electronic medical records in 100 facilities, completed comprehensive asset valuation and titling, and operationalized up to 15 newly constructed or upgraded health facilities. Human resources capacity will expand significantly through the recruitment of over 2,700 new health workers, promotion of close to 5,000 staff, and continuous annual training of nearly 600 personnel. Primary health care expansion will result in 410 fully functional Community Health Units, over 4,000 CHPs receiving stipends, and increased insurance coverage for up to 57,493 indigent households. Service delivery improvements will include achieving 90% skilled deliveries, 90% immunization coverage, and sustained high performance in maternal-child nutrition indicators such as 90% exclusive breastfeeding and reduced undernutrition. Disease surveillance and WASH outcomes will be strengthened through 100% outbreak detection, increased vector control interventions, universal school handwashing facilities, and 100% household access to functional toilets.

The County targets substantial gains in HIV and TB control, including 95% viral suppression, expansion of PLHIV and chronic illness support groups, and 91% TB treatment success by FY 2028/29. Investment in commodities and diagnostics will rise, reducing tracer drug stock-outs to below 30%, expanding X-ray access to 17 facilities, and enhancing laboratory and theatre functionality across the county. Emergency and specialized services will be strengthened through the procurement of six ACLS ambulances, expansion of blood transfusion and oncology services to reach 7,000 patients annually, and consistent operation of palliative care centres.

These cumulative targets collectively position Nakuru County to deliver higher-quality, equitable, and efficient health services throughout the MTEF period.

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 Outputs	Key performance indicators	Target 2024/25	Actual Achievement 2024/25	Baseline 2025/26	Target 2026/27	Target 2027/28	Target 2028/29
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	14	3	30	53	80	100
			Quarterly data quality audits	4	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	96	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	0	-	-	-	1
			Quarterly M&E field visits	4	4	4	4	4	4
			Enhanced Asset management	Number facilities with assets valued	30	0	35	40	40
		Number of health facilities with title deeds		92	32	127	162	197	50
1.3 Human Resource for Health		Improved human resource productivity	Number of health workers trained on professional short courses	193	54	193	193	193	200
			Number of staff recruited	907	245	104	252	284	285
			Number of staff promoted	1576	271	271	500	500	700
			Compensation to employees	4.5B	4.05B	5.5B	6.1B	6.7B	6.74B
			Implementation rate for performance contracts (PC) and Performance Appraisal System (PAS)	100	65.3	100	100	100	100

Sub Programme	Delivery Unit	Key Outputs	Key performance indicators	Target 2024/25	Actual Achievement 2024/25	Baseline 2025/26	Target 2026/27	Target 2027/28	Target 2028/29
1.4 Research and development		Enhanced evidence-based intervention	Number of health research forums held	4	11	11	12	12	12
1.5 Health Infrastructure		Improved access to quality health services	Number of new health facilities operationalized	3	9	3	4	4	5
			Number of new level IV health facilities constructed	1	2	1	1	1	0
			Number of health facilities renovated	6	9	11	11	14	16
			Number of health facilities and cemeteries with perimeter wall	5	1	8	11	14	16
			Number of health facilities with functional ICT infrastructure	23	3	46	70	100	50
			Proportion of health facilities with a master plan	30	0	45	60	75	2
			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	3	1
			Number of CHPs receiving stipends	3700	3306	3780	3860	3940	4020
			Number of functional CHUs	378	350	386	394	402	410
			Number of new CHUs established	8	0	8	8	8	8
			PCNs' functionality rapid evaluation conducted	-	1	1	1	1	1

Sub Programme	Delivery Unit	Key Outputs	Key performance indicators	Target 2024/25	Actual Achievement 2024/25	Baseline 2025/26	Target 2026/27	Target 2027/28	Target 2028/29
		Enhanced social welfare	Number of support groups for patients with chronic diseases formed	2	39	2	2	3	3
			Number of indigent households with health insurance cover	47,407	0	49,778	52,267	54,880	57,493
			Number of indigent patients benefiting from medical waivers	5,212	-	5108	5,055	5,006	4,505
		Increased health awareness	World health day commemorated	1	1	1	1	1	1
			Percentage of households sensitized	84	88.3	86	89	91	95
		Improved access to Mental Health & Psychosocial Support	Number of health facilities offering mental health and psychosocial support (MHPSS) Services	3	2	3	3	4	6
			Number of health service workers sensitized on mental health Gap intervention programme	40	80	40	40	100	100
		Improved uptake of Adult Vaccination	Number of Health care workers vaccinated against Hepatitis B, Influenza	-	-	3,000	3,000	3000	1000
		Improve disease surveillance and reporting	Percentage of outbreaks detected and reported within 48hrs of notification	100	100	100	100	100	100
		Improved sanitation and hygiene	Number of new school health clubs formed/reactivated	300	563	563	300	300	300
			Number of new public toilets constructed	5	0	0	1	2	2
			Acreage of cemetery land purchased	40	0	0	10	5	5
			Number of new infection prevention and control	10	10	10	10	10	10

Sub Programme	Delivery Unit	Key Outputs	Key performance indicators	Target 2024/25	Actual Achievement 2024/25	Baseline 2025/26	Target 2026/27	Target 2027/28	Target 2028/29
			(IPC) /Safety Committees formed/ operationalized						
			Number of new villages certified to be open defecation free (ODF)	200	305	305	180	0	0
			Percentage of households with functional toilets	94	95	95	96	97	100
			Number of schools with functional hand washing facilities	3,156	3461	3,336	3,496	3,621	3670
			Number of new health facilities equipped with modern incinerators	3	0	0	2	2	2
			Number of households sprayed for Neglected Tropical Disease (NTD) vectors	8,000	300	300	300	300	300
2.2 Reproductive Health		Improved maternal and reproductive health	Percentage of pregnant women attending at least Four ANC visits	60	48	70	75	80	82
			Percentage of deliveries conducted by skilled health workers	90	75	80	85	89	90
			Percentage of women of reproductive age receiving family planning commodities	70	53	55	60	65	70
			Number of health facilities offering long-acting reversible contraceptives (LARCS)	400	532	479	486	493	550
			Percentage of fully immunized children	90	79	85	85	90	90
			Percentage of girls 10-14 years vaccinated with HPV vaccine	58	57	60	65	70	72

Sub Programme	Delivery Unit	Key Outputs	Key performance indicators	Target 2024/25	Actual Achievement 2024/25	Baseline 2025/26	Target 2026/27	Target 2027/28	Target 2028/29
		Improved child health and nutrition	Percentage of children 6-59 months receiving Vitamin A supplements	85	95	90	93	95	95
			Percentage of pregnant women receiving iron folic acid supplements	90	78	85	87	90	90
			Percentage of children 0-6 months exclusively breastfed	90	90	75	80	85	90
			Percentage of children less than 5 years who are underweight	7	4	6	5	4	3.5
2.3 HIV & TB Control		Improved HIV prevention, awareness, and treatment	Number of active support groups for people living with HIV/AIDs (PLHIV)	74	344	85	96	107	118
			Percentage of HIV/AIDs positive pregnant mothers on PMTCT programme	100	98	98	99	99	99
			HIV/AIDs viral-suppression rate	95	94.5	95	95	95	95
		Improved TB detection and treatment	Proportion of patients diagnosed with TB and put on treatment	100	100	100	100	100	100
			Percentage of TB patients completing treatment successfully	87	84.3	88	89	90	91
			Number of screenings done in congregate setting groupings	231	45	242	253	264	44
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)	1319	851.3	985.5	1,000	1,300	1,700

Sub Programme	Delivery Unit	Key Outputs	Key performance indicators	Target 2024/25	Actual Achievement 2024/25	Baseline 2025/26	Target 2026/27	Target 2027/28	Target 2028/29
			Percentage of Health facilities stocked out of tracer Medical drugs	50	45	45	40	35	30
			Percentage of Health facilities stocked out of tracer Non-pharmaceuticals	45	40	40	35	30	25
		Improved Diagnostic, testing, treatment, and surgical services	Number of laboratories upgraded to meet required ISO-standards	2	3	2	2	2	2
			Number of Level IV & V facilities with functional X ray services	13	1	9	13	15	17
			Number of dental units operationalised in health facilities	2	1	2	2	2	2
			Number of Sub-County hospitals with functional theatres	7	7	8	9	10	11
		Improve Healthcare support services	Number of blood donation and transfusion centres established	2	0	1	1	1	1
			Number of facilities with functional funeral homes	2	7	2	4	4	4
		Strengthen GBV Response and management	Number of health facilities with functional GBV clinics	3	5	3	3	3	2
			Number of HCWs trained in GBV clinical/Forensic and data tools management	-	-	75	50	50	50
			Number of CHPs trained in GBV, human rights, HIV/TB and referral directory	-	-	120	150	250	150
		Improved emergency response	Number of functional Advanced Cardiac Life	2	0	0	0	2	4

Sub Programme	Delivery Unit	Key Outputs	Key performance indicators	Target 2024/25	Actual Achievement 2024/25	Baseline 2025/26	Target 2026/27	Target 2027/28	Target 2028/29
			Support (ACLS) ambulances acquired						
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	59	50	55	60	65
			Number of patients accessing oncology services	2,100	6,968	2,700	3,700	4,700	7,000
		Improved chronic disease management and access to care	Number of operational palliative care centres	2	2	2	2	2	2
			Proportion of population with diabetes cases newly diagnosed and linked to care	2.41	31,456	2.64	2.86	3.09	3.2
			Proportion of population with hypertensive cases newly diagnosed and linked to care	4.31	62,129	4.54	4.77	5	5.1

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:

Over the MTEF period 2026/27–2028/29, the health sector’s projected resource requirements consistently exceed the corresponding budget allocations, highlighting a persistent financing gap that may constrain effective service delivery. In FY 2026/27, the sector required KSh. 10.32 billion against an allocation of KSh. 7.79 billion, representing a funding deficit of approximately KSh. 2.54 billion (24.6%). This shortfall widens in FY 2027/28, where the requirement rises to KSh. 11.36 billion while the allocation amounts to KSh. 8.57 billion, translating to a deficit of KSh. 2.79 billion (24.6%). Similarly, in FY 2028/29, the sector’s financial requirement increases to KSh. 12.49 billion, yet the allocation of KSh. 9.42 billion leaves a gap of KSh. 3.07 billion (24.6%).

Across the three-year period, the allocation grows at an average rate of approximately 10%, while the resource requirement increases at a slightly higher rate of 10.3%, indicating that budget growth is not fully keeping pace with sector needs. The persistent funding gap of roughly one-quarter of the required budget underscores systemic under-funding that may impede expansion and consolidation of health services, particularly in areas such as human resources for health, health infrastructure, essential medical supplies, digital health investments, and community health services.

The increasing resource gap highlights the need for enhanced county budget prioritization, strengthened advocacy for higher allocations, and exploration of innovative financing mechanisms to ensure the health sector is adequately resourced to fulfil its mandate and achieve planned outcomes.

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

The table below presents a comparative analysis of the recurrent resource requirements against the actual allocations for the Health Sector over the MTEF period. It outlines the funding needs across key economic classifications—including compensation to employees, use of goods and services, grants and transfers, social benefits, and acquisition of non-financial assets—against the corresponding budget allocations for FY 2026/27 to 2028/29. This analysis highlights the existing financing gap between the sector's projected resource requirements and the allocated budgets, underscoring the need for enhanced investment to support effective service delivery, sustain operational efficiency, and meet the sector's medium-term targets.

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

ANALYSIS OF RECURRENT RESOURCE REQUIREMENT VS ALLOCATION								
Sector Name	Economic Classification	Approved	REQUIREMENT				ALLOCATION	
		2025/2026	2026/2027	2027/28	2028/29	2026/2027	2027/2028	2028/29
Vote and Vote Details 4565	Current Expenditure							
	2100000 Compensation to Employees	4,800,715,455	6,490,561,000	7,139,617,100	7,853,578,810	4,246,834,195	4,671,517,615	5,138,669,376
	2200000 Use of Goods and Services	2,180,359,732	2,899,721,583	3,189,693,742	3,508,663,116	2,424,207,295	2,666,628,025	2,933,290,827
	2400000 Interest Payments					-	-	-
	2600000 Current Grants and Other Transfers	625,000	3,630,000	3,993,000	4,392,300	880,053	968,059	1,064,864
	2700000 Social Benefits	114,329,491	12,100,000	13,310,000	14,641,000	295,764,258	325,340,684	357,874,753
	3100000 Acquisition of Non-Financial Assets	42,449,329	102,210,988	112,432,087	123,675,296	34,506,470	37,957,117	41,752,829
	4100000 Acquisition of Financial Assets							
	4500000 Disposal of Financial Assets							
TOTAL		7,138,479,008	9,508,223,571	10,459,045,929	11,504,950,522	7,002,192,272	7,702,411,499	8,472,652,649

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

The table below provides an analysis of the development resource requirements compared to the actual allocations for the Health Sector over the MTEF period. It highlights the projected funding needs for key development priorities—including acquisition of non-financial assets and capital transfers to government agencies—against the corresponding allocations for FY 2026/27 to 2028/29. This comparison illustrates the persistent gap between required and allocated development resources, which has implications for infrastructure expansion, equipment modernization, and overall enhancement of service delivery. The analysis underscores the necessity for increased investment to sustain ongoing projects, strengthen health system resilience, and support the county's long-term strategic health objectives.

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

ANALYSIS OF DEVELOPMENT RESOURCE REQUIREMENT VS ALLOCATION								
		Approved	REQUIREMENT				ALLOCATION	
Sector Name	Description	2025/2026	2026/2027	2027/28	2028/29	2026/2027	2027/28	2028/29
Vote and Vote Details 4565	Non-Financial Assets	1,064,771,928	374,950,6133	412,445,674	453,690,242	185,104,137	203,614,551	223,976,006
	Capital Transfers Govt. Agencies	554,552,382	441,139,281	485,253,209	533,778,530	600,860,711	660,946,782	727,041,460
	Other development	-	-	-	-	-		
TOTAL		1,619,324,310	816,089,894	897,698,883	987,468,772	785,964,848	864,561,333	951,017,466

3.2.3 Programmes and sub-programmes Resource Requirement (2026/27 – 2028/29 (see Table 6a on presentation of the information)

The table below provides a detailed breakdown of the Health Sector's projected resource requirements for the MTEF period 2026/27–2028/29 across the three core programmes: Administration and Planning, Preventive and Promotive Health Services, and Curative and Rehabilitative Services. The analysis outlines both current and capital expenditure needs for each sub-programme, offering a comprehensive view of the inputs required to sustain service delivery, strengthen health systems, and expand infrastructure. By comparing annual resource demands, the table highlights the sector's growing financial needs driven by increased human resource requirements, expanding service volumes, and capital investments aimed at improving facility readiness and overall health outcomes. This information supports evidence-based budgeting and prioritization across the Health Sector.

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

ANALYSIS OF PROGRAMME RESOURCE REQUIREMENT (AMOUNT KSH MILLIONS)									
	2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
PROGRAMME 1: ADMINISTRATION AND PLANNING									
S.P 1.1: Health information	49,337,359		49,337,359	54,271,095		54,271,095	59,698,204		59,698,204
S.P 1.2: Leadership and governances	331,135,749		331,135,749	364,249,324		364,249,324	400,674,256		400,674,256
S.P 1.3: Human Resource for health	6,153,576,000		6,153,576,000	6,768,933,600		6,768,933,600	7,445,826,960		7,445,826,960
SP 1. 4: Research & Development	5,445,000		5,445,000	5,989,500		5,989,500	6,588,450		6,588,450
S.P 1.5 Health Infrastructure	13,160,617	374,950,613	388,111,230	14,476,679	412,445,674	426,922,353	15,924,347	453,690,242	469,614,588
TOTAL PROG 1	6,552,654,725	374,950,613	6,927,605,338	7,207,920,198	412,445,674	7,620,365,872	7,928,712,217	453,690,242	8,382,402,459
PROGRAMME 2: PREVENTIVE AND PROMOTIVE HEALTH SERVICES									
SP 2.1 Primary health care	85,771,040	69,927,564	155,698,604	94,348,144	76,920,320	171,268,464	103,782,958	84,612,352	188,395,311

ANALYSIS OF PROGRAMME RESOURCE REQUIREMENT (AMOUNT KSH MILLIONS)									
	2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
SP 2.2: Environmental and Sanitation programme	13,417,755		13,417,755	14,759,531		14,759,531	16,235,484		16,235,484
SP 2.3: Human resource for health	45,980,000		45,980,000	50,578,000		50,578,000	55,635,800		55,635,800
SP 2.4: Disease surveillance and emergency response	3,627,653		3,627,653	4,039,918		4,039,918	4,443,910		4,443,910
SP 2.5: Health Promotive service	2,904,000		2,904,000	3,194,400		3,194,400	3,513,840		3,514,840
SP 2.6: HIV/AIDS & TB	9,196,000		9,196,000	10,115,600		10,115,600	11,127,160		11,127,160
SP 2.7: Nutrition	18,295,200		18,295,200	20,124,720		20,124,720	22,137,192		22,137,192
SP 2.8: Reproductive Health Programme & Immunization	22,503,240		22,503,240	23,634,314	11,192,500	23,634,314	24,878,495	11,192,500	24,878,495
TOTAL PROG 2	201,739,888	69,927,564	271,667,452	221,634,314	76,920,320	298,834,197	244,105,264	84,612,352	328,717,617
PROGRAMME 3: CURATIVE AND REHABILITATIVE SERVICES									
SP 3.1: Provision of essential services in all levels	2,446,246,959	371,211,717	2,817,458,676	2,690,871,655	408,332,889	3,099,204,544	2,959,958,820	449,166,178	3,409,124,998
SP 3.2: Elimination of Communicable and Non-communicable diseases	4,477,000		4,477,000	4,924,700		4,924,700	5,417,170		5,417,170
SP 3.3: Human resource for health	303,105,00		303,105,000	333,415,500		333,415,300	366,757,050		366,757,600
TOTAL PROG 3	2,753,828,959	371,211,717	3,125,040,676	3,029,211,855	408,332,889	3,437,544,744	3,332,133,040	449,166,178	3,781,299,218
TOTAL VOTE	9,508,223,571	816,089,894	10,324,313,466	10,459,045,928	897,698,883	11,356,744,813	11,504,950,521	987,468,772	12,492,419,294

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

The table below presents the projected expenditure allocations for the Health Sector across the MTEF period 2026/27 – 2028/29, categorized by programme and economic classification (current and capital). It outlines the financial commitments assigned to key service areas, including Administration and Planning, Preventive and Promotive Health Services, and Curative and Rehabilitative Services. This analysis demonstrates how allocated resources align with sector priorities such as strengthening human resources for health, expanding primary health care, enhancing disease prevention and surveillance, and improving access to essential and specialized services. The allocation trends highlight the County's continued efforts to balance operational needs with capital investments aimed at enhancing infrastructure, service delivery efficiency, and overall health outcomes.

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

ANALYSIS OF PROGRAMME EXPENDITURE RESOURCE ALLOCATION (AMOUNT KSH MILLIONS)									
	2026/27						2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
PROGRAMME 1: ADMINISTRATION AND PLANNING									
S.P 1.1: Health information	4,000,000		4,000,000	4,400,000		4,400,000	4,840,000		4,840,000
S.P 1.2: Leadership and governances	949,736,309		949,736,309	1,044,709,940		1,044,709,940	1,149,180,934		1,149,180,934
S.P 1.3: Human Resource for health	3,557,400,013		3,557,400,013	3,913,140,014		3,913,140,014	4,304,454,015		4,304,454,015
SP 1.4: Research & Development									
SP 1.5 Health Infrastructure	8,558,590		8,558,590	9,414,449		9,414,449	10,355,894		10,355,894
TOTAL PROG 1	4,519,694,912		4,519,694,912	4,971,664,403		4,971,664,403	5,468,830,843		5,468,830,843
PROGRAMME 2: PREVENTIVE AND PROMOTIVE HEALTH SERVICES PROGRAMME									
SP 2.1 Primary health care	64,017,519		64,017,519	70,419,271		70,419,271	77,461,198		77,461,198
SP 2.2: Environmental and Sanitation programme	5,135,154		5,135,154	5,648,669		5,648,669	6,213,536		6,213,536
SP 2.3: Human resource for health	215,619,940		215,619,940	237,181,934		237,181,934	260,900,127		260,900,127

ANALYSIS OF PROGRAMME EXPENDITURE RESOURCE ALLOCATION (AMOUNT KSH MILLIONS)									
	2026/27						2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
SP 2.4: Disease surveillance and emergency response	2,000,000		2,000,000	2,200,00		2,200,000	2,420,000		2,420,000
SP 2.5: Health Promotive service	1,000,000		1,000,000	1,100,000		1,100,00	1,210,000		1,210,000
SP 2.6: HIV Programme & TB	4,112,214		4,112,214	4,523,436		4,523,436	4,975,780		4,975,780
SP 2.7: Nutrition	11,106,108	10,000,000	21,106,108	12,216,719	11,000,000	23,216,719	13,438,391	12,100,000	25,538,391
SP 2.8: Reproductive Health & Immunization Programme	2,000,000		2,000,000	2,200,000		2,200,000	2,420,000		2,420,000
TOTAL PROG 2	304,990,936	10,000,000	314,990,936	335,490,029	11,000,000	346,490,029	369,039,032	12,100,000	381,139,032
PROGRAMME 3: CURATIVE AND REHABILITATIVE SERVICES									
SP 3.1: Provision of essential services in all levels	1,588,430,142	775,964,848	2,364,394,990	1,747,273,156	853,561,333	2,600,834,489	1,922,000,472	938,917,466	2,860,917,938
SP 3.2: Elimination of Communicable and Non-communicable diseases	2,000,000		2,000,000	2,200,00		2,200,000	2,420,000		2,420,000
SP 3.3: Human resource for health	587,076,283		587,076,283	645,783,911		645,783,911	710,362,302		710,362,302
TOTAL PROG 3	2,177,506,425	775,964,848	2,953,471,273	2,395,257,068	853,561,333	3,248,818,400	2,634,782,774	938,917,466	3,573,700,240
TOTAL VOTE	7,002,192,272	785,964,848	7,788,157,120	7,702,411,499	864,561,333	8,566,972,832	8,472,652,649	951,017,466	9,423,670,115

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

The table below presents a comprehensive analysis of projected resource requirements versus actual allocations across programmes and sub-programmes within the Health Sector for the MTEF period 2026/27–2028/29. It provides a detailed breakdown of expenditures by economic classification, including compensation to employees, use of goods and services, grants and transfers, social benefits, and acquisition of non-financial assets. This analysis highlights the funding needs necessary to sustain core service delivery functions—such as administration and planning, preventive and promotive health services, and curative services—while reflecting the existing resource gaps between required and allocated budgets. These variances demonstrate the sector’s ongoing need for increased investment to strengthen human resources for health, expand infrastructure, support essential commodities, and enhance programme implementation across all levels of care. The data further informs

planning, prioritization, and evidence-based decision-making for improved efficiency and impact of health sector spending.

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

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	REQUIREMENT			ALLOCATION		
Economic Classification	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
PROGRAMME 1: Administration and Planning						
Current Expenditure:						
2100000 Compensation to Employees	6,141,476,000	6,755,623,600	7,431,185,960	3,444,137,972	3,788,551,769	4,167,406,946
2200000 Use of Goods and Services	367,124,114	403,836,525	444,220,178	959,182,685	1,055,100,953	1,160,611,048
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits	12,100,000	13,310,000	14,641,000	113,262,040	124,588,244	127,047,069
3100000 Acquisition of Non-Financial Assets	31,954,610	35,150,071	38,665,078	3,112,214	3,423,436	3,765,780
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets	374,950,613	412,445,674	453,690,242			
Capital Grants To Governmental Agencies						
Other Development						
TOTAL PROGRAMME 1	6,927,605,338	7,620,365,872	8,382,402,459	4,519,694,912	4,971,664,403	5,468,830,843
SUB PROGRAMME 1.1: Health Information System						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	26,336,749	28,970,424	31,867,466	4,000,000	4,400,000	4,840,000
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	23,000,610	25,300,671	27,830,738			
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	49,337,359	54,271,095	59,698,204	4,000,000	4,400,000	4,840,000

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	REQUIREMENT			ALLOCATION		
Economic Classification	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
SUB PROGRAMME 1.2: Governance and Leadership						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	327,626,749	360,389,424	396,428,366	946,624,095	1,041,286,504	1,145,415,155
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	3,509,000	3,859,900	4,245,890	3,112,214	3,423,436	3,765,780
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	331,135,749	364,249,324	400,674,256	949,736,309	1,044,709,940	1,149,180,934
SUB PROGRAMME 1.3: Human Resource						
Current Expenditure:						
2100000 Compensation to Employees	6,141,476,000	6,755,623,600	7,431,185,960	3,444,137,972	3,788,551,769	4,167,406,946
2200000 Use of Goods and Services						
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits	12,100,000	13,310,000	14,641,000	113,262,040	124,588,244	137,047,069
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 1.3	6,153,576,000	6,768,933,600	7,445,826,960	3,557,400,013	3,913,140,014	4,304,454,015
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						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	REQUIREMENT			ALLOCATION		
Economic Classification	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	5,445,000	5,989,500	6,588,450			
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 1.4	5,445,000	5,989,500	6,588,450			
SUB PROGRAMME 1.5: Health Infrastructure Development						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	13,160,617	14,476,679	15,924,347	8,558,590	9,414,449	10,355,894
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	374,950,613	412,445,674	453,690,242			
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 1.5	388,111,230	426,922,353	469,614,588	8,558,590	9,414,449	10,355,894
PROGRAMME 2: PREVENTIVE AND PROMOTIVE HEALTH SERVICES						
Current Expenditure:						
2100000 Compensation to Employees	45,980,000	50,578,000	55,635,800	215,619,940	237,181,934	260,900,127
2200000 Use of Goods and Services	143,190,783	157,509,861	173,260,847	89,370,996	98,308,095	108,138,905
2400000 Interest Payments						
2600000 Current Grants and Other Transfers	3,630,000	3,993,000	4,392,300			
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	8,939,105	9,833,016	10,816,317			
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	REQUIREMENT			ALLOCATION		
Economic Classification	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies	69,927,564	76,920,320	84,612,352	10,000,000	11,000,000	12,100,000
Other Development						
TOTAL PROGRAMME 2	271,667,452	298,834,197	328,717,616	314,990,936	346,490,029	381,139,032
SUB PROGRAMME 2.1: Primary Health Care						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	80,945,935	89,040,529	97,944,581	64,017,519	70,419,271	77,461,198
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	4,825,105	5,307,616	5,838,377			
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets						
Capital Grants To Governmental Agencies	69,927,564	76,920,320	84,612,352			
Other Development						
SUBTOTAL SP 2.1	155,698,604	171,268,464	188,395,311	64,017,519	70,419,271	77,461,198
SUB PROGRAMME 2.2: Environmental Health and Sanitation						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	5,673,755	6,241,131	6,865,244	5,135,154	5,648,669	6,213,536
2400000 Interest Payments						
2600000 Current Grants and Other Transfers	3,630,000	3,993,000	4,392,300			
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	4,114,000	4,525,400	4,977,940			
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	13,417,755	14,759,531	16,235,484	5,135,154	5,648,669	6,213,536

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	REQUIREMENT			ALLOCATION		
Economic Classification	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
SUB PROGRAMME 2.3: Human Resource						
Current Expenditure:						
2100000 Compensation to Employees	45,980,000	50,578,000	55,635,800	215,619,940	237,181,934	260,900,127
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 2.3	45,980,000	50,578,000	55,635,800	215,619,940	237,181,934	260,900,127
SUB PROGRAMME 2.4: Disease Surveillance						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	3,672,653	4,039,918	4,443,910	2,000,000	2,200,000	2,420,000
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						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 2.4	3,672,653	4,039,918	4,443,910	2,000,000	2,200,000	2,420,000
SUB PROGRAMME 2.5: Health Promotions						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	2,904,000	3,194,400	3,513,840	1,000,000	1,100,000	1,210,000
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	REQUIREMENT			ALLOCATION		
Economic Classification	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
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 2.5	2,904,000	3,194,400	3,513,840	1,000,000	1,100,000	1,210,000
SUB PROGRAMME 2.6: HIV Programme & TB						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	9,196,000	10,115,600	11,127,160	4,112,214	4,523,436	4,975,780
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 2.6	9,196,000	10,115,600	11,127,160	4,112,214	4,523,436	4,975,780
SUB PROGRAMME 2.7: Nutrition services						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	18,295,200	20,124,720	22,137,192	11,106,108	12,216,719	13,438,391
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						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	REQUIREMENT			ALLOCATION		
Economic Classification	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Capital Grants To Governmental Agencies				10,000,000	11,000,000	12,100,000
Other Development						
SUBTOTAL SP 2.7	18,295,200	20,124,720	22,137,192	21,106,108	23,216,719	25,538,391
SUB PROGRAMME 2.8: Reproductive Health & Immunization						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	22,503,240	23,634,314	24,878,495	2,000,000	2,200,000	2,420,000
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						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 2.8	22,503,240	23,634,314	24,878,495	2,000,000	2,200,000	2,420,000
PROGRAMME 3: HEALTH CURATIVE SERVICES						
Current Expenditure:						
2100000 Compensation to Employees	303,105,000	333,415,500	366,757,050	587,076,283	645,783,911	710,362,302
2200000 Use of Goods and Services	2,389,406,686	2,628,347,355	2,891,182,090	1,375,653,615	1,513,218,976	1,664,540,874
2400000 Interest Payments						
2600000 Current Grants and Other Transfers				880,053	968,059	1,064,864
2700000 Social Benefits				182,502,218	200,752,440	220,827,684
3100000 Acquisition of Non-Financial Assets	61,317,273	67,449,000	74,193,900	31,394,256	34,533,681	37,987,050
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets				185,104,137	203,614,551	223,976,006
Capital Grants To Governmental Agencies	371,211,717	408,332,889	449,166,178	590,860,711	649,946,782	714,941,460
Other Development						
TOTAL PROGRAMME 3	3,125,040,676	3,437,544,744	3,781,299,218	2,953,471,273	3,248,818,400	3,573,700,240
SUB PROGRAMME 3.1: Essential Health Services						
Current Expenditure:						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	REQUIREMENT			ALLOCATION		
Economic Classification	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
2100000 Compensation to Employees						
2200000 Use of Goods and Services	2,384,929,686	2,623,422,655	2,885,764,920	1,373,653,615	1,511,018,977	1,662,120,874
2400000 Interest Payments						
2600000 Current Grants and Other Transfers				880,053	968,059	1,064,864
2700000 Social Benefits						
3100000 Acquisition of Non-Financial Assets	61,317,273	67,449,000	74,193,900	34,506,470	37,957,117	41,752,829
4100000 Acquisition of Financial Assets						
4500000 Disposal of Financial Assets						
Capital Expenditure						
Acquisition Of Non-Financial Assets				185,104,137	203,614,551	223,976,006
Capital Grants To Governmental Agencies	371,211,717	408,332,889	449,166,178	590,860,711	649,946,782	714,941,460
Other Development						
SUBTOTAL SP 3.1	2,817,458,676	3,099,204,544	3,409,124,998	2,364,394,990	2,600,834,489	2,860,917,938
SUB PROGRAMME 3.2: Elimination of Non-Communicable Diseases						
Current Expenditure:						
2100000 Compensation to Employees						
2200000 Use of Goods and Services	4,477,000	4,924,700	5,417,170	2,000,000	2,200,000	2,420,000
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						
Capital Grants To Governmental Agencies						
Other Development						
SUBTOTAL SP 3.2	4,477,000	4,924,700	5,417,170	2,000,000	2,200,000	2,420,000
SUB PROGRAMME 3.3: Human Resource						
Current Expenditure:						
2100000 Compensation to Employees	303,105,000	333,415,500	366,757,050	587,076,283	645,783,911	710,362,302
2200000 Use of Goods and Services						
2400000 Interest Payments						
2600000 Current Grants and Other Transfers						
2700000 Social Benefits						

ANALYSIS OF PROGRAMME EXPENDITURE BY ECONOMIC CLASSIFICATION						
	REQUIREMENT			ALLOCATION		
Economic Classification	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
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	303,105,000	333,415,500	366,757,050	587,076,283	645,783,911	710,362,302
TOTAL	10,324,313,466	11,356,744,813	12,492,419,294	7,788,157,120	8,566,972,832	9,423,670,115

CHAPTER FOUR

4.0 CROSS-SECTOR LINKAGES

In today's interconnected world, the health sector cannot operate in isolation. As public health challenges become increasingly complex and multifaceted, the need for cross-sector linkages has never been more critical. This chapter explores the concept of cross-sector linkages, emphasizing how collaboration between various sectors—such as education, environment, and social protection—can enhance health outcomes and promote well-being.

SNO	SECTORS	AREA OF LINKAGES WITH THE HEALTH SECTOR
1.	Public Administration and National/Inter County Relation	<ul style="list-style-type: none"> ✓ Resource allocation and financial technical guidelines and support, ✓ Policy development and guidelines on human resource management, ✓ Provide the overall oversight role to the department and come up with legislation which governs operations, ✓ Provide policy guidelines, training 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	<ul style="list-style-type: none"> ✓ Housing standards, Titling of health facility land and Purchase of land for health facilities ✓ Coordinate activities that foster food security and nutrition
5.	Energy Infrastructure and ICT	<ul style="list-style-type: none"> ✓ 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

During the review period, the health sector continued to advance service delivery, strengthen systems, and expand access to essential health services. However, these gains were accompanied by a range of emerging issues and persistent challenges that impacted the efficiency, quality, and sustainability of health interventions. This chapter highlights the key systemic, operational, and program-specific constraints that influenced sector performance, including resource limitations, evolving disease patterns, technological demands, and cross-sectoral dependencies. Understanding these challenges provides a basis for evidence-informed planning, prioritization, and strategic response in subsequent planning cycles.

Emerging Issues

- Flooding in Kihoto and the Lake Naivasha area has displaced thousands of residents, leading to overcrowding in temporary shelters. The floods have damaged water and sanitation infrastructure, increasing the risk of waterborne diseases, while standing water has contributed to a rise in vector-borne illnesses. Additionally, the displacement and disruption of food supplies pose significant risks of malnutrition and exacerbate mental health and trauma challenges among affected communities.
- The development of the Rironi–Nakuru–Mau Summit Highway will introduce construction-related dust, noise, and pollution that impact respiratory health, while potentially obstructing emergency access to nearby health facilities. Improved connectivity will drive population growth and informal settlements along the corridor, placing additional strain on health infrastructure and water, sanitation, and hygiene (WASH) services. Furthermore, land-use changes associated with the project may exacerbate flooding in adjacent areas, increasing public health risks.
- The SHIF transition has led to delays in reimbursements, straining hospital revenues and disrupting service continuity. This has caused shortages of essential drugs, medical consumables, and specialized services such as dialysis and maternal-child care. Additionally, gaps in coverage for populations lacking registration or awareness have increased out-of-pocket costs, limiting access to healthcare for vulnerable groups.

- Reduced donor funding has resulted in critical commodity and service gaps, including shortages of essential nutrition supplies for managing severe acute malnutrition and emerging funding threats to the county's HIV program following the suspension of USAID support—both of which risk disrupting service delivery and continuity of care for vulnerable populations.
- High Number of AIDS related deaths: according to media reports, Nakuru County was identified to be among the highest-burden counties in terms of AIDS-related mortality, with estimates ranging between 1,200 and 1,700 deaths in the most recent year.
- The county faces an increasing need to integrate TB services with broader lung health management due to rising comorbid respiratory conditions, growing cases of Drug-Resistant TB, and a sustained TB/HIV co-infection rate of 23%. The transition from partner-supported to county-led implementation following the exit of USG support has also created resource gaps for community-level interventions, underscoring the need for stronger local ownership and sustainable financing mechanisms.

Challenges

During the MTEF period 2022/23–2024/25, the Nakuru County Health Sector continued to implement critical health interventions amid a range of systemic, financial, and operational challenges that affected service delivery, resource utilization, and overall sector performance. The following key challenges were experienced across various programmes and directorates:

- **Inadequate Human Resources for Health (HRH):** The sector experienced persistent staffing shortages across essential cadres, including nurses, clinical officers, and specialized consultants. This shortfall, estimated at over 800 health workers annually, resulted in increased workload, burnout, and reduced efficiency in service delivery, particularly in rural and hard-to-reach areas.
- **Limited Budget Allocation and Delayed Disbursement of Funds:** Budgetary constraints and delays in the release of funds hindered timely implementation of planned health activities, procurement of essential commodities, and completion of infrastructure projects. This also affected recruitment, promotions, and staff motivation initiatives.
- **Inadequate Health Infrastructure and Equipment:** Several health facilities continued to operate with outdated or insufficient medical equipment and inadequate infrastructure,

limiting service quality and the ability to offer specialized services such as diagnostics, imaging, and surgical interventions.

- **Weak ICT Infrastructure and Limited Digitization:** Inconsistent internet connectivity, unreliable power supply, and inadequate ICT infrastructure constrained the rollout of electronic medical records (EMR) and digital health systems. This affected data accuracy, reporting timeliness, and evidence-based decision-making.
- **Inadequate Supply Chain and Commodity Management:** Periodic stock-outs of essential medicines, laboratory reagents, and medical supplies—partly due to logistical delays and procurement challenges—compromised continuity of care and patient outcomes.
- **Rising Disease Burden and Emerging Public Health Threats:** The county faced an increasing burden of both communicable and non-communicable diseases, alongside emerging public health challenges such as mental health issues, road traffic injuries, and periodic disease outbreaks that stretched the health system’s capacity.
- **Limited Community Health Strategy Coverage:** Gaps in the operationalization and supervision of Community Health Units (CHUs), as well as inadequate facilitation of Community Health Promoters (CHPs), limited the reach and effectiveness of community-level health promotion and preventive interventions.
- **Insufficient Funding for Maintenance and Utilities:** Many health facilities struggled to maintain infrastructure, equipment, and vehicles due to limited allocations for operation and maintenance. This led to frequent equipment breakdowns and reduced operational efficiency.
- **Environmental and Waste Management Challenges:** Some health facilities faced difficulties in managing medical waste safely and sustainably due to limited access to non-burning waste disposal technologies and inadequate waste segregation practices.
- **Limited Intersectoral Collaboration and Partner Coordination:** While partnerships remained vital to service delivery, coordination challenges among implementing partners occasionally led to duplication of efforts, resource overlaps, and limited sustainability of externally supported programs.
- **Rapid Urbanization and Population Growth:** The increasing population and urban expansion in Nakuru County have intensified pressure on existing health facilities, requiring additional investment in infrastructure, human resources, and service delivery capacity to meet growing demand.

- Integration of TB services within general outpatient departments (OPDs) remains difficult due to overcrowding, poor ventilation, and inadequate triage spaces for cough symptomatic patients in high-volume facilities such as Molo, Elburgon, Bahati, and Njoro Sub-County Hospitals.

CHAPTER SIX

6.0 CONCLUSION

Nakuru County's Health Sector continues to make notable strides in improving the health and well-being of its residents, demonstrating a strong commitment to Universal Health Coverage (UHC) and to addressing the county's diverse healthcare needs. Significant investments in infrastructure—through the construction, modernization, and equipping of health facilities—have strengthened service delivery capacity. Complementary workforce development initiatives have further ensured the availability of well-trained health professionals across key service areas.

Community engagement has remained central to these gains, enabling the sector to better understand local needs and deliver tailored interventions. This approach has enhanced outreach and awareness, particularly in reproductive health, mental health, and other priority areas, leading to improved access to services and reduced stigma. At the same time, proactive efforts to prevent and manage non-communicable diseases, along with expanded rehabilitation services, have contributed to better health outcomes and improved quality of life for affected individuals.

Despite this progress, limited budget allocations and delays in fund disbursement continue to hinder the timely execution of essential health programs. These constraints affect the procurement of critical supplies and disrupt planned activities, ultimately compromising the quality and responsiveness of healthcare services. Addressing these financial bottlenecks remains essential to sustaining the gains made and ensuring the effective implementation of health initiatives aimed at improving public health outcomes.

CHAPTER SEVEN

7.0 RECOMMENDATIONS

Building on the analysis of sector performance, emerging issues, and identified challenges, this chapter presents key recommendations aimed at strengthening the effectiveness, efficiency, and resilience of the health sector. The proposed actions are informed by evidence from program reviews, stakeholder consultations, and routine monitoring and evaluation findings. They outline strategic interventions required to enhance governance, improve service delivery, optimize resource utilization, and accelerate progress toward county and national health priorities. These recommendations are intended to guide policy decisions, inform planning processes, and support targeted investments in the subsequent period.

In response to the challenges encountered during the MTEF period, the following strategic recommendations are proposed to strengthen health service delivery, enhance efficiency, and promote sustainability across Nakuru County's health sector:

- **Strengthen Human Resource Capacity:** Accelerate recruitment, deployment, and retention of healthcare workers across all cadres, with a focus on underserved and rural areas. Implement the Workload Indicator of Staffing Needs (WISN) tool to guide equitable distribution and rationalization of staff.
- **Enhance Budget Allocation and Timely Disbursement:** Advocate for increased and predictable funding for health programmes within the County Fiscal Strategy Paper (CFSP). Ensure timely disbursement of funds to facilitate smooth implementation of planned activities and operational continuity.
- **Upgrade and Expand Health Infrastructure:** Invest in the construction, expansion, and modernization of health facilities, including diagnostic and specialized care units. Prioritize completion of ongoing projects and equip facilities with essential medical and laboratory equipment.
- **Promote Health Systems Digitization:** Scale up the implementation of the Electronic Medical Records (EMR) and Taifa Care systems across all health facilities. Strengthen ICT infrastructure, power reliability, and internet connectivity to support real-time data management and reporting.
- **Strengthen Supply Chain and Commodity Management:** Improve forecasting, procurement, and distribution of medical supplies and pharmaceuticals through

automation and enhanced coordination between procurement units and health facilities. Establish adequate buffer stocks for essential commodities.

- **Intensify Disease Prevention and Health Promotion Efforts:** Scale up community-based health interventions, early disease detection programs, and health promotion campaigns to reduce the burden of communicable and non-communicable diseases. Strengthen public health surveillance and outbreak preparedness mechanisms.
- **Expand and Support Community Health Strategy:** Enhance operational capacity of Community Health Units (CHUs) by training and equipping Community Health Promoters (CHPs). Ensure regular facilitation, supervision, and motivation to sustain community-based health service delivery.
- **Increase Investment in Maintenance and Utilities:** Allocate dedicated funds for preventive maintenance of medical equipment, vehicles, and infrastructure to ensure operational efficiency and longevity.
- **Enhance Environmental Health and Waste Management:** Promote the adoption of environmentally sustainable waste management technologies such as non-burning methods. Strengthen waste segregation practices and train staff on infection prevention and control (IPC).
- **Strengthen Intersectoral and Partner Coordination:** Institutionalize a structured partner coordination framework to align donor and stakeholder efforts with county health priorities. Promote joint planning, implementation, and monitoring to avoid duplication and ensure sustainability.
- **Plan for Urban Health and Population Growth:** Integrate urban health strategies into county planning to address service delivery gaps caused by population growth and urban expansion. Prioritize new facility construction and human resource expansion in high-density areas.
- **Enhance Capacity Building and Leadership Development:** Invest in continuous professional development, leadership training, and mentorship programs for health managers and frontline workers to improve efficiency, accountability, and innovation in service delivery.
- Improve facility infrastructure by enhancing ventilation, creating dedicated TB triage areas, and improving patient flow in high-volume OPDs.

REFERENCES

- Constitution of Kenya 2010
- County Budget Review and Outlook Paper (CBROP 2022, 2023, 2024 and 2025)
- County Fiscal Strategy Paper (CFSP 2022, 2023, 2024 and 2025)
- County Integrated Development Plan (2023-2027)
- Approved and Revised Budgets for FYs 2022/23, 2023/24, 2024/25 and 2025/26
- Annual Development Plans for FYs 2021/22, 2022/23, 2023/24, 2024/25, 2025/26 and 2026/27
- Kenya Vision 2030 and MTP IV (2023-2027).
- Governor's Manifesto
- Bottom-up Economic Transformation Agenda (BETA)
- National and County Health Sector Service Plans (NHSSP III/CHSSP)
- Kenya Health Policy 2014-2030
- Kenya AIDS Strategic Framework II (2020/21-2024/25)

APPENDICES

Appendix I: Analysis of Performance of Capital Projects (2024/2025)

S/No	Project Description	Location	Contract Date	Completion Date	Estimated Cost to Completion	Cumulative Budget Allocation	Completion Stage (%)	Specific Needs to be Addressed by the Project
1	DANIDA Capital Transfers to Health Centres and Dispensaries	HQ	2024/25	2024/25	16,136,250	16,136,250	0	Enhanced primary health care services
2	Nutrition International	HQ	2024/25	2024/25	7,500,000	5,000,000	100	Enhanced nutrition services
3	Purchase of medical and dental equipment (FIF)	HQ	2024/25	2024/25	190,000,000	190,000,000	42	Enhanced health care services
4	Purchase of plant and machinery (FIF)	HQ	2024/25	2024/25	141,042,000	141,042,000	25	Enhanced health care services
5	Rehabilitation of Buildings - (FIF)	HQ	2024/25	2024/25	50,000,000	45,000,000	35	Increased access to essential health care services
6	Equipping of New OPD at P.G.H Hospital - FIF	HQ	2024/25	2024/25	82,161,850	57,161,850	0	Enhanced health care services
7	Operationalization and Equipping of Hospitals - FIF	HQ	2024/25	2024/25	117,000,000	59,838,150	0	Enhanced health care services
8	DANIDA Capital Transfers to Health Centres and Dispensaries	HQ	2023/24	2023/24	19,115,250	19,950,081	62	Enhanced primary health care services
9	Nutrition International	HQ	2023/24	2023/24	10,000,000	12,310,236		Enhanced nutrition services
10	World Bank Transforming Health Systems for Universal Care (THS-UC)	HQ	2021/22	2021/22	79,792,976	62,835	100	Enhanced primary health care services
11	Operationalization and Equipping of Hospitals	HQ	2023/24	2023/24	112,161,850	25,298,718	100	Enhanced health care services
12	Purchase of medical and dental equipment (PGH OPD, Naivasha, Gilgil maternity, Elburgon Maternity and County food Lab)	HQ	2022/23	2022/23	112,161,850	52,161,850	100	Enhanced health care services
13	Counterpart funding - DANIDA	HQ	2024/25	2024/25	17,874,000	17,874,000	0	Enhanced primary health care services
14	Construction of a Level IV Hospital in Rongai Sub County Phase II	Visoi	2024/25	2024/25	75,000,000	20,000,000	30	Increased access to essential health care services

S/No	Project Description	Location	Contract Date	Completion Date	Estimated Cost to Completion	Cumulative Budget Allocation	Completion Stage (%)	Specific Needs to be Addressed by the Project
15	Construction of a Level IV Hospital in Kuresoi North Sub County Phase II	Kiptororo	2024/25	2024/25	75,000,000	20,000,000	35	Increased access to essential health care services
16	Completion of Subukia Hospital	Subukia	2024/25	2024/25	52,000,000	52,000,000	0	Increased access to essential health care services
17	Completion of Maai Mahiu Hospital (Auxiliary works, Perimeter wall, Morgue, Laundry, Kitchen & Storm water drainage)	Maai Mahiu	2024/25	2024/25	35,000,000	30,000,000	60	Increased access to essential health care services
18	Renovation of the burn unit in Nyamamithi dispensary	Solai	2024/25	2024/25	6,500,000	5,933,106	20	Increased access to essential health care services
19	Construction of new Outpatient Ablution Block in Njoro SC Hospital	Njoro	2024/25	2024/25	5,000,000	4,000,000	20	Enhanced access to outpatient services
20	Equipping, Renovation and Installation of 3-Phase Electricity at Langa Langa Hospital	Flamingo	2024/25	2024/25	4,000,000	4,000,000	10	Enhanced health care services
21	Construction of generator houses (Mirugi Kariuki, Githioro, Keringet, Langalanga, Kiptangwanyi, Njoro, Maai Mahiu & Bondeni)	HQ	2024/25	2024/25	2,800,000	2,800,000	75	Improved power supply during outages
22	Renovation of Longonot Dispensary	Maai Mahiu	2024/25	2024/25	1,500,000	1,500,000	20	Increased access to essential health care services
23	Construction of covered walkway in Bondeni	Biashara	2024/25	2024/25	3,650,000	3,650,000	100	Increased access to essential health care services
24	Construction of Naivasha morgue	Viwandani	2024/25	2024/25	5,900,000	5,900,000	100	Enhanced access to specialized services
25	Completion of Gilgil Maternity	Gilgil	2024/25	2024/25	700,000	700,000	20	Increased access to essential health care services
26	Completion of Bahati Sub County Hospital Mortuary	Bahati	2024/25	2024/25	3,000,000	3,000,000	20	Provision of proper body storage services
27	Renovation of maternity rooms at Dundori health center	Dundori	2024/25	2024/25	2,000,000	2,000,000	20	Increased access to maternal health services
28	Connection of Ruguru Dispensary Maternity with water	Kabatini	2024/25	2024/25	500,000	500,000	0	Improved sanitation services
29	Construction of a waiting bay at Muriundu Dispensary	kabatini	2024/25	2024/25	1,200,000	1,000,000	0	Enhanced access to primary health care services

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30	Rehabilitation of Eburru Health Centre	Eburru-Mbaruk	2024/25	2024/25	2,000,000	2,000,000	20	Enhanced access to primary health care services
31	Construction of waiting bay at Kiambugo Dispensary	Elementaita	2024/25	2024/25	1,200,000	1,200,000	100	Enhanced access to primary health care services
32	Construction of waiting bay and generator house at Kiptangwanyi	Elementaita	2024/25	2024/25	1,500,000	1,500,000	100	Enhanced access to primary health care services and Improved power supply during outages
33	Fencing of Munanda Dispensary and gate installation	Elementaita	2024/25	2024/25	1,000,000	1,000,000	90	Increased security of the facility infrastructure
34	Construction of a waiting bay at Karati Health Centre	Malewa West	2024/25	2024/25	1,200,000	1,200,000	20	Enhanced access to primary health care services
35	Completion of Cheptuech Dispensary	Kiptagich	2024/25	2024/25	1,000,000	1,000,000	20	Enhanced access to primary health care services
36	Construction of Kiplemeiywo and Kokwet toilets	Kiptagich	2024/25	2024/25	1,900,000	1,900,000	50	Improved sanitation services
37	Construction of Ongiek Karandit Dispensary 4 door toilet	Tinet	2024/25	2024/25	950,493	950,493	100	Improved sanitation services
38	Construction of Ndimu Dispensary	Elburgon	2024/25	2024/25	4,500,000	4,500,000	10	Enhanced access to primary health care services
39	Construction of Mariashoni Center public toilet	Mariashoni	2024/25	2024/25	1,000,000	1,000,000	20	Improved sanitation services
40	Construction of Turi Dispensary	Turi	2024/25	2024/25	3,500,000	3,500,000	20	Enhanced access to primary health care services
41	Fencing and equipping of Kivunja Dispensary	Molo Central	2024/25	2024/25	2,700,000	2,700,000	20	Increased security of the facility infrastructure and Enhanced access to primary health care services
42	Construction of modern Dispensary at Kihoto area	Lake View	2024/25	2024/25	4,000,000	4,000,000	20	Enhanced access to primary health care services
43	Purchase of supply of laboratory equipment at Kayole Dispensary	Lake View	2024/25	2024/25	2,000,000	2,000,000	100	Enhanced access to primary health care services
44	Rehabilitation of Namucha Maternity	Maai Mahiu	2024/25	2024/25	2,000,000	2,000,000	-	Enhanced access to maternal services
45	Completion of fencing of Maiella Health Centre with chain link	Maiella	2024/25	2024/25	500,000	500,000	100	Increased security of the facility infrastructure
46	Construction of a 2-door pit latrine at Maiella Health Centre	Maiella	2024/25	2024/25	600,000	600,000	20	Improved sanitation services

S/No	Project Description	Location	Contract Date	Completion Date	Estimated Cost to Completion	Cumulative Budget Allocation	Completion Stage (%)	Specific Needs to be Addressed by the Project
47	Equipping of Maiella Maternity	Maiella	2024/25	2024/25	1,600,000	1,600,000	100	Enhanced access to primary health care services
48	Equipping of Ngondi Maternity	Maiella	2024/25	2024/25	1,500,000	1,500,000	100	Enhanced access to primary health care services
49	Fencing of Ngondi Dispensary and installation of a gate	Maiella	2024/25	2024/25	800,000	800,000	10	Increased security of the facility infrastructure
50	Completion of Sulmac Dispensary	Naivasha East	2024/25	2024/25	1,000,000	1,000,000	-	Enhanced access to primary health care services
51	Fencing of Kinungi Dispensary with chain link	Naivasha East	2024/25	2024/25	1,000,000	1,000,000	100	Increased security of the facility infrastructure
52	Construction of a waiting bay with benches and electricity at Bondeni Level IV Hospital and Maternity	Biashara-Nakuru	2024/25	2024/25	1,500,000	1,500,000	20	Enhanced health care services and Improved power supply
53	Renovation of public toilets at Abongoloya Estate	Biashara-Nakuru	2024/25	2024/25	2,000,000	2,000,000	20	Improved sanitation services
54	Refurbishment of Menengai Dispensary and equipping of Menengai Maternity	Menengai	2024/25	2024/25	5,055,898	5,055,898	20	Enhanced access to primary health care and maternity services
55	Completion of Mirugi Kariuki Sub-County Hospital perimeter wall	Nakuru East	2024/25	2024/25	2,000,000	2,000,000	100	Increased security of the facility infrastructure
56	Equipping of Muguga Dispensary	Nakuru East	2024/25	2024/25	2,000,000	2,000,000	100	Enhanced access to primary health care services
57	Completion of Barut Dispensary laboratory (installation of working tables, benches, drawers and drainage inside laboratory)	Barut	2024/25	2024/25	750,000	750,000	10	Enhanced access to primary health care services
58	Construction of perimeter wall and purchase installation of gate at Mwariki Dispensary	Barut	2024/25	2024/25	2,500,000	2,500,000	10	Increased security of the facility infrastructure
59	Purchase and supply of laboratory equipment and reagents at Barut Dispensary	Barut	2024/25	2024/25	750,000	750,000	100	Enhanced access to primary health care services
60	Equipping of dental, eye, laboratory and water installation in the new storey building at Rhonda Maternity	Kaptembwo	2024/25	2024/25	10,000,000	10,000,000	100	Enhanced access to primary health care services

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61	Equipping of Nakuru West Health Centre office with furniture	Shabab	2024/25	2024/25	700,000	700,000	100	Enhanced access to primary health care services
62	Construction of 4 door toilet for outpatient at Kimugul, Teret and Kaptich Dispensary	Mauche	2024/25	2024/25	3,500,000	2,700,000	40	Improved sanitation services
63	Construction of two (2) door toilet for the public at Nessuit Health Centre	Nessuit	2024/25	2024/25	500,000	500,000	50	Improved sanitation services
64	Construction of two (2) door toilet for the staff at Nessuit Health Centre	Nessuit	2024/25	2024/25	500,000	500,000	20	Improved sanitation services
65	Installation of electricity Njokerio Dispensary	Njoro	2024/25	2024/25	1,000,000	1,000,000	10	Improved power supply
66	Water Piping in Njokerio Dispensary	Njoro	2024/25	2024/25	500,000	500,000	10	Enhanced access to primary health care services
67	Construction of incinerator (Sumeek Dispensary)	Mosop	2024/25	2024/25	500,000	500,000	0	Improved liquid waste management services
68	Construction of placenta pit (Sumeek Dispensary)	Mosop	2024/25	2024/25	200,000	200,000	0	Improved maternal and pathological waste management services
69	Equipping Ngecha Dispensary and connecting a corridor	Mosop	2024/25	2024/25	1,650,000	1,650,000	10	Enhanced access to primary health care services
70	Equipping Sumeek Maternity	Mosop	2024/25	2024/25	1,900,000	1,900,000	100	Enhanced access to primary health care services
71	Equipping and fencing Lelechwet Dispensary	Mosop	2024/25	2024/25	2,700,000	2,700,000	10	Enhanced access to primary health care services
72	Equipping of Ogilgei Health Centre - outpatient wing	Mosop	2024/25	2024/25	500,000	500,000	100	Enhanced access to primary health care services
73	Completion of maternity wing at Kapsetek Dispensary	Soin	2024/25	2024/25	2,000,000	2,000,000	20	Enhanced access to primary health care services
74	Fencing of Lomolo B dispensary	Soin	2024/25	2024/25	800,000	800,000	20	Increased security of the facility infrastructure
75	Fencing of Majani Mingi Dispensary	Soin	2024/25	2024/25	500,000	500,000	20	Increased security of the facility infrastructure
76	Construction of Kirima Laboratory and fencing	Kabazi	2024/25	2024/25	1,500,000	1,500,000	100	Enhanced access to primary health care services and Increased security of the facility infrastructure

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77	Construction of placenta disposal unit and installation solar powered security lights at Solai Health Centre	Kabazi	2024/25	2024/25	293,160	293,160	20	Improved maternal and pathological waste management services and Increased security of the facility infrastructure
78	Construction of Doctors Quarter at Edgewood Dispensary	Subukia	2024/25	2024/25	2,000,000	2,000,000	20	Enhanced provision of primary health care services
79	Construction of a perimeter wall fence at Wei Dispensary	Waseges	2024/25	2024/25	3,000,000	3,000,000	100	Increased security of the facility infrastructure
80	Construction of Njoro Level 4 Hospital	Njoro	2023/24	2023/24	148,902,024	57,905,349	86	Increased access to essential health care services
81	Construction of a Level IV Hospital in Rongai Sub County	Visoi	2023/24	2023/24	250,000,000	50,000,000	30	Increased access to essential health care services
82	Construction of a Level IV Hospital in Kuresoi North Sub County	Kiptororo	2023/24	2023/24	250,000,000	50,000,000	33	Increased access to essential health care services
83	Completion of Maai Mahiu Hospital	Maai Mahiu	2023/24	2023/24	44,951,418	44,951,418	60	Increased access to essential health care services
84	Fencing of Annex hospital land	London	2023/24	2023/24	30,000,000	30,000,000	45	Increased security of the facility infrastructure
85	Completion of Elburgon Subcounty hospital	Elburgon	2023/24	2023/24	10,600,000	10,600,000	10	Increased access to essential health care services
86	Completion of a surgical ward by internal finishes	Amalo	2023/24	2023/24	6,000,000	6,000,000	10	Enhanced access to primary health care services
87	Construction of an Ablution block	Subukia	2023/24	2023/24	5,000,000	594,145	100	Provision of appropriate sanitary services
88	Upgrading of Molo Sub County Hospital	Molo	2022/23	2022/23	150,095,777	69,699,875	92	Increased access to essential health care services
89	Purchase of Equipment for Naivasha Mortuary	Viwandani	2022/23	2022/23	8,500,000	8,500,000	100	Provision of proper body storage services
90	Gilgil hospital-wiring and generator	Gilgil	2022/23	2022/23	4,000,000	1,211,339	0	Improved power supply and during power outages
91	Other Development (HQ) Equipping new facilities	HQ	2022/23	2022/23	100,000,000	731,679	100	Increased access to essential health care services
92	Construction of OPD block	Amalo	2021/22	2021/22	100,000,000	33,568,285	90	Enhanced access to primary health care services
93	Construction of Mauche Hospital	Mauche	2021/22	2021/22	10,000,000	10,000,000	5	Enhanced access to primary health care services

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94	Purchase and supply of a modern mortuary refrigerator	HQ	2021/22	2021/22	9,000,000	9,000,000	100	Provision of proper body storage services
95	Completion of ICU/HDU unit in Naivasha Sub County Hospital	Viwandani	2021/22	2021/22	15,000,000	8,553,468	96	Increased access to essential health care services
96	Purchase of medical and dental equipment	HQ	2021/22	2021/22	40,000,000	5,589,642	100	Increased access to essential health care services
97	Construction of Maternity at Gilgil sub county Hospital	Gilgil	2021/22	2021/22	50,000,000	4,284,697	100	Increased access to maternal health services
98	Completion of Outpatients complex (PGH)	London	2021/22	2021/22	760,879,085	769,747	0	Enhanced access to outpatient services
99	Completion of outpatient block at Elburgon Sub Sounty hospital	Elburgon	2020/21	2020/21	38,075,070	2,187,912	10	Enhanced access to outpatient services
100	Purchase of Medical Equipments & dental Equipment for various new health centres (HQ)	HQ	2019/20	2019/20	48,000,000	6,109,472	100	Increased access to essential health care services
101	Refurbishment of Health Buildings - Others	HQ	2018/19	2018/19	50,000,000	1,657,080	0	Increased access to essential health care services
102	Construction Of a Mortuary at Bahati Sub-County Hospital	Bahati	2023/24	2023/24	5,000,000	5,000,000	20	Increased access to essential health care services
103	Fencing of Bahati Health Centre	Bahati	2022/23	2022/23	4,000,000	572,641	0	Increased security of the facility infrastructure
104	Completion of Bahati Health Centre Kitchen	Bahati	2022/23	2022/23	1,000,000	1,000,000	100	Enhanced access to essential health care services
105	Construction Of Ablution Block at Dundori Health Centre	Dundori	2023/24	2023/24	800,000	263,500	100	Provision of appropriate sanitary services
106	Equipping Of Kiwamu Health Center	Dundori	2023/24	2023/24	1,000,000	1,000,000	100	Enhanced access to primary health care services
107	Purchase of 10,000 litres plastic tank and other water connections	Dundori	2022/23	2022/23	500,000	490,100	100	Improved sanitation services
108	Construction of Giachonge Dispensary (outpatient and toilet)	Dundori	2018/19	2018/19	4,000,000	1,135,129	0	Improved sanitation services and Enhanced primary health care services
109	Renovation And Equipping of Ruguru Dispensary Maternity	Kabatini	2023/24	2023/24	2,500,000	2,500,000	37	Increased access to maternal health services
110	Completion Of Engashura Health Centre at Kiamaina sub location	Kiamaina	2023/24	2023/24	1,800,000	1,800,000	0	Enhanced access to primary health care services

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111	Renovation of Murunyu dispensary and construction of public toilet and perimeter wall	Lanet Umoja	2022/23	2022/23	2,506,689	2,506,689	90	Improved sanitation services and Increased security of the facility infrastructure
112	Equipping Of Murunyu Health Center & Construction Staff Toilet, Waiting Bay and Tanks	Lanet/Umoja	2023/24	2023/24	3,000,000	3,000,000	100	Improved sanitation services and Enhanced primary health care services
113	Construction Of Thugunui Dispensary Toilet	Eburru/Mbaruk	2023/24	2023/24	850,000	850,000	100	Improved sanitation services
114	Construction of Echariria dispensary staff house (one unit)	Eburru/Mbaruk	2021/22	2021/22	1,500,000	1,418,170	0	Enhanced provision of primary health care services
115	Partition Of Rooms and Equipping with Furniture of Old Maternity Block at Miti Mingi Dispensary	Elementaita	2023/24	2023/24	500,000	500,000	20	Enhanced access to primary health care services
116	Kiambogo dispensary refurbishment - refurbishment and equipping of kiambogo dispensary	Elementaita	2016/17	2016/17	4,500,000	727,214	0	Enhanced access to primary health care services
117	Construction Of Kikohey Dispensary (Lab)	Gilgil	2023/24	2023/24	3,000,000	3,000,000	0	Enhanced access to primary health care services
118	Completion of fence and construction of waiting bay at Karura Dispensary	Gilgil	2022/23	2022/23	1,000,000	1,000,000	0	Increased security of the facility infrastructure and Enhanced provision of primary health care services
119	Renovation -Fencing of Fallen Stone Fence (Small Section) Stones Available at Kasarani Dispensary	Malewa West	2023/24	2023/24	500,000	500,000	100	Increased security of the facility infrastructure
120	Equipping of Maternity Ward at Total Health Center	Kamara	2022/23	2022/23	3,000,000	3,000,000	100	Increased access to maternal health services
121	Equipping of Gacharage Dispensary	Sirikwa	2021/22	2021/22	1,500,000	1,500,000	100	Enhanced access to primary health care services
122	Construction Of Male Ward Keringet Hospital	Keringet	2023/24	2023/24	1,800,000	1,800,000	100	Increased access to essential health care services
123	Equipping Of Female/Male Ward Keringet Hospital	Keringet	2023/24	2023/24	728,000	728,000	100	Increased access to essential health care services
124	Construction of staff quarters at Silibwet Dispensary	Keringet	2022/23	2022/23	2,000,000	1,794,270	15	Enhanced access to primary health care services

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125	Completion of Female Ward at Keringet Sub County Hospital	Keringet	2021/22	2021/22	1,000,000	997,090	0	Increased access to essential health care services
126	Completion of Kapbarus Dispensary and Construction of Pit Latrine	Keringet	2021/22	2021/22	1,000,000	999,800	100	Enhanced access to primary health care services and Improved sanitation services
127	Equipping Of Kiplemeiywo Dispensary	Kiptagich	2023/24	2023/24	1,000,000	1,000,000	100	Enhanced access to primary health care services
128	Design and construction of Chebotoi Dispensary	Kiptagich	2017/18	2017/18	4,000,000	1,416,950	0	Enhanced access to primary health care services
129	Equipping Of Kapket Maternity	Tinet	2023/24	2023/24	1,500,000	1,500,000	100	Enhanced access to primary health care services
130	Equipping Of Karandit Dispensary	Tinet	2023/24	2023/24	1,500,000	1,500,000	100	Enhanced access to primary health care services
131	Construction of Taita maternity	Tinet	2021/22	2021/22	2,000,000	1,998,335	10	Enhanced access to primary health care services
132	Construction of Kabongoi Dispensary	Tinet	2020/21	2020/21	2,408,155	2,408,155	90	Enhanced access to primary health care services
133	Completion of Elburgon Subcounty hospital	Elburgon	2023/24	2023/24	4,000,000	4,000,000	0	Increased access to essential health care services
134	Renovation Of Segut Dispensary	Mariashoni	2023/24	2023/24	700,000	700,000	100	Enhanced access to primary health care services
135	Construction Of Sanitary Facility at Segut Dispensary	Mariashoni	2023/24	2023/24	1,000,000	1,000,000	100	Enhanced access to primary health care services
136	Construction Of Kibunja Dispensary	Molo	2023/24	2023/24	3,873,974	3,813,974	100	Enhanced access to primary health care services
137	Construction of Modern Shed with Concrete seats at Molo Cemetery	Molo	2022/23	2022/23	2,500,000	2,500,000	0	Enhanced access to primary health care services
138	Rehabilitation of Karagita dispensary	Hells Gate	2023/24	2023/24	1,400,000	1,400,000	10	Enhanced access to primary health care services
139	Equipping Of Mwicirigiri Dispensary and Construction of a Water Tank	Hells Gate	2023/24	2023/24	3,000,000	3,000,000	100	Enhanced access to primary health care services
140	Construction of Dispensary Mwicirigiri in Hells Gate Ward	Hells Gate	2022/23	2022/23	6,000,000	417,411	0	Enhanced access to primary health care services
141	Equipping of Ngondi Dispensary laboratory	Maiella	2022/23	2022/23	1,500,000	1,500,000	0	Enhanced access to primary health care services

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142	Construction Of Staff Houses at Munyu Dispensary	Naivasha East	2023/24	2023/24	1,594,529	1,554,529	100	Enhanced provision of primary health care services
143	Completion and equipping of Kiambogo Dispensary	Naivasha East	2023/24	2023/24	1,500,000	1,500,000	0	Enhanced access to primary health care services
144	Upgrading of Munyu Health Centre phase I	Naivasha East	2023/24	2023/24	10,000,000	10,000,000	0	Enhanced access to primary health care services
145	Renovation Of Sision Dispensary Staff Houses	Naivasha East	2023/24	2023/24	1,000,000	1,000,000	75	Enhanced provision of primary health care services
146	Equipping of Mwega and Sulmac dispensary	Naivasha East	2023/24	2023/24	1,000,000	1,000,000	0	Enhanced access to primary health care services
147	Construction of Muraigushu Dispensary	Naivasha East	2022/23	2022/23	3,500,000	3,500,000	100	Enhanced access to primary health care services
148	Construction of Sulmac Dispensary toilets and laboratory	Naivasha East	2022/23	2022/23	3,000,000	2,788,205	55	Improved sanitation services and Enhanced primary health care services
149	Buying of Fabricated one 40ft container, construction of a 4 door sanitary block	Olkaria	2023/24	2023/24	3,000,000	3,000,000	10	Improved sanitation services
150	Equipping Of Kabati Laboratory	Viwandani	2023/24	2023/24	1,500,000	1,500,000	10	Enhanced access to primary health care services
151	Fencing and equipping of Hopewell dispensary	Viwandani	2022/23	2022/23	5,000,000	5,000,000	100	Increased security of the facility infrastructure and Enhanced access to primary health care services
152	Beautification, fencing, water connection and levelling of grounds	Viwandani	2022/23	2022/23	5,000,000	5,000,000	0	Increased security of the facility infrastructure and Improved environment protection
153	Equipping Of Langalanga Hospital	Flamingo	2023/24	2023/24	2,000,000	2,000,000	0	Increased access to essential health care services
154	Construction of Maternity wing at Menengai Health Centre	Menengai	2018/19	2018/19	3,500,000	2,822,983	100	Increased access to maternal health services
155	Construction Of Perimeter Wall at Mirugi Kariuki Sub County Hospital	Nakuru East	2023/24	2023/24	2,000,000	1,716,881	0	Increased security of the facility infrastructure
156	Purchase Of Benches for Lanet Health Centre Waiting Bay and construction of a shade	Nakuru East	2023/24	2023/24	500,000	500,000	100	Enhanced access to primary health care services

S/No	Project Description	Location	Contract Date	Completion Date	Estimated Cost to Completion	Cumulative Budget Allocation	Completion Stage (%)	Specific Needs to be Addressed by the Project
157	Renovation of Mwariki Dispensary	Barut	2023/24	2023/24	1,000,000	1,000,000	0	Enhanced access to primary health care services
158	Installation Of Electricity at Burgei Dispensary	Barut	2023/24	2023/24	300,000	300,000	100	Improved power supply
159	Construction of chain link fence and a gate at Kigonor Dispensary	Barut	2022/23	2022/23	2,000,000	2,000,000	0	Increased security of the facility infrastructure
160	Construction of water tank and piping at Lalwet Dispensary	Kapkures	2022/23	2022/23	1,000,000	1,000,000	10	Improved sanitation services
161	Renovation Of Rhonda Clinic Maternity Wing and installation of cabros	Kaptembwo	2023/24	2023/24	2,000,000	2,000,000	100	Increased access to maternal health services
162	Construction of one storey building at Rhonda Maternity (to include pharmacy, laboratory, Dental and outpatient section)	Kaptembwo	2022/23	2022/23	15,000,000	920,000	100	Enhanced access to primary health care services
163	Renovation of the Industrial Area Clinic	London	2023/24	2023/24	1,400,000	1,400,000	100	Enhanced access to primary health care services
164	Renovation Of Public Toilets at North Cemetery & Installation of Water Tank 10,000litres	London	2023/24	2023/24	600,000	600,000	20	Improved sanitation services
165	Construction of a six door Modern toilet at Industrial area clinic	London	2023/24	2023/24	1,400,000	1,400,000	20	Improved sanitation services
166	Construction of patient's toilet at FITC Dispensary	London	2022/23	2022/23	1,000,000	1,000,000	100	Improved sanitation services
167	Refurbishment/ And Equipping of Nakuru West Health Center	Shabab	2023/24	2023/24	1,500,000	1,500,000	0	Enhanced access to primary health care services
168	Purchase Of Physiotherapy Equipment for PLWD At Nakuru West Health Center	Shabab	2023/24	2023/24	350,000	350,000	100	Enhanced access to primary health care services
169	Upgrading and equipping of Mutarakwa Health Facility and Maternity section	Kihingo	2022/23	2022/23	3,500,000	3,500,000	100	Enhanced access to primary health care services
170	Renovation of Kihingo centre toilet structure	Kihingo	2022/23	2022/23	594,009	594,009	100	Improved sanitation services
171	Completion of Taita Health Centre	Mauche	2022/23	2022/23	10,000,000	10,000,000	5	Enhanced access to primary health care services

S/No	Project Description	Location	Contract Date	Completion Date	Estimated Cost to Completion	Cumulative Budget Allocation	Completion Stage (%)	Specific Needs to be Addressed by the Project
172	Renovation and Equipping of an Outpatient hospital block at Nessuit Health centre	Nessuit	2022/23	2022/23	2,000,000	2,000,000	100	Enhanced access to primary health care services
173	Rehabilitation of Piave Dispensary	Njoro	2023/24	2023/24	5,000,000	5,000,000	100	Enhanced access to primary health care services
174	Completion of Perimeter wall, installation of Electricity and Piping of Njokerio Dispensary	Njoro	2023/24	2023/24	6,000,000	6,000,000	100	Increased security of the facility infrastructure, Improved power supply and improved sanitation
175	Equipping of a Laboratory at Ol-Rongai Dispensary	Menengai West	2023/24	2023/24	2,000,000	2,000,000	100	Enhanced access to primary health care services
176	Construction of Kamungei Dispensary	Menengai West	2022/23	2022/23	4,000,000	3,614,260	20	Enhanced access to primary health care services
177	Maternity Wards Menengai Dispensary - On Going	Menengai West	2016/17	2016/17	2,247,896	1,207,916	0	Increased access to maternal health services
178	Construction of a laboratory room at Ogilgei Health center	Mosop	2023/24	2023/24	1,400,000	1,400,000	100	Enhanced access to primary health care services
179	Construction of a laboratory room at Lelechwet Dispensary	Mosop	2023/24	2023/24	1,530,000	1,530,000	20	Enhanced access to primary health care services
180	Equipping of Ngundu Dispensary	Mosop	2023/24	2023/24	1,900,000	1,900,000	100	Enhanced access to primary health care services
181	Renovation Works at Ogilgei Health Centre	Mosop	2022/23	2022/23	1,200,000	980,751	100	Enhanced access to primary health care services
182	Rongai -Turi Dispensary works: Construction of a toilet, Fencing the Compound, Electricity Connection and Shelves Reinforcement	Mosop	2022/23	2022/23	1,800,000	1,790,020	100	Improved sanitation services, Increased security of the facility infrastructure and Improved power supply
183	Roret dispensary equipping	Mosop	2022/23	2022/23	500,000	500,000	100	Enhanced access to primary health care services
184	Construction of 3 no. consultation rooms and 4 no. door pit latrine in Ngondi dispensary	Mosop	2020/21	2020/21	1,666,523	1,606,523	20	Enhanced access to primary health care services and Improved sanitation services
185	Construction Of a Waiting Bay, 4-Door Toilet and Renovation of Losibil Dispensary	Soin	2023/24	2023/24	2,000,000	2,000,000	100	Improved sanitation services and Enhanced primary health care services
186	Construction Of a Maternity Wing at Kapsetek Dispensary	Soin	2023/24	2023/24	3,900,000	3,900,000	100	Increased access to maternal health services

S/No	Project Description	Location	Contract Date	Completion Date	Estimated Cost to Completion	Cumulative Budget Allocation	Completion Stage (%)	Specific Needs to be Addressed by the Project
187	Fencing Of Majani Mingi Dispensary	Soin	2023/24	2023/24	700,000	700,000	100	Increased security of the facility infrastructure
188	Electricity Installation Set Kobor Dispensary	Solai	2022/23	2022/23	300,000	300,000	0	Improved power supply
189	Renovation of Subukia Level IV Hospital	Subukia	2023/24	2023/24	3,300,000	3,300,000	100	Increased access to essential health care services
190	Refurbishment Of Sidai Dispensary	Subukia	2023/24	2023/24	1,200,000	1,200,000	97	Enhanced access to primary health care services
191	Renovation Of Wei Dispensary	Waseges	2023/24	2023/24	1,500,000	1,200,000	100	Enhanced access to primary health care services
192	Connection of water and electricity to Kahuti Dispensary	Waseges	2022/23	2022/23	1,000,000	1,000,000	100	Improved power supply
193	Construction and equipping of laboratory and power at Olgilgei Dispensary and fencing and renovation	Waseges	2016/17	2016/17	1,000,000	1,000,000	100	Enhanced access to primary health care services, Improved power supply and Increased security of the facility infrastructure

Appendix II: Analysis of Performance of Multi Year Capital Projects (FY2013/14 – 2024/2025) Currently in the FY2025/26 Budget

Project Description	Location	Contract Date	Estimated Cost to Completion	Cumulative Budget Allocation	Actual Payment to Date	Completion Stage (%)	Specific Needs to Be Addressed by the Project	Project Status (Ongoing/ Stalled)
Construction of a Level IV Hospital in Rongai Sub County Phase II	HQ	2024/25	249,800,321	135,000,000	-	34%	Provision of essential health services	Ongoing
Construction of a Level IV Hospital in Kuresoi North Sub County Phase II	HQ	2024/25	248,246,867	135,000,000	-	44%	Provision of essential health services	Ongoing
Upgrading of Molo Sub County Hospital	HQ	2022/23	150,095,777	109,995,201	52,851,716	92%	Provision of essential health services	Ongoing
Construction of OPD at Olenguruone Sub County Hospital	HQ	2021/22	100,000,000	81,325,832	-	96%	Provision of essential health services	Ongoing

Appendix III: Summary of Human Resource Requirements

DIRECTORATE	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2025	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2025/26	2026/27	2027/28	2028/29
	CECM Health Services	1	1				
	Chief Officers	2	2				
	Chief Medical Specialist	5	0				
	Senior Medical Specialist	20	11				
	Medical Specialist I	40	24				
	Medical Specialist II	80	67	2	4	4	5
	Medical Officer/ Senior Medical Officer	160	43	1	15	25	25
	Chief Dental Specialist	1	0				
	Senior Dental Specialist	3	2				
	Dental specialist 1	6	3				
	Dental specialist 11	11	10				
	Dental Officer/ Senior dental officer	22	1	1	5	5	7
	Chief Dental Technologists	1	0				
	Chief Dental Technologists	2	1				
	Deputy Chief Dental Technologists	4	2				
	Senior Dental Technologists	8	1				
	Dental Technologists I	13	0				
	Dental Technologists III/Dental Technologists II	25	0	1			
	Chief pharmaceutical specialist	1	0				
	Senior pharmaceutical specialist	7	2				
	Pharmaceutical specialist 1	14	10				
	Pharmaceutical specialist 11	28	26				
	Pharmacist/ Senior Pharmacist	55	5		10	15	15
	Senior Principal Pharmaceutical Technologist	1	0				
	Chief Pharmaceutical Technologists	3	1				
	Senior Pharmaceutical Technologists	7	8				
	Senior Pharmaceutical Technologists	14	8				
	Pharmaceutical Technologists I	28	3	2	5	5	

DIRECTORATE	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2025	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2025/26	2026/27	2027/28	2028/29
	Pharmaceutical	55	39	2			
	Technologists III						
	Deputy Director Medical laboratory services	1	0				
	Senior Assistant Director Medical Laboratory Services	3	0				
	Assistant Director, Medical Laboratory Services /Principle Medical Laboratory Technologist 1	8	1				
	Principal Medical Laboratory Officer/ Principle Medical Laboratory Technologist	22	9				
	Senior Medical Laboratory Officer/ Senior Medical Laboratory Technologist/ Senior Medical Lab Technician I	44	25				
	Medical Laboratory Officer/ Medical Laboratory Technologist I/ Senior Medical Technician II	88	59				
	Medical Laboratory Technician III/II/I and medical technologist III and II	176	43	10	15	15	15
	Deputy Director Clinical Services	1	0				
	Senior Assistant Director, Clinical Services	6	0				
	Principal registered clinical officer 1/ Assistant Director, Clinical services	12	3				
	Principal registered clinical officer II /Principal Clinical officer	23	20				
	Chief registered Clinical officer/Chief Clinical officer	45	51				
	Registered clinical officer I/ Senior registered clinical officer/ Clinical officer / Senior Clinical Officer	90	90				
	Registered Clinical Officer III/ Registered clinical officer II	180	62	4			
	Deputy Director Nursing Services	1	0				
	Senior Asst. Director Nursing Services	25	0				
	Asst. Director, Nursing Services/ Senior Principal Registered Nurse	50	1				
	Principal Nursing Officer/Principal Registered Nurse	200	49				

DIRECTORATE	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2025	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2025/26	2026/27	2027/28	2028/29
	Chief Nursing Officer/Chief Registered Nurse	400	159				
	Nursing Officer 1/ Registered Nurse I/ Senior Enrolled Nurse II	800	424				
	Enrolled Nurse III and II/ Registered Nurse III	1600	517	46	135	150	150
	Principal Orthopaedic Trauma Technologist	1	1				
	Chief Orthopaedic Trauma Technologist	5	0				
	Senior Orthopaedic Trauma Technologist	5	2				
	Senior Orthopaedic Trauma Technologist	9	7				
	Orthopaedic Trauma Technician III,II/ Orthopaedic Trauma Technologist II and I	33	2	5			
	Senior Assistant Director, Medical Engineering Services	1	0				
	Senior Principal medical engineering Technologist/ Assistant Director, Medical engineering services	2	0				
	Principal Medical engineer/Principal medical engineering technologist.	4	8				
	Chief Medical engineering technologist/Chief medical engineer	7	15				
	Medical engineer/ Senior medical engineer/Medical engineering technologist I/senior medical engineering technician	15	9				
	Medical engineering technician III and II/ Medical engineering technologist I	30	2	1			
	Deputy Director ,Medical Social Worker	1	0				
	Senior Asst. Director medical Social Worker	2	0				
	Principal Assist. Medical Social Worker/Principal medical social worker	4	1				
	Chief Assistant Medical social Worker/Chief medical social worker	8	1				
	Senior Assistant medical social worker /senior Medical Social Worker I	15	2				

DIRECTORATE	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2025	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2025/26	2026/27	2027/28	2028/29
	Assistant medical social worker III and II/ Medical Social Worker II	30	2	1			
	Senior Assistant Director, Health Records & Information Management	1	0				
	Assistant Director Health Records and Information Management	2	0				
	Principal Health Records and Information Management/Asst. Principal Health Records and Information Management Officer	3	2				
	Chief Health Records & Information Management /Asst. chief Health Records and Information Management Officer	6	12				
	Senior Health Records & Information Management Officer/Asst. senior Health Records and Information Management Officer	11	5				
	Health Records & Information Management Officer/ Asst. Health Records and Information Management Officer I/Health Records and Information Management Officer Health Records &	28	3				
	Information Management Assistant III and II/Assistant Health Records & Information Management Officer III	55	13		10	10	10
	Chief Health Administrative Officer	1	0				
	Senior Deputy Chief Health Administrative Officer	1	1				
	Deputy Chief Health Administrative Officer	2	0				
	Assistance Chief Health Administrative Officer	3	3				
	Senior Health Administrative Officer	5	1				
	Health Administrative Officer I	10	3				
	Health Administrative Officer III	20	0	7	5	6	5
	Senior Asst. Director, Radiographer Services	1	0				
	Asst. Director Radiographer Services	1	0				
	Principal Radiographer	3	7				

DIRECTORATE	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2025	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2025/26	2026/27	2027/28	2028/29
	Chief Radiographer	4	4				
	Senior Radiographer	8	2				
	Radiographer I	16	2	4			
	Radiographer III /Radiographer II	32	10	4			
	Assistant Director, Health Promotion Officer	1	0				
	Chief Health Promotion Officer/ Chief Assistant Health Promotion Officer	2	0				
	Senior Assistant Health Promotion Officer	3	0				
	Health Promotion Officer I	5	0				
	Assistant Health Promotion Officer II	10	0				
	Assistant Health Promotion Officer III	15	0				
	Senior Assistant Director Nutrition and Dietetics	1	1				
	Asst Director Nutrition and dietetics	2	0				
	Principal Nutrition and Dietetics officer/ Principal Nutrition and Dietetics Technologist	4	5				
	Chief Nutrition and dietetics officer/ Chief Nutrition and dietetics Technologist	8	6				
	Senior Nutrition and Dietetics Technologist 1 / Technician/ Nutrition and dietetics Officer	30	14				
	Nutrition and dietetics technician III , II and I /Nutrition and dietetics Technologist III and II	60	6	1	10	12	15
	Senior Assistant Director Community Health Services	1	0				
	Assistant Director Community Health Services	0	0				
	Principal Community Health Officer/ Principal Assistant Community Health Officer	0	0				
	Chief Community Health Officer/Chief Assistant Community Health Officer	6	0				
	SCHO/SACHO	7	5				
	CHO II/ ACHO II/CHA I/ CHO I/ SCHA/ ACHO I	16	16				
	CHA III /ACHO III/CHA II	7	7				
	Deputy Director Public Health	1	0				

DIRECTORATE	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2025	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2025/26	2026/27	2027/28	2028/29
	Senior Assistant Director Public Health	5	1				
	Assistant Director Public Health	11	0				
	Principal Public Health Officer/ Principal Assistant Public Health Officer	21	12				
	Chief Public Health Officer/Chief Assistant Public Health Officer	42	51				
	Public health officer/Senior public health officer/Assistant Public Health Officer I/Senior Public Health Assistant	83	84				
	Public Health Assistant III , II and I /Assistant Public health officer III and II	165	42		15	10	10
	Principal Assistant community oral health officer	1	4				
	Chief Assistant community oral health officer	3	0				
	Senior Assistant community oral health officer	6	2				
	Assistant community oral health officer I	11	1				
	Assistant community oral health officer III	22	0	2			
	Senior farewell home Superintendent	1	0				
	Farewell Home Superintendent	2	0				
	Farewell Home Assistant I/Mortician I	4	0				
	Farewell Home Assistant I/Mortician II	6	2				
	Farewell Home Assistant II/Mortician III	12	2	6	3	2	3
	Mortuary Attendant III/ Mortuary Attendant IIb/ Farewell Home Assistant III	24	0				
	Principal Ambulance Driver	12	0				
	Chief Ambulance Driver	23	0				
	Senior Ambulance Driver	45	0				
	Ambulance Driver I	80	0				
	Ambulance Driver III/ Ambulance Driver II	190	29	4	10	15	15
	Principal EMTA advanced	1	0				
	Chief EMT Advanced	2	0				
	Senior EMT Advanced I	5	0				

DIRECTORATE	DESIGNATION/ POSITION TITLE	AUTHORIZED ESTABLISHMENT	IN POST AS AT 30 TH JUNE 2025	FUNDED POSITIONS	POSITIONS TO BE FUNDED		
				2025/26	2026/27	2027/28	2028/29
	Senior EMT Basic/EMTAdvanced I	10	0				
	EMT Basic I /EMT Advanced II	20	0				
	EMT-Basic III/EMT Basic II/EMT Advanced III	40	0		10	10	10
	Total	5,803	2,193	104	252	284	285

Appendix IV: Proposed Projects FY 2026/2027

Project Code	Project Description	Sub County	Ward	Est cost of Project or Contract Value (a)	Timeline		Allocation for 2026/27 Budget	
					Start Date	Expected Completion Date	Equitable	Conditional Grant
	CONDITIONAL GRANTS							
	Programme: Preventive and Promotive Health Services							
	Sub Programme: Primary Health Care							
	Nutrition International	HQ	HQ	10,000,000	2026/2027	2026/2027		10,000,000
	SUB TOTAL			10,000,000				10,000,000
	Programme: Health Curative and Rehabilitative Services							
	Sub Programme: Essential Health Services							
	Development- FIF	HQ	HQ	478,698,861	2026/2027	2026/2027		478,698,861
	Construction of Perimeter Fence at Rongai Sub County Level IV Hospital	Rongai	Rongai	18,000,000	2026/2027	2026/2027		18,000,000
	Construction of Perimeter Fence at Kuresoi North Sub County Level IV Hospital	Kuresoi North	Kuresoi North	12,000,000	2026/2027	2026/2027		12,000,000
	Borehole drilling at Level IV Hospital in Rongai Sub-County (with 3-phase solar and high and low-level tanks)	Rongai	Rongai	10,000,000	2026/2027	2026/2027		7,000,000
	Construction of a four-bed theatre unit at Naivasha Sub-County Hospital	Naivasha	Naivasha	70,000,000	2026/2027	2026/2027		50,000,000
	Purchase and installation of a 15-unit Renal Machine at Subukia and Molo Sub-County Hospitals	Subukia, Molo	Subukia, Molo	30,000,000	2026/2027	2026/2027		20,000,000
	Purchase of Medical and Dental Equipment (PGH, Naivasha, Njoro)	Nakuru West, Naivasha, Njoro	London, Naivasha, Njoro	100,000,000	2026/2027	2026/2027		15,000,000
	Purchase of Medical and Dental Equipment at PGH (Orthopedic C-ARM, Colonoscopy and OGD Equipment)	Nakuru West	London	25,000,000	2026/2027	2026/2027		20,000,000
	Purchase of Medical and Dental Equipment at PGH (Neurosurgeon Equipment)	Nakuru West	London	15,000,000	2026/2027	2026/2027		11,000,000

Project Code	Project Description	Sub County	Ward	Est cost of Project or Contract Value (a)	Timeline		Allocation for 2026/27 Budget	
					Start Date	Expected Completion Date	Equitable	Conditional Grant
	Purchase of Medical and Dental Furniture (PGH, Naivasha, Njoro)	Nakuru West, Naivasha, Njoro	London, Naivasha, Njoro	50,000,000	2026/2027	2026/2027		30,000,000
	Purchase of 30 dental chairs (Subukia, Maai Mahiu, Molo, Njoro, PGH, Naivasha)	Subukia, Naivasha, Molo, Njoro, Nakuru West	Subukia, Naivasha, Molo, Njoro, Nakuru West	75,000,000	2026/2027	2026/2027		38,765,987
	Operationalization of Trauma Centre	HQ	HQ	100,000,000	2026/2027	2026/2027		20,500,000
	Construction of County Warehouse	HQ	HQ	50,000,000	2026/2027	2026/2027		20,000,000
	Sub Total			1,033,698,861				740,964,848
	Programme: Preventive and Promotive Health Services							
	Sub Programme: Primary Health Care							
	Construction of an OPD & IPD block at Engashura Health Centre	Bahati	Dundori	100,000,000	2026/2027	2026/2027	25,000,000	
	Face-lifting of Level II Facilities	HQ	HQ	50,000,000	2026/2027	2026/2027	10,000,000	
	Sub Total			150,000,000			35,000,000	
	TOTALS			1,193,698,861			785,964,848	