REPUBLIC OF KENYA

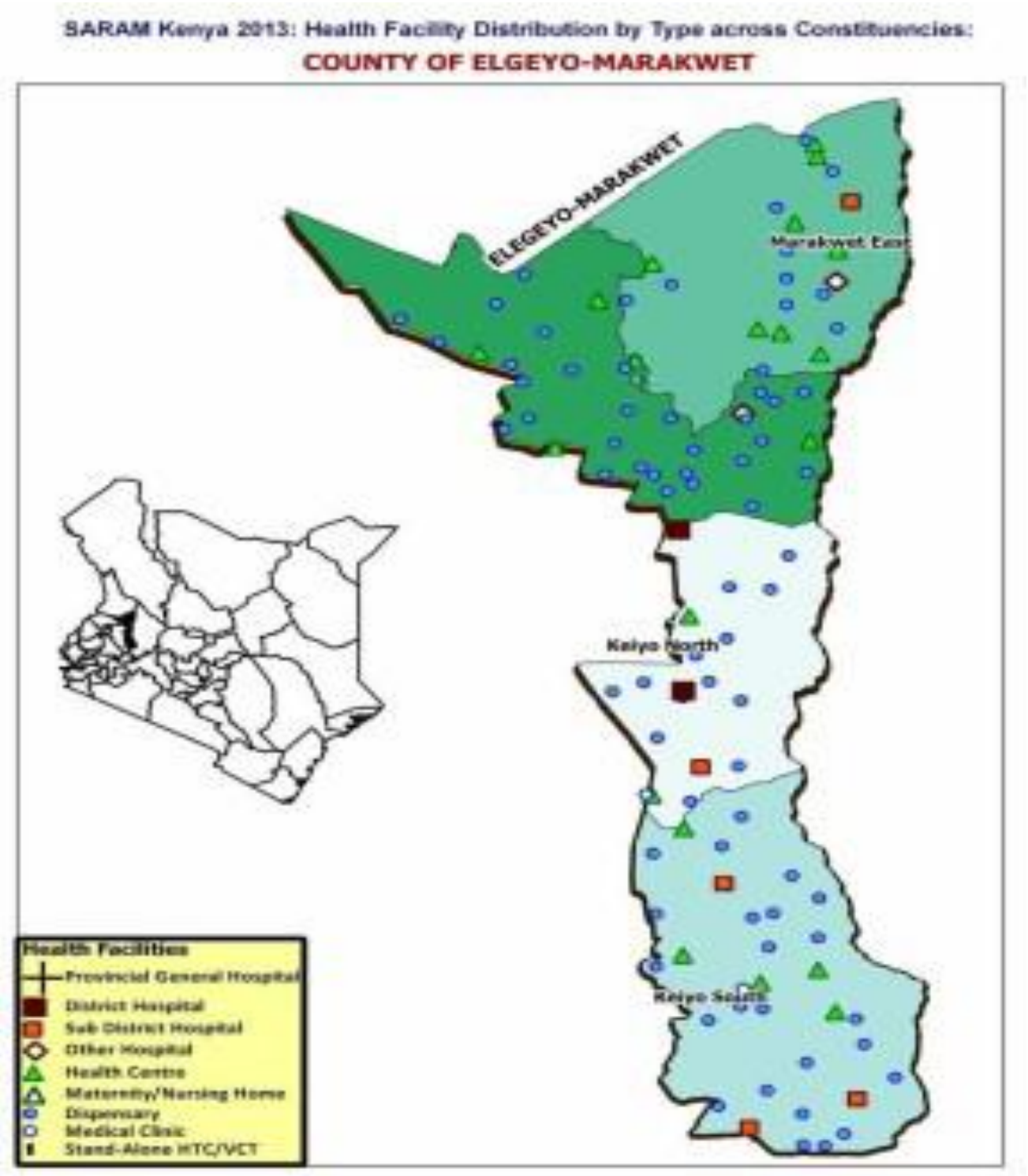
COUNTY GOVERNMENT OF ELGEYO MARAKWET

COUNTY HEALTH STRATEGIC & INVESTMENT PLAN

2013-2018

A Healthy County for Prosperity

Figure 1: Map of Elgeyo Marakwet county and distribution of health facilities



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ABBREVIATIONS

AMR	Adult Mortality Rate
AOP	Annual Operational Plan
ARV	Anti-Retroviral
AWP	Annual Work Plan
BEOC	Basic Emergency Obstetrics Care
CEOC	Comprehensive Emergency Obstetrics Care
CDOH	County Director of Health
CEC	County Executive Committee
CIDP	County Integrated Development Plan
CHAK	Christian Health Association of Kenya
CHMT	County Health Management Team
CLTS	Community Led Total Sanitation
CDF	Constituency Development Fund
CHC	Community Health Committee
CHW	Community Health Worker
CoC	Code of Conduct
COH	Chief Officer of Health
DfID	Department for International Development
DHIS	District Health Information System
DHS	Demographic and Health Survey
DHSF	District Health Stakeholders Forum
DPHK	Development Partners for Health in Kenya
EMMS	Essential Medicines and Medical Supplies
GAVI	Global Alliance for Vaccines and Immunization
GFATM	Global Fund for AIDS TB and Malaria
GoK	Government of Kenya
HFC	Health Facility Committee
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management and Information System
HRH	Human Resources for Health
HRIO	Health Records and Information Officer
HSCC	Health Sector Coordinating Committee
HSS	Health System Strengthening
HSSF	Health Sector Service Fund
HW	Health Workforce
ICC	Inter Agency Coordinating Committee
IMR	Infant Mortality Rate
JAR	Joint Annual Review
JICA	Japan International Cooperation Agency
JRM	Joint Review Mission
KAIS	Kenya AIDS Indicator Survey
KEMRI	Kenya Medical Research Institution
KEMSA	Kenya Medical Supplies Agency
KEPH	Kenya Essential Package for Health
KHP	Kenya Health Policy
KHSSP	Kenya Heath Sector Strategic & Investment Plan
KMTC	Kenya Medical Training College
MDA	Mass Drug Administration
MDG	Millennium Development Goal
MDR/TB	Multiple Drug Resistant Tuberculosis
MIS	Malaria Indicator Survey
MMR	Maternal Mortality ratio
MOH	Ministry of Health
MOT	Ministry of Transport
MTC	Medicines and Therapeutics Committee
MTEF	Medium Term Expenditure Framework
MTPP	Medium Term Procurement Plan
MTRH	Moi Teaching and Referral Hospital
MUAC	Mid Upper Arm Circumference
NACC	National AIDS Coordinating Council
NHIF	National Hospital Insurance Fund
NHSSP	National Health Sector Strategic Plan
NMR	Neonatal Mortality rate
PAS	Performance Appraisal System
PHO	Public Health Officer
PPB	Pharmacy and Poisons Board
PPP	Public Private Partnership
SAGA	Semi-Autonomous Government Agency
SCHMT	Sub County Health Management Team
TB	Tuberculosis
TOT	Trainer of trainers
TWG	Technical Working Group
U5MR	Under 5 Mortality Rate
UNDAF	United Nations Development Assistance Fund
UNICEF	United Nations Emergency Children Fund
WB	World Bank
WHO	WorldHealthOrganization

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FOREWORD

This five year (2013-2018) county strategic health plan is anchored on use of evidence in planning with a lot of relevant data and information collected and reviewed to assist in its preparation. The preparation process has involved the participation of stakeholders at all levels of the county and the resulting plan has the input of health managers and leaders, health and county government staff, community members and representatives, development partners, political leaders, members of county assembly, youth, women, and others.

The planis aligned to the relevant health sector policy documents and Acts as well as the county CIDP. The theme of this plan " healthy county for prosperity" emphasizes progress towards attainment of tangible investment in six health sector strategic objectives namely elimination of communicable conditions, reversing burden of non-communicable diseases, reducing burden of violence and injuries, provision of essential health services, reduction of exposure to health risks factors and strengthening collaboration with health related sectors.

This is an important document that the county will use as the basis for annual planning to guide the implementing key interventions in order to contribute to reducing overall morbidity and mortality, and to improve the health status of the county. It will also be the basis for advocacy with the county governmentand partners to generate and allocate resources.

In order to achieve the envisaged benefits from the plan, stewardship from the county government and all the stakeholders is critical to inculcate ownership and responsibility toward the actual implementation of the proposed actions.

I hereby express my heartfelt gratitude to all parties involved in the development of the Elgeyo Marakwet County Health Strategic and Investment Plan.

Hon. Stephen Biwott
County Executive Member for Health
Elgeyo Marakwet County

ACKNOWLEDGEMENT

The development of this County Health Strategic and Investment Plan, an important milestone for the Elgeyo Marakwet County Government, is the result of extensive consultations and immense input fromvarious individuals and organizations. The County Health Executive Member for Health, Mr. Stephen Biwottgave overall leadership, inspiring support and guidance throughout the process.

We wish to recognize the active participation and enthusiasm of both county and sub-county teams who candidly deliberated on all health and health related matters affecting the peopleof Elgeyo Marakwet County. The core team from among the CHMT led the development process. We thank the community members and development partners who attended the consultation and review meetings.

USAID through the Leadership, Management and Sustainability Project (LMS/Kenya) implemented by Management Sciences for Health (MSH)financed the stakeholder meetings and workshops, and gave input in the review and writing of the document. USAID/AMPATH Plus provided coordination support for all the partners including the LMS/Kenya involvement.

We recognize the support received from the governor and his office, the county assembly committee on health, and the county government in general. They launched the development process, reviewed, gave feedback, and made all the necessary approvals. We are grateful for all others who participated in various ways to produce this plan.

Dr. Sammy Osore,
County Director of Health
Elgeyo Marakwet County

EXECUTIVE SUMMARY

This County Health Strategic and Investment Plan (CHSIP) articulates the Elgeyo Marakwet County health sector agenda in the next five years. As part of the framework for devolution of services, including health services, it meets the requirements of the County Governments Act 2012 for county and sector planning. It draws from and links to the County Integrated Development plan (CIDP) earlier developed by the county.

The Elgeyo Marakwetoccupies3029.8 sq.km and hasa population of 369,998 (Kenya National Census, 2009) projected to grow up to463,420 by 2017. The main causes of morbidity and mortality are upper respiratory tractinfections (URTIs) and diarrheal diseases. The major risk factors contributing these are exposure to and poor housing in inherentunfavorable climatic conditions characterized by cold weather for longer periods, poor hygiene practices,and cultural dispositions against good healthsuch as delivery through TBAsand poor uptake of healthcare due to non-belief in modern medicine.

A review of the current situation of health systems investments reveals challenges attributed topoor health infrastructural developmentwith health units being unevenly distributed and not sufficiently equipped to provide all service at their level; shortage of qualified staffacross all cadres with the available staff having heavy workload; inadequate supply and distribution of health products; limited capacity to handle information management; and limited access to health services as the community is not sufficiently engaged to participate in its own health.

This plan outlines the following priority actions aimed at addressing the above challenges:

1. Expand and increase the reach of initiatives to improve access to quality health services in the county. Initiatives and services to increase immunization coverage, maternal and child health services and screening for NCDs will be implemented
2. Upgrade the county health facilities and infrastructure in each region and improve geographical access. The county will raise Iten hospital to level 5 status and upgrade 20 dispensaries/health centers, one in each ward, to model health center status.
3. Strengthen health workforce and increase capacity to provide quality health services. An additional 500 health workers will be recruited to fill gaps in all cadres including accountants and health and records information officers.
4. Ensure sufficiency of health products and equipment and strengthen information management.
5. Improve community participation, reduce social cultural barriers and mitigate health risks. The community strategy including set up community health units, IEC and health

promotion, and community mobilizationwill be used to increase awareness and use of health services

6. Improve county effectiveness and efficiency by strengthening the health leadership and partnerships. The county will build strong leadership, inter-sectoral collaboration and partnerships to support the achievement of the health goals.

The objectives and activities pursued under these priority areas are organized along the health systems strengthening/investment areas and are expected to increase immunization coverage from 73% to 80% births under skilled birth attendants from 37% to 55% to contraceptive prevalence rate from 31% to 53%, percentage of women of reproductive age screened for cancers from 10% to 50%, percentage of population aware of risk factors to health from 45% to 85%. Latrine coverage will be increased from 77% to 100%.

With a clearly defined implementation structure headed by the County Executive Member for Health, the county estimates to require KSh. 8,283,777,559to achieve the targets in this plan. Out of thisamount KSh. 6,805,144,091will be available and the balance of KSh. 1,478,633,468 will be raised through mobilization from internal and external sources.

SECTION 1: INTRODUCTION AND BACKGROUND

1.1. Background and Purpose

The Constitution of Kenya considers health under the Bills of Rights as an economic and social right and emphasizes that 'every person has the right to the highest attainable standard of health' which includes the right to health care services as well as right to reproductive healthcare services. Towards realization of these rights, the constitution devolves critical services that include health services to be managed by county governments. The County Governments Act 2012, that provides the framework for the governance of county governments, requires counties to develop county integrated development plans (CIDP) as well as sectoral plans to guide the development of the counties.

The CIDP provides the framework for coordinated development, unified planning, annual budget financing, platform for effective and efficient implementation of projects and programs, and the mechanism for measuring performance. The sectoral plans harmonize and facilitate development initiatives and strategies contained in the county's CIDP. This health sector investment plan therefore provides and outlines the priority interventions that the county will undertake in the medium term to facilitate the delivery of health services in the county. In addition, the plan is expected to guide investments from both locally and externally generated support.

1.2. Planning Context

The development of this County Health Strategic and Investment Plan was anchored on the following policy documents:

- The draft Kenya Health Policy 2012 – 2030 and Vision 2030's MTP II
- The draft Kenya Health Sector Strategic and Investment planfor critical service delivery outcome targets to be attained for the county to adequately and equitably contribute to attainment of the country's stated health goals
- County integrated development plan, chapter seven focusing on health and sanitation

The focus and priorities of thisplan were developed along the overall national health sector priorities framed in the Kenya Health Sector Policies 2012-2030, namely:

1) Elimination of communicable conditions;

2) Halting and reversing the rising burden of non-communicable conditions,

3) Reducing the burden of violence and injuries;

4) Providing essential health care;

5) Minimizing exposure to health risk factors; and

6) Strengthening collaboration with health related sectors.

1.3. Process of Development and Adoption of the CHSIP

The Countyhealth planning committee comprising ofthe county executive committee member for health, county director of health, county health management team, county planning officer, andrepresentatives from sub-county HMT, hospital HMTand partners, directed the activities and process of development of this plan.

The Elgeyo Marakwet County governor officially commissionedthe strategic planningprocess after which the county health management team converged for astrategic planninginduction workshop conducted by the national core planning team.The CHMT then briefed the sub county management and the hospital management teams on the strategic planning tools, after which the sub county teams used the tools to generate, from their respective sub-counties, specific content and background details for the plan.

The next step was the strategic planning workshop that brought together county health sector stakeholders including county and sub-county health teams, hospital and facility teams, partners, political and community leaders. The workshop consolidated and processed the information earlier gathered and came up with a zero draft strategic plan. The zero draft went through various stakeholder reviews before being presented to the county executive committee member for health. The CEC member for health then shared the draft with the county assembly committee forhealth who after vetting presented to the county assembly for approval.Finally, thecounty governor launched the plan for implementation.

SECTION 2: SITUATION ANALYSIS

2.1 Population Demographics

Elgeyo Marakwet County is in the North Rift region of Kenya. The County borders West Pokot to the North, Baringo to the East, South-East and South, Uasin-Gishu to the South West and West and Trans-Nzioia to the North West. The County occupies an estimated area of 3029.8 square kilometers and had a population of 369,998 according to 2009 National Census. It is inhabited predominantly by Keiyo and Marakwet ethnic groups of the Kalenjin community.

The current projected population is 415,087 with an annual growth rate of 2.8 %, expected to reach 463,420 by the end of the planning period in 2017. This therefore, calls for identification of strategies to improve on ante-natal and post-natal services to reduce infant mortality and ensure that expectant mothers give birth at health facilities. A majorityof the population, 42.3% is below 15 years while the minority comprises children under 1 year with a proportion of 3.71%as detailed in Table 1 below.

	Description	Population estimates	Target population				
			2013	2014	2015	2016	2017
1	Total population		**415087**	**426710**	**438656**	**450936**	**463420**
2	Total Number of Households		83087	85342	87731	90187	92684
3	Children under 1 year (12 months)	3.71%	15400	15831	16274	16730	17193
4	Children under 5 years (60 months)	16.9%	70149	72114	74133	76208	78318
5	Under 15 year population	42.3%	17581	180498	185552	190746	196027
6	Women of child bearing age (15 – 49 Years)	24%	99621	102410	105275	108225	111221
7	Estimated Number of Pregnant Women	3.84%	15939	16386	16844	17316	17795
8	Estimated Number of Deliveries	3.84%	15939	16386	16844	17316	17795
9	Estimated Live Births	3.79%	15732	16172	16625	17091	17564
10	Total number of Adolescent (15-24)	20.57%	85383	87774	90232	92758	95326
11	Adults (25-59)	29.41%	122077	125495	129009	132620	136292
12	Elderly (60+)	5.24%	21750	22360	22986	23629	24283

Table 1: County population projection by demographics

The population distribution in the county varies according to geographical area with the highland areas of Keiyo South and Marakwet West sub counties having higher population than the lowlands and the middle-altitude zones. Table 2 shows the population distribution and growth projections for the sub counties. The population growth and distribution applies pressure on the health system and calls for identification of strategies to expand the capacity of healthcare services especially the ante-natal and post-natal services.

	Sub County Units	Population projections				
		2013	2014	2015	2016	2017
1	KEIYO SOUTH	121437	124837	128332	131925	135619
2	KEIYO NORTH	83443	85779	88181	90650	93188
3	MARAKWET WEST	121575	124980	128478	132075	135773
4	MARAKWET EAST	88632	91114	93665	96288	99040
	TOTAL	**415087**	**426710**	**438656**	**450938**	**463420**

Table 2: Population distribution and growth projection across the sub-counties

2.2 Health Status of Elgeyo Marakwet County

The health status in the county as determined by key health indicators is as in Table 3 and showing that the county is below the national average on the maternal and child health indicators. The percentage of births delivered at facilities in the county is 37.1% compared to the national average of 44%. The contraceptive prevalence rate or the average number of women of reproductive age receiving family planning was 32 percent in the county compared with the national average of 46 percent in 2012.The county immunization rate at73% compared unfavourably to 83% at the national level. Other health county health indicators are as shown in Table 3 below.

Impact level Indicators	County estimates	National estimate	Source/Year
Life Expectancy at birth (years)	Male-63.2 Female-68	Male-58 Female-62	WHO Kenya Profile 2013
Annual deaths (per 1,000 persons) – Crude mortality	16.7	9	World Bank Data 2014
Neonatal Mortality Rate (per 1,000 births)	0.8	27	UNICEF Kenya profile 2013
Infant Mortality Rate (per 1,000 births)	10	52	KDHS 2009
Under 5 Mortality Rate (per 1,000 births)	43	74	KDHS 2009
Maternal Mortality Rate (per 100,000 births)	I87	488	KDHS 2009
Adult Mortality Rate (per 1,000 births)	0.13	M=346 F=294	WHO Kenya Profile 2013
Contraception prevalence rate	32%	46%	MoH Health Portal, 2013

Births delivered at facilities	37.1	44%	MoH Health Portal, 2013
HIV prevalence rate	3.8%	3.95	MoH Health Portal, 2013
TB incidence per 100,000 persons	22	25	MoH Health Portal, 2013
Full immunization coverage	72.8%	78.9%	MoH Health Portal, 2013
Latrine coverage	76.8%	81 %	MoH Health Portal, 2013
Malaria cases	43446	96089	MoH Health Portal, 2013

Table 3: Health impact on population

2.2.1 Major causes of Morbidity and Mortality

The leading causes of morbidity as illustrated in Table 4are diseases of the respiratory system. The five most common diseases recorded between July 2011 and March 2012 amongst outpatients at the county's health facilities are: upper respiratory tract infections making 46.2 percent, pneumonia at 10.6 percent, eye infection at 10.3 percent and skin infection at 31.9 percent, while the overall prevalence of HIV/AIDS is 3.1 percent and 5.2 percent for Tuberculosis.

Causes of Mortality		**Causes Morbidity (disease or injury)**	
1	Pneumonia	1	Upper respiratory tract infections
2	G/E, Diarrheal diseases	2	Pneumonia
3	Malaria	3	Gastroenteritis
4	Immunosuppression	4	Abortions and retained products of conception
5	Carcinomas	5	Peptic Ulcers, Duodenal Ulcers
6	Anaemia	6	Immunosuppression
7	Hypertension/Congestive Cardiac Failure	7	Fractures ,Bruises
8	Diabetes, PUD	8	Burns
9	Pulmonary TB	9	Poisoning
10	Organo Phosphate poisoning, Skin infections	10	Typhoid fever/ Carcinomas

Table 4: Major causes of morbidity and mortality in EMC

2.2.2 Major Health Risk Factors

The major risk factors associated with the mortality and morbidity in the population are the low-income type of housing with poor ventilationin the unfavorable climatic conditions; poor

hygiene and sanitation, alcohol consumption, unsafe sex and sedentary lifestyle. Table 5 gives more details on the various risk factors to health in the county.

	Risk factors causing mortality	Risk factors causing morbidity
1	Poor housing in unfavorable climatic Conditions	Poor housing and inadequate ventilation in unfavorable climatic conditions
2	Unsafe water, sanitation & hygiene	Unsafe water, sanitation & poor hygiene
3	Poor Vector control	Alcohol abuse
4	Unsafe sex	Natural Disasters
5	Unhealthy lifestyles / Poor eating habits	Poor maternal and child nutrition
6	Zinc deficiency	Poor road network, unsafe practices
7	Vitamin A deficiency	Poor eating habits
8	Poor indoor air circulation	Poor health seeking behavior
9	Careless driving	Vitamin A deficiency
10	Poor lifestyle Unsafe water Poor sanitation	Zinc deficiency FGM Careless driving

Table 5: Risk factors causing mortality and morbidity

With increased adoption of modern sedentary lifestyle non communicable conditions are on the rise. Also on the rise are road traffic accidents and the number of people on substance abuse. Disasters like landslides have also negatively impacted on health especially in Marakwet East and Keiyo South.

2.3 Health Services

Elgeyo Marakwet County has two district hospitals, six sub-district hospitals, one mission hospital, 16 health centers, 79 dispensaries, 10 private clinics, and 12 community units in the county. These provide varied levels of service with health centres and dispensaries providing most of the primary health care services.Iten district hospital, the biggest facility in the county, is ill-equipped to provide most referral and specialized services, and these are referred to high volume facilities like MTRH in Eldoret. The existing facilities are not able to sufficiently handle the growing populace and the county government's plan to support the health sector should consider creation of new health facilities across the country and elevation of existing ones to such standards that will allow them provide required services. This will reduce the distances travelled by the populace in search of healthcare due to local

inadequacies; the current average distance to a health facility being 8 km. Table 6 below shows the distribution of health facilities among the sub-counties while Table 6b in the appendix gives the services provided by the different health care units by level.

Sub-County	Ownership Category	Dispensary	Health Centre	Hospital	CUs	Grand Total
Keiyo South	GOK	22	4	3		32
	FBO	2	0	0		
	Private	0	1	0		
Keiyo	GOK	8	6	2		18
	FBO	1	1	0		
	Private	0	0	0		
Marakwet West	GOK	34	4	1		41
	FBO	0	1	1		
	Private	0	0	0		
Marakwet East	GOK	13	8	1		27
	FBO	1	4	0		
	Private	0	0	0		
Total		81	29	8		118

Table 6: Distribution of health facilities by sub-county

2.4 Health Investments

Provision of quality healthcare is a resource intensive endeavor. Its success and effectiveness is dependent on the investments in the pillars of health system i.e. qualified health workforce, good infrastructure, health products, healthcare financing, health information, service delivery, and governance and leadership. This section coversthese critical health system inputs analyzing theircurrent state with reference to known requirements and identifying the critical gaps.

2.4.1 Health Workforce

The availability and skill level of healthcare workers is one factor that greatly impacts on the access and quality of health services. A review of Table 7 will show that the county health workforce across the various cadres and levels of care is generally below the minimum required standards. The doctor to patient ratio at the county is 1:15,548 compared to the WHO recommendation of 1:1500 whereas that of nurse to patient is 1:2,241 compared to the WHO recommendation of 1:500. There is a sizeable gap in the nursing workforce across all the facilities while district and sub-district hospitals have notable shortage of medical officers

and specialized clinical officers. The shortages have a direct bearing on the capacity of the facilities to offer services. In some the same nurse is forced to maintain records, do pharmacy and accounting work in addition to clinical responsibilities, even though they may not have adequate skills for some of the tasks. Some of the staff available are seconded by implementing partners, who are mainly donor-funded and may not therefore be available long-term.

Staff turnover coupled with poor attitude is relatively high in rural areas as most health workers prefer to work in the urban areas and seek every opportunity to move. The county health management and sub-county management teams are in place but are yet to develop mechanisms for staff skill development and supervision.

No	**Staff cadres**	**Available by tier**		**Total No. Available**	**Required per cadre**		**Total required**	**Gaps per tier**		**Total overall gap**
		Hospitals	*Primary care*		*Hospitals*	*Primary care*		*Hospitals*	*Primary care*	
1.	Specialist: Gynaecology	0	0	0	2	0	2	2	0	2
2.	Specialist: Surgeon	2	0	2	2	0	2	0	0	2
3.	Specialist: Physician	0	0	0	2	0	2	2	0	2
4.	Specialist: Pediatrician	1	0	1	2	0	2	1	0	1
5.	Specialist: Family Medicine	1	0	1	4	0	4	3	0	3
6.	Medical Officers	11	0	11	36	0	36	25	0	25
7	Dentists	2	0	2	9	0	9	7	0	7
8	Dental Technologists	2	0	2	9	0	9	7	0	7
9	Public Health Officers	79	0	79	93	0	93	14	0	14
10	Pharmacists	6	0	6	13	0	13	7	0	7
11	Pharm. Technologist	6	3	9	10	30	40	4	27	31
12	Lab. Technologist	26	0	26	0	20	20	0	20	20
13	Orthopedic technologists	0	0	0	7	0	7	7	0	7
14	Nutritionists	4	0	4	9	20	25	5	20	25
15	Radiographers	4	0	4	14	0	14	10	0	10
16	Physiotherapists	3	0	3	10	0	10	7	0	7
17	Occupational Therapists	3	0	3	8	0	8	5	0	5
18	Plaster Technicians	8	0	8	12	0	12	4	0	4
19	Health Records & Information Officers	8	0	8	11	22	25	3	22	25
20	Medical engineering technologist	2	0	2	7	0	7	5	0	5
21	Medical engineering technicians	9	0	9	14	0	14	5	0	5

No	Staff cadres	Available by tier		Total No. Available	Required per cadre		Total required	Gaps per tier		Total overall gap
		Hospitals	*Primary care*		*Hospitals*	*Primary care*		*Hospitals*	*Primary care*	
22	Mortuary Attendants	1	0	1	8	0	8	7	0	7
23	Drivers	13	0	13	15	12	27	2	12	14
24	Accountants	1	0	1	7	5	12	6	5	11
25	Administrators	4	0	4	7	4	11	3	4	7
26	Clinical Officers (specialists)	5	0	5	18	0	18	13	0	13
27	Clinical Officers (general)	40	12	52	64	42	106	24	30	54
28	Nursing staff (KRCHNs)	91	110	201	170	231	398	79	121	200
29	Nursing staff (KECHN)	51	63	114	51	63	114	0	0	0
30	Laboratory technicians	24	0	24	35	17	52	11	17	28
31	Community Oral Health Officers	2	2	4	8	0	8	6	0	6
32	Secretarial staff / Clerks	8	0	8	14	17	31	6	17	23
33	Attendants / Nurse Aids	3	30	33	0	0	0	0	0	0
34	Cooks	1	0	1	15	15	30	14	15	29
35	Cleaners	8	0	8	42	136	178	36	136	172
36	Security	10	0	10	34	140	174	24	140	164
37	Community Health Extension Workers (PHTs, social workers)	0	47	47	0	109	109	0	109	109
38	Community Health Workers	0	1450	1450	0	4600	4600	0	3150	3,150

Table 7: Available staffing and gaps in EMC

2.4.2 Health Infrastructure and Equipment

In order to provide quality services, the health system needs functioning infrastructure and equipment including vehicles and systems. A quick assessment of facilities across the county revealed the position of infrastructure and equipment shown in Table 8.

Health Inputs & processes	No. available	Required numbers	Gaps
Physical Infrastructure			
Hospitals	***8***	***10***	***2***
Primary Care Facilities	***113***	***133***	***20***
Community Units	***12***	***72***	***60***
Full equipment availability for			
Maternity	***48***	***58***	***10***
MCH / FP unit	***80***	***121***	***41***
Theatre	***2***	***10***	***8***
CSSD	***1***	***10***	***9***
Laboratory	***50***	***121***	***71***
Imaging	***2***	***10***	***8***
Outpatients	***2***	***10***	***8***
Pharmacy	***4***	***10***	***6***
Eye unit	***1***	***10***	***9***
ENT Unit	***1***	***10***	***9***
Dental Unit	***1***	***10***	***9***
Minor theatre	***4***	***10***	***6***
Wards	***22***	***130***	***108***
Physiotherapy unit	***1***	***10***	***9***
Mortuary	***2***	***10***	***8***
Transport			
Ambulances	***10***	***30***	***20***
Support / utility vehicles	***7***	***12***	***5***
Bicycles	***56***	***1200***	***1144***
Motor cycles	***52***	***72***	***20***

Table 8: Infrastructure and gaps in the county

The county facilities have no system of maintenance even though there is always need for continuous repairs. The buildings even though functional are not in a good state of repair while equipment breakdowns arecommon. Broken down machines and obsolete equipment such as X-ray machines, vehicles, laundry machines, beds and furniture clutter the compounds and spaces within many facilities. These need to be disposed to create more room and order.

2.4.3 Health Products

Due to inadequate financial allocation for health products, the county's overall supply for health products is way below the projected standards. Commodity shortage has been a major hindrance to quality health service provision, as the gap for pharmaceuticals is slightly over 50% thatof non-pharms is almost 55%, while that of vaccines is over 75% as shown in Table 9.

Units of assessments		Pharmaceuticals	Non Pharmaceuticals	Vaccines
Requirements from annual quantification (KSh)		97,625,016	58,575,009.61	45,156,000
Amounts received in past 12 months (KSh)	KEMSA	48,812,508.30	16,621,678.51	
	MEDS			
	UNICEF/WHO/GOK			35,156,000
Amounts procured using user fees in past 12 months		4,200,620	6,000,000	0
Gap		44,611,887.70	35,953,331.10	10,000,000
TOTAL		**97,625,016**	**58,575,009.61**	**45,156,000**

Table 9: Allocation of health products in past 12 months

With the institutional changes following the devolution process, KEMSA no longer pushes commodities to the counties but supplies as per the orders of the county. The county has sometimes received fewer supplies than ordered and has had to follow up with KEMSA to avoid stock outs.

In general, facility staff does not do a good job in quantification as many orders from facilities are often inaccurate either under or over ordering on the medicines. This leads to either to overstocking and stock outs in and among facilities. The county has 12 pharmaceutical staff located in the bigger facilities and including those in the county management teams. These are a small number for the 120 facilities in the county. In mitigation, a system for pharmaceutical supervision and redistribution of drugs among the facilities should be in place but there is no vehicle allocated for this. The county has only one Medicines and Therapeutic Committee (MTC) at Iten hospital and hence the rational use of commodities is hardly enforced in the county.

2.4.4 Health Financing and Expenditures

The county's health expenditure has heavily depended on funding from HSSF, accounting for 75% of the sources, while that from user fees has accounted for a total 25% funding. Some funding mechanisms like CDF and LATF have not declared their resource envelope making the budgeting process a challenge. Most of donor-funded contributions are through technical assistance and have not been captured in Table 10.

Item	Calculation	Source of funds			
		HSSF and HMSF	Other GoK	User fees	Partners (specify)
Amount Budgeted	(A)	17,753,000		5,324,137	
Amount Received	(B)	17,753,000		5,324,137	
Expenditure	(C)	15,857,904.46		4,755,796.536	
Expenditure	(D)	15857904.46		4755796.536	

Item	Calculation	Source of funds			
		HSSF and HMSF	Other GoK	User fees	Partners (specify)
accounted for (SOE's submitted)					
Funds utilization rate	(C/B*100)	89.34%		89.32%	0
Accounting rate	(D/C*100)	100%		100%	0

Table 10: Recurrent health expenditure

The disbursement of funds from the county to the health units has not been quick leading to delays in utilization. The accounting of expenditures incurred by the units has been poor and audit queries have arisen in many units especially on the misappropriation of funds or use of voted funds on different items.

2.4.5 Health Information

The county's HMIS has faced challenges in information generation, analyzing, management and utilization of health information. Among the issues the HMIS has had to deal with include 1) inaccurate data generation, 2) inconsistent and inefficient data uploading in the DHIS, 3) inconsistent reporting trends, 4) poor performance targets and 5) non-utilization of data for decision making.

With only 7 HRIOs, the county health information area is understaffed and relies on nursing staff in facilities and PHOs in community units to collect data. The staff collecting data have not been have not been trained in data management but now also need training in the new modes of data transfer using the DHIS. Table 11 gives the details of the current HMIS scenario.

	Intervention	Previous year total	Previous year targets	Performance (targets / actual)
1	Number of births reported in County	3445	16015	21.5%
2	Number of deaths in County (facility)	349	16645	2.1%
3	Facilities submitting Monthly HMIS information in DHIS	110	121	91%
4	Facility deaths certified using ICD-10 coding	167	167	100%
5	Community deaths certified using Verbal Autopsies	0	0	0

Table 11: County Health Information performance

The use of DHIS will require the county to have sufficient computers and laptops, modems for internet connectivity. There is also the lack of office working space in the department and

also storage area for current and non-current records documents. There has been a short supply of data collection tools since the county government took over the management of the health sector. Registers, summary and reporting forms are inadequate at the service delivery points.

The county HMIS department and the facilities do not have enough office space or storage area for their current and non-current documents and records. The health sector plan needs to strengthen these and other areas to ensure that data generated in health facilities will be the basis of all decision making.

2.4.6 Health Leadership

Elgeyo Marakwet County has a robust health leadership team that works closely and consults regularly at the top level. However the same is not the case at the lower levels (CHMT downwards), as there are obvious skills gaps in leadership and management among health managers. Some donor funded health implementing partners have come in to support this area as the county seeks opportunities for practical health leadership and management training for health facility teams. The county needs to identify the skill gaps among health managers and to plan and budget for their capacity building.

Political interference is reported to occur at health facilities with political leaders obstructing activities such as transfer and rationalization of health workers, and distribution of resources such as ambulances and infrastructure. This makes the health managers feel threatened.

At the time of preparing this plan, the process of devolution to county governments was going on and the status of hospital boards and facility committees had not been resolved. The facilities therefore did not have the governance structures in place. The Table 12 below shows the county performance in terms of key meetings.

	Intervention	**Previous year total**	**Previous year targets**	**Performance (targets / actual)**
1	Facility Management Committee meetings held in past 12 months	84	312	26.9%
2	Quarterly stakeholder meetings held in past 12 months	3	4	75%
3	Annual Operational Plan available for past year	34	34	100%
4	Annual stakeholders meeting held for past year	2	4	50%

	Intervention	Previous year total	Previous year targets	Performance (targets / actual)
5	Board meetings held in past 12 months	9	12	75%

Table 12: County health leadership performance

2.4.7 Service Delivery

The provision of health services to the community is heavily dependent on the proper function of primary health care facilities. In Elgeyo Marakwet County most dispensaries and health centers do not operate on 24 hour basis or on 7 days a week mainly due to low staffing levels. In addition, there are only 12 community units in the county indicating that there is minimal service reaching the community level.

Table 13 below also shows that the county conducted much fewer outreaches than planned. Despite the challenges, the county has tried to improve their health service delivery by maximizing the use of the available resources.

	Intervention	Previous year total	Previous year targets	Performance (targets / actual)
1	Outreaches carried out	1	4	25%
2	Therapeutic Committee meetings held in past 12 months	3	4	75%
3	Patient safety protocols / guidelines displayed in facility, and are being followed	100	121	82.6%
4	Health service charter is available, and is displayed	100	121	82.6%
5	Emergency contingency plans (including referral plans) available	7	10	70%

Table 13: County health service delivery performance

2.5 Analysis of limitations to access and quality of care

Health services provision in the county has faced challenges over the years and continues to do so as the population grows. Improvement to access and quality of health across different levels of service provision has been limited by long distances to health facilities, inadequate outreach facilities, poor road networks, and insufficient health inputs.Staff shortages and inadequate skills among the available ones, negative staff attitude towards clients, limited knowledge on handling of emergencies, and leadership and management skills gaps limit the capacity of the health workers. Other gaps are in the use of non-standardized screening techniques and inadequate training opportunities on new technologies and protocols. Negative cultural beliefs and trends have also led to low community involvement and uptake

of services. Table 14below outlines specific challenges to access and quality of health care while Table 14b in the appendix gives detailed analysis of hindrances and challenges.

	Area	Current Situation
Access	• Availability of critical inputs (Human Resources, Infrastructure, Commodities)	• Shortage of staff, • Inadequate partner support • Inadequate capacity building • Poor road network, working space (offices, lab, theatre x-ray, wards staff quotas), electricity, water, inadequate supply of commodities, few and poor housing units
	• Functionality of critical inputs (maintenance, replacement plans,	• Inadequate and Inconsistent supply of equipment, lack of maintenance,
	• Readiness of facilities to offer services (appropriate HR skills, existing water / sanitation services, electricity, effective medications, etc)	• Inadequate skilled workers • Lack of infrastructure i.e. water supply, electricity • Inadequate finances • Erratic supply of drugs • Lack of equipment for storage of drugs e.g. fridges
Quality of care	• Improving patient/client experience	• Untrained staff on public relations • Lack of assistance to clients to know their rights • Absence of updated service charters • Absence of suggestion boxes • Absence of customer care desks
	• Assuring patient/client safety (do no harm)	• Lack of infection prevention measures • Lack of rails on beds • Improper ventilation and lighting • Unprofessional handling of clients • Non-Labeling/sign posting
	• Assuring effectiveness of care	• Inadequate support supervision • Few Customer care desks in place • Exit interviews on patients not practiced • Service charter not updated • Non-Display of duty roasters in most facilities • Demotivated staff

Table 14: Constraints and effects of quality and access on health outputs

2.6 Health Services SWOT analysis

In addition to the identification of the challenges the SWOT analysis conducted revealed the information in table 15.

Environment	Variable	Strengths	Weaknesses
Internal environment	Strategy / focus	• Annual work plans • Policy guidelines-Vision 2030, MDGs, KHSSP II • Performance appraisal	• Inconsistent implementation of plans
	Structure for implementation	• Skilled workforce • Sub county health management team • Health facility committee • Community health committees	• Shortage of staff • Untrained facility committees • Lack of commitment from some committee members • De-motivated CHCs. • Staffing norms not adhered to e.g. Nurse doing other roles and others cadres not employed. • Lack of harmonized work plan with stakeholders
	Systems to support implementation	• Good Leadership and governance. • Available supply chain system • Human resource available • Data management functional reporting system(DHIS)	• Poor referral system • Poor transport network • Lack of maintenance • Inadequate vehicles/ambulances • Limited ICT equipment • Ill- equipped infrastructure • Lack of office space.
	Shared values within Sub-County Management team	Teamwork, integrity and understanding	• Poor time management
	Style of management / leadership	Mixed leadership styles	• Differences of leadership styles bringing conflict or misunderstanding • Favoritism
	Staff presence	Staff present at their work place.	• Some staff absent themselves from duty. • Local arrangements. • Shortage of staff.
	Skills amongst staff	Diverse groups of professional staff	• Inadequate skilled staff • Lack of continuous training • Lack of motivation.
External environment		**Opportunities**	**Threats**
	Political issues	• Political will • New dispensation in health issues	• Political interference
	Economic issues – funding environment	• Support from available partners. • Planning is bottom up	• unwilling partners • Uneven spread of partners • Few partners. • Late disbursement of funds
	Sociological issues –	• Acceptable standings in the	• Poor health seeking

Environment	Variable	Strengths	Weaknesses
	societal values/ elements affecting management	eyes of the community e.g. donating and building health facilities.	behavior.
	Technological issues	• Some ICT equipment available. • Positive acceptance by staff on digital era.	• Inadequate ICT equipment • Unskilled staff to handle ICT equipment. • Poor network coverage • ICT still very expensive and unaffordable.
	Ecological issues – related capacities in other similar mgmt teams, e.g. from other Counties, or other departments in the County	• Good coordination, • Inter-sectorial collaboration • Inter-counties collaboration	• Accessibility • Distance
	Legislative issues – legal framework	• Existing policy guidelines • Availability of Different Acts and Legislation governing Health e.g. Cap 244, 254,242, Constitution 2010	• New dispensation legal framework yet to be internalized by stakeholders. • Too many changing policies Making it difficult to implement
	Industry issues – interest in health in County	• Support from tourism industry	• Inadequate Support from sport • Sport Tourism influence teenage pregnancy, drug abuse.

Table 15: Health sector SWOT Analysis

SECTION 3: STRATEGIC DIRECTION

3.1 Health Sector Vision and Mission

The county health objectives will be achieved through strategic alignment to its vision and mission:

Vision: An efficient and high quality health care system that is accessible, equitable and affordable for all.

Mission: To promote and participate in the provision of integrated and high quality promotive, preventive, curative and rehabilitative health care services to all in Elgeyo Marakwet County.

Values:

The work of the Elgeyo Marakwet County health sector and the implementation of this plan is guided by the following values:

- Integrity
- Commitment and devotion
- Teamwork and consultation
- Client focus
- Transparency

3.2 Strategic Priorities

To accelerate the attainment of the county's health outcomes the implementation of this CHSIP will be guided by the following strategic priorities:

1. Expand and increase the reach of initiatives to improve access to quality health services in the county
2. Upgrade the county health facilities and infrastructure in each region and improve geographical access
3. Strengthen health workforce and increase capacity to provide quality health services
4. Ensure sufficiency of health products and equipment and strengthen information management
5. Improve community participation, reduce social cultural barriers and mitigate health risks
6. Improve county effectiveness and efficiency by strengthening the health leadership and partnerships

Elgeyo Marakwet County has alignedthese county specific priorities with national policies and guidelines so as to ensure they contribute to achieving national and global health

targets.The priorities guide the implementation of interventions inthe health investment areas in order to contribute to the overall achievement of the national health policy objectives. Figure 2 shows this linkage.

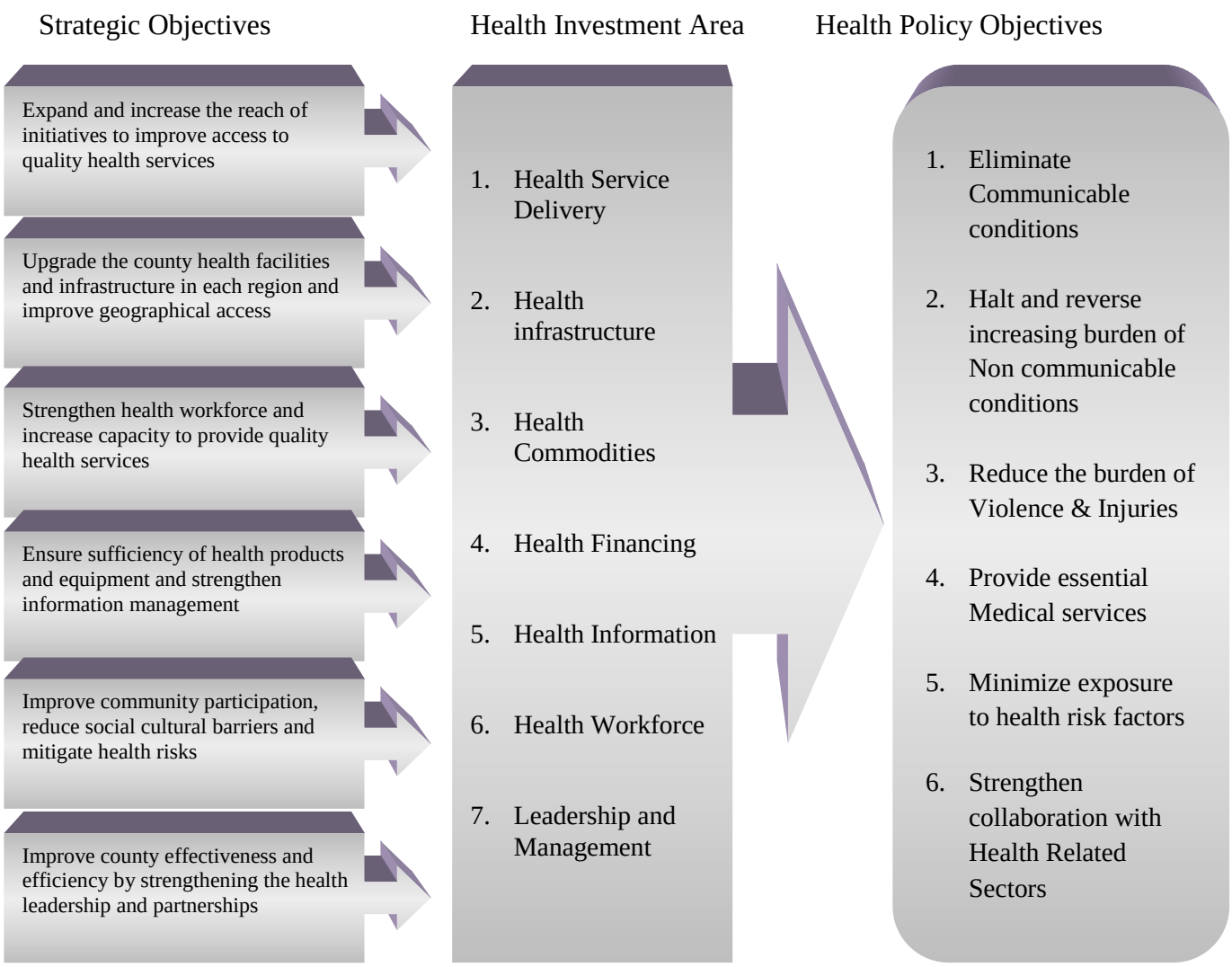


Fig 2: Alignment and linkage of strategies to national health policy objectives

This county strategic plan's objective is to provide integrated quality health services based on the six policy objective areas as guided by the county-specific strategic priorities. These priorities are detailed as follows.

3.2.1 Expand and increase the reach of initiatives to improve access to quality health services in the county.

The county will focus on expanding services and initiatives that will increase access to health care but with emphasis on immunization, reproductive, maternal and child health, and NCDs. The objectives will include to:

- Institute integration of health services in health facilities
- Establish youth friendly centers
- Increase immunization coverage
- Increase proportion of population screened for NCDs
- Establish drug rehabilitation centers

- Intensify disease surveillance
- Mobilize the population to register on NHIF

3.2.2 Upgrade the county health facilities and infrastructure in each region and improve geographical access

The hilly terrain and difficult topography of the county limits the mobility of patients to facilities. The county will upgrade the facilities in each of the sub-counties so as to minimize the referral of cases from the lower levels of the health system. In this planning period, the county will focus on upgrading existing facilities and will not construct new ones. This will involve investing in the physical infrastructure and providing the equipment necessary for them to provide all the services required at their level. The county will undertake the following:

- Upgrading Iten hospital to level 5
- Complete the building of Iten KMTC by adding hostel, admin block and kitchen
- Raise the six district and sub-district hospitals to level 4. These are Tambach, Tot, Kaptarakwa, Kamwosor, Chebiemit, and Kocholwo
- Upgrade 20 health centers/dispensaries, one in each ward, into model health centers with maternity, OPD and wards, and operating 24 hours a day.

3.2.3 Strengthen health workforceand increase the capacity to provide quality health services.

The county will strive to have sufficient number of staff with the right skills, mix and distribution across the county. This will include filling the gaps in information management, health commodity, and admin staff. The county will:

- Rationalize the staffing levels across the county
- Progressively recruit additional staff across all cadres. Over the five years the county will recruit 500 additional staff.
- Upgrade the skills of service providers on prevention, management and control of diseases, including NCDs
- Improve the working environment of health workers
- Introduce a robust award and recognition system to reward good performance

3.2.4 Ensure sufficiency of health products and equipmentand strengthen information management

Commodity security and the availability of the necessary tools to support facility operations are key to ensuring that the services provided are timely and up to the required standard. The gaps identified in these areas will be overcome by:

- Streamlining the supply chain system to ensure availability of health products and equipment
- Purchasing of cold chain and fridges
- Implementing maintenance and replacement plans for essential equipment
- Maintainingadequate transport and ambulance services
- Acquiring computers and other ICT equipment for data and information management
- Training relevant staff in commodity and information management

- Establishing a system of supervision and support for commodity and information management personnel

3.2.5 Improve community participation, reduce social cultural barriers and mitigatehealth risks

Elgeyo Marakwet County recognizes the importance of community participation and empowerment in enhancingcommunity access to health care. The county will focus on encouraging the community to participate in their own health and utilize available information to mitigate the health risk factors. With an emphasis on health promotion and disease prevention, the county will:

- Establish and strengthen community units.
- Train, equip and motivate community health workers
- Develop customized IEC health messages and materials
- Step up health education and outreaches
- Customize and implement national guidelines such as nutrition
- Increase awareness on negative cultural practices

3.2.6 Improve county effectiveness and efficiency by strengthening the health leadership and partnerships

The achievement of the goals of this plan will require strong leadership, the involvement of all health stakeholders, and collaboration with health related sectors. To achieve this, the county will use the following strategies:

- Foster inter-sectoral collaboration and continuously engage partners and stakeholders through various means such as periodic forums and meetings
- Build leadership capacity at all levels of the county health system
- Establish and strengthen hospital boards and facility oversight committees
- In conjunction with political leaders, develop guidelines and orient political and community leadership in roles and responsibilities
- Conduct annual planning and performance reviews
- Involve stakeholders in annual work planning, dissemination of information.

3.3 Activity Implementation and targets

The county has developed activities and targets for the implementation of each of the strategic priorities over the 5 year period. These milestones and outputs have been organized around the health investment and are shown in Table 16 and Table 17 below.

3.1.1 Sector input and process targets for achievement of county priorities

Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Service delivery	Community services	Mapping of 72 community units	72	0	0	0	0
		Train 1800 CHW's	300	600	600	300	0
		Equip the CU with the necessary kits and tools	300	600	600	300	0
		Dialogue and induction days	48	144	240	288	288
		Licensing of food and business premises	1512	1550	1560	1572	1612
		Conduct school health programmese.g.hand washing, PHASE	100%	100%	100%	100%	100%
		Commemorate 7 world health days	7	7	7	7	7
		Conduct 2 *malezi bora* campaigns	2	2	2	2	2
	Outreach services	Conduct integrated outreaches per facility	408	408	408	408	408
	Supportive supervision to lower units	Quarterly supervision visits	100%	100%	100%	100%	100%
	On the job training	Number of OJTs conducted	484	726	1452	1452	1452
	Emergency preparedness planning	Establish Disaster Preparedness and response committee	0	1	1	1	1
		Develop emergency preparedness and response plans	0	121	0	0	0
		Strengthen surveillance in Disaster Mitigation structures at sub county level	4	4	4	4	4
	Patient Safety initiatives	Number of safety committees formed	0	40	40	40	0
		Number safety meetings held	0	242	242	242	242
		Number of safety plans in place	0	121	121	121	121
		Auditing of safety measures	0	1	1	1	1
	Therapeutic committee	Number of committee meeting held	20	20	20	20	20

Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	meetings and follow up						
	Clinical audits (including maternal death audits)	Conduct Quarterly clinical audits in Health centers & Dispensaries	444	444	444	444	444
		Conduct Monthly clinical audits in County Referral Hospital and Sub county Hospitals	84	84	84	84	84
	Referral health services	Number of health facilities doing referrals.	121	121	121	121	121
		Number community units doing referrals to health facilities	12	36	60	72	72
		Establish a referral protocol	0	1	0	0	0
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	New facilities constructed (Iten Hospital Casualty)	0	0	1	0	0
		New County pharmacy warehouse	0	0	0	1	0
	Physical infrastructure: expansion of existing facilities	Number of expansion done for health facilities	4	4	4	4	4
		Number of expansion done to offices	1	1	1	1	1
	Physical infrastructure: Maintenance	Number of maintenance done	14	19	24	29	34
	Equipment: Purchase	Number of facilities receiving newequipment	24	24	24	24	24
	Equipment: Maintenance and repair	Number of maintenance and repair done (each facility)	14	19	24	29	34
	Transport: purchase	Number of utility vehicles purchased	3	3	2	2	2
		Number of ambulances to be procured	6	5	4	3	2
		Number of motorcycles to be procured	12	24	24	6	6

Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	Transport: Maintenance and repair	Number of maintenance and repair done for motor vehicles	100%	100%	100%	100%	100%
	ICT equipment: Purchase	Number of ICT equipment purchased	20	20	20	20	20
	ICT equipment: Maintenance and repair	Number of maintenance and repair done for ICT equipment	50%	50%	100%	100%	100%
Health Workforce	Recruitment of new staff	Recruit new staff as indicated in section 2.4	100	100	100	100	100
	Personnel emoluments for existing staff	Safeguard personnel emoluments at the county Public service board	1	1	1	1	1
	Pre-service training	Establish a Training Committee	0	1	0	0	0
		Conduct training needs assessment	0	1	0	1	0
		Sponsor staff for specialist training	0	6	8	10	10
	In service trainings	Conduct in-service trainings e.g. CME's	60	60	60	60	60
		Budget for staff workshops and seminars	1	1	1	1	1
		Mentorships e.g. Internship programmes, student training and attachment	1	1	1	1	1
	Staff motivation	Conduct staff retreats	1	1	1	1	1
		Annual performance awards	1	1	1	1	1
		Budget for staff motivation at work e.g. tea	1	1	1	1	1

Table 16: Sector input and process targets for achievement of county priorities

3.1.2 Service outcome and output targets to achieve County objectives

The activities and inputs over the next five years is expected to bring an improvement in thehealth indicators in respect to each of the national policy objectivesas outlined in Table Xxx below. The pattern will seecontinuous and incremental improvement as the various milestones in Table 17are achieved.

Objective	Indicator	Targets (where applicable)				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Eliminate Communicable Conditions	% Fully immunized children	75	78	82	86	90
	% of TB patients completing treatment	80	85	90	95	100
	% HIV+ pregnant mothers receiving preventive ARV's	42	47	52	57	63
	% of eligible HIV clients on ARV's	35	40	45	50	57
	% of targeted under 1's provided with LLITN's	60	65	70	78	88
	% of targeted pregnant women provided with LLITN's	60	65	70	78	88
	% of under 5's treated for diarrhoea	23	18	13	8	3
	% School age children dewormed	39	59	69	80	100
Halt, and reverse the rising burden of non-communicable conditions	% of adult population with BMI over 25	20	18	15	12	10
	% Women of Reproductive age screened for Cervical cancers	10	14	19	25	30
	% of new outpatients with mental health conditions	1	0.7	0.5	0.25	0.1
	% of new outpatients cases with high blood pressure	1	1	0.5	0.4	0.25
	% of patients admitted with cancer	1	1	0.2	0.05	0.03
Reduce the burden of violence and injuries	% new outpatient cases attributed to gender based violence	1	0.5	0.2	0.1	0.02
	% new outpatient cases attributed to Road traffic Injuries	6.2	5	4	3	2
	% new outpatient cases attributed to other injuries	6	5	4	3	2
	% of deaths due to injuries	0.25	0.05	0.025	0.025	0.012
Provide essential health services	% deliveries conducted by skilled attendant	45	51	57	63	70
	% of women of Reproductive age receiving family planning	33	37	53	58	62
	% of facility based maternal deaths	0.01	0.01	0	0	0
	% of facility based under five deaths	0.035	0	0	0	0
	% of newborns with low birth weight	4.4	4.1	3.8	3.4	2.9
	% of facility based fresh still births	4.7	4.0	3.6	3.1	2.5
	Surgical rate for cold cases	0.5	0.6	0.7	0.8	0.8

Objective	Indicator	Targets (where applicable)				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	% of pregnant women attending 4 ANC visits	21	25	29	33	37
Minimize exposure to health risk factors	% population who smoke	14	12	10	8	6
	% population consuming alcohol regularly	30	28	26	24	21
	% infants under 6 months on exclusive breastfeeding	37.5	47	57	60	70
	% of Population aware of risk factors to health	45	55	65	75	85
	% of salt brands adequately iodized	100	100	100	100	100
Strengthen collaboration with health related sectors	% population with access to safe water	40	42	45	49	54
	% under 5's stunted	36	30	20	15	10
	% under 5 underweight	13	10	7	4	1
	School enrollment rate	80	85	90	95	100
	% of households with latrines	77	83	89	95	100
	% of houses with adequate ventilation	45	50	55	60	65
	% of classified road network in good condition	16	20	25	30	35
	% Schools providing complete school health package	23	40	55	65	75
INVESTMENT OUTPUTS						
Improving access to services	Per capita Outpatient utilization rate (M/F)	90	92	94	96	100
	% of population living within 5km of a facility	76	80	85	95	100
	% of facilities providing BEOC	30	40	50	60	70
	% of facilities providing CEOC	20	35	50	65	80
	Bed Occupancy Rate	27	37	47	57	67
	% of facilities providing Immunization	81	86	91	96	100
Improving quality of care	TB Cure rate	83	85	90	95	100
	% of fevers tested positive for malaria	30	25	20	15	10
	% maternal audits/deaths audits	100	100	100	100	100
	Malaria inpatient case fatality	2	1	0.5	0	0
	Average length of stay (ALOS)	4	3	3	3	3

Table 17: Sector outcome and output targets for achievement of county priorities

SECTION 4: IMPLEMENTATION ARRANGEMENTS

4.1 Coordination framework

The County Department for Health is a department with a County Executive for Health who is responsible for the overall coordination and management of County Health Services. The County shall have a Chief Officer for Health (COH), who will be the overall Chief Accounting Officer for Health. The COH will report to the County Executive for Health. Working with the COH will be the County Director for Health (CDOH), who will provide the overall technical guidance for Health. The chief officer of health will be the accounting officer of the health department and will oversee service provision at the county level. He/she will directly be answerable to the county executive member for health who in turn will be directly answerable to the Governor. The CDOH will work closely with the COH to report to the County Executive for Health.

The CDOH is expected to exercise his/her functions through the three technical directorates: promotive& preventive care services; clinical services and planning and administration. A County Health Management Team (CHMT) will be constituted, headed by the County Director of Health and made up of heads of the 3 Directorates in the County Department for Health assisted by respective officers representing different health departments.

This team's main responsibility will be to follow up on implementation of the County Health Strategic Plan and Operational Plan. It will meet monthly and when need arises and its operations guided by Terms of reference.

The county health management team will coordinate health services at the county level and will have an implementing arm at the sub - county level (SCHMT) to oversee service provision in all levels at their respective sub - counties. Hospitals will have hospital management teams to supervise health service provision and ensure that services offered are of the highest attainable standards. Primary health care facilities will be headed by technical staff and assisted by HFC. Service provision at the community level will be overseen by community health extension officers who will supervise the community health workers.

To facilitate effective provision of health services, this strategic plan proposes the following organizational structure based on the County functions for health outlined in the Fourth Schedule of the Constitution, the health policy objectives and orientations, and the need for clearly demarcated areas of responsibilities. The proposal also takes into account the need to have a lean structure based on functionality and integration of services at the county level. The rationalized Organogram for the County Health Management is shown section 4.1.1

4.2 County Health Management Structure

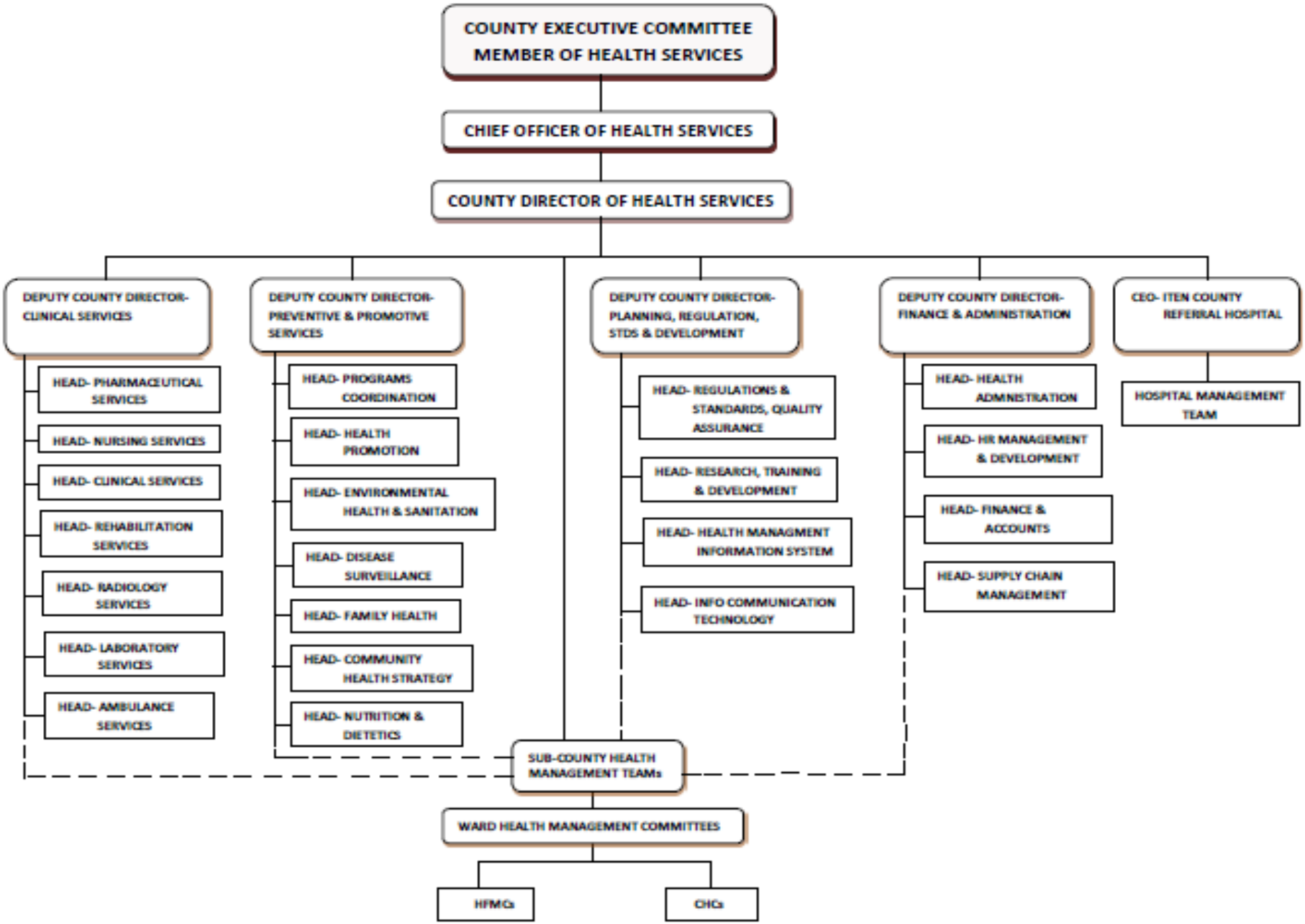
Elgeyo Marakwet County Health Sector will be under the leadership of the County Executive Committee Member for Health Services; also referred hereinafter as County Executive for Health or County Minister for Health. He/she will be supported administratively by the Chief Officer for Health, who will be the senior accounting officer, while technically he will be supported by the County Director for Health Services. The county's management structure will ensure there are 5 management pillars, each headed by a deputy director (Clinical services; preventive and promotive services; planning, regulation, standards & development; finance and administration; and the CEO of the Iten County Referral Hospital) all reporting to the County Director for Health Services.

The Deputy Director for Clinical Services will oversee clinical, pharmaceutical, nursing, rehabilitation, radiology, laboratory and ambulatory services. The Deputy Director for Preventive and Promotive Services will oversee program coordination, health promotion, environmental health & sanitation, disease surveillance, family health, community health strategy and nutrition & dietetics. The Deputy Director for Standards & Regulation will oversee standards, regulations, quality assurance, research & training, HMIS and ICT. The Deputy Director for Finance and Administration will oversee all health administrative matters, financial & accounting, HRH matters and supply chain management. All these divisions will be headed by division heads who will be reporting to the respective deputy directors.

The governance component will ensure that there are management committees/teams in the county that support the organo-structure and a coordinated oversight. The Deputy Directors will also be working in a close-knit arrangement with the Sub-county health management teams. The SCHMTs will oversee activities of Ward Health Management Committees, who will in turn oversee activities of Community Health Committees and Health Facility Management Committees.

Fig. 3 shows the management structure for the Elgeyo Marakwet County Health Sector.

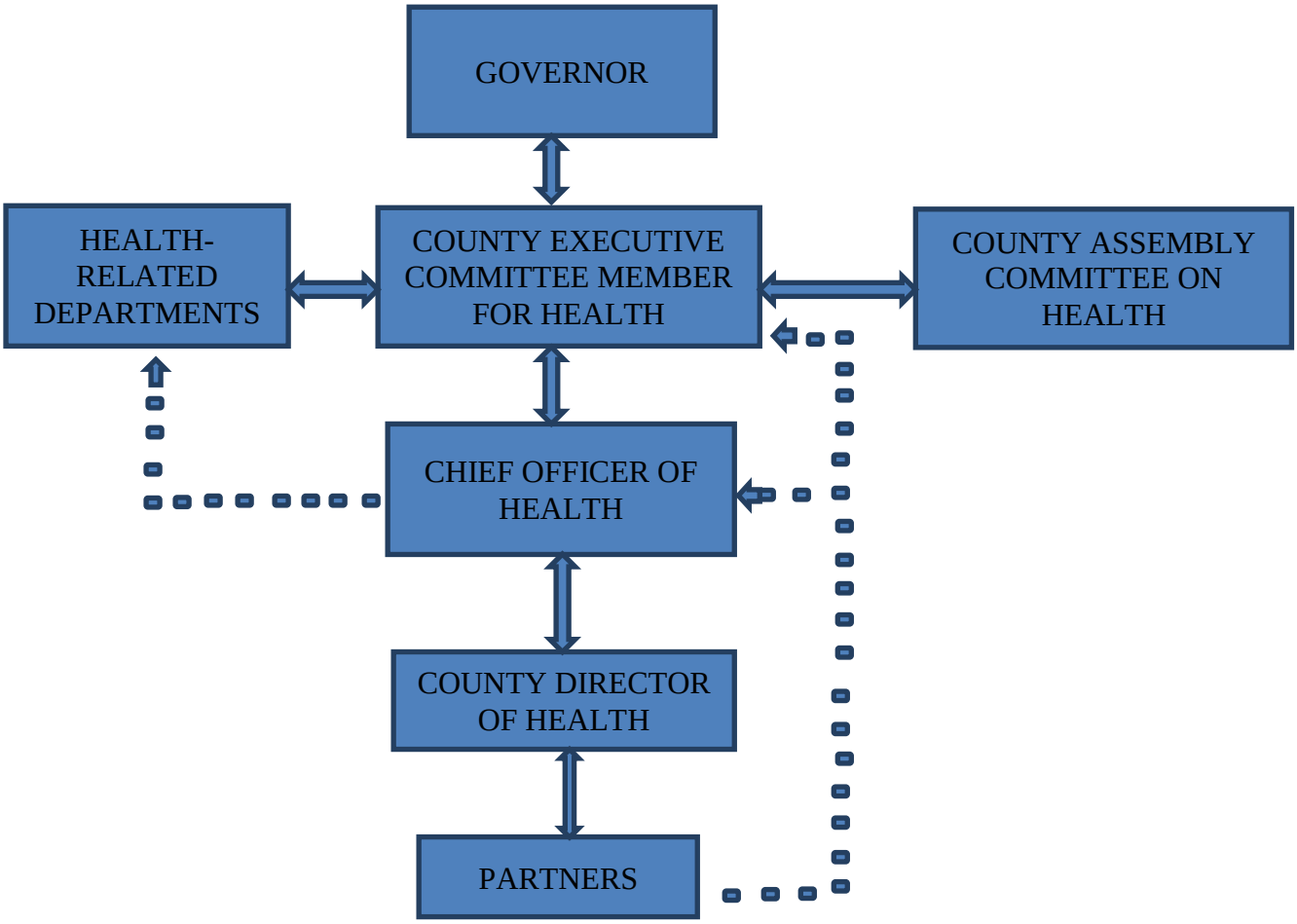
ELGEYO MARAKWET COUNTY DEPARTMENT OF HEALTH SERVICES: ORGANOGRAM



4.3 Partnership and Coordination structure and actions

The county's health leadership values the contribution made by organs of governance, arms of public management/services, partners and other non-health related agencies in the sector, which support various areas of health focus and help fill the gaps currently being experienced in the sector. The county therefore has proposed the following structure, which will guide coordination of partnership and streamlining collaboration.

Fig. 4 Partnership and coordination structure



Role of partners

In addition to the above structure, which is an overall guide on network management, the partners who support the sector in specific health focus areas are outlined below. This includes non-health agencies (in Table 18 below) whose contribution will be key in generating support and resources for the health sector.

Partners	Actions
National Ministry Of Health	• Policy, Guidelines, Standards And Norms Development • Training And Capacity Building • Regulatory Role • Strategic Plan Development • Monitoring And Evaluation
Development Partners (WHO, USAID, World Bank)	• Support Strategic Plan Development • Monitoring And Evaluation • Capacity Building • Infrastructure Development • Program Funding
Implementing Partners (AMPATH, APHIA Plus, Health Rights, World Vision, USAID/MSH, Child Fund)	• Supporting Community Strategy Implementation • Food Program Support • Leadership training and staff capacity building • Infrastructure Development • HMIS Support • Management of health products
Other national /county Government Ministries And Departments (Agriculture, Water, Roads, Environment, Education e .t .c.)	• Provision Of Safe Water • Technical Support E.G. Plan Approvals, Inspections, Health Education
County Political Leadership (Governor, County Reps, M.Ps, Senators	• Political Goodwill • Projects And Commitments, • Approval of Budgets • Resource Mobilization • Resource Allocation
Internal Security (County Commissioner, Chiefs)	• Social And Community Mobilization • Security • Resource Mobilization • Emergency Response • Intergovernmental Linkage
Business Community (Hotels, Banks, e.t.c.)	• Financial And Material Aid • Projects Support

Table 18: Health sector partners and their areas of support

4.4 Monitoring and Evaluation Plan

4.4.1 Performance and Monitoring Plan

OBJECTIVE	INDICATOR	BASELINE	TARGET	DATA COLLECTED	DATA SOURCE	DATA FREQUENCY	REPORTING FORMAT	PERSON RESPONSIBLE
Eliminate Communicable Conditions	% Fully immunized children	74	89	No. of children fully immunized	DHIS - Records Dept	Monthly	Monthly reports	Head - Family Health
	% of target population receiving MDA for schistosomiasis	0	0	No. of people receiving MDA	DHIS - Records Dept	Monthly	Monthly reports	Head - Clinical Services
	% of TB patients completing treatment	80	100	No. of patients with TB No. of patients completing TB treatment	DHIS - Records Dept	Monthly	Monthly reports	Head - Programs Coordination
	% HIV + pregnant mothers receiving preventive ARV's	57	97	No. of HIV +ve pregnant mothers No. of pregnant mothers on ARV	ART Register	Monthly	Monthly reports	Head - Programs Coordination
	% of eligible HIV clients on ARV's	35	75	No. of HIV +ve clients with CD4 count of 350 and below No. of HIV +ve clients on ARVs	ART Register	Monthly	Monthly reports	Head - Programs Coordination
	% of targeted under 1's provided with LLITN's	60	100	No. of under 1's provided with LLITNs	DHIS - Records Dept	Monthly	Monthly reports	Head - Programs Coordination
	% of targeted pregnant women provided with LLITN's	57	97	No. of pregnant women No. of pregnant women provided with LLITNs	DHIS - Records Dept	Monthly	Monthly reports	Head - Programs Coordination
	% of under 5's treated for diarrhea	23	3	No. of under 5's treated for diarrhea	DHIS - Records Dept	Monthly	Monthly reports	Head - Clinical Services
	% School age children dewormed	39	89	No. of children dewormed	DHIS - Records Dept	Monthly	Monthly reports	Head - Environmental Health and Sanitation
Halt, and reverse the rising burden of non-communicable	% of adult population with BMI over 25	0	0	No. of adult population with BMI over 25	DHIS - Records Dept	Monthly	Monthly reports	Head - Nutrition and Dietetics
	% Women of Reproductive age screened for Cervical cancers	4	25	No. of women screened between 15 & 49 screened for cervical cancer	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Family Health

OBJECTIVE	INDICATOR	BASELINE	TARGET	DATA COLLECTED	DATA SOURCE	DATA FREQUENCY	REPORTING FORMAT	PERSON RESPONSIBLE
conditions	% of new outpatients with mental health conditions	0.1	0.5	No. of new outpatients No. of new outpatients with mental health conditions	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
	% of new outpatients cases with high blood pressure	0.25	1	No. of new outpatients No. of new outpatient cases with high blood pressure	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
	% of patients admitted with cancer	0.05	1	No. of patients admitted No. of patients admitted with cancer	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
Reduce the burden of violence and injuries	% new outpatient cases attributed to gender based violence	0.02	1	No. of new outpatients No. of new outpatient cases attributed to gender-based violence	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
	% new outpatient cases attributed to Road traffic Injuries	6.2	2	No. of new outpatient cases No. of outpatient cases attributed to road traffic injuries	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
	% new outpatient cases attributed to all injuries	6	2	No. of new outpatient cases No. of new outpatient cases attributed to all injuries	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
	% of deaths due to injuries	0.25	0.0125	No. of deaths No. of deaths due to injuries	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
Provide essential health services Minimize exposure to health risk factors	% deliveries conducted by skilled attendant	52	92	No. of deliveries No. of deliveries conducted by skilled attendant.	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Family Health
	% of women of Reproductive age receiving family planning	33	73	No. of women between 15 and 49 receiving family planning	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Family Health
	% of facility based maternal deaths	0.01	0	No. of maternal deaths No. of facility-based maternal deaths	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Family Health
	% of facility based under five deaths	0.035	0	No. of under five deaths No. of facility based under five deaths	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Family Health
	% of newborns with low birth weight	5.1	1	No. of births No. of newborns with low birth weight	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services

OBJECTIVE	INDICATOR	BASELINE	TARGET	DATA COLLECTED	DATA SOURCE	DATA FREQUENCY	REPORTING FORMAT	PERSON RESPONSIBLE
	% of facility based fresh still births	6.3	2	No. of births No. of facility-based still births	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Family Health
	Surgical rate for cold cases	0.5	0.8	No. of surgeries for cold cases	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
	% of pregnant women attending 4 ANC visits	21	61	No. of pregnant women No. of pregnant women attending 4 ANC visits	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Family Health
	% population who smoke	14	6	No. of people who smoke	DHIS - Records Dept	Monthly/ cumulative	Monthly/quarterly/annual reports	Head - Health Promotion
	% population consuming alcohol regularly	30	10	No. of people who consume alcohol regularly	DHIS - Records Dept	Monthly/ Cumulative	Monthly/quarterly/annual reports	Head - Health Promotion
	% infants under 6 months on exclusive breastfeeding	37.5	70	No. of infants under six months on exclusive feeding.	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Nutrition and Dietetics
	% of population aware of risk factors to health	45	85	No. of people aware of risk factors to health.	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Health Promotion
	% of salt brands adequately iodized	100	100	No. of salt brands adequately iodized available in the county	DHIS - Records Dept	Annually	Annual reports	Head - Nutrition and Dietetics
	Couple protection due to condom use (Annual)			No. of couples using 100% condom use	DHIS - Records Dept	Annual	Annual reports	Head - Family Health
Strengthen collaboration with health related sectors	% population with access to safe water	40	80	No. of households with access to safe water	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Environmental Health and Sanitation
	% under 5's stunted	36	10	No. of under 5's stunted	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Nutrition and Dietetics
	% under 5 underweight	13	1	No. of under 5's under weight	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Nutrition and Dietetics
	School enrollment rate	80	100	No. of children enrolled in school	DHIS - Records Dept	Annually	Monthly/quarterly/annual	Head - Community

OBJECTIVE	INDICATOR	BASELINE	TARGET	DATA COLLECTED	DATA SOURCE	DATA FREQUENCY	REPORTING FORMAT	PERSON RESPONSIBLE
							reports	Health Services
	% of households with latrines	77	100	No. of households with latrines/toilets	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Environmental Health and Sanitation
	% of houses with adequate ventilation	45	65	No. of households with adequate ventilation	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Environmental Health and Sanitation
	% of classified road network in good condition	16	35	No. of classified roads in the county No. of classified roads in good condition	DHIS - Records Dept	Annually	Monthly/quarterly/annual reports	Public Works
	% Schools providing complete school health package	23	75	No. of schools in the county No. of schools providing complete school health package	DHIS - Records Dept	Annually	Monthly/quarterly/annual reports	Head - Health Promotion
INVESTMENT OUTPUTS								
Improving access to services	Per capita Outpatient utilization rate (M/F)	90	100	No. of outpatients	DHIS - Records Dept	Quarterly & Annual	Monthly/quarterly/annual reports	Head - Health Information System
	% of population living within 5km of a facility	76	100	No. of individuals living within 5km of a facility	DHIS - Records Dept	Annual	Monthly/quarterly/annual reports	Head - Standards, Regulations and Quality Assurance
	% of facilities providing BEOC	30	70	No. of facilities providing BEOC	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
	% of facilities providing CEOC	20	80	No. of facilities providing CEOC	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Clinical Services
	Bed Occupancy Rate	27	67	No. of inpatients No. of beds in the county	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Health Information System
	% of facilities providing Immunization	81	100	No. of facilities providing immunization	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Family Health

OBJECTIVE	INDICATOR	BASELINE	TARGET	DATA COLLECTED	DATA SOURCE	DATA FREQUENCY	REPORTING FORMAT	PERSON RESPONSIBLE
Improving quality of care	TB Cure rate	83	100	No. of TB patients cured of TB	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Programs Coordination
	% of fevers tested positive for malaria	30	10	No. of patients with fever No. of patients with fever tested +ve for malaria	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Programs Coordination
	% maternal audits/deaths audits	100	100	No. of audits on maternal death	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Family Health
	Malaria inpatient case fatality	2	0	No. of inpatient death due to malaria	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Programs Coordination
	Average length of stay (ALOS)	4	3	No. of days stay per patient	DHIS - Records Dept	Monthly	Monthly/quarterly/annual reports	Head - Health Information System

Table 19: Performance and monitoring plan

4.4.1 Data architecture

Data Flow: Data will be collected from the community and recorded at the health facilities or sub-county facilities. From the Sub-County level, the already aggregated data will be sent to the County as a central consolidation point. Being a web-based data management system, the data will be accessed both at the county level and at the national level . Data will be analyzed and consumed at all levels and information obtained used to provide services at the community, Facility, Sub-County and County levels. Figure 5 is the Data flow diagram summarizing the flow of data and information.

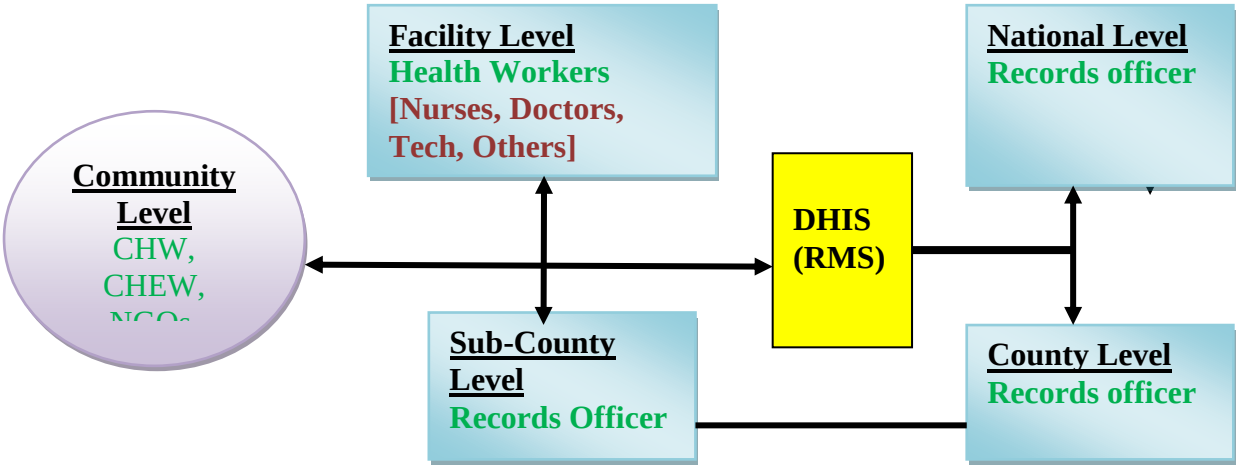


Figure 5: The County Health Data Flow-chart

Data collection structure: The County Health records office will act as the central consolidation point for all data from sub-counties. This will act as the County reference point for all health records, as sub-counties will remain as sources for the original aggregated data. Where there are no record officers in a facility, they should be a focal person appointed responsible for data collection.

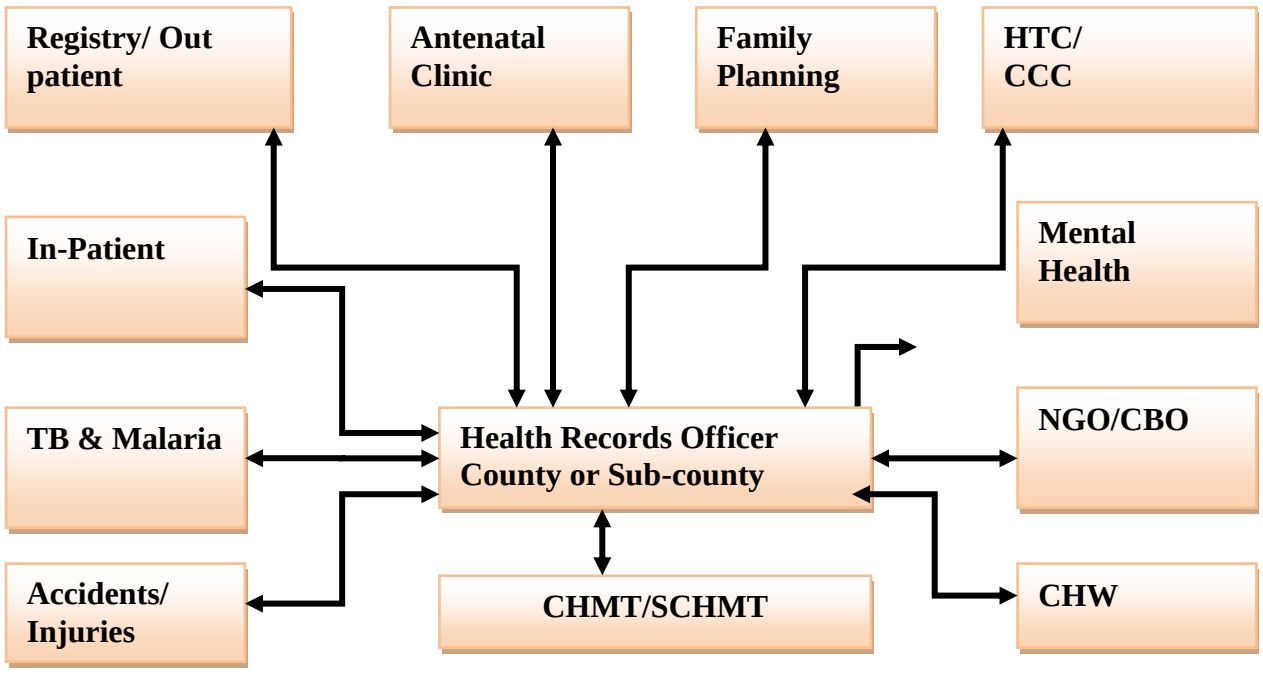


Figure 6: The County Health Data Collection Structure

4.4.2 Data and statistics

Table 20 outlines planned M&E activities to track progress and generate facts for remedial action in the life of the CHSIP

	Comments	Person Responsible	YR1	YR2	YR3	YR4	YR5
Development of M&E Framework	Before the period	CHMT	✓	✓	✓	✓	✓
Mobilize resources (funds, HR, tools) for M&E activities	Before and throughout the period as required	CHMT	✓	✓	✓	✓	✓
Review of data collection tools	Check if tools collect all indicators identified in the M&E framework	CHMT	✓	✓	✓	✓	✓
Training of data point persons	Train or retrain all health workers who collect data	CHMT	✓	✓	✓	✓	✓
Conduct Routine data quality assessments	Quarterly	CHMT	✓	✓	✓	✓	✓
Equip data point persons with relevant tools	Ensure adequate tools and equipment for data collection and analysis	CHMT	✓	✓	✓	✓	✓
Communication of M&E collection system to all stakeholders	Ensure all service providers know where to take their data and by when	CHMT	✓	✓	✓	✓	✓
Collection of Data	Different data collected differently, i.e. daily, monthly, quarterly, annually	CHMT	✓	✓	✓	✓	✓
Data Analysis	Done as needed	CHMT	✓	✓	✓	✓	✓
Presentation of reports	Monthly, quarterly, annually, mid-term and end-term	CHMT	✓	✓	✓	✓	✓
Quarterly Review & planning	Review progress from data presented every quarter to inform planning	CHMT	✓	✓	✓	✓	✓
Annual Review & Planning	Review progress from data presented every quarter to inform planning	CHMT	✓	✓	✓	✓	✓
Mid-term Review	Review progress from data presented every quarter to inform planning	CHMT	✓	✓	✓	✓	✓
End-term Review	Review progress from data presented every quarter to inform planning	CHMT	✓	✓	✓	✓	✓
Establish of a Research & Ethic Board		CHMT	✓				
Document research findings	As needed	CHMT	✓				
Sharing of Information – forums, conferences	Information is share to relevant stakeholders in a timely manner to respond with interventions	County Records officer	✓	✓	✓	✓	✓

Table 20: Planned M&E activities

SECTION 5: RESOURCE REQUIREMENTS &FINANCING

5.1 Resource requirements

The total county resource requirement estimate is**KSh. 8,283,777,559.**This will go towards both recurrent and developmental expenditure for the **5yea**r period the strategic plan covers. It's envisaged that the former will constitute 45% while the later 55% since the county lags behind in infrastructure. The bulk of the developmental expenditure will go towards upgrading and expansion of Iten County Referral Hospital. We intend to spend**KSh.1,671,155,990** in the first year. Each policy objective resource requirement under the various intervention areas is tabulated below.

	Annual Targets					
Orientation Area	**2013/2014**	**2014/2015**	**2015/2016**	**2016/2017**	**2017/2018**	**Total**
Service Delivery	84,155,000	95,693,350	104,358,485	103,001,444	109,719,249	496,927,528
Health Infrastructure (physical, equipment, transport, ICT)	290,850,000	223,953,778	212,084,067	205,130,223	196,946,301	1,128,964,370
Health Workforce	692,800,000	795,186,000	827,708,520	900,375,591	942,461,642	4,158,531,753
Health Information	7,950,000	8,676,700	9,414,134	10,162,819	10,796,347	47,000,000
Health Products	178,640,000	175,384,800	172,158,136	168,961,070	166,730,934	861,874,939
Health Financing	401,155,000	351,328,850	301,507,870	251,692,420	201,882,890	1,507,567,030
Leadership and Governance	8,705,000	9,314,350	9,966,355	10,663,999	11,346,686	49,996,390
Unspecified	6,900,990	6,900,990	8,490,390	5,311,590	5,311,590	32,915,550
Total	**1,671,155,990**	**1,666,438,818**	**1,645,687,956**	**1,655,299,158**	**1,645,195,638**	**8,283,777,559**

Table 21: Summary of resource requirements by policy objective

5.2 Available financing and financing gaps

This strategic plan shall be funded through the funds availed by public sources (county and national governments, HSSF, User fee, maternity fee and CDF) as well as the donors and the various implementing partners in the county. The breakdown of projected financial contributions by the various parties is tabulated below. The available finance for the five years is **KSh6, 805,144,091**against the budgeted amount of **KSh. 8,283,777,559.**

This implies that there is a deficit of **KSh 1,478,633,468**hence further resource mobilizations must be carried out by all stakeholders to ensure that the strategic plan is implemented.

5.2.1 Secured and probable resources

	Available Resources					
Orientation area	**2013/2014**	**2014/2015**	**2015/2016**	**2016/2017**	**2017/2018**	**Total**
Service Delivery	83,225,458	88,940,606	97,493,989	88,674,311	109,453,988	467,788,351
Health Infrastructure (physical, equipment, transport, ICT)	165,957,581	175,406,273	186,370,596	198,241,049	193,979,446	919,954,944
Health Workforce	618,201,384	752,697,787	809,682,946	868,121,725	930,329,742	3,979,033,583
Health Information	6,083,977	6,965,628	7,421,293	7,911,104	8,437,683	36,819,685
Health Products	78,075,045	113,882,495	122,141,122	131,047,948	140,654,338	585,800,948
Health Financing	26,245,790	158,566,501	171,542,798	184,579,693	198,654,179	739,588,962
Leadership and Governance	8,614,431	8,890,957	8,393,743	8,490,440	8,852,497	43,242,068
Unspecified	6,900,990	6,900,990	8,490,390	5,311,590	5,311,590	32,915,550
Total	**993,304,657**	**1,312,251,236**	**1,411,536,877**	**1,492,377,859**	**1,595,673,463**	**6,805,144,091**

Table 22: Summary of secured and probable resources

5.2.2 Distribution and financing gaps

	Financing gaps					
Orientation area	**2013/2014**	**2014/2015**	**2015/2016**	**2016/2017**	**2017/2018**	**Total**
Service delivery	929,542	6,752,744	6,864,496	14,327,133	265,261	29,139,176
Health Infrastructure physical infrastructure, equipment, transport, ICT)	124,892,419	48,547,506	25,713,471	6,889,175	2,966,855	209,009,425
Health Workforce	74,598,616	42,488,213	18,025,574	32,253,866	12,131,900	179,498,170
Health information	1,866,023	1,711,072	1,992,841	2,251,716	2,358,664	10,180,315
Health Products	100,564,955	61,502,305	50,017,014	37,913,122	26,076,596	276,073,991
Health Financing	374,909,210	192,762,349	129,965,071	67,112,727	3,228,711	767,978,068
Leadership and Governance	90,569	423,393	1,572,611	2,173,560	2,494,189	6,754,322
Unspecified	-	-	-	-	-	-
Total	**677,851,334**	**354,187,582**	**234,151,079**	**162,921,298**	**49,522,175**	**1,478,633,468**

Table 23: Summary of financing gaps

5.2 Resource mobilization strategy

The Elgeyo Marakwet County has identified the health sector as a key priority forits development. It will therefore work to ensure that it raises the additional resources required above what it has set aside in its budget for the health sector. The county will generate the required resources through the following three approaches:

1. Ensure efficiency in resource utilization
    - Undertake cost reduction innovations such as using energy saving means, keeping dairy animals, and kitchen gardens.
    - Develop a plan for preventive maintenance of existing equipment and infrastructure
    - Carryout midterm audits
    - Proper disposal of old unserviceable equipment

2. Secure and sustain the current resources
    - Strengthen partner relationships and existing public private partnerships
    - Improve on revenue collection strategies
    - Invest in ICT to improve efficiency
    - Enhance support supervision

3. Mobilize resources from new sources
    - Write proposals to attract funding from many other partners and donors
    - Hold health stakeholders' forum to attract more partners
    - Institute ways of marketing health services to the community
    - Establish public relation strategies
    - Use the strategic investment plan as a tool to solicit funds from potential donors
    - Establish a county website as a platform for partners networking and support

ANNEXES

Table24b :Challenges with health services provision and planned intervention investments

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge	Investment area code
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
Eliminate Communicable Conditions	Immunization	-Long Distance to immunizing facilities -inadequate outreaches -abject poverty -poor road network -erratic supply vaccine -inadequate financial resources for collection and distribution of vaccines. -staff shortage leading to burnout	-inadequate cold chain equipment - Staff shortage leading to burnout. -inadequate skills -	-Purchase of cold chain equipment - Recruit more staff - capacity building of personnel - Mobilize more resources	5.1 3.1 3.4 6.2
	Child Health	- Few health facilities offering integrated child health services -less male involvement in child health issues -abject poverty	-Inadequate equipment - staff shortage and inadequate skills -	-Improve capacity of health facilities to offer integrated child health services. - community sensitization on importance of male involvement on child health issues -purchase relevant equipment	3.4 2.4
	Screening for communicable conditions	-few health facilities offering screening services. - lack of integration of screening services in other routine outreach services -inadequate screening skills	- non standardized screening techniques - inadequate screening skills	-Set up more screening centers -integrate screening services into routine outreach services -conduct active disease surveillance.	2.2 1.2 4.4
	Antenatal Care	-Few facilities offering ANC services -late presentation for ANC services. - Inadequate capacity of facilities to offer ANC services	-Negative attitude of ANC providers -Inadequate personnel and facilitieto offer ANC services	-Purchase lab and other equipment. -Recruit and re-train health personnel staff - Staff retreats	3.1 3.4 1,4 3.5
	Prevention of Mother to Child HIV Transmission	-Stigma -Late presentation -Inadequate health facilities offering PMCTC -inadequate HIV testing commodities	- inadequate skills among the staff -	- sensitize community to reduce stigma - training of staff - purchase of HIV commodities - empower more facilities to offer PMCTC services	 5.1 2.2
	Integrated Vector Management	-Inadequate chemicals and equipments. - inadequate staff -	- inadequate trained staff	-Train personnel (CHEWS CHWS) -Proved chemicals and equipment	3.4 5.1

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge	Investment area code
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
	Good hygiene practices	-Inadequate staff - high poverty levels Inadequate tools and equipment -Lack of safe water	-Wide coverage area per staff -Inadequate hygiene training program me e.g. PHAST ,CLTS	-Recruit staff and train [CHW's, CHEWS] -establish community training programs on hygiene.	3.1 1.1
	HIV and STI prevention	- Stigma - Long distance to facilities - Few facilities offering the service	-inadequate commodities and supplies -poor patient follow up - Inadequate updates and training for staff.	- train staff on HIV and STI -procurement of supplies - community sensitization -	**2.4** **3.4** **5;1** **1.1**
	Port health	N/A	N/A	N/A	N/A
	Control and prevention neglected tropical diseases(e.g. Kalazar, Beriberi,)	-lack of awareness -lack of facilities offering the services	- Inadequate knowledge - Lack of capacities in health facilities -	-raise level of awareness for community - provide supplies and train staff	1.1 5.1
Halt, and reverse the rising burden of non communicable conditions	Health Promotion & Education for NCD's	-inadequate skills - Capacity to detect and manage NCDs - lack of awareness by communities on NCDs	--inadequate capacity of personnel	-Build capacity of personnel and facilities	3.4
	Institutional Screening for NCD's	Few facilities offering screening of NCDs. - Inadequate staff	-Inadequate equipment and skills	- Empower facilities - Procure equipment and commodities - Build capacities of staff	3.4 5.1
	Rehabilitation	-lack of awareness - No facilities offering rehabilitation	- Knowledge gap -	- Establish rehabilitation centre's	2.10
	Workplace Health & Safety	-Lack of safety equipment and warning signs -inadequate working space	-Knowledge gap on safety measures -Overcrowding	-infrastructure expansion -sensitization of health workers on OSH practices	2.2 3.4 1.6
	Food quality & Safety	- Poor storage - Lack of food sampling and testing - Lake of awareness on food safety	-Poor storage -Lack of food sampling and testing Lake of awareness on food safety	- Procure equipment for food sampling and testing - Training e.g. food handlers - Promote community awareness programmes on food safety - Examination of food handlers	5.1
Reduce the burden of violence and	Health Promotion and education on	-Negative cultural perceptions(domestic violence) -Lack of safety warning signs	N/A	- set up centers for guiding and counseling -community education programmes	1.1

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge	Investment area code
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
injuries	violence / injuries			-Provide warning signs and posters necessary	
	Pre hospital Care	- Inadequate knowledge on first aid. - lack of awareness - lack of equipment	N/A	-Re- training on first aid -Creating community awareness -Provide supplies and equipment	3.4 1.1 5.1
	OPD/Accident and Emergency	- Inadequate establishment of emergency departments - Inadequate personnel. - Inadequate emergency equipment	- limited knowledge on how to handle emergencies	- establish emergency units -Purchase emergency equipments	2.4 2.2 2.1
	Management for injuries	- Inadequate equipments - Inadequate knowledge	-inadequate knowledge	-Purchase equipment - train staff	2.1. 2.2 2.4 2.6. 2.7
	Rehabilitation	- Inadequate equipments - Inadequate knowledge		- Purchase equipment - train staff	2.1 2.6. 2.7
Provide essential health services	General Outpatient	- Long distance between health facilities - High poverty levels - poor roads and road network	-Inadequate staff	- establish more facilities - scale up outreaches -	2.1 1.2
	Integrated MCH /Family Planning services	- Long distance between health facilities - High poverty levels - poor roads and road network		- establish more facilities - scale up outreaches	2.1 1.2
	Accident and Emergency	-Inadequate establishment of emergency departments -inadequate personnel . -Inadequate emergency equipment	- limited knowledge on how to handle emergencies	- establish emergency centre's -Purchase emergency equipments	2.4 2.2 2.1
	Emergency life support	-Inadequate establishment of emergency departments -inadequate personnel. -Inadequate emergency equipment	- limited knowledge on how to handle emergencies Human resource Gaps	- establish emergency centre's -Purchase emergency equipments	2.4 2.2 2.1
	Maternity	- Long distance between health facilities - few facilities offer maternity services -negative staff attitudes - poverty levels -Absence of key specialists	-Inadequate skills - inadequate equipment -	-Establish facilities -Scale up facilities to offer maternity services -Staff motivation -Recruit specialists- obsgyne	2.1 3.5
	Newborn services	-Few facilities offering the services -Inadequate equipment and skilled personnel	Inadequate equipment and skilled personnel	Purchase equipment and products Specialized training to staff	2.4 2.5 5.1
	Reproductive health	- Long distance between health facilities - few facilities offer reproductive services	-Inadequate skills - inadequate equipment	-Establish facilities -Scale up facilities to offer reproductive	2.1 3.5

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge	Investment area code
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
		-negative staff attitudes - poverty levels - low male involvement	-	services -Staff motivation - sensitize men on reproductive issues	2.2
	In Patient	-Few facilities have inpatient units -Poorly equipped inpatient units	- few staff -Poorly equipped inpatient units	-Establish inpatient -Establishment of more staff Equipping of available inpatient units	3.1
	Clinical Laboratory	-Few facilities have labs Lack of modern laboratory equipments Erratic Supply of reagents	Few staff Lack of standardization of machines	Establish labs in areas with none -recruitment of more staff -Procure modern Lab equipments	3.1
	Specialized laboratory	No specialist labs	N/A	Establish specialized labs	
	Imaging	- Few facilities offering the service - No imaging equipments - Unserviceable equipments		- Establish imaging services in all hospitals in the county - Purchase appropriate equipments - Dispose off unserviceable equipments	5.1;6.1
	Pharmaceutical	Inadequate supply of pharmaceutical			
	Blood safety	No Blood transfusion centre in the county Erratic supply of blood and blood products	Lack of storage facilities	Establish county blood transfusion centre Procure blood storage facilities	
	Rehabilitation	- Inadequate equipments - inadequate knowledge		Purchase equipment - train staff	2.1 2.6. 2.7
	Palliative care	-Inadequate skilled manpower -Inadequate supplies	Inadequate commodities	- purchase of supplies - Staff Training	5.1 3.4
	Specialized clinics	No specialist clinics in some areas Lack of specialized personnel	N/A	Establish specialized clinics Recruit specialized personnel	
	Comprehensive youth friendly services	None provided		Provide youth friendly centers	2.2 2.1
	Operative surgical services	-Inadequate supplies and equipment -Inadequate specialists	Inadequate supplies and equipment -Inadequate specialists	Provide adequate equipment, commodities and human resources	3.1, 3.3
	Specialized Therapies	-Inadequate supplies and equipment -Inadequate specialists	Inadequate supplies and equipment -Inadequate specialists	Provide adequate equipment, commodities and human resources	3.1, 3.3
Minimize exposure to health risk	Health Promotion including health	-Lack of Knowledge on health risks. -Inadequate funds -Lack of transport means		-Training -Mobilize and Avail resources	3.4 6.2

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge	Investment area code
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
factors	Education				
	Sexual education	-Lack of Knowledge on health risks. -Cultural Hindrances and lack of openness	Lack of Knowledge on health risks. -Cultural Hindrances and lack of openness	-Introduction of sex education in school curriculum	3.4
	Substance abuse	-Lack of awareness - Poor enforcement of statutes Failed implementation of policy guidelines	_Knowledge gap	-Training - Enforce the existing laws and regulations	
	Micronutrient deficiency control	-Lack of awareness -Poverty -Substance abuse		-Community nutrition programs -Supplementations -IGAs	
	Physical activity	-Sedentary Lifestyles - Lack of awareness -Lack of recreational facilities		-Health Education -Provide recreational facilities	
Strengthen collaboration with health related sectors	Safe water	-Inadequate supply -Unsafe sources of water	-Inadequate supply -Unsafe sources of water - Lack of sampling and testing equipment.	-Protections of water sources. -Implementation of WASH programs -Provide Sampling and testing equipment	
	Sanitation and hygiene	-Lack of awareness -Poverty -Lack of technological progress -Cultural hindrances practices	-Lack of hand washing facilities -Open defecation practice	-Provide Transfer of technology trainings -Implement CLTS programme -Increase Hand washing facilities	
	Nutrition services	Lack of awareness -Poverty -Lack of technological progress -Cultural hindrances practices		-Implement Community nutrition programmes. -Embrace technology -Health Education	
	Pollution control	Poor pollution control practice. Knowledge gap on pollution	_Lack of incineration for hospital wastes -Lack of sampling and testing equipment	-Provide incinerators -Provide sampling and testing equipment. -Enforce pollution control Act	
	Housing	-Poverty -Knowledge gap	-Poor designs and technology use -Lack of plan approvals -Inadequate lighting and writing.	-Enforce stringent measures in housing. -Community sensitization and follow up measures	
	School health	-Inadequate Screening services. -Knowledge gap	-Poor safety measures	-Micronutrient Supplementations	

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges (Maximum of 5 per challenge	Investment area code
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*		
	Water and Sanitation Hygiene	-Inadequate supply of water -Unsafe sources of water -open defecation practices	-Inadequate water supply -Unsafe sources of water - poor hygiene practices	-Protections of water sources. -Implementation of WASH programs -Provide Sampling and testing equipment and tools -Health Education programs	
	Food fortification	-poor enforcement of laws and regulation on food fortification.	-Lack of a analytical lab to handle foods	-Raise awareness -Enforcement of laws and regulations. -Introduce HACCP principles system in the county for food hygiene.	
	Population management	-Erratic birth registration - long distance to registration centre - Inadequate knowledge on population control.	- long processing time frames for birth registration	- decentralize birth registration to ward level. - Sensitization community on birth registration.	
	Road infrastructure and Transport	-challenging terrain -inadequate funds - poverty levels	Inadequate capacity in road construction works	-Purchase four wheel vehicles -Provide adequate funds for fuel and maintenance. Provide enough motorbikes	

Table 25: Services provided by level and targeted improvements.

Policy Objective	Services	# units currently providing service (Where applicable)																	
		Baseline			YR1			YR2			YR3			YR4			YR5		
		Community	Primary care	Hospitals	Community	Primary care	Hospitals	Community	Primary care	Hospitals	Community	Primary care	Hospitals	Community	Primary care	Hospitals	Community	Primary care	Hospitals
Eliminate Communicable Conditions	Immunization	0	81	8	0	81	8	5	91	9	10	101	10	15	111	11	20	121	12
	Child Health	12	94	8	24	94	8	41	101	9	58	108	10	75	114	11	92	121	12
	Screening for communicable conditions	12	110	8	24	110	8	41	113	9	58	116	10	75	118	11	92	121	12
	Antenatal Care	5	58	8	5	58	8	6	74	9	8	90	10	9	105	11	10	121	12
	Prevention of Mother to Child HIV Transmission	5	57	8	5	57	8	6	73	9	8	89	10	9	105	11	10	121	12
	Integrated Vector Management	7	16	2	7	16	2	28	42	5	50	69	7	71	95	10	92	121	12
	Good hygiene practices	12	44	7	12	44	7	32	63	8	52	83	10	72	102	11	92	121	12
	HIV and STI prevention	12	109	7	12	109	7	32	112	8	52	115	10	72	118	11	92	121	12
Halt, and reverse the rising burden of non communicablecondition s	Health Promotion & Education for NCD's	5	83	7	5	83	7	27	93	8	49	102	10	70	112	11	92	121	12

	Institutional Screening for NCD's	0	88	8	0	88	8	5	96	9	10	105	10	15	113	11	20	121	12
	Rehabilitation	0	0	0	0	0	1	0	0	2	0	0	3	0	0	4	0	0	5
	Workplace Health & Safety	0	15	6	0	15	6	0	42	8	0	68	9	0	95	11	0	121	12
	Food quality & Safety	0	0	3	0	0	3	23	30	5	46	61	8	69	91	10	92	121	12
Reduce the burden of violence and injuries	Health Promotion and education on violence / injuries	12	83	7	12	83	7	32	93	8	52	102	10	72	112	11	92	121	12
	Pre hospital Care	0	29	0	0	29	0	23	52	3	46	75	6	69	98	9	92	121	12
	OPD/Accident and Emergency	0	27	3	0	27	3	0	51	5	0	74	8	0	98	10	0	121	12
	Management for injuries	5	110	8	5	110	8	27	113	9	49	116	10	70	118	11	92	121	12
	Rehabilitation	0	0	2	0	0	2	0	1	3	0	2	4	0	3	4	0	4	5
Minimize exposure to health risk factors	Health Promotion including health Education	7	45	5	7	45	5	8	64	7	9	83	9	9	102	10	10	121	12
	Sexual education	7	45	5	7	45	5	28	64	7	50	83	9	71	102	10	92	121	12
	Substance abuse	0	29	5	0	29	5	23	52	7	46	75	9	69	98	10	92	121	12
	Micronutrient deficiency	7	45	5	7	45	5	8	64	7	9	83	9	9	102	10	10	121	12

	control																		
	Physical activity	0	0	2	0	0	2	0	11	5	0	23	7	0	34	10	0	45	12
Provide essential health services	General Outpatient	0	110	8	0	110	8	0	113	9	0	116	10	0	118	11	0	121	12
	Integrated MCH / Family Planning services	5	91	8	5	91	8	27	99	9	49	106	10	70	114	11	92	121	12
	Accident and Emergency	0	8	3	0	8	3	23	36	5	46	65	8	69	93	10	92	121	12
	Emergency life support	0	0	2	0	0	2	0	30	5	0	61	7	0	91	10	0	121	12
	Maternity	0	24	8	0	24	8	0	29	9	0	35	10	0	40	11	0	45	12
	Newborn services	0	20	6	0	20	6	0	26	8	0	33	9	0	39	11	0	45	12
	Reproductive health	5	94	8	5	94	8	27	101	9	49	108	10	70	114	11	92	121	12
	In Patient	0	34	8	0	34	8	0	37	9	0	40	10	0	42	11	0	45	12
	Clinical Laboratory	0	27	8	0	27	8	0	37	9	0	46	10	0	56	11	0	65	12
	Specialized laboratory	0	27	4	0	27	4	0	20	4	0	14	4	0	7	4	0	0	4
	Imaging	0	5	4	0	5	4	0	10	6	0	15	8	0	20	10	0	25	12
	Pharmaceutical	0	45	5	0	45	5	23	64	7	46	83	9	69	102	10	92	121	12
	Blood safety	0	27	3	0	5	3	0	20	5	0	14	8	0	7	10	0	45	12
	Rehabilitation	0	0	0	0	5	3	0	20	5	0	14	8	0	7	10	0	45	12

	Palliative care	0	0	0	0	0	0	0	1	2	0	1	3	0	0	4	0	0	25
	Specialized clinics	0	27	4	0	5	4	0	11	5	0	23	8	0	34	10	0	45	12
	Comprehensive youth friendly services	0	0	0	0	0	0	0	0	1	0	0	2	0	0	3	0	0	4
	Operative surgical services	0	0	3	0	0	3	0	0	4	0	0	5	0	0	7	0	0	8
	Specialized Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safe water	12	24	6	20	24	6	32	48	8	52	73	9	72	97	11	92	121	12
Strengthen collaboration with health related sectors	Sanitation and hygiene	14	113	8	20	113	8	29	89	8	50	100	10	71	110	11	92	121	12
	Nutrition services	12	83	7	12	83	7	32	93	8	52	102	10	72	112	11	92	121	12
	Pollution control	0	0	2	0	1	2	5	11	5	10	21	7	15	30	10	20	40	12
	Housing	0	4	4	0	4	4	8	18	6	15	32	8	23	46	10	30	60	12
	School health	14	71	6	5	71	6	14	73	8	23	76	9	31	78	11	40	80	12
	Water and Sanitation Hygiene	14	113	8	5	52	8	27	69	8	49	87	9	70	104	11	92	121	12
	Food fortification	0	0	0	0	0	0	23	30	3	46	61	6	69	91	9	92	121	12
	Population Management	14	106	8	5	52	8	27	69	8	49	87	9	70	104	11	92	121	12
	Roads infrastructure	0	50	8	5	52	8	27	69	8	49	87	9	70	104	11	92	121	12

	and transport																		

Code	Orientation	Code	Intervention area
1	Service delivery	**1.1**	Community services
		1.2	Outreach services
		1.3	Supportive supervision to lower units
		1.4	On the job training
		1.5	Emergency preparedness planning
		1.6	Patient Safety initiatives
		1.7	Therapeutic committee meetings and follow up
		1.8	Clinical audits (including maternal death audits)
		1.9	Referral health services
		1.10	Other
2	Health Infrastructure	**2.1**	Physical infrastructure: construction of new facilities
		2.2	Physical infrastructure: expansion of existing facilities
		2.3	Physical infrastructure: Maintenance
		2.4	Equipment: Purchase
		2.5	Equipment: Maintenance and repair
		2.6	Transport: purchase
		2.7	Transport: Maintenance and repair
		2.8	ICT equipment: Purchase
		2.9	ICT equipment: Maintenance and repair
		2.10	Other
3	Health Workforce	**3.1**	Recruitment of new staff
		3.2	Personnel emoluments for existing staff
		3.3	Pre-service training
		3.4	In service trainings
		3.5	Staff motivation
		3.6	Other
4	Health information	**4.1**	Data collection: routine health information
		4.2	Data collection: vital events (births, deaths)
		4.3	Data collection: health related sectors
		4.4	Data collection: Surveillance
		4.5	Data collection: Research
		4.6	Data analysis
		4.7	Information dissemination
		4.8	Other
5	Health Products	**5.1**	Procurement of required health products

Code	Orientation	Code	Intervention area
		5.2	Warehousing / storage of health products
		5.3	Distribution of health products
		5.4	Monitoring rational use of health products
		5.5	Other
6	Health Financing	**6.1**	Costing of health service provision
		6.2	Resource mobilization
		6.3	Health expenditure reviews
		6.4	Other
7	Leadership and Governance	**7.1**	Annual health stakeholders for a
		7.2	Quarterly Coordination meetings
		7.3	Monthly management meetings
		7.4	Annual Work Planning and reporting
		7.5	Other

Table 26: Investment areas and codes

Orientation area	Intervention Area	Available Resources					
		2013/2014	**2014/2015**	**2015/2016**	**2016/2017**	**2017/2018**	**Total**
Service Delivery	Community services	25,515,024	27,288,168	30,231,423	24,294,699	25,298,689	**132,628,002**
	Outreach services	5,884,279	9,535,988	11,210,664	10,365,279	15,482,478	**52,478,687**
	Supportive supervision to lower units	2,600,950	2,615,519	2,813,024	2,387,224	3,455,086	**13,871,803**
	On the job training	-	-	-	-	-	**-**
	Emergency preparedness planning	3,609,684	3,629,903	3,904,006	3,418,998	4,610,645	**19,173,236**
	Patient Safety initiatives	4,826,097	4,853,130	5,219,603	4,716,210	6,243,007	**25,858,048**
		-	-	-	-	-	**-**
	Therapeutic committee meetings and follow up	360,968	362,990	390,401	378,058	466,990	**1,959,407**
	Clinical audits (including maternal death audits)	98,895	99,449	106,959	105,464	113,239	**524,007**
	Referral health services	14,537,630	14,619,060	15,722,984	15,503,265	19,201,318	**79,584,257**
	Urban Health services	25,791,931	25,936,400	27,894,926	27,505,113	34,582,535	**141,710,905**

Orientation area	Intervention Area	Available Resources					
		2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	Total
	Total	**83,225,458**	**88,940,606**	**97,493,989**	**88,674,311**	**109,453,988**	**467,788,351**
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	23,679,696	33,478,967	38,689,391	43,825,180	46,004,984	**185,678,218**
	Physical infrastructure: expansion of existing facilities	27,388,564	39,912,206	47,019,462	54,295,213	55,488,998	**224,104,443**
	Physical infrastructure: Maintenance	6,561,844	10,573,542	14,499,509	17,878,689	19,698,714	**69,212,297**
	Equipment: Purchase	14,550,175	16,839,345	17,135,783	15,945,857	15,266,504	**79,737,664**
	Equipment: Maintenance and repair	2,567,678	4,307,739	5,711,928	7,248,117	8,371,954	**28,207,416**
	Transport purchases	36,803,383	37,986,429	32,074,671	29,475,676	24,130,925	**160,471,084**
	Transport: Repair &Maintenance	1,740,315	2,545,482	3,031,716	3,527,417	3,792,002	**14,636,932**
	ICT equipment: Purchase	6,847,141	5,874,190	5,711,928	6,040,098	5,663,380	**30,136,737**
	ICT equipment: Maintenance and repair	171,179	391,613	527,255	676,491	787,949	**2,554,486**
	Urban Health infrastructure	45,647,607	23,496,760	21,968,953	19,328,312	14,774,036	**125,215,668**
	Total	**165,957,581**	**175,406,273**	**186,370,596**	**198,241,049**	**193,979,446**	**919,954,944**
Health Workforce	Recruitment of new staff	27,215,852	30,313,847	32,893,948	34,042,751	36,595,717	**161,062,115**
	Personnel emoluments for existing staff	580,009,959	709,926,156	763,013,407	819,550,722	878,543,416	**3,751,043,660**
	Pre-service training	3,123,131	3,544,898	3,919,884	4,134,055	4,402,785	**19,124,753**
	In service trainings	3,926,221	4,456,443	4,927,854	5,197,098	5,393,912	**23,901,528**
	Staff motivation	3,926,221	4,456,443	4,927,854	5,197,098	5,393,912	**23,901,528**
	Total	**618,201,384**	**752,697,787**	**809,682,946**	**868,121,725**	**930,329,742**	**3,979,033,583**
Health Information	Data collection: routine health information	2,295,840	2,809,789	3,153,256	3,502,962	3,907,656	**15,669,504**
	Data collection: vital events (births, deaths)	294,633	315,258	315,762	318,042	322,914	**1,566,609**
	Data collection: health related sectors	348,202	383,536	395,448	410,017	421,162	**1,958,366**
	Data collection: Surveillance	707,884	772,291	788,692	809,962	837,818	**3,916,647**

Orientation area	Intervention Area	Available Resources					
		2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	Total
	Data collection: Research	1,048,434	1,154,823	1,190,689	1,234,558	1,246,643	**5,875,147**
	Data analysis	348,202	383,536	395,448	410,017	421,162	**1,958,366**
	Information dissemination	1,040,781	1,146,394	1,181,998	1,225,546	1,280,328	**5,875,047**
	Total	**6,083,977**	**6,965,628**	**7,421,293**	**7,911,104**	**8,437,683**	**36,819,685**
Health Products	Procurement of required health products	68,180,178	102,308,330	112,902,017	124,661,485	136,945,272	**544,997,281**
	Warehousing / storage of health products	8,741,048	9,739,940	7,094,705	3,878,052	843,601	**30,297,346**
	Distribution of health products	764,842	1,215,869	1,421,477	1,662,773	1,881,314	**6,946,275**
	Monitoring rational use of health products	388,977	618,356	722,923	845,639	984,152	**3,560,046**
	Total	**78,075,045**	**113,882,495**	**122,141,122**	**131,047,948**	**140,654,338**	**585,800,948**
Health Financing	Costing of health service provision	56,920	420,146	566,710	781,600	1,122,154	**2,947,530**
	Resource mobilization	6,543	90,267	170,685	293,342	492,004	**1,052,839**
	Health expenditure reviews	12,104	89,341	120,507	166,202	238,619	**626,774**
	County RefferalHosp Dev.	26,170,224	157,966,747	170,684,896	183,338,550	196,801,402	**734,961,819**
	Total	**26,245,790**	**158,566,501**	**171,542,798**	**184,579,693**	**198,654,179**	**739,588,962**
Leadership and Governance	Annual health stakeholders for a	1,880,232	1,940,588	1,832,063	1,853,169	1,893,286	**9,399,338**
	Quarterly Coordination meetings	964,856	995,828	940,138	950,968	997,095	**4,848,885**
	Management meetings	969,804	1,000,935	944,959	955,845	1,002,208	**4,873,751**
	Annual Work Planning and reporting	4,799,539	4,953,606	4,676,583	4,730,458	4,959,908	**24,120,094**
	Total	**8,614,431**	**8,890,957**	**8,393,743**	**8,490,440**	**8,852,497**	**43,242,068**
Unspecified		**6,900,990**	**6,900,990**	**8,490,390**	**5,311,590**	**5,311,590**	**32,915,550**
Total		**993,304,657**	**1,312,251,236**	**1,411,536,877**	**1,492,377,859**	**1,595,673,463**	**6,805,144,091**

Table 27: Summary of secured and probable resources

Orientation area	Intervention area	Financing gaps					
		2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	Total
Service delivery	Community services	284,976	2,071,832	2,128,577	3,925,301	61,311	**8,471,998**
	Outreach services	65,721	724,012	789,336	1,674,721	37,522	**3,291,313**
	Supportive supervision to lower units	29,050	198,581	198,063	385,705	8,373	**819,772**
	On the job training	-	-	-	-	-	-
	Emergency preparedness planning	40,316	275,597	274,879	552,409	11,174	**1,154,375**
	Patient Safety initiatives	53,903	368,470	367,509	761,999	15,130	**1,567,011**
		-	-	-	-	-	-
	Therapeutic committee meetings and follow up	4,032	27,560	27,488	61,083	1,132	**121,294**
	Clinical audits including maternal death audits)	1,105	7,551	7,531	17,040	274	**33,500**
	Referral health services	162,370	1,109,940	1,107,046	2,504,867	46,534	**4,930,758**
	Urban Health services	288,069	1,969,200	1,964,066	4,444,009	83,810	**8,749,155**
	Total	**929,542**	**6,752,744**	**6,864,496**	**14,327,133**	**265,261**	**29,139,176**
Health Infrastructure physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	17,820,304	9,266,033	5,337,959	1,522,991	703,632	**34,650,919**
	Physical infrastructure: expansion of existing facilities	20,611,436	11,046,572	6,487,255	1,886,840	848,687	**40,880,790**
	Physical infrastructure: Maintenance	4,938,156	2,926,458	2,000,491	621,311	301,286	**10,787,703**
	Equipment: Purchase	10,949,825	4,660,655	2,364,217	554,143	233,496	**18,762,336**
	Equipment: Maintenance and repair	1,932,322	1,192,261	788,072	251,883	128,046	**4,292,584**
	Transport purchases	27,696,617	10,513,571	4,425,329	1,024,324	369,075	**44,028,916**
	Transport: Maintenance and repair	1,309,685	704,518	418,284	122,583	57,998	**2,613,068**
	ICT equipment: Purchase	5,152,859	1,625,810	788,072	209,902	86,620	**7,863,263**
	ICT equipment: Maintenance and repair	128,821	108,387	72,745	23,509	12,051	**345,514**
	Urban Health infrastructure	34,352,393	6,503,240	3,031,047	671,688	225,964	**44,784,332**
	Total	**124,892,419**	**48,547,506**	**25,713,471**	**6,889,175**	**2,966,855**	**209,009,425**
Health Workforce	Recruitment of new staff	3,284,148	1,711,153	732,302	1,264,812	477,224	**7,469,638**
	Personnel emoluments for existing staff	69,990,041	40,073,844	16,986,593	30,449,278	11,456,584	**168,956,340**

	Preservice training	376,869	200,102	87,266	153,595	57,414	**875,247**
	In service trainings	473,779	251,557	109,706	193,091	70,339	**1,098,472**
	Staff motivation	473,779	251,557	109,706	193,091	70,339	**1,098,472**
	Total	**74,598,616**	**42,488,213**	**18,025,574**	**32,253,866**	**12,131,900**	**179,498,170**
Health information	Data collection: routine health information	704,160	690,211	846,744	997,038	1,092,344	**4,330,496**
	Data collection: vital events births, deaths)	90,367	77,442	84,792	90,523	90,267	**433,391**
	Data collection: health related sectors	106,798	94,214	106,190	116,702	117,731	**541,634**
	Data collection: Surveillance	217,116	189,709	211,788	230,537	234,203	**1,083,353**
	Data collection: Research	321,566	283,677	319,736	351,389	348,486	**1,624,853**
	Data analysis	106,798	94,214	106,190	116,702	117,731	**541,634**
	Information dissemination	319,219	281,606	317,402	348,824	357,902	**1,624,953**
	Total	**1,866,023**	**1,711,072**	**1,992,841**	**2,251,716**	**2,358,664**	**10,180,315**
Health Products	Procurement of required health products	87,819,822	55,251,670	46,233,583	36,065,471	25,388,954	**250,759,501**
	Warehousing / storage of health products	11,258,952	5,260,060	2,905,295	1,121,948	156,399	**20,702,654**
	Distribution of health products	985,158	656,631	582,098	481,052	348,786	**3,053,725**
	Monitoring rational use of health products	501,023	333,944	296,038	244,649	182,457	**1,558,111**
	Total	**100,564,955**	**61,502,305**	**50,017,014**	**37,913,122**	**26,076,596**	**276,073,991**
Health Financing	Costing of health service provision	813,080	510,754	429,353	284,188	18,238	**2,055,613**
	Resource mobilization	93,457	109,733	129,315	106,658	7,996	**447,161**
	Health expenditure reviews	172,896	108,609	91,299	60,431	3,878	**437,113**
	County RefferalHosp Dev.	373,829,776	192,033,253	129,315,104	66,661,450	3,198,598	**765,038,181**
	Total	**374,909,210**	**192,762,349**	**129,965,071**	**67,112,727**	**3,228,711**	**767,978,068**
Leadership and Governance	Annual health stakeholders for a	19,768	92,412	343,247	474,413	533,433	**1,463,272**

	Quarterly Coordination meetings	10,144	47,422	176,140	243,449	280,931	**758,086**
	Management meetings	10,196	47,665	177,043	244,697	282,372	**761,973**
	Annual Work Planning and reporting	50,461	235,894	876,182	1,211,001	1,397,453	**3,770,991**
	Total	**90,569**	**423,393**	**1,572,611**	**2,173,560**	**2,494,189**	**6,754,322**
Unspecified		-	-	-	-	-	-
Total		**677,851,334**	**354,187,582**	**234,151,079**	**162,921,298**	**49,522,175**	**1,478,633,468**

Table 28: Financial gaps